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Pre-marital HIV screening in Jayapura Regency: A phenomenological study

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Abstract

Background: Premarital screening is a series of examinations that prospective bridal couples must undergo. Infectious disease screening is one of the important screening steps that prospective brides and grooms must carry out, including examination for hepatitis B, hepatitis C, sexually transmitted infections (STIs), and HIV-AIDS. Premarital HIV screening is carried out to prepare for a healthy and planned pregnancy and prevent HIV transmission in the family.

Purpose: To explore phenomenologically the efforts to implement premarital screening in Jayapura Regency

Method: The research approach is qualitative with a phenomenological research paradigm. Participants in this research were couples who were getting married, people in charge of the Infectious Disease Management program at the Community Health Center, and Persons in Charge of Infectious Disease Management at the Jayapura Regency Health Service. The sampling technique used a purposive sampling technique of 6 informants.

Result: This research produced 3 themes, namely: premarital HIV screening in perception, the urgency of implementing premarital HIV screening and factors influencing the implementation of premarital screening. Perceptions of premarital screening were obtained from informants' statements regarding the understanding and purpose of the examination. From several categories, 3 themes were obtained, one of which was policy. Policies are obtained from 9 categories and 2 sub-themes schematically.

Conclusion: The concept map resulting from the exploration of the premarital screening program in Jayapura Regency can be a reference or indicator in formulating a premarital screening program. Premarital screening program design can be carried out by analyzing the situation of need or urgency in Jayapura Regency.

Suggestion: Support or strong reasons based on data are needed so that this program can be a recommendation for stakeholders.

Keywords: HIV Screening; Phenomenological Studies; Premarital.

INTRODUCTION

Future bride and groom should notice health reproduction is good health physical, mental and social. Health is defined as condition normal physical and not exists disease, so show healthy reproduction (Hakim, 2021; Klausen, 2019). Good reproductive health refers to no exists abnormality anatomy and physiology on the normal function of reproductive organs and glands endocrine. Healthy reproduction considered as his freedom somebody from disease

so it's not contagious harm his partner. Disturbance systemic or functional No is indicator absolute health reproduction, but also constitute indicator How somebody enjoy life sexual. Therefore That inspection health pre-wedding become important for done (Amalia & Siswantara, 2018; World Health Organization, 2017; Riezzo, Bello, Pomara, & Turillazzi, 2016).

Premarital screening is a series of examinations that prospective couples must undergo. Research in other countries shows that premarital tests are mandatory for couples preparing to get married (Akoku, Tihnje, Tarh, Tarkang, & Mbu, 2018; Al-Kindi, Kannekanti, Natarajan, Shakman, Al-Azri, & Al-Kalbani, 2019). Tests include those for genetics, infectious diseases, and blood-borne infections (Syafi, Hidayat, & Setiadi, 2021). The purpose of this screening is to prevent the transmission of diseases to future generations and help families lead healthy lives. The recommended time for premarital testing is six months before the wedding date (Nurhadi, 2018; Syafi, Hidayat, & Setiadi, 2021). Infectious disease screening is one of the important screening steps that must be carried out by prospective brides and grooms, including hepatitis B, hepatitis C, Sexually Transmitted Infections (STIs), and HIV/AIDS (Nurhadi, 2018). Preventing and treating sexually transmitted diseases and HIV/AIDS is important for married couples, including prospective married couples, because they are one of the groups most affected by HIV infection. Behaviors that increase the risk of sexually transmitted infections and HIV/AIDS include drug abuse, needle sharing, tattoos, piercings, and unsafe sex (Amalia & Siswantara, 2018).

In 2021, the number of people infected with HIV in Indonesia was 36,902, a decrease of 12.11% compared to 41,987 in 2020. Although Indonesia has made progress in implementing HIV control programs in recent years, the number of people infected with HIV is still below the SDG's target. Failure to reach the goal indicates that one of the government programs is not effective in preventing HIV infection, but the decline in cases indicates that the government program is detecting HIV in the community (Yulivantina, Gunarmi, & Mufdlilah, 2021). There are 3,803 HIV/AIDS patients between the ages of 20 and 29 in Jayapura Regency. Currently, there are 2,080 people with HIV/AIDS aged between 30 and 39 years old. The government's strategy refers to the HIV control program to increase early detection of HIV cases, which includes the expansion of all government facilities and the provision of KTHI consultation services according to the epidemic status of each district or city.

Consultation at the PHC level, working with key populations, communities and the general public to provide education on the benefits of HIV testing and ARV treatment (Hakim, 2021; Yulivantina et al., 2021). The government has made efforts to screen women of childbearing age before pregnancy to prepare for a healthy and safe pregnancy and delivery, and the birth of a healthy baby (Paratmanitya, Helmyati, Nurdianti, Lewis, & Hadi, 2021). Many health facilities in Jayapura Regency can help prevent premarital maternal deaths by conducting premarital classes and premarital health checks. The Community Health Center is one of the health facilities that organizes world-class public health services for prevention and control efforts that are affordable for all levels of society. Through the Community Health Center, prospective brides and grooms can be given optimal services, so that it can be a preventive effort to reduce morbidity and mortality rates.

Therefore, research on premarital screening programs needs to be studied and examined to determine how close the Community Health Center is in conducting screening for prospective brides and grooms in the community (Akoku, et al., 2018).

RESEARCH METHOD

The research approach applied is qualitative by carrying the phenomenological research paradigm. Participants in this study were couples who were going to get married, the person in charge of the Infectious Disease Control program at the Health Center, and the person in charge of Infectious Disease Control at the Jayapura Regency Health Office. The sampling technique used purposive sampling technique. Participants were selected based on certain characteristics in accordance with the objectives to be achieved, namely 6 informants. The informants involved in this study were 2 premarital couples, 1 person in charge of the Infectious Disease Control program at the Health Center, and 1 person in charge of Infectious Disease Control at the Jayapura Regency Health Office. The research instrument used the researcher himself, interview guidelines, field notes and recording devices. Interviews were conducted using in-depth interview techniques.

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RESEARCH RESULTS

Based on the results of in-depth interviews and notes recorded during the data collection process, researchers analyzed the data using the method developed by Collaizi (Cresswel). This study resulted in 3 themes: the perception of premarital HIV screening, the urgency of implementing premarital HIV screening and factors that influence the implementation of premarital screening. Perceptions of premarital screening were obtained from informants' answers regarding the understanding and purpose of the examination. From several categories, 3 themes were obtained, one of which was policy. Policies are obtained from 9 categories and 2 sub-themes that are schematized.

Premarital HIV Screening in Perception

The theme of perception is obtained from 2 sub-themes, namely opinions about premarital HIV screening and the implementation of premarital HIV screening. The sub-theme of opinion about premarital screening was obtained from the expression of each informant describing their understanding of premarital screening and divided into 7 categories. Premarital HIV screening is understood as an HIV prevention measure before marriage, so that understanding can be an indicator of the importance of the premarital HIV screening program. According to informant P1, she knew about the premarital screening program but did not know the specific purpose of the screening.

"I know the program, usually the program is more aimed at e caten yes, ... If you ask specifically what the purpose of this examination refers to HIV, yes, if the purpose specifically I don't know for sure, but if in the program they aim to prevent transmission, because we have an endemic here, it is widespread, so maybe it is limited in this way to reduce transmission". (P1)

Meanwhile, other informants said they understood about premarital screening and its purpose, although the program has not been implemented in Jayapura Regency.

"Yes, I've heard of that program, e.. it's an HIV examination program before marriage right, so that we know whether our partner has HIV or not ... it's good, so people who want to get married know the condition of their reproductive health". (P2)

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"...it's a health check before marriage to, but it doesn't seem to exist here, in all the health centers here there is also no yes". (P4)

"...ehm, the aim is to know how the condition before marriage is, whether it is healthy or not". (P5)

In addition to knowledge, informants argued that the implementation of premarital HIV screening is based on need, culture, stigma, experience, expectations, and expectations, as illustrated by the following statements:

"Yes...I think for now we don't really need premarital screening, because there is already screening for pregnant women...for HIV, here the culture and stigma are still very strong, so it's a bit difficult if we apply screening starting from premarital...especially if we find out that we have HIV, we will definitely cancel the marriage, and then the extended family will find out and it will become a problem later". (P1)

Informant P1 felt that a premarital screening program was not really needed in Jayapura Regency, but several other respondents stated that this program was needed based on their experience in the field, as expressed by the following informant:

"Yes, if you look at it here, considering the high number of cases in productive age, it is important...I agree that the program exists, although it may be a bit difficult to accept, you know how our culture is here... but if there is already a policy or regulation made, it will definitely be implemented". (P2)

"I think it is important to have HIV testing before marriage, if we know that one of them has HIV we treat it, we treat it and educate them so that their partner is not infected". (P3)

"...yes it is very important, because my experience once got a mother who was 17 years old pregnant and HIV positive, and she didn't know if she was positive, we told her to come again with her partner for examination, eh ... she didn't come, until she gave birth she came". (P6)

"Yes, for me, if our goal is to prevent why not, it's even better if there is such a program" (P5)

The second subtheme is the implementation of premarital HIV screening, opinions on whether or not premarital HIV screening programs are important in Jayapura Regency.

"Premarital screening may be important but not immediate screening, but just continuous education first". (P1)

"Yes, learning from the case that I just told you about, 17 years old has HIV, I think the program is good to have..." (P4)

"...it is important, especially seeing the current condition of our HIV rate continues to increase". (P6)

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"Yes, if you look at it here, considering the high number of cases in productive age, it is important... I agree that the program exists, although it may be a bit difficult to accept, you know how our culture is here... but if there is already a policy or regulation made, inevitably it will be implemented". (P2)

"I think it is important to have HIV testing before marriage, if we know that one of us has HIV we treat it, we treat it and educate so that how the partner is also not infected". (P3)

"...yes it is very important, because my experience once got a mother who was 17 years old pregnant and HIV positive, and she didn't know if she was positive, we told her to come again with her partner for examination, eh she didn't come, until she gave birth she just came". (P4)

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Urgency of Premarital HIV Screening Implementation

Schematically, the theme of the urgency of premarital HIV screening implementation was obtained, with 2 sub-themes namely government policy and social legitimacy, and consists of 8 categories. The first sub-theme of the urgency of premarital HIV screening implementation is government policy, which has 4 categories: efforts, strategies, participation and policy makers. Efforts were expressed by almost all informants, as seen from the following transcript excerpt:

"... for programs that are currently running, there is screening through pregnant women, and screening of TB patients, if in premarital it is not yet and is still very far away". (P1)

"For now the screening that we have done is only tetanus toxoid immunization and upper arm circumference measurement, hemm...if you want HIV testing to be carried out, it must be pursued". (P2)

"Yes... inevitably if it is a necessity it should be sought for the program to exist, if the program is held we just have to implement it". (P3)

The informants also felt that strategy was important, as can be seen from the following quote:

"...we can't just go to school and be accepted immediately, so we enter through the adolescent girls' health activities, then sexual health so we start from those points so we don't enter directly with the HIV program like that". (P1)

"In the past, the program was in reproductive health, so we entered through STIs, so we entered through there..." (P3)

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"It is rather difficult for this program to be accepted, so before it becomes a program, we should have socialized it first". (P4)

Participation was also felt to be very important by informant P2, as seen from the following quote:

"We know that our area is endemic, HIV is high here, this program is important even though it will be controversial maybe, so those related to this we present our data, what is it about, what is their response to what we have shown, so first we see how the participation is". (P3)

Policy makers also play an important role in the urgency of premarital HIV screening, as expressed by informant P2 as follows:

"We cannot move alone, yes now it depends on policy makers, influential people, because when talking about HIV it is not an easy thing". (P2)

In addition, social legitimacy is also obtained in 4 categories, namely community support, community acceptance, mindset change and community acceptance. Support from community leaders was expressed by informants P1, P2 and P3 as can be seen in the following statement excerpts:

"It is very difficult, if this program is to be implemented we also have to see how the community responds, we have to approach the community, disseminate information, the most possible thing is ... we have to invite community leaders, traditional leaders, ondoafi (traditional leader), religious leaders ... people who are influential there". (P1)

"Because there are so many sectors that will be related, one of them is that they will say that it is our human right if we want to get married, right, health problems are our problems if we are HIV, we treat it and various reasons blah ... blah ... like that, it is important to have educational programs, promotion, education, promotion, promotion, education to related parties such as ondoafi (traditional leader), to traditional institutions, religious institutions in the village if we are talking about this, it is indeed complex, if I am asked about this, according to me, the importance of premarital screening is not yet important". (P2)

"Yes, support from community leaders is important, especially considering our cultural conditions here". (P3)

Meanwhile, community acceptance is also an important thing felt by informants P2 and P5. This can be seen in the following quote:

"For this program to work, this program must first be accepted by the community, hem... in my opinion this takes a long time, because we know for ourselves that our society still feels taboo about everything related to HIV, even though we have often provided this counselling". (P2)

"For HIV testing alone sometimes we have difficulty asking permission from mothers, there are some mothers who refuse, yes we say it is a mandatory program ... well from there we already know anyway, if the community is not welcome it will definitely be difficult later". (P5)

Mindset change is important, as stated by informant 4 below:

"Yes, we have to change the mindset of the community first, because that's the challenge for all of us here, discrimination here is very visible, if there is indeed someone affected by HIV, it is definitely thrown away by his family, they still consider this a disgrace that others should not know". (P4)

While on the other aspect of social legitimacy that is felt is the readiness of the community stated by informant P1.

"The problem is that the community is not ready if this program runs, because this will be a requirement before marriage, and of course this will be a dilemma too". (P1)

Factors affecting the implementation of premarital screening

Schematically, the theme of factors influencing the implementation of premarital screening was obtained. Informants suggested factors affecting premarital HIV screening, namely supporting factors and inhibiting factors. There were three categories of supporting factors: government regulations, governor regulations, and regent regulations. This can be seen from what informants P1 and P2 said.

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"Well, now we see whether premarital screening has become a government regulation, if it has become a regulation, we will automatically do it". (P1)

"Indeed, maybe in other cities this program is already running, although the government may not require it, but actually we can also implement this program if it is deemed important, because our province is also a fairly large contributor to HIV I think. For example malaria, we are endemic for malaria ... that's why there are gubernatorial and regency regulations about the program. I think for HIV it's also like that" (P2)

The second factor influencing the existence of the program is the presence of perceived inhibiting factors. The inhibiting factors perceived by informants are socio-cultural conditions and understanding of the concept of healthy sickness. The socio-cultural constraints are illustrated in the following informant's statement:

"Our tendency in Papua is that there are still many who are not married but have married, there are a lot of them..." (P1)

"So that's why sometimes if we are in the village, one house has several family cards in it, even though they are not officially married, ah ... it has a wife ... well then it's really difficult, yes, if the language of marriage means right e... If you are not married but have had sex, it's the same thing, we still lose there". (P3)

"There is a culture that if a girl has menstruated, she can be married by the tribal chief and the tribal chief can marry whoever they want". (P4)

"Indeed, if you want to net it is a bit difficult because here many are not officially married, here we still use customs, and parents also allow them to just get together". (P6)

The category of understanding the concept of pain in this case is also said by the informant, as illustrated in the following statement excerpt:

"Many people feel healthy, they don't feel sick". (P1)

"There are so many obstacles, like this...when we say, our mother checked "HIV yes..., ah why did we check HIV we are not sick. Until that sentence we don't ask anymore, we don't continue to pursue it. Anyway up to that point, well that alone has collided

if indeed maybe the information is already there, the information is enough, HIV is not a new thing in the community, but yes that's back again the high stigma, discrimination so no one wants to do such examinations, screening". (P2)

"There is language every time we do an examination in the general population, why do we have to check this or that, we don't have that disease, I think it's fine". (P3)

DISCUSSION

Premarital HIV Screening in Perception

According to Article 1 of Marriage Law Number 1 of 1974, marriage is defined as a mental and physical bond between a man and a woman as husband and wife, a happy and satisfying bond based on faith in God Almighty to build an eternal family. Today, many couples are physically mature, but mentally unprepared for marriage. In this case, the two prospective couples cannot start their married life because they do not understand marriage and do not know how to build a harmonious family (Nurhadi, 2018).

Education, culture, race, gender, and past experiences greatly influence the way people see and understand things. Tetanus toxoid (TT) vaccination programs and health screening practices such as HIV/AIDS tests, syphilis tests, HB tests, and pregnancy tests for prospective brides are still not optimal (Nurrachmi & Himayasari, 2020). Because there is a negative perception in society towards people who take tests, it is important to get tested before marriage so as not to have a negative impact in the future. Premarital health checks have changed, initially, the study only included giving tetanus toxoid injections, but now hospitals and clinics offer special packages for premarital health checks (Munawaroh & Walisongo, 2019).

Couples who undergo a health check before marriage hope that their partner will not get sick before marriage. If it turns out that their partner has a disease, they want to know about it before marriage, not after (Amalia & Siswantara, 2018). Some studies suggest that couples believe it is important to know their health status. Since HIV/AIDS was first discovered worldwide in 1981, various reactions have been associated with this epidemic, including fear, rejection, stigma, and discrimination (Al-Kindi et al., 2019; Godongwana, Myburgh, Adedini, Cutland,

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& Radebe, 2021). Stigma is described as a negative mark that significantly devalues a person in the eyes of others. Fear of people with HIV/AIDS spreads quickly, leading to prejudice against these people (Akoku et al., 2018). The stigma associated with premarital testing procedures refers to the negative attitudes, disdain, and unfair treatment of not only the bride and groom, but also all individuals, groups, and communities involved (Manakandan & Sutan, 2017).

The stigma associated with HIV isolates individuals and hinders the process of socialization and healing because they are considered inferior by society. In efforts to stop the spread of HIV and AIDS, problems arise due to stigma in society (Yulivantina et al., 2021). The role of health workers is considered very important. The experience they gain in responding to HIV cases provides a strong indicator for implementing screening measures (Alkalbani, Alharrasi, Achura, Al Badi, Al Rumhi, Alqassabi, Almamari, & Alomari, 2022), in the socio-economic aspect of the experience of HIV patients who experience stigma, women living with HIV who experience negative stigma from society can lose their jobs.

The Urgency of Implementing Premarital HIV Screening

Facilitating the efforts of various stakeholders in preventing and controlling HIV/AIDS requires effective coordination at all stages, from planning to evaluation. According to a survey conducted, the HIV/AIDS Control Committee has involved the entire community to disseminate information regarding policies and strategic plans (Manakandan & Sutan, 2017). This step is an implementation of the decision of the Central Committee for AIDS Management (KPA) which states that efforts to prevent and control HIV/AIDS must be carried out with a different approach and involve different actors (Nurrachmi & Himayasari, 2020).

The community plays an important role in implementing these steps, and the government provides leadership and direction as a leader in efforts to prevent and control HIV/AIDS both at the central and regional levels (Hanoon, Khalf, & Khalaf, 2021; Syafi, Hidayat, & Setiadi, 2021). Implementing HIV/AIDS prevention and control efforts requires effective collaboration between various stakeholders

at every stage, from planning to evaluation (Balebu, Labuan, Tongko, & Sattu, 2019; Wati, 2020). Policies must also consider the strengths, interests and strategies of stakeholders to enable policy implementation. If this is not considered carefully, this program will fail to achieve its current goals and implementation (Nurrachmi & Himayasari, 2020). Stakeholders are given the authority to develop strategies and determine policy implementation budgets to ensure access to facilities and infrastructure that are not available at community health centers in order to facilitate policy implementation for the benefit of prospective brides and grooms that I have. In addition, the resources used in implementing policies consist of human and non-human resources. Non-human resources include funds, equipment, supplies and information (Hakim, 2021).

These resources are used for various activities to achieve goals. These resources must be planned, obtained, utilized, and controlled professionally so that they are economical, efficient, and effective in implementing the program (Al-Shafai, Al-Romaihi, Al-Hajri, Islam, & Adawi, 2022; Yulivantina et al., 2021). It can be concluded that resources play an important role in the success of policy implementation. Even if a policy is clear and concise, it will not be effective if its implementers lack the resources to implement it. The implementation of the premarital test policy faces the problem of a lack of non-human resources among prospective brides and grooms.

Community health centers lack facilities and infrastructure such as health equipment and supporting facilities, and are unable to achieve the policy objectives set by the government, resulting in failure in policy implementation. In this case, social legitimacy also influences the urgency of implementing premarital HIV screening (Akoku et al., 2018; Puspitaningrum, Indrawati, Purwanti, Maghfiroh, & Alifita, 2020). Community readiness can be measured from the community's ability as program recipients to understand and actively participate in the program (Al-Kindi et al., 2019). Community involvement is critical to the success of this program. The community is involved in implementing HIV-AIDS prevention programs as a subject of urgency (Yulivantina et al., 2021). Community motivation is very important to achieve this goal.

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Based on interviews with program implementers conducted by researchers, it was found that the community in Jayapura Regency was still less prepared to implement HIV-AIDS control programs. In fact, there are still people who are reluctant to undergo health checks and feel stuck. The lack of community readiness may be caused by gaps in the socialization of these policies to the community. The socialization activities carried out so far have not been able to cover all social classes. A community is considered ready if it understands its responsibilities and role in implementing existing policies (Amalia & Siswantara, 2018). However, in practice, the community is not fully aware of regional regulations dealing with HIV/AIDS so they do not have sufficient knowledge about their duties and roles in implementing these policies.

How can people who don't even know about the policy and consider it taboo participate in policy implementation? In conclusion, in terms of community preparedness, there are still many people who do not know the regional regulations for dealing with HIV/AIDS in Jayapura Regency. From this point of view, it seems that society is not ready to face this.

Factors Influencing the Implementation of Premarital Screening

Program implementers, especially doctors and KUA officers, are not yet ready to implement the program. Apart from that, there are also other obstacles such as a lack of understanding and reluctance to take part in this program because the wider community does not understand the importance of health checks for prospective brides and grooms. To achieve optimal results, local governments must be equipped with all the necessary facilities to carry out health checks of prospective brides and grooms, and systematically inform the public about the importance of premarital testing and disease prevention.

Based on research conducted (Nurhadi, 2018), there are regulations that require couples to undergo blood tests for common genetic diseases before marriage and let them decide whether to continue the marriage and pregnancy. This will help couples make mature decisions regarding the marriage process from the start and follow-up through the Health system (Munawaroh & Walisongo, 2019). It is

also recommended to introduce mandatory rules and regulations for premarital screening tests with better counselling strategies. Ethical considerations should be taken into account when creating mandatory premarital testing laws to balance prevention and independence for couples (Anggraini & Rizki, 2020; Syafi, Hidayat, & Setiadi, 2021). These rules could include requiring blood tests for common genetic diseases and leaving decisions up to couples regarding marriage and pregnancy. This will help couples make decisions early in the marriage process and follow up with the health service system.

The research results show that the HIV/AIDS prevention and action program carried out by the AIDS Prevention Committee faces several obstacles. One of them is the limited budget resources available and the lack of facilities available to carry out its work program. This obstacle arises because the KPA is an independent institution and has not received full support from the community in overcoming the HIV/AIDS problem (Nurrachmi & Himayasari, 2020). Recently, social and cultural aspects such as ethnicity, poverty, sex ratio, and geographic region have also been identified as risk factors and factors for infectious diseases among vulnerable populations worldwide. The fact that humans are individual and cultural creatures makes understanding risk behavior very complex and varied (Anggraini & Rizki, 2020; Godongwana et al., 2021). Therefore, sociocultural context may influence individual behavior at various entry points along the causal pathways mentioned above. The sociocultural environment directly presents various scenarios and opportunities that can lead to maladaptive behavior and create stressful situations that increase the likelihood of risky behavior. In addition, cultural background and cultural identity interference can influence decision making. Moreover, as mentioned above, when freedom of action is exercised by many people, human actions can change individual circumstances and even social structures (Akoku et al., 2018).

The concept of the social model relates directly to human agency and how the positive influence of a community based on shared cultural identity can change individual behavior (by rejecting detrimental choices) has shown that empowerment and overcoming structural violence are possible. An

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excellent example of the link between social capital and human agency in the context of the HIV epidemic are middle-income communities in the United States and Europe that had very intensive support networks and intensive input into effective action in the 1980s in MSM community classes (Yulivantina et al., 2021). Health and illness are closely related and are words that are often used in everyday life.

Throughout human civilization, the concepts of health and disease have been known throughout human history. Although we feel or observe health or illness in everyday life, we may find it difficult to understand and define the condition. This can influence a person's understanding and view of the concept of Health. For example, people who have no physical problems are often considered healthy. Some people still claim to be healthy even though they are in a risk group. Thus, people's understanding and perception of the concept of health is also influenced by subjective and cultural factors.

CONCLUSION

The results of the exploration of premarital screening program efforts produced 3 themes, namely premarital HIV screening in perception, the urgency of implementing premarital HIV screening and factors influencing the implementation of premarital HIV screening. The concept map resulting from the exploration of the premarital screening program in Jayapura Regency can be a reference or indicator in formulating a premarital screening program. Premarital screening program design can be carried out by analyzing the situation of need or urgency in Jayapura Regency.

SUGGESTION

Health service providers should be able to propose or make efforts to provide premarital HIV screening services. There needs to be support or strong reasons based on data so that this program can be a recommendation for stakeholders.

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