Natural Resources for Human Health
eISSN: 2583-1194

Original Research

Received 18 April 2026
Revised 24 May 2026
Accepted 16 June 2026

Natural Resources for Human Health 2026, Vol. 6 (3s): 612–623

KEYWORDS:
marriage readiness; social readiness; premarital couples; index

Development of a Social Dimension of the Marriage Readiness Index for Public Health Screening Among Premarital Couples

Eka Yuni Indah Nurmala[1,6], Mahmudah[2], Arief Hargono[2], Lutfi Agus Salim[2], Shrimarti Rukmini Devy[2], Dewi Retno Suminar[3], Amanulloh[4], Nurul Anjarwati[5], Arti Wardani[6], An Nisa Fithri[7], Meilina Ratna Dianti[1,8]

[1]Doctoral Program in Public Health, Faculty of Public Health, Universitas Airlangga, Surabaya, East Java, Indonesia,
[2]Department of Epidemiology, Biostatistics, Population Studies and Health Promotion, Public Health Faculty, Universitas Airlangga, Surabaya, East Java, Indonesia,
[3]Faculty of Psychology, Universitas Airlangga, Surabaya, East Java, Indonesia
[4]Ministry of Religious Affairs, Bojonegoro Regency, East Java, Indonesia
5Nursing Professional Study Program, Kendedes Health School, Malang, East Java, Indonesia,
[6]Midwifery Professional Study Program, Kendedes Health School, Malang, East Java, Indonesia,
[7]Midwifery Bachelor Program, Kendedes Health School, Malang, East Java, Indonesia
[8]Faculty of Medicine and Health Sciences, Maulana Malik Ibrahim State Islamic University Malang, East Java, Indonesia
Corresponding Author : Eka Yuni Indah Nurmala, Doctoral Program in Public Health, Faculty of Public Health, Universitas Airlangga, Surabaya, East Java, Indonesia 60115.
Email: eka.yuni.indah-2022@fkm.unair.ac.id

ABSTRACT: Social readiness is an essential component of marriage readiness because it influences couples' ability to establish healthy relationships and maintain family resilience. However, no standardized instrument has comprehensively integrated social readiness into a multidimensional Marriage Readiness Index. This study aimed to develop and validate the Social Dimension of the Marriage Readiness Index among premarital couples using Confirmatory Factor Analysis (CFA). A cross-sectional study was conducted among 280 prospective brides and grooms registered at four Religious Affairs Offices in Malang Regency, East Java, Indonesia, between May and July 2025. Participants were recruited using consecutive sampling. The social dimension included six indicators: spirituality, relational commitment, communication skills, family background, perceived social support, and history of domestic violence. Data were collected using a structured questionnaire and analyzed using CFA to evaluate construct validity and estimate each indicator's contribution. All five indicators significantly contributed to the latent construct ($p<0.001$). Spirituality showed the highest standardized factor loading (0.903), followed by relational commitment (0.703), communication skills (0.634), family background (0.624), and social support (0.564). These findings indicate that spirituality is the strongest component of social readiness, while the remaining indicators collectively represent interpersonal and social preparedness for marriage. The Social Dimension of the Marriage Readiness Index provides a culturally relevant and psychometrically supported instrument for assessing premarital social readiness. This index may strengthen premarital screening,

support targeted counselling, and inform public health strategies to promote marital stability and family well-being in Indonesia.

INTRODUCTION

Marriage plays a central role in shaping individual health, family functioning, and community well-being. Evidence has consistently shown that individuals in stable marital relationships experience better physical and psychological health, greater life satisfaction, and healthier lifestyles than those experiencing marital instability (Kiecolt-Glaser & Wilson, 2017; Robles et al., 2014). Marriage has generally been associated with better subjective well-being, improved health, and greater life satisfaction. However, these benefits are not universal and depend largely on the quality and stability of the marital relationship (Musick & Bumpass, 2012). In contrast, evidence suggests that couples experiencing poor marital quality are more likely to report psychological distress and depressive symptoms (Whisman et al., 2021). Relationship instability has also been associated with a greater risk of intimate partner violence (Strizzi et al., 2021) and a higher likelihood of marital dissolution (Hald et al., 2023). These findings emphasize the value of strengthening premarital preparation to promote healthy relationships and family well-being. Evidence indicates that premarital education can improve relationship quality and reduce the risk of later marital difficulties (Stanley et al., 2020), consistent with the World Health Organization's emphasis on preventive approaches to strengthening family health (World Health Organization, 2022).

Growing evidence has encouraged the implementation of premarital education and relationship-focused counseling to help couples develop communication, conflict management, and problem-solving skills before marriage (Clyde et al., 2020; Scott et al., 2013). Contemporary premarital education has increasingly emphasized strengthening relationship skills before marriage. Effective communication, conflict management, commitment, and collaborative problem-solving are consistently identified as core competencies that support healthier and more stable marital relationships. Research on premarital relationship education has shown that preparing couples for marriage involves more than strengthening emotional attachment alone. Programs that foster communication, conflict management, relationship knowledge, and mutual commitment before marriage have been associated with healthier relationships and greater marital stability (Hawkins et al., 2022; Stanley et al., 2006). These findings have gradually reshaped the way marriage readiness is understood. Rather than being viewed simply as an intention or willingness to marry, it is now recognized as a multidimensional construct that reflects the knowledge, interpersonal skills, and personal resources needed to establish and maintain a healthy marital relationship (Carroll et al., 2009; Willoughby et al., 2015). From a public health perspective, assessing these dimensions before marriage may help identify couples who would benefit from targeted education and counseling to strengthen their preparedness for married life.

Although the importance of marriage readiness has been increasingly recognized worldwide, its implementation and assessment remain highly dependent on the social and cultural context of each country. Indonesia represents a particularly important setting because approximately 1.58 million marriages were officially registered in 2023, making it one of the countries with the largest number of annual marriages in Southeast Asia. Despite this, marital instability remains a significant public health concern, with conflicts, economic hardship, and domestic violence consistently reported among the leading causes of divorce. East Java is one of the provinces with the highest numbers of both marriages and divorce cases, indicating an urgent need to strengthen preventive efforts before marriage. In Malang Regency, 5,222 divorce cases were recorded in 2023, with persistent marital conflict accounting for the largest proportion of marital dissolution (Statistics Indonesia (BPS), 2024). These findings suggest that preventing marital instability requires more than legal or administrative preparation; it also requires early identification of couples who may lack the social competencies necessary to establish healthy and resilient marital relationships. Therefore, developing a culturally relevant instrument to assess social readiness before marriage may provide an important foundation for strengthening premarital counseling and family health promotion programs in Indonesia.

Developing a valid premarital assessment begins with a clear understanding of what constitutes marriage readiness. Rather than representing a single personal characteristic, marriage readiness is increasingly recognized as a multidimensional construct that reflects an individual's capacity to establish and sustain a healthy marital relationship (Carroll et al., 2009; Willoughby et al., 2015). Guided by Engel's biopsychosocial model, this capacity is shaped by the interaction of biological, psychological, and social factors (Engel, 1977). Sociodemographic characteristics, including age, educational attainment, employment, and socioeconomic status, also influence how individuals prepare for marriage and should therefore be considered when assessing readiness (Carroll et al., 2009; Willoughby et al., 2015). Within this multidimensional framework, the social dimension deserves

particular attention because marital relationships develop within broader interpersonal, family, and community contexts that shape couples' experiences before and after marriage (Overall & Mcnulty, 2017).

Within the broader framework of marriage readiness, the social dimension reflects the interpersonal resources that enable couples to establish and maintain healthy marital relationships (Willoughby et al., 2011). Core components include effective communication, relational commitment, supportive family relationships, perceived social support, and shared spiritual values, all of which shape how couples interact, resolve disagreements, and adapt to marital challenges (Falconier et al., 2015; Fallahchai et al., 2021; Stanley et al., 2006). Previous studies have shown that couples with stronger relationship competencies generally report better relationship quality and greater marital satisfaction (Lavner et al., 2020). In contrast, poor relationship functioning has been associated with psychological distress, persistent marital conflict, intimate partner violence, and an increased risk of marital dissolution (Hald et al., 2023; Whisman et al., 2021). Taken together, these findings highlight the importance of incorporating the social dimension into premarital assessment to identify couples who may benefit from additional education and support before marriage.

Collectively, previous studies indicate that several social factors including communication quality, perceived social support, family functioning, relational commitment, and spirituality play an important role in promoting marital adjustment and long-term relationship stability (Falconier et al., 2015; Fallahchai et al., 2021; Lavner et al., 2020). These findings highlight the importance of social competencies in helping couples build healthy and resilient marital relationships. However, most previous studies have examined these factors individually as predictors of marital outcomes rather than integrating them into a comprehensive framework for assessing social readiness before marriage (Carroll et al., 2009; Willoughby et al., 2015). Consequently, existing evidence offers limited guidance for identifying prospective couples who may require additional support before entering married life.

Several standardized instruments have been developed to support premarital assessment, including PREPARE/ENRICH, RELATE, the Criteria for Marriage Readiness Questionnaire (CMRQ), and the Sukoon Marital Readiness Scale (SMRS). These instruments assess relationship functioning, compatibility, and various aspects of marriage readiness, and most have demonstrated satisfactory psychometric performance (Fowers & Olson, 1989; Ghalili et al., 2012; Holman et al., 2002). Nevertheless, they were developed primarily within Western or Middle Eastern sociocultural contexts and may not fully reflect the social norms, family structures, spiritual values, and community expectations that shape marital preparation in Indonesia. In addition, these instruments generally evaluate individual domains of relationship functioning rather than validating the social dimension as a latent construct within a multidimensional Marriage Readiness Index. To our knowledge, no existing instrument has been specifically designed to provide such an integrated social readiness index for use in public health screening. Therefore, there remains a need for a culturally appropriate and psychometrically robust instrument to comprehensively assess social readiness among Indonesian premarital couples.

Taken together, the existing evidence indicates that an important gap remains in the assessment of premarital social readiness. Although several instruments evaluate relationship quality and marriage preparedness, few have conceptualized social readiness as a multidimensional latent construct that integrates spirituality, relational commitment, communication, family background, perceived social support, and exposure to domestic violence within a single measurement framework. The absence of such an instrument limits opportunities for the early identification of couples who may require additional support before marriage and constrains the development of evidence-based public health strategies to strengthen family resilience and prevent marital instability.

To address this gap, the present study developed and validated the Social Dimension of the Marriage Readiness Index for premarital couples based on the biopsychosocial framework. Using Confirmatory Factor Analysis (CFA), this study examined the construct validity of six theoretically derived social indicators and evaluated their relative contributions to the overall social readiness construct. By providing a culturally relevant and psychometrically validated assessment tool, this study seeks to strengthen premarital screening, inform counseling programs, and support preventive public health initiatives aimed at promoting healthy and resilient marriages in Indonesia.

METHODS

Study Design and Setting

This study employed a cross-sectional design to develop and validate the Social Dimension of the Marriage Readiness Index among premarital couples. The study was conducted between May and October 2025 at four Religious Affairs Offices (Kantor Urusan Agama; KUA) in Malang Regency, East Java, Indonesia. These offices were selected because they represent urban and semi-urban populations with diverse socioeconomic and cultural backgrounds and routinely provide premarital counseling services.

The development of the index was guided by Engel's biopsychosocial framework, with particular emphasis on the social dimension of marriage readiness. Confirmatory Factor Analysis (CFA) was used to evaluate the construct validity of the proposed measurement model and estimate the contribution of each indicator to the latent construct.

Study Participants

The study population consisted of prospective brides and grooms who registered for marriage at the participating Religious Affairs Offices during the study period.

Participants were eligible if they:

- were registered as prospective couples at one of the participating KUA;
- were aged 19 years or older according to Indonesian marriage regulations;
- were able to communicate in Indonesian;
- agreed to participate voluntarily by providing written informed consent.

Individuals with severe cognitive impairment or incomplete questionnaire responses exceeding 10% of the total items were excluded from the analysis.

A total of 280 participants were recruited using consecutive sampling, comprising 140 men and 140 women.

The sample size satisfied recommendations for structural equation modeling and confirmatory factor analysis, which suggest a minimum of 200 observations or at least 10 participants per estimated parameter to obtain stable model estimation.

Development of the Social Dimension Instrument

The conceptual framework of the Social Dimension of the Marriage Readiness Index was developed through an extensive review of the literature on marriage readiness, family health, social determinants of marital stability, and premarital counseling.

Six latent indicators were identified based on theoretical relevance and empirical evidence:

- spirituality,
- relational commitment,
- communication,
- family background,
- perceived social support,
- history of domestic violence.

Item generation was conducted by adapting concepts from validated international instruments and previous studies while considering the sociocultural characteristics of Indonesian premarital couples.

Content validity was evaluated by a multidisciplinary expert panel consisting of specialists in public health, psychology, midwifery, family medicine, and marriage counseling. Suggestions from the panel were incorporated before field testing.

Prior to the main survey, the questionnaire underwent pilot testing to evaluate clarity, comprehensibility, and cultural appropriateness among prospective couples with characteristics similar to the study population.

Variables and Measurements

The primary outcome was the latent construct representing the Social Dimension of the Marriage Readiness Index.

The six observed indicators included:

Indicator	Description
Spirituality	Shared religious beliefs, values, and spiritual practices
Relational commitment	Long-term commitment and responsibility toward marriage
Communication	Ability to communicate openly and resolve disagreements constructively
Family background	Family relationships, parenting experiences, and family support
Perceived social support	Emotional, informational, and practical support received from family and significant others
History of domestic violence	Previous exposure to violence within family or intimate relationships

Responses were recorded using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Higher scores indicated better social readiness.

Data Collection

Data were collected by trained research assistants during scheduled premarital counseling sessions at each participating Religious Affairs Office.

Eligible participants received an explanation regarding the objectives of the study and completed self-administered questionnaires after providing informed consent.

Questionnaires were checked immediately for completeness.

Any missing responses were clarified directly with participants whenever possible.

Statistical Analysis

Data analysis was performed using IBM SPSS Statistics version 26 and SMART PLS.

Descriptive statistics were used to summarize participants' demographic characteristics.

Continuous variables were presented as means and standard deviations or medians and interquartile ranges depending on data distribution, whereas categorical variables were summarized as frequencies and percentages.

Construct validity of the proposed model was evaluated using Confirmatory Factor Analysis (CFA).

Standardized factor loadings ≥0.50 were considered acceptable.

Ethical Considerations

This study received ethical approval from the Faculty of Public Health, Universitas Airlangga (approval number: 114/EA/KEPK/2025)

RESULTS

Participant Characteristics

Table 1: Demographic characteristics of study participants, recruited from the prospective brides and grooms registered at four Religious Affairs Offices in Malang Regency, East Java, Indonesia, from May to July 2025 (N=280)

Demographic characteristics	Male		Female		Male
	Frequency	**Percentage (%)**	**Frequency**	**Percentage (%)**	
Age (y)					0.000
19-20	9	6.4	31	22.1	
21-35	126	90.0	108	77.1	
> 35	5	3.6	1	0.7	

Education level					0.011
Did Not graduate from school	2	1.4	0	0	
Elementary School	24	17.1	9	6.4	
Junior High School	12	8.6	14	10.0	
Senior High School	77	55.0	88	62.9	
University	25	17.9	29	20.7	
Occupational status					0.000
Working	139	99.3	33	23.6	
Not Working	1	0.7	107	76.4	
Income					0.000
No Income	1	0.7	33	23.6	
Below the minimum wage	92	65.7	78	55.7	
According to the minimum wage	7	5.0	4	2.9	
Above the minimum wage	40	28.6	25	17.9	
Financial Independence					0.000
Independent	122	87.1	92	65.7	
Not Independent	18	12.9	48	34.3	

Descriptive Statistics of Social Readiness Indicators

Table 2. Frequency Distribution of Social Dimension Indicators among Male and Female Respondents in the Marriage Readiness Survey, recruited from the prospective brides and grooms registered at four Religious Affairs Offices in Malang Regency, East Java, Indonesia, from May to July 2025 (N=280)

Social Indicator	**Male**		**Female**		***p*-value**
	Frequency	**Percentage (%)**	**Frequency**	**Percentage (%)**	
Relational Commitment					0,362
Good	109	77,90	115	82,10	
Fair	31	22,10	25	17,90	
Poor	0	0,00	0	0,00	
Social Support					0,576
Good	83	59,30	76	54,30	
Fair	39	27,90	46	32,90	
Poor	18	12,90	18	12,90	
Spirituality					0,089
Good	122	87,10	120	85,70	
Fair	18	12,90	20	14,30	
Poor	0	0,00	0	0,00	
Communication Skills					0,906
Good	95	67,90	93	66,40	
Fair	36	25,70	41	29,30	
Poor	9	6,40	6	4,30	
Family Background					0,536

Good	110	78,60	106	75,70	
Fair	29	20,70	33	23,60	
Poor	1	0,70	1	0,70	
History of domestic violence					0,104
Good	28	20,00	22	15,70	
Fair	94	67,10	89	63,60	
Poor	18	12,90	29	20,70	

Confirmatory Factor Analysis

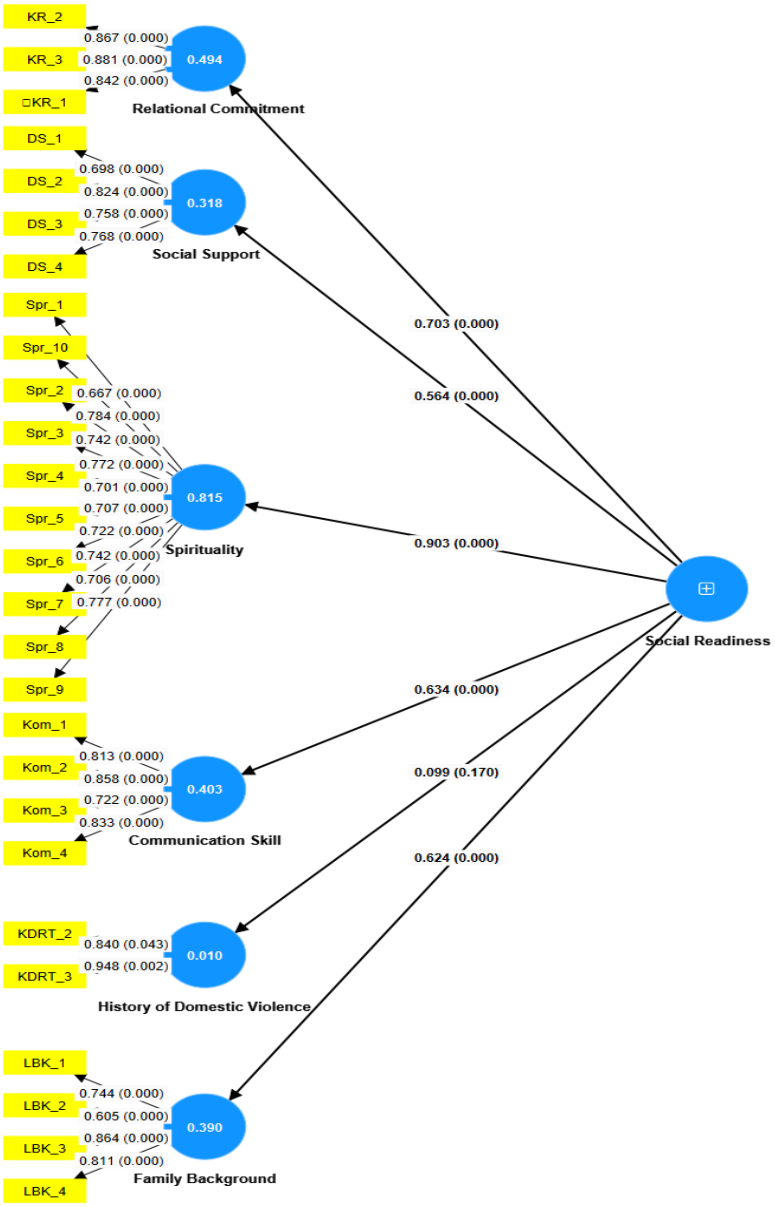

Figure 1. Path Diagram of Confirmatory Factor Analysis (CFA) for Psychological Dimension Indicators, recruited from the prospective brides and grooms registered at four Religious Affairs Offices in Malang Regency, East Java, Indonesia, from May to July 2025 (N=280)

Table 3. Confirmatory Factor Analysis (CFA) of Social Dimension, recruited from the prospective brides and grooms registered at four Religious Affairs Offices in Malang Regency, East Java, Indonesia, from May to July 2025 (N=280)

No.	Latent Variable	Standard Estimate	*p*-value	Description
1	Spirituality	0,903	0.000	Significant
2	Relational Commitment	0,703	0.000	Significant
3	Communication Skills	0,634	0.000	Significant
4	Family Background	0,624	0.000	Significant
5	Social Support	0,564	0.000	Significant
6	History of domestic violence	0,099	0.170	Not Significant

Confirmatory Factor Analysis supported the proposed six-indicator measurement model for the Social Dimension of the Marriage Readiness Index. Five observed indicators loaded significantly on the latent construct, with standardized factor loadings ranging from 0.564 to 0.903.

Among the five indicators, spirituality demonstrated the strongest standardized loading, indicating the greatest contribution to the latent construct.

Development of the Social Dimension of the Marriage Readiness Index

Based on the CFA results, five indicators spirituality, relational commitment, communication skills, family background, and perceived social support were retained in the final measurement model because they demonstrated satisfactory construct validity. Standardized factor loadings were subsequently used as weighting coefficients to estimate the relative contribution of each indicator to the Social Dimension of the Marriage Readiness Index. Indicators with higher factor loadings contributed proportionally greater weight to the overall index score, enabling the index to reflect the relative importance of each social construct rather than assuming equal contributions. The resulting index provides a standardized and culturally relevant measure of premarital social readiness that may be applied in premarital screening, counseling, and public health programs.

The weighted equation of the Social Dimension of the Marriage Readiness Index is as follows:

Social Dimension of the Marriage Readiness Index = 0,903 (Spirituality) + 0,703 (Relational Commitment) + 0,634 (Communication Skills) + 0,624 (Family Background) + 0,564 (Social Support)

DISCUSSION

This study developed and validated the Social Dimension of the Marriage Readiness Index among premarital couples using a biopsychosocial framework. The findings demonstrated that the proposed measurement model adequately represented social readiness through six theoretically derived indicators: spirituality, relational commitment, communication skills, family background, perceived social support, and history of domestic violence. Among these indicators, spirituality emerged as the strongest contributor, followed by relational commitment, communication skills, family background, perceived social support, and history of domestic violence. These findings support the view that marriage readiness extends beyond individual psychological characteristics and should be understood as a multidimensional construct shaped by interpersonal relationships, family environments, and broader sociocultural influences. Accordingly, the proposed index provides an evidence-based framework for assessing premarital social readiness within the Indonesian public health context.

The present findings indicate that social readiness is not determined by a single interpersonal characteristic but rather by the interaction of multiple social resources that prepare couples for married life. Spirituality demonstrated the highest standardized factor loading, suggesting that shared religious beliefs and spiritual values represent the strongest component of social readiness among Indonesian premarital couples. This finding is understandable considering that marriage in Indonesia is closely embedded within religious beliefs, family traditions, and community expectations. For many prospective couples, spirituality extends beyond individual religious practice and shapes expectations regarding mutual respect, shared responsibility, family

roles, and long-term commitment. Consequently, spirituality may strengthen couples' capacity to cope with marital challenges by promoting forgiveness, empathy, shared meaning, and adaptive coping, thereby fostering healthier interpersonal relationships.

The prominent role of spirituality observed in this study is consistent with previous evidence highlighting the importance of religious and spiritual values in promoting healthy marital relationships. Higher religiosity was consistently associated with stronger marital commitment, greater relationship satisfaction, and lower levels of marital conflict across diverse cultural settings (Fallahchai et al., 2021). Similarly, research within the framework of relational spirituality suggests that shared spiritual beliefs strengthen emotional intimacy, facilitate constructive coping during stressful life events, and reinforce long-term relationship commitment (Mahoney, 2010). Extending these findings, the present study demonstrates that spirituality is not merely associated with favourable marital outcomes but represents the strongest indicator within a multidimensional measure of premarital social readiness. This finding suggests that spirituality functions as an important social resource that should be incorporated into culturally appropriate premarital assessment, particularly in countries where religious values remain closely intertwined with family formation.

Relational commitment, communication skills, family background, and perceived social support also contributed substantially to the proposed measurement model, although their contributions were smaller than that of spirituality. Together, these findings suggest that social readiness is shaped through the interaction of interpersonal competencies and supportive social environments rather than by isolated individual characteristics. Couples with stronger relational commitment are generally more willing to invest in maintaining their relationships, while effective communication promotes constructive conflict resolution, collaborative decision-making, and mutual understanding during stressful situations. Previous research has consistently shown that commitment and communication are among the most important factors associated with relationship quality, marital adjustment, and long-term relationship stability (Lavner et al., 2020; Overall & Mcnulty, 2017; Stanley et al., 2006). Likewise, supportive family environments and adequate social support provide emotional, informational, and practical resources that facilitate couples' transition into marriage and strengthen their ability to adapt to marital challenges (Falconier et al., 2015; Williamson et al., 2019). Collectively, these findings reinforce the perspective that social readiness should be viewed as a multidimensional construct arising from interactions between individuals, their families, and their broader social context. Assessing these domains simultaneously therefore provides a more comprehensive evaluation of premarital readiness than examining each factor independently.

Family background also emerged as an important component of social readiness, highlighting the influence of early family experiences on individuals' preparedness for marriage. Couples who grow up in supportive family environments are more likely to develop positive expectations about intimate relationships, effective communication patterns, and constructive approaches to managing conflict. In contrast, adverse family experiences may shape less adaptive beliefs about marital roles and relationship functioning that persist into adulthood. Previous research has shown that family processes and relationship experiences within the family of origin contribute to the development of interpersonal competencies that influence later romantic relationships and marital adjustment (Conger et al., 2010; Karney & Bradbury, 2020). These findings suggest that family background should be considered an integral component of premarital assessment because it provides important contextual information about couples' social readiness for marriage.

A notable finding of this study was the relatively small contribution of the history of domestic violence indicator, which demonstrated the lowest standardized factor loading. Although statistically weaker than the other indicators, this result should not be interpreted as indicating that domestic violence is unimportant. Rather, it likely reflects the characteristics of the study population, which consisted of prospective brides and grooms voluntarily registering for marriage and generally reporting favourable family and relationship conditions. Consequently, experiences of domestic violence were relatively uncommon, resulting in limited response variability. In addition, disclosure of violence remains highly sensitive and may be influenced by stigma, fear of social judgement, and concerns regarding confidentiality, all of which may contribute to underreporting in self-administered questionnaires.

Despite its relatively small statistical contribution, domestic violence remains a major public health concern. The World Health Organization estimates that approximately one in three women worldwide experience physical or sexual violence during their lifetime, with intimate partner violence representing the most common form (World Health Organization, 2021). Recent global evidence has further demonstrated that previous exposure to domestic violence is associated with poorer relationship

functioning, adverse mental health outcomes, impaired conflict resolution, and an increased risk of future intimate partner violence (Sardinha et al., 2022). Therefore, retaining this indicator within the conceptual framework remains important because it captures a dimension of premarital vulnerability that is not reflected by the other social indicators. Future longitudinal studies involving more heterogeneous populations are warranted to evaluate its predictive contribution across different sociocultural settings.

Compared with existing instruments such as PREPARE/ENRICH, RELATE, the Criteria for Marriage Readiness Questionnaire, and the Sukoon Marital Readiness Scale, the present study offers a different conceptual approach by validating the social dimension as a latent construct within a biopsychosocial framework. Most existing instruments evaluate communication, commitment, personality compatibility, or relationship satisfaction as separate domains. In contrast, the proposed index integrates multiple social determinants into a single measurement model and quantifies their relative contributions using Confirmatory Factor Analysis. This multidimensional approach provides a more comprehensive assessment of premarital social readiness and aligns with current recommendations in health measurement research, which emphasize multidimensional assessment to improve early identification of individuals requiring preventive interventions (Boateng et al., 2018).

From a public health perspective, the Social Dimension of the Marriage Readiness Index has potential applications beyond research settings. Integrating this index into routine premarital screening services delivered through Religious Affairs Offices and primary healthcare facilities could facilitate the early identification of couples requiring additional education or counseling before marriage. Such an approach supports preventive public health strategies by strengthening family resilience, promoting healthy marital relationships, reducing the risk of marital instability and intimate partner violence, and ultimately improving family health outcomes. As preventive interventions increasingly become a priority within family health programs, culturally appropriate and evidence-based assessment tools such as the proposed index may contribute to more effective premarital counseling and healthier family development in Indonesia.

Strengths and limitations

This study has several strengths. It developed a culturally relevant instrument using a biopsychosocial framework and validated the proposed measurement model using Confirmatory Factor Analysis among a relatively large sample of premarital couples. Nevertheless, several limitations should be acknowledged. First, the cross-sectional design does not allow causal inference or evaluation of the predictive validity of the index for future marital outcomes. Second, participants were recruited from four Religious Affairs Offices within a single regency, which may limit the generalizability of the findings to other cultural or geographical settings in Indonesia. Third, the use of self-administered questionnaires may have introduced recall bias and social desirability bias, particularly for sensitive topics such as domestic violence. Future longitudinal studies involving more diverse populations are needed to evaluate the predictive performance, measurement invariance, and external validity of the index across different regions and sociocultural groups.

CONCLUSION

This study developed and validated a Social Dimension of the Marriage Readiness Index that integrates spirituality, relational commitment, communication skills, family background, perceived social support, and history of domestic violence into a single multidimensional framework for assessing premarital social readiness. The findings demonstrate that spirituality represents the most influential component of social readiness among Indonesian premarital couples, while the remaining indicators collectively contribute to a comprehensive assessment of interpersonal and social preparedness before marriage. By integrating these indicators into a standardized index, this study extends existing premarital assessment approaches, which typically evaluate these domains separately, and provides a more holistic instrument for identifying couples who may benefit from targeted premarital interventions. The proposed index offers practical value for strengthening premarital screening, counseling, and health promotion within Religious Affairs Offices and other community-based family health services. Beyond its application in Indonesia, the index may serve as a foundation for developing culturally sensitive premarital assessment tools in other settings. Future research should examine its predictive validity, longitudinal performance, and measurement invariance across different populations to further establish its usefulness in supporting evidence-based family health policies.

Daftar Pustaka

[1] Boateng, G. O., Neilands, T. B., & Frongillo, E. A. (2018). Best Practices for Developing and Validating Scales for Health

, Social , and Behavioral Research : A Primer. *Frontiers in Public Health*, *6*(June), 1–18. https://doi.org/10.3389/fpubh.2018.00149

[2] Carroll, J. S., Badger, S., Willoughby, B. J., Nelson, L. J., Madsen, S. D., & McNamara Barry, C. (2009). Ready or not? Criteria for marriage readiness among emerging adults. *Journal of Adolescent Research*, *24*(3), 349–375.

[3] Clyde, T. L., Wikle, J. S., Hawkins, A. J., & James, S. L. (2020). The Effects of Premarital Education Promotion Policies on US Divorce Rates. *Psychology Public Policy And Law*, *26*(1), 105–120. https://doi.org/10.1037/law0000218

[4] Conger, R. D., Conger, K. J., & Martin, M. J. (2010). Socioeconomic Status , Family Processes , and Individual Development. *Journal of Marriage and Family*, *72*, 685–704. https://doi.org/10.1111/j.1741-3737.2010.00725.x

[5] Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, *196*(4286), 129–136. https://doi.org/10.1126/science.847460

[6] Falconier, M. K., Jackson, J. B., Hilpert, P., & Bodenmann, G. (2015). Clinical Psychology Review Dyadic coping and relationship satisfaction : A meta-analysis ☆. *Clinical Psychology Review*, *42*, 28–46. https://doi.org/10.1016/j.cpr.2015.07.002

[7] Fallahchai, R., Fallahi, M., Moazenjami, A., & Mahoney, A. (2021). Sanctification of marriage, religious coping and marital adjustment of Iranian couples. *Archive for the Psychology of Religion*, *43*(2), 121–134. https://doi.org/10.1177/0084672421996826

[8] Fowers, B. J., & Olson, D. H. (1989). Enrich Marital Inventory : A Discriminant Validity And Cross-Validation Assessment. *Journal of Marital and Family Therapy*, *15*(1), 65–79.

[9] Ghalili, Etemadi, Ahmadi, Fatehizadeh, & Abedinejad. (2012). Marriage readiness criteria among young adults of isfahan: A qualitative study. *Interdisciplinary Journal of Contemporary Research in Business*, *4*(4).

[10] Hair, J., Black, W., Babin, B., & Anderson, R. (2018). (2018). Multivariate Data Analysis. In *International Journal of Multivariate Data Analysis* (Vol. 1, Issue 2). Pearson.

[11] Hald, G. M., Wimmelmann, C. L., Øverup, C. S., Cipric, A., Sander, S., & Strizzi, J. M. (2023). Mental health trajectories after juridical divorce: Does personality matter? *Journal of Personality*, *91*(2), 426–440. https://doi.org/10.1111/jopy.12737

[12] Hawkins, A. J., Hill, M. S., Eliason, S. A., Simpson, D. M., & Hokanson, S. (2022). Do Couple Relationship Education Programs Affect Coparenting, Parenting, and Child Outcomes? A Meta-Analytic Study. *Journal Of Child And Family Studies*, *31*(2), 588–598. https://doi.org/10.1007/s10826-022-02229-w

[13] Holman, T. B., Birch, P. J., Carroll, J. S., Doxey, C., Larson, J. H., & Linford, S. T. (2002). Premarital Prediction of Marital Quality or Breakup. In *Premarital Prediction of Marital Quality or Breakup*. https://doi.org/10.1007/b107947

[14] Karney, B. R., & Bradbury, T. N. (2020). Research on Marital Satisfaction and Stability in the 2010s : Challenging Conventional Wisdom. *Journal of Marriage and Family*, *82*, 100–116. https://doi.org/10.1111/jomf.12635

[15] Kiecolt-Glaser, J. K., & Wilson, S. J. (2017). Lovesick: How Couples' Relationships Influence Health. *Annual Review of Clinical Psychology*, *13*(March), 421–443. https://doi.org/10.1146/annurev-clinpsy-032816-045111

[16] Lavner, J. A., Williamson, H. C., Karney, B. R., & Bradbury, T. N. (2020). Premarital Parenthood and Newlyweds' Marital Trajectories. *Journal Of Family Psychology*, *34*(International Conference of Psychological Science), 279–290. https://doi.org/10.1037/fam0000596

[17] Mahoney, A. (2010). Religion in Families , 1999 – 2009 : A Relational Spirituality Framework. *Journal of Marriage and Family*, *72*, 805–827. https://doi.org/10.1111/j.1741-3737.2010.00732.x

[18] Musick, K., & Bumpass, L. (2012). Reexamining the Case for Marriage : Union Formation and Changes in Well-being. *Journal of Marriage and Family*, *74*, 1–18. https://doi.org/10.1111/j.1741-3737.2011.00873.x

[19] Overall, N. C., & Mcnulty, J. K. (2017). What type of communication during conflict is beneficial for intimate relationships? *Current Opinion in Psychology*, *13*, 1–5. https://doi.org/10.1016/j.copsyc.2016.03.002

[20] Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: A meta-analytic review. *Psychological Bulletin*, *140*(1), 140–187. https://doi.org/10.1037/a0031859

[21] Sardinha, L., Maheu-giroux, M., Stöckl, H., Meyer, S. R., & García-moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *Lancet*, *399*, 803–813. https://doi.org/10.1016/S0140-6736(21)02664-7

[22] Scott, S. B., Rhoades, G. K., Stanley, S. M., Allen, E. S., & Markman, H. J. (2013). *Reasons for Divorce and Recollections of Premarital Intervention : Implications for Improving Relationship Education*. *2*(2), 131–145. https://doi.org/10.1037/a0032025

[23] Stanley, S. M., Amato, P. R., Johnson, C. A., & Markman, H. J. (2006). Premarital education, marital quality, and marital

stability: Findings from a large, random household survey. *Journal of Family Psychology*, *20*(1), 117–126. https://doi.org/10.1037/0893-3200.20.1.117

[24] Stanley, S. M., Carlson, R. G., Rhoades, G. K., Markman, H. J., Ritchie, L. L., & Hawkins, A. J. (2020). Best Practices in Relationship Education Focused on Intimate Relationships. *Family Relations*, *69*(3), 497–519. https://doi.org/10.1111/fare.12419

[25] Statistics Indonesia (BPS). (2024). *Statistics Indonesia 2024: Number of marriages by province, 2023 In Indonesian*.

[26] Strizzi, J. M., Ciprić, A., Sander, S., & Hald, G. M. (2021). Divorce Is Stressful, But How Stressful? Perceived Stress Among Recently Divorced Danes. *Journal of Divorce and Remarriage*, *62*(4), 295–311. https://doi.org/10.1080/10502556.2021.1871838

[27] Whisman, M. A., Sbarra, D. A., & Beach, S. R. H. (2021). *Intimate Relationships and Depression : Searching for Causation in the Sea of Association*. 233–258.

[28] Williamson, H. C., Karney, B. R., & Bradbury, T. N. (2019). Barriers and Facilitators of Relationship Help-Seeking Among Low-Income Couples. *Journal Of Family Psychology*, *33*(2), 234–239. https://doi.org/10.1037/fam0000485

[29] Willoughby, B. J., Carroll, J. S., & Busby, D. M. (2011). *The different effects of "' living together "': Determining and comparing types of cohabiting couples*. *29*(3), 397–419. https://doi.org/10.1177/0265407511431184

[30] Willoughby, B. J., Hall, S. S., & Luczak, H. P. (2015). Marital Paradigms: A Conceptual Framework for Marital Attitudes, Values, and Beliefs. *Journal of Family Issues*, *36*(2), 188–211. https://doi.org/10.1177/0192513X13487677

[31] World Health Organization. (2021). *Violence Against Women Prevalence Estimates,2018*. World Health Organization.

[32] World Health Organization. (2022). World mental health report: transforming mental health for all. In *World Health Organization*. https://doi.org/10.1136/bmj.o1593