
Vol. 27 Issue 2: June - November 2024

Published Online: August 27, 2024

Article Title

The Impact of Implementing Premarital Health Test Certificate Requirements on Unregistered Marriage Practices

Author(s)

Alvionita Julianti¹

Universitas Islam Negeri Sumatera Utara Medan

Azwani Lubis

Universitas Islam Negeri Sumatera Utara Medan

¹Correspondence Email

alvionita0201202064@uinsu.ac.id

How to cite:

Julianti, A., & Lubis, A. (2024). The Impact of Implementing Premarital Health Test Certificate Requirements on Unregistered Marriage Practices. *Al-Ishlah: Jurnal Ilmiah Hukum*, 27(2), 268-287. <https://doi.org/10.56087/aijih.v27i2.485>



This work is licensed under a [CC BY-4.0 License](https://creativecommons.org/licenses/by/4.0/)

ABSTRACT

This research aims to understand the impact of implementing premarital health test certificate requirements on unregistered marriage practices in Ujung Batu III Village. This study combines normative and empirical research methods. Subsequently, the collected data were analyzed qualitatively to describe the problem and address the research purposes. The results show that implementing premarital health test certificate requirements in Ujung Batu III Village has a complex impact on unregistered marriage practices. Although this policy aims to raise awareness about the importance of reproductive health and prevent early marriage, it has become an obstacle for some prospective couples who choose unregistered marriage. This is due to several factors, such as a lack of understanding about the importance of health tests, concerns about privacy and social stigma, conflicts between state law and religious law, and the prevalence of early marriage. Therefore, it is recommended that the Religious Affairs Office of Hutaraja Tinggi Sub-district intensify outreach and education about the importance of premarital health tests and their implications, especially for couples potentially engaging in unregistered marriage. The Ujung Batu III Village Government needs to strengthen coordination with the Religious Affairs Office and health institutions and involve community and religious leaders in disseminating the policy and providing guidance to prospective couples. Health institutions must improve the accessibility and quality of premarital health test services, including expanding the scope of examinations and providing comprehensive counseling. Community and religious leaders should play an active role in educating the public about the importance of healthy and registered marriages and help eliminate the stigma associated with health tests and early marriage. The community needs to proactively seek information about reproductive health, understand the importance of premarital health tests, and support government efforts in preventing early marriage and unregistered marriages.

Keywords: Health Test Certificate; Reproductive Health; Unregistered Marriage.

INTRODUCTION

Marriage, as a sacred institution revered in various cultures and religions, has profound spiritual and legal dimensions (Ali & Lubis, 2024). In the *Compilation of Islamic Law*, marriage is interpreted as a “firm contract” (*miitsaaqan ghaliizhan*), a sacred bond to form a happy and lasting family based on the One Almighty God (Lira, 2023). As Allah says in Q.S. Ar-Rum verse 21:

وَمِنْ آيَاتِهِ أَنْ خَلَقَ لَكُمْ مِنْ أَنْفُسِكُمْ أَزْوَاجًا لِتَسْكُنُوا إِلَيْهَا وَجَعَلَ بَيْنَكُمْ مَوَدَّةً وَرَحْمَةً إِنَّ فِي ذَلِكَ لَآيَاتٍ لِقَوْمٍ يَتَفَكَّرُونَ ﴿٢١﴾

“And of His signs is that He created for you from yourselves mates that you may find tranquility in them; and He placed between you affection and mercy. Indeed in that are signs for a people who give thought.”

The Quran also describes marriage as a source of tranquility and affection, highlighting the importance of this relationship for the well-being of individuals and society (Nasution & Lubis, 2024). In Indonesia, marriage is recognised religiously and regulated by law through *Law Number 1 of 1974*. This law emphasizes the importance

of marriage registration as a form of legal recognition and protection for couples and their offspring (Amadea et al., 2022). This registration guarantees couples' rights, such as inheritance rights, child custody rights, and the right to maintenance, and provides legal certainty for families, especially in matters such as the division of joint property or the management of population documents (Rimi, 2023).

However, amidst this clear legal framework, the practice of unregistered marriage remains a complex reality in Indonesia. Although religiously valid, unregistered marriage is not officially recorded by the state (Prasetyawati, 2023). This practice often ignores various legal and health aspects that should be fulfilled in an official marriage, including administrative requirements such as a premarital health test certificate (Hidayah et al., 2022). In fact, one of the main goals of marriage, as emphasized in the concept of *maqasid al-shari'ah*, is to protect offspring (*hifzu al-nasl*) (Putri & Labib, 2024). This goal encompasses not only the quantity but also the quality of offspring, which can only be achieved through a healthy and responsible marriage, where couples understand each other's health conditions and take the necessary preventive measures. For example, couples who know that one of them has a history of a specific genetic disease can make more informed decisions about family planning or seek the necessary medical assistance.

The Indonesian government has issued a [Joint Instruction of the Director General Number 2 of 1989 and 162-I/PD.03.04.EL](#) to protect maternal and child health. This [Joint Instruction of the Director General](#) mandates prospective brides and grooms to attach a Tetanus Toxoid (TT) immunization certificate as one of the administrative requirements for marriage registration (Fajriani et al., 2024). This immunization is crucial because neonatal tetanus, a disease preventable by this immunization, poses a severe threat to newborns and can be fatal. However, implementing this policy faces challenges, especially in unregistered marriages where administrative requirements are often disregarded.

In Ujung Batu III Village, Hutaraja Tinggi Sub-district, unregistered marriage is still prevalent, especially among teenagers. As the frontline agency of the Ministry of Religious Affairs in carrying out Islamic religious affairs tasks at the sub-district level, the Religious Affairs Office of Hutaraja Tinggi Sub-district strives to implement premarital health test certificate requirements by collaborating with the village government and local health institutions. In this regard, the Ujung Batu III Village Government will not issue a village recommendation letter without attaching the results of a premarital health test issued by the local community health centre. It is one of the efforts that can be made to reduce health risks for prospective brides and grooms in early marriages through premarital health tests.

However, prospective brides and grooms involved in unregistered marriages are often reluctant to fulfill these requirements for various reasons, such as a lack of awareness about the importance of the tests, fear of social stigma, or difficulty accessing healthcare services. As a result, they potentially increase health risks for themselves and their offspring. Furthermore, early marriage, which is often associated with unregistered marriage, also increases reproductive health risks for young women (Nosita & Zuhdi, 2022). Women who marry at a young age are more vulnerable to experiencing pregnancy and childbirth complications, such as preeclampsia, postpartum haemorrhage, or premature birth.

Based on the introduction above, this research aims to understand the impact of implementing premarital health test certificate requirements on unregistered marriage practices in Ujung Batu III Village. By analyzing this phenomenon in depth, it is hoped that a more comprehensive understanding can be gained of how premarital health policies interact with the practice of unregistered marriage, particularly in the context of health test certificate requirements. Furthermore, this research will also identify obstacles and challenges in implementing premarital health test certificate requirements at the Religious Affairs Office of Hutaraja Tinggi Sub-district and Ujung Batu III Village. By identifying these obstacles, it is hoped that appropriate recommendations can be formulated to improve the effectiveness of these policies in reducing health risks associated with unregistered marriages.

METHOD

This study combines normative and empirical research methods. The normative method analyzes legal issues with statute and comparative approaches (Qamar & Rezah, 2020). At the same time, the empirical method focuses on the practice of law regarding reciprocal relationships with social phenomena, encompassing economic, political, psychological, and anthropological aspects (Irwansyah, 2021). The types and data sources used in this study are primary and secondary. Primary data collection was done through direct interviews with informants, while secondary data were obtained through a literature review of legal materials. Subsequently, the collected data were analyzed qualitatively to describe the problem and address the research purposes (Sampara & Husen, 2016).

RESULTS AND DISCUSSION

A. Premarital Health Test Certificate Requirements for Prospective Brides and Grooms

In the classical *fiqh* treasury, marriage registration was not explicitly mandated, although, in matters of *muamalah* (transactions), documentation is

encouraged based on Quranic verses and Hadiths (Fuad et al., 2021). However, with the complexities of modern life and the need for legal certainty, the urgency of marriage registration, including administrative requirements like premarital health test certificates, has become increasingly prominent. This registration serves as authentic proof of marriage, ensures administrative order and legal protection for couples and their offspring, and provides certainty in inheritance rights, child custody, and the division of marital property (Rahman et al., 2020; Sinaga et al., 2022; Hafizi, 2024). In this context, state-regulated marriage registration procedures, including premarital health test certificate requirements, can be seen as a form of *ijtihad* (legal reasoning) responsive to the times' needs without contradicting the fundamental principles of Islamic law. This *ijtihad* reflects the dynamic spirit of Islamic law, capable of adapting to social changes as long as it does not violate the fundamental principles enshrined in the Quran and Sunnah (Turnip, 2022).

Article 6 to Article 12 of Law Number 1 of 1974 regulate various substantive and formal requirements for marriage. Substantive requirements, such as prohibitions on incestuous marriages, differences in religion as regulated in the *Compilation of Islamic Law*, or polygamy without permission, reflect the religious, moral, and local wisdom values embraced by Indonesian society. Meanwhile, formal requirements, such as marriage registration and premarital health tests, are state instruments to create administrative order, protect public health, and prevent marriages that could potentially harm one or both parties. In this context, premarital health tests and the requirement for their certificate can be seen as an endeavor (effort) to achieve the noble goals of marriage, namely forming a healthy, peaceful, loving, and compassionate family and contributing positively to society. The premarital health test certificate, as proof that a health examination has been conducted, becomes an integral part of the marriage administration process, which aims to ensure the couple's reproductive health and prevent the transmission of diseases (Hamdanieh et al., 2021).

At the Religious Affairs Office of Hutaraja Tinggi Sub-district, a premarital health test certificate is one of the administrative requirements that prospective brides and grooms must fulfil. This health test, which from a contemporary *fiqh* perspective can be referred to as *al-fahsh al-thibbi*, aims to detect any infectious or inherited diseases that could affect the reproductive health of the couple and their offspring (Junaidi & Najamuddin, 2020). Some examples of infectious diseases that need to be watched out for include hepatitis B, hepatitis C, HIV/AIDS, syphilis, and gonorrhoea. Meanwhile, some examples of diseases or genetic disorders that can be inherited include thalassemia, sickle cell anemia, hemophilia, and cystic fibrosis. Early detection of these diseases allows couples to take appropriate preventive

or treatment measures, thereby minimizing the risk of health complications in the future. In this case, the premarital health test and the requirement for its certificate not only function as an administrative requirement but also as a form of prevention (*al-wiqayah*) and protection (*al-hifz*) against health risks that may arise from marriage, in line with the basic principles of Islamic law which prioritize benefit and prevent harm (*mudarat*) (Ali et al., 2020).

The [Joint Instruction of the Director General](#) serves as the legal basis for implementing premarital health tests in Indonesia. The TT immunization aims to protect pregnant women and infants from neonatal tetanus, a severe disease that can cause muscle spasms, difficulty breathing, and even death. Attaching a TT immunization certificate as part of the marriage administration requirements demonstrates the state's commitment to safeguarding maternal and child health and preventing infant disability or death due to diseases that can be prevented through immunization.¹

In Ujung Batu III Village, the practice of unregistered marriages remains a challenge in implementing premarital health test certificate requirements. Prospective brides and grooms who opt for unregistered marriages are often reluctant to undergo health tests and obtain the certificate, either due to a lack of awareness about the importance of such tests, fear of social stigma associated with certain diseases, or difficulty accessing health services, especially for those living in remote areas or facing economic limitations. This can impact their health and the health of their offspring, as the risk of infectious or inherited diseases remains undetected and unmanaged.

Health examinations at the Ujung Batu III Community Health Center cover various aspects, such as blood sugar checks, height, weight, upper arm circumference, and pregnancy tests. After the examination, prospective brides and grooms receive counseling on reproductive health, pregnancy nutrition, infant care, and family planning.² However, it is essential to note that these examinations are still limited to specific aspects and do not include the detection of sexually transmitted diseases or more complex genetic disorders. Therefore, there is a need to expand the scope of premarital health tests, for example, by adding tests for HIV, hepatitis B, and thalassemia, as well as improving the overall quality of reproductive health services. In this regard, the role of health workers, such as doctors and midwives, is crucial in providing education and counseling to prospective brides and grooms, including explaining the benefits of premarital health tests, eliminating the stigma associated with specific diseases, and providing psychological support to couples

¹Interview Results with the Marriage Officiant in Ujung Batu III Village. Bimin, on April 23, 2024.

²Interview Results with the Healthcare Worker at the Community Health Center in Ujung Batu III Village. Rita, on April 23, 2024.

diagnosed with specific health conditions (Aziz & Abdulla, 2021; Alkalbani et al., 2022; Said & Gomaa, 2022).

Though necessary, TT immunization only protects against tetanus and a few other diseases. This immunization cannot detect or prevent sexually transmitted diseases or genetic disorders (Arora & Lakshmi, 2021). Therefore, it is essential not to consider TT immunization as the sole form of premarital health test. Prospective brides and grooms need to obtain comprehensive information about various aspects of reproductive health and undergo more complete examinations if necessary, especially if there is a family history of certain diseases or other risk factors. In this case, the role of the Religious Affairs Office of Hutaraja Tinggi Sub-district and the village government is crucial in promoting the importance of comprehensive premarital health tests and the obligation to possess the certificate, as well as facilitating access to quality health services for the entire community, including those who choose unregistered marriages.

Overall, implementing premarital health test certificate requirements is an essential step in protecting the reproductive health of couples and their offspring, in line with the principles of maqashid sharia and the noble goals of marriage. However, implementing this policy still faces challenges, especially in unregistered marriages in Ujung Batu III Village. Efforts must be continued to increase public awareness, expand the scope of examinations, improve the quality of reproductive health services, and strengthen coordination between the Religious Affairs Office of Hutaraja Tinggi Sub-district, the village government, and health institutions. In addition, it is also essential to consider a more comprehensive approach in addressing the issue of unregistered marriages, including the social, cultural, and economic aspects that underlie it. By doing so, it is hoped that a healthier and more prosperous society can be created where every individual has access to quality reproductive health information and services and can make informed decisions about marriage and family based on the principles of health and well-being.

B. The Role of Village Government and Health Institutions in Implementing Premarital Health Test Certificate Requirements

Children's health, a cornerstone of national development, is deeply rooted in the reproductive health of couples, the foundation of families. In this context, the preparedness of prospective couples, including their understanding of reproductive health, is crucial for achieving healthy and prosperous families. Community-level premarital health screenings and education, particularly in villages, are proactive steps in addressing this challenge. Unlike information obtained through mass media or social media, which is general and impersonal, face-to-face premarital education allows for interactive dialogue between prospective couples and facilitators. This

minimizes misunderstandings and ensures a comprehensive understanding of reproductive health tailored to individual needs and circumstances. Premarital education not only imparts knowledge about the physical aspects of reproductive health but also encompasses psychological, social, and spiritual aspects of building a healthy family, such as effective communication, conflict management, and parenting.

Within the Indonesian legal framework, implementing premarital health tests as an administrative requirement for marriage is regulated by various laws and regulations, including the [Joint Instruction of the Director General](#). Although this instruction specifically addresses TT immunization, it can be interpreted as a broader legal basis for implementing premarital health tests in general. It aligns with the principles of a state governed by law, which grants the government the authority to regulate matters related to public interest, including public health. Furthermore, the obligation of premarital health tests and the possession of health certificates can also be justified based on the principles of human rights protection, particularly the right to health and the right to form a family ([Omar et al., 2021](#)). By ensuring that prospective couples are in good health, the state also protects their rights to enjoy a healthy and prosperous family life and prevents negative impacts on future generations due to preventable or manageable diseases.

Implementing premarital health test certificate requirements necessitates synergy among various parties, including the Religious Affairs Office, village governments, and health institutions. In Ujung Batu III Village and the Religious Affairs Office of Hutaraja Tinggi Sub-district, this synergy is manifested through effective communication and collaborative programs. The Religious Affairs Office of Hutaraja Tinggi Sub-district proactively conducts field surveys and regular meetings with village governments and prospective couples to promote the importance of premarital health tests and ensure a comprehensive understanding of marriage administrative requirements. The Marriage Guidance Program, held every three months, serves as an effective platform for providing education on reproductive health, preventing early marriage, and emphasizing the importance of physical and mental preparation before entering married life.³

As the spearhead of local governance, village governments play a strategic role in supporting the implementation of premarital health test certificate requirements. In Ujung Batu III Village, the village government actively reminds residents of the importance of health tests and possessing health certificates as a requirement for obtaining a referral letter from the village, which is necessary for the marriage administration process at the Religious Affairs Office. This effort demonstrates the village government's commitment to protecting the health

³Interview Results with the Secretary of Ujung Batu III Village. Yudianto Tondo, on April 23, 2024.

of its citizens and preventing potentially harmful marriages, particularly early marriages, which are often associated with high reproductive health risks.

Health institutions, such as community health centres and village midwives, are at the forefront of implementing premarital health tests. The Ujung Batu III Community Health Center provides premarital health test services at affordable costs with trained healthcare professionals. In addition to conducting physical examinations, the community health centres also provide counseling on reproductive health, pregnancy nutrition, infant care, and family planning.⁴ Village midwives, as healthcare providers close to the community, play a crucial role in educating and counselling prospective couples, conducting basic health checks, and referring cases requiring further treatment to community health centres. The collaboration between the village government and health institutions ensures that prospective couples have easy and affordable access to the healthcare services needed to fulfill premarital health test certificate requirements (Nia et al., 2023).

Furthermore, community empowerment through education and raising awareness about the importance of maternal and child health is also a crucial part of implementing this policy. In Ujung Batu III Village, community empowerment is carried out through posyandu activities, which involve active community participation in various health activities, such as health checks, child weighing, and health education. This approach aligns with the principles of health development that prioritize community participation and empowerment (Nursanti et al., 2023). By increasing community awareness and knowledge about reproductive health, it is hoped that they will be more proactive in maintaining their health and that of their families, including fulfilling premarital health test certificate requirements before marriage (Al-Shroby et al., 2021).

Overall, the role of village governments and health institutions in implementing premarital health test certificate requirements is crucial. Through effective communication, collaborative programs, and community empowerment, it is expected that a conducive environment for the implementation of premarital health tests can be created, thereby achieving the goal of protecting the reproductive health of couples and their offspring. These efforts contribute to improving public health and support the government's efforts to reduce the practice of unregistered marriages, as prospective couples who cannot fulfill administrative requirements, including health certificates, will face difficulties in officially registering their marriages. Thus, it is hoped that the premarital health test certificate requirement policy can significantly positively impact the health and well-being of the community, particularly in Ujung Batu III Village.

⁴Interview Results with the Healthcare Worker at the Community Health Center in Ujung Batu III Village. Rita, on April 23, 2024.

C. The Dynamics of Implementing Premarital Health Test Certificate Requirements on Unregistered Marriage Practices in Ujung Batu III Village

The practice of unregistered marriage in Ujung Batu III Village, particularly involving underage couples, poses significant challenges in implementing premarital health test certificate requirements. Ideally, premarital health tests aim to detect early health problems that could impact couples and their offspring, enabling timely medical intervention and preventing later complications (Hamed et al., 2022). This principle aligns with the concept of '*maslahah*' in Islamic law, which prioritizes well-being and the prevention of harm (Iwan et al., 2024). However, the reality on the ground, specifically in Ujung Batu III Village, reveals resistance from some community members, especially young couples involved in unregistered marriages, towards this obligation.

This resistance can be understood from various perspectives. *First*, a lack of awareness regarding the importance of premarital health tests and possessing the corresponding certificate is a significant factor. Many young couples, especially those marrying at an early age, lack an adequate understanding of reproductive health risks and their impact on themselves and their offspring. They may not realize that some diseases, like hepatitis B or HIV, can be transmitted from mother to child during pregnancy or childbirth or that certain health conditions, such as diabetes or hypertension, can increase the risk of pregnancy complications. Low education levels and limited access to quality health information in some communities exacerbate this. *Second*, concerns about privacy and social stigma also pose barriers. Some couples may be reluctant to disclose their health history or undergo personal examinations, such as HIV tests or reproductive organ examinations, due to fear of discrimination or judgment from the community.

Third, the practice of unregistered marriage itself, often conducted secretly and without supervision from authorities, creates room for neglecting administrative requirements, including premarital health test certificates. Couples opting for unregistered marriage may feel they are not obligated to follow official procedures set by the state, including health tests, as their marriage is already considered religiously valid. *Fourth*, as revealed in interviews with some prospective brides and grooms in Ujung Batu III Village, there is a perception that premarital health tests only add administrative burdens and can even disrupt the harmony of the prospective couple's relationship.⁵ They may worry that unfavourable test results will lead to rejection from the partner's family or even cancellation of the marriage.

⁵Interview Results with the Prospective Brides and Grooms in Ujung Batu III Village. SI, WA, and SR, on April 23, 2024.

Furthermore, early marriage, which often occurs within the context of unregistered marriages in Ujung Batu III Village, adds to the issue's complexity.⁶ Children who marry at a young age are not physically or mentally prepared to face the challenges and responsibilities of marriage and pregnancy. Physically, their reproductive organs may not be fully mature, increasing the risk of complications such as premature birth, heavy bleeding, or infection (Srinayanti et al., 2023). Mentally, they may lack the emotional maturity and ability to cope with significant life changes, such as the responsibilities of being a wife and mother (Lorinda et al., 2023). It can impact their mental health, increasing the risk of depression, anxiety, or even domestic violence. From a legal perspective, early marriage contradicts Law Number 16 of 2019, which sets the minimum age for marriage at 19 years. This law aims to protect children from exploitation and ensure they have the opportunity to reach physical and mental maturity before entering married life.

For prospective brides, in particular, readiness for pregnancy is crucial, given the higher health risks associated with pregnancy and childbirth at a young age. This preparation encompasses several essential aspects. *First*, ensuring optimal nutritional status (Ariyani et al., 2012; Fauziah et al., 2018; Fauziah et al., 2020). Prospective brides need to ensure they have a Body Mass Index (BMI) within the normal range (18.5-24.9) and adequate mid-upper arm circumference (≥ 23.5 cm). Underweight status (BMI < 18.5) can increase the risk of anemia, premature birth, and low birth weight. Meanwhile, overweight or obesity (BMI ≥ 25) can increase the risk of gestational diabetes, pregnancy-induced hypertension, and delivery complications. *Second*, adopting a healthy lifestyle (Versele et al., 2022). Consuming a balanced and nutritious diet, paying attention to macronutrient (carbohydrates, protein, fats) and micronutrient (vitamins and minerals) intake, and avoiding processed foods and sugary drinks. Regular exercise, such as walking or pregnancy exercises, can help maintain fitness and prepare the body for pregnancy. Adequate rest is also essential for maintaining physical and mental health.

Third, increasing vitamin and mineral intake (Pribadi, 2023). Micronutrients such as iron, folic acid, iodine, and calcium are essential for fetal development. Iron is needed for red blood cell formation, folic acid plays a role in preventing neural tube defects in babies, iodine is essential for a baby's brain development, and calcium is needed for strong bone and teeth formation. Prospective brides must ensure adequate intake of these nutrients through foods like red meat, green vegetables, seafood, and milk or through supplementation, as recommended by healthcare professionals. *Fourth*, undergoing regular health checkups (El-Ansary et al., 2023). Checking blood pressure, blood sugar, and other health conditions is essential for early detection of potential health problems that can affect pregnancy.

⁶Interview Results with the Secretary of Ujung Batu III Village. Yudianto Tondo, on April 23, 2024.

For example, uncontrolled high blood pressure can lead to preeclampsia, a severe condition that can threaten the lives of both mother and baby. Laboratory tests, such as complete blood count and urine tests, can help identify anemia, infections, or other health problems. TT immunization is also necessary to protect both mother and baby from neonatal tetanus, a disease that can cause muscle spasms and death in newborns.

The government's efforts in implementing the premarital health test program involve cross-sectoral collaboration, including the Ministry of Health, the National Population and Family Planning Board, the Ministry of Religious Affairs, and Community Health Centers. This collaboration aims to improve the health quality of the population, particularly reproductive health, through early detection of health problems in prospective brides and grooms, providing education and counseling, and ensuring thorough preparation before entering married life. The Marriage Age Maturation Program is also integral to this effort, focusing on preventing early marriage and enhancing adolescents' readiness for marriage. The Marriage Age Maturation Program not only strives to delay the age of marriage but also provides education on reproductive health, life skills, and economic empowerment, enabling adolescents to make more informed decisions about their future.

However, challenges persist in implementing premarital health test certificate requirements, especially in unregistered marriages in Ujung Batu III Village. The findings of this research indicate that many prospective brides and grooms, particularly those underage, remain reluctant or even unaware of this obligation. Some perceive health tests as an additional burden or even a threat to the smooth progression of their marriage. Therefore, more intensive and integrated efforts are needed to raise community awareness, address barriers to accessing healthcare services, and provide guidance and support to prospective brides and grooms, especially those who are vulnerable, so they can fulfill premarital health test certificate requirements and experience healthy and responsible marriages. These efforts can involve various strategies. *First*, strengthening education and outreach ([Hafizhah et al., 2023](#)). Information about the importance of premarital health tests must be disseminated intensively and continuously, both through formal channels like schools and community health centres and informal channels like religious and community leaders. The information should be clear, easily understood, and adapted to the local socio-cultural context.

Second, improving access to healthcare services ([Agustini et al., 2023](#)). The government needs to ensure that reproductive healthcare services, including premarital health tests, are available and affordable to all communities, especially in rural and remote areas. This can be achieved by enhancing community health

centres' capacity, expanding the reach of mobile health services, and providing examination fee subsidies for low-income communities. *Third*, a community-based approach (Susiloningtyas et al., 2024). Involving religious leaders, community leaders, and community organizations in disseminating and implementing premarital health test policies can increase community acceptance and participation. This approach can also help address the social stigma associated with specific diseases and encourage prospective brides and grooms to seek medical assistance.

Fourth, firm but humane law enforcement. While law enforcement is necessary to ensure compliance with regulations, a humane and empathetic approach is also crucial in handling cases of unregistered marriage. Prospective brides and grooms who violate the rules need to be provided with understanding and guidance, not just sanctions or punishment (Gadjong, 2023). With comprehensive and sustained efforts, it is hoped that a healthier and more prosperous society can be created where every individual has access to quality reproductive health information and services and can make informed decisions about marriage and family based on the principles of health and well-being.

D. The Impact of Implementing Premarital Health Test Certificate Requirements on Unregistered Marriage Practices in Ujung Batu III Village

This research reveals a significant yet paradoxical impact of implementing premarital health test certificate requirements on unregistered marriage practices in Ujung Batu III Village. This obligation, instead of promoting awareness of the importance of reproductive health, has become an obstacle for some prospective couples, especially those planning unregistered marriages. They feel burdened by these administrative requirements, leading them to avoid health tests and proceed with their marriages unofficially. Empirical data from this research shows an alarming trend: the number of prospective couples neglecting premarital health tests increased to 45% in 2022-2024 after this policy became mandatory in Ujung Batu III Village.⁷ It indicates resistance to the regulation and a failure to achieve the policy's original goal of increasing community awareness and participation in maintaining reproductive health.

This resistance can be analyzed through relevant legal theories, such as legal pluralism theory. This theory acknowledges the existence of various legal systems operating within society, including state law and religious law (Mangarengi & Hamzah, 2021). In the context of unregistered marriages, there is a conflict between state law, which mandates marriage registration and premarital health tests, and religious law, which considers unregistered marriages valid even

⁷Interview Results with the Marriage Officiant in Ujung Batu III Village. Bimin, on April 23, 2024.

without official registration. Religious law may be considered more critical and binding than state law for some individuals, especially those with strong religious convictions. Therefore, they prefer to follow marriage procedures that align with their religious beliefs, even if it means disregarding administrative requirements set by the state, including premarital health test certificate requirements.

Furthermore, the theory of legal effectiveness can also be used to understand this phenomenon. According to this theory, the effectiveness of a law is not solely determined by the strength of sanctions or strict law enforcement but also by other factors such as legal legitimacy, public legal awareness, and social support (Amri, 2022). In the case of premarital health test certificate requirements, the low level of public awareness regarding the importance of these tests, coupled with social stigma and privacy concerns, can diminish the legitimacy and effectiveness of the law. Consequently, people tend to seek shortcuts, such as unregistered marriages, to avoid obligations they perceive as burdensome or irrelevant. The research data from Ujung Batu III Village reinforces this argument, showing that the increased percentage of prospective couples neglecting premarital health tests indicates a mismatch between the policy and the social reality.

Other factors, such as the desire to avoid sin due to premarital relationships in underage couples, as well as administrative limitations like not having a Family Card or Identity Card, also contribute to the practice of unregistered marriages in Ujung Batu III Village.⁸ It demonstrates that the issue of unregistered marriages cannot be addressed solely through a legal approach but requires more comprehensive solutions involving social, economic, and cultural aspects. Efforts to raise public awareness about the importance of officially registered marriages, simplify marriage administrative procedures, and provide assistance and guidance to couples facing difficulties in meeting administrative requirements are some steps that can be taken. Additionally, it is also crucial to strengthen law enforcement against early marriage, which often serves as a gateway to the practice of unregistered marriages.

It is important to note that unregistered marriages, although religiously valid, have detrimental legal consequences for couples and their offspring. Children born from unregistered marriages lack clear legal status, making it difficult for them to access public services such as education and healthcare. Furthermore, wives in unregistered marriages are also vulnerable to injustice and exploitation, as they lack adequate legal protection in terms of inheritance rights, child custody, or alimony. Therefore, efforts to reduce the practice of unregistered marriages need to be carried out continuously and involve various parties, including the government, religious leaders, community figures, and educational institutions.

⁸Interview Results with the Marriage Officiant in Ujung Batu III Village. Bimin, on April 23, 2024.

Ultimately, premarital health test certificate requirements aim to protect the health and well-being of individuals, families, and future generations. Therefore, it is crucial to continue educating the public about the benefits of these tests and ensure that reproductive healthcare services are available and affordable to all segments of society. By doing so, it is hoped that a healthier, more prosperous, and law-abiding society can be created, where everyone can enjoy their reproductive rights responsibly and with dignity.

CONCLUSIONS AND SUGGESTIONS

Based on the results and discussion, it can be concluded that implementing premarital health test certificate requirements in Ujung Batu III Village has a complex impact on unregistered marriage practices. Although this policy aims to raise awareness about the importance of reproductive health and prevent early marriage, it has become an obstacle for some prospective couples who choose unregistered marriage. This is due to several factors such as a lack of understanding about the importance of health tests, concerns about privacy and social stigma, conflicts between state law and religious law, and the prevalence of early marriage. Furthermore, this research also underscores that the implementation of this policy requires strong collaboration among relevant stakeholders, as well as more intensive efforts in raising public awareness, expanding access to healthcare services, and providing guidance to prospective couples. A comprehensive approach involving social, economic, and cultural aspects is also necessary to address the root causes of unregistered marriage and promote healthy and responsible marriages.

Based on the above conclusions, it is recommended that the Religious Affairs Office of Hutaraja Tinggi Sub-district intensify outreach and education about the importance of premarital health tests and their implications, especially for couples potentially engaging in unregistered marriage, using a more persuasive approach that aligns with the local socio-cultural context. The Ujung Batu III Village Government needs to strengthen coordination with the Religious Affairs Office and health institutions and involve community and religious leaders in disseminating the policy and providing guidance to prospective couples. Health institutions must improve the accessibility and quality of premarital health test services, including expanding the scope of examinations and providing comprehensive counseling. Community and religious leaders should play an active role in educating the public about the importance of healthy and registered marriages and help eliminate the stigma associated with health tests and early marriage. The community needs to proactively seek information about reproductive health, understand the importance of premarital health tests, and support government efforts in preventing early marriage and unregistered marriages.

REFERENCES

- Agustini, N. I. L., Oktavian, S. R., Utomo, B., & Majid, D. (2023). Pemantauan dan Pencegahan Stunting bersama Pemerintah Desa Jatikalang Kecamatan Prambon Kabupaten Sidoarjo. *Jurnal Pengabdian Multidisiplin*, 3(3), 1-7. <https://doi.org/10.51214/00202303717000>
- Al-Shroby, W. A., Sulimani, S. M., Alhurishi, S. A., Dayel, M. E. B., Alsanie, N. A., & Alhraiwil, N. J. (2021). Awareness of Premarital Screening and Genetic Counseling among Saudis and its Association with Sociodemographic Factors: A National Study. *Journal of Multidisciplinary Healthcare*, 14, 389-399. <https://doi.org/10.2147/JMDH.S296221>
- Ali, N. B. B., Ramli, A. B., & Ahmad, H. B. (2020). Maqasid Shariah in Family Institutions: Analysis of the Prenuptial Course Module in Malaysia. *Mazahib: Jurnal Pemikiran Hukum Islam*, 19(2), 247-280. <https://doi.org/10.21093/mj.v19i2.2567>
- Ali, N. F. H. M., & Lubis, A. (2024). Fasakh Procedure in a Coma: Study of Islamic Family Enakmen in Seremban, Negeri Sembilan. *Jurnal Mediasas: Media Ilmu Syari'ah dan Ahwal Al-Syakhsiyyah*, 7(1), 214-228. <https://doi.org/10.58824/mediasas.v7i1.160>
- Alkalbani, A., Alharrasi, M., Achura, S., Badi, A. A., Rumhi, A. A., Alqassabi, K., Almamari, R., & Alomari, O. (2022). Factors Affecting the Willingness to Undertake Premarital Screening Test among Prospective Marital Individuals. *SAGE Open Nursing*, 8, 1-7. <https://doi.org/10.1177/23779608221078156>
- Amadea, N., Nasution, F. U., & Putri, S. A. (2022). The Appointing of a Legal Guardian based on Audi et Alteram Partem Principle and Only One Guardian Principle. *SIGn Jurnal Hukum*, 4(1), 124-139. <https://doi.org/10.37276/sjh.v4i1.185>
- Amri, M. U. (2022). Institusionalisasi dan Disfungsi Sistem Hukum Perkawinan pada Praktik Kawin Lari. *Indonesian Journal of Religion and Society*, 4(2), 108-122. <https://doi.org/10.36256/ijrs.v4i2.296>
- Ariyani, D. E., Achadi, E. L., & Irawati, A. (2012). Validitas Lingkar Lengan Atas Mendeteksi Risiko Kekurangan Energi Kronis pada Wanita Indonesia. *Kesmas: Jurnal Kesehatan Masyarakat Nasional*, 7(2), 83-90. <https://doi.org/10.21109/kesmas.v7i2.67>
- Arora, M., & Lakshmi, R. (2021). Vaccines-Safety in Pregnancy. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 76, 23-40. <https://doi.org/10.1016/j.bpobgyn.2021.02.002>
- Aziz, N. L., & Abdulla, S. A. (2021). Attitudes of Couples attending Family Counselling Clinic in Sulaimani City towards the Premarital Screening and Genetic Counseling Programme. *Erbil Journal of Nursing and Midwifery*, 4(2), 96-104. <https://doi.org/10.15218/ejnm.2021.11>

- El-Ansary, E.-S., Ragab, H., & Fadel, E. (2023). Assessment of the Preconception Health Risks among Women at Reproductive Age. *Mansoura Nursing Journal*, 10(2), 1-12. <https://doi.org/10.21608/mnj.2023.340362>
- Fajriani, A., Hasibuan, R., & Eliska, E. (2024). The Factors Affecting the Utilization of Tetanus Toxoid (TT) Immunization Program Services Among Prospective Brides in the City of Pematangsiantar. *Eduvest: Journal of Universal Studies*, 4(4), 2113-2125. <https://doi.org/10.59188/eduvest.v4i4.1218>
- Fauziah, N., Ansariadi, A., & Darmawansyah, D. (2018). Quality of Antenatal Care at Rural and Urban Primary Health Centre in Jeneponto Regency. *Proceedings of the International Conference on Healthcare Service Management 2018*, 35-40. <https://doi.org/10.1145/3242789.3242797>
- Fauziah, N., Ansariadi, A., Darmawansyah, D., Wahidin, W. M., Amaliah, R., Tasya, Z., Annah, I., & Yanti, I. H. (2020). Quality of Antenatal Care at Urban and Rural Puskesmas (Public Health Center) in Jeneponto Regency. *Open Access Macedonian Journal of Medical Sciences*, 8(T2), 177-182. <https://doi.org/10.3889/oamjms.2020.5223>
- Fuad, M. F., Mukri, M., Alamsyah, A., & Akla, A. (2021). The Epistemology of Islam Nusantara Jurisprudence and Its Contribution in Family Law Reform in Indonesia. *Smart: Journal of Sharia, Tradition, and Modernity*, 1(1), 1-15. <http://dx.doi.org/10.24042/smart.v1i1.9872>
- Gadjong, A. A. (2023). Legal Consequences of Violating the Endogamy Marriage System in Indonesia: A Study of Legislation. *SIGn Jurnal Hukum*, 5(1), 141-154. <https://doi.org/10.37276/sjh.v5i1.229>
- Hafizhah, N., Falikhah, N., & Mabur, M. (2023). The Role of Religious Counsellor in KUA, North Tapin District, Tapin Regency in Preventing Early Marriage. *Al-Hiwar Jurnal Ilmu dan Teknik Dakwah*, 11(1), 57-69. <https://doi.org/10.18592/al-hiwar.v11i1.9432>
- Hafizi, R. (2024). Juridical Review of Marriage Registration under Hand. *Join: Journal of Social Science*, 1(2), 118-126. <https://doi.org/10.59613/pjy8gz56>
- Hamdanieh, M., Ftouni, L., Jardali, B. a. A., Ftouni, R., Rawas, C., Ghotmi, M., Zein, M. H. E., Ghazi, S., & Malas, S. (2021). Assessment of Sexual and Reproductive Health Knowledge and Awareness among Single Unmarried Women Living in Lebanon: A Cross-Sectional Study. *Reproductive Health*, 18, 1-12. <https://doi.org/10.1186/s12978-021-01079-x>
- Hamed, E. M., Eshra, D. M., Qasem, E., & Khalil, A. K. (2022). Knowledge, Perception, and Attitude of Future Couples towards Premarital Screening. *Menoufia Nursing Journal*, 7(2), 1-20. <https://doi.org/10.21608/menj.2022.254007>
- Hidayah, I., Ulfa, H., Sariyekti, E., & Saidou, O. (2022). Motif Pernikahan Siri pada Masa Pandemi Tahun 2021 (Studi Kasus di KUA Kecamatan Wonoboyo). *Amorti: Jurnal Studi Islam Interdisipliner*, 1(1), 11-19. <https://doi.org/10.59944/amorti.v1i1.7>
- Irwansyah. (2021). *Penelitian Hukum: Pilihan Metode & Praktik Penulisan Artikel* (Revision Edition). Mirra Buana Media.

- Iwan, I., Fatimah, F., Betawi, U., & Nasution, M. I. H. (2024). Reconceptualizing the Marriage Age Limit in Indonesia: Efforts to Strengthen Family Resilience in North Sumatra. *Al-Manahij: Jurnal Kajian Hukum Islam*, 18(1), 161-178. <https://doi.org/10.24090/mnh.v18i1.11090>
- Joint Instruction of the Director General of Islamic Community Guidance and Hajj Affairs and the Director General for the Control of Infectious Diseases and Environmental Health of Settlements of the Republic of Indonesia Number 2 of 1989/Number 162-I/PD.03.04.EL on Tetanus Toxoid Immunization for Prospective Brides and Grooms. <https://simbi.kemenag.go.id/eliterasi/portal-web/buku-digital/himpunan-peraturan-perundang-undangan-perkawinan>
- Junaidi, J., & Najamuddin, N. (2020). Pemeriksaan Kesehatan Sebagai Salah Satu Syarat Sebelum Akad Pernikahan dalam Kajian Hukum Keluarga Islam. *Jurnal An-Nahl*, 7(2), 113-122. <https://doi.org/10.54576/annahl.v7i2.19>
- Law of the Republic of Indonesia Number 1 of 1974 on Marriage (State Gazette of the Republic of Indonesia of 1974 Number 1, Supplement to the State Gazette of the Republic of Indonesia Number 3019). <https://jdih.dpr.go.id/setjen/detail-dokumen/tipe/uu/id/742>
- Law of the Republic of Indonesia Number 16 of 2019 on Amendment to Law Number 1 of 1974 on Marriage (State Gazette of the Republic of Indonesia of 2019 Number 186, Supplement to the State Gazette of the Republic of Indonesia Number 6401). <https://jdih.dpr.go.id/setjen/detail-dokumen/tipe/uu/id/1753>
- Lira, M. A. (2023). The Father's Responsibility for the Fulfillment of Child Support Post-Divorce. *SIGN Jurnal Hukum*, 5(2), 276-291. <https://doi.org/10.37276/sjh.v5i2.291>
- Lorinda, R., Ismail, N., & Rahmatullah, A. S. (2023). Self-Concept of Adolescents in Early Marriage and Divorce in Bruno District, Purworejo Regency. *International Journal of Social Service and Research*, 3(1), 112-121. <https://doi.org/10.46799/ijssr.v3i1.241>
- Mangarengi, A. A., & Hamzah, Y. A. (2021). The Position of the Marriage Law on Interfaith Marriages Abroad. *SIGN Jurnal Hukum*, 3(1), 65-83. <https://doi.org/10.37276/sjh.v3i1.127>
- Nasution, A., & Lubis, A. (2024). KUA's Efforts in Maintaining Harmonious Families in Families with Different Religions Based on the Value of Religious Moderation (Case Study of Manik Maraja Village, Sidamanik District). *Journal of Law, Politic and Humanities*, 4(4), 607-614. <https://doi.org/10.38035/jlph.v4i4.407>
- Nia, H., Suarning, S., & Karim, A. F. (2023). Analysis of Masalah Mursalah in the Implementation of Tetanus Toxoid Immunization as a Marriage Requirement (A Study in the Pitu Riase Sub-district, Sidrap Regency). *Jurnal Marital: Kajian Hukum Keluarga Islam*, 2(1), 58-75. https://doi.org/10.35905/marital_hki.v2i1.7139

- Nosita, S., & Zuhdi, S. (2022). Determination of Adult Status in Positive Law in Indonesia After Enacted Law Number 16 of 2019. *SIGn Jurnal Hukum*, 4(1), 15-29. <https://doi.org/10.37276/sjh.v4i1.132>
- Nursanti, D. P., Sukmawati, S., Salimung, R. M. D., Erfiana, V. I., Sa'adatul, K., Febriana, P., Herniawati, M., Jeni, T., Sulikah, S., & Larasati, R. F. (2023). Education to Increase Adolescents' Knowledge about Reproductive Health and Premarital Sexuality in Lambako Village. *Journal of Community Engagement in Health*, 6(2), 225-230. <https://doi.org/10.30994/jceh.v6i2.502>
- Omar, A. M., Hasaneen, S. T., Hassen, S. G., & Mostafa, M. M. (2021). Effect of Premarital Orientation Program Regarding Sexual and Reproductive Health: A Step to Increase Rural Adolescents' Female Awareness. *Assiut Scientific Nursing Journal*, 9(24.0), 116-124. <https://dx.doi.org/10.21608/asnj.2021.64873.1142>
- Prasetyawati, E. (2023). The Meaning of "Un-Recorded Marriage" in the Perspective of the Marriage Law. *Technium Social Sciences Journal*, 39(1), 287-296. <https://doi.org/10.47577/tssj.v39i1.8212>
- Pribadi, A. (2023). Women with a History of Congenital Anomaly: Preparation for Next Pregnancy. *International Journal of Research in Medical Sciences*, 11(6), 2328-2332. <https://doi.org/10.18203/2320-6012.ijrms20231666>
- Putri, K. S., & Labib, M. A. D. I. (2024). Childfree in the Perspective of Manhaj Tarjih Muhammadiyah: An Analytic Study of Childfree with Bayani, Burhani, and Irfani Approaches. *Gender Equality: International Journal of Child and Gender Studies*, 10(1), 1-12. <http://dx.doi.org/10.22373/equality.v10i1.19044>
- Q.S. Ar-Rum. (2022). *Qur'an Kemenag*. Ministry of Religious Affairs of the Republic of Indonesia. <https://quran.kemenag.go.id/quran/per-ayat/surah/30?from=1&to=60>
- Qamar, N., & Rezah, F. S. (2020). *Metode Penelitian Hukum: Doktrinal dan Non-Doktrinal*. CV. Social Politic Genius (SIGn).
- Rahman, S., Qamar, N., & Kamran, M. (2020). Efektivitas Pembagian Harta Bersama Pasca Perceraian: Studi Kasus Perkawinan Poligami. *SIGn Jurnal Hukum*, 1(2), 104-118. <https://doi.org/10.37276/sjh.v1i2.60>
- Rimi, A. M. (2023). The Position of Premarital Property and Joint Property after Divorce: A Study of Premarital Agreement. *SIGn Jurnal Hukum*, 4(2), 376-387. <https://doi.org/10.37276/sjh.v4i2.226>
- Said, N. E., & Gomaa, W. (2022). Effect of Counselling-Based Program on Technical Nursing Students' Perception Regarding Reproductive Health. *Egyptian Journal of Health Care*, 13(2), 1906-1922. <https://doi.org/10.21608/ejhc.2022.272612>
- Sampara, S., & Husen, L. O. (2016). *Metode Penelitian Hukum*. Kretakupa Print.
- Sinaga, G. R. I., Nugroho, B. D., & Nasution, F. U. (2022). Inheritance Dispute Resolution Related to the Position of Adopted Son Based on Batak Toba Indigenous Law. *SIGn Jurnal Hukum*, 4(1), 1-14. <https://doi.org/10.37276/sjh.v4i1.128>

- Srinayanti, Y., Rosmiati, R., Salsabila, F. Y., Gunawan, A., & Roslianti, E. (2023). The Relationship between Adolescent Female Knowledge Levels and Early Marriage Risk. *Genius Midwifery Journal*, 2(1), 39-45. <https://doi.org/10.56359/genmj.v2i1.239>
- The Supreme Court of the Republic of Indonesia. (2011). *Compilation of Islamic Law*. <https://perpustakaan.mahkamahagung.go.id/assets/resource/ebook/23.pdf>
- Susiloningtyas, L., Cahyono, A. D., & Zeho, F. H. (2024). Pemanfaatan Dana Desa untuk Kesehatan di Desa Darungan Kecamatan Pare Kabupaten Kediri. *Jurnal Ilmiah Pamenang*, 6(1), 65-76. <https://doi.org/10.53599/jip.v6i1.217>
- Turnip, I. R. S. (2022). *Hukum Perdata Islam di Indonesia: Studi Tentang Hukum Perkawinan, Kewarisan, Wasiat, Hibah, dan Perwakafan*. PT. Raja Grafindo Persada.
- Versele, V., Bogaerts, A., Devlieger, R., Matthys, C., Gucciardo, L., Deliens, T., Clarys, P., & Aerenhouts, D. (2022). Association between Perceived Partner Support and Lifestyle in Mother-Father Dyads Expecting a First Child. *Frontiers in Public Health*, 10, 1-11. <https://doi.org/10.3389/fpubh.2022.912768>