



The Effectiveness of Mental Health Literacy Program in Promoting Emotion Regulation and Mate Selection Attitudes in People on the Verge of Marriage

Elahe Rezaei¹, Mahboubeh Taher^{2*}, Zahra Shbani³, Abbas Ali Hossein Khanzadeh⁴

¹ PhD student in Psychology, Shahrood Islamic Azad University, Semnan, Iran.

² Assistant Professor of Psychology, Faculty of Humanities, Shahrood Islamic Azad University, Semnan, Iran.

³ Assistant Professor of Psychology, Tehran Institute of Education Studies, Tehran, Iran.

⁴ Associate Professor of Psychology, Faculty of Psychology, Gilan University, Rasht, Iran.

Received: 26 June 2022

Accepted: 06 December 2022

Abstract

Background: In a successful marriage, many psychological and physical needs can be met in a safe environment. Choosing a mate is the first and most important step in the marriage process. This study aimed to investigate the effect of a mental health literacy program on improving emotion regulation and attitudes toward the selection of a mate in individuals on the verge of marriage.

Methods: The research method was quasi-experimental with a pretest-posttest design and a control group. The statistical population of this study included all girls and boys on the eve of marriage in Shahrood in 1400. The scales of the Mate Selection Attitudes Questionnaire and the Cognitive Emotion Regulation Questionnaire were used to collect data. The data were analyzed using a multivariate analysis of covariance.

Results: The results of covariance analysis showed that the mental health literacy program led to the improvement of emotion regulation and attitudes towards choosing a mate in people on the verge of marriage (P value<0.01).

Conclusions: Considering the results of this study, it is believed that a mental health literacy program will help not only with emotion regulation but also with modifying mate selection attitudes.

Keywords: Considering the results of this study, it is believed that a mental health literacy program will help not only with emotion regulation but also with modifying mate selection attitudes.

*Corresponding to: E Rezaei, Email: elaherezaei56@gmail.com

Please cite this paper as: Rezaei E, Taher M, Shbani Z, Hossein Khanzadeh AA. The effectiveness of Mental Health Literacy Program in Promoting Emotion Regulation and Mate Selection Attitudes in People on the Verge of Marriage. Int J Health Stud 2023;9(2):38-44

Introduction

A marriage can be seen as the first step toward creating a family institution, for it involves mixing two cultures, two histories, and two world views. Often, marriage is the first and foremost step in the family life cycle in which a mate is chosen, and success in other stages of life is dependent on success at this stage.¹ Every man and woman seek an intimate, lasting relationship that is marked by love and affection, which ultimately leads them to choose a partner and marriage, which is why more than 90% of the global population has been married at least once.² Marriage is clearly a leading factor for individuals' physical and emotional health and has the potential to positively or negatively affect the possibility of people becoming involved in health-promoting behaviors such as exercise and diet, as well as the general health of individuals

and by affecting mental health, it can also affect the physical health of couples.³ Nonetheless, statistical evidence suggests that about half of today's marriages lead to divorce. A fourfold increase in divorce rates worldwide from 1960 to 2017 illustrates a severe family crisis. Many issues within a marriage can cause newlywed husbands and wives to become distant from each other, resulting in the dissolution of their marriages and divorce.⁴ A couple that has an understanding of themselves and the mate they choose before marriage will be able to predict and therefore prevent many of the problems of the relationship.⁵ Education is one method of informing individuals on the eve of marriage about the positive and negative aspects of marriage and married life.⁶ In a similar manner, the results of various studies indicate that people who participate in pre-marriage training have less destructive interactions and more support, as well as a lower divorce rate.⁷ To this end, various efforts have been made in recent years to enliven and strengthen marriage in Iran through premarital programs. These programs are delivered through premarital counseling and premarital education.⁸

Premarital counseling has been extensively researched over the past four decades. A pre-marital education is a way to enhance pre-marital relationships to lead to greater satisfaction and stability in the marriage.⁹ As a relatively new approach to reducing or eliminating marriage dissatisfactions, this course will help couples begin a healthy and successful marriage as well as maintain their performance at the highest possible level. This approach is premised on the assumption that everyone can learn how to have a successful and sustainable marriage. Premarital education can therefore prevent dissatisfaction, failure in marriage, and a possible tendency to divorce.¹⁰

Health literacy education is one of the primary pre-marriage education programs. People continue to be threatened with their health issues throughout their lives, so skills like reading, listening, analyzing, deciding, and applying those learned in the field of health improvement are of paramount importance. Those skills are called health literacy.¹¹ Mental health literacy is a vital component of health literacy and is therefore of considerable importance. The concept of mental health refers generally to a multidimensional phenomenon that involves a number of different aspects. Among these characteristics are emotional dimensions (the belief that positive emotions overpower negative emotions), cognitive dimensions (the belief that life can be understood and controlled and overall satisfaction with life), behavioral dimensions (experiences,

actions, interests in work, activity, and a willingness to deal with problems without avoiding difficulties), self-concept dimensions (the ability to demonstrate their existence and their worth), as well as interpersonal relationships (people trust others, receive support, and communicate with others).¹² Jorm and colleagues introduced mental health literacy to the general public for the first time in 1997 as a method of increasing awareness of mental disorders that had previously been neglected. The structure indicates the individual's understanding of psychological issues, and a person with mental health literacy may be able to provide assistance to themselves and to others using their knowledge and skills. Increasing mental health literacy as an underlying factor may also have positive effects on mental health-related outcomes. Hart, Mason, Kelly, Cvetkovski, and Jorm¹³ report that the general population and particularly young people have very low levels of mental health literacy. Research has shown that an improved understanding of mental health and mental disorders, early detection of mental disorders, and a greater understanding of how to treat and reduce symptoms of mental illness at the individual, social, and institutional levels lead to improved mental health results and increased use of psychological services.¹⁴

Among the factors contributing to the pre-marriage training that plays a critical role in marital satisfaction is the development of emotion regulation skills. Couples' efforts to control their emotions and thoughts are important in coping with strong reactions provoked by certain events. A significant lack of skill in monitoring and regulating emotions may lead to grief and even psychological harm, which could result in the breakdown of an intimate relationship.¹⁵ Exacerbating patterns of negative emotion exchange is evident in maladaptive marriages in which the negative emotions expressed by one mate are reacted to by the other mate's more severe emotional expression. Though the precise issue of problems varies from couple to couple, the fact remains that most incompatible couples find it challenging to regulate their emotions.¹⁶ A key aspect of emotion regulation is the ability to be aware of, name, interpret and understand emotions, show an active change in the quality, intensity, or hardness of an unpleasant experience, accept and tolerate negative emotions, encounter distressing situations, and offer sympathetic support. These abilities and interactions that are compatible with situations are called emotion regulation skills. In other words, it relates to the ability to use skills, strategies, and confrontation in the face of very strong emotions. An important aspect of preventing problems caused by ineffective cognitive regulation in marriage is the provision of premarital education.¹⁷

An important factor that interferes with the right selection of a mate is irrational attitudes regarding the decision. These attitudes are embedded in family and community environments and are gradually converted to inflexible beliefs through self-talk and whispering.¹⁸ According to Parkin, inefficient attitudes to one's mateselection are defined as personal attitudes, which include four categories of beliefs: 1. restricting one's selections based on who and when to marry; 2. developing attitudes to try too much or very little in order to find a suitable partner; 3. insufficient attention being paid to intra-individual weaknesses and strengths, and the personality factors affecting the success of a marriage; and 4. a belief that mateselection is a permanent problem with no sufficiently practical solutions.¹⁹ The reality is

that over time, girls and boys have doubts about their selection of mate, one part of which relates to changes in values, cognitive distortions, and schema types and their impact on the selection of mate, and the other part is a reflection of unrealistic and ineffective expectations that serve as the criterion for selecting a mate.²⁰ Expectations and beliefs are among the five phenomena (expectations, perceptions, attributions, standards, and assumptions) that, if distorted, inaccurate, and extreme, are influential in marriage turmoil. Those who have unrealistic expectations (such as my partner must always retain their awareness of my feelings, my partner will never change, or my partner must always satisfy my sexual needs) will likely experience difficulties accepting their mate's inappropriate behavior in the future and will be negatively affected by rejection and hostility. According to research, unrealistic expectations are associated with less marital satisfaction compared to realistic expectations. Unrealistic expectations can be replaced by more realistic ones (for example, my partner does not always understand my point of view or sex is a subject that should always be discussed in close relationships). Consequently, one of the most important factors that will determine whether a marriage is successful or not is the knowledge of the process of choosing a mate and having reasonable expectations during marriage.²¹

Given the importance of individual and familial, biological, psychological, cognitive, and behavioral factors that can influence the level of health literacy and mental health literacy, these factors can have a profound impact on sensitive periods of development and can even affect the next generation. Thus, before families are formed, education can increase the level of health literacy and thereby increase mental health. The evidence in this regard indicates that health-based approaches can directly contribute to the sustainability of marriages and stability of marital relationships.²² Taking into account the importance of pre-marriage education, and how it contributes to life satisfaction and a reduction in divorce, and the importance of mental health literacy, which contributes to the mental health of individuals in the community, this study examines the effectiveness of a mental health literacy program on improving the emotion regulation and attitudes towards mateselection among individuals on the cusp of marriage.²³

Materials and Methods

This study was an applied research study using the quasi-experimental study method of pre-test-post-test with a control group. The statistical population of this study included all girls and boys on the eve of marriage in Shahroud in 1400. Because the study was experimental, a sample size of at least fifteen per group was required. Using a purposeful sampling method, 64 girls and boys on the verge of marriage were selected for the study and, based on inclusion and exclusion criteria, were assigned to the pre-marriage training group (n=32) and the control group (n=32). The inclusion criteria included residence in Shahroud during the term of treatment, an age range between 18 and 35 years, a minimum high school diploma level, and the absence of severe neurological conditions such as epilepsy, vision problems, hearing problems, or personality disorders. Among the exclusion criteria were failure to observe the rules of the group in the first session, and absence from more than two sessions. The informed consent form was received from all research subjects in order to adhere to ethical considerations.

The subjects were assured that the researcher would maintain the confidentiality of their information and that the study's findings would be published generally without any reference to their personal data. Subjects in the experimental group were also provided with the opportunity to withdraw from the intervention at any time. The control group was informed that if they wished, they could also receive the intervention provided for the experimental group after the research process was completed. In response to the opinions that have been provided by the pre-marriage and mental health counselors, a ten-session psychological/educational program has been established. The questionnaires were distributed, completed, and collected using Google Forms. The following training tools and sessions were utilized:

The questionnaire was developed by Garnefski and Kraaij, in 2006. Besharat²⁴ in Iran validated the questionnaire. In this 18-item questionnaire, participants indicate their cognitive emotion regulation strategies when faced with threatening or stressful life events. The responses are graded from 1 (never) to 5 (always) by 9 subscales: self-blame, other-blame, rumination, catastrophizing, putting into perspective, positive refocusing, positive reappraisal, acceptance, and planning. Scores are assigned to each subscale on a 2 to 10 scale, and a higher score represents the greater use of a given cognitive strategy. According to the cognitive emotion regulation questionnaire, there are two groups of cognitive strategies for emotion regulation. These are adaptive (adjusted) strategies and no adaptive (unadjusted) strategies. For the overall questionnaire, Cronbach's alpha was found to be 0.90 while values for emotional improvements, relaxation, social modeling, and having prospects were 0.84, 0.82, 0.80, and 0.81, respectively.

The statistical population consisted of girls between the ages of 18 to 35 who were on the verge of marriage. A content analysis method was used to construct the questionnaire. This questionnaire has two subscales assessing efficient and inefficient beliefs. The subscales are divided into 12 categories: rationality and logical thinking, realism, belief in self-knowledge, belief in other-knowledge, considering cognitive relationships as necessary, considering having multiple readiness as necessary, believing in harmony, several idealistic beliefs, believing that love is enough, excessive optimism, considering the selection and marriage to be limiting, considering the selection and marriage as an escape. Confirmative factor analysis was used to examine the factor structure of the questionnaire, which demonstrated that the questionnaire fit to the field data and that the assumed factor structure was valid. All goodness of fit indices was over 0.9 and all represent an acceptable fit of the model. To determine the reliability of the questionnaire, the internal consistency was calculated using Cronbach's alpha. All subscales were found to have reliability coefficients above 0.70, resulting in a total reliability coefficient of 0.94. Additionally, the criterion of design for the questionnaire was examined based on the relationship with the attitudes toward marriage scale and was confirmed with an appropriate correlation coefficient.²⁵

The premarital training package was developed by Rezaei, Shabani, and Taher (2022) and consists of ten sessions. For the purpose of developing a training package, in the first step, the keywords 'preparation for marriage' and 'mental health literacy'

were obtained from Persian and English sources, press, and electronic publications, including books, scientific articles, theses, etc. from the years 2010 to 2020, and in the internal sector from the years 2005 to 2020, academic sites such as PubMed, Elsevier, Google Scholar, Scopus, comprehensive humanities Portal, etc. were used. Next, the sentences, phrases, and paragraphs concerning these words were retrieved from the text and recorded in the study index, both manually and electronically, with the reference numbers of the individual lines or paragraphs. In order to enrich the research, other specialized terms in the field of marriage and mental health were used, such as marriage counseling, marriage literacy, marriage intelligence, marriage beliefs, marriage knowledge, divorce, divorce pathology, couples satisfaction, mental health, health literacy, mental health knowledge, mental health attitude and seeking mental health assistance. Further investigation and identification of research about pre-marriage counseling and pre-marriage training were carried out, and all texts related to marriage readiness and mental health literacy and dimensions related to each subject were selected and categorized in terms of being consistent and placed into the same themes and dimensions. Afterward, the key themes and components of marriage readiness that were in line with the mental health literacy scales in terms of concept and purpose have been identified. According to the subcategories found in each main category, the purpose and educational content of each session were described, taking into account the structural characteristics of group training sessions and the themes found in the study. The next step was the evaluation of the content validity and reliability of the sessions by 45 premarital, family, and mental health counselors, who were given a survey questionnaire with a protocol and asked to rate the sessions according to the Likert scale (1=completely accurate; 2=often accurate; 3=average; 7=disagree). Using the protocol provided by the experts, compliance with the objectives of the session was measured, with 1 being incompetence and 7 being complete compliance. Kendall's coefficient was used to measure the degree of consensus among the Delphi group members. Kendall rank correlation coefficient measures the degree of correspondence and agreement between several ranked categories of N-objects or individuals. Kendall's coordination coefficient ranges from zero to one, representing the social degree achieved through the group. The Kendall coefficient obtained was 0.45, indicating agreement between experts. The training package was developed after a consensus was reached on the components of the training program. The educational program was subsequently given to 45 psychologists who were active in the field of premarital, family, and mental health for the purpose of validating its content. Using the experiences and observations these psychologists provided, the education program was modified accordingly. Based on the content ratio index of 0.92 for the training program, the validity rate was higher and within the acceptable range based on the Lawshe method. The final program was comprised of ten sessions and was designed as a psychological/educational program. The package includes components of physical and physiological health, mental and cognitive health, emotional and affective health, emotional and mental health, social and communication health, economic and financial health, spiritual and religious health, and mental health literacy. This package was taught to the experiment group by the researcher. Each training session lasted 90

minutes, during which participants (girls and boys on the eve of marriage) actively participated. The intervention was implemented through the Google Mate platform for two and a half weeks (2 weeks of 90-minute sessions per week). Both the experiment and control groups completed the measurement tools (mental health and problem-solving questionnaires)

before and after the intervention, and the outcomes were analyzed.

Data analyses were divided into two sections: descriptive statistics (mean and standard deviation) and inferential statistics (multivariate covariance analysis) using SPSS 22 software.

Table 1. Description of mental health program sessions

Session	Component	Topic	Content
First	Physical and physiological health	The importance and necessity of pre-marriage education, awareness of the evolutionary differences between 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 between 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 health 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 effective 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 a 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.

Results

The current study involved 54 participants, of whom 48 (75 %) were female and 16 (25 %) were male. The majority of the participants had a high school diploma (89%). The age group of 18 to 22 comprised the largest percentage of participants. The following table shows the mean and standard deviations of mental health and problem-solving variables.

The multivariable analysis of covariance (MANCOVA) was used to assess the effectiveness of the mental health literacy program in improving emotion regulation and attitudes toward choosing a mate in individuals

on the cusp of marriage. In order to use the MANCOVA, the presuppositions of the test were evaluated. A normal distribution of data is one of the key assumptions underlying all parametric tests, including the covariance analysis. A Kolmogorov-Smirnov test was used to determine whether the variables were normally distributed in the pre and post-tests. Results showed that the significance level for emotional adjustment and attitudes toward choosing a mate was greater than 0.05. Based on this, the variables studied have a normal distribution and can be analyzed using the analysis of variance. A Levin test was used to determine the homogeneity of variances of the pretest. As a result of Levin's test for homogeneity of variances, the F-statistics for variables in the

experimental and control groups were not significant (Pvalue<0.05). The results of the MANCOVA are presented in table 3.

Table 3 summarizes the findings of the MANCOVA to assess the effectiveness of the mental health literacy program in improving emotion regulation and attitudes toward choosing a mate among individuals on the cusp of marriage. The F-statistics of the MANCOVA for examining the differences between experimental and control groups indicate that by

eliminating the pre-test effect, there is a difference between both groups in the component of adaptive strategies (F=9.36, Pvalue<0.001). In unadaptive strategies (F=0.69, Pvalue>0.001), however, no significant difference was found between the two groups. A significant difference in attitudes toward choosing a mate's components was found between both groups, namely efficient beliefs (Pvalue<0.001, F=23.37) and inefficient beliefs (F=50.98, Pvalue<0.001).

Table 2. Indicators describing pre-test and post-test scores in the experimental and control groups

Variables	Stages	Groups	Mean	Std.Error
Adaptive strategies	Pretest	Experimental	26.27	3.46
		Control	23.70	6.14
	Posttest	Experimental	32.27	11.09
		Control	21.61	5.74
Maladaptive strategies	Pretest	Experimental	24.89	4.89
		Control	26.50	5.04
	Posttest	Experimental	22.39	6.91
		Control	25.80	6.75
Efficient beliefs	Pretest	Experimental	153.79	10.20
		Control	139.50	10.47
	Posttest	Experimental	186.60	8.03
		Control	156.41	7.49
Inefficient beliefs	Pretest	Experimental	114.06	12.27
		Control	130.86	11.83
	Posttest	Experimental	64.48	9.61
		Control	119.83	9.44

Table 3. The results of MANCOVA on the effectiveness of mental health literacy programs in promoting emotion regulation and mate selection attitudes

Variable	Sum of squares	Df	Mean	F	P	Eta squared
Adaptive strategies	501.24	1	501.24	9.36	0.003	0.073
Maladaptive strategies	25.10	1	25.10	25.10	0.207	0.006
Efficient beliefs	1937.50	1	1937.50	23.37	0.001	0.164
Inefficient beliefs	5961.35	1	5961.35	50.98	0.001	0.300

Discussion

The purpose of this study was to investigate the effectiveness of the mental health literacy program in enhancing emotion regulation and mate choice attitudes in people on the verge of marriage. The results of the present study showed that the mental health literacy program was effective in promoting the adaptive strategies of emotion regulation. Fayyaz Saberi et.al,²³ Volkaert et.al,¹⁸ Zaharia et.al,¹⁵ and Cai et.al¹⁴ found similar results. This finding can be explained by the fact that emotion regulation, which is an important component of emotional intelligence, enables a person to control their emotions during sensitive situations and respond appropriately to them. Mental health literacy program training makes participants employ more effective and adaptive methods for regulating their emotions and reduces the use of maladaptive and ineffective methods during and after the engagement. By doing so, people are able to develop a better understanding of their characteristics, traits, behaviors, beliefs, abilities, and talents through self-awareness,²⁷ begin to understand the emotions and perspectives of other people through empathy, as well as expand their emotional capabilities to better understand others' thoughts and feelings. Additionally, girls and boys on the verge of marriage may be better prepared to face the challenges of engagement and marriage by developing their emotion management skills. They should be

able to identify their emotions and know how their actions affect others, take better responsibility, and respond appropriately. As part of the pre-marriage-based health literacy curriculum, emotional and mental health components work to strengthen emotions and positive feedback for others, which helps boys and girls better understand one another's expectations and feelings. Furthermore, the program aims to assist girls and boys in identifying their strengths and weaknesses, controlling their emotions effectively, and exhibiting high levels of flexibility in married life.²⁸ Characteristics and capabilities of this nature can contribute to a satisfying, enjoyable, and supportive marital partnership, resulting in understanding, interaction, intimacy, relaxation, and fulfillment. Mental health literacy education provides young couples with the information and skills they need to achieve a high standard of marital life and psychological well-being. Individuals who master this skill in their individual and family lives use adaptive strategies to regulate their emotions during times of stress in order to better manage their anger, depression, stress, and anxiety as a family unit. At the beginning of a marriage, this is of particular importance in order to ensure a good quality of life.

Results of the present study also revealed that the health literacy program had a significant impact on mate selection attitudes. Pre-marriage education thus helped to diminish the

level of irrational and limiting beliefs about the selection of a mate. This finding is in agreement with the research findings of Huijnk,²⁶ Khojasteh Mehr,¹⁶ and Pourmarzi.¹⁷ Taking this into account, it can be stated that a realistic attitude is the most important advantage in marriage and opens the door to happiness.²⁶ The attitude towards marriage influences the probability of marriage as well as the timing of marriage. Additionally, it serves as a kind of preparation for people and provides them with an accurate and honest perspective on their relationship. Pre-marriage education encourages people to think more objectively about their goals, attitudes, economic concerns, who they are and what they are capable of being, sexual issues, their marriage goals, and how to achieve a better quality of relationships in general.²⁵ A mental health literacy program is one of the most effective and efficient ways of informing individuals on the eve of marriage that has an impact on both positive and negative attitudes and expectations in marriage and in marital life, and by teaching the skills needed to promote interpersonal relationships through education plays a dynamic role in promoting these objectives. When describing how premarital education affects the selection of mates, it is notable that the cognitive components of the mental health literacy education program play a particularly important role in reducing ineffective and binding attitudes. People's emotions and behaviors can be influenced by this technique, resulting in positive performance gains relative to mate selection, which in turn increases the efficiency of partner selection by increasing positive and rational performance and by changing irrational attitudes and cognitions. In view of the foregoing, it can be stated that pre-marriage education has the potential to change the limiting beliefs and attitudes about marriage. Based on these findings, it can be argued that the attitudes of individuals do not possess a rigid structure, but do possess a degree of flexibility and can be affected, which can be taken into consideration in the treatment and advice of emotional problems. In this study, we found that, regardless of where people have received their beliefs, they change their definition of marriage as a result of pre-marriage education. Overall, the findings of the study showed that mental health education programs alter people's views of marriage and its requirements and make people more aware of their roles in marriage, as well as a deeper understanding of their responsibilities. Marriage is also regarded as a serious, but emotional, event that requires many skills that one must acquire before committing. As a result, given the importance of attitudes and beliefs in people's lives, it might be said that a negative attitude towards the selection of a mate may result in the wrong selection, as well as the negative consequences of that selection, such as dissatisfaction, conflict, strife, failure, and divorce, which, in turn, can endanger the mental health of the couple, children, and other family members. Therefore, it is important that the necessary steps are taken in this regard.

The results indicate that in order to improve the quality of life and mental health of young couples on the brink of marriage in Iran, a health literacy program should be conducted in order to prepare those who intend to marry to cope with the problems and situations of life by changing their inefficient attitude towards choosing a mate and facilitating their interpersonal relationships. Premarital counselors and psychologists, after identifying each couple's strengths and weaknesses prior to marriage, can conduct pre-marital classes

and courses to enhance their strengths and eliminate their weaknesses. A limitation of this study is the purposive sampling of electronic records collected because of the Covid-19 pandemic, which must be considered when generalizing. In future research, it is suggested that random sampling and interviews be employed, especially with engaged couples that encounter difficulties in their relationship.

Acknowledgement

In conclusion, we want to thank and appreciate all the participants who have assisted us in conducting this research. The present article is an excerpt from a doctoral dissertation, which has been approved by the Ethics Committee in Biological Research of the Islamic Azad University of Shahrood Branch with the code IR.IAU.SHAHROOD.REC.1400.079.

Conflict of Interest

The authors declare that they have no conflict of interest.

References

1. Du Plooy K, De Beer R. Effective interactions: Communication and high levels of marital satisfaction. *Journal of Psychology in Africa* 2018;28:161-7. doi:10.1080/14330237.2018.1435041
2. Lei MK, Simons RL. The association between neighborhood disorder and health: exploring the moderating role of genotype and marriage. *International Journal of Environmental Research and Public Health* 2021;18:898. doi:10.3390/ijerph18030898
3. Raji MH, Khatami MR. A review of the achievements of the Islamic Revolution for forty years based on international statistics. First Edition. Tehran: Astan Quds Razavi Islamic Propaganda Deputy Publication. 2018. [Persian].
4. Bahari F. Premarital counseling and remarriage (guide to working with couples). Print 1. Tehran: Roshd Publishing, 2018. [Persian]. doi:10.32598/jhnm.31.2.2094
5. Pourmarzi D, RimazSh ,MerqatiKhoii E S,Razi M. A comparative study of the educational needs of young people to promote mental health in married life in both pre- and post-marital situations. *Razi Journal of Medical Sciences* 2012;19:67-76. [Persian].
6. Nasr Isfahani N, Bahrani F, Etemadi O, Mohamadi RA. Effectiveness of counseling based on mindfulness and acceptance on the marital conflict of intercultural married women in Iran. *Contemporary Family Therapy* 2018;40:204-9. [Persian]. doi:10.1007/s10591-017-9454-6
7. Shahmoradi S, Etemadi O, Bahrani F, Fatehizadeh M, Ahmadi A. Personality characteristics, self-esteem and attachment styles as predictors for demand/withdraw marital communicational cycle. *Journal of Basic and Applied Scientific Research* 2013;3:136-41.
8. Rajabi G, Abbasi G. The effectiveness of premarital counseling based on a relationship education program on the idealistic expectations of single young adults. *Iranian Journal of Psychiatry and Clinical Psychology* 2020;25:384-95. [Persian]. doi:10.32598/ijpcp.25.4.3
9. Wang X, Zhu T. Marriage education based on the three-stage preventive model. *Advances in Psychological Science* 2020;28:1742. doi:10.3724/SP.J.1042.2020.01742
10. Vandenbosch J, Van den Broucke S, Schinckus L, Schwarz P, Doyle G, Pelikan J, et al. The impact of health literacy on diabetes self-management education. *Health Education Journal* 2018;77:349-62. doi:10.1177/0017896917751554
11. Choi YJ. Effects of a program to improve mental health literacy for married immigrant women in Korea. *Archives of Psychiatric Nursing* 2017;31:394-8. doi:10.1016/j.apnu.2017.04.012
12. Ghaedamini Harouni G, Sajjadi H, Forouzan AS, Ahmadi S, Ghafari M, Vameghi M. Validation of the Persian version of the mental health literacy scale in Iran. *Asia-Pacific Psychiatry* 2022;14:e12447. doi:10.1111/appy.12447

13. Hart LM, Mason RJ, Kelly CM, Cvetkovski S, Jorm AF. 'teen Mental Health First Aid': a description of the program and an initial evaluation. *International Journal of Mental Health Systems* 2016;10:1-8. doi:10.1186/s13033-016-0034-1
14. Cai RY, Uljarević M. Emotion regulation: A target for improving mental health in autism. In *Emerging Programs for Autism Spectrum Disorder* 2021;pp. 425-446. doi:10.1016/B978-0-323-85031-5.00016-5
15. Zaharia A, Noir-Kahlo K, Bressoud N, Sander D, Dukes D, Samson AC. Proof of concept: a brief psycho-educational training program to increase the use of positive emotion regulation strategies in individuals with autism spectrum disorder. *Frontiers in Psychology* 2021;12. doi:10.3389/fpsyg.2021.705937
16. KhojastehMehr R, Daniali Z, Shirali Nia K. Married students' experiences regarding marriage readiness. *Journal of Family Psychology* 2021;2:39-50.
17. Pourmarzi D, Rimaz S, al-sadatMerghatiKhoii E, Razi M. Comparative survey of youth educational needs for mental health promotion in marital life in two stages before and after marriage. *Razi Journal of Medical Sciences* 2013;19.
18. Volkaert B, Wante L, Loeyts T, Boelens E, Braet C. The evaluation of Boost Camp: A universal school-based prevention program targeting adolescent emotion regulation skills. *School Mental Health* 2022;14:440-53. doi:10.1007/s12310-021-09478-y
19. Parkin R. Arranged marriages: Whose choice and why? Reflections on the principles underlying spouse selection worldwide. *History and Anthropology* 2021;32:271-87. doi:10.1080/02757206.2021.1905255
20. Collardeau F, Ehrenberg M. Parental divorce and attitudes and feelings toward marriage and divorce in emerging adulthood: New insights from a multiway-frequency analysis. *Journal of European Psychology Students* 2016;7:77-94.
21. Hajloo N, Rahnejat A, Ahmadi M, Pourabdol S. The effectiveness of cognitive behavioral couple therapy on love and marital burnout in couples with marital conflict. *Journal of Research in Psychopathology* 2022;21. doi:10.22098/jrp.2022.10284.1060
22. Elyamani R, Naja S, Al-Dahshan A, Hamoud H, Bougmiza MI, Alkubaisi N. Mental health literacy in Arab states of the Gulf Cooperation Council: A systematic review. *PloS one* 2021;16:e0245156. doi:10.1371/journal.pone.0245156
23. FayyazSaber MH, Toozandehjani H, Samari AA, Nejat H. Predicting marriage stability based on marital adjustment and sexual self-disclosure by the mediating role of emotional intelligence. *Research in Clinical Psychology and Counseling* 2020;9:56-70. [Persian]. doi:10.22067/ijap.v9i2.81087
24. Besharat MA. Cognitive emotion regulation questionnaire: Method of implementation and scoring. *Transformational Psychology: Iranian Psychologists* 2016;13:221-3.
25. ShahrabiFarahani L., Fatehizade M, Etemadi O. Development and determination of factor structure and reliability of mate selection attitudes questionnaire of women on the verge of marriage. *Journal of Family Research* 2020;16:315-34.
26. Huijnk W, Liefbroer AC. Family influences on intermarriage attitudes: A sibling analysis in the Netherlands. *Journal of Marriage and Family* 2012;74:70-85. doi:10.1111/j.1741-3737.2011.00882.x
27. Shojaei S, HematiAlamdardo GH, Ghorghani Y, irAhmadi Z. The effectiveness of life skills training on cognitive emotion regulation strategies in mothers of children with autism spectrum disorders. *JDS* 2015;5:179-89. [Persian].
28. Covey SR, Covey S. *The 7 habits of highly effective people*. Simon & Schuster 2020.