Article

Relationship between marriage readiness and pregnancy planning among prospective brides

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Abstract

**Background:** The growing marriage rates need to be followed with marriage readiness and pregnancy planning to become parents. The readiness of marriage includes age readiness, physical, financial, mental, emotional, social, moral, interpersonal, intellectual, and life skills. Unprepared marriage can have an impact on domestic violence and divorce. The readiness of marriage should be balanced with the existence of important pregnancy planning carried out to realize reproductive rights responsibly and the government program movement 1000 The First Day of Life as a golden period of child development, and avoid unplanned pregnancy in 4T conditions. Marriage readiness of prospective bride affects the readiness to maintain health of children in the future.

**Design and Methods:** This research aimed to determine the relationship between marriage readiness and pregnancy planning among prospective brides. A correlative descriptive design with a cross-sectional method is used with a convenience sampling technique in determining the respondents, and obtained a total of 258 respondents.

**Results:** The results showed a meaningful relationship between marital readiness and pregnancy planning (p=0.000, α=0.05).

**Conclusions:** This study recommends education of pregnancy planning and readiness before marriage, both physical and psychological, with interactive media and nurse cooperation with community cadres in socialization on wedding preparation and preconceptions that are not only attended by prospective brides, but also women of childbearing age and adolescence in minimizing misinformation in unmarried women.

Introduction

Early developments include getting married and forming a family through marriage, which can occur after the prospective bride and groom both find a partner that fits the criteria and has the same goals in living life simultaneously. This life together in marriage requires responsibility and includes many aspects of life.1 As the population increases, there will also be an increase in the number of individuals in adulthood who will carry out developmental tasks to get married. BPS data for 2017 recorded the number of marriages in Indonesia, namely 1,936,934.2 Based on the marital status that has been registered at the Religious Affairs Office in Special Capital District of Jakarta Region in 2018, there was a significant increase totaling 58,616 marriages. Therefore, it is necessary to examine it from the prospective bride and groom perspective, because desire to get married soon but not paying attention to mental, emotional, and social readiness or even being at an age that is still facing an identity crisis shows that there is still unpreparedness for marriage. Unpreparedness for marriage can lead to conflict, domestic violence, and divorce.3

The high number of marriages in Indonesia, especially Capital District of Jakarta, must also be balanced with increased marriage readiness. The readiness for marriage includes age, physical, financial, mental, emotional, social, moral, interpersonal, intellectual, and life skills readiness.4 Research by Amalia and Siswantara’s in Public Health Care Center of Pucang Sewu Surabaya showed as many as 62.5% brides still have little knowledge about reproductive health.5 Furthermore, Sunarti, Simanjuntak, Rahmatin, and Dianeswari’s show that the readiness to marry a wife (59.6%) is lower than the readiness to marry a husband (63.2%),6 which is related to fulfilling family duties.

The prospective bride needs to consider readiness from biological, psychological and socio-cultural perspectives. Biological readiness is by maintaining physical health conditions, psychological aspects by preparing intrapersonal and interpersonal relationships in facing new roles and tasks and socio-cultural aspects with financial readiness in managing family life.7 In addition, there are several prenuptial preparations that the bride and groom need to undertake, including physical, psychological, economic, social, healthcare and reproductive health.8

Increasing marriage rates also have an impact on birth rates. The birth rate of babies in Jakarta in 2015 was 179,001 births, with an increase in 2018 to 181,572. There are many ways to plan peo-

Significance for public health

The number of marriages in Indonesia, especially in Jakarta, has increased significantly. The high number of marriages needs to be balanced with readiness for marriage where the prospective bride and groom think more about the concept of marriage than post-marriage life and becoming parents. Unpreparedness for marriage can lead to conflict in marriage, domestic violence, and divorce. Lack of readiness to marry occurs due to lack of planning. Family planning should be carried out in marriage, one of which is planning in terms of having children, the number of children you want, the distance between pregnancies, when to stop having children, safe use of contraception, as well as consideration of the prone age of pregnancy for women who want pregnancy and have children. Through pregnancy planning, the bride will be able to realize reproductive rights responsibly, which can support government policies related to family planning. This research is expected to provide an overview of new knowledge and strengthen previous references regarding marriage readiness and pregnancy planning.
ple pregnancies. Some of them are not using contraception. Based on data, 222 million women in the world do not use adequate contraceptive methods.\textsuperscript{9} Pregnancy planning is vital to avoid unplanned pregnancy. Each year, 41\% of the world’s 208 million pregnancies are unplanned and 4 out of 10 women in the world report that their pregnancy is not planned.\textsuperscript{10} Couples are supposed to have the readiness to marry and make preparations for marriage as well as planning in terms of having children, the number of children desired, the interval between pregnancies, when to stop having more children, safe use of contraceptives, as well as consideration of the age at risk of pregnancy for women who want pregnancy and have children. There were some articles discuss similar issues from different perspective or in different region of studies, but there is no related research about the relationship between marriage readiness and pregnancy planning among prospective brides in Jakarta. Therefore, it is crucial to research marriage readiness with pregnancy planning for the prospective bride.

### Design and Methods

The design of this study used a cross-sectional study approach involving 258 female candidates who met the criteria. This research’s criteria are prospective brides, have an identity card (KTP) of Jakarta, and who are willing to be respondents in the study, questionnaires were distributed through various social media platforms. At the beginning, respondents can choose on the approval page whether they are willing or not to fill out the questionnaire in accordance with research ethics.

The data collection tool used an instrument in the form of a questionnaire used to measure marriage readiness and measure pregnancy planning level with the London Measure of Unplanned Pregnancy (LMUP). The reliability test used Cronbach’s alpha with the reliability value on the marriage readiness questionnaire of 0.734 and pregnancy planning 0.779.

The data were analysed using univariate and bivariate analysis. Univariate analysis was used to describe the characteristics (age, ethnicity, education, occupation, and economy or income), the independent variable (readiness for marriage), and the dependent variable (pregnancy planning). The bivariate analysis involved two variables using the Chi-Square test to determine the relationship between marriage readiness and pregnancy planning for the bride.

Data collection was carried out after this research obtained a permit and obtained the results of the ethical review from the Faculty of Nursing University of Indonesia Number SK-152/UN2.F12.D1.2.1/ETIK 2020 and Research Recommendation Number 187/AF.1.2/-1.862.9/e/2020 from DPMPTSP DKI Jakarta. The research permit was submitted by the Ministry of Religion of Jakarta with Number B-3706/Kk.09.1/1/HM.003/06/2020 and Religious Affairs Office Jakarta Region. Permission to the Head of Religious Affairs Office was asked to obtain contact information for registered brides. After obtaining contact data for the prospective bride, the questionnaire was distributed online via Google Form. The data collected were then rechecked and given a code. The data were then processed into information to answer the research objectives. The data processing process in this study used SPSS.

### Results

The results showed that 68.2\% of respondents were ready for marriage while 82 respondents (31.8\%) were not ready to marry. Based on the respondent’s age, not ready to marry was indicated by the respondents in their late teens (17-20 years). When viewed from the number of respondents, most ethnic groups came from the Javanese ethnic group, as many as 109 respondents, followed by

| Table 1. Analysis results of marriage readiness according to demographic data (n=258). |
|-------------------------------------------------|
| Variable                                      | Marriage readiness |                       |
|                                               | Ready | % | Unready | %     | Total |
| Age                                            |       |   |         |       |       |
| Late adolescence                               | 8     | 28.6 | 20      | 71.4  | 28    |
| Young adulthood                                | 152   | 71.4 | 61      | 28.6  | 213   |
| Late adulthood                                 | 16    | 94.1 | 1       | 5.9   | 17    |
| Ethnicity                                      |       |   |         |       |       |
| Betawi                                         | 54    | 69.2 | 24      | 30.8  | 78    |
| Java                                           | 71    | 65.1 | 38      | 34.9  | 109   |
| Sunda                                          | 20    | 66.7 | 10      | 33.3  | 30    |
| Minang                                         | 15    | 62.5 | 9       | 37.5  | 24    |
| Balak                                          | 4     | 100  | 0       | 0     | 4     |
| Other                                          | 12    | 92.3 | 1       | 7.7   | 13    |
| Educational level                              |       |   |         |       |       |
| Primary                                        | 2     | 40  | 3       | 60    | 5     |
| Secondary                                     | 54    | 70.1 | 23      | 29.9  | 77    |
| Higher                                         | 120   | 68.2 | 56      | 31.8  | 176   |
| Employment status                              |       |   |         |       |       |
| Unemployed                                     | 46    | 49.5 | 47      | 50.5  | 93    |
| Informal employee                              | 11    | 50  | 11      | 50    | 22    |
| Formal employee                                | 119   | 83.2 | 24      | 16.8  | 143   |
| Income                                         |       |   |         |       |       |
| Less than provincial minimum wage              | 82    | 58.2 | 59      | 41.8  | 141   |
| Average                                        | 94    | 80.3 | 23      | 19.7  | 117   |
| Total                                          | 176   | 68.2 | 82      | 31.8  | 258   |

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### Table 2. Analysis results of pregnancy planning according to demographic data (n=258).

| Variable          | Ambivalent | Pregnancy planning | Planned | %  | Total |
|-------------------|------------|--------------------|---------|----|-------|
| Age               |            |                    |         |    |       |
| Late adolescence  | 13         | 46.4               | 15      | 53.6| 28    |
| Young adulthood   | 66         | 31                 | 147     | 69  | 213   |
| Late adulthood    | 2          | 11.8               | 15      | 88.2| 17    |
| Ethnicity         |            |                    |         |    |       |
| Betawi            | 25         | 32.1               | 53      | 67.9| 78    |
| Jawa              | 39         | 35.8               | 70      | 64.2| 109   |
| Sunda             | 11         | 36.7               | 19      | 63.3| 30    |
| Minang            | 5          | 20.8               | 19      | 79.2| 24    |
| Batak             | 0          | 0                  | 4       | 100 | 4     |
| Others            | 1          | 7.7                | 12      | 92.3| 13    |
| Educational level |            |                    |         |    |       |
| Primary           | 1          | 20                 | 4       | 80  | 5     |
| Secondary         | 21         | 27.3               | 56      | 72.7| 77    |
| Higher            | 59         | 33.5               | 117     | 66.5| 176   |
| Employment status |            |                    |         |    |       |
| Unemployed        | 41         | 44.1               | 52      | 55.9| 93    |
| Informal          | 8          | 36.4               | 14      | 63.6| 22    |
| Formal            | 32         | 22.4               | 111     | 77.6| 143   |
| Income            |            |                    |         |    |       |
| Less than provincial minimum wage | 55 | 39 | 86 | 61 | 141 |
| Average           | 26         | 22.2               | 91      | 77.8| 117   |
| Total             | 81         | 31.4               | 177     | 68.6| 258   |

The calculation results with Pearson Chi-Square show the calculation of the relationship between the variable readiness to marry and the variable pregnancy planning and can be seen from the Pearson Chi-Square value in the Asymp column. Sig. there is a p-value of 0.000 where $\alpha = 0.05$. Then, the conclusion is p-value < $\alpha$ so that H0 is rejected (there is a significant relationship between readiness to marry and pregnancy planning). Results of Chi-Square test on the relationship of marriage readiness and pregnancy planning can be seen on Table 3.

### Table 3. Results of Chi-Square test on the relationship of marriage readiness and pregnancy planning (n=258).

| Marriage readiness | Pregnancy planning | Total | p     |
|--------------------|---------------------|-------|-------|
|                    | Ambivalent          | Planned |       |
| Unready            | 42                  | 40     | 82    | 0.000 |
| Ready              | 39                  | 137    | 176   | 0.000 |
| Total              | 81                  | 177    | 258   | 0.000 |

### Discussion

The study results on the description of marriage readiness show that, in general, the prospective bride and groom in Jakarta are ready to marry, although there is still a third of the total number of respondents who are not ready to marry. Readiness for marriage shows a state of being willing or ready to have a relationship with a partner, ready to manage a family, ready to take care of children, and ready to accept responsibilities as husband and wife. The description of the readiness to marry the prospective bride in Jakarta when viewed from the respondent’s characteristics, based on the age of the respondent, not ready to marry is shown in the respondents who are in their late teens while ready to marry is shown in adulthood. This is in line with the BKKBN age limit, where the ideal marriage is 25 years for men and 21 years for women. This age is considered the best age because the reproductive organs are ready and, on average, the person can think and act in an adult manner. Furthermore, based on ethnicity, this data follows the location of the research conducted in Jakarta. Based on the 2010 Population Survey, Capital District of Jakarta Province is dominated by the Javanese, totaling 3,453,453 people, the Betawi ethnic group as the original ethnic group of Jakarta totaling 2,700,722 people, and the Sundanese ethnic group 1,395,025 million.

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Intellectual readiness is needed in readiness to marry. Intellectual unpreparedness indicates the respondent’s lack of interest in reading books, news, or information about related knowledge. The high level of intellectual readiness is an asset to building better resources. Based on Tsania, Sunarti, and Krisnuttii’s research, there is a positive relationship between the length of education and child development. This can happen because the higher the level of education, the individual can reduce gender gaps, be more mature, and be more prepared before deciding to get married. Education also fosters good family development in decision-making and childcare. The level of education also influences marriage readiness, where the higher the education, the higher the individual’s readiness to marry.

This study’s results are in line with research by Septyanandari’s, showing that the better the individual planning, the better the readiness to marry the individual. The results of Oktanina’s research conducted on 96 young adult women who work show a positive relationship between work commitment and marriage readiness where the higher the work commitment, the higher the readiness to marry. The research results on the description of pregnancy planning show that, in general, the prospective bride in Jakarta already has a planned pregnancy plan. A well-planned pregnancy process will have a positive impact on the fetus’s condition and the psychological and physical adaptations of the mother. Therefore, pregnancy planning should be done before pregnancy (preconception). Unplanned pregnancy that happens at the age of adolescence can increase the risk of maternal mortality, and infant mortality rates 2-4 times higher at 30%. At the age of less than 20 years, it is necessary to postpone pregnancy because the pelvis and uterus condition are not physically developed optimally. Furthermore, they are at risk of developing anemia. Adults also have mature thoughts BKKBN and FEMA IPB’s compared to the age of teenagers, who tend to have an unstable mindset, so that the adult can have a planned pregnancy planning and more members prepare how to care for the child.

The prospective bride and groom will have a pregnancy plan if they know about the importance of pregnancy planning so that a planned pregnancy can be owned by respondents who have good knowledge about health, especially the health of mothers and babies and the impact of not doing pregnancy planning. The study results are in line with the research by Herziasyam’s, showing that there is no significant relationship between maternal education and maternal readiness to face pregnancy. However, there is a significant relationship between the level of knowledge and the level of information exposure with the readiness of the mother to face pregnancy.

This study’s results are also in line with Saptarini and Suparmi’s research, namely that women who have jobs have more consideration in planning pregnancy by thinking of alternative ways to prevent unplanned pregnancies, which are considered to hinder work careers. Furthermore, based on the economy, both respondents who have an economy less than the Provincial Minimum Wage and according to the UMP majority have a planned pregnancy plan, namely 61% and 77.8%, respectively. Individuals who have an economy less than the Provincial Minimum Wage Capital District of Jakarta may not be financially ready, especially as the Jakarta Region, as the country’s capital city, has a Provincial Minimum Wage of Rp4,267,349. Based on 2019 BPS data, the highest average Provincial Minimum Wage is in the East Jakarta administrative area, Rp4,719,561, while the lowest average Provincial Minimum Wage is in the West Jakarta administrative area of Rp3,625,171. This figure is high compared to several other regions in Indonesia.

The relationship between marriage readiness and pregnancy planning for future brides in Jakarta has been studied for the first time, so there has been no previous research that supports the results of this study. However, Herziasyam’s study explained that couples’ financial readiness in facing pregnancy would greatly influence the mother’s opinion regarding pregnancy readiness. Satisfactory financial readiness as a dimension of readiness for marriage is related to meeting needs starting from preconception preparation, pregnancy, birth, to childcare.

Marriage readiness can also be an essential indicator of the quality of child development and family success, where, when entering marriage, the bride and groom must also be ready with new roles and duties, including in terms of taking care of children. A child’s presence can be a problem in itself in a family if there is no satisfactory readiness from both partners, especially the readiness of the prospective bride who will become a wife and mother for her child. Both partners must have a mutually agreed-upon method of all things, including childcare and planning. Furthermore, based on Kim’s research, the lack of readiness to marry can impact family instability, which can affect children’s behavior and emotions. Conflicts can also reduce cognitive development in children aged under five. Furthermore, based on Tsania et al.’s research, there is a positive relationship between readiness to marry and child development.

The readiness to get marriage the prospective bride will affect women’s readiness to maintain their children’s health. If the maintenance is not carried out effectively, there will be an increase in child mortality, but this can be minimized by doing pregnancy planning. The prospective bride and groom’s efforts to have healthy and quality offspring are that every bride and groom needs to have a pregnancy plan. Based on the Ministry of Health Regulation No. 97/2014, the prospective bride and groom are the target of intervention in health services during the pre-pregnancy or preconception period, aiming to have a healthy pregnancy.

Conclusions

Based on the study results, the description of the readiness to marry the prospective bride in Capital District of Jakarta showed that in general, prospective brides in Jakarta are ready to get married and have a planned pregnancy plan, although there are still a third of the total number of respondents who are not ready to get married, and indicate that there is a significant relationship between readiness to marry and pregnancy planning. This can be seen from the Pearson Chi-Square test results, namely the p-value <α of 0.000.

For services, it is suggested that these results become the need for more in-depth socialization of marriage readiness and pregnancy planning for the prospective bride and future husbands, couples of childbearing age, and unmarried teenagers. Besides, nursing services can also create web innovations or applications that can be opened through gadgets and other interactive media in developing education for the bride and groom so that they can access information wherever and whenever they are more effective and efficient and can optimize family harmony and roles as husband and wife, in preparing for childcare and development.

It is hoped that education can be carried out as early as possible for adolescents and early adults through the school environment, campus, and in the community regarding things that need to be prepared before marriage and planned pregnancy planning so that it is expected to be a role model for the community when providing education.
Nurse researchers are expected to use the results of this research on marriage readiness and pregnancy planning and it can be discussed in more depth, both in terms of the variables and the research design. In addition, similar research can also be carried out with different target respondents to generalize the results of research, such as students and women of childbearing age. Research can also be undertaken in the factors that influence and comparisons of readiness to marry with pregnancy planning for the bride and groom in rural and urban areas to compare the two different conditions of society.

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