



Original Article

Premarital mental health screening among the Saudi population

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المخلص

أهداف البحث: تركز هذه الدراسة على استكشاف الموقف والمعرفة والقبول لفحص الصحة العقلية قبل الزواج.

طرق البحث: تم إجراء دراسة مقطعية من خلال استطلاع عبر الإنترنت تم توزيعه باستخدام وسائل التواصل الاجتماعي. ضم الاستطلاع مجموعة من 14 سؤالاً يجيب عليها الأفراد الذين تزيد أعمارهم عن 18 عاماً والذين يعيشون في المملكة العربية السعودية. كانت استراتيجيات أخذ العينات هي العينات المريحة، واستخدمت اختبارات مربع كاي في التحليل الإحصائي.

النتائج: تم تلقي 955 إجابة، وكان غالبية المشاركين ليس لديهم تاريخ من الأمراض العقلية. ومع ذلك، كان معظم الأفراد يؤيدون فكرة فحص الصحة العقلية قبل الزواج، لأنهم لا يريدون أن يرث أطفالهم الأمراض الوراثية أو مشاكل الصحة العقلية. ساهم المستوى التعليمي الأعلى للوالدين بشكل كبير في قبول فحص ما قبل الزواج من قبل المستجيبين. أخيراً، كان غالبية المشاركين على دراية بمفهوم متلازمة الفحص قبل الزواج، ولكن لم يكونوا على دراية بإمكانية فحص اضطرابات الصحة العقلية لدى الأفراد الراغبين في الزواج.

الخلاصة: سلطت هذه الدراسة الضوء على الموقف الإيجابي والمتقبل لدى السكان السعوديين تجاه فحوصات الصحة العقلية قبل الزواج. ومع ذلك، على الرغم من الاستجابة الإيجابية العامة، لا يزال يُنظر إلى الفحص قبل الزواج على أنه انتهاك لخصوصية الفرد. الزيادات المرتبة في المجتمع ووصمة الصحة النفسية يمكن أن تخلق التردد في اعتماد تدابير الفحص. يمكن استخدام النتائج لزيادة محو الأمية الصحية من خلال توفير معلومات دقيقة ويسهل الوصول إليها، لا سيما لدى كبار السن من السكان. نشجع المتخصصين في الرعاية الصحية

ومسؤولي الصحة العامة وواضعي السياسات على زيادة الوعي بفحص الصحة العقلية قبل الزواج وتقديم المشورة حول استشارات الفحص قبل الزواج.

الكلمات المفتاحية: زواج الأقارب؛ فحص ما قبل الزواج؛ الصحة النفسية؛ المشورة؛ السعودية

Abstract

Objective: This study was aimed at exploring attitudes and knowledge regarding, and acceptance of, premarital mental health screening among the Saudi population.

Method: A cross-sectional study was performed via an online survey distributed through social media. The survey comprised a set of 14 questions to be answered by individuals over 18 years of age living in KSA. A convenience sampling strategy was followed, and chi-square tests were used to establish associations. A *P*-value of 0.05 was considered to indicate significance.

Results: A total of 955 responses were received, most of which were from participants with no history of mental illness. However, most individuals were in favor of premarital mental health screening, because they did not want their children to inherit hereditary diseases or mental health problems. 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.

Conclusion: 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

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highly encouraged to increase awareness of premarital mental health screening and provide counseling regarding screening consultations before marriages.

Keywords: Consanguineous marriages; Counselling; KSA; Mental health; Premarital screening

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Introduction

Mental health is a state of wellbeing in which individuals are able to realize their abilities, cope with life stresses, work productively, and contribute to their communities.¹ According to the Global Burden of Disease initiative in 2015, drug use disorders, depressive issues, and anxiety disorders are the third, fourth, and sixth reasons for disability in the KSA. The Saudi Ministry of Interior has reported a 185% increase in suicide rates from 1996 to 2006. Stigma regarding mental health has played a major role in limiting studies on mental health in KSA.² Mental health literacy encompasses the ability to differentiate mental health conditions from general stress, and to understand the attributes of mental disorders, knowledge and beliefs regarding mental health risk factors, and available medical interventions.³

Premarital screening involves the screening of two individuals before marriage for inherited blood genetic disorders, which may be passed to offspring. Couples are provided with assistance in planning for healthy pregnancy through education and provision of unbiased information regarding nutritional disorders, communicable diseases, genetic disorders, hereditary diseases, and various other medical conditions. This process is extremely important in areas where consanguineous and tribal marriages are common, because of their increased risk of hereditary and genetic disorders.⁴ Consanguineous marriages are common in the Middle East region, representing 42–67% of marriages in KSA. Consanguineous marriages increase the risk of genetic recessive diseases and congenital malformations.⁵ Couples may also be screened for psychiatric disorders. Mental health awareness has been increasing for several years, and research has shown the effects of mental health disorders on individuals' lives.⁶

The Saudi population's general divorce rate reached 3.64 per 1000 people (15 years and older), representing a 13.8% increase compared with 2019; the general divorce rate for the total population (15 years and older) reached 2.18 per 1000 people, representing a 10.1% increase compared with 2019.⁷ A 10-year follow-up study observing the marriages of individuals with anxiety, mood, and substance use disorders has concluded that people with common mental illnesses have greater chances of marriage dissolution and are less likely to enter another marital relationship.⁸

The predicted divorce rates are appreciably higher in couples with one mentally distressed partner than in couples in which no partners are mentally distressed; the rates for couples with two mentally distressed partners are markedly higher than those for couples with one mentally distressed

partner. Furthermore, a protective effect against divorce has been observed when both partners experience similar mental illness.⁹ Studies are increasingly indicating that victimization and struggle in marital relationships are partly due to pre-existing mental health disorders. These studies have suggested a direct association between violent intimate relationships and the prevalence of diseases such as substance abuse, depression, ADHD, and conduct disorders before the start of the relationship. Similarly, these studies have demonstrated that victims tend to have a higher prevalence of mood and anxiety disorders.¹⁰

Premarital mental health screening may be performed for bipolar disorders, depression, anxiety, and post-traumatic stress disorder with screening questionnaires such as the Mood Disorder Questionnaire (MDQ)²⁸, Patient Health Questionnaire PHQ-9²⁹, Kessler Psychological Distress Scale, and Clinically Administered Post-Traumatic Stress Disorder Scale for DSM-5 (CAPS-5)³⁰, which are common methods used to identify individuals with symptoms of mental health disorders. Screening questionnaires can be administered by clinicians or specially trained assistants, or even self-administered, given that they are brief and focus on a limited number of conditions, which could be targeted to the most common psychiatric disorders. The questionnaires do not provide a definitive diagnosis but can aid in increasing diagnostic consistency. Affected individuals can then be further evaluated to confirm the diagnosis.¹¹ This process is more beneficial as a form of primary prevention than neonatal screening, which has high long-term costs in monetary terms and quality of life, particularly if children require continuing treatment.¹²

Premarital screening is a new trend, and couples are becoming more accepting of the concept, to support a disease-free lifestyle and healthy future progeny. Individuals go through screening process, will be notified for potential specific genetic disorder that match his or her partner before the marriage occur. This preventive measure, would contribute to a reduction of prevalent specific genetic disorder related to marriage. Furthermore, the idea of preventive and educational approaches to form the basis for a healthy happy marriage assures couples of relatively low risks of genetic problems affecting their or their children's health.¹³

Premarital screening has recently emerged in the Arab world, because numerous obstacles previously existed regarding ethical and Islamic laws. KSA has a high number of consanguineous marriages, thus resulting in a high risk of congenital abnormalities and other diseases. Couples agreeing to the process are screened mainly for sickle cell disease, thalassemia, HIV and hepatitis B and C, which are common in the Kingdom of Saudi Arabia (KSA).⁴ Mental health is a newer concept in the community, and countless psychiatric disorders are disregarded or ignored, thus seeking professional help is limited. This issue may lead to large-scale social concerns regarding marriage in the future.

Currently, in the Arab world, particularly KSA, extensive research on mental health screening is lacking and remains an emerging research theme. In 2016, the KSA launched the National Transformation Program with the aim of strengthening the primary healthcare system and preventing disease spread by increasing the availability and acceptability of screening. Currently, two screening programs are available in

KSA, for premarital screening and neonatal genetic screening.¹⁴

The purpose of this study was to assess the KSA population's attitudes and knowledge regarding, and acceptance of, premarital screening for mental health and psychiatric disorders.

Materials and Methods

This was a cross-sectional study among adults residing in KSA. A previously validated online survey was used with modifications according to the objective of the study.^{15–17} Surveys were sent out to individuals above the age of 18 in KSA in both English and Arabic. The survey was sent from 20 December 2021 to 18 January 2022. Content and face validity were determined by a public health expert and an official translator. The survey was shared via social media channels such as LinkedIn, Twitter, and WhatsApp to reach a wide audience. The survey included three main sections. The first section included demographics, such as gender, age, residency status, and income. The next section contained questions regarding the population's knowledge of premarital mental health screening. The final section included the Saudi population's attitudes towards premarital mental health screening.

Protection of the identity of all respondents was maintained, because no identifying information, such as names or email addresses, was collected. Access to the data was restricted to the authors only. Respect for all participants was prioritized by ensuring voluntary participation and obtaining consent to participate. Participants were able to withdraw at any time. The institutional review board approved this study.

The demographic and premarital screening attitude characteristics were assessed across the study respondents with chi-square and Fisher's exact tests, as appropriate. For attitude questions (Table 3), we used Bowker's symmetry test to measure agreement. Cronbach's alpha was used to test the reliability of the survey answers (Cronbach $\alpha = .81$) (Table 6). Likert score questions were divided into two groups to measure the level of acceptance and attitudes towards premarital mental health screening. The scores were calculated for both groups and used as continuous outcome variables in our final models. We used purposeful variable selection for model building in the multivariate analyses. Backwards elimination was used to retain all variables with $P < 0.3$.¹⁸ To examine the knowledge and attitudes towards premarital mental health status according to demographic characteristics, we used the general linear model. The assumptions of normality and homogeneity of variance were assessed. All statistical tests were two-sided, and findings were considered statistically significant at $P < 0.05$. All analyses were conducted in SAS statistical software version 9.4 (SAS Institute Inc. Cary, NC).

Results

Of 955 respondents, most were 18–30 years of age (583; 61.05%), women (695; 72.77%), single (586; 61.36%), employed (550; 57.59%), and of Saudi nationality (527; 55.18%). A large proportion of the respondents reported no

monthly income (393; 41.15%). Nearly half reported that their mothers had a level of education of high school or less, whereas 372 (38.95%) reported that their fathers had undergraduate degrees (Table 1).

Regarding the respondents' use of and reasoning for premarital screening, a large proportion of the respondents reported no family history of mental health issues (571; 59.79%) but indicated that their reason for accepting premarital screening was a desire to avoid the transmission of hereditary diseases to their children (724; 75.81%; Table 2). The respondents predominantly showed a high level of knowledge of and agreement towards premarital mental health screening: 70.89% of respondents indicated that premarital screening can be performed for mental health issues, and 94.3% indicated that mental health disorders exist in the community (Table 3). The same patterns were observed in answers associated with knowledge and attitudes towards premarital screening (Table 3).

In Table 4, the responses varied regarding attitudes towards premarital mental health, including benefits and acceptance. The respondents' mean score for acceptance (2.7) was slightly higher than mean score for benefits (2.5;

Table 1: Demographic characteristics of the survey respondents.

	Total <i>n</i> (%)	<i>P</i> -value ^a
Total	<i>N</i> = 955	
Age (years)		<0.0001
18–30	583 (61.05)	
31–40	212 (22.2)	
41–50	107 (11.2)	
51–60	43 (4.5)	
>60	10 (1.05)	
Gender		<0.0001
Male	260 (27.23)	
Female	695 (72.77)	
Marital status		<0.0001
Married	345 (36.13)	
Single	586 (61.36)	
Divorced	22 (2.3)	
Widowed	2 (0.21)	
Employment		<0.0001
Yes	550 (57.59)	
No	405 (42.41)	
Nationality		0.001
Saudi	527 (55.18)	
Non-Saudi	428 (44.82)	
Monthly income		<0.0001
9999 Saudi Riyals or less	165 (17.28)	
10,000–19,999 Saudi Riyals	134 (14.03)	
More than 20,000 Saudi Riyals	107 (11.2)	
Prefer not to answer	156 (16.34)	
Do not have monthly income	393 (41.15)	
Mother's education		<0.0001
High school or less	459 (48.06)	
Undergraduate degree	351 (36.75)	
Graduate degree	136 (14.24)	
Father's education		<0.0001
High school or less	266 (27.85)	
Undergraduate degree	372 (38.95)	
Graduate degree	317 (33.19)	

^a Chi-square and Fisher's exact test.

Table 2: Respondents' use of and reasoning for premarital mental screening.

	Total N (%)	P-value ^a
Do you have a family history of mental health disorders		<0.0001
Yes	202 (21.15)	
No	571 (59.79)	
Not sure	182 (19.06)	
If previously married, have you performed premarital screening for mental health disorders		<0.0001
Yes	17 (1.78)	
No	361 (37.8)	
Never been married	577 (60.42)	
If you accept premarital mental health screening, what are your reasons?		<0.0001
For my own safety	57 (5.97)	
To avoid the transmission of hereditary diseases to my children	724 (75.81)	
To avoid unnecessary risks	81 (8.48)	
Do not accept the idea of premarital screening	61 (6.39)	
Other reasons	32 (3.25)	
If you do not accept premarital mental health screening, what are your reasons?		<0.0001
I accept the idea of premarital screening	725 (75.92)	
My family may not be supportive of getting a premarital screening test, because it is a social stigma	37 (3.87)	
I would get married regardless of the outcome, due to love	31 (3.25)	
One should not want to interfere with God's will and destiny	31 (3.25)	
Asking or being asked for premarital screening is an insult	9 (0.94)	
The results of premarital screening may hinder the completion of a marriage	53 (5.55)	
Other	69 (7.23)	

^a Chi-square and Fisher's exact test.

Table 3: Respondents' knowledge regarding premarital mental health screening.

	True	False	Do not know
Premarital screening can be performed for mental health issues	677 (70.89)	60 (6.28)	218 (22.83)
Premarital screening is a preventive measure	834 (87.33)	43 (4.5)	78 (8.17)
There is a difference between premarital screening for genetic disorders and mental health disorders	784 (82.09)	44 (4.61)	127 (13.3)
Mental health disorders do exist in the community	901 (94.35)	31 (3.25)	23 (2.41)
Mental health issues consist of disorders such as depression, ADHD, and schizophrenia	884 (92.57)	24 (2.51)	47 (4.92)
There is a difference between long-term and short-term mental health disorders	786 (82.3)	30 (3.14)	139 (14.55)

Table 4: Respondents' attitudes towards premarital mental health screening.

	Agree	Disagree	Neutral	Strongly disagree	Strongly disagree
Premarital screening for mental health disorders is essential (benefit)	150 (15.71)	77 (8.06)	234 (24.5)	347 (36.34)	147 (15.39)
I would accept getting premarital screening for mental health disorder (acceptance)	495 (51.83)	113 (11.83)	92 (9.63)	31 (3.25)	224 (23.46)
Premarital screening helps in decreasing overall mental health disorders (benefit)	443 (46.39)	119 (12.46)	155 (16.23)	66 (6.91)	172 (18.01)
If I determine that my future spouse has a hereditary or current mental health disorder, we would still marry (acceptance)	178 (18.64)	47 (4.92)	354 (37.07)	230 (24.08)	146 (15.29)
There should be a counselling session before and after mental health screening (benefit)	489 (51.2)	127 (13.3)	75 (7.85)	20 (2.09)	244 (25.55)
Positive test results that indicate the presence of mental health disease should affect and change marriage decisions (acceptance)	329 (34.45)	130 (13.61)	301 (31.52)	90 (9.42)	105 (10.99)
Premarital screening for mental health disorders is a violation of privacy (acceptance)	508 (53.19)	103 (10.79)	121 (12.67)	25 (2.62)	198 (20.73)
Premarital screening for mental health will make future marriages difficult (benefit)	94 (9.84)	32 (3.35)	165 (17.28)	457 (47.85)	207 (21.68)
I recommend premarital screening for mental health (acceptance)	493 (51.62)	102 (10.68)	125 (13.09)	34 (3.56)	201 (21.05)

Table 5); however, both domains of respondents' mean scores were close to a neutral attitude towards premarital mental health screening. In terms of acceptance, although

51.62% of respondents reported that they recommend premarital screening for mental health, a large proportion of respondents (53.19%) reported that premarital screening

Table 5: Predictors of attitudes towards premarital mental health screening.

	Acceptance score Mean score (1–5) = 2.7			Benefit score Mean score (1–5) = 2.5		
	Regression coefficient (β)	Standard Error	<i>P</i> -value	Regression coefficient (β)	Standard error	<i>P</i> -value ^a
Age (years)						
18–30	0.29	0.26	0.27	–0.24	0.32	0.44
31–40	0.31	0.26	0.23	–0.31	0.31	0.33
41–50	0.31	0.26	0.26	–0.34	0.32	0.28
51–60	0.23	0.28	0.41	–0.39	0.34	0.25
>60	Reference	Reference	Reference	Reference	Reference	Reference
Gender						
Male	Reference	Reference	Reference	Reference	Reference	Reference
Female	0.034	0.06	0.56	–0.027	0.074	0.71
Marital status						
Married	0.17	0.59	0.75	0.36	0.69	0.47
Single	0.34	0.57	0.98	0.5	0.7	0.6
Divorced	0.014	0.57	0.55	0.31	0.72	0.67
Widowed	Reference	Reference	Reference	Reference	Reference	Reference
Are you employed?						
Yes	0.8	0.02	0.72	0.058	0.098	0.55
No	Reference	Reference	Reference	Reference	Reference	Reference
What is your nationality?						
Saudi	0.13	0.06	0.02	0.34	0.075	<0.0001
Non-Saudi	Reference	Reference	Reference	Reference	Reference	Reference
What is your monthly income?						
9999 Saudi Riyals or less	–0.059	0.08	0.04	–0.14	0.11	0.19
10,000–19,999 Saudi Riyals	–0.15	0.1	0.12	–0.18	0.12	0.13
More than 20,000 Saudi Riyals	–0.08	0.011	0.43	–0.07	0.13	0.57
Prefer not to answer	Reference	Reference	Reference	Reference	Reference	Reference
Do not have monthly income	–0.059	0.08	0.48	–0.06	0.102	0.55
What is the level of your father's education?						
High school or less	–0.11	0.076	0.12	–0.13	0.092	0.14
Undergraduate degree	–0.14	0.064	0.029	–0.12	0.077	0.1
Graduate degree	Reference	Reference	Reference	Reference	Reference	Reference
What is the level of your mother's education?						
High school or less	–0.65	0.095	<0.0001	–0.79	0.11	<0.0001
Undergraduate degree	–0.15	0.083	0.084	–0.16	0.1	0.09
Graduate degree	Reference	Reference	Reference	Reference	Reference	Reference
Do you have a family history of mental health disorders						
Yes	–0.006	0.066	0.92	–0.08	0.08	0.28
No	Reference	Reference	Reference	Reference	Reference	Reference
Not sure	0.03	0.082	0.63	–0.05	0.09	0.56

^a General linear model.

for mental health disorders is a violation of privacy (Table 4). For the benefits domain, 51.2% of respondents reported that a counselling session should occur before and after mental health screening (Table 4).

In multivariate analysis with the general linear model, statistically significant associations were observed between the acceptance and benefit domains' mean scores and nationality. Saudi respondents had statistically significantly higher mean scores for both the acceptance and benefits domains than did non-Saudi respondents (SE = 0.06; $P = 0.02$, SE = 0.75 $P < 0.0001$, respectively; Table 5).

Statistical significance was also observed between the domains and the father's and mother's education levels. For the acceptance domain, respondents reporting the father's education level as undergraduate had lower mean scores than respondents reporting the father's education level as graduate (SE = 0.064; $P = 0.029$). For both domains, respondents reporting the mother's education level as high school or less had lower mean scores than respondents reporting the mother's education level as graduate (SE = 0.095; $P = 0.029$, SE = 0.11; $P < 0.0001$, respectively; Table 5).

Discussion

This study sheds light on various aspects regarding premarital mental health screening (Table 6). Stigma regarding mental health is a burden that can hinder public health officials and healthcare personnel from achieving fully

Table 6: Cronbach's alpha coefficient

Variables	Alpha
Raw	0.810100
Standardized	0.808842

effective measures in prevention of diseases that caused by blood related marriage.

Our results indicated that 75.81% of respondents accept premarital screening to avoid the transmission of hereditary diseases to children, whereas 25% do not accept this screening, for various reasons. Premarital screening for genetic disorders is more common and accepted in certain cultures with common tribal marriages. A cross-sectional study among 152 individuals from the Koraput district has revealed that 60% believe that premarital screening can prevent sickle cell anemia.¹⁹ Another cross-sectional study in Oman among 10 public high schools, including 1541 students, has reported that 78% of the participants were aware of premarital screening in general, and half agreed that premarital screening should be mandated. The reasons for accepting premarital screening were similar to our findings herein, including prevention of disease transmission to offspring and confirming fitness for marriage.²⁰ In our study, 82.09% of participants acknowledged that premarital mental screening is different from genetic screening. However, according to Al-Kindi et al., 59.8% believe that premarital screening includes only genetic blood disorders and sexually transmitted diseases.²⁰ Moreover, a systematic review among students in the Middle East has indicated that most students report a good level of knowledge of premarital screening; however, some do not agree to undergo premarital screening, because of religious and cultural beliefs,²¹ similar to our findings.

Although mental health is considered a sensitive topic, our study indicated an overall positive response towards knowledge regarding premarital mental health screening. A study among 1535 college students in the United States has indicated that mental health literacy predicts attitudes toward seeking help for psychological and mental health.³ Shedding light on mental health pre-marriage increases mental health literacy and may help direct individuals in need towards professional help. In 2018, a study performed in the KSA concluded that family medicine physicians have a positive attitude towards mental health; however, general practitioners and specialists show a negative attitude towards mental health. Statistically significant knowledge gaps regarding anxiety and depressive disorders were reported among groups.²² Furthermore, a study on mental health literacy in the Gulf Cooperation Council countries has indicated a limited mental health literacy rate, even among physicians. The results showed an overall high level of stigma and negative attitudes towards mental health in the general population.²³ The awareness of the Saudi population has also been assessed regarding bipolar disorder, in a study concluding that 52% had heard of bipolar disorder, 49% did not consider psychiatric medication to be an effective treatment for bipolar disorder, and more than half chose to pray instead of seeking treatment.²⁴ In 2016, a study concluded that although 87% of people believe that depression is a medical condition requiring treatment, 45.98% believe that antidepressants are addictive. More than half the respondents blamed depression on the “evil eye,” whereas 75% stated that depression would not occur if one were closer to God. These findings indicate the importance of considering cultural and religious beliefs in screening for mental illness such as depression.²⁵

In terms of acceptance, although 51.62% of respondents reported recommending premarital screening for mental health, a large proportion of respondents (53.19%) reported

that premarital screening for mental health disorders is a violation of privacy. In the benefits domain, 51.2% of respondents reported that a counselling session should occur before and after mental health screening. A study published in 2021 has stated that, at some point in their lives, two in five Saudi youth meet the criteria for a mental health disorder; however, only 5% of them seek professional help for their conditions. The lack of reported data on mental health illnesses underscores the stigma regarding mental health in KSA.²⁶ Another study performed among the unmarried Western population in the KSA in 2018 has revealed an overall positive attitude towards premarital screening. Three-quarters of the participants strongly agreed that premarital screening is a preventive measure that lessens the prevalence of hereditary diseases. However, knowledge of what premarital screening entails was lacking, and education level was a significant predictor of such knowledge. Hence, additional efforts must be made to raise awareness regarding premarital screening through social media, or through educating students in schools and universities on the topic as part of the curriculum.¹⁶

A significant correlation was observed between parental education level and the respondents' attitudes towards screening. Respondents whose mothers had an education level of high school or less reported lower acceptance than those whose mothers had graduate degrees. Similarly, respondents whose fathers had undergraduate degrees reported a lower acceptance than those whose fathers had graduate degrees. These results indicated that awareness and education play major roles in screening acceptance. A study assessing mental health stigmas in the Al-Ahsa population has concluded that, although 91.96% of the population had moderate to low stigma, the stigma was affected by factors including career, age, the number of languages spoken, and either being or knowing someone diagnosed with a mental illness.²⁷ Furthermore, 76.3% of Saudis 18 years of age or above have indicated that “stigma” is a major social barrier to seeking help for mental health disorders, followed by culture (61.5%) and negative perceptions (56.2%).²⁶

Strengths and limitations

This is the first study, to our knowledge, to examine premarital screening for mental health. The sample size was relatively large and included both Saudi and non-Saudi nationals. However, the cross-sectional nature of the study limits any causal inferences from being drawn. The use of an online survey additionally might have created selection bias. This study cannot be generalized to the entire Saudi population because it does not represent or specify the respondents' regions in KSA. However, understanding the community's perceptions regarding this crucial topic may support policies to add premarital screening to the currently enforced screening measures.

Conclusion

Premarital mental health screening is a new concept in the Saudi community. Arranged marriages in the community and the stigma surrounding mental health issues can create hesitancy in seeking mental health screening. Screening for

mental health before marriage should be considered crucial, because spending one's life with someone who faces or is prone to major mental health issues is difficult. Knowing the mental health status of one's future spouse should be a right for everyone. Healthcare professionals, public health officials, and policymakers are highly encouraged to increase awareness regarding premarital mental health screening and to provide counselling regarding screening consultations before marriages. This acquired knowledge may further aid in improving mental health literacy and acceptance of premarital mental health screening by reducing screening hesitancy due to the stigma surrounding mental health.

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Conflict of interest

The authors have no conflicts of interest to declare.

Ethical approval

This manuscript was approved by the Institutional Review Board at Alfaisal University IRB-20134, 20/12/2021.

Authors contributions

NA conceived the study, participated in the initial and final writing, collected data, and supervised the planning and execution of the study. HF, LY, SA, and SI participated in drafting the proposal, survey establishment, data collection, and final manuscript writing. MR participated in the data collection and completed the data cleaning, data analysis, and drafting of sections of the manuscript. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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