

## REVIEW ARTICLE

# Mental health literacy of prospective brides in marriage preparedness: Scoping review

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## Abstract

Mental well-being is inherent to one's overall health and societal harmony, empowering individuals to achieve their full potential and establish meaningful connections with others. Mental health literacy will thus possibly improve the preparation of prospective brides towards marriage, so that it will lead to a healthy and happy marriage. The researcher reported a scoping review of peer-reviewed articles to identify the importance of mental health literacy for brides and grooms about to be married. It was adopted only five of the six steps of Arskey and O'Malley's framework to facilitate scoping of 998 articles published between 2013-2024 from databases (MEDLINE/Pubmed, Proquest, Science Direct with 12 articles reviewed). Our findings show that mental health of prospective brides can be improved by increasing their mental health literacy. Improving mental health literacy requires premarital mental health screening policies, awareness campaigns, training courses, and educational workshops and can be through digital-based mass media/social media. (*Afr J Reprod Health* 2024; 28 [10s]: 508-520).

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**Keywords:** Mental health literacy, prospective brides, marriage preparedness

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## Résumé

Le bien-être mental est inhérent à la santé globale et à l'harmonie sociale, permettant aux individus de réaliser leur plein potentiel et d'établir des liens significatifs avec les autres. L'alphabetisation en santé mentale améliorera ainsi peut-être la préparation des futures mariées au mariage, de sorte qu'elle mènera à un mariage sain et heureux. Le chercheur a fait état d'une étude de portée d'articles évalués par des pairs pour identifier l'importance de l'alphabetisation en santé mentale pour les futurs mariés sur le point de se marier. Seules cinq des six étapes du cadre d'Arskey et O'Malley ont été adoptées pour faciliter la délimitation de la portée de 998 articles publiés entre 2013 et 2024 à partir de bases de données (MEDLINE/Pubmed, Proquest, Science Direct avec 12 articles examinés). Nos résultats montrent que la santé mentale des futures mariées peut être améliorée en augmentant leurs connaissances en matière de santé mentale. L'amélioration des connaissances en matière de santé mentale nécessite des politiques de dépistage de la santé mentale avant le mariage, des campagnes de sensibilisation, des cours de formation et des ateliers éducatifs et peut se faire par le biais des médias de masse numériques/réseaux sociaux. (*Afr J Reprod Health* 2024; 28 [10s]: 508-520).

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**Mots-clés:** Connaissances en santé mentale, futures mariées, préparation au mariage

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## Introduction

Mental well-being is inherent to one's overall health and societal harmony, empowering individuals to achieve their full potential and establish meaningful connections with others<sup>1</sup>. The integral nature of mental well-being in the holistic growth of individuals and communities explains that complete health cannot exist without mental well-being<sup>2,3</sup>. Globally, in 2022, the prevalence of mental health

disorders is estimated at 13.0% and 970 million people suffer from a mental health conditions. In Southeast Asia, the estimated prevalence is 13.2%, which equates to 260 million people living with some form of mental health condition<sup>4</sup>.

Mental health issues have thus become a major concern in the world today. With low or moderate levels of mental health literacy, the general public and adolescents are witnessing an upsurge in mental health problems<sup>3,5,6</sup>. It is estimated

that 10-20% of adolescents globally suffer from mental health disorders, accounting for 12% of all illnesses and rising to 23% in developed countries<sup>2,3,7</sup>. Mental health issues significantly affect individuals, families, and communities<sup>8-10</sup>.

Mental health issues such as anxiety and mood disorders are extremely common in early adulthood<sup>8</sup>. In fact, studies show that there is a prevalence of more than 40% of psychiatric disorders in people aged 18-29 in the United States<sup>8,9</sup>. It is critical to understand and recognize that the instability and uncertainty felt throughout this stage of life are normal and are not always indicative of a major mental health issue<sup>8,11</sup>. Rather, it is essential to address mental health issues typical of this age range with developmental concepts that are typical of this period<sup>8</sup>. It is also worth noting that this is the age when many people enter the marriage phase<sup>12</sup>.

Marriage is a significant cultural practice that plays a crucial part in the development of healthy, joyful, and secure family connections<sup>13</sup>. Being mentally, financially, socially, and spiritually ready is crucial for a successful family life<sup>9</sup>. To establish a harmonious family, readiness for married life from these four dimensions are required<sup>14,15</sup>. The mental capacity involves emotional maturity, respect for each other, the ability to adjust to the partner, take responsibility, and have emotional control<sup>16</sup>. Decreasing marital quality can lead to unhappiness and mental health problems<sup>10</sup>.

Unhealthy marriages are correlated with many adverse effects, including poor mental and physical health, low work productivity, and poor quality of life for spouses and their children<sup>17,18</sup>. According to studies, 40-45% of all first marriages end in divorce, and about one-third of marriages are considered disharmonious<sup>19</sup>. This study suggests that marital functioning and spouses' mental health are intertwined<sup>15,20,21</sup>. Thus, addressing marital problems can also help improve spouses' mental health<sup>20</sup>.

Unpreparedness for life after marriage and parenthood is feared to lead to conflict, domestic violence, increased child mortality due to poor maintenance, and even divorce<sup>9,22</sup>. In married couples, there is a link between mental health and marital adjustment<sup>9</sup>. Marriage readiness should thus be done from the beginning so that good

mental health can be obtained, while working while working towards a happy marriage.

Mental health literacy (MHL) consists of four elements: knowledge and understanding of mental health and mental illness, information about care, reduction of stigma surrounding mental illness, and increased efficacy in seeking help<sup>23,24</sup>. Mental health literacy is very important especially in adolescence, because at this time the peak of mental disorders occurs. This period is important for adolescents in the developmental stage to prepare for marriage<sup>25</sup>. Therefore, adolescence is very important to improve mental health and to prevent and treat mental disorders properly. This can improve adolescents' education, social, family, and interpersonal interactions in the short or long term<sup>26</sup>.

Current literature focuses on mental health interventions and programs for adults, but mental health interventions for adolescents require more attention from developing countries and non-Western countries that are still underdeveloped<sup>23</sup>. Currently, there are still few brides-to-be who are preparing for their wedding. Dimensions of measurement, without considering the context and development of each individual, cannot be broadly defined in terms of knowledge and abilities<sup>27</sup>. This shows that there is little information obtained by the bride-to-be to gather information about mental health while preparing for marriage as she reaches the age appropriate for her developmental tasks. MHL is currently more focused on general matters, with very few discussing the importance of mental health in wedding preparations. An exploration of published literature is thus needed so as to assess the effect of mental health literacy in prospective brides. This review is expected to increase insight for individuals, society and policy makers for the development of MHL for prospective brides to prepare for marriage in achieving a healthy and happy family. An exploration of published literature is thus needed so as to assess the effect of mental health literacy in prospective brides.

## Methods

A scoping review methodology was employed to gather and synthesize relevant existing research that addresses the importance of mental health knowledge for prospective brides before marriage

relevant existing research that addresses the importance of mental health knowledge for prospective brides before marriage. This was done in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for scoping reviews (PRISMA-ScR) checklist (A reference should be cited here). This was done in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for scoping reviews (PRISMA\_ScR) checklist<sup>28</sup>. To achieve this this research aim through a scoping review, aim through a scoping review, the researchers researchers used only five of the six steps of Arksey and O'Malley's methodological methodological framework<sup>29</sup>.

### **Identification of research questions**

From the aim of this study, From the aim of this study, the research question was stated as was stated as: Does mental health literacy in prospective brides improve their readiness for marriage? This was then broken down into keywords/concepts using the Population, Intervention, Context (PICO) search framework. This enabled searching for related published literature. This was then broken down into keyword/concepts using the Population, Intervention, Context (PICO) search framework. This enabled searching for related published literature.

### **Search strategy**

The researchers researchers searched internet databases, reference lists, and journals for possibly acceptable studies, specifically Science Direct, Pubmed/Medline /Medline, and and Proquest. Mental health literacy and marriage preparedness were among the terms and topics researched. The researchers researchers also thoroughly searched online resources (Google and Google Scholar). Titles and abstracts were screened to determine their suitability for inclusion in the review.

### **Article selection**

Two team members completed Level 1 (title and abstract) and Level 2 (full text) based on the predefined inclusion criteria. Each reviewer selected articles independently, and then a comparison check

was performed to ensure that the selection process was synchronous. If consensus was not reached, differences were resolved by talking and consulting with a third reviewer.

The inclusion criteria were: peer-reviewed peer-reviewed articles that focused on mental health literacy and marriage readiness; articles written in English Language written in English Language, and and articles published from 2013-2024. Exclusion criteria for articles were study protocols, commentaries, master and master and PhD theses, proposals, and editorials. Also, articlesAlso, articles published before 2013, and in a language other than English.

### **Data charting**

A Microsoft Excel data extraction form was created, tested, and modified by two members of the research team. One was in charge of extracting the data, and the second verified it. The following data were commonly extracted: title, author, year of publication, country and site setting, population study, research design, research objectives, types of barriers found, outcome measures, and significance of results.

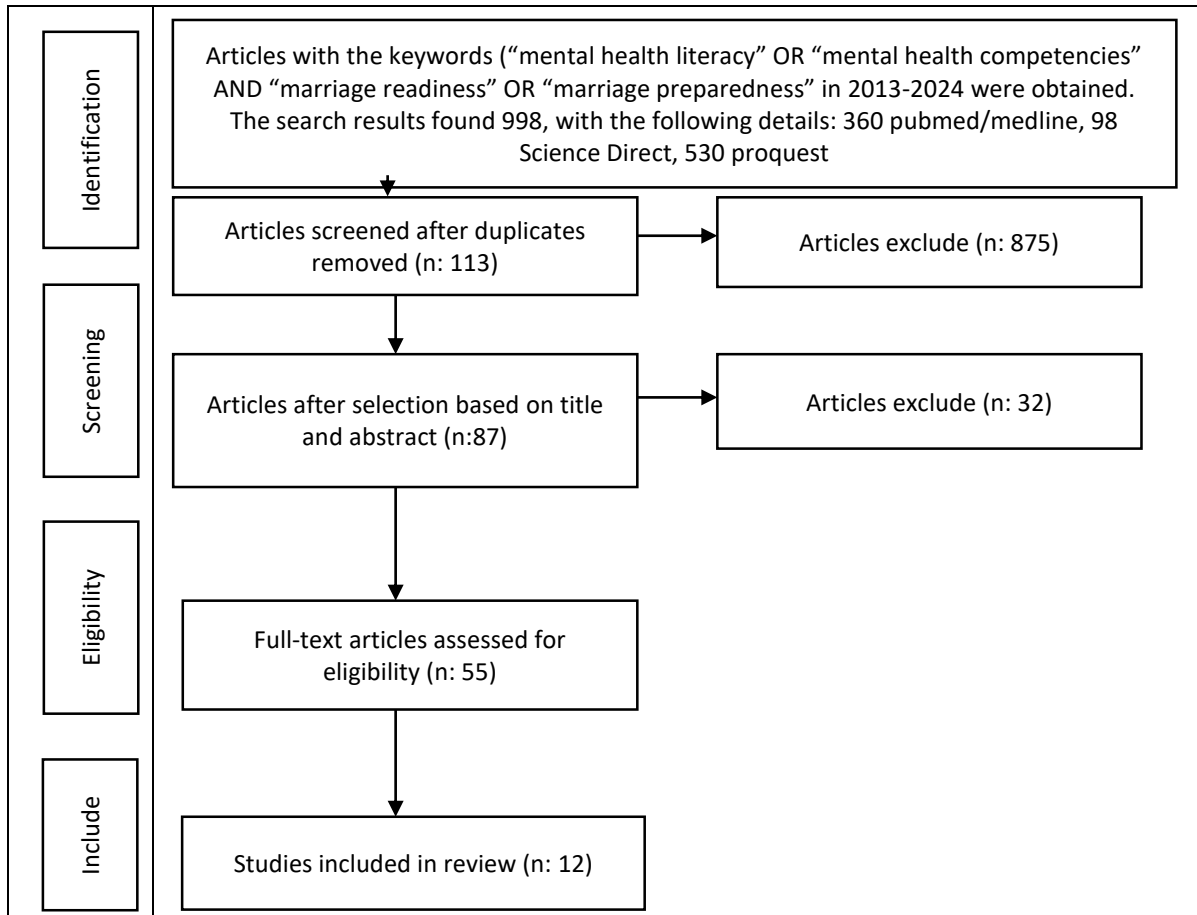
### **Collating, summarizing, and reporting results**

Collating, summarizing, and reporting findings, Arksey and O'Malley suggest that it is not important to emphasize the "weight of evidence" or evaluation of the quality of evidence<sup>29</sup>. Instead, they suggest using a thematic framework to drive the narrative of the existing literature. Throughout this process, the authors conducted a thematic analysis and examined each theme thoroughly to determine whether it related to the research question.

## **Results**

### **Included and excluded studies**

In this study, a PRISMA diagram (Figure 1) was used to report the number of studies identified and selected for inclusion in the scoping review, and a narrative description of the data collection process was followed by analysis and a summary of the results.



**Figure 1:** Study selection flow diagram

**Table 1:** Summary characteristic of included articles

Year of publication (n=12)	Frequency	Percentage
2013-2016	1	8,33%
2017-2020	3	25%
2021-2024	8	66,67%
Location (n=12)	Frequency	Percentage
Australia	1	8,33%
Chinese	1	8,33%
Indonesia	3	25%
Iran	2	16,67%
Portugal	2	16,68
Romania	1	8,33%
Saudi Arabia	1	8,33%
United State	1	8,33%
Methodological Details of the included studies Study type (n=12)	Frequency	Percentage
Qualitative	5	41,67%
Cross Sectional	5	41,67%
Survey	1	8,33%
Experiment	1	8,33%
Information Sourced from which part of the article (n=12)	Frequency	Percentage
Full paper	11	91,67%
Abstract	1	8,33%

**Table 2:** Summary of review the study

<b>Study Details First Author</b>	<b>Year</b>	<b>Country</b>	<b>Study Design</b>	<b>Context</b>	<b>Data Resources</b>	<b>Intervention</b>	<b>Outcome studi</b>
Elahe Rezaei <sup>30</sup>	2023	Iran	Qualitative	Mental health literacy	Abstract	The components of the concept of mental health literacy were examined for premarital education program in marriage readiness	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 for premarital education program
Azita Shahraki-Mohammadi <sup>26</sup>	2023	Iran	Qualitative	Mental health literacy	Full Paper	As systemic elements to increase mental health literacy in marriage-ready people, five themes were retrieved. Policymakers must consider the big picture and create direct and indirect solutions for developing marriage-ready adults.	To develop effective MHL policies, policymakers must consider the macro level and identify direct and indirect strategies to enhance adolescent knowledge and awareness of mental health issue. It is necessary for adolescent to pass the development stage including marriage.
Lawrence T Lam <sup>31</sup>	2014	Australia	Cross sectional	Mental health literacy	Full Paper	Determine the association between mental health literacy and mental health status in adolescents, particularly depression.	Mental health literacy is associated with mental health status, particularly depression in adolescent. It can be used to prevent mental health problems and improve adolescents' mental health to prepare the future
Alina Ionescu Corbu <sup>23</sup>	2022	Romania	Cross sectional	Mental health literacy	Full Paper	MHL intervention programmes, guidelines, and a variety of MHL	Most MHL measures had adequate construct validity and internal consistency, but an in-depth

						assessments, such as MHL knowledge, stigma, assistance, seeking, and perceived stress scores.	evaluation was required, particularly for MHL knowledge measures that yielded varied results.
Cláudia Chaves <sup>32</sup>	2023	Portugal	Cross sectional	Mental health literacy	Full Paper	The development of an instrument to assess positive mental health literacy in adults, as well as the evaluation of its psychometric qualities.	The instrument can be used as an evaluation tool for health workers since it allows for positive mental assessments and better mental health promotion activities in the community.
Pedro Dias <sup>33</sup>	2018	Portugal	Experiment	Mental health literacy	Full Paper	Create a self-administered health literacy instrument for adolescent that addresses the need to assess MHL from a holistic construct viewpoint rather than focusing solely on mental disorders or specific dimensions (e.g., knowledge of specific disorders, stigma).	The MHLq-adult form is a practical, valid, and reliable screening instrument for finding information, belief, and behavioural intentions gaps related to mental health and mental disorders, creating promotional activities, and evaluating intervention success.
Xuemin Zhang <sup>34</sup>	2023	Chinese	Cross sectional	Mental health literacy	Full Paper	This study used a moderated mediation model to test the mediating effect of psychological resilience on the relationship between mental health literacy and psychological distress, and the moderating effect of subjective socioeconomic	The results are as follows: (1) Mental health literacy is a negative predictor of adolescents' psychological distress; (2) psychological resilience mediated the association between mental health literacy and psychological distress; (3) The first half of the model, that is, the relationship between mental health literacy and psychological resilience, is

Noara Alhusseini <sup>35</sup>	2022	Saudi Arabian	Cross sectional	Premarital mental health	Full Paper	status in Chinese adolescents. Explore attitudes and knowledge regarding, and acceptance of, premarital mental health screening among the Saudi population	moderated by subjective socioeconomic status This study highlighted a positive and accepting attitude among the Saudi population towards premarital mental health screening. Arranged marriages in the community and mental health stigma can create hesitancy towards screening measures. Healthcare professionals, public health officials, and policymakers are highly encouraged to increase awareness of premarital mental health screening and provide counseling regarding screening consultations before marriages also increase MHL.
Susan Octavianna Kusuma Wijaya <sup>36</sup>	2021	Indonesia	Qualitative	Pre Marriage Knowledge	Full Paper	Explore the experiences of a single woman in emerging adulthood who participates in Pre-Marriage Talk Class	The results showed that Pre-Marriage Talk Class provides additional knowledge, awareness, and mindset to participants how to manage self and environment, as well as an overview of the dynamics of married life that can be anticipated
Eprila <sup>37</sup>	2022	Indonesia	Qualitative	Marriage Preparedness	Full Paper	Explore the readiness of the bride and groom in undergoing marital status	The theme of this research is the legacy of parental experience, ignoring the most important marriage, financial and work planning and the lack of anticipation of physical and psychological changes include mental health literacy.

Wiwit Kurniawati <sup>18</sup>	2019	Indonesia	Qualitative	Marriage Preparedness	Full Paper	Observe the prospective bridegroom preparation in establishing good healthy family and offspring	Six themes are identified through this study, such as: (1) Physiological health preparation; (2) psychological preparation; (3) economic preparation; (4) social preparation; (5) childbirth preparation; (6) getting healthcare.
Stephen F Duncan <sup>38</sup>	2017	United States	Survey	Marriage Preparedness	Full Paper	Analyze the association of eight individual personality characteristics with perceived helpfulness and positive change resulting from participation in four marriage preparation interventions (classes, community workshops, premarital counseling, self-directed) and whether this association would also be related to gender, age, and education of the participants	No factors significantly predicted perceived helpfulness and change among premarital counseling participants.

### ***Characteristics of included studies***

Table 1 describes the characteristics of the articles selected for use in this review. They include the year of publication, country of study, details of the study methodology, analyses used, and the section of the article from which the review information was derived. A further twelve articles (12) were included after two reviewers identified more articles through manual search of reference lists.

### ***Review findings***

According for the aim study to assess the effect of mental health literacy of prospective bride in marriage preparedness. We identified 2 themes are mental health literacy challenges for marriage preparedness and intervention/strategies to address mental health literacy for marriage preparedness. Above is a list of articles included in the review. The table was organized by the researcher, year of publication, country, study design, context data source, intervention, and need or challenge.

### **Discussion**

This review aimed to identify the effect of mental health literacy of prospective bride in marriage preparedness. Marriage preparedness is the state of being ready or willing to enter into a relationship with a partner, to accept responsibilities as a husband or wife, to participate in sexual activities, to organise a family, and to care for children. So far, many couples who want to get married view marriage readiness as preparation for a wedding party, even though marriage readiness is actually a physical and mental readiness to face the household. Marriage readiness consists of personal readiness and circumstantial readiness. Furthermore, personal readiness includes emotional maturity, physical readiness (old enough to get married), social maturity, emotional health, and role preparation. Situational readiness includes financial resources and time resources<sup>14</sup>.

The review findings unpreparedness marriage and becoming a parent is feared lead to conflict, domestic violence, increased child mortality due to poor care, and even divorce. There is a relationship between mental health and marital adjustment in married couples<sup>9</sup>. A marriage with declining quality not only causes unhappiness but

will also have an impact on the individual's mental health. Mental health is one element in marriage preparation<sup>16</sup>. Adolescents are individuals who must prepare for marriage, preparedness is good mental health<sup>30</sup>. Studies indicate that both married and unmarried people are happier than average before marriage. Furthermore, there is evidence that marriage can offer greater benefits than cohabitation or being in an unestablished, non-committed relationship. The author argues that both marriage experience and selection affect mental health, but that marriage experience has a greater impact than selection outcomes. Specifically, mental health is better with better marital quality<sup>39</sup>.

Mental health is a state of well-being in which individuals are able to realize their abilities, cope with life's stresses, work productively, and contribute to their communities<sup>1</sup>. A 10-year follow-up study looking at the marriages of individuals with anxiety, mood, and substance abuse disorders concluded that people with common mental illnesses were more likely to divorce and less likely to enter another marital relationship<sup>40</sup>.

Prospective brides over the age of 20 who are early adults are at danger of mental health difficulties. Depression, anxiety, and mood disorders associated to questioning identity, instability in job and personal relationships, and feeling unsure about beginning on the major responsibility of marriage are all examples of mental health issues. These factors may include incidents that go unreported for a variety of reasons, such as stigma, parental influence, or personal reasons, which frequently discourage young adults from seeking mental health care and support<sup>8</sup>. Many internal factors, such as circadian cycles and self-stigma, as well as external factors, such as financial troubles and social stigma, may influence mental health problems in this age group<sup>11</sup>. Mental health problems experienced by adolescent girls and young women, which include depression, stress, anxiety, posttraumatic stress disorders and suicidal thoughts<sup>41</sup>. The impact of social support can affect mental health. Many studies have been conducted in recent decades on the impact of social support on mental health<sup>42</sup>.

With the rise of mental health difficulties in today's world, protecting and strengthening people's mental health has become increasingly crucial. Lack of understanding and stigmatisation of mental

problems lead to the difficulty to treat mental disorders successfully in the early stages. As a result, improving community mental health literacy will be critical as part of mental health prevention programmes. Furthermore, it is well understood that mental health literacy plays a significant role in changing the behaviour of people with mental disorders, eliminating stigma, and increasing understanding about mental health. Stigma is a significant barrier to recognising and treating mental diseases. Mental diseases are difficult to diagnose and treat because of a lack of information, fear, and stigmatising attitudes towards them. Consequently, improving public literacy about mental health can also help overcome stigma and strengthen people's mental well-being<sup>43</sup>.

Adolescents experience increasing mental health problems, although mental health literacy levels are still low or moderate<sup>3,5,6</sup>, including in married life which aims to form a healthy family<sup>30</sup>. The review shows that there are seven components identified in forming a healthy family, namely 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<sup>18,30,35</sup>.

Better literacy at a young age has a direct and positive impact on adult life. Better literacy allows adolescents to acquire knowledge and determine attitudes and behaviors that will accompany them in their future lives<sup>44</sup>. Specifically, literacy gives adolescents the ability to manage their thoughts and emotions positively to build healthy social and family relationships, all based on a strong and positive sense of identity. Therefore, without a good level of MHL, adolescents will not develop healthily as they grow up<sup>24,44</sup>, because without the knowledge and skills necessary to prevent the onset of mental disorders and to promote good mental health, these disorders are more likely to occur during adolescence and continue chronically. For this reason, adolescents are a key target population for the promotion of MHL<sup>3</sup>.

The findings on the relationship between mental health literacy and mental health status among young adolescents are important in both theoretical and practical terms. The results suggest that inadequate levels of mental health literacy are associated with higher levels of depressive

symptoms. As defined in this study, the construct of mental health literacy incorporates two important components: first, awareness of the problem as reflected by correct identification of mental health problems and, second, attitudes toward seeking appropriate help<sup>31</sup>.

This review found that MHL is influenced by various factors that must always be taken into account. On the one hand, we have socio-cultural factors/cultural values, and on the other hand, a series of personal factors that are mainly influenced by individual experiences<sup>45-50</sup>. Ignoring these factors would result in an overly simplistic view of MHL<sup>47</sup>.

The following factors were identified in most of the studies reviewed: education level, gender, previous experience with mental illness, age, and socioeconomic position in terms of income. Education<sup>47,51-53</sup> and age<sup>24,52</sup> have consistently been identified as factors most associated with MHL. For example, one study found that younger respondents and those with higher levels of education had better MHL. Gender is another factor that has been identified<sup>33,47,51</sup>. Overall, it was found that women scored higher on MHL, although there does not seem to be a consensus due to inconsistent findings. Previous experience with physicians, either personal or family members, is another factor identified. Studies have found significant differences in mental health knowledge based on physicians' personal or family history<sup>54</sup>. Finally, there are socioeconomic factors<sup>55,56</sup>. Lower income is correlated with lower levels of mental health<sup>55</sup>.

Increasing mental health literacy and interpersonal evaluation, assessing knowledge and beliefs related to mental health allows to identify the stigma associated with mental health, which is considered one of the main barriers to early recognition and intervention<sup>33</sup>. It is important to establish effective strategies that can help improve mental health literacy. Awareness campaigns, training courses, and educational workshops are strategies to improve mental health literacy<sup>24,57</sup>. To ensure the success of any strategy or plan related to improving mental health literacy, it must include the latest advances in mental health issues as well as educate the public about the current knowledge gained in the field<sup>2</sup>.

Improving MHL can be done through targeted educational programs and mental health promotion campaigns<sup>58</sup>. Young people report

barriers to caring for their mental health and seeking help, including a lack of mental health information and understanding of support sources in their communities<sup>59</sup>. While knowledge or education alone may not be enough to produce behavioral changes related to mental health, it is important to increase awareness, develop skills, and improve self-efficacy<sup>60</sup>.

Digital health interventions (DHI) may help address the information gap. They are preferred because they allow for rapid, scalable, widely accessible, cost-effective and ubiquitous exchange of tailored information to consumers<sup>61</sup>. Mass media also plays a significant role in improving mental health literacy. It would be easy and efficient to implement internet-based intervention programs to the community in today's world where the internet is widely used<sup>6</sup>. It is known that news and advertisements about mental disorders in the media are efficient in stigmatizing attitudes and approaches of the community. Using this important media power to improve mental health literacy would have a significant impact<sup>6,24</sup>.

In an effort to increase mental health literacy in prospective brides and grooms for marriage readiness, it is also necessary to conduct a premarital mental health examination. Premarital mental health examination is a new concept, arranged marriages in society and the stigma surrounding mental health issues can cause hesitation in seeking mental health examinations. Premarital mental health examinations should be considered important, because spending life with someone who is facing or vulnerable to serious mental health problems is difficult. Knowing the mental health status of a prospective partner should be everyone's right. This knowledge gained can further help in increasing mental health literacy and acceptance of premarital mental health examinations by reducing hesitation in examinations due to the stigma surrounding mental health<sup>35,62</sup>.

In promoting these efforts, coordination and integration of stakeholder organizations are essential. Collaboration between various organizations involved in mental health promotion is essential to avoid duplication of initiatives and ensure that they are implemented well. Overall, this document emphasizes the importance of identifying and implementing appropriate strategies to improve mental health literacy in Iranian adolescents and

improve their mental health<sup>3,26</sup>. This scoping review can provide an overview for further research in developing measurement tools or research related to MHL in marriage preparation. The limitation in this scoping is the limited literature that specifically looks at MHL in prospective brides in marriage readiness.

## Conclusion

This study found that there is a relationship between mental health literacy and the mental health of prospective brides in marriage readiness. The mental health of prospective brides is a major element in marriage readiness. Therefore, efforts are needed to improve mental health literacy from individuals, communities and policy makers. These efforts include premarital mental health screening policies, awareness campaigns, training courses, and educational workshops and can be through digital-based mass media/social media.

## Contribution of authors

Eka Yuni Indah Nurmala: conceptualized and designed the study,  
 Dian Hanifah: collected and analysed the data  
 Mahmudah: reviewed empirical studies  
 Arief Hargono: designed the methodology  
 An Nisa Fithri: wrote the introduction and edited the paper.

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