

Article

The marital satisfaction status and its related factors in pregnant women in semnan, Iran: A cross-sectional study

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Abstract

Background: Pregnancy brings significant changes in the marital relationship of couples, especially new first-time parent. Marital relationships change during pregnancy under the influence of psychological and physiological changes of pregnancy.

Objectives: The aim of this study was to determine the marital satisfaction status and its related factors in pregnant women in Semnan, Iran.

Methods: In this cross-sectional study, 281 pregnant women referred to the health centers of Semnan (Iran) were examined in 2019 using a cluster sampling method. ENRICH Marital Satisfaction (EMS) questionnaire was used to collect data which higher score indicated higher marital satisfaction. Data were analyzed by SPSS26 using independent sample t-test and ANOVA.

Results: The mean (SD) of age was 28.96 (4.75) years. Only 11.4% of them had academic education and 31.7% were employed. The mean (SD) total score of marital satisfaction was 59.98 (25.9). Among the factors related to marital satisfaction, the items of personality issues, communication and conflict resolution received the highest mean scores with 48.6, 38.7 and 38.4 respectively. Also, 14.9% of women had very low marital satisfaction, 8.9% low, 24.2% moderate, 19.2% high, and 32.7% very high marital satisfaction. There is no statistically significant relationship between age, education and employment status with marital satisfaction (P -Value>0.05).

Conclusion: This study showed that the status of marital satisfaction in half of the pregnant women was moderate or low. Therefore, it seems necessary to carry out psychiatric interventions along with holding classes on marital communication skills, conflict resolution and sexual relations.



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Implications of this paper in nursing and midwifery preventive care:

- This study showed the marital satisfaction status of the pregnant women under investigation was not in a favorable state, therefore, the implementation of life skills counseling by midwives and nurses may be effective in improving marital satisfaction.

Introduction

Pregnancy, as a natural event in women's life, is associated with extensive physical and psychological changes. This status as a social-biological development in a pregnant woman leads to changes in feelings, emotions and thoughts [1,2]. This phenomenon brings significant changes in the marital relationship of couples, especially if it is the first experience of pregnancy. Marital relationships change during pregnancy under the influence of psychological and physiological changes of pregnancy [3,4]. During pregnancy, there are changes in beliefs, values, priorities, behavioral patterns, communication with others, and skills to solve problems and conflicts. In other words, during this period, all dimensions of marital satisfaction such as marital relations, sexual satisfaction,

ideological orientations, conflict resolution, communication with relatives and friends are affected by pregnancy [3,5].

Marital satisfaction, as one of the indicators of mental health and life satisfaction, is the objective feeling of satisfaction and pleasure experienced by the husband and wife from all aspects of married life [6]. Marital satisfaction is the compatibility between the individual's current situation and the expected situation and a general and subjective assessment of the nature of marriage [7,8]. Physical problems, depression, isolation, anxiety, fear, emotional instability, ambivalence of feelings and disorder in sexual relations that occur after pregnancy are effective on marital satisfaction [9]. During pregnancy, a pregnant woman's focus on herself and the fetus increases, and her attention to her husband and

other children is reduced, which can cause them to be offended. Due to changes in sexual desire and fear of miscarriage and fetal damage, sexual relations decrease during this period [10]. On the other hand, with the change in the appearance of the body and the feeling of heaviness, social and recreational activities of pregnant women and contact with friends and acquaintances are reduced [11,12]. The increase in the economic needs of the family can also cause financial problems for the family during pregnancy. In addition, changes in the physical and mental condition of pregnant women can lead to avoiding household duties and usual roles and the occurrence of adverse reactions and behaviors. Hence, all dimensions of marital satisfaction, i.e. sexual relations and children, financial issues, conflict resolution and communication, are affected in a way by pregnancy and create grounds for disruption of marital relations in pregnant women [13].

Therefore, as mentioned, the period of pregnancy definitely creates significant changes in the relationship of couples. given that the importance of marital satisfaction in the life of couples and the changes in the amount of marital satisfaction during pregnancy, the present study aimed to determine the status of marital satisfaction and its related factors in pregnant women referring to the clinics of Semnan University of Medical Sciences, Iran.

Methods

This cross-sectional study was designed and implemented with the aim of investigating the marital satisfaction status and its related factors in pregnant women referring to the health centers of Semnan University of Medical Sciences (Iran) 20 June to 15 October in 2019.

Based on the proportion estimation formula and the parameters used in Masoumi et al.'s study (marital satisfaction level =27.5% with 95% confidence interval, $\alpha =0.05$, $d= 0.05225$), the sample size of 281 pregnant women was determined [14]. In total, there were 13 health centers in Semnan city and sampling was done as a cluster and Semnan city was divided into 4 districts: North, South, East and West. Then, two health centers were randomly selected from each district. Then, the women referred to each center were selected by the convenient sampling method.

The inclusion criteria were married pregnant woman, age 18 to 49 years, living with her husband and having informed consent to participate in the study. Non-entry criteria were having any of the following in the husband or wife: chronic physical or mental illness, alcohol addiction, addiction to drugs and psychoactive substances, use of psychoactive drugs and prohibition of sexual intercourse by gynecologist for any reason.

In this study, in addition to the demographic variables of age, education and employment status, ENRICH Marital Satisfaction (EMS) questionnaire (short form with 47 questions) was used to collect data. This questionnaire was first designed by Fowers et al [15] has been used as a valid tool in many studies to measure marital satisfaction. It includes 12 domains and 47 questions: personality issues (3 questions with a range of 0-12), equalitarian roles (2 questions with a range of 0-8), communication (4 questions with a range of 0-16), conflict resolution (5 questions with a range of 0-20), financial management (3 questions with a range of 0-12), leisure activities (4 questions with a range of 0-16), sexual relationship (4 questions with a range of 0-16), children and marriage (4 questions with a range of 0-16), family and friends (4 questions with a range of 0-16), religious orientation (4 questions with a range of 0-16), marital satisfaction (7 questions with a range of 0-28) and idealistic distortion (3 questions with a range of 0-12). The scoring of each question is based on a Likert scale and its range is between 0 and 4 (strongly disagree = 4, disagree = 3, neither agree nor disagree = 2, agree = 1 and strongly agree =0). Finally, the total scores of the questionnaire were added and the participants were divided into 5 categories according to their marital satisfaction status (very low = 0 – 30, low= 31- 40, moderate = 41- 60, high = 61 – 70 and very high ≥ 71). The EMS questionnaire which has already been validated and reliable in Iran [16].

Before providing the questionnaire, the purpose of the research was explained to the pregnant mother. Necessary training was provided on how to complete the questionnaire and its items. If the mother's literacy level was low and she was not able to fully understand the questionnaire, the researcher asked her the questions in the form of an interview.

Data were analyzed by SPSS26. Mean, standard deviation, frequency (%) were used for descriptive analysis of data. Kolmogorov-Smirnov test was used to check the normality of the data, and the result of this test shows that all quantitative variables have normal distribution. Then, independent sample t-test and one-way ANOVA were used to investigate the relationship between demographic variables and marital satisfaction and P-value was considered less than 0.05.

Results

The present study was conducted on 281 pregnant women. The mean (SD) of age was 28.96 (4.75) years, and the youngest and oldest were 18 and 42 years, respectively. In terms of education level, only 11.4% of them had academic education. In terms of employment status, 31.7% were employed and the other were housewives (Table 1).

Table 1: Demographic characteristics of pregnant mothers under study

Variable		N (%)
Age (year)	<30	137 (48.7)
	≥30	144 (51.3)
	Total	281 (100)
Education	Illiterate	112 (39.9)
	High school	41 (14.6)
	Diploma	96 (34.2)
	Academic	32 (11.4)
	Total	281 (100)
Employment status	Housewife	192 (68.3)
	Employed	89 (31.7)
	Total	281 (100)

Table 2 shows the mean, standard deviation, minimum and maximum scores of ENRICH questionnaire and its various domains. As can be seen, after standardizing the scores of questionnaire items, the mean (SD) total score of marital satisfaction was 59.98 (25.9). Among the factors related to marital satisfaction, egalitarian

roles, idealistic distortion, and religious orientation had the lowest mean scores with 19.7, 23.9, and 26.3, respectively. On the other hand, the domains of personality issues, communication and conflict resolution received the highest mean scores with 48.6, 38.7 and 38.4 respectively.

Table 2: Enrich questionnaire and its various items in pregnant mothers under study

Questionnaire items	Min	Max	Mean	S.D	Standardized mean
Personality Issues	0	12	5.84	2.82	48.6
Equalitarian Roles	0	6	1.58	1.39	19.7
Communication	0	16	6.20	3.64	38.7
Conflict Resolution	0	19	7.69	3.59	38.4
Financial Management	0	10	3.29	2.45	27.4
Leisure Activities	0	14	4.89	2.87	30.5
Sexual Relationship	0	15	5	2.99	31.2
Children and Marriage	0	15	5.17	2.97	32.3
Family and Friends	0	15	4.48	3.22	28
Religious Orientation	0	16	4.21	3.27	26.3
Marital Satisfaction	0	23	8.76	4.51	31.2
Idealistic Distortion	0	11	2.87	2.15	23.9
The total score of the questionnaire	8	131	59.98	25.09	-

Table 3 shows general status of marital satisfaction in pregnant mothers under study. As can be seen, 14.9% of women had very low

marital satisfaction and 32.7% very high marital satisfaction.

Table 3: General status of marital satisfaction in pregnant mothers under study

Marital satisfaction	Score range	N (%)
Very low	0 – 30	42 (14.90)
Low	31 – 40	25 (8.90)
Moderate	41- 60	68 (24.20)
High	61 – 70	54 (19.30)
Very high	≥71	92 (32.70)
Total	0 - 188	281 (100)

Table 4 shows relationship between marital satisfactions with demographic variables in pregnant mothers under study. An independent sample t-test was used to investigate the relationship between age and employment status with the marital satisfaction score. Also, one-way

ANOVA was used to investigate the relationship between educations with the marital satisfaction score. However, the result of this test demonstrated that there is no statistically significant relationship between any of these variables and marital satisfaction (P-Value>0.05).

Table 4: Relationship between demographic variables and marital satisfaction in pregnant mothers

Variable	N	Mean	S.D	P-Value
Age (year)	<30	137	59.44	0.710*
	≥30	144	60.99	
Education	Illiterate	112	59.98	0.370**
	High school	41	62.02	
	Diploma	96	57.64	
	Academic	32	64.41	
Employment status	Housewife	192	59.45	0.550*
	Employed	81	57.40	

*Independent sample t-test

**One-way ANOVA

Discussion

The strength of the family depends on marriage and a stable marital relationship; any weakness in marital satisfaction can disturb the mental peace of couples and endangers the survival of the family. Marital satisfaction is a type of general assessment of the individual's marital status and is a reflection of the couple's happiness and their performance which couples often feel happy and are satisfied with each other [17,18] Good marital relationships are associated with general health, physiological safety, and better functioning of the cardiovascular system [19,20] . The present study investigates the marital satisfaction status and its related factors in pregnant women.

In current study, the status of marital satisfaction in half of the pregnant women was moderate or low. This finding was similar to the studies

conducted in this field [14,21,22]. In a study conducted by Taghani et al. 68% had relative and intermediate marital satisfaction [22].

In current study, the domain of personality issues had the highest mean scores. Personality issues is a scale that measures the level of mutual understanding of couples regarding each other's behaviors and personality traits. Studies have shown that personality factors are empirical predictors of marital satisfaction and there is a correlation (positive and negative) between the five main personality factors with indicators of marital satisfaction [23,24].

In this study, the communication domain was one of the components that received a high mean which was consistent with the study done in this field [25,26]. This scale measures a person's feelings, attitudes and beliefs regarding the

amount and quality of marital relations, and a high score in this area is a sign of satisfaction with the level and type of communication, the quality of spouses' communication affects their satisfaction with the relationship [27]. During Pregnancy, women experience many psychological and physiological changes. Some people become irritable and nervous following these changes, which leads to changes in communication with their spouse, children, and others [28,29]. It is possible to increase the quality of the relationship between couples by teaching effective methods of listening, speaking, and providing effective non-verbal responses.

Another domain that received a high score in this study was conflict resolution, however, it was not consistent with most of the studies conducted in this field [14,30]. Among the reasons for this inconsistency can be mentioned the lack of trust, unclear answers and personal considerations of the participants. Also, a large number of participants in this study were illiterate and their questionnaires were completed by the researcher as oral questions, and it is possible that some people refused to express family differences and conflicts. Generally, conflict resolution is a scale that measures the satisfaction level of couples in trying to end conflicts. Conflict in relationships usually occurs when one person's behavior is not consistent with the other person's expectations [31]. Marital conflicts are considered as one of the stressful factors in the family, which first have a negative impact on the parents' relationship and then on the family atmosphere and the development of the children. Marital satisfaction is more durable in couples who have more constructive conflict resolution strategies. Teaching problem solving skills is an efficient and effective way to solve problems and improve interpersonal interactions. Skills such as mutual dialogue help couples to solve their problems through mutual discussion or cooperation [32]. Today, there are various approaches to reduce conflicts and chaos in marital relations. Famous models include cognitive-behavioral couples therapy (CBCT) and emotionally focused couples therapy (EFCT) [33]. In CBCT, conflict resolution skills are taught along with a more logical evaluation of problems according to existing conditions [34]. In EFCT, it is assumed that many clinical problems are caused by

disturbances in emotional processes, and to solve these problems, there is a need to reconstruct emotional experiences and emotion-focused interventions [35].

Also, in this study, egalitarian roles were among the domains with a low mean. One of the reasons that may lead to the lowering of the equality domain of the role of men and women during pregnancy is that some women believe that women are oppressed and have more limitations and problems compared to men. During pregnancy, they may think that why only women should endure the hardships of pregnancy, while men are completely free, and the intensification of such thoughts provides the basis for reducing this domain[36].

Another domain with a low average in our study is idealistic distortion. This index is a scale that measures the positive and realistic attitude of couples towards marriage and marital relationship [15]. The high score of this domain may indicate a relatively unrealistic view of marriage. This finding of ours was not consistent with other studies, which may be due to the difference in the population under study [26,27]. It seems that this aspect of communication needs more attention in counseling and training before marriage.

In the present study, there was no significant relationship between the demographic variables of age, education and employment status with marital satisfaction. While various studies have shown that there is a significant relationship between a woman's age and marital satisfaction, so that young couples have higher marital satisfaction, but with increasing age, length of marriage and facing new problems and conflicts, marital satisfaction decreases [37]. Also, some studies show that increasing the level of education improves social skills and reduces problems related to marital satisfaction. Education plays a significant role in the growth and intellectual development of people, it can affect the way couples behave with each other, children and even the socio-economic interactions of individuals and increase the satisfaction of couples [14,38]. Regarding the employment situation, some studies have shown that active presence in the community and communication with the people, removes the woman from isolation and seclusion, and these factors can be effective in increasing the marital satisfaction of working women [14]. The

difference in the sample size, the type of study, the different demographic characteristics of the investigated populations and the lack of control of confounding variables can be the causes of the inconsistency of the results of our study with other similar studies in this field.

One of the strengths of this study was high sample size, which increases the statistical efficiency. Perhaps the most important limitation of the present study was the cross-sectional nature of the study and the lack of examination of the demographic, obstetric and socioeconomic variables of the mothers under investigation.

Conclusion

This study showed that the status of marital satisfaction in half of the pregnant women was moderate or low. However, no statistically significant relationship was observed between age, education and employment status with marital satisfaction. It seems necessary to carry out psychiatric interventions along with holding classes on marital communication skills, conflict resolution and sexual relations.

Ethical Consideration

This study was performed according to the principles expressed in the Declaration of Helsinki and was approved by the Deputy of Research and Ethics Committee of Semnan University of Medical Sciences (ID: IR.SEMUMS.REC.1399.147).

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Conflict of interest

No authors have any conflicts of interest to declare.

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Authors' contributions:

NS, ES and FP conceived the study, collected data and performed statistical analysis. KM and FE participated in the study design, drafted the manuscript and contributed to data analysis. NS, ES, FP, KM and FE helped to draft the manuscript and revised it critically. All authors read and approved the final manuscript.

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