



Development and Validation of a Premarital Education Program based on Mental Health Literacy

Elahe Rezaei¹, Mahboubeh Taher^{2*}, Zahra Shabani³, Abbas Ali Hosseinkhanzadeh⁴

¹ PhD Student in Psychology, Shahrood Branch, Islamic Azad University, Shahrood, Iran.

² Assistant Professor, Department of Psychology, Shahrood Branch, Islamic Azad University, Shahrood, Iran.

³ Assistant Professor, Research Institute of Education and Training, Research Institute of Education Studies, Tehran, Iran.

⁴ Associate Professor, Department of Psychology, University of Guilan, Rasht, Iran.

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Abstract

Background: A successful marriage is essential to the formation of a healthy family. Choosing a spouse is the first and most crucial step in establishing a successful marriage. This study aimed to develop and validate a mental health literacy-based premarital education program.

Methods: To conduct a qualitative inquiry, the current study used the Delphi technique. The statistical population of this study consists of psychologists and premarital counseling professionals. The present study's sample consists of 47 individuals who were recruited using a method of purposive sampling. Using a questionnaire developed by the researchers, the components of the concept of mental health literacy were examined. Using Kendall's coordination coefficient, the level of consensus among Delphi method participants was determined. Then, Lawshe's content validity ratio was utilized to assess the content validity of the program based on this component.

Results: Seven components of physical and physiological health, mental and cognitive health, emotional and mental health, social and communication health, economic and financial health, spiritual and religious health, and mental health literacy were identified based on the results of two questionnaire stages using the Delphi method. In addition, the results reveal that the value of Kendall's coefficient for all components is 0.29 and the significance level for Kendall's coordination coefficient is 0.05, indicating that there is a significant level of agreement among the Delphi method participants. The index of content ratio (CVR) for the educational program was greater than the value calculated using the Lawshe method (0.85). Therefore, the content validity of the mental health literacy educational program is satisfactory.

Conclusions: Considering the validity of the educational program, it is recommended that it be implemented in family education centers.

Keywords: Premarital education, Educational program, Mental health literacy.

*Corresponding to: M Taher, Email:mahboobe.taher@yahoo.com

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Introduction

Family formation begins with marriage, and the continuation of civilization rests on the survival of the family. Marriage is the most humane arrangement of man and woman connections based on proper foundations, agreements, and links, which are founded on a combination of biological, psychological, social, and economic demands and have the most fundamental function in the everyday lives of adults in comparison to all other social relationships.¹ If boys and girls

have the essential knowledge about themselves and the partner they pick prior to marriage, many marital difficulties can be anticipated and, therefore, avoided.² On the eve of marriage, pre-marriage educational seminars are one technique to educate girls and boys about the positive and negative expectations of marriage and married life.³ According to the findings of numerous studies, individuals who participate in premarital education programs have fewer harmful interactions and more support, and their divorce rate is lower.⁴ In Iran, numerous efforts have been made in recent years to improve and enhance marriage through premarital education programs. Premarital education is the process of enhancing premarital relationships, resulting in increased marital satisfaction and stability.⁵ In the past four decades, the premarital education program has been researched extensively as a preventive paradigm. This training course is a relatively new strategy for reducing or eliminating marital dissatisfaction, and its purpose is to assist couples in beginning a successful marriage as well as maintaining and sustaining the maximum level of performance. Everyone can learn how to have a healthy and secure marriage, according to the foundation of this approach.⁶ In other words, premarital education can avert dissatisfaction, marital failure, and possible divorce. According to studies, the majority of programs employed in the field of marriage are related to post-marriage and married life,⁷ and they include 1. Relationship promotion program: this is one of the earliest programs. It has been determined that it focuses on enhancing consideration, honesty, openness, mutual trust, compassion, and harmony. 2. The relationship prevention and promotion program: this is a problem-focused paradigm that teaches couples how to avoid resistance to problems and changeable habits. 3. Relationships and individuals are determined by marital expectations, personal issues, communication, conflict resolution, financial management, leisure activities, sex, children and parents, family and friends, role communication, and spirituality. 4. The program of the practical application of sincere communication skills focuses on attitudes and beliefs regarding love between spouses, self-awareness, emotional effectiveness, and training skills to alter ineffective behaviors that destroy intimacy.⁸

Mental literacy education is one of the primary training that has not been fully explored in much premarital education programs.⁹ The ability to read, listen, analyze, make decisions, and apply knowledge in the field of health improvement is referred to as "health literacy." Because every member of a community is susceptible to health problems throughout his or

her lifetime, health literacy is of utmost importance. A person with inadequate health literacy has greater difficulty gaining access to health information and utilizing medical services than those with greater health literacy, resulting in an increase in the prevalence of depression, an unhealthy lifestyle, and ultimately death.¹⁰ Importantly, mental health literacy is one of the components of health literacy. In general, mental health is a complex phenomenon with numerous features. Emotional dimensions (a belief that positive emotions dominate negative emotions), cognitive dimensions (a belief that life is understandable and controlled and overall life satisfaction is experienced), behavioral dimensions (experience, action, interest in work and activity, and struggle without avoiding obvious problems), self-concept (feeling self-interest and the ability to prove oneself), and personal relationships (people receive support from others, trust others, and enjoy their companionship and feelings) are all included in the state of health.¹¹ Jorm and his colleagues first established the notion of mental health literacy in 1997, defining it as "knowledge and beliefs about mental diseases that help with their understanding, management, or prevention". Recent revisions to this notion include the capacity to assist a person with a mental health issue.¹² This concept denotes people's awareness of subjects related to psychological dimensions, and a person with mental health literacy is able to help themselves and then those around them using their knowledge and understanding in the first instance. In addition, enhancing mental health literacy as a fundamental component can influence mental health-related outcomes.¹³ Mental health literacy comprises three interrelated concepts: Knowledge, attitude, and assistance-seeking. A lack of mental health knowledge can result in negative attitudes and beliefs about mental health, mental health services, and people with mental illness. Mason, Kelly, Cvetkovski, and Jorm's research demonstrates that the general community, and particularly young people, have extremely poor levels of mental health literacy. Evidence indicates that improving knowledge about mental health and mental disorders, facilitating early diagnosis of mental disorders, increasing awareness of how to obtain help and treatment, and reducing the symptoms of mental illness at the individual, social, and institutional levels will improve mental health outcomes and increase the use of psychological services. Increasing mental health literacy in a society benefits not only consumers and mental health professionals but also the general well-being of individuals through primary interventions, prevention strategies, and mental health promotion.

Individual and familial, biological, emotional, cognitive, and behavioral factors are some of the factors influencing the level of health literacy and mental health literacy. These factors can have a significant impact on sensitive events such as marriage and even on the next generation; therefore, training can increase the level of health literacy and, consequently, the mental health of individuals before the family is formed. Relationships within the family that are dynamic and constructive can facilitate the growth and empowerment of family members and the family as a whole. In this regard, evidence reveals that health-oriented preventive strategies play a direct influence on marriage and relationship stability.¹⁴ Due to the fact that a large portion of the educational content in the country is derived from non-Iranian sources, it is essential and inevitable that a new educational package based on indigenous

cultural elements be developed for premarital counseling. In light of the importance of premarital education and its role in life satisfaction and the reduction of divorce, as well as the importance of mental health literacy and its role in promoting psychological health, the present study aims to develop and validate a premarital education program based on mental health literacy so that counselors and psychologists can assist couples in leading the life they want with the help of this educational program.

Materials and Methods

The present study is a qualitative investigation of the Delphi method. The statistical population of the study includes psychologists and experts working in the premarital field. The sample consisted of 47 people who were chosen using a systematic sampling technique. Clayton (1997) considers five to ten experts adequate. Psychologists, counselors, and specialists who had worked in the field of premarital counseling for at least five years were eligible for sampling. To develop the educational package in the first step by reviewing the existing literature, the research subject's keywords are "marriage readiness" and "mental health literacy" in Persian and Latin printed and electronic documents, such as books, articles, theses, etc. From 2010 to 2021, and in the domestic sector confined to 2006 to 2021, academic websites and scientific databases such as Pop Med, Elsevier, Google Scholar, Scopus, comprehensive humanities portal, etc. were analyzed. Then, sentences, phrases, and paragraphs relating to these words were extracted from the text and included in the study report, along with the source of each row or sentence for the depth of research incorporating other specialized keywords in the field of marriage and mental health, such as premarital counseling, marriage literacy, marriage intelligence, beliefs about marriage, knowledge of marriage, divorce, the pathology of divorce, premarital education, marriage enrichment, and premarital counseling.

Then, the major themes and components of marriage preparation that were consistent with mental health literacy measures in terms of idea and purpose were determined, and experts in the fields of premarital counseling, family, and mental health established consensus on these components. The Delphi approach of researcher-made questionnaires was employed in two stages. The Delphi method is an organized technique for collecting information in a series of iterations, followed by group consensus. Using a series of centralized questionnaires with controlled feedback, the primary objective of the Delphi method is to reach the most reliable group agreement from the perspective of experts. In the first stage, the question was rephrased so that experts could voice their perspectives regarding mental health literacy and subcomponents of premarital education.

Then, in the second step, following the collection of expert opinions in the first step, a Likert-scale questionnaire was created to assess the level of agreement among experts regarding the components and subcomponents of the premarital education program based on mental health literacy. Kendall's coordination coefficient is a scale used to determine the degree of coordination and agreement between multiple classes of N objects or individuals. Kendall's consensus coefficient falls within the range of zero to one, indicating the group's degree of

agreement. After consensus was reached regarding the components of premarital education based on mental health literacy, the content of premarital education based on mental health literacy was developed, and the content ratio index (CVR) method was used to determine the validity of the content of the program from the perspective of experts in the fields of premarital counseling, family, and mental health.

Results

The total number of participants was 47, of which 22 (46.8%) were female, 8 (17%) were male, and 17 did not indicate their gender. 22 participants (46.8%) held a master's degree in psychology or counseling, while 24 (50.1%) held a doctorate. Seven of these specialists were faculty members; three taught part-time at the university, and 37 had more than five years of experience as counselors or psychologists.

To determine the components of a premarital counseling educational program based on mental health literacy, the dimensions or components of premarital counseling based on mental health literacy were identified in the literature and background research. Physical and physiological health, mental and cognitive health, social health, spiritual and religious health, economic and financial health, and mental health

literacy were obtained in table 1. In the subsequent step, experts provided their opinions on these anatomical components by designing a response questionnaire. These experts provided feedback based on their knowledge, experiences, and observations in order to identify the program's components and elements. In this step, experts brought up issues such as overlapping components and renaming components. Specialists did not propose a mental health literacy-based addition to premarital counseling. Then, in the subsequent round, the experts were sent the Likert multiple-choice questionnaire to determine their consensus.

The Kendall coordination coefficient was used to evaluate the level of consensus and coordination among the viewpoints of experts. The results of the consensus of experts are reported in table 2. According to the data, the Kendall coefficient value for all components is 0.29, and the significance level for the Kendall coordination coefficient is 0.05, indicating that there is a significant level of agreement between experts.

Table 1. The level of consensus among experts using Kendall's coordination coefficient

N	Kendall's coefficient of concordance	X ²	df	Sig.
47	0.29	11.05	45	0.05

Table 2. Content summary of premarital counseling training sessions according to mental health literacy

Session	Mental health components	Topic	Content
First	Physical and physiological health	The importance and necessity of pre-marriage education, awareness of the evolutionary differences among men and women	Getting to know one another, understanding the objectives of the course, and understanding the structure of meetings, in addition to discussing the purpose of marriage and learning about the physiological and psychological differences of men and women.
Second	Intellectual and cognitive health	Cognitive skills necessary to choose a mate, inefficient beliefs about love and marriage, and the need for healthy and effective beliefs	Knowing what ineffective beliefs about love, marriage, and choosing a mate are, the effects of these beliefs on emotion, behavior and health, as well as understanding the role of healthy beliefs related to love in marriage and mental health
Third	Emotional and mental health	Self-awareness and other-awareness skills, self-confidence	A summary of the previous session, training on self-awareness, self-confidence, and the knowledge of oneself and of others from the perspective of the ink window, and the identification of these points in the individual
Fourth	Emotional and affective health	Impulse control Stress and emotion-management	A summary of the previous session - communication skills, familiarity with the cycle of awareness and practice of the five phases of the awareness cycle (sensory information, thoughts, feelings, desires and actions), identifying emotions, clear understanding of emotions, accepting emotional responses, and doing the exercise
Fifth	Social and communication health	Support and care, love and intimacy, mutual respect and appreciation	Summary of the previous session, discussion skills (speaking on your behalf, describing desires), listening skills (paying attention, pointing, inviting, summarizing and asking questions)
Sixth	Social and communication health	Conserving supportive resources such as family relationships, differentiation, shared recreational interests, and humor	Courage skills and knowledge of individual rights, communication with main family members, and doing the exercise
Seventh	Social and communication health	Problem solving and conflict resolution skills in relation to others	Summary of the previous session, explaining the nature of conflict, how to resolve conflict effectively through dialogue, discussing methods of denial, avoidance, submission, dominance, reconciliation, as winner-loser methods in relationship, and how to deal with intractable problems and doing the exercise
Eighth	Economic and financial health	Marital justice, transparency, consultation, and cooperation in financial and house matters	Summary of the previous meeting, how to negotiate the relationship, affection, division of duties, balance and equality in financial matters, companionship with trust and support, and doing the exercise
Ninth	Spiritual and religious health	Understanding the responsibilities of marriage, having a purpose and meaning in life, sharing similar spiritual religious attitudes, beliefs, and ideals, altruism, commitment to mate, forgiveness, and moral observance	The unwritten roles and obligations of marriage, ethical adherence to mate and selection, the necessity of commitment and forgiveness
Tenth	Mental Health literacy	Health literacy of common mental disorders in marriage	Stressing the importance of knowledge, awareness, and assistance relating to common disorders such as depression and anxiety, and etc.

After the experts reached A consensus, the next phase involved adjusting the content of 10 90-minutes training sessions based on the components.

In order to validate the content, the educational program was distributed to 47 psychologists and counseling professionals working in the field of premarital and family counseling. Based on their experiences and observations, the

educational program's content was modified. The content validity ratio for the educational program was 0.85, and when compared to the minimum acceptable index based on Lawshe's method (which is 0.27 for this number of experts), the program's validity is greater and acceptable. Table 3 displays the content validity of each session of the training program.

Table 3. Content validity ratio index based on experts' opinion

Session	The number of experts who have selected the required option	The value of the session's content validity index
First	44	0.82
Second	45	0.88
Third	44	0.87
Fourth	45	0.81
Fifth	46	0.80
Sixth	44	0.84
Seventh	45	0.85
Eighth	44	0.83
Ninth	46	0.91
Tenth	45	0.83
Total content validity ratio index		0.85

Discussion

This research aimed to develop and validate a premarital education curriculum based on mental health literacy. According to the findings of this study, experts have agreed on seven components of physical and physiological health, mental and cognitive health, emotional and mental health, social and communication health, economic and financial health, spiritual and religious health, and mental health literacy. In addition, the Kendall coefficient for each component demonstrated substantial agreement among experts.

The first component of premarital education programs focuses on mental, physical, and physiological health literacy. Men and women have different strategies for selecting a sexual partner and ensuring the survival of their offspring due to their distinct physiologies. The findings of the last three decades have strongly supported the evolutionary explanations for gender differences in marriage selection criteria (Kim, 2022; Rick and Kiev, 1992; Todusijwic, 2003; Khalid, 2004; Wang et al., 2020; Lee et al., 2010). Men and women frequently experience conflict and misunderstanding due to their ignorance of psychological and physiological differences. Understanding and paying attention to the differences between men's and women's brains in choosing a spouse, how to communicate, problem-solving styles, etc. causes the criteria for choosing a spouse to be resolved or understood to a large extent. When men and women recognize, accept, and respect one another's differences, they are better able to live together in a healthy manner.¹⁵

The second component of mental health literacy-based premarital education programs is mental and cognitive health. Regarding the importance of this element, it can be stated that the majority of individuals have unreasonable expectations of their partners. They expect their spouse to fix all the flaws and shortcomings they had before marriage,¹⁶ so when these criteria and healthy communication patterns are emphasized in premarital education, the individual can, with revision and practice, have more constructive interactions with their spouse

and lead to a stable and healthy life. (Jafari, 2021; Alaei, Ahmadi Nasab, Ganji, 2021).

Emotional and mental health is the third component of a premarital education program based on mental health literacy. Regarding the necessity of this component, it can be said that recognizing emotions leads to self- and other-perception, which can prevent depression, tension, and anxiety in family life to some extent when confronted with life's problems and issues. Furthermore, by accepting and managing emotions such as anger, guilt, sadness, happiness, etc., the quality of life is enhanced.¹⁷ Conflict resolution and communication skills training has been shown to help individuals explore and refine their communication patterns, allowing them to apply their learning to live a good and sustainable life (Ghanbari, 2021; Jafari, 2021; Alaei, Ahmadi nasab, and Ganji, 2021). Therefore, emotional mental health enhances the mental health of the family as a whole.

On the other hand, one of the important components of premarital education based on health literacy is paying attention to the social-communication health component and communication skills training. Communication skills training, especially for those on the verge of marriage, has been considered more than ever in recent years. Research reveals that those without communication skills (and suitable life skills in general) experience issues in many contexts. The concerns of such individuals are generally related to two areas: External control tactics and problem-resolution strategies. Communication skills as part of life skills lead to greater psychological capacities, adaptation, and coping with life's difficulties and problems, eventually boosting mental health. These skills include developing suitable and effective interpersonal interactions, creating social duties, making the proper judgments, and resolving problems and conflicts without resorting to behaviors that injure themselves or others. Wilburn and Smith¹⁸ concluded in their study that teaching adolescents communication skills improved their problem-solving, self-esteem, life satisfaction, stress levels, and suicidal ideation. Ekufu and Anetoh¹⁹ concur that training in

communication skills has been effective in reducing social anxiety, enhancing problem-solving abilities, boosting self-esteem, and enhancing social interactions. While describing communication skills training and argue his colleagues believe that these skills teach the individual how to initiate and continue the dialogue, interpret social references, actively listen to others, easily express their personal feelings, thoughts, and beliefs, and comprehend the feelings of others.²⁰ According to these researchers, the significance of communication skills lies in the fact that they assist individuals in reducing negative emotions and social tension as well as solving problems constructively and effectively.²¹ Ultimately, cohabitation fosters positive and appropriate interactions between men and women, which contributes to the durability of marriage and the well-being of the family.

Regarding the necessity and importance of economic and financial health components in health literacy-based premarital education programs, it can be said that girls and boys pay special attention to economic and financial issues prior to marriage. Economic and financial issues include unemployment or male employment, financial independence, couples' income, and proper financial management.²² If finances are not properly managed, they can easily lead to marital dissolution.

Regarding the necessity of the spiritual and religious health component of a premarital education program based on health literacy, it can be stated that spiritual health helps to improve and strengthen relationships between husband and wife, accelerates parental responsibilities, and aids parents in agreeing on methods of child rearing.²³ In addition to fostering positive relationships with their children, it encourages the husband and wife to pursue a shared vision and life goals.²⁴ Additionally, in the following order, spiritual health enables individuals to spend their leisure time with family and to plan accordingly.²⁵ Spiritual and religious health in the third degree enables people to tolerate and adjust to variations in each other's tastes and maintain positive connections with family and friends.²⁶ In the fourth degree, they can effectively resolve problems with their spouses and budget their income and expenses. Finally, sexual connections would be mutually satisfying.²⁷ On the other hand, spiritual well-being results in peace, psychological security, freedom from feelings of emptiness and loneliness, life meaning, optimistic thinking, hope, life satisfaction, and social support. In this manner, psychological capacity and the capacity to deal with stress and problems increase, promoting mental and physical health, a longer life, and greater life satisfaction. Therefore, in order to achieve a high quality of life and maintain and promote the mental health of oneself, one's family, and one's community, it is necessary to pay attention to and strengthen various aspects of spirituality and spiritual health. Due to the coronavirus quarantine, one of the limitations of this study is the use of targeted sampling and electronic data collection, which should be considered when generalizing the findings.²⁷

Obtaining the content validity of a standard educational or psychological program is an essential step in its development. The research findings on the content validity of various items or sections of the program from the perspective of accreditation specialists indicate their significance. In general, considering

the unique characteristics of this program, such as its comprehensive and combined attention to the educational and psychological components required to begin a shared life, and confirming its content validity from an expert's perspective, it can be used as a comprehensive and approved educational program to empower girls and boys on the eve of marriage in counseling centers. Consequently, based on the results, it is suggested that a premarital education program based on health literacy be held to prepare people who wish to marry so that, in order to face the problems, situations, and relationships of life, they can change their attitudes and facilitate their interpersonal relationships, thereby reducing marital conflicts and divorce and fostering a healthy, stable family. After evaluating the strengths and shortcomings of couples on the eve of marriage, counselors and psychologists can conduct premarital education seminars and programs based on health literacy to bolster the strengths and eliminate the deficiencies of young couples.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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