

# Analysis of Determinants that Affect the Attitude of Brides-To-Be to Conduct Hiv Examinations in Palembang City

Sukarni Setya Yuningsih<sup>1\*</sup>, Arsita Zahara<sup>1</sup>, Putri Julianti<sup>1</sup>, Reza Purnama<sup>1</sup>, Sarah Andami<sup>1</sup>, Tri Wahyuni<sup>1</sup>

<sup>1</sup> STIKes Abdi Nusantara, Jakarta, Indonesia.

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Corresponding Author:

Sukarni Setya Yuningsih

[karnisetya9@gmail.com](mailto:karnisetya9@gmail.com)

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**Abstract:** Premarital HIV testing plays a crucial role in preventing HIV transmission within families. Knowing one's HIV status before marriage allows couples to take preventive measures—such as consistent condom use—to minimize the risk of transmission through sexual contact. This study aimed to analyze the determinants that influence the attitudes of brides-to-be toward undergoing HIV testing in Palembang City, focusing on respondent characteristics, HIV education, and confidence in being free from HIV infection. This research employed a cross-sectional design involving all prospective brides and grooms in Palembang City. The study was conducted from November 2024 to January 2025 at several health facilities, including PMB Dewi Ratna Sari Am.Keb, PMB Meli Rosita, Citra Maternity Clinic, the South Sumatra Police Polyclinic, and Pendopo Empat Lawing Health Center. Primary data were collected using a structured questionnaire. Data were analyzed using chi-square statistical tests with univariate and bivariate approaches, supported by SPSS version 25. The findings showed no significant relationship between respondent characteristics and attitudes toward HIV testing. However, a significant relationship was found between education about HIV testing and respondents' confidence in being free from HIV infection with their willingness to undergo HIV testing. This indicates that increasing knowledge and awareness regarding HIV prevention can foster more positive attitudes toward premarital HIV testing. Strengthening HIV education among prospective brides and grooms is essential to encourage proactive attitudes toward testing. Health workers and related institutions are advised to conduct regular educational activities—such as seminars, counseling sessions, and community-based interactive discussions—focused on HIV prevention and early detection.

**Keywords:** Attitude; Education; HIV; Premarital testing; Prevention

## Introduction

The high number of HIV cases among housewives in Indonesia reflects that the spread of HIV infection is not only limited to key populations but also occurs within families (Kusumaningrum & Zuryati, 2020; Ministry of Health of the Republic of Indonesia, 2024). This condition indicates the potential for domestic transmission, particularly from husbands who are unaware of their HIV status. Therefore, the government

needs to redirect its policy orientation toward family-based prevention by implementing mandatory premarital HIV testing. Premarital HIV testing is recognized as one of the most effective preventive measures because it allows couples to identify their HIV status early and take appropriate steps such as consistent condom use or participation in antiretroviral therapy (ART) programs to prevent further transmission. Additionally, couples identified as HIV-positive can join the Prevention of Mother-to-Child

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Transmission (PMTCT) or PPIA program to ensure healthy offspring and break the cycle of vertical transmission (Fahruurajib, 2018; WHO, 2023).

Based on data from the Ministry of Health (Kemenkes), the number of HIV cases in Indonesia during the period of January–September 2023 reached 515,455 people. Of these, around 454,723 individuals—or approximately 88%—had been diagnosed and were aware of their HIV status. This achievement indicates progress in HIV detection and public awareness, yet a significant portion of the population remains unaware of their status. Early detection through voluntary or mandatory testing is a crucial strategy for strengthening public health systems, ensuring access to care, and reducing the risk of transmission through timely intervention (Ministry of Health of the Republic of Indonesia, 2024; UNAIDS, 2023).

The distribution of HIV/AIDS cases across Indonesia shows that the epidemic is still geographically concentrated. The five provinces with the highest HIV cases are East Java, DKI Jakarta, West Java, Central Java, and Papua. Meanwhile, the highest AIDS cases are recorded in Central Java, Papua, East Java, DKI Jakarta, and the Riau Islands. This pattern highlights the serious challenge Indonesia faces in controlling HIV/AIDS, emphasizing the need for targeted prevention programs, regional health system strengthening, and behavioral interventions among at-risk populations (Kusumaningrum & Zuryati, 2020; Ministry of Health of the Republic of Indonesia, 2024).

Premarital HIV testing is also supported by the Health Belief Model (HBM) theory, which posits that an individual's willingness to engage in preventive health behavior depends on perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. Applying this model to HIV testing behavior, brides-to-be who perceive themselves at risk of infection and understand the benefits of early detection are more likely to exhibit positive attitudes toward premarital HIV testing (Glanz et al., 2015). Therefore, education and awareness about HIV prevention play an essential role in shaping their health-related decisions.

Couples who are aware of their HIV status before marriage can make informed reproductive health decisions. Those infected with HIV still have opportunities to build healthy families through participation in the PMTCT (PPIA) program, which aims to prevent vertical transmission from mother to child. This initiative has been proven effective in reducing the incidence of pediatric HIV and improving maternal health outcomes (WHO, 2022; Widayati et al., 2020).

The HIV/AIDS situation in South Sumatra, particularly in Palembang City, demonstrates the local urgency of this issue. In 2024, a total of 409 new HIV cases were recorded from January to May, with

Palembang showing the highest number, especially among young adults. Of these, 295 individuals were diagnosed in the early stages (Stage I and II), while 114 were identified with AIDS. This trend underscores the importance of strengthening prevention strategies, increasing education and awareness among the younger population, and integrating premarital HIV testing as a mandatory requirement in health policies to mitigate further spread (Primadesa, 2024).

Conducting this research is therefore crucial to identify the determinants that influence the attitudes of brides-to-be toward premarital HIV testing in Palembang City. Understanding these factors will provide valuable insights for health policymakers, educators, and practitioners to develop more effective, culturally sensitive strategies that promote preventive behavior and early detection of HIV infection (Ajzen, 1991; Becker, 1974).

## Method

This study aimed to identify the determinants that influence the attitudes of brides-to-be toward undergoing HIV testing in Palembang City. The study was conducted at several health facilities, namely PMB Dewi Ratna Sari Am.Keb, PMB Meli Rosita, Citra Maternity Clinic, the South Sumatra Police Polyclinic, and Pendopo Empat Lawing Health Center, from November 2024 to January 2025.

### RESEARCH METHODOLOGY FLOWCHART

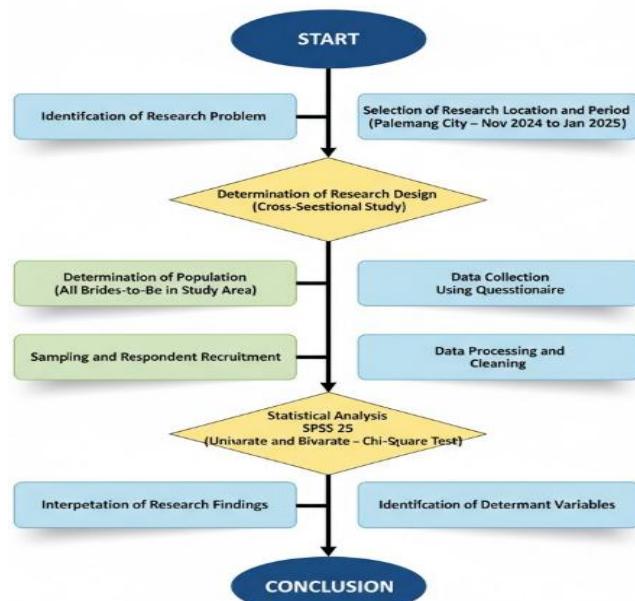


Figure 1. Research methodology flowchart

This research used a cross-sectional design, which allows the researcher to analyze the relationship

between independent variables and the dependent variable at a single point in time. The population in this study comprised all prospective brides in Palembang City during the research period (November 2024–January 2025). The sample was selected using a total sampling technique based on inclusion criteria, namely women registered as brides-to-be at the selected health facilities and willing to participate voluntarily.

The primary data were collected using a structured questionnaire that assessed: Dependent variable: Attitude of brides-to-be toward undergoing HIV testing. Independent variables: Age, education level, occupation, HIV testing education, and confidence in not being infected with HIV. Data were processed and analyzed using the SPSS version 25 software.

## Result and Discussion

Based on table 1, it shows that of the 28 respondents with the characteristics of the bride-to-be, the majority of the bride-to-be age is ideal (19-30 years) as many as 85 respondents (83.3%), low education (elementary, junior high, high school) as many as 53 respondents (52%) and the majority are not working as many as 52 respondents (51%).

**Table 1.** Characteristics Based on Age, Education, Occupation, Bride-to-be Getting Tested for HIV

Characteristics of Respondents	Number (n)	Percentage (%)
Age of the Bride-to-be		
Young or at risk < 18 years old and > 30 years old)	17	16.7
Ideal or not at risk (19 – 30 years old)	85	83.3
Education		
Low education (SD, SMP, SMA)	53	52
Higher Education (D3, S1)	49	48
Work		
Work	50	49
Not Working	52	51

**Table 5.** Age Relationship with Bride-to-be's Attitude to HIV Screening

Age	Attitude of Brides-to-be in HIV Screening						Asymp.sign (2 - Sided)	
	Negative		Positive		Total			
	n	%	n	%	n	%		
Young or at risk < 18 years old and > 30 years old)	8	47.1	9	52.9	17	100	0.051	
Ideal or not at risk (19 – 30 years old)	62	72.9	23	27.1	85	100		

**Table 6.** The Relationship Between Education and the Attitude of the Bride-to-be in HIV Screening

Education	Attitude of Brides-to-be in HIV Screening						Asymp.sign (2 - Sided)	
	Negative		Positive		Total			
	n	%	n	%	n	%		
Primary education (SD, SMP, SMA)	36	67.9	17	32.1	53	100	0.874	
Higher education (D3,S1)	34	33.3	15	14.7	49	100		

Education About HIV Screening	Number (n)	Percentage (%)
Never Getting Education	59	56.9
Have Received Education	43	43.1
Total	102	100

Based on Table 2, it shows that of the 102 respondents who received education about HIV screening, the majority of respondents (56.9%) had received education as many as 58 respondents (56.9%).

**Table 3.** Distribution of Frequency of Confidence in HIV among Brides-to-be Conducting HIV Screening

Confidence in HIV	Number (n)	Percentage (%)
High level of trust	63	61.8
Low Trust Level	39	38.2
Total	102	100

Based on Table 3, it shows that of the 102 respondents who were confident that they were not infected with HIV, the majority of respondents were highly confident that they were not infected with HIV, as many as 63 respondents (38.2%).

**Table 4.** Distribution of Frequency of Attitudes of Brides-to-be to Conduct HIV Screening

Attitude	Number (n)	Percentage (%)
Negative	70	71.4
Positive	32	28.6
Total	102	100

Table 4 shows that of the 102 respondents who are about the attitude of the bride-to-be to do an HIV test, the majority of negative attitudes are 70 respondents (71.4%).

Based on table 5 of the results of the age analysis with the attitude of the bride-to-be to conduct an HIV test using Chi-square, a significance value of 0.051 was obtained, because the p-value >  $\alpha$  ( $p\text{-value} > 0.05$ ), it can be concluded that there is no age relationship with the attitude of the bride-to-be to conduct an HIV test.

Based on table 6 of the results of the age analysis with the attitude of the bride-to-be to conduct an HIV examination using Chi-square, a significance value of 0.874 was obtained, because the p-value  $> \alpha$  (p-

value $>0.05$ ), it can be concluded that there is no educational relationship with the attitude of the bride-to-be to conduct an HIV examination.

**Table 7.** The Relationship between Work and the Attitude of the Bride-to-be Doing HIV Screening

Work	Attitude of Brides-to-be in HIV Screening						Asymp.sign (2 - Sided)
	Negative		Positive		Total		
	n	%	n	%	n	%	
Not Working	33	66	17	34	50	100	0.575
Work	37	71.2	15	28.8	52	100	

Based on table 7, the results of the job analysis with the attitude of the replacement candidate conducting an HIV test using Chi-square obtained a significance value

of 0.575, because the p-value  $> \alpha$  (p-value $>0.05$ ), then it can be concluded that there is no work relationship with the attitude of the bride-to-be to carry out an HIV test.

**Table 8.** The Relationship Between Education About HIV Screening and the Attitude of Brides-to-be in HIV Testing

Education About HIV Screening	Attitude of Brides-to-be in HIV Screening						Asymp.sign (2 - Sided)
	Negative		Positive		Total		
	n	%	n	%	n	%	
Never	46	78	13	22	59	100	0.017
Ever	24	55.8	19	44.2	43	100	

Based on table 8 of the results of the analysis of education about HIV testing with the attitude of the bride-to-be to conduct HIV testing using Chi-square, a significance value of 0.023 was obtained, because the p-

value  $< \alpha$  (p-value $<0.05$ ), it can be concluded that there is a relationship between education about HIV testing and the attitude of the bride-to-be to conduct HIV testing.

**Table 9.** The Relationship Between Confidence and the Attitude of the Bride-to-be to Conduct HIV Screening

Confidence not to be infected with HIV	Attitude of Brides-to-be in HIV Screening						Asymp.sign (2 - Sided)
	Negative		Positive		Total		
	n	%	n	%	n	%	
High confidence	50	79.4	13	20.6	63	100	0.030
Low self-confidence	20	51.3	19	49.7	39	100	

Based on table 9, the results of the analysis of self-confidence not to be infected with HIV with the attitude of the bride-to-be to carry out an HIV test using Chi-square obtained a significance value of 0.030, because

the p-value  $< \alpha$  (p-value $<0.05$ ), it can be concluded that there is a relationship between the confidence of not being infected with HIV and the attitude of the bride-to-be to carry out an HIV test.

**Table 10.** The Results of the Determinant Regression Test Most Dominant Affect the Attitude of the Bride-to-be Getting Tested for HIV

Step	B	ONE	Wald	Df	Sig	Exp (B)
Education	1.792	1.354	1.751	1	.186	6.000
Belief	.916	1.095	.700	1	.403	2.500
Constan	-5.193	2.187	5.638	1	.018	.006

Based on table 10, it is the last step of logistic regression analysis and becomes the final modeling of multivariate analysis. The results of the multivariate analysis showed that the variable that was most related to the attitude of the bride-to-be to carry out HIV testing was based on a higher beta value: The variable with a higher beta value (in absolute value) showed a stronger influence on the dependent variable, namely education with a B value= 1.792 and the exp value (B) is 6.00.

Therefore, it can be concluded that education about HIV testing is the most influential factor in the attitude of prospective brides and grooms to conduct HIV tests.

#### *Age Relationship with the Attitude of Brides-to-be to Conduct HIV Screening in 2024*

Based on the statistical analysis carried out, the results were obtained that there was no significant relationship between the age of the bride-to-be and the

attitude towards HIV examination. The p-value obtained was greater than 0.05, which was 0.051, which showed that age did not have a significant effect on the bride-to-be's decision to take an HIV test. This means that both the younger and older brides-to-be show similar attitudes when it comes to their willingness to get tested for HIV.

Age is often known as the length of time you live or exist (since birth or birth). In addition, age can also be known, namely the period of time since the existence of a person and can be measured using time viewed from a chronological perspective, normal individuals can be seen the degree of anatomical and physiological development at the same age.

The researcher's assumption that there is no age relationship with the attitude of the bride-to-be in conducting HIV tests because maturity and understanding of the importance of health checks do not always develop with age. Older brides-to-be do not necessarily have a more mature or more open mind in responding to HIV screening.

Social and cultural norms in society also affect attitudes towards health screening, where some individuals, regardless of age, may feel that HIV screening is still considered taboo and not very important.

Another factor that plays a role is the lack of information or education about HIV, which can make a person, including the elderly, feel unnecessary. The influence of the couple or family is also important, because attitude can affect the bride-to-be's decision to undergo an examination.

Although older age is often associated with life experiences, the perception of the risk of HIV transmission often depends not on age, but rather on the individual's sexual understanding and experience. Thus, these factors are more dominant in shaping the attitude of the bride-to-be towards HIV testing compared to age alone.

#### *The Relationship Between Education and the Attitude of Brides-to-be to Conduct HIV Examinations in Palembang City in 2024*

Based on the statistical analysis carried out, the results were obtained that there was no significant relationship between the education of the bride-to-be and the attitude towards HIV testing. The p-value obtained was greater than 0.05, which was 0.874, which showed that education did not have a significant effect on the bride-to-be's decision to take an HIV test. This means that both the younger and older brides-to-be show similar attitudes when it comes to their willingness to get tested for HIV.

Education is guidance provided by others so that the development of a person's life towards a certain

ideal. The level of education can increase compliance, as long as the education is an active education that is obtained independently, through certain stages.

According to the researchers' assumptions Although a person's level of education is often associated with increased understanding and awareness of the importance of health, in reality, an individual's attitude towards HIV screening is influenced by a variety of more complex factors. One is the lack of a deep understanding of HIV and its risks, even though a person has a higher level of education. This can be due to the lack of specific HIV-related education in the formal education curriculum, or the lack of easily accessible sources of information about the importance of HIV screening. In addition, attitudes towards HIV screening can also be influenced by social norms, personal perceptions, and cultural factors that exist in the surrounding environment, which are not always related to the level of education. Therefore, although education can contribute to increased knowledge, other external factors, such as social and cultural influences, play a greater role in determining a person's attitude towards HIV screening.

#### *Work Relationship with the Attitude of the Bride-to-be to Conduct HIV Screening in Palembang City PMB in 2024*

Based on the statistical analysis carried out, the results were obtained that there was no significant relationship between the work of the bride-to-be and the attitude towards HIV testing. The p-value obtained was greater than 0.05, which was 0.575, which indicates that work does not have a significant effect on the bride-to-be's decision to take an HIV test. This means that both the younger and older brides-to-be show similar attitudes when it comes to their willingness to get tested for HIV.

According to the researcher's assumption of a person's employment status, whether they work or not, does not affect the attitude of the bride-to-be to do an HIV test. This means that both working and non-working have the same possibility of doing or not doing an HIV test. Nonetheless, there are certain job-related exceptions that can trigger individuals to be more aware of HIV risk. Some types of work that involve direct contact with many people or risky situations, such as sex workers, medical personnel, or migrant workers, can make individuals more likely to get tested for HIV because they better understand the potential risks associated with a person's work. Therefore, although employment status does not directly affect a person's decision to undergo HIV screening, a risky occupation can motivate a person to undergo screening as a preventive or early detection measure. However, beyond risky employment, other factors such as personal knowledge about HIV, family influences, and

social norms continue to play an important role in shaping attitudes toward HIV screening, regardless of employment status.

*The Relationship between Education on HIV Screening and the Attitude of Brides-to-be in Conducting HIV Screening in Palembang City in 2024*

The results of this study showed that there was a significant relationship between education about HIV screening and the attitude of brides-to-be in conducting HIV testing, with a P-Value of 0.017. A P-Value smaller than 0.05 indicates that the relationship between the two variables is strong enough and does not occur by chance. This emphasizes that the education received by the bride-to-be has a direct influence on their attitude in conducting HIV screening. Therefore, counseling or education related to HIV is very important in forming a positive attitude towards the importance of this health check.

The education provided to the bride-to-be includes various information related to HIV, including the mode of transmission, symptoms, and its impact on health. By having a better understanding of HIV, brides-to-be can change their view of the risks that can be transmitted through sexual intercourse. In addition, information about how HIV screening is performed, as well as the benefits of early detection, is crucial in convincing a person that HIV screening is a responsible and necessary step, not only to protect oneself, but also one's life partner and family (Khasanah & Subowo, 2018).

This education also plays a role in reducing the negative stigma that is often associated with HIV. Many brides-to-be feel afraid or embarrassed to get tested for HIV because of the assumption that only people with high-risk behaviors need to do it. However, through proper education, brides-to-be can understand that HIV can be experienced by anyone, regardless of a person's social status or behavior (Saepullah et al., 2019). This can open up insights and encourage HIV testing without feeling stigmatized (Jayusman et al., 2022).

The education carried out must also target information that is relevant to local conditions and local culture. In some communities, understanding of HIV is still limited, and there is an assumption that HIV testing is not necessary before marriage. Therefore, an approach that is sensitive to local culture and customs is essential in designing educational materials that are easily accepted and understood by the bride-to-be. When the bride-to-be feels that the information provided is in accordance with a person's needs, then the attitude towards HIV testing will tend to be more positive (Prayoga et al., 2020).

In addition, effective education can motivate brides-to-be to act proactively in maintaining one's health. Proper knowledge of the risk of HIV

transmission and the benefits of screening can foster a sense of responsibility, both for yourself and your partner. A well-educated bride-to-be will be more likely to make wise decisions, such as getting tested for HIV as part of wedding preparations. This will certainly increase the number of HIV screenings among brides-to-be, which in turn can reduce the spread of HIV in the community (Kusumaningrum & Zuryati, 2020).

Overall, the researcher concluded that the results of this study underlined the importance of education in shaping the attitude and behavior of the bride-to-be towards HIV screening. Appropriate and effective education can encourage brides-to-be to be more aware of the importance of early detection of HIV and carry out examinations as a form of health responsibility. Therefore, various parties, such as government agencies, health organizations, and medical personnel, need to continue to make efforts to provide broader and deeper education about HIV to the public, especially brides-to-be, so that they can make better decisions for their health and that of their partners.

*The Relationship Between Confidence in Not Being Infected with HIV and the Attitude of Brides-to-be in Palembang City HIV Screening in 2024*

The results of this study showed a significant relationship between the confidence of prospective brides who felt that they were not infected with HIV and their attitude in conducting HIV tests, which was shown by a P-Value of 0.030. This P-Value smaller than 0.05 indicates that the relationship between the two variables is statistically significant, meaning that the higher a person's confidence that they are not infected with HIV, the more likely they are to have a negative attitude toward HIV screening. This suggests that an individual's perception of their health status plays an important role in the decision to undergo HIV screening.

The confidence of not being infected with HIV is rooted in the bride-to-be's personal understanding or belief that they are not at risk of contracting HIV. Many brides-to-be feel that they do not need to get tested for HIV because they believe that they are not exposed to risk, especially if they feel they are not engaging in high-risk behavior. For example, they may feel that only individuals with certain sexual behaviors or certain groups need to be examined, so they ignore the importance of screening even though they do not necessarily know whether their partner has a history of risk or not (Putri, 2021).

This high confidence in health status is often driven by a positive self-perception, where individuals feel safe or not threatened by HIV. However, in some cases, this confidence can be a barrier for brides-to-be to get tested for HIV. It may feel unnecessary to be examined because

it feels that it does not have symptoms or a history of risky behavior (Farida, 2004).

Attitudes towards HIV testing are greatly influenced by how a person views the risk of transmission. If the bride-to-be feels not at risk, they are likely to delay or ignore the screening, even though getting tested for HIV is a very important action in healthy wedding planning. High confidence that they are not infected with HIV can cause the bride-to-be to feel that the examination is unnecessary (Manik et al., 2023).

Overall, the researcher concluded that based on the results of this study, it can be concluded that high confidence in the health status of not being infected with HIV has a significant influence on a person's attitude in conducting HIV testing. Brides-to-be who feel confident that they are not infected with HIV tend to have a lower attitude towards the importance of HIV screening (Kemal & Siregar, 2016). So that they feel that the examination is not necessary because they feel that they are not at risk or do not have symptoms. This suggests that although this confidence is based on personal beliefs, a better understanding of HIV, how it is transmitted, and the importance of HIV screening can encourage individuals to get tested, even if they feel they are not at risk.

#### *Analysis of Determinants Affecting the Attitude of Brides-to-be to Conduct HIV Screening in Palembang City in 2024*

In the discussion of the results of this study, the logistic regression test showed that the educational variables about HIV screening and confidence not to be infected with HIV had a significant influence on the attitude of the bride-to-be in conducting HIV testing. Based on the results of the analysis, the educational variable about HIV screening had a greater beta value (in absolute value) compared to the confidence of not being infected with HIV, which indicates that education has a stronger influence on the attitude of the bride-to-be. A B score of 1.792 for education and an exp(B) score of 6.00 indicate that the education provided can increase the likelihood of the bride-to-be to undergo an HIV test by up to six times.

An exp(B) value of 6.00 indicates that for every unit increase in the educational variable, the chances for the bride-to-be to undergo an HIV test increase by six times. This shows that education about HIV screening has a very important role in changing the attitude of prospective brides to be more open and aware of the importance of HIV screening. In other words, the better the education received by the bride-to-be, the more likely they are to have HIV screening as a preventive measure.

This confirms that HIV education not only increases the bride-to-be's knowledge of HIV and how it is

transmitted, but can also change their attitudes and behaviors towards HIV screening. Proper education can form a positive perception of HIV screening, reduce stigma or fear, and foster a sense of responsibility for the health of oneself and one's partner. With the right knowledge, brides-to-be are more likely to see HIV screening as an important step in ensuring mutual health and reducing the risk of HIV transmission in marriage (Kusumaningrum & Zuryati, 2020).

On the other hand, although confidence not to be infected with HIV also has an influence on the attitude of the bride-to-be, it has a smaller effect when compared to education. This confidence relates to an individual's belief that they are not at risk or not infected with HIV, which is often based on personal perception or lack of adequate knowledge. However, this confidence can be an inhibiting factor if the bride-to-be feels that there is no need to do an examination because she feels safe. Therefore, it is important to ensure that the confidence that the bride-to-be has is based on an accurate understanding of HIV risk and the importance of screening (Manik et al., 2023).

Overall, the results of this logistic regression analysis confirm that education about HIV screening is the most influential factor in encouraging the attitude of prospective brides to carry out HIV screening. Therefore, to increase awareness and motivation of brides-to-be in undergoing HIV screening, it is very important to strengthen educational efforts in the community. Effective counseling, which provides clear and correct information about HIV and the benefits of screening, will go a long way in changing the attitudes and behaviors of brides-to-be to be more proactive in maintaining their health and that of their partners (Jayusman et al., 2022).

The importance of this education must also be considered in the context of public health policy. Governments and relevant organizations need to implement broader and deeper education programs, both through public campaigns and formal education in educational institutions, to increase public knowledge and awareness about HIV and the importance of screening. In this way, it is hoped that a positive attitude towards HIV testing can be fostered more effectively, which in turn can reduce the spread of HIV among the community (Prayoga et al., 2020).

Based on this description, it can be concluded that education about HIV testing is the most influential factor in encouraging the attitude of prospective brides to do HIV testing, followed by confidence not to be infected with HIV. Therefore, a more intensive and evidence-based educational approach is essential to facilitate brides-to-be in making better decisions regarding their health, as well as to create a more conscious and responsible society in maintaining health together.

## Conclusion

Based on the results and discussion, this study concludes that the attitudes of brides-to-be toward undergoing HIV testing in Palembang City are primarily influenced by educational factors and confidence in not being infected with HIV. There was no significant relationship between respondent characteristics such as age, education level, and occupation with their attitudes toward HIV testing. However, education about HIV screening and the level of confidence in being HIV-free showed a significant relationship, indicating that knowledge and self-perception play a crucial role in shaping preventive health behavior. The logistic regression analysis further revealed that education about HIV testing had the strongest influence on attitudes, with a beta coefficient (B) of 1.792 and an Exp(B) value of 6.00, suggesting that individuals who received HIV education were six times more likely to exhibit positive attitudes toward testing. These findings highlight the importance of continuous education and awareness programs as strategic efforts to promote premarital HIV testing and strengthen HIV prevention initiatives in the community.

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