
THEORY OF PLANNED BEHAVIOUR TO ANALYSE THE INTENTION OF CATHOLIC BRIDES AND GROOMS TO DO THE PREMARITAL HIV TEST IN SEMARANG CITY**Hillary Jeany Alfaresedes^{1*}, Zahroh Shaluhiah¹, Antono Suryoputro¹**¹ Magister Promosi Kesehatan, Fakultas Kesehatan Masyarakat, Universitas Diponegoro, Semarang*Correspondence email: hillaryjeany@gmail.com

ABSTRACT

Semarang Health Office in 2019 recorded the age group of 25-49 years old as the most group of people with HIV. Ironically, the productive age group is the asset of the nation, also considered as the ideal group for marriage so that premarital preparation is required to result in a healthy household. On the other hand, Catholic Church has a requirement for brides and grooms to participate in Wedding Preparation Course (KPP) and is expected to increase knowledge about the household readiness as well as encourage a willingness to do the premarital HIV test as a step of wedding preparation. This study aims to analyse factors influencing the intention of catholic brides and grooms to do the premarital HIV test. The results of the study showed that the variables that influenced the intention to do premarital HIV test were knowledge ($\alpha=0.005$), behavioural beliefs ($\alpha=0.004$), attitude ($\alpha=0.002$), subjective norms ($\alpha=0.002$), and behaviour control ($\alpha=0.007$). The results of multivariate analysis showed that the most influential variables were knowledge (OR=5.222), continued by subjective norms (OR=4.631), and behavioural beliefs (OR=3.825). It is suggested that KPP can collaborate with Health Office, AIDS Commission (KPA), or Non-Governmental Organization (LSM) by conducting a sharing session.

Keywords: Bride and Groom; HIV/AIDS; Intention; Premarital HIV Test

INTRODUCTION

HIV/AIDS has become a disease that continues to develop and becomes a global problem. A report by WHO (World Health Organization) in 2019 showed that HIV cases in the world reached 38 million people with HIV/AIDS, and the recorded mortality due to HIV was 690,000 people.¹ According to the Health Office of Central Java Province, in 2019, there were 296 HIV cases in Semarang City, where productive age became the largest contributor to cases due to the high-risk behaviour of HIV/AIDS. Ironically, the productive age group is those who are considered capable of working, which are called by nation's assets.² A productive age group, including the ideal age group for marriage, certainly requires specific preparation to build a healthy and happy household. A premarital health check-up that

includes a voluntary premarital HIV test or VCT is important because it can detect HIV in a person. Moreover, it also limits the transmission from the spouse or descendant because it can attack anyone.³

The attempt to prevent HIV/AIDS should be conducted by various parties, including the prospective brides. VCT program becomes the first step, especially for prospective brides, to have access to all services regarding HIV/AIDS, including early case finding, treatment, provision of education so that it can increase knowledge as well as healthy and safe behaviour in preventing HIV.

There are 26 of 37 Health Center in Semarang City that open VCT services every working day. Based on the interview in one of the Health Center in Semarang City, the number of prospective brides who took a premarital HIV test was relatively low, with

only one to two prospective brides. The informant said that a premarital HIV test is not required by KUA (Religious Affairs Office) and not a requirement for marriage, so that many prospective brides do not take the test.

Catholic Church has a mandatory requirement for prospective brides to participate in the premarital Marriage Preparation Course (Kursus Persiapan Perkawinan/KPP). KPP is an attempt to provide an understanding of family life. Similar to KUA, the Church also does not require a premarital HIV test as a requirement for marriage. Various attempts to prevent HIV/AIDS are conducted by the Health Center, such as conducting a marriage class to increase knowledge about the reproductive health of the prospective brides. However, there are still many prospective brides who do not participate because it is not required. On the other hand, KPP by Catholic Church is mandatory to continue their marriage. This program is expected to be able to increase knowledge about reproductive health as a preparation for marriage.

Theory of Planned Behaviour (TPB) shows that individuals behave based on intentions, in which intention predicts behaviour tendencies. The intentions formed to behave are influenced by five aspects, knowledge, behaviour beliefs, attitude, subjective norm, and perceived behaviour control. The intention is important for the emergence of behaviour, which will influence the intention of prospective brides to take a premarital HIV test in Semarang City.

MATERIAL AND METHODS

This study was an analytical study with a cross-sectional design. The study samples were 100 prospective Catholic brides who met the inclusion criteria of this study. The data were collected using a questionnaire as the research instrument from April 26 to July 31, 2021. The study's independent variables were characteristics of respondents, consisting of age, gender, education, occupation, church origin, knowledge, behavioural beliefs, attitude toward behaviour, subjective norm, and perceived behaviour control. The study's

dependent variable was the intention of prospective Catholic brides to take a premarital HIV test in Semarang City. The data analyses used were univariate, bivariate, and multivariate analyses. The statistic test for bivariate analysis was a chi-square test. The statistic test for multivariate analysis was a logistic regression test. This study has received Ethical Clearance from the ethics committee Faculty of Public Health Diponegoro University number 99/EA/KEPK-FKM/2021.

RESULT

The analysis of the respondent characteristics was required to find out the background of respondents. Respondent characteristics in this study consisted of age, gender, education, occupation, and church origin. The study respondents were 100 respondents, with the average age of respondents being 28 years old. This age is a productive age group. Most respondents were adult age group of 94.0%. Respondents of male (50.0%) and female (50.0%) in this study were balanced because the respondents were a couple of prospective brides. The number of respondents who took secondary education was lower of 20.0% than respondents who took higher education of 80.0%. Most respondents who have occupations were 93.0% compared to those who do not have an occupation. The respondents' occupations were varied, from ASN (State Civil Apparatus), TNI (Indonesian National Armed Forces), POLRI (Indonesian Republic Police), BUMN (State-Owned Enterprises), private employees, freelancers, or entrepreneurs. Most respondents came from the Church in Semarang City (64.0%) compared to respondents outside Semarang City.

In table 1, it can be seen that the number of respondents who had the intention to take premarital HIV test was 56%. This number was higher than respondents who did not have the intention to take premarital HIV test, which was only 44.0%. Most respondents had good knowledge for the utilisation of an HIV test by 62.0% compared to the respondents

with a lack of knowledge. Respondents with good behaviour beliefs were 56.0%, while respondents with less behavioural belief were 44.0%. Variables of subjective norm and behaviour control owned by respondents were at the stage of supporting and good to the premarital HIV test. Respondents with a subjective norm of supporting were 61.0%, the remaining 39.0% were respondents with a subjective norm of not supporting. Good perceived behaviour control by respondents was 57.0%.

Table 1. Distribution of research variables

Variables	Frequency	Percentage
Intention for taking test		
Have intention	56	56.0
Do not have an intention	44	44.0
Knowledge		
Good	62	62.0
Less	38	38.0
Behavioural beliefs		
Good	56	56.0
Less	44	44.0
Attitude		
Positive	57	57.0
Negative	43	43.0
Subjective norm		
Supporting	61	61.0
Not supporting	39	39.0
Perceived Behavioural control		
Good	57	57.0
Less	43	43.0

The bivariate test results showed an influence between knowledge, behavioural beliefs, attitude toward behaviour, subjective norm, and behavioural control, and intention of taking premarital HIV test (Table 2).

Table 2. The results of the bivariate test

Variables	Intention for Taking Premarital HIV Test				P value
	Have Intention		Do Not Have Intention		
	n	%	n	%	
Knowledge					
Good	42	67.7	20	32.3	0.005
Less	14	36.8	24	63.2	
Behavioural beliefs					
Good	39	69.6	17	30.4	0.004
Less	17	38.6	27	61.4	
Attitude					
Positive	40	70.2	17	29.8	0.002
Negative	15	37.2	27	62.8	
Subjective norm					
Supporting	42	68.9	19	31.1	0.002
Not supporting	14	35.9	25	64.1	
Behaviour control					
Good	39	68.4	18	31.6	0.007
Less	17	39.5	26	60.5	

The intention is closely related to attitude and behaviour. Intention can occur as a reaction to behaviour that is encouraged by certain attitudes or other variables. Behavioural intention is a function of thorough evaluation about attitude to the premarital HIV test, added with the subjective norm in the form of belief and motivation to meet the expectations so that behaviour intention will determine the behaviour. Knowledge and information owned or obtained from others' conversations will change the attitude after gaining understanding and create the tendency to act.³

Table 3. The results of the multivariate test

Variables	B	Exp (B)	p value
Knowledge	1.653	5.222	0.001
Behavioural Beliefs	1.342	3.825	0.005
Subjective Norm	1.533	4.631	0.002
Constant	-6.658	.001	0.000

The most influential factors to the intention of prospective brides in taking a premarital HIV test consist of knowledge, behavioural beliefs, and subjective norm (Table 3).

DISCUSSION

The Influence of Knowledge on the Intention for Taking Premarital HIV Test

Knowledge can be interpreted as a result of human sensing or a result of knowing from a person towards an object through the sense so that humans automatically will result in knowledge.⁴ In this study, the knowledge variable is one of the important variables in forming the respondents' intention for taking a premarital HIV test. From the results of the chi-square test, the Sig. Value of the knowledge variable was 0.005, which means that there was a significant influence between knowledge and the intention of prospective brides to take a premarital HIV test (Table 2).

This study is in line with similar research, which stated that knowledge is related to premarital HIV test services on prospective brides.⁵ Education is one of the factors related to knowledge. The higher the education, a person will be easier in accepting and adapting to new things. Knowledge of taking premarital HIV test, a decision to continue the marriage with a positive test result, and informing the partner of the HIV positive test result certainly need to be prepared by the prospective brides as the element of marriage preparations.⁶ Someone with a high level of knowledge will increase awareness in maintaining health and tend to use health services when they are sick. Almost all respondents know that premarital HIV test service is important for the preparation of

further marriage so that it is expected that all respondents, the prospective brides, have personal awareness and willingness to check their HIV status before marriage.

The Influence of Behavioural Beliefs on the Intention for Taking Premarital HIV Test

Belief and positive intention have been proven to be the major predictor of behaviour. The intention is one's prediction about the possibility of performing particular behaviour. TPB theory is a theory about attitude and behaviour, consisting of the relationships on behavioural belief, attitude, subjective norm, behavioural control as the factors to behave.

The results of a chi-square test obtained the Sig. Value of 0.004, which means that there was a significant influence between behavioural beliefs and intention of prospective brides for taking a premarital HIV test (Table 2). The results of this study are in line with a similar study, which stated that there is an influence between behavioural beliefs and one's intention.⁷ Behavioural beliefs are the subjective possibility of someone that if they behave, it will lead to certain results or give certain experiences. Behavioural beliefs are theorised to generate an attitude that will occur both positively and negatively. The results of this study are in line with a similar study, which stated that the emergence of concerns and doubts on respondents occur because they have never taken premarital HIV test previously, so that they think about things beyond the possibility if they take a test.⁸

The Influence of Attitude on the Intention for Taking Premarital HIV Test

Attitude in this study is a form of assessment from the respondents for the premarital HIV test performed by examining the advantages and disadvantages of the behaviour. Respondents' attitudes were categorised into two, positive attitude and negative attitude. Attitude is also a thorough evaluation of someone in performing a behaviour, which means that the attitude is not an action or activity but the belief about what

will happen if someone behaves. Based on the bivariate analysis results between attitude variable and intention for taking voluntary premarital HIV test, it was obtained significance value of attitude of 0.002. This means that there was a significant influence between attitude and the intention of prospective brides to take a voluntary premarital HIV test (Table 2).

The majority of respondents stated that they agree and care about their health and realise that the importance of true and accurate information about HIV/AIDS will increase self-awareness and take early prevention so that it can be considered one of the marriage preparation steps for further family life. A positive attitude is an action tendency to approach, like, and expect specific objects. Meanwhile, a negative attitude generated by respondents is related to the advantages and disadvantages of a behaviour. Respondents think about the impact of losses when performing this behaviour, such as breaking up relationships, being ostracised from society, being considered unfaithful to the partner, and occurrence of infidelity so that it will expose them to have a negative attitude. This is in accordance with the statement of a similar study, which stated that one of the major factors influencing the use of HIV test services is the consequence of the test result that leads to stigma.⁹

The Influence of Subjective Norm on the Intention for Taking Premarital HIV Test

Subjective norm reflects a social pressure that makes someone feel necessary or not to perform the expected behaviour.¹⁰ The subjective norm is the perspectives of prospective brides on the belief of the closest neighbourhood to take a premarital HIV test, is influenced by factors of prospective brides, parents, families, prospective in-laws, and health workers during KPP, which have a direct impact and give strength on the emergence of intention to take a premarital HIV test. The results of the chi-square test showed Sig. Value of 0.002, which means that there was a significant influence (Table 2).

The majority of respondents had the subjective norm of supporting, starting from the neighbourhood, parents, families, friends, and health workers as KPP speakers. The roles of prospective brides become one of the components for the realisation of the subjective norm on respondents. The roles of prospective brides are the real assistance or action given by prospective brides emotionally for the respondents.

Family support can be a factor that can influence determining individual health beliefs and values and determining the health service program that will be taken. The family also provides support and makes a decision about HIV test services. The support given by friends can also increase a person's self-confidence to show intention to behave. Friend support is a function of social ties, including emotional support and providing information up to advice. Friend support allows someone to tell their problems so that it has advantages to finding a solution.

The theory of planned behaviour explains that someone who has a positive subjective norm will trust references provided by others and certainly think to form the behaviour and be motivated to meet expectations of the reference. The results of this study are in line with a similar study, which stated that there was a significant influence between subjective norm on intention to behave.¹²

The Influence of Perceived Behaviour Control on the Intention for Taking Premarital HIV Test

Perceived behaviour control influencing intention is based on the assumption that perceived behaviour control will encourage motivation to form a behavioural intention. Based on the results of the chi-square test, it was obtained Sig. Value of perceived behaviour control by 0.007, which means that there was an influence between perceived behaviour control and intention (Table 2). Perceived behaviour control is the confidence of prospective brides in their ability to participate in a premarital HIV test. The confidence can be performed based on factors

that inhibit and facilitate behaviour so that it determines the ease or difficulty of behaviour. Respondents believe that they have low behaviour control over their behaviour so that they tend not to have a strong influence on the intention. Confidence about the inhibiting factors or facilitating respondents to take a premarital HIV test was still low due to the stigma against the behaviour of taking an HIV test from the surrounding neighbourhood.

This is in line with the previous study about the intention of taking HIV test in Madiun Regency, which stated that stigma against HIV/AIDS inhibits respondents from taking a voluntary HIV test.¹³ Factors inhibiting behaviour control of respondents were that they do not know information about the HIV test service, where they only know it but do not really understand the details of the test. This study is in line with a similar study, which stated that the availability of facilities and future consequences would influence the intention to behave.

The Influence of Knowledge, Behavioural Beliefs, and Subjective Norm on the Intention for Taking Premarital HIV Test

That respondents with high knowledge have a possibility of having the intention to take voluntary premarital HIV test of 5.222 times compared to respondents with low knowledge (Table 3). Respondents believe that authorised health workers will keep personal information confidential for fear of being discovered by others. The findings in this study are in line with a similar study, which showed the fear for breach of personal data confidentiality and the major constraints to taking a premarital HIV test.

In the variable of behavioural beliefs, the results of multivariate analysis showed that respondents with good behavioural beliefs have a possibility of having the intention test of 3.825 times compared to respondents with fewer behavioural beliefs. (Table 3). Behaviour beliefs are related to the respondents' beliefs to take a premarital HIV test. The results showed that subjective norm variable on the intention of prospective brides for taking premarital HIV test has the

intention to take premarital HIV test of 4.631 compared to respondents with the subjective norm of not supporting the intention of prospective brides for taking premarital HIV test (Table 3). The subjective norm in this study is the closest neighbourhood norm that influences access to premarital HIV test services. This is in line with a similar study, which stated that important people could be a reference for someone to behave. Negative stigma from society about HIV/AIDS affects the willingness to take a test, while stigma or discrimination from oneself and family affect the rejection of the HIV test.¹⁴

CONCLUSION

The presentation of the material has previously been carried out through KPP of the Church, and it is very useful as knowledge for prospective brides. However, it still has a weakness in its materials, which is not fully optimally. The recommendation that can be provided is that the prospective brides should try to find further information about the access to premarital HIV test services in Semarang City, other than that provided by health workers during the KPP. Health workers, as KPP speakers, also can provide information outside the KPP teaching. This session can be conducted online or offline because, in this pandemic period, the session is prioritised online to minimise the crowd in the class.

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