

Relationship between the Family of Origin Health and Marital Satisfaction among Women in Bentolhoda Hospital of Bojnurd: A Study in the North East of Iran

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Abstract

Background: Many factors affect marital satisfaction as one of the determinants of mental health, and may even lead to marital dissatisfaction.

Objectives: This study aimed to determine the relationship between the health of the family of origin and marital satisfaction and its components among women in Bojnurd, Khorasan, Iran.

Methods: In this descriptive correlational study, 218 women who met the inclusion criteria referred to Bentolhoda Hospital in Bojnurd as inpatients or outpatients. They were selected using the convenience sampling method from January to April 2015. The data collection tools were the Family of Origin Health Scale (FOS) and Marital Satisfaction Index (MSI). Data analysis was performed using chi-square, t-test, Pearson correlation coefficient, and multiple linear regression at $p=0.05$ with SPSS software version 16.

Results: The study participants' mean age and duration of marriage were 31.40 ± 8.90 and 11.10 ± 9.30 years, respectively. The coefficient of correlation between FOS (136.52 ± 26.93) and MSI (58.73 ± 34.20) was negative, and their relationship was statistically significant ($r=-0.365$, $p<0.001$). There was a statistically significant difference between the mean scores of MSI for individuals who had no familiarity and the family's income before the marriage ($p<0.001$, $p<0.007$), respectively.

Conclusion: Given the undesirable level of marital satisfaction and the existence of problems in family relationships as one of the factors affecting FOS and MSI in this study, as well as the multifactorial nature of marital satisfaction, further multifactorial studies are recommended to determine the factors influencing marital satisfaction to improve this variable.

Keywords: family, origin, marital satisfaction, Family health

Introduction

Marital satisfaction (MS) is one of the main determinants of the quality of life and mental health [1]. MS is achieved when couples often feel happy and satisfied with their marriage [2].

Satisfaction is an attitude variable and is considered as a personal attribute in couples. According to this definition, MS is a positive and pleasant attitude held by couples towards the different aspects of their marital relations.

Accordingly, MS can be regarded as a vital source for the family system or even a part of the forces needed for the family's existence and health. [3]. Studies have indicated that marital adjustment affects many aspects of humans' individual and social life. Acceptable marital relations form the foundation of the families' pleasant performance and result in the growth of competency, compatibility, and adaptation abilities among their children. According to the literature, children whose parents have had a compatible and stable marriage enjoy a better educational status and resort to alcohol and drugs less than others [4]. In Iran, marital discord and divorce are considered as one of the community's acute injuries, and researchers have introduced divorce a severe psychological pressure (ranked first in intensity). It has been ranked among the most critical and stressful life events [5]. Several factors affect the couples' MS. Each study has investigated the specific aspects of individual and social characteristics in ordinary life quality. Personality traits are among the most critical factors affecting the quality of a couple's relation [1].

One of the factors affecting MS is to have premarital relationships and familiarity with one's spouse. According to some studies, having an underdeveloped relationship with a spouse increases MS [6,7]. In contrast, some studies have reported no relationship between premarital relationships with MS and compatibility [8]. In other words, the research findings in this regard are inconsistent.

Studies have revealed that each person's personality traits in the family-of-origin (FO) and family disturbances, especially in childhood, influence individuals. Childhood is the manifestation of adulthood [9]. As a social unit, the family embraces the largest and the most profound human relations. In addition to being the primary source of human's fundamental needs, it provides many grounds for learning and forming individuals' attitudes and believes. Since selecting a spouse is one of the most critical decisions in each person's life, the detection of external and underlying factors such as the family is of paramount importance [9]. Various factors, including the satisfaction from the partner's mood, influence marital satisfaction. Each person's behavior is formed in the family, and children's behaviors are typical of their parents' morality.

The couples who can communicate appropriately have more satisfactory marital relations [10]. Another factor affecting MS and compatibility is the independence and intimacy of the FO. Since intimacy is an essential element in marital relations, recognizing the effects of the FO and understanding how to deal with conflict pave the grounds for the growth of intimacy between couples. The more independent a person is from the FO, the more intimate they are, the less resentment they are expected to have, the higher ability they have to manage stress, and the more marital adjustment they would experience [11,12]. The ability to express the emotions and the extroversion quality in each individual is formed in his/her interaction within one's family. According to some researchers, since children have many opportunities to observe their parents' behaviors under different conditions, their behavior is the typical of their parents' behavior to a large extent. Consequently, children who live in troubled families have less chance than other children to observe positive behaviors such as support, conflict resolution, and compatibility, which promotes reasonable mutual satisfaction [13].

From the perspective of social learning, it is assumed that children of troubled families reach adulthood. At the same time, they have accumulated the least communication skills, and they marry with a set of behaviors undermining MS and stability. Many psychologists and family therapists consider the couples' personality traits, childhood experiences, and the quality of relationships among the members of the FO as the most critical factors determining the success or failure of any marriage. The family can be regarded as the first institution in charge of establishing a healthy or corrupted society since the intellectual foundation and the favorable and unfavorable behaviors of individuals in a community are formed in the family. For this reason, the family is defined as a social and communication system that its healthiness, and consequently, the society's healthiness reflects the appropriate performance of its members [13].

Studies have suggested that observing domestic violence or being exposed to violence in the family predisposes children to exhibit such negative behaviors to their partners and children in their adulthood. This violence and aggression

are among the factors affecting the couple's dissatisfaction and inability to control the anger passed from one generation to the next generation. If parents are friendly and supportive, their children will also be warm and supportive to their spouses and children [13]. The increased rates of marital problems, dissatisfaction, conflict, and divorce in recent years and its adverse effects [14] on MS, and compatibility have highlighted the need and the significance of assessing the relations between spouses. Moreover, ethnic diversity along with different cultures in North Khorasan province has increased the significance of this issue. Accordingly, this study aimed to investigate the relationship between FO health and MS.

Methods

The study was descriptive-correlational, and the convenience sampling method was used to select the participants from January to April of 2015. The research population encompassed all women, including inpatients and outpatients, referred to the women's ward in the Bentolhoda Hospital in Bojnurd. According to Hosseinian's et al. study and with $\sigma = 20.10$, $\alpha = 0.05$, and $d = 3$, the sample size was calculated to be 188 persons using the following formula [13].

$$n = \frac{(z_{1-\alpha/2})^2 \sigma^2}{d^2}$$

Finally, 218 samples were included in this study. Inclusion criteria were as follows: being married and living with one's husband, having no obvious physical and mental disability, no obvious physical and mental disability in one's husband, experiencing no unfortunate incident (e.g., the death of a close family member) in the last six months.

The data gathering tools were the Family-of-Origin Scale (FOS) and the Marital Satisfaction Index (MSI). The FOS is a 40-item rating scale, in which the respondents provide a retrospective assessment of the family in which they were raised. It focuses on the two key concepts of independence and intimacy in a healthy family. The scale is scored based on a 5-point Likert

scale, and the minimum and the maximum scores were 40 and 200, respectively, with higher scores indicating a higher degree of healthiness in the FO.

MSI is a 25-item scale measuring the degree, severity, or magnitude of problems one spouse or partner has in his marital relations. MSI has two cut-off scores: (1) 30 (± 5), with lower scores indicating a lack of a clinically significant problem in the relationship and higher scores suggesting a clinically significant problem, (2) 70, with higher scores indicating the experience of severe stress and the possibility of marital violence.

In Hoseinian's et al. study, the FOS and MSI questionnaires were validated in terms of content validity. The internal consistency of the two questionnaires was calculated by using Cronbach's alpha coefficients of 0.94 and 0.97, respectively [13]. Hosseini et al. reported the internal consistency of FOS to be 0.86 using Cronbach's alpha coefficient [11]. Mashal Pourfard et al. also evaluated the internal consistency of the MSI questionnaire to be 0.88 and 0.81 using Cronbach's alpha and split-half coefficients [15]. In this study, the questionnaire's internal consistency was assessed using the Cronbach's Alpha coefficient, according to which the coefficients for FOS and MSI were 0.87 and 0.91, respectively.

After collecting the required data, they were analyzed with the SPSS Software version 16 using some statistical tests such as t-test, Pearson correlation coefficient, and multiple regression analysis. Multiple regression analysis was used to evaluate factors associated with MS. In the sampling procedure, the power of the test and type I error were considered to be 80% and 0.05, respectively.

Results

In this study, 218 women were assessed in terms of MSI and FOS. The demographic characteristics of the participants and their husbands are presented in Table 1.

Table 1: The demographic characteristics of the participants and spouses

Variables		Women	Spouses
Demographics		N (%) / Mean \pm SD	N (%) / Mean \pm SD
Age		31.25 \pm 9.11	35.73 \pm 8.76
Duration of marriage		11.1 \pm 9.3	
Pregnancy Age		21.45 \pm 4.54	
Education Level:	Illiterate	13 (6)	10 (4.6)
	Middle School	58 (26.7)	71 (32.8)
	High School	18 (8.3)	12 (5.5)
	Diploma	81 (37.3)	78 (35.9)
	Higher than diploma	47 (21.7)	46 (21.2)
Reason for referral	Patient	89 (81.7)	
	Caregiver	20 (18.3)	
Type of referring:	Inpatient	99 (45.5)	
	outpatient	119 (54.5)	
Pregnant:	Yes	56 (26.1)	
	No	161 (73.9)	
Reason for Hospitalization:	Cesarean section	123 (75)	
	NVD	11 (6.7)	
	Abortion	14 (8.5)	
	Others	16 (19.8)	
Place of birth:	Urban	162 (74.3)	
	Rural	56 (25.7)	
Familiarity before marriage:	Yes	95 (43.8)	
	No	122 (56.2)	
Adequacy Income:	Yes	37 (17.1)	
	No	99 (45.6)	
	Somewhat	81 (37.3)	

The mean scores of FOS and MSI were 136.52 ± 26.93 and 58.73 ± 34.20 , respectively. There was a statistically significant difference between the MSI mean scores of individuals who had no premarital familiarity (56.2%; n=122) and those who got familiar with each other before the marriage (43.8%; n=95) ($p = 0.001$). A majority of the samples (68.2%; n=148) did not get married to relatives, and only 31.8% (n=69) had family marriages. The MSI mean scores of these two

groups were statistically significant ($p = 0.006$). Among the participants, only 6.5% had experienced remarriage, while 6% of these women had remarried husbands. In other words, 98.2% of the participants' husbands were monogamous. Most of the investigated women and their husbands suffered from no specific disease. There was a relationship between MSI and some demographic variables, as shown in Tables 2 and 3.

Table 2: Relationship between MSI and demographic characteristics

Variables	Marital Satisfaction		
	Pearson Correlation Coefficient (r)	CI (95%)	P-Value
Age	0.135	0.003, 0.263	0.059
Spouse Age	0.135	0.003, 0.263	0.049
Duration of Marriage	0.2	0.069, 0.324	0.003
Pregnancy Age	-0.225	-0.347, -0.095	0.001

Table 3: Mean and standard deviation of MSI regarding the level of education and income adequacy

Variables		Marital Satisfaction		
Demographics		Number (%)	Mean± SD	P-Value
Education Level:	Illiterate	13 (6)	63.77 ± 33.81	P = 0.001
	Middle School	58 (26.7)	51.20 ± 34.86	
	High School	18(8.3)	75.39 ± 43.34	
	Diploma	81(37.3)	59.88 ± 33.79	
	Higher than	47(21.7)	44.79 ± 17.34	
Income Adequacy:	Yes	37(17.1)	64.14 ± 25.85	P = 0.007
	No	99(45.6)	65.68 ± 35.75	
	Somewhat	81(37.3)	55.62 ± 33.94	

The Pearson correlation coefficient for the relationship between FOS and MSI indicated their statistically significant negative relationship

($r=0.365$; $p<0.001$). The relationships between FOS and some demographic variables are presented in Table 4.

Table 4: Relationship between FOS and demographic characteristics

Variables	Family of origin health		
Demographics	Pearson Correlation Coefficient (r)	CI (95%)	P-Value
Age	0.214	0.084,0.337	0.002
Spouses Age	0.126	-0.006,0.254	0.065
Duration of Marriage	0.188	0.057,0.313	0.005
Pregnancy Age	-0.189	-0.313, -0.058	0.007

Regarding the prediction of MSI, the relationships between all studied variables and FOS were measured using the multiple linear regression method using a stepwise procedure. The findings indicated that the mean score of marriage satisfaction in individuals who had premarital familiarity with their spouses was 11.6 points lower than those with no premarital experience. Moreover, by increasing the duration of the marriage, the satisfaction level was increased as per one-year increase in the duration of marriage decreased MSI by 0.63. Three FOS variables (Items 21, 32, 39) could significantly contribute to

satisfaction prediction. In other words, understanding an individual by her family without talking about feelings is negatively correlated with MSI (Item 21). Both Items 32 and 39 deal with the expression of feelings in the family environment. If a person is not allowed to express his/her feelings, it inversely affects MSI. That is, the extent to which individuals are limited in expressing their feelings in the family determines how much they experience less MSI (Table 5). This model could explain 24.7 % of the variance in MS, and it was statistically significant ($p<0.05$)

Table5: Stepwise regression analysis to predict MSI by the components of FOS, familiarity, and duration of marriage

Model	Unstandardized Coefficients		Standardized Coefficients	t	P-value
	B	Std.Error	Beta		
Constant Value	88.194	12.340		7.147	0.000
Familiarity	11.467	4.249	0.168	2.741	0.007
Marriage Duration	0.633	0.225	0.171	2.813	0.005
Understanding of feelings (Item 21)	-5.607	2.194	- 0.169	-2.556	0.011
Expressed Emotions (Item 32)	- 4.523	2.065	- 0.141	-2.190	0.030
Expressed emotions (Item 39)	- 6.952	2.112	- 0.226	-3.291	0.001

$R^2=0.247$ Adjusted $R^2=0.230$

Discussion

This study aimed to determine the relationship between the health of the FO and MS. In this study, the FO of individuals was in a state of relative health while they had significant problems in their marital relationships. In the study conducted by Hosseinian et al., the means score for the health of FO and the MS were obtained at 141.79 and 20.10, respectively. The results of this study were different from the present study [13]. The study results carried out by Bakhshayesh and Mortazavi indicated relative MS in the investigated individuals, which is different from the present study results [16]. In the study of Hosseini et al., the mean score of FOS has been obtained at 151.28, which indicated the higher levels of FOS, and this is different from the results of the present study [11]. The study results were done by Botha et al. also suggested a good marital status and a relatively high level of health of FO, which is different from the results of this study [17]. One of the most important possible reasons for these inconsistencies in our research in comparison with these studies could be that in the present study, the gestational age was low. Consequently, the age of marriage could be low, the duration of marriage was different, the analysis was performed in a medical and care setting. In addition, there were ethnic groups with other cultures.

According to the present findings, there was a negative and significant relationship between the health of the FO and MS. This finding is consistent with the findings reported by

Hosseinian et al., Botha et al., and Viton et al. [13,17,18]. Johnson et al. showed that defects in relations in the FO, directly and indirectly, affected the success of couples in interpersonal relationships and could also lead to adverse effects on their relations [19]. In contrast to the present findings, the findings of a study by Muraru et al. showed that health of the FO does not affect the couples' compatibility. This is while the findings of their research indicated a significant relationship between the health of the FO and emotional adaptation [20]. Belyad et al. showed that a significant relationship between the primary function of the family and its components (namely intimacy and independence) with marital conflicts, implying that the healthy function of spouses' FO is associated with a decrease in their marital conflicts [21]. Hosseini et al. suggested that the more independent a person is from the FO and the more intimacy he has with it, the less he is expected to suffer, the more he can control stress, and ultimately the more marital adjustment he will experience. [11]. Falcke et al. also indicated a relationship between the type of experience gained from the FO and the quality of individuals' marital relations [22]. Finally, it is concluded that individuals who are faced with negative experiences such as inattention, negligence, rejection, lack of intimacy, and independence in the FO and interactions with their parents would observe the same problems in their relationship with their spouses and children in the future. Accordingly, individuals' marital interactions are mainly learned by observing their parents' marital

interactions in childhood. When children fail to experience the positive patterns of their parents' marital interactions, they may not learn practical interpersonal skills and conflict resolution skills. Consequently, those who have problems with their spouses in their current marital relations can reorganize and retrieve the communication problems in their own FO [21].

In the present study, the participants had remarkable problems in their marital relations. Khajeddin et al. reported the low levels of MS in married students [23]. In contrast, Rahmani et al. claimed that most subjects received a high score of MS [5]. The low levels of MS among the concerned individuals is due to the high mean scores obtained for the duration of marriages, low income, pregnancy, and delivery. The pregnancy period brings about some considerable changes in the couples' communication. Many women experience some disorders in marital relations during the pregnancy period [24].

According to the findings, MS in individuals with premarital familiarity is lower than those with no premarital familiarity. This finding is in line with the results of the analysis conducted by Malek Asgar et al., who showed the marital adjustment of individuals who had no premarital relationship or limited relations was higher compared to those with advanced and multiple relations [8]. However, the present findings are in contrast with the findings of Mirzaei et al. and Khalajabadi Farahani et al. [6,7]. Moreover, Mousavi et al. showed that marital conflict was lower in students who had a premarital relation than those who did not [25]. The possible reasons for this inconsistency are as follows: First, the pregnancy age in North Khorasan province is low, and second, individuals with different cultures live together.

This study revealed a significant correlation between the level of education and MS. In other words, women who had low education levels were in a worse MS condition. The findings of Aghayosefi's et al. study indicated that women with Diploma and Bachelor's degree had more MS than women with elementary and MSc degrees [24]. This finding is consistent with those of the present study. This is probably due to the stronger problem-solving skills of educated women compared to the less educated ones.

In the present study, the only variable related to the expression of feelings in the FO and an individual's perception of the family played a significant role in predicting MS. This finding indicates that as much as the environment of the FO is more prepared for creating extensive and open communications, encouraging children to express their feelings and ideas, and involving children in making decisions, the family is more fruitful for children to manage solving their family conflicts constructively [11]. The appropriate expression of feelings helps couples improve and stabilize their relationships effectively and helps misunderstandings be raised in an open environment and the problems and conflicts be resolved more efficiently [17]. Botha's et al. study showed that the two variables of the health of FO (namely emotional role and participation) played a role in predicting MS [17]. In Ghoroghi's et al. study, the two variables of independence (autonomy) and intimacy significantly contributed to the MS prediction [26]. Kardan Suraki et al. concluded that predictors of marital intimacy were marital dissatisfaction in women, increased communication skills in men and women, attachment styles in men, and conflict resolution styles in women. Marital dissatisfaction and insecure attachment style in a consistent and inflexible conflict resolution style in women reduced marital intimacy, and increased communication skills in men and women promoted marital intimacy [27,28]. Furthermore, Hosseini et al. indicated that encouragement and independence played key roles in predicting MS. Moreover, a significant relationship was reported between the intimacy in FO and MS in the future [13].

In the present study, the impact of ethnic diversity on family functioning and the effect of ethnic diversity on individuals' optimal performance were not investigated with regard to their level of differentiation. This point is considered one of the limitations of the study. On the other hand, since the selected sample only included females, this makes the generalization of the findings problematic. As pregnancy and childbirth can affect MS, and given that many of the women referred to the Bentolhoda Hospital may be pregnant and may have referred there for

childbirth, the researcher could exclusively address these cases.

Conclusion

The present study revealed a significant relationship between health of FO and its components with MS. In other words, the families' healthy functioning is associated with MS. Moreover, the health of FO can predict MS; hence, not only the health of FO affects the children's emotional and social growth, but also it is among the critical predictors of quality in marital relations. Accordingly, understanding the relationships and interactions in FO helps to predict children's success or failure in families.

In line with the findings of some previous studies, the present study documented the critical role and effect of FO on children's lives, especially on their marriage (MS). It is recommended to conduct further studies to detect some strategies promoting the health of FO and examine the effect of applying the health promotion strategy in the health of FO on the quality of life and MS.

Given that the low MS and the existence of problems in family relationships were considered as one of the factors affecting the health of FO and MS in this study and regarding the multifactorial nature of MS, it is suggested to conduct multifactorial studies to determine the factors influencing MS (e.g., premarital familiarity and culture diversity).

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Conflict of interest

We declare that there is no conflict of interest.

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