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Original Article

The Relationship of Marital Quality and Sexual Satisfaction with Marital Status in Iranian Women: A Path Model

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Abstract

Introduction: Marriage is the most common life event in all societies. There are some factors which may lead to an unstable marriage. This study aimed to investigate the relationship between marital quality and sexual satisfaction with marital status by using Path model in Iranian women.

Methods: This was cross-sectional study conducted on 400 women, who were selected through multistage sampling method. Data were collected on demographic characteristics, marriage instability, marital quality, and Larson sexual satisfaction questionnaires. Descriptive statistics, Pearson's test were performed by SPSS V.16 and LISREL8.80 used for analysis of data.

Results: Marital quality was the most effective predictor of marital status (P<0.001). Sexual satisfaction had direct association with marital status through direct effect of marital quality (P<0.001). Moreover, smoking (P<0.001) and addiction of spouse (P<0.08) had association with marital status inversely (p< 0.05).

Conclusion: Noticed to sexuality and increase quality marital life and avoidance of high risk behaviors will help to stability marriage.

Declaration of Interest: None.

Key words: Marital status, Risk factor, Iranian, Women, Path model.

Introduction

Marriage is a source of support, intimacy and pleasure among all human beings. The sacred covenant of marriage, through which families are formed is very complicated and can meet many of the psychological and physical needs of humans and bring joy to their life(1). Various factors contribute to the establishment of an intimate relationship and the development of love and understanding in a couple and lead to marital stability (2). Marital instability is associated with concepts such as marital breakdown, disrupted marital relationship, divorce and low marital quality. (3). In fact, marital instability refers to a married couple's tendency to dissolve their marriage (4). By another definition, however, marital instability refers to the couple's tendency toward divorce. Incompatibility and dissatisfaction increase with conflicts among couples and pave the way for divorce (5). Official divorce statistics are not reflective of all the couples who have failed in their marital

life, as there are further cases of emotional divorce, in which a man and woman may live together with, but emotionally detached.

This group may never request for divorce, but the negative effects of their emotional divorce in the family are evident (6). In recent years, the divorce rate has witnessed an increasing trend in Iran.According to the statistics released by the National Organization for Civil Registration in 2006, 94,039 divorces occurred among the Iranian population, 24,667 of which cases pertained to Tehran province. By 2011,suggesting an increase of more than 20%(7).Divorce is a traumatic event closely related to marital satisfaction.The loss of or decrease in marital satisfaction can lead to separation and divorce.The marital quality is a measure for marital success and functioning that predicts the continuity and stability of the marriage and is one of the main issues involved in sexual and reproductive health (8).Sexual dysfunction is the main source of communicative conflicts which can lead to doubts about couple's enthusiasm to each other and concern about sustainability of the relationship. Marital conflicts are associated with depression, eating disorders,and alcohol dependence and communication disorders (9). People with high sexual satisfaction enjoy a higher quality of life and have more love toward their spouse. The strength of a marital relationship is compromised without a pleasurable sex life (10), because as sex is considered a basic need that is met through marriage and therefore has mutual effects on marriage (11). The results of some studies emphasize the role of sexual satisfaction as a predictor of marital stability (12, 13). In the case of the failure of this relationship, family breakdown, sexual assault crimes and increased mental illnesses are at imminent risks (14). Some studies suggest that marital conflicts are directly correlated with depression and indirectly with life satisfaction and self-esteem (15, 16). In Iran, as one of the traditional and religious communities, sexual affairs are ambiguous. Lack of training and providing information on sexual affairs are the main concerns in Iranian women. In this study, the researchers seek to establish a model for the relationship between marital status and two variables, namely marital quality and sexual satisfaction. The study was conducted in response to the relative negligence on this aspect of women's lives and due to the importance of the consolidation and stability of the family. This study aimed to determine relationship between marital quality and sexual satisfaction with marital status in Iranian women in 2015 using statistical causal modeling including the Path Analysis.

Methods

A cross-sectional study was conducted on 400 women from January to May 2015. The statistical population of the study included all women admitted to health centers affiliated to Shahid Beheshti University of Medical Sciences in Tehran, Iran, who met the inclusion criteria. The study sample was selected through multistage sampling. The regions where the healthcare centers located, were divided into four geographical zones, i.e., North, South, West, and East. Then, two centers were randomly selected from each region, and the subjects who were selected through convenience sampling. To determine the sample size, the literature review and research variables were studied. The sample size was calculated, using the following formula:

$$n \geq \left[\frac{\left(z_{1-\alpha/2} + z_{1-\beta}\right)}{0.5 \times \ln\left[(1+r)/(1-r)\right]} \right]^2 + 3 \quad =352$$

That 400 women was considered (α= 0.05, β=0.2, r=0.15).

This study was approved by meeting of the Ethics Committee of the Deputy for Research

of Shahid Beheshti University of Medical Sciences (No=28.750, Date=2/11/2014). Sampling began after obtaining the necessary permissions from authorities of the university and selected centers. Qualified women were familiarized with the objectives and methods of the research and if willing. They were also reassured of the information confidentiality. They were informed that they could withdraw at any time, and their privacy was respected by researchers. The inclusion criteria were being Iranian, after marriage at least one year; no oophorectomy, hysterectomy or mastectomy ; no known psychological disorders in women or their partners; no use of antidepressants by women or their partners; having intercourse ;no particular adverse events such as death of relatives or incurable diseases in family members; no change of residence, retirement, or job loss in one or both partners in six months ago. If women unwilling or fill out incomplete questionnaire, they were excluded. 447 samples were eligible in study. In total, 400 women participated (Figure 1). Considering the impact of depression and anxiety on sexual function, the 28-item General Health Questionnaire (GHQ-28) was first completed by the participants and scored on a Likert scale. The final version of GHQ used in previous study (17). The GHQ items were scored based on a four-point Likert scale (not at all= 0 to extremely above normal= 3). GHQ consists of four subscales, including somatic symptoms (7 items), anxiety and sleep disorders (7 items), social dysfunction(7 items), and depressive symptoms (7 items). Scores $\geq$ 22 indicated the need for receiving psychiatric counseling. In the present study, Cronbach's alpha coefficient and reliability of GHQ were estimated at 0.92 and 0.88, respectively. Based on the test results, 23 samples were excluded from the study (scores $\geq$ 22). The applied questionnaire consisted of four parts. The first part comprised of 48 demographic questions of women and her spouse, the second part, Larson sexual satisfaction contained 25 questions, that validity and reliability this questionnaire was done (18) .Its designed in Likert scale (never to always).Scores 25-50 (no sexual satisfaction), 51-75 (low sexual satisfaction), 76-100 (moderate sexual satisfaction) and 101-125 (high sexual satisfaction). In current study, the Larson sexual satisfaction was validated through content validity. For internal consistency of the Larson sexual satisfaction, Cronbach's alpha coefficient for the total scale was 0.79 and its reliability was measured by test-retest with a 10-day interval (r= 0.83).Mean score of Larson sexual satisfaction was 87.80±1.01.The third part was the marital quality (Revised Dyadic Adjustment Scale), which Cronbach's alpha coefficient and reliability were estimated respectively (19).This scale was developed by Busby et al.(20). Bradbury, Fincham and Beach introduced this scale for assessing quality of marital relationship (21). ARDS questionnaire consists of 14 questions that presented in Likert scale Ranging from 1(so little) to 6 (so much) by using 6-point type scales, point Likert formals ranging from "always agree" to "always disagree". This instrument contains 3 subscales as agreement, satisfaction and unity showing marital quality score. Higher scores indicate higher marital quality. In study, Cronbach's alpha coefficient for the total scale was 0.78 and its reliability was measured by test-retest with a 10-day interval (r= 0.81) and it was validated through content validity by three psychiatrists, three psychologists. Mean score of marital quality was 80.63±7.74. The forth part was marital instability questionnaire, included 14 questions that designed in Likert scale (usually, often, sometimes, never) and used in previous study (22). Scores 0-12 (low stability marriage), 13-

28 (moderate stability marriage) and 29-42 (high stability marriage). In this study, the marital instability was validated through content validity. For internal consistency of the marital instability, Cronbach's alpha coefficient for the total scale was 0.80 and its reliability was measured by test-retest with a 10-day interval (r= 0.81). Mean score of marital instability was 32.93±7.72. Normality of data was assessed using one-sample Kolmogorov-Smirnov test. Path analysis method is a examined in order to determine generalization of normal regression, which in addition to expressing direct effect, shows indirect effect as well as effects of each parameter on dependent parameters, and using these results, a rational explanation of the observed relationships and correlations can be provided. In this study, fitness of the conceptual model was the concurrent association of marital quality, sexual satisfaction, smoking of husband and addiction of him with marital status (Figure 2).Descriptive statistical , Pearson correlation test were performed in SPSS V.16 (SPSS

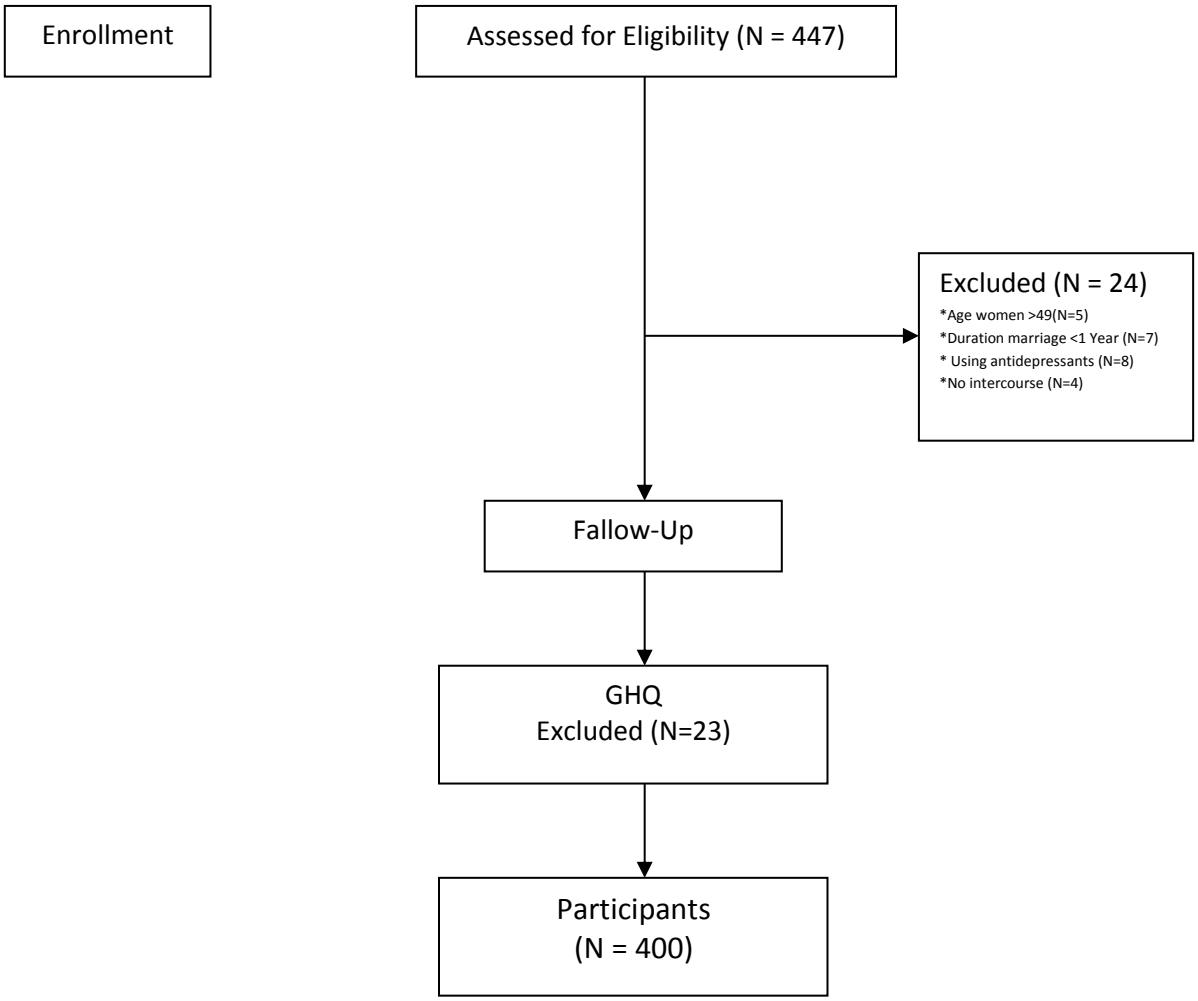

Figure1. Flow Study of Women Participants.

Inc., Chicago, IL, USA) and LISREL 8.80 through the path model. P value less than 0.05 were considered statistically significant.

Results

The mean age of 400 women were 26.74 ± 3.50 years old, and their mean duration of marriage were 7.90 ± 4.30 years. Regarding their education, 35.8% of the women had high school diploma and 36.2% of their husbands had primary school education. 58.5% women were housewives and 96% of their husbands were worker. The demographic characteristics of the women and their spouse are shown in Table 1.First, the normal distribution (by Kolmogorov Smirnov test), homoscedasticity and liner relationship were checked to perform the pathway analysis. The correlation among variables was measured using Pearson correlation test (table2). The goodness of fit for the research conceptual was measured using path analysis (figure 2). Fitness indices showed that the conceptual model of the study had a good fitness, and the hypothesis of causal association of marital quality and sexual satisfaction with stability marriage was approved. Given the root mean square error of approximation (0.03) < 0.1, normal $\chi 2 < 3$ (0.8) and indices of GFI (goodness of fit index), CFI (comparative fit index), NFI (normed fit index) and IFI (incremental fit index) between 0.99-1 (1) showed high fitness of the model and that the associations between variables were logical according to theoretical framework of the study. The effect of smoking and addiction of spouse, marital qualify and sexual satisfaction on marital status was studied (Figure3). According to the diagram, marital quality among the direct pathways (P<0.001) had the highest effect on marital status. Smoking of spouse had an indirect association with marital quality and sexual satisfaction through the inverse effect addiction them (P<0.001). In addition, sexual satisfaction had effect on marital status directly (P<0.001)(table 3).

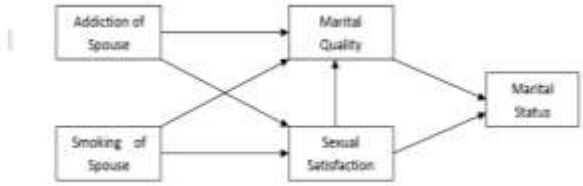

Figure2. The Theoretical Path Model for Variables Predicting Marital Status

Table1: Distribution of Women and Her Spouse by Their Characteristics.

Variables	Mean(SD)
Age of Monarch(Y)	13.11±1.03
Age of First Pregnancy(Y)	20.31±1.11
Number Pregnancy	1.72±0.73
Having Private Bedroom	N (%)
Yes	215(53.8)
No	185(46.2)
Smoking Spouse	
Yes	206(51.5)
No	194(48.5)
Addiction Spouse	
Yes	67(16.8)
No	333(83.2)

Table2: Correlations among Marital Status, Marital Quality, Sexual Satisfaction, Addiction and Smoking Spouse.

Variables	Marital status	Marital quality	Sexual satisfaction	Addiction spouse	Smoking spouse
Marital status	1				
Marital Quality	0.001 *	1			
Sexual Satisfaction	0.000 *	0.000 *	1		
Addiction Spouse	0.000 *	0.000 *	0.000 *	1	
Smoking Spouse	0.003 *	0.001 *	0.000*	0.000*	1

* P<0.01

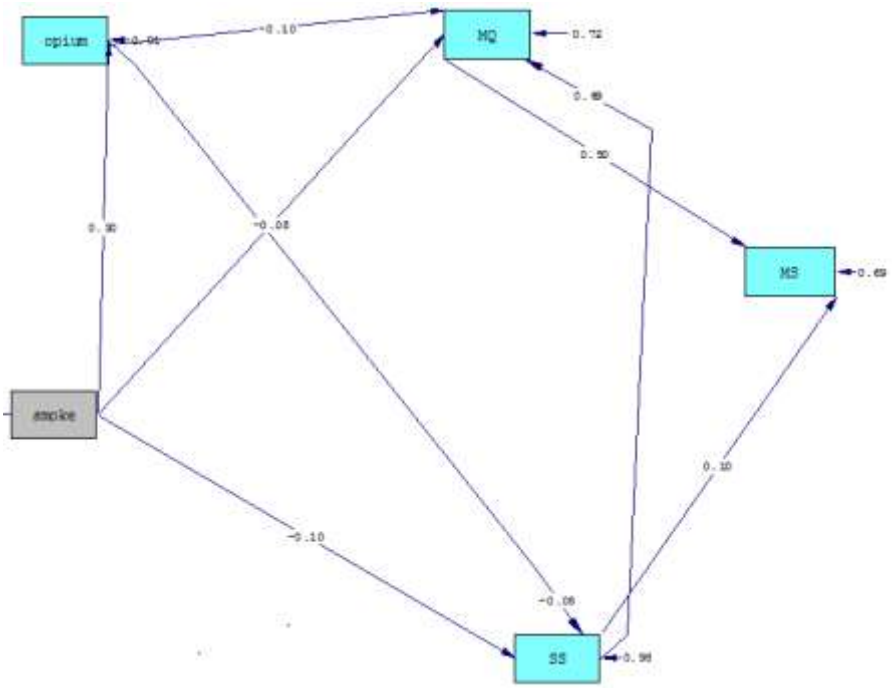

Figure3: Full Empirical Model (Empirical Path Model for Effects of Addiction and Smoking Spouse, Sexual Satisfaction(SS) and Marital Quality(MQ) on Marital Status(MS).

Table3: Path Coefficients for Prediction Variables of Marital Status.

Predictor variable	Effect			T Value	p-value
	Total	**Direct**	**Indirect**		
Marital Quality	0.50	0.50	-	14.09	<0.001*
Sexual Satisfaction	0.27	0.08	0.19	14.09	<0.001*
Smoking Spouse	-0.92	-	-0.71	-3.16	<0.001*
Addicted Spouse	-0.14	-	-0.14	-1.75	0.08*

*Significant at the 0.05 level.

Conclusion

In this study, attempts were made to create a strong relationship between theoretical and applied issues of research using path analysis. Accordingly, the results of the model indicated that marital quality had the most direct effect on marital status that was in agreement with previous studies (23, 24). Psychologists suggest that the quality of marital life is a predictor of marital stability (11), as women seeking divorce often report more marital conflicts in their life (25). The marital quality is an internal evaluation of the couple's communication in certain domains and with respect to certain values that reflects the marital functioning and the interactions within the marriage (26). The main purpose of marriage is to meet the couple's need for love, intimacy and the expression of emotions. (27). There are also factors that affect readiness for marriage and subsequently marital quality, including the individual's expectations of marriage, personality issues, communication, conflict resolution, leisure activities, sexual expectations, flexibility, assertiveness and self-confidence (28). In developing countries , women's had traditional patterns of early marriage and who tend to experience motherhood in young age that agreement with us country. Couple expectations from each other and the behaviors they show

during a controversy have a significant role in the couple's marital quality (29). These expectations change the quality of marital life by creating behavior changes in the couple .In societies, first intercourse still occur within marriage specially in women but in some developed countries, sexual activity before age 15 years are common .One another result this study, higher sexual satisfaction related to higher stability marriage. Sexual satisfaction contributes to the quality of marital life; in contrast, sexual dissatisfaction leads to decreased marital stability (30).In paper, premarital sex and this relationship is not explained. Many studies showed, prevalence sexual satisfaction were significant with prevalence divorce attitude and emotional divorce(31,32).In Iran, many factors include normative changes, increased emphasis on individual autonomy and self-realization, and spread of new ideas through mass media cause changing attitude women to sexuality. A study showed, 88% of the divorces occurring in Tehran are due to sexual problems (33). Sexual satisfaction is one of the most important factors affecting the participation of the woman in sex. The sense of sexual satisfaction contributes to emotional and physical satisfaction. When cultural norms and values receive enough support, women may create formal restrictions. Of course, religion influence on sexual behaviors. In some cultures, the dominant attitude toward sexual affairs is completely explicit, while in other cultures, it is concealed, implicit, and even inaccessible. Adopting any of the above-mentioned approaches arises from sociocultural , political , and religious interactions governing a society. Women seek satisfaction, self-esteem and intimacy with their spouse during sex and will participate more in sex if they achieve these goals; if they don't, however, they will feel frustrated and lose the desire and motivation to participate in sex (34). According to the WHO Quality of Life Model, consensual sexual activity is one of the factors affecting the quality of life (35). Clearly, according to reproductive rights, women have the rights to experience a safe and enjoyable sexual relationship. Another result, higher high risk behavior of spouse such as smoking and addiction related to lower sexual satisfaction that agreement with others study(36,37).Men who smoke thirty cigarettes or more per day have a higher risk of erectile dysfunction and develop these disorders 1.5 to 2 times more than other men (37). Inhibited Sexual Desire (ISD) and Sexual Aversion Disorder (SAD) were also higher in women with addicted husbands(38).When one of the spouses is addicted, the couple is constantly fighting over money and drugs, and this communication eventually leads to a discomfort that negatively affects the couple's sexual relationship . Women's sexual interest is influenced by their mental state, beliefs and values, expectations and sexual orientation, priorities and environmental conditions. Sexuality, desire , and arousal are severely affected by mental health and feelings of the sexual partner during the sexual intercourse (39). Addiction thus negatively affects mental health, which is itself one of the predictive factors of sexual satisfaction. Mental health is a predictor of sexual function (40). The spouse's addiction affects even the woman's self-confidence, which is itself an essential component of personal balance, adaptation and success. Self-confidence is a desirable inner energy for establishing psychological relationships that can lead to a neuropsychiatric and mental health balance, in the absence of which the individual is exposed to stress (41). Unhappy marriages in which the woman shows more negative emotions toward their marriage, their husbands tend to exhibit more aggressive behaviors, which led to a decline in marital satisfaction.

Negative perceptions and emotions are associated with marital instability. Verbal aggression decreases marital satisfaction and affects the quality of life. The instability of behavior, anxiety and violence often become part of an addict's character. Sexual problems and addiction are two predictive variables of marital instability (42). Many of the current problems in this society, particularly in families are due to the transition of the society from a traditional model to a modern one. Thus, health officials should attempt to establish measures to further enhance marital quality life of women.. Also, the subjects' embarrassment in expressing their sexual issues and lack of knowledge about the spouse's sexual disorders were other limitations of this study. On the verge of the third millennium, family is still considered the basic pillar of society. Marital satisfaction affects quality and level of general health and satisfaction with life. Sexual relationships partly form couples' understandings of one another. Reducing unhealthy behaviors, establishing intimate relationships with the spouse and increasing interactions help increase marital quality and sexual satisfaction and reduce the harmful effects of their absence on marital instability.

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