

RELATIONSHIP BETWEEN MARITAL SATISFACTION AND PSYCHOLOGICAL HEALTH AMONG MARRIED COUPLE IN SOUTH-SOUTH REGION OF NIGERIA.

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Abstract

Background: Marital satisfaction is the largest contributor to overall happiness for married individuals and is strongly associated with physical and psychological wellbeing. Marital satisfaction is so critical to health and happiness that it generally declines over time when problems weigh down on a couple. Couples are expected to assist each other in various aspect of life and if these are not met, it can lead to marital dissatisfaction and invariably divorce or separation. Family stability is crucial and important to every society and nation as a whole. A healthy family atmosphere markedly influences the psychological health of each member of the family.

This study is aimed at eliciting a relationship between marital satisfaction and psychological health among patients attending Family Medicine Out-patient Clinic in Delta State University Teaching Hospital, Oghara.

Methods: This was a cross-sectional study that adopted a General Health Questionnaire (GHQ 28) as well as Index of Marital Satisfaction (IMS 25) to assess the relationship between psychological health and marital satisfaction respectively among patients recruited using a systematic sampling technique from Family Medicine Out-patient Clinic in Delta State University Teaching Hospital. The information required for the study was collected with the use of researcher-administered questionnaires. The questionnaire was translated into Pidgin and Urhobo languages and reinterpreted back by an external source in order to validate it. Collected data were entered into a spreadsheet and analysed using Statistical Package for Social Sciences (SPSS) Version 22. Results were presented in proportions, mean \pm standard deviation and displayed in tables and charts. The relationship between marital satisfaction and psychological health was expressed using Pearson's chi-square. A p-value was considered significant if less than 0.05.

Result: The association between duration of marriage and psychological stability was highly significant; $p = 0.001$. Over three-fifths 115 (62.5%) of the patients had marital satisfaction whereas 69 (37.5%) of them were not satisfied in their marriage. The majority of the study participants were psychologically stable in their marriage, while 29.4% were unstable.

Conclusion: The level of marital satisfaction was moderately high. The relationship between marital satisfaction and psychological health was statistically significant. This shows that marital satisfaction has a positive impact on the psychological health of the couple and vice versa.

Keywords: Marriage, Marital Satisfaction, Psychological Health, Relationship.

INTRODUCTION

Marriage can be described as a union between a pair of biologically unrelated female and male who live together and seek to derive benefits from such union such as sexual gratification, love, companionship and so on, and also use such a union as a legitimate means to procreate.^{1,2} Different types of marriage exist in different societies, for example monogamous, polygamous, polyandry to mention but a few.

Marital satisfaction on the other hand is a mental state that reflects the perceived benefits and cost of marriage to a particular person.³ Marital satisfaction is also the subjective evaluation of a person's experiences in their marriages.¹ The bond a family shares as a unit depends a lot on the level of satisfaction in marriage.⁴

Having a satisfying marriage is one of the strongest predictors of health and happiness.² Marriage in general affect either positively or negatively, the mental wellbeing of couples.

Mental health is described as a spectrum of cognitive, emotional and behavioral conditions that positively influence the social and emotional wellbeing, the entire lives and productivity of people.⁵ World Health Organization (WHO) described mental health as the

ability to: create peaceful connections with others, change personal and social environment, successfully resolve conflict, and manage personal interests by a logical, fair, and appropriate approach.⁶ Therefore, mental health is people's compatibility with the world around, which leads to happiness and effective wellbeing.⁶ Noteworthy is the fact that individuals who are satisfied with their relationship display good physical and psychological health.⁷⁻⁹

The health impact of an unhappy family is enormous, affecting every member of the family – father, mother and children are not spared the menace. The husband or wife may resort to alcohol and drugs, which may potentially lead to divorce, depression and suicidal tendencies. The mother or wife in the home may develop psychosomatic symptoms and ultimately depression. The children are usually not spared the brunt of a collapse in the relationship between their parents as they may suffer neglect from both parents, develop attention deficit hyperkinetic disorder, learning disorders, risky sexual habits, teenage pregnancy, drugs and alcohol addiction. They may also attempt deliberate self-harm to seek attention and ultimately commit suicide.^{5,9,10}

Marital satisfaction is of utmost importance as it may either negatively or positively influence the health of individuals, and invariably impact on the family and the society at large. In a study conducted in Ghana, none of the participants was satisfied with their marriage.² Divorce is a quick way out for people who feel trapped in an unhappy marriage. However, the people who really suffer from the divorce are not so much the parents but rather the children.

However, another study conducted in Benin among school teachers revealed that 82.7% were satisfied in their marriage.⁹ In addition, a strong association was found between marital dissatisfaction and psychological disorder.⁹

Marital dissatisfaction affects people of all ages, races and cultural backgrounds and often leads to divorce. Divorced individuals are usually unhappy and psychologically unstable. Their children develop delinquent behaviours and become exposed to harm and abuse due to lack of parental guidance, eventually leading to disruptive impact on the society.^{11,12}

Globally, there is a 40-50% chance of couples getting divorced, with nearly two-thirds of these divorces occurring within the first ten years of marriage.^{11,13} In the United States of America, the divorce rate is 5.2 % and remains as high as 5.5 % in Sweden and between 80 and 151 per 1000 marriages in Italy.¹⁴ Most marriages and divorces in sub-Saharan Africa are not officially registered, therefore, researchers cannot rely on vital statistics data to compute the divorce rate.^{12,15}

Psychosomatic disease or disorder (a disease which involves both the mind and body), is often a common feature among married couples and may be the result of mental and emotional disharmony from marital dissatisfaction. Marital dissatisfaction can lead to depression, although, women are more likely to become depressed after divorce.¹³ They could also have decreased levels of overall psychological well-being, increased levels of anxiety and lower self-esteem.¹³

Married couples who are more satisfied with their relationship also exhibit greater level of physiological health compared with those married couples who are less satisfied.⁷

The married consistently report better levels of psychological health compared to the unmarried.¹⁶ The above is further corroborated by a study conducted in South-East Nigeria which revealed a congruent relationship between marital satisfaction and psychological wellbeing.¹⁷

The aim of this study is to determine the level of marital satisfaction of participants measured by Index of Marital Satisfaction (IMS) and to describe the relationship between marital satisfaction and psychological health, measured by General Health Questionnaire (GHQ), among the participants.

MATERIALS AND METHODS

Study Location:

The study was conducted at the Family Medicine Outpatient Clinic of DELSUTH Oghara Delta State. Delta State is located in one of the tropical rain forest belt in the South-South geopolitical zone of

Nigeria. DELSUTH is a renowned 180 bed teaching hospital with many clinical specialties. Situated at Oghara, in Ethiope-West Local Government Area of Delta State, DELSUTH is one of the three tertiary health institutions in the state and receives patients from both private and public health facilities within Delta State and its environs.

Study Design:

The design was a hospital-based, cross-sectional study.

Target Population:

The target population included all married adult patients attending the Family Medicine Clinic of Delta State University Teaching Hospital.

Duration of Study:

This study lasted for a period of 4 months (February 2020 to May 2020).

Determination of Sample Size

The target population was defined as the number of married adults attending family medicine clinic in DELSUTH. Calculated from the health records, the total number of patients for 2017 was 7869, out of whom 3019 were married.

Using Leslie Kish's formula for sample size calculation

$$n = z^2 pq/d^2$$

n = minimum sample size

p = 12.1% - proportion of participants with good psychological health among those with marital satisfaction from a previous study conducted in Benin City, Nigeria by Ofovwe, *et al.*⁹

$$q = 1 - p (1.000 - 0.121) = 0.879$$

$$Z = (\text{standard normal deviate at 95\% confidence limit}) = 1.96$$

d = Desired Degree of accuracy, usually set at 0.05

$$n = 1.96^2 \times 0.121 \times 0.879 / 0.05^2$$

$$N = 163.435$$

Note: The target population was more than 10,000 since both marriages and psychological health of married couples are not rare conditions.

To compensate for non-100 % anticipated response rate, the formula below was applied:

$$= \text{calculated sample size} / \text{anticipated response rate}$$

$$n = 163.435 / 90\% = 163.435 / 90 \times 100 = 181.59 \approx 182$$

Therefore, a minimum of 182 subjects was recruited for this study.

A total of 190 questionnaires were administered to patients attending Family Medicine Outpatient Clinic in Delta State University Teaching Hospital. However, after sorting only 184 questionnaires were completely filled.

Sampling Technique

A systematic random sampling technique was employed to recruit

participant for this study. Participants were selected using a sampling interval calculated with the formula:

$S=N/n$, Where:

S=sampling interval

N= target population size

n=sample size (182)

Target population of married people seen at the family medicine clinic per month was $3019 \div 12=251$.

N=population of married patient who visited the family medicine clinic in 2017 hence 4 months $251 \times 4=1004$

$S 1004/182 \times 5.51 = 6$

The participants were recruited with a sampling interval of six. The first subject was chosen by simple random sampling using balloting from the first six eligible subjects and subsequently, every sixth married patient subject from the chosen respondent was recruited into the study until the minimum sample size required was achieved.

Selection Criteria

Study Population Group was selected as stated below:

Inclusion Criteria

1. Married men and women who have been married for at least one year, and still married.
2. Married men and women who are between 18 years and 75years.
3. Married men and women who were willing to participate.

Exclusion Criteria:

1. Severely ill patients (too ill to answer questions, needing emergency care or requiring admission).

Tools for the Study

1. Questionnaires: which comprises:

Social demographic data

Index of Marital Satisfaction (IMS)¹⁸ Index of Marital Satisfaction was used to measure the degree of marital satisfaction. The questionnaire comprises 25 questions of which 13 were positively worded while 12 were negatively worded. Respondents had to indicate on a 5-point score scale depending on what is appropriate for them. The positively worded items was scored in the reverse such that 1 was rescored as 5, 2 as 4, 3 remained as 3, 4 as 2 and 5 as 1. The negatively worded items was scored the same way such that 1 remained 1. The positively worded items were 1, 3, 5, 8, 9, 11, 13, 16, 17, 19, 20, 21, 23. The questionnaire adopted a Likert scoring scale which ranged from rarely or none of the time (1) A little or none of the time (2) Sometimes (3) A good part of the time (4) and Most of the time (5). After this, all the scores were summed up. The index of marital satisfaction was usually derived from subtracting 25 from the total score. A score below 30 was indicative of satisfaction with the relationship while a score above 30 was indicative of dissatisfaction.

General Health Questionnaire 28(GHQ 28)¹⁹ The second standard instrument that was used in this study was the General Health Questionnaire (GHQ 28). It was applied to measure the

psychological health of the patient in this study. GHQ 28 is subdivided into four subscales measuring somatic symptoms, anxiety, social dysfunction and depression. Respondents had to indicate on a four point Likert scale ranging from less than usual to much more than usual whether they have experienced any of the GHQ symptoms recently. As recommended an overall GHQ value was obtained by summing 0-0-1-1. A score of 4 and above is an indication of having a psychiatric dysfunction.

A pre-testing of the instruments was conducted two weeks prior to the actual study in Central Hospital, Sapele, Delta State to explore the weakness, misconception and ambiguity of the questionnaire.

The information required for the study was collected with the use of researcher-administered questionnaires. An assistant helped in the interpretation for those who could not understand English. The questionnaire was translated into Pidgin and Urhobo languages and reinterpreted back by an external source in order to validate it.

Ethical approval

Ethical approval was obtained from the Health Ethics and Research committee of DELSUTH Oghara.

The various procedures carried out were explained to the couple or patient before administering the questionnaire and obtaining physical measurements.

RESULTS

Socio-Demographic Characteristic of the Subjects.

A total of 184 questionnaires were completely filled. The participants were predominantly female; the proportion of males was 63 (34.2%) and females were 121 (65.8%). The male to female ratio: 1:2. The mean age of the participants was 38.2 ± 7.0 years. Those aged 26-35 and 36 -45 years were 37.0% and 47.2% respectively. The elderly and those less than 26 years were the minority, 2.2% and 3.8% respectively. The mean age of the respondents' spouses 40.0 ± 6.9 years. Slightly over two-fifths (41.8%) of all respondents' spouses were aged 36-45 years, followed by 26-35years which was one-third (33.2%). The elderly age group and those less than 26years were a minority, 0.6% and 1.6% respectively. The mean age at marriage amongst these study participants was 29.00 ± 6.63 years. The most frequent over half, 97 (52.7%)] or modal group of participants married when they were 20-29 years old, followed by those who married in their thirties (66, 35.9%) and the minority were those who got married in their forties (12, 6.5%), fifties (1, 0.5%) and teens (8, 4.4%).

Table 4.1 Socio-demographic characteristics of study subject

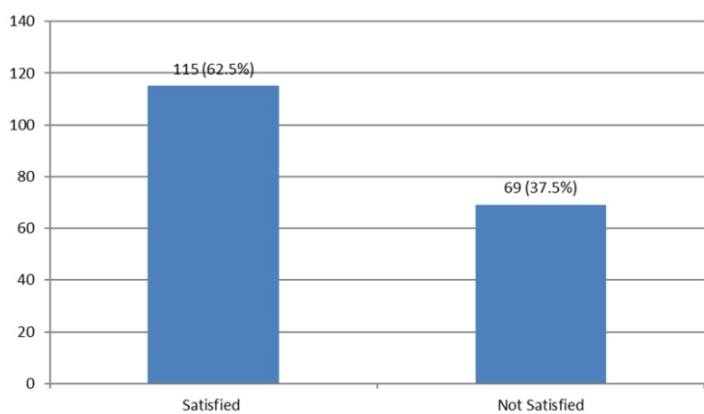
Variable	Frequency (184)	Percentage (%)
Sex of Respondents		
Male	63	34.2
Female	121	65.8
Age group of Respondents		
< 26	7	3.8
26 – 35	68	37.0
36 – 45	28	15.2
46 – 55	10	5.4
56 – 64	2	1.1
65 and above	7	3.8

Spouse's Age group		
<26	3	1.6
26 – 35	61	33.2
36 – 45	77	41.8
46 – 55	30	16
56 – 64	12	6.5
65 and Above	1	0.6
Age at marriage		
< 20	8	4.3
20 – 29	97	52.7
30 – 39	66	35.9
40 – 49	12	6.5
50 – 59	1	0.6

Marital Satisfaction Among Study Participants

Over three-fifths 115 (62.5%) of the patients had marital satisfaction whereas 69 (37.5%) of them were not satisfied in their marriage.

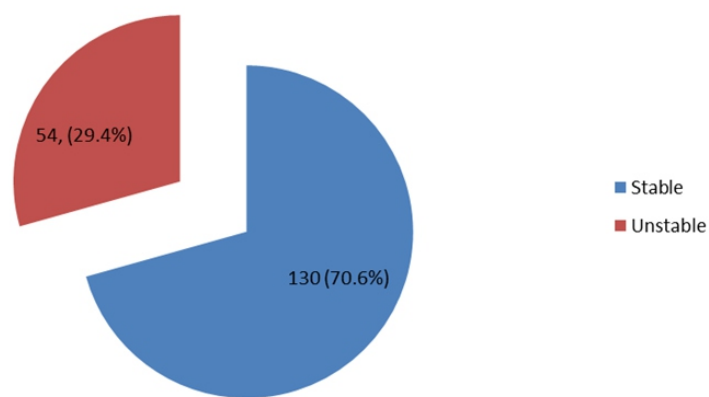
Figure 4.7: Marital Satisfaction among Study Participants



Psychological Health among Study Participants

The majority of the study participants 70.6% were psychologically stable in their marriage, while 29.4% were psychologically unstable.

Figure 4.8: Psychological Health among Study Participants



Satisfaction

The majority (82.6%) of those that had marital satisfaction were psychologically stable; with less than a one-fifth (17.4%) who were

unstable. Among the unsatisfied patients the distribution was almost equal between the psychologically stable and unstable. Nevertheless, the association between marital satisfaction and psychological stability was highly significant ($p < 0.001$).

Table 4.10: Relationship between Psychological health and Marital Satisfaction

Variable	Category	Psychological Stability		Total
		Psychologically stable	Psychologically Not stable	
Marital Satisfaction	Satisfied	95 (82.6)	20 (17.4)	115 (100.0)
	Not Satisfied	35 (50.7)	34 (49.3)	69 (100.0)
		$\chi^2 = 21.143$; $p = < 0.001$		

Discussion

One of the major findings of this study which set out to determine the relationship between marital satisfaction and psychological health was that the relationship between psychological health and marital satisfaction was highly significant ($p < 0.001$). The majority (82.6%) of those that had marital satisfaction was psychologically stable; with less than one-fifth (17.4%) who were unstable. Among the unsatisfied patients the distribution was almost equal between the psychologically stable and unstable.

Psychological health was found to be a significant predictor of marital satisfaction. This finding is in line with previous studies. For instance, Kornaszewska-Polak, (2016) identified a statistical relationship between wellbeing and marital satisfaction expressing further that wellbeing can enhance marital satisfaction in insecurely attached adults.²⁴ Similarly, Oginyi, Ofoke and Francis, found a positive predictive relationship between psychological wellbeing and marital satisfaction.¹⁷ Following the same trend, Ofovwé, Ofili, Ojetu and Okosun, identified a strong association between marital dissatisfaction and psychological disorder while Khajeh, Goodarzi and Soleimani established that marital quality predicted a percentage of psychological well-being among married men and women.^{7,25} A likely reason for this outcome could be that satisfied marital relationships are most likely to result to an individual's happiness, contentment, improved relaxation and sleep, less worry and several other positive outcomes. These outcomes are high correlates of mental wellbeing.

In this study females outnumbered males; while over three fifths (65.8%) were females two thirds (34.2%) were males. This observation may reflect a better health-seeking behavior amongst women than men. Other studies have reported a female preponderance.^{16,26} Ade-Oshifogun, et al, in a similar vein, reported that females were almost marginally higher than males among the respondents (23 versus 22).²⁷

The majority (82.6%) of those that had marital satisfaction were psychologically stable, while less than one-fifth (17.4%) were unstable. The relationship between psychological health and marital satisfaction was highly significant ($p < 0.001$).

The level of marital satisfaction reported amongst patients in this study is high, only less than two-fifths of the patients reported that they were unsatisfied with their marriage. The level of marital

satisfaction recorded in this study, 62.5% is lower than that reported in a study conducted in Edo State, South-South, Nigeria where 82.7% of the patients had marital satisfaction.⁷ Correspondingly, another study conducted amongst Nigerians in North America revealed a higher prevalence of marital satisfaction of 71.4%,²⁷ and Adigeb from a study conducted in Cross River State reported a high scores of marital satisfaction amongst the participants.²⁸ This dissimilarity in the prevalence of marital satisfaction may be attributed to difference in the characteristics of the participants. The participants in this study were patients whereas those of the previous studies conducted in Benin City, Cross River State and North America were secondary school teachers, immigrants and civil servants respectively. However, when compared to this study and these previous studies, a study conducted in Ghana revealed that no participant was satisfied with their marriage.² This suggests that marital satisfaction tends to be more prevalent amongst Nigerians than elsewhere.

Also, the level of psychological stability was high. At least 7 in 10 patients in this study were psychologically stable. This is apparently a good observation as psychological health is highly connected to physical and physiological wellbeing.²⁹

Marriage confer advantages to both financial well-being and mental health: individuals who were married reported lower psychological distress and financial worries than those separated, divorced, widowed, or never married.^{30,31} Several studies have demonstrated that marriage provides benefits to economic well-being and mental health, including psychological distress, depression, and psychiatric disorders.^{7,17,31}

Patients with Marital satisfaction were more likely to be psychologically stable than those who were not satisfied as the majority of satisfied patients were psychologically stable. Similarly, a study conducted in South-East Nigeria revealed a corresponding relationship between marital satisfaction and psychological wellbeing.¹⁷ Also, the finding of this study is in congruence with that from another study conducted in South-East, Nigeria in which almost forty percent of the women were dissatisfied with their marriage and recorded a high level of psychological instability manifesting as anxiety, and depression.³² In addition, a study conducted in Iran reported a similar finding.³³ All this is consistent with the fact that people in emotionally stable relationship have access to social support from their partners and this accounts for their psychological wellbeing.¹⁶

Marital satisfaction therefore, is robustly linked with emotional, psychological and, inevitably, physical well-being.⁶

Conclusion

The study has brought to the fore the following:

The level of marital satisfaction among married patients attending Family Medicine Outpatient Clinic in Delta State University Teaching Hospital is moderately high. A statistically significant relationship between marital satisfaction and psychological health

was recorded among patients attending Family Medicine Outpatient Clinic in Delta State University Teaching Hospital.

Recommendation:

In view of the above findings there is the need for doctors' especially family physician:

- (a) To engage patients who may have unexplainable symptoms about underlying marital issues
- (b) To advocate for spousal support among married couples
- (c) Encourage spouses with marital dissatisfaction to have therapeutic counseling to save their marriages
- (d) For further studies to explore the feasibility of incorporating screening for psychological wellbeing of patients who attend Family Medicine Outpatient Clinic.

Contribution to Family Medicine

This study has identified that psychological wellbeing or stability is strongly linked with marital satisfaction amongst married couples. This can be explored and addressed in homes and amongst couples in order to avoid issues that infringe on their marital satisfaction. Thus, family physicians as frontline doctors and advocates of healthy family living can identify underlying causes of psychological ailments and to address them in their patients and tackle them in going forward. This would facilitate the diagnosis of non-specific symptoms that could pose a diagnostic dilemma for family physicians.

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