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Original Article

Sociodemographic determinants of marital satisfaction in married adults attending a tertiary care hospital

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Background: Being in a happy marital relationship is associated with better psychological and physical health. Recently, divorce rate has increased several folds in Bangladesh which alarmed the mental health professionals. Knowing the determinants of satisfaction and the proportion of maritally satisfied couple will help to employ strategies to improve the quality of marriage and to reduce marital distress.

Objectives: To estimate the proportion of maritally satisfied adults and to identify the sociodemographic factors associated with marital satisfaction.

Methods: A cross-sectional study was carried out at National Institute of Mental Health and Hospital in 2020 among 155 married adults attending the hospital and the sample was collected by convenient sampling. A semi-structured sociodemographic questionnaire along with Bangla validated version of Revised Dyadic Adjustment Scale (RDAS-B) were applied to collect the data.

Results: Out of 155 participants, 65.8% were found to be maritally satisfied and 34.2% showed marital distress. Male adults showed higher satisfaction (t=2.72, p=0.007) than females; secondary and higher educated respondents were more satisfied (F=8.76, p=0.000); urban participants were more satisfied than rural (t=4.67, p=0.000) as well as service holders found to be more satisfied than other occupants (F=4.76, p=0.000). Respondents with higher income showed greater satisfaction (r=0.300, p=0.000) and mentally ill participants were less satisfied (t=-6.59, p=0.000).

Conclusions: A significant proportion of married adults attending the hospital showed marital adjustment problems and sociodemographic factors have prominent influence on marital satisfaction.

Declaration of interest: None

Keywords: Marital satisfaction; adjustment; determinants; Bangladesh.

Introduction

Marital satisfaction is often referred as the attitude an individual has toward his or her marital relationship.[1] It is an important area of interest for both researchers and married couples. For researchers the important goal is to understand the workings of relationships that contributes to higher satisfaction.[1] Moreover being in a happy marital relationship is associated with better psychological and physical health. There are important factors which influence the attitude of the individual towards this relationship. Recently divorce rate has increased several fold in Bangladesh.[2] Unsatisfactory marital relationship increasing the rate of depression, anxiety, suicide and other

mental illness.[3] Identification of contributing factors to satisfaction will allow the married couples and mental health professionals to employ strategies that may contribute to a more satisfying marriage, and to avoid the behaviors that leads to decrease in marital satisfaction.[1] Keeping this in mind this study was carried out to determine how sociodemographic factors are related with marital satisfaction and to estimate the proportion of maritally satisfied adults attending in a tertiary care hospital.

Methods

A cross-sectional study was carried out at the National Institute of Mental Health and Hospital, Dhaka between January 2020 and October 2020. Beforehand, ethical clearance was taken from the respected authority and informed written consent was taken from the participants. The study population was married adults aged between 18 to 50 years, who were in a monogamous relationship and were married for the first time. The sample size was 155 and it was collected by convenient sampling from inpatient and outpatient departments of the hospital. Individuals whose first language was not Bangla, who were unable to understand the questionnaire due to severe mental or physical illness and whose partner had psychotic illness were excluded from the study.

A semi-structured sociodemographic questionnaire was used to collect the sociodemographic data along with Bangla validated version of Revised Dyadic Adjustment Scale (RDAS-B) which was used to measure marital satisfaction. Statistical analysis of the results was done by using computer-based statistical software, SPSS-IBM version 22.

Results

In this study, most of the participants (48.4%) were in the 30–39-year age group, female (58.1%), came from nuclear families (62.6%), had urban background (89.2%), completed secondary or higher than that level of education (88.4%) and were service holders (52.3%). Table 1 shows the sociodemographic characteristics of participants.

In the RDAS scale, the cut off score is 48 and higher score indicates more satisfaction. Out of 155 participants, 102 (65.8%) were found to be maritally satisfied and 53 (34.2%) showed marital distress. Mean score of the non-distressed couples 53.6±5.2 and distressed couples 37.7±9. We observed male adults were more satisfied than females (t=2.72, p=0.007) and urban couples than rural ones (t=4.67, p=0.000). Regarding educational level, those whose educational level was below primary appeared most dissatisfied (F=8.76, p=0.000). As for occupation, on post-hoc analysis, service holders appeared statistically more satisfied than others and unemployed fared worst (F=4.76, p=0.000). Those with psychiatric disorders also scored lower than those without (t=-6.59, p=0.000). On Pearson's correlation test, monthly expenditure positive correlated with marital satisfaction (r=0.30, p=0.000). (Table 3)

Table 1: Sociodemographic characteristics of responding married adults (N=155)

Characteristic	Frequency (n)	Percentage (%)
Age group (year)		
20-29	37	23.9
30-39	75	48.4
40-49	34	21.9
50	9	5.8
Gender		
Male	65	41.9
Female	90	58.1
Family type		
Nuclear	97	62.6
Extended	58	37.4
Education		
Illiterate and primary	18	11.6
Secondary	11	7.1
Higher secondary	22	14.2
Honors and higher	104	67.1
Residence		
Urban	138	89
Rural	17	11
Religion		
Islam	143	92.3
Hinduism	12	7.7
Occupation		
Business	17	11
Housewife	30	19.4
Service	81	52.3
Others*	27	17.4

**Others include the unemployed, students, retired persons, other occupations, etc.*

Table 2: Differences in RDAS score across various study variables

Characteristic	Level	RDAS score Mean±SD	t/F value	P Value
Group	Non-distressed	53.6±5.2	13.8	0.000
	Distressed	37.7±9		
Gender	Male	50.8±8.8	2.72	0.007
	Female	46.3±10.6		
Education	Primary	31±4.8	8.76	0.000
	Secondary	51.1±4.7		
	Higher secondary	44.2±13.2		
	Graduate	50±8.8		
Family type	Nuclear	48.8±9.5	1.01	0.313
	Extended	47.1±10.9		
Residence	Urban	49.4±9.6	4.67	0.000
	Rural	38.0±8.3		
Occupation	Service	51.3±8.3	4.76	0.000
	Student	45.3±4.4		
	Business	46.5±10.7		
	Housewife	44±11.7		
	Unemployed	37±5.4		
	Others	44.6±14		
Psychiatric disorder	Yes	38.5±10	-6.59	0.000
	No	50.5±8.6		

P values obtained from ANOVA and t test, RDAS-Revised dyadic adjustment scale

Table 3: Pearson correlation test between study variables and RDAS score

Variable	Correlation coefficient	P value
Age of the participant	0.053	0.515
Number of family members	-0.048	0.557
Monthly expenditure	0.300	0.000
Duration of marriage	-0.085	0.295

Discussion

In this study, out of 155 participants, 65.8% were found to be maritally satisfied and 34.2% showed marital distress. Male adults showed higher satisfaction than females; women's subordinate role in family, male dominance within families, unequal balance of power and unequal control of family money may lead to low level of female marital satisfaction.[4] As for education, secondary and higher educated respondents were more satisfied. Previous studies also reported that level of educational attainment significantly influences marital satisfaction.[5] Education has been associated with enhanced adaptability, communication skills, and resilience in dealing with life challenges. As a result, a positive relationship has been observed between education and marital contentment.[5] Regarding residence status, urban participants were more satisfied than rural ones. Greater challenges in daily activities, lower income, cultural norms might have been the reasons behind lower level of satisfaction among the rural couples.[6]

We observed service holders were more satisfied than other occupants and unemployed individuals scored lowest in terms of satisfaction. Similarly, respondents with higher income showed greater satisfaction. The presence of a job is highly significant in a person's life and has an impact on different facets of their overall well-being, including their marriage. Stress, insecurity, and dissatisfaction stemming

from work can extend into one's marital life, resulting in conflict and decreased satisfaction.[7] Conversely, experiencing job satisfaction and a feeling of job security can contribute to elevated levels of contentment within a marriage. Higher marital quality is more likely related with higher income.[6] Also, unemployment causes some degree of marital distress.[8]

Finally, we found those with psychiatric disorders were less satisfied. Poor mental health and wellbeing are linked to weaker personal and social connections for individuals, families, and societies.[9] Individuals facing severe mental health challenges may encounter difficulties in expressing themselves or conveying their emotions, leading to communication obstacles and potential strain on their relationships. Depression can lead to a lack of motivation or indifference towards communication, while anxiety can foster unwarranted mistrust, hindering effective communication and potentially destabilizing the relationship. The presence of mental illness can disrupt a relationship as the partner without mental illness often assumes increased responsibilities compared to before. This can expose the partner without mental illness to various risks, such as heightened stress and the burden of caregiving.[10]

The study had its limitations like we recruited a small sample. In addition, several sample demographics like the study population which were mostly Dhaka city based, educated, employed, and belonged to nuclear type family that might have made the findings less generalizable.

Conclusions

A significant proportion of married adults attending the hospital showed marital adjustment problem and several sociodemographic factors were influencing the outcome. Gender, level of education, financial status, unemployment, mental illness had played important roles in marital satisfaction.

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