



Emotional Maturity and Mental Health Among New Couples Referred to Pre-Marriage Health Center in Karaj, Iran

Zohreh Ghazivakili¹, Razieh Lotfi^{2,3,*}, Roohangiz Norouzinia^{3,4} and Kourosch Kabir^{3,5}

¹Alborz University of Medical Sciences, Karaj, Iran

²Department of Midwifery, School of Medicine, Alborz University of Medical Sciences, Karaj, Iran

³Social Determinants of Health Research Center, Alborz University of Medical Sciences, Karaj, Iran

⁴School of Management and Medical Information Sciences, Management and Health Economics Research Committee, Isfahan university of Medical Sciences, Isfahan, Iran

⁵Department of Community Medicine, School of Medicine, Alborz University of Medical Sciences, Karaj, Iran

*Corresponding author: Social Determinants of Health Research Center, Alborz University of Medical Sciences, Baghestan St., Eshteraki Blvd., Karaj, Iran. Email: lotfi_razieh@yahoo.com

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Abstract

Background: Emotional maturity and mental health are the foundation of a successful marriage and indeed emotional maturity is the key to a satisfying happy life.

Objectives: This study aimed to assess emotional maturity and mental health among couples referred to pre-marriage health centers in the city of Karaj.

Methods: A cross-sectional study was conducted in the main center of pre-marriage testing in Karaj from March 2012 to August 2012. Using randomized sampling method 547 couples participated and filled the questionnaires, including a demographic scale, emotional maturity scale (EMS), and Mental Health Inventory (GHQ 28). Data were analyzed using ANOVA, t student, Pearson, and Multiple Regression tests to assess the correlation between variables.

Results: Results showed a significant positive relationship between emotional maturity and mental health of couples ($r = 0.67$; $P < 0.05$). There was an association between couples' emotional maturity and sex, religion, occupation, and previous marital history. Also, the relationship between mental health of couples and gender, place of birth, employment history and previous marital history was significant. Regression analysis also indicated that mental health and having a permanent job were predictors of emotional maturity ($P < 0.05$). The mean score of emotional maturity was detected 91.3 ± 21.6 , which was interpreted as emotional instability, and the mean score of mental health was determined 16.2 ± 9.9 .

Conclusions: The mental health and having a constant job can predict the level of emotional maturity. In addition, the results suggested that emotional maturity has a positive correlation with mental health.

Keywords: Marriage, Mental Health, Emotional Maturity

1. Background

Marriage is a social, cultural, and biological event (1) and in many communities, it is considered a milestone in a couple's life (2). Success in marriage and the feeling of satisfaction due to its role and its importance in the health of the society have been the subject of many papers in the field of social sciences. Results of the conducted researches showed that personality characteristics are the most important factors in the formation, success and demise of family relationships, which affect the way the couple interact and understand each other (3). One of the important variables in a couple's relationship is the level of emotional maturity, which can indicate the couple's level of differentiation (4).

Emotions shape our psychological and social life and the way a person controls his/her emotion and provide a foundation for mature relationships. Emotional maturity is defined as how well a person is able to control emotions, react to situations, and interact with others (5). The ability to communicate properly, accept responsibility and successfully interacts with the society (6) and is the key to a satisfying happy life. Couples of the new generation are less satisfied with their marriage in comparison to couples in the older generation (7).

Bowen (1978) has addressed the concept of emotional maturity in the studies conducted in relation to marriage stability. Emotional maturity in an interpersonal dimension is the ability to experience intimacy without loss of individual autonomy (8). The couple's emotional maturity

may improve family functioning (9). Other studies have indicated that emotional maturity has a positive impact on life satisfaction (10), marital satisfaction (11), mental health and coping skills (12).

Mental health and emotional maturity have significant roles in creating necessary skills to interact and communicate effectively, social adaptability, problem-solving, and in coping with relatively minor problems (13). Research results indicated that spouses with satisfactory long-term marital relationships are protected to some extent from the negative impacts of life stressors, while couples with unsatisfactory relationships are more susceptible to the negative effects of stress (14). Based on the statistics obtained from Iran's National Civil Registration Organization, in 2014, a total of 163,569 divorced cases have been registered in comparison to the extent of the same period last year (155,369 divorced cases) an increase of 10% has been observed. In this regard, the province of Alborz has a record of 6,194 cases of divorce with a growth of about 11% in comparison to the year earlier (5,663 divorce cases) (15). Alborz province is the second most common province in regard to divorce cases after Tehran the capital city of Iran and poor communication skills with the lack of emotional maturity rank first among the other influences of divorce (16). In Iran with a high record of divorce in the younger population, this could lead to an inevitable devastating effect on the physical and mental condition of the couple, children and the community in a way that incompatibility and dissatisfaction of the couple after marriage would result not only in mental and social have on the part of the couple but also cause adverse effects on the growth and development of their children.

2. Objectives

This study aimed to assess the emotional maturity and the mental health of couples referred to pre-marriage health centers in order to promote family health.

3. Methods

This study was an analytical-descriptive study aimed at evaluating the level and relationship of emotional maturity and mental health of couples before marriage. Probability sampling was done by the presence of the main researcher every other day in health centers to sampling. The sample size was determined by G-power software version 3.1.9.4. With the 0.01 probability error of type 1, the power of 95%, and effect size = 0.20, the sample size was calculated 431. Considering 30 percent attrition rate, the total sample size was calculated 567.

The participants were 567 couples who referred for pre-marriage counseling and mandatory exams such as addiction testing were selected using a randomized sampling method. The participants answered the questions in a comfortable environment in health centers. First, they provided informed consent and patient anonymity was preserved. After obtaining the informed consent, the questionnaires were distributed to each participant and the questionnaires were filled up as self-administered. The tool used for gathering the data was a 3 part-questionnaire; the first part was on demography and risk factors of emotional maturity and mental health, the second part included a EMS by Singh and Bhargava (17), and the third part included Goldberg standard questionnaire on mental health GHQ 28.

The demographic characteristics in this study included age, sex, place of birth, educational level, religion, household composition before marriage, marital history, chronological order of birth dates, occupation, monthly income, residential address in the last ten years, and family type (nuclear, extended).

EMS contains 5 subscales with a total of 48 questions having a 5-point Likert scoring scale. The total score obtained was rated in the following manner; score from 48 - 80 is rated (very stable), 81 - 88 (relatively stable), 89 - 106 (unstable), and 107 - 240 (very unstable). A lower score indicates a higher emotional maturity. Psychometric properties of this questionnaire were assessed in Iran and the results showed that the scale is valid and reliable to use by determining 0.85 and 0.71 for Cronbach's alpha (18, 19). Reliability of the EMS in the present study was measured by Cronbach's alpha and determined 0.83.

The GHQ consisted of 28 items having 4 dimensions namely; somatic symptoms, anxiety, sleep disorder, and social functioning and depression. Each dimension consisted of 7 questions that are responded on a 4 point Likert scale from zero to 3, the lowest score indicates a higher level of mental health. The Normalization of GHQ for Shiraz University Students was conducted by Taghavi (20) and results confirmed its validity and reliability (Cronbach's alpha = 0.90) for university students. The internal consistency of the questionnaire was calculated 0.89 in this study.

Data analysis was done using SPSS software. Normality of the data was analyzed via Kolmogorov-Smirnov test. *t*-test and ANOVA were further used to examine quantitative variables. Mann-Whitney test was applied for variables for non-normal distribution. Predictor of emotional maturity was assessed by multiple regressions.

The present study was approved by the Ethics Committee of Alborz University of Medical Sciences (ABZUMS.1393.68).

4. Results

The age range of the participants in this study was 14 to 56 with an average of 25.8 ± 8.5 years. The average age of the male participants was 27.8 ± 6.1 years and for the female participants was 23.9 ± 9.4 years. Demographic characteristics are shown in [Table 1](#). Owing to incomplete filling the questionnaires, the data for 20 samples were excluded and finally, the data for 547 individuals were analyzed.

The participants' emotional maturity showed significant differences based on religion, employment status and previous marital experience ($P < 0.05$). The results shown in [Table 2](#) indicate that respondents who are Shiite, having permanent jobs, and those having no previous marital experience have higher levels of emotional maturity. In the remaining variables, no significant difference was noted between the participants' scores.

Emotional maturity in males was higher than females ($P < 0.05$). Two subscales; emotional instability and personality disorder showed significantly better condition in men than women.

Results showed that there was a significant difference between two sexes in term of mental health; indeed, men were in a better situation in term of mental health than women ($P < 0.05$). Participants born in rural areas have obtained lower scores, indicating higher mental health in comparison to those born in urban areas ($P < 0.05$). Respondents with previous marital experience have higher scores indicating a lower level of mental health ($P < 0.05$). Permanent jobs were significantly related to higher level of mental health compared to participants who were casually employed ($P < 0.05$).

The mean score of emotional maturity was 91.3 ± 21.6 which was interpreted as emotional instability and the mean score of the mental health was 16.2 ± 9.9 which suggests participants' optimum level of health. Pearson's correlation was used to investigate the relationship between the scores of emotional maturity and mental health. Results showed that there was a significant relationship between emotional maturity and mental health ($P < 0.05$) ([Table 3](#)). The only predictor of mental health was emotional maturity ($\beta = 0.578$, $P = 0.000$). Regression analysis revealed that mental health in the presence of a full-time employment opportunity can predict a person's level of emotional maturity ([Table 4](#)).

5. Discussion

Findings of this study showed that there is a significant correlation between emotional maturity and mental health. This result is consistent with the findings of the

studies conducted by others showing that emotional maturity is positively correlated with mental health (21). The mean score obtained from emotional maturity questionnaire was (91.3 ± 21.6) that is interpreted emotional instability. A study was conducted regarding emotional maturity on students showed that students were very unstable in terms of emotional maturity (22). Owing to the impact of emotional maturity on marital satisfaction (11) and satisfaction in life (23), it is necessary that adolescents, parents, educational administrators, and counselors should be more sensitive with regards to emotional maturity (5).

The results of this study showed that a couple's emotional maturity has a significant correlation with the variables of gender, religion, occupation, and previous marital history ($P < 0.05$). In line with this study, other studies have come to similar conclusions (24). Unlike the results of the present study that showed a lower emotional maturity on women in comparison to men, results in other studies conducted showed that gender had no effect on the level of emotional maturity on youths and adults (25), while a study indicated that emotional maturity in adolescent girls and female university students are more developed in comparison to their male counterparts (23).

Some studies have indicated that emotional maturity of university students based on gender, different religion and the society that they live and grew-up had a significant difference, meaning that males with Muslim and Christian religion have higher level of emotional maturity (22). Since emotional maturity and mental health are predictors of marital satisfaction (8, 11) it can be expected that couples will more level of mental health and emotional maturity attain more level of marital satisfaction. Stutzer and Frey (2) have investigated the cause and effect of a happy and healthy sense of marriage for couples. One of their questions was whether the marriage could make people happier or people who are happier are more prone to get married (2). They believed that marriage creates an intimate relationship leading to an increase in the sense of self-value and perception of support and therefore, they seldom feel lonely. Stutzer and Frey found that happy individuals are more likely to become married in comparison to unhappy individuals and their happiness are more pronounced in the first year of marriage. Other researchers believed that there is a very strong positive effect of marriage on the health of an individual (26). Also, in this study, the proximity of the date of marriage may have a positive effect on mental health score, but it is necessary that a comparative study should be conducted on mental health and the level of happiness of couples who get married and individuals that are not planning to get married in order to provide our comments regarding this matter.

In the present study, scores of mental health of fe-

Table 2. Univariate Analysis of Emotional Maturity (EM) and Mental Health (MH) Scores (N = 546)

Variable	EM, Mean \pm SD	P Value	MH, Mean \pm SD	P Value
Age		0.286 ^a		0.51 ^a
< 20	95.6 \pm 18.1		18.3 \pm 10.3	
20 - 24	91 \pm 20.3		16.2 \pm 10	
25 - 29	89.9 \pm 20.6		15.4 \pm 10.1	
30 - 34	91.2 \pm 24.6		17.3 \pm 9.5	
35 - 39	82.3 \pm 16		16.2 \pm 8.8	
\geq 40	85.6 \pm 13.6		15.3 \pm 8.1	
Total	90.7 \pm 20.7		16.3 \pm 9.9	
Gender		0.000 ^b		0.000 ^b
Male	88.2 \pm 21.8		14.7 \pm 9.1	
Female	94.5 \pm 20.7		17.8 \pm 10.4	
Religion		0.006 ^c		0.087 ^b
Muslim	89.7 \pm 19.9		15.9 \pm 9.7	
Other	100.2 \pm 24.5		16.2 \pm 9.8	
Education		0.229 ^a		0.91 ^a
Illiterate	117.3 \pm 28.4		20.3 \pm 19.7	
Elementary	93.7 \pm 35.8		15.7 \pm 10.1	
Guidance	91.6 \pm 25.5		16.3 \pm 12.2	
High school	89.9 \pm 20.8		16.2 \pm 9.8	
Higher education	91 \pm 19		16.3 \pm 9	
Religious education	93.5 \pm 20.5		10 \pm 1.4	
Place of birth		0.801 ^c		0.009 ^b
Urban	91.8 \pm 20.5		16.5 \pm 10	
Rural	91.5 \pm 19.4		13.5 \pm 7.6	
Birth order		0.717 ^c		0.32 ^b
1st	91.5 \pm 20.9		16.8 \pm 10.4	
Other	90.7 \pm 20.2		15.8 \pm 9.3	
Having previous marriage		0.35 ^c		0.02 ^b
Yes	97.5 \pm 26.7		20.3 \pm 13.2	
No	89.7 \pm 20.3		15.8 \pm 9.3	
Job		0.00 ^c		0.01 ^b
Permanent	86.1 \pm 20		14.9 \pm 9.5	
Other	94.4 \pm 21.6		17.3 \pm 10.2	

^aANOVA test^bStudent t test^cMann-Whitney U test

male participants were higher than the males indicating a higher level of mental health for men in comparison to the females. In a study, scores of mental health in males were higher than females but the difference was not statistically significant (27). Based on the report published by

the World Health Organization, the prevalence of mental disorders in the Islamic Republic of Iran is estimated at approximately 22%, of which the majority was females (28). A study in Iran showed that life skills can affect couples' emotional maturity and mental health and trained couples for

Table 3. Description of Emotional Maturity and Mental Health Among Couples^a

Variable	N	Scales and Sub-Scales	Mean ± SD
Emotional maturity	547	Emotional instability	20.6 ± 6.1
		Emotional return	18 ± 6
		Social adjustment	19.2 ± 4.9
		Personality breakdown	16.1 ± 5.5
		Lack of independence	17.4 ± 4.3
		Emotional maturity	91.3 ± 21.6
Mental health	547	Somatic symptoms	3.8 ± 3.3
		Anxiety, sleep disorder	4.6 ± 3.8
		Social functioning	5.8 ± 2.4
		Depression	2 ± 3
		Mental Health	16.2 ± 9.9

^aP value = 0.000 (P < 0.05)

Table 4. Predictors of Emotional Maturity

Variable	R Square	Error	Beta	P Value
Mental health	0.30	16.8	0.536	0.000
Having a permanent job	0.31	16.7	-0.11	0.01

life skills show a high level of emotional maturity and mental health, thus they would establish better relationships with family and community members. Also, they may accept their limitations and abilities in a more appropriate way. Therefore, life skill promotion should be considered an essential issue to promote the community health (29).

Like other studies, this study has some limitations. The effect of variables such as economic status was not taken into account in this study. It is suggested that studies with larger sample size should be done.

5.1. Conclusions

The present study highlighted the level of emotional maturity and mental health among new couples in a health center. The mental health and having a constant job can predict the level of emotional maturity. In addition, results suggested that emotional maturity has a positive correlation with mental health. Owing to the important role of emotional maturity and mental health in a successful marriage, it is suggested that these two factors should be considered and evaluated by health care providers in premarital counseling centers.

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Footnotes

Authors' Contribution: All authors contributed to study design. Zohreh Ghazivakili participated in data gathering. Razieh Lotfi, and Kourosh Kabir contributed to data analysis. All authors read and confirmed the manuscript.

Conflict of Interests: The authors declare no conflict of interest.

Ethical Approval: This present study was approved by the Ethics Committee of Alborz University of Medical Sciences (ABZUMS.1393.68).

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Patient Consent: Informed consent and the questionnaires were distributed among the participants and the questionnaires were filled up as self-administered.

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Table 1. Demographic Characteristic of the Participants

Variable	No. (N = 546)	%
Age		
< 20	53	10.7
20 - 24	163	32.9
25 - 29	175	35.4
30 - 34	76	15.4
35 - 39	13	2.6
≥ 40	15	3
Total	495	100
Gender		
Male	275	50.6
Female	268	49.4
Total	543	100
Religion		
Muslim	431	91.3
Minorities	36	7.6
Other	5	1.1
Total	472	100
Place of Birth		
Urban	417	88
Rural	57	12
Total	474	100
Birth order		
1st	131	28.1
2nd	97	20.8
3th	85	18.2
4th	62	13.3
5th	41	8.8
6th	23	4.9
7th	12	2.6
8th	12	2.6
9th	1	0.2
10th	2	0.4
11th	1	0.2
Total	467	100
Education		
Illiterate	4	0.8
Elementary	13	2.5
Guidance	70	13.3
High school	201	38.3

Higher education	235	44.8
Religious Education	2	0.4
Total	525	100
Job		
Permanent	214	41.4
Part time	91	17.6
Retired	3	0.6
Out of service	2	0.4
Housewife	94	18.2
Unemployed with income	17	3.3
Unemployed without income	96	18.6
Total	517	100
Living area in the last 10 years		
City with more than 100000 population	431	83
City with less than 100000 population	71	13.7
Rural	17	3.3
Total	519	100
Having previous marriage		
Yes	58	11.1
No	465	88.9
Total	523	100
Income (monthly), Tomans		
< 300000	82	22.2
300000 - 500000	140	37.9
500000 - 800000	89	24.1
> 800000	58	15.7
Total	369	100
Having a child from previous marriage		
Yes	20	34.5
No	38	65.5
Total	58	100