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Screening Mental, Social, and Health Readiness Among Prospective Brides and Grooms

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ABSTRACT

Background: Entering marriage is a crucial developmental phase, requiring thorough preparation to achieve the goals of marriage. The mental, social, and health readiness of prospective brides and grooms is crucial for the well-being of future generations.

Purpose: The purpose of this study was to screen prospective brides and grooms for their mental, social, and health readiness.

Methods: This observational study was conducted on 30 prospective brides and grooms in the Pare District Office of Religious Affairs (KUA) area, the samples take by with accidental sampling without inclusion and exclusion criteria. The variables included mental and social readiness, healthy lifestyle habits, blood pressure, and upper arm circumference for prospective brides and grooms.

Results: The results showed that the prospective brides and grooms' mental and social readiness was relatively good. Regarding health readiness, two prospective brides had a low upper arm circumference (MUAC) and three prospective grooms had high blood pressure. Regarding smoking habits, the majority of the 15 prospective grooms, except for two, were smokers.

Conclusion: The conclusion of this study are expected to provide important information in identifying issues in the health readiness of prospective brides and grooms that require strengthening.

Keywords: health, mental readiness, prospective brides and grooms, social

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BACKGROUND

Health problems in Indonesia remain a major challenge in the development of human resources. One of the issues requiring serious attention is the high prevalence of stunting, or impaired linear growth in children, which is primarily caused by chronic malnutrition. According to the 2022 Indonesia Nutritional Status Survey (SSGI), the prevalence of stunting in Indonesia reached 21.6%, a figure that remains well above the maximum threshold recommended by the World Health Organization (WHO) of 20% (Ministry of Health of the Republic of Indonesia, 2022). Stunting not only reflects nutritional problems but also serves as an indicator of inadequate health preparedness beginning as early as the premarital and pregnancy periods.

The prevention of stunting and other health problems should ideally begin before marriage, at the stage when individuals enter the status of prospective brides and grooms. This stage represents a critical point in the human life cycle, where investment in health preparedness has profound implications for the quality of the next generation. The preconception approach, which emphasizes the importance of nutritional status, reproductive health, as well as mental and social readiness prior to pregnancy, has been recognized as an effective strategy for breaking the intergenerational cycle of health problems (WHO, 2013).

Stunting is not merely the result of insufficient food intake after birth; it begins during the first 1,000 days of life (HPK), and even earlier, in the pre-pregnancy stage. Insufficient attention to the health and nutrition of prospective mothers prior to conception constitutes a major contributor to impaired growth and development in children. Prospective brides who suffer from chronic energy deficiency (CED) or anemia tend to have lower nutritional reserves, thereby limiting their ability to meet the optimal nutritional needs of the fetus (Black et al., 2013).

Marriage is an important phase of life that signifies the beginning of a new chapter as husband and wife. However, marriage is not merely a formal union between two individuals; it also brings together two families and encompasses social and emotional responsibilities. Therefore, the readiness of prospective brides and grooms should not be assessed only from administrative or financial perspectives, but also from mental, social, and health dimensions. Mental, social, and health readiness of prospective brides and grooms is crucial because marriage initiates a life-course pathway that shapes individual wellbeing, family functioning, and intergenerational health outcomes. Mental readiness enhances emotional regulation, stress management, and healthy communication, which are essential for marital stability and prevention of common mental health problems (World Health Organization [WHO], 2022). Social readiness strengthens role negotiation, economic responsibility, and social support, all of which are key determinants of family resilience and child development (United Nations Children's Fund [UNICEF], 2021). Health readiness before marriage enables early identification and modification of nutritional, reproductive, and chronic disease risks that strongly influence maternal and child health outcomes, including stunting and long-term morbidity (Victora et al., 2021; WHO, 2023). Collectively, these dimensions represent a preventive, life-course–oriented strategy to improve population health and human capital.

Health preparedness among prospective couples encompasses various aspects, including physical health, nutritional status, reproductive health, mental and psychosocial well-being, as well as an understanding of the roles of husband, wife, and future parents. The Indonesian Ministry of Health (2020), through Regulation of the Minister of Health No. 97 of 2014, emphasized the importance of premarital health services as promotive and preventive measures against risks during pregnancy and childbirth.

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A concrete example of this preparedness is the implementation of health screening for prospective brides and grooms, which has begun to be facilitated through the Electronic Marriage and Pregnancy Readiness Application (Elsimil). This program aims to identify early health risks, such as anemia, chronic energy deficiency, sexually transmitted infections, and mental health issues (BKKBN, 2022). In addition, educational activities through the Prospective Bride School (Sekolah Calon Pengantin, SUKATIN), initiated by the Ministry of Religious Affairs and the BKKBN, represent a strategic step toward preparing young couples holistically. Through comprehensive educational initiatives, prospective brides and grooms can be better prepared to face challenges in married life and build families that are healthy, harmonious, and productive. Such initiatives are not only crucial at the individual level but also contribute to broader family development programs and community welfare.

Reproductive health plays a central role in shaping the quality of future generations. Prospective couples who understand reproductive function and maintain good reproductive health are better prepared for pregnancy and the transition to parenthood. Many cases of high-risk pregnancies occur due to a lack of knowledge and preparedness among couples prior to marriage. Women who conceive while suffering from anemia, chronic energy deficiency, or reproductive tract infections face higher risks of complications during pregnancy and childbirth, including miscarriage, low birth weight (LBW), and preterm delivery (WHO, 2016).

National data indicate that health preparedness among prospective couples remains relatively low. According to a survey conducted by BKKBN (2021), out of more than one million registered couples, more than 30% of prospective mothers experienced anemia, and approximately 20% suffered from chronic energy deficiency. Data from the Basic Health Research Survey (Riskesdas, 2018) further reveal that the prevalence of anemia among women aged 15–24 years was 32%, while chronic energy deficiency among women of reproductive age reached 17.3% (Ministry of Health of the Republic of Indonesia, 2018).

METHODS

This study is an observational research targeting prospective brides and grooms within the working area of the Office of Religious Affairs (KUA) in Pare sub-district. Samples in this research taken by accidental sampling and we find 30 respondent. General respondent data and healthy lifestyle habits were collected using a structured questionnaire completed by the prospective couples. Subsequently, blood pressure was measured by the researchers for all participants, while mid-upper arm circumference (MUAC) was measured specifically for prospective brides. The collected data were then processed and presented in the form of frequency distribution tables.

RESULTS

This study involved 30 respondents: 15 prospective grooms and 15 prospective brides. The distribution of demographic characteristics, including age and occupation, is presented in Table 1.

Table 1. Distribution of Age, Occupation, and Gender of Prospective Brides and Grooms

		Total	**Percentage (%)**
Age	20-24	18	60
	25-29	8	2,7
	30-34	3	10

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	35-40	1	3,3
Occupation	Private	26	87
	Civil Servants	0	0
	Students	1	3
	Unemployed	3	10

Source: Primary Data

From Table 1, it is shown that the ages of prospective brides and grooms ranged between 20 and 38 years, with the majority falling within the 20–24 year age group. Based on Table 2, most prospective brides and grooms were employed in the private sector.

In terms of premarital readiness, the majority of participants reported that they already felt prepared to enter into marriage. Social and mental readiness, particularly emotional preparedness, was assessed using a questionnaire consisting of five items. Each item was scored on a scale of 1 to 5, resulting in a minimum possible emotional readiness score of 5 and a maximum of 25.

Emotional readiness included the following aspects: confidence in the decision to marry, ability to manage emotions, capacity for self-control in difficult situations, ability to regulate anger without harming one's partner emotionally or physically, preparedness to face marital challenges with a positive attitude, and feeling safe and comfortable sharing emotions with one's partner. These factors represent essential elements of premarital preparation for both prospective brides and grooms.

Table 2. Distribution of Emotional Readiness Scores of Prospective Brides and Grooms

Emotional readiness score	Total	Percentage (%)
19	3	10
20	2	6,7
21	4	13,3
22	3	10
23	3	10
24	6	20
25	9	30

Based on Table 2, we can see the results of the questionnaire completed by prospective brides and grooms. The lowest score for prospective brides and grooms was 19 and the highest was 25. These results indicate a high level of emotional readiness for prospective brides and grooms.

Social readiness, as part of mental and social readiness, was measured using a questionnaire. Prospective brides and grooms were asked to complete a five-item questionnaire, with each item scoring on a scale of 1-5. Therefore, the minimum social readiness score was 5 and the maximum was 25.

Table 3. Distribution of Social Readiness Scores for Prospective Brides and Grooms

Social Readiness Scores	Total	Percentage (%)
15	1	3,3

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16	0	0
17	0	0
18	0	0
19	2	6,7
20	7	23,3
21	4	13,4
22	3	10
23	3	10
24	3	10
25	7	23,3

Source: Primary Data

Based on Table 3, we find that the questionnaire results from prospective brides and grooms were completed by respondents. The majority of prospective brides and grooms scored 19, with the highest score being 25. These results indicate that the majority of prospective brides and grooms' emotional readiness is high, with only one respondent scoring 15.

Table 4. Distribution of prospective brides and grooms' psychological readiness scores

psychological readiness scores	**Total**	**Percentage (%)**
19	3	10
20	2	6,7
21	4	13,3
22	3	10
23	3	10
24	6	20
25	9	30

Source: Primary

Based on Table 4, we obtain the results of the questionnaire completed by prospective brides and grooms. The majority of prospective brides and grooms scored 19, with the highest score being 25. These results indicate that the majority of prospective brides and grooms' emotional readiness is high.

Table 5. Distribution of health status and healthy behaviors of prospective brides and grooms

	Pria	**Wanita**	**Prosentase (%)**
Tekanan Darah	Normal	15	0
	Tinggi	12	3
LILA	< 23,5 cm	2	-

	≥ 3,5 cm	13	-
Merokok	perokok	-	13
	Bukan perokok	15	2

Source: Primary Data

Based on Table 5, we obtain the results of the blood pressure data collection for prospective brides and grooms. The majority were normal, with only three grooms having high blood pressure when measured. For prospective brides, upper arm circumference measurements were performed, and two brides had a lower than normal MUAC. Regarding smoking behavior, the majority of prospective grooms and grooms were smokers, while only two reported being non-smokers.

DISCUSSION

This study targeted prospective brides and grooms as its primary subjects, a decision considered appropriate and highly strategic. This is because prospective couples are at the stage of forming new families, and the family plays a crucial role as the foundation of both society and the state. Well-prepared couples are more likely to establish strong families and contribute positively to development, whereas marriages without adequate preparation may trigger various social and economic problems (Ramadhanty, 2023).

The youngest participant in this study was 20 years old and the oldest was 38 years old, with an average age of 25 years. Overall, this age range can be considered ideal for marriage, consistent with the National Population and Family Planning Board (BKKBN) guidelines on the ideal age for marriage. According to Law No. 16 of 2019, which amended Law No. 1 of 1974 on Marriage, marriage is only permitted if both men and women are at least 19 years old. Under this law, the age of 19 is considered legally mature for marriage, whereas those under 19 are regarded as minors and protected by the Child Protection Law, rendering marriage legally invalid.

According to BKKBN, the ideal age for marriage is 21 years for women and 25 years for men. BKKBN emphasizes the importance of age-related maturity—not only physical, but also psychological and economic—in preparing couples to face the challenges of marriage and family life. The age of 21 is considered ideal for women, as by this stage they are generally more physically and psychologically prepared for pregnancy and childbirth. Meanwhile, the age of 25 is considered ideal for men, as they are expected to be more mentally and financially mature to support a family.

In terms of occupation, the majority of participants were private sector employees or entrepreneurs, while three individuals were unemployed and one was still a student. This indicates that most prospective couples were in a financially productive stage (employed). According to BKKBN (2021), financial readiness is a crucial factor for couples, as sound financial preparation prior to marriage helps ensure household stability and prevent financial problems in the future. The main reasons financial readiness is important, as outlined by BKKBN, include: (1) meeting daily needs, since marriage introduces new financial responsibilities; (2) planning for the family's future, including children's education, investments, and emergency savings; (3) preventing financial problems such as debt accumulation; and (4) fostering a happy family environment by providing a sense of security and comfort.

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The emotional readiness of the participants was generally in the "good" category, although scores varied across individuals. This suggests that emotionally, most participants were prepared to face the new life stage of marriage. Emotional readiness is a critical foundation in building a happy family, as marriage requires significant adjustment and resilience. As noted by Hikmah (2025), emotional preparedness enables couples to manage emotions, communicate effectively, and navigate challenges constructively. The reasons emotional readiness is essential include: (1) enhancing communication skills, especially during conflict; (2) managing stress associated with new responsibilities; (3) strengthening emotional intimacy and empathy; (4) preventing conflict and divorce; (5) building a stable and supportive family environment; and (6) avoiding marital burnout. Based on questionnaire results, the lowest emotional readiness score among participants was 15 and the highest was 25, indicating overall moderate-to-high levels of social and emotional preparedness.

Social readiness among participants was also evident, and this is vital for sustaining a harmonious marriage. Social preparedness involves understanding roles, responsibilities, and the ability to interact effectively within both the family and the wider community. Important aspects of social readiness include: (1) preventing conflict and divorce by ensuring mutual understanding of roles and responsibilities; (2) building harmonious relationships through adaptation to differences in character and habits; (3) preparing for new roles such as husband, wife, or in-law; (4) fostering a healthy and empowered family environment; and (5) reducing psychological burdens arising from miscommunication or conflict. Specific elements of social readiness include role comprehension, effective communication, conflict resolution, adaptability, and interpersonal skills.

With regard to health indicators, blood pressure measurements revealed that the majority of participants were within the normal range, although three male participants had elevated blood pressure. Among female participants, mid-upper arm circumference (MUAC) was measured, and two were found to have values below normal. In terms of smoking behavior, the majority of male participants were smokers, with only two reporting that they did not smoke.

Blood pressure is one of the primary indicators of cardiovascular health. Hypertension is known as the "silent killer" because it often presents without symptoms until severe complications, such as stroke or myocardial infarction, occur. Traditionally, blood pressure monitoring has been emphasized in adult and elderly populations. However, recent research has shown that blood pressure patterns established at a young age have significant long-term consequences for health (Azegami, 2021).

MUAC in adolescent girls is a critical indicator of nutritional status, reflecting not only current health but also future reproductive health, pregnancy outcomes, offspring quality, and the risk of chronic disease later in life. Monitoring and intervening in adolescent nutrition is therefore a public health priority. Low MUAC in prospective mothers, which indicates chronic energy deficiency (CED), is strongly associated with poor child nutritional outcomes. Children of such mothers are more likely to be born with low birth weight (LBW), face higher risks of stunting, suffer frequent illness, and experience suboptimal growth and development. Conversely, prospective mothers with normal MUAC demonstrate sufficient energy and protein reserves to support healthy pregnancies and promote optimal child growth.

Smoking habits exert both direct and indirect impacts on reproductive health. In women, smoking reduces fertility, accelerates menopause, increases the risk of pregnancy complications, and adversely affects fetal health. In men, smoking impairs sperm quality and increases the risk of erectile dysfunction. Overall, smoking deteriorates reproductive health and contributes to intergenerational health problems.

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CONCLUSION

In this study, it can be concluded that the emotional, social and psychological readiness of the prospective bride and groom is relatively good, while from a health aspect, there are several things that require attention, such as high blood pressure, lower than normal MUAC and smoking behavior.

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