

## BRIDE-TO-BE'S PHYSICAL, MENTAL AND STRESS HEALTH IN THE FACE OF WEDDING PREPARATION

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### ABSTRACT

The aim of the Systematic Literature Review was to identify the physical and mental health, stress level in facing premarital. Design of the study was a literature review. This review was conducted according to the Cochrane guidelines for systematic review research and complies with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis. We found six articles from electronic databases such as Science Direct, PubMed, ProQuest and Google scholar from 2010 to 2024. Two researchers independently conducted study sections, extracted data, and assessed the data evaluation. Six studies were included. We examined the studies that provided deep analysis and explanation of physical and mental health, stress level in premarital people. All of the studies reported that physical, mental health and stress level are associated with premarital status.

**Keywords:** Physical health, mental health, premarital stress, bride-to-be.

### INTRODUCTION

Marriage is an event that can cause many psychological problems, such as anxiety before the wedding, during the wedding, and afterward (Dea et al., 2023). The 2018 Basic Health Research (Riskesmas), shows that more than 19 million people over the age of 15 have mental emotional disorders, and more than 12 million people over the age of 15 have depression (Widaningsih et al., 2023). In Indonesia, the rate of mental emotional disorders in prospective brides is quite high, in 2021 it reached 9.8 percent or a significant increase compared to 2020 of 6.1 percent based on data from the National Population and Family Planning Agency (BKKBN) in 2021 (Wijayanti et al., 2023). Mental health is a person's recognized state of well-being that enables them to manage stress reasonably, carry out work productively, and participate in their community (Dea et al., 2023).

Previous studies showed that 30-40% of brides-to-be experience increased psychological stress during wedding preparation which impacts physical and mental health (Holmberg et al., 2019). A cross-sectional study of 312 brides-to-be found that 35.8% experienced anxiety symptoms and 28.2% showed mild to moderate depressive symptoms (Scott et al., 2013). Many couples in Indonesia enter marriage without adequate psychological preparation, leading to higher levels of stress during the wedding planning process. Research shows that couples who do not have adequate pre-marital counselling or education are less prepared for the challenges of marriage, resulting in increased anxiety and tension (Risda Rizkillah et al., 2023).

The influence of physical and mental health of brides-to-be on the stress of wedding preparation is an important topic to discuss, as weddings are often considered one of the significant turning points in a person's life. Complex preparations and high expectations can cause significant

emotional and physical stress for brides-to-be (Prihatin et al., 2024). The physical health of brides-to-be plays an important role

in their ability to deal with stress. Physical discomfort, such as fatigue or health problems, can worsen their perception of stressful situations. Research shows that brides-to-be who experience physical health issues tend to feel stressed more easily and are unable to cope with the challenges that arise during wedding preparation (Eprila et al., 2023). Mental health also matters a lot. Brides-to-be who have anxiety or other mental disorders may experience higher levels of stress. Wedding stress is often triggered by a variety of factors, including unrealistic expectations, pressure from family, and uncertainty about the relationship. A study showed that 96% of couples felt stress while planning their wedding, with many of them reporting that planning was more stressful than any other major moment in their lives (Widaningsih et al., 2023).

According to the data, knowledge and research results that have been widely published throughout the region, the author wants to know how the influence of physical and mental health of prospective brides in facing marriage.

## RESEARCH METHODOLOGY

### *Design*

A literature review

### *Eligibility criteria*

The review question was specified by using the PICO framework:

P (population) : Prospective brides and grooms who are 18 years old or above, both male and female, who are in the process of preparing for marriage.

I (intervention) : Educational programs or interventions that focus on improving physical and mental health, including premarital counselling and stress management training.

C (comparison) : The control group received no intervention or only basic information on marriage preparation without a focus on physical and mental health.

O (outcome) : The level of stress experienced by the bride and groom during the wedding preparation process was measured through questionnaires and stress rating scales.

S (study type) : Quantitative research design, such as an experimental or quasi-experimental study, with a pre-test-post-test approach to measure changes in stress levels before and after the intervention.

Randomized controlled trials (RCTs) and quasi-experimental studies were included if they met the following inclusion criteria: intervention study of a counselling. We did not select studies according to outcomes. However, we restricted studies to English only with a focus on improving physical and mental health. Studies were excluded if they reported pharmacological therapy only and other types of publication such as reviews, conference papers, chapters, editorial, and dissertations were also excluded.

### *Search strategy*

The data sources were articles found in the electronic databases Science Direct, PubMed, ProQuest, and Google Scholar from the beginning of 2010 to April 2024. In addition, we performed a manual search. Gray literature was not included due to a lack of information. The following databases: Science Direct, PubMed, and ProQuest were searched by three independent researchers. The search strategy was based on the PICO guidelines (Schardt et al., 2007) using Medical Subject Heading (MeSH) terms related to premarital preparation, physical

health, mental health, and premarital stress. We used the following search strategy in each database; “premarital preparation” OR “pre-marriage preparation” AND “physical health” AND “bride to-be” OR “prospective bride”.

#### ***Study selection inc. PRISMA flow diagram***

The first step was the screening of titles, abstracts, and full text of the articles for eligibility by three researchers. When any of the keywords above was found in an abstract, the full text was retrieved. In the second step, the references of the selected articles were checked for additional eligible articles. In this step, authors applied the relevant inclusion and exclusion criteria. The third step was to further assess the full texts of the articles for eligibility. We used the Preferred Reporting Items for Systematic Reviews and Meta-analyses Statement (PRISMA) (Moher et al., 2009) as presented in the Figure 1.

#### ***Evaluation of quality articles***

For quality assessment, the articles were divided into two groups, namely, the quasi-experimental group, and randomized controlled trial (RCT). Research using quasi-experiment was analyzed using the JBI critical appraisal checklist for quasi-experimental studies (Tufanaru et al., 2017).

#### ***Data extraction***

Characteristics of the included primary studies are presented in Table 1. The element of the studies was author, the year of publication, country, interventions, methods, outcome measure, subject, tools, and results.

### **RESULT**

#### ***Characteristic of studies***

Tables 1 shows that there were two studies using quasi-experiment (Jafari et al., 2021; Yazdanpanah et al., 2014), other studies using descriptive study with cross-sectional (Alhusseini et al., 2023; Mikucka et al., 2021; Miller et al., 2011), and longitudinal study (Grundström et al., 2021). Studies were conducted in various countries in Asia (Alhusseini et al., 2023; Jafari et al., 2021; Mikucka et al., 2021; Miller et al., 2011; Yazdanpanah et al., 2014) and Germany (Grundström et al., 2021). All studies reported that respondents were premarital people.

#### ***Results of the studies***

Three studies explained about physical and mental health in premarital people (Mikucka et al., 2021; Miller et al., 2011; Yazdanpanah et al., 2014). Two studies reported there was a relationship between attitude, knowledge, acceptance and premarital health screening in Saudi population (Alhusseini et al., 2023; Grundström et al., 2021). Another study revealed that there was an effect of educational intervention on marital burnout and communication skills (Jafari et al., 2021). The instruments used in the study showed SOEP (Mikucka et al., 2021), the SF-12 questionnaire, the GHQ-12 questionnaire, and the ENRICH marital satisfaction were used in the study to evaluate the mental and physical health as well as sexual satisfaction and marital satisfaction (Yazdanpanah et al., 2014). The modified conflict tactics scale and WHO composite international diagnostic interview also used in the previous study (Miller et al., 2011). The pines marital burnout scale was used in another study (Jafari et al., 2021). The results of the articles were there was an effect of educational on mental and physical health, sexual satisfaction, and marital satisfaction. Also, there was relationship between physical and mental health with the readiness of premarital people.

## DISCUSSION

Premarital stress can significantly impact both physical and mental health, as couples navigate the complexities of relationships, planning, and expectations. Couples often face stress related to wedding planning, family expectations, financial concerns, and adjusting to a new life together. Each of these factors can contribute to anxiety and tension. Effective communication is crucial. Disagreements about wedding plans or future goals can lead to misunderstandings and heightened stress (Alhusseini et al., 2023; Jafari et al., 2021; Mikucka et al., 2021). Addressing these factors through open communication, stress management techniques, and maintaining a healthy lifestyle can help couples support each other's physical and mental well-being during this transformative time.

The pressure of premarital expectations can lead to increased anxiety or even depressive symptoms. Couples may feel overwhelmed by the thought of not meeting societal or familial expectations. Developing healthy coping strategies, such as mindfulness, open dialogue, and counselling, can help manage these mental health challenges (Miller et al., 2011; Yazdanpanah et al., 2014). High stress levels can manifest physically through headaches, fatigue, and weakened immune responses. Some individuals may resort to unhealthy habits, such as overeating or alcohol consumption, as coping mechanisms. Maintaining a healthy lifestyle through regular exercise and a balanced diet can mitigate some of these physical symptoms and improve overall well-being (Grundström et al., 2021). Balancing the pressures of premarital life requires awareness and proactive measures. Prioritizing mental and physical health can lead to a more fulfilling partnership, ultimately contributing to a stronger foundation for marriage. Encouraging open communication, seeking support, and maintaining healthy habits are essential steps for couples facing this significant life transition.

## CONCLUSION

In conclusion, the interplay between physical, mental, and stress levels during the premarital phase is significant. This period often brings about heightened emotional and psychological challenges, which can impact both mental health and physical well-being. Effective coping strategies, such as open communication, stress management techniques, and supportive social networks, are essential for navigating this transitional phase. By fostering resilience and prioritizing self-care, individuals can better manage the stresses associated with premarital preparations, ultimately leading to a healthier and more balanced approach to entering marriage.

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### Conflict of Interest

The authors declare that they have no competing interests.

**Table 1 (characteristic of studies)**

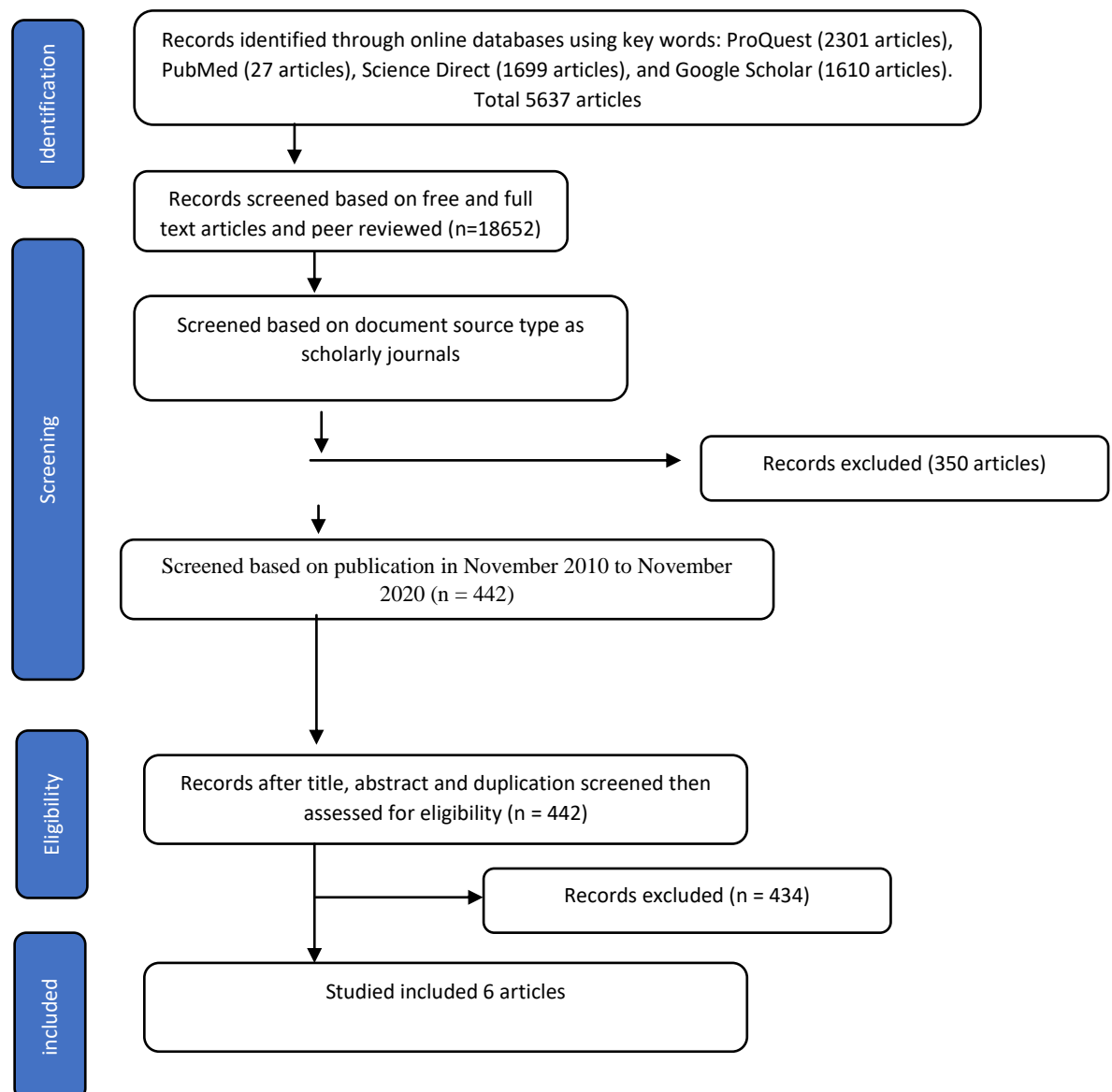
Authors, country	Methods	Intervention	Outcomes	Subject (n)	Tools	Results
(Mikucka et al., 2021)	Observational study	-	Physical and mental health, self-rated health	Using stratified random sample data from SOEP that	The dynamics of health using Longitudinal Research	self-rated health and physical health declined temporarily

Authors, country	Methods	Intervention	Outcomes	Subject (n)	Tools	Results
				includes approximately 27,205 observations	German Economic (SOEP) data using fixed effects models to evaluate the effects of marriage on physical, mental, and overall health.	upon the transition into marriage, but improved in the long run.
(Yazdanpanah et al., 2014)	True Experiment	Premarital education	Mental health, physical health, sexual satisfaction and marital satisfaction	351 women were divided into two groups, with 162 in the classical education group and 189 in the new education group.	SF-12 questionnaire, GHQ-12 questionnaire and ENRICH Marital satisfaction	At one-year follow-up, both groups showed improvement in mental health ( $P < 0.001$ ); however physical health-related quality of life decreased in both groups. The two groups showed no significant difference in terms of sexual satisfaction and marital satisfaction. Marital satisfaction showed significant correlation with sexual satisfaction
(Miller et	A cross-	-	Association	The sample	The	Any

Authors, country	Methods	Intervention	Outcomes	Subject (n)	Tools	Results
al., 2011)	sectional study		between premarital mental disorders and marital violence	size used in this study was 1821 married couples, a total of 3642 individuals. This is large enough to provide reliable and significant results in an epidemiological context.	modified conflict tactics scale and the World Health Organization (WHO) Composite International Diagnostic Interview	physical violence was reported by one or both spouses in 20% of couples, and was associated with husbands' externalizing disorders (OR=1.7, 95%CI 1.2–2.3). Overall, the population attributable risk for marital violence related to premarital mental disorders was estimated to be 17.2%.
(Jafari et al., 2021)	Quasi-Experimental	The educational intervention was designed and performed in 7 sessions of 45 min for the experimental group	Marital burnout and communication skills	Experimental group (n = 47) Control group (n = 47)	The Pines Marital Burnout Scale and effective communication skills	Performing the intervention in the experimental group significantly reduced the mean score of total marital burnout and reduced the mean score of marital burnout subscales, including physical,

Authors, country	Methods	Intervention	Outcomes	Subject (n)	Tools	Results
						mental and emotional burnout. the educational intervention of the experimental group significantly improved effective communication skills.
(Alhusseini et al., 2023)	A cross-sectional study	-	exploring attitudes and knowledge regarding, and acceptance of, premarital mental health screening among the Saudi population	955 participants with no history of mental illness	An Online survey consisted of three main, they are demographic data, knowledge of premarital mental health screening, attitude towards premarital mental health screening	Higher parental education levels significantly contributed to respondents' acceptance of premarital screening. Most participants were aware of the concept of premarital screening but not for mental health disorders.
(Grundström et al., 2021)	Longitudinal study	-	Associations between relationship status and mental well-being in four different phases during the life course, and to	1,159	Relationship status short beck depression inventory, self-esteem, relationship quality,	There were relationship between relationship status and mental well-being.

Authors, country	Methods	Intervention	Outcomes	Subject (n)	Tools	Results
			identify whether relationship quality moderated these associations			





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