

SEXUAL DESIRE, SPOUSAL SUPPORT AND GESTATIONAL PERIOD AS PREDICTORS OF MARITAL SATISFACTION AMONG PREGNANT WOMEN IN IBADAN

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ABSTRACT

Background: Survival, stability, and improvement of a family depend on marital satisfaction of such family which includes sex and spousal support particularly as it affects women during pregnancy. Therefore, this study examined sexual desire, spousal support and gestational period as predictors of marital satisfaction among pregnant women

Methods: The study adopted a cross-sectional survey. Pregnant women aged 18 years and above were recruited by an accidental sampling technique from Adeoyo Maternity Hospital Ibadan, Nigeria (n = 220). The questionnaires used was divided into three section, socio-demographic, Sexual Desire, Spousal Support and Kansas Marital Satisfaction scales and were used in collecting data. Five hypotheses were tested at .05 level of significance.

Results: Results shows that sexual desire, spousal support, living with husband and religion jointly predicted marital satisfaction among pregnant women, ($R = .577$; $R^2 = .333$; $F(4,215) = 26.802$). Sexual desire, spousal support, living with husband and religion jointly accounted for 33.3% variance in marital satisfaction

Conclusion: It was concluded that marital satisfaction among pregnant women were predicted by sexual desire and spousal support.

Keywords: Marital satisfaction, sexual desire, spousal support, gestational period

INTRODUCTION

A good and sound relationship which is based on compatibility and understanding between family members especially the couples is one of the most important elements affecting the survival, stability, and improvement of a family. Marriage satisfaction is one of the most prominent factors that affect family performance where couples seek to enjoy their marital life and experience satisfaction.

Marital satisfaction is an overall evaluation of the state of one's marriage and a reflection of marital happiness and function (Nadolu, Runcan, & Bahnaru, 2020). Family life and marital satisfaction, in particular, are known as predictors of overall quality of life (Zaheri, Dolatian Shariati, Simbar, Ebadi, & Azghadi, 2016). Marital satisfaction can affect not only the physical and mental health of both spouses (Holt-Lunstad, Birmingham, & Jones, 2008; Le Poire, 2005), but also children's development, well-being, academic performance, social skills, and relationships (Cummings & Davies, 2010; Hetherington & Kelly, 2002).

One of the common concepts to illustrate happiness and stability of marital relationship is the concept of marital satisfaction. In fact, the marital relationship provides an overall assessment of the current situation (Tavakol, Moghadam, Nasrabadi, Iesazadeh, Esmaeili, 2016). Winch (2000) argues that marital relationship is adaptation between current situations with couples' expected situation. Based on this definition, marital satisfaction is when current status is consistent with the expected state.

Marital satisfaction is seen as the most significant feature in the success of the marriage (Zaheri et.al, 2016). There are several definitions of marital satisfaction in the literature, none has been accepted as the core. Few of the widely stated definitions of marital satisfaction are included

here. Ahmad and Samina (2020) defined marital satisfaction to be the amount of contentment that a couple feels about their relationship whereas Rho (1989) defined marital satisfaction as a subjective evaluation by an individual of the degree of happiness, pleasure, or fulfillment experienced within the marital relationship between spouse and self. Moreover, Schumm, Scanlon, Crow, Green, and Buckler (1983) stated it as spouse's general perception of his or her marriage and spousal relationship. This can be a positive or a negative satisfaction towards the quality of marriage. It is generally believed that marriages in which there is a discrepancy between the partners in mate value and the personality characteristics, results in both partners to be unfaithful, signaling marital dissatisfaction (Khan & Aftab, 2013). On the other hand, marital dissatisfaction is also noticed to have a very profound impact on the psychological well-being and mental soundness of the couples (Khan & Aftab, 2013).

Studies have indicated that diverse factors such as emotional, physical, and sexual aspects along with mutual religious beliefs contribute to the duration, stability, and satisfaction of marital life (Zaheri, et.al, 2016). Moreover, marital satisfaction is associated with various other factors such as friendship, companionship, affection, personal characteristics, parenting styles, and sexual relationship (Farah & Shahram 2011).

Sexual drives are considered one of the most eminent factors influencing peoples' personal and social life (Nourani & Saadodin, 2008). Sexual issues are ranked first class in any marriage life; adaptation in sexual relationships, keep balance in sexual drives in both sexes, are among the most outstanding reasons for happiness and success in marriage life (Nourani & Saadodin, 2008).

Sexual activity is common in pregnancy, but the frequency varies widely, with a tendency to decrease with advancing gestational age. (Aslan, Aslan,& Kizilyar,2005, Orji, Ogunlola, &Fasubaa,2002). Decreased sexual activity may be attributable to nausea, fear of miscarriage, fear of harming the fetus, lack of interest, discomfort, physical awkwardness, fear of membrane rupture, fear of infection or fatigue (Orji, Ogunlola, &Fasubaa, 2002). Libido and sexual satisfaction may also be negatively affected by a woman's self-perception of decreased attractiveness.

Sexual activity is linked to marital satisfaction; the claim that couples who share housework have more sex has captured substantial public attention. In the popular imagination, husbands' contributions to housework seem decisive, the implications of which were recently spun in a headline in Canada: "Men: Want More Sex? Do the Laundry!" This claim appears to have originated in an unpublished survey conducted by Chethik (2006). The prevailing and most often assessed determinants of sexual satisfaction are frequency of sexual interactions and frequency of orgasms (Barrientos & Paez, 2006)

Very few studies have investigated whether sexual drives and spousal support result in higher levels of marital satisfaction in Nigeria. Therefore, this study is set out to investigate if factors of sexual desire, and spousal support will predict marital satisfaction among pregnant women in Ibadan.

This led to the following research hypotheses

Hypotheses

1. There will be significant positive relationship between sexual desires, spousal support and marital satisfaction
2. Pregnant women with high level of sexual desire will score significantly higher on the measures of marital satisfaction than pregnant women with low level of sexual desire among pregnant women.
3. Pregnant women with high level of spousal support will score significantly higher on the measures of marital satisfaction than pregnant women with low level of spousal support among pregnant women

4. Sexual desire, spousal support, living with husband and religion will predict significant joint and independent influence of marital satisfaction among pregnant women
5. Participants' gestational period (age of pregnancy in months) will significantly predict marital satisfaction among pregnant women

METHODS

Research Design

This study adopted a cross-sectional research design. Data was gathered once-off by means of self-report questionnaires. The dependent variable is marital satisfaction while sexual desire and social support were the independent variables. The independent variables were considered at two levels each.

Population and Setting

The population for the study was a total of 220 pregnant women receiving antenatal treatment in Adeoyo State Hospital Ring Road, Ibadan. This preference was based on the accessibility to the research participants in adequate number as specified in the study. The choice of this study setting was based on the popularity, proximity and accessibility to pregnant women attending antenatal clinic.

Sampling Technique

Purposive sampling technique was adopted. This sampling technique was adopted because the selection criteria showed that only pregnant women attending antenatal clinic are eligible for the study. The frequency distribution results showed that out of the two hundred and twenty (220) participants who completed the questionnaires; frequency distribution of participants age ranged between 21-30yrs was 80 (35.4%), 31-40 years was 93(42.3%) and 41-50 was 47 (21.4%); religion distribution shows that 146 (66.4%) were Christian and the remaining 74 (33.4%) were from Islamic religion.

On how old is their pregnancy participants indicated that pregnancy between 3-5 months were 88 (40.0%) and those between 6-9 months old were 132 (60.0%). On type of marriage 167 (75.9%) indicated that they are from monogamous home, 44 (20.0%) were from polygamous home, while 9 (4.1) indicated others which could be single mothers, separated or young widows. Number of times participants had sex with their partners indicated that 43 (19.5%) do not engage in sex during pregnancy, 158 (71.8%) engage in sex between 1-3 times a week while 19 (8.6) engage in sex between 4-9 times per week.

Measuring Instruments

This study utilized standardized psychological instruments as means for data collection which comprised of four sections; A-D.

Section A: Socio-demographic. This section tapped demographic data of the respondents such as age, religion, occupation, etc.

Section B: Sexual Desire scale is a 22- item questionnaire measuring sexual desire developed by Toledano & Pfaus, (2006). Reliability estimates for the scale indicated internal consistency with Cronbach's alpha, of $\alpha = .77$. The reliability coefficient obtained for this scale in this study is .82 which is very high and acceptable.

Section C: Spousal Support scale is a 6-item instrument designed to measure spousal emotional support and was developed by Matzek and Cooney, (2009). The scale has two domains: spousal emotional support and spousal emotional strain. In this study spousal emotional support was used. The author reported .91 Cronbach alpha and in this study Cronbach alpha of .81 was obtained

Section D: Marital Satisfaction Scale: This refers to the couples' feelings of content and happiness resulting from marriage and partnership. It was measured in this study with the use of Couples Satisfaction Index developed by Funk and Rogge (2007). This section consists of 25-item questionnaire known as Couples Satisfaction Index. This instrument has a reliability coefficient of .64 in this study.

Data Collection Procedure

The researchers took permission from the Medical Director of the hospital. The written consent of participants was obtained after the objective, risk and benefit of the study had been explained to them. Confidentiality of the study was also explained to them that they are free to withdraw from the study at any time during the study. The fully completed questionnaires were collated and coded for the data analyses.

Statistical Analysis and Data Management

Data obtained was analysed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics such as frequency, mean, standard deviation, and variance were conducted to describe the subjects' information. Hypotheses were tested using multiple regressions, ANOVA and T-test for the independent samples. The reliability analysis of the study instruments were examined and reported as local reliability for future reference.

RESULTS

Hypothesis One

Sexual desire and spousal support will have significant relationship with marital satisfaction among pregnant women. The hypothesis was analyzed with zero order correlation statistics and the result is presented in table 1.

Table 1: Zero order correlation showing the relationship between sexual desire, spousal support and marital satisfaction

	Variables	1	2	3	X	SD
1.	Sexual desire	-	-.183**	.251**	53.76	11.24
2.	Spousal support		-	.463**	9.20	2.88
3.	Marital satisfaction			-	49.9	8.67

** Correlation is significant at the 0.01 level (1-tailed).

Table 1 results shows that there was significant relationship between sexual desire, spousal support and marital satisfaction at ($P < .01$); sexual desire significantly correlated with marital satisfaction ($r = .251$, $p < .01$) and the relationship is strong and in positive direction; spousal support significantly correlated with marital satisfaction ($r = .463$, $P < .01$) and the relationship is strong and in positive direction. In addition, sexual desire significantly correlated with spousal support among pregnant women ($r = -.185$; $p < .01$) and the relationship is weak and in negative direction. This result implies that marital satisfaction among pregnant women in Ibadan increases in sexual desire and spousal support. Therefore, the result supported the stated hypothesis and it is accepted in this study.

Hypothesis Two

Pregnant women with high level of sexual desire will score significantly higher on the measures of marital satisfaction than pregnant women with low level of sexual desire among pregnant women. The hypothesis was tested with t-test for the independent samples and result is presented in Tables 2

Table 2: Summary of t-test for the independent samples showing the influence level of sexual desire on marital satisfaction

	sexual desire	N	Mean	S.D	Df	T	P
marital satisfaction	High	102	52.54	8.34	218	-4.368	<.01
	Low	118	47.62	8.33			

Table 2 results indicate that pregnant women with high level of sexual desire scored significantly higher on marital satisfaction than pregnant women with low level of sexual desire among pregnant women $t(218) = -4.368$; $p < .01$). However, pregnant women with high level of sexual desire recorded a mean score of (52.54) and pregnant women with low level of sexual desire recorded a mean score of (47.62). This result implies that there is significant different in level of sexual desire among pregnant women. Hence, the result confirmed the stated hypothesis and it is accepted in this study.

Hypothesis Three

Pregnant women with high level of spousal support will score significantly higher on the measures of marital satisfaction than pregnant women with low level of spousal support among pregnant women. The hypothesis was tested with t-test for the independent samples and result is presented in Tables 3

Table 3: Summary of t-test for the independent samples showing the influence level of spousal support on marital satisfaction

	sexual desire	N	Mean	S.D	Df	t	P
marital satisfaction	High	100	53.06	11.34	218	-5.205	<.01
	Low	120	47.28	4.01			

Table 3 results indicate that pregnant women with high level of spousal support scored significantly higher on marital satisfaction than pregnant women with low level of spousal support among pregnant women $t(218) = -5.205$; $p < .01$). However, pregnant women with high level of spousal support recorded a mean score of (53.06) and pregnant women with low level of spousal support recorded a mean score of (47.28). This result implies that there is significant different in level of spousal support among pregnant women. Hence, the result confirmed the stated hypothesis and it is accepted in this study

Hypothesis Four

Sexual desire, spousal support, living with husband and religion will predict significant joint and independent influence of marital satisfaction among pregnant women. This hypothesis was tested using multiple regressions and the results are presented on table 4:

Table 4: Summary of Multiple Regressions showing the Influence of sexual desire, spousal support living with husband and religion on marital satisfaction

Variable	R	R ²	F	P	β	t	Sig
Sexual desire					.350	6.162	<.01
Spousal support					.529	9.295	<.05
Living with husband	.577	.333	26.802	<.01	.029	.499	>.05
Religion					.019	.330	>.05

Dependent variable: marital satisfaction

The results in table 4 showed that sexual desire, spousal support living with husband and religion jointly predicted marital satisfaction among pregnant women, ($R = .577$; $R^2 = .333$; $F(4, 215) = 26.802$; $p < .01$). This implies that sexual desire, spousal support living with husband and religion jointly accounted for about 33.3% variance in marital satisfaction while the remaining 66.7% could be attributed to other variables not considered in this study. However, the analysis of the independent predictions indicated that sexual desire and spousal support predicted significant independent influence on marital satisfaction ($\beta = .350$; $t = 6.162$; $p < .01$); ($\beta = .529$; $t = 9.295$; $p < .01$); among pregnant women. Therefore, the stated hypothesis is supported by the result obtained and it is accepted in this study.

Hypothesis Five

Participants' gestational period (age of pregnancy in months) will have significant effect on marital satisfaction among pregnant women. This hypothesis was tested with one-way ANOVA and the results are presented in table 5.

Table 5: ANOVA showing the influence of marital status on marital satisfaction

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	178.010	7	25.430	.331	>.05
Within Groups	16288.172	212	76.831		
Total	16466.182	219			

Dependent variable: marital satisfaction

Table 5 result shows that participants' gestational period did not have significant influence on marital satisfaction of pregnant women [$F(7, 212) = .331$, $p > .05$]. Hence, the hypothesis is rejected in this study.

DISCUSSION

The first finding showed that marital satisfaction increases sexual desire and spousal support among pregnant women as revealed in the current study. This means that marital satisfaction has been observed as an overall evaluation of the state of one's marriage and a reflection of marital happiness and function as reported by (Schoen, Astone, Rotherth, Standish, & Kim, 2002). In fact, marriage satisfaction is one of the most prominent factors that affect family performance which requires both efforts to bring into play the happiness expected. All couples seek to enjoy their marriage life and experience satisfaction. The current finding also supports that family life and marital satisfaction, in particular, are known as main predictors of overall quality of life (Zaheri et.al, 2016) this corroborate the above finding because without the satisfaction in the marriage, the sexual desires and the support needed will not be experienced and this will tell on the overall quality of life of family involved.

The finding also assessed those pregnant women with high level of sexual desire will score significantly higher on the measures of marital satisfaction than pregnant women with low level of sexual desire among pregnant women. This finding showed that there is a significant different in level of sexual desire among pregnant women included in the present study. This

result support that compatibility in marriage satisfaction is a core component in the union because it will often result into feeling happy, content and indifferent with each other; this occurs through mutual love, taking care of one another, acceptance, mutual understanding, and need gratification including sexual needs. Compatible and martially satisfied couples are those who share many things, are happy with the kind and level of their relationship, are happy with the way they spend their leisure time, and those who plan their time and financial issues in an acceptable way and this is determined in way by the sexual life of both partners, men tend to be high on sexual desires and move by what they see, which invariable means that will go for some that will continuously satisfy them.

The current finding indicated that pregnant women with high level of sexual desire scored significantly higher on marital satisfaction than pregnant women with low level of sexual desire among pregnant women, and this also support the fact that there are indifferences in sexual life and desires among pregnant women. The current finding contradicts the finding of Winch (2000) argues that marital relationship is adaptation between current situations with couples' expected situation.

Furthermore, the findings also determine whether pregnant women with high level of spousal support will score significantly higher on the measures of marital satisfaction than pregnant women with low level of spousal support. The result shows that there is significant different in level of spousal support among pregnant women included in the present study. This finding is in line with Kurdek, (2005) Spouses reporting greater partner support are more satisfied with their marriages than those reporting less support and spouses often identify a lack of partner support as a major reason for relationship dissatisfaction and dissolution (Leopold, 2018). The current finding also corroborates that support plays a critical role within romantic relationships in general, as well as within marriages specifically. Perceived spousal support adequacy uniquely predicts marital quality (Yedirir and Hamarta, 2015). Additionally, pregnant women desire significantly greater support from their husband.

More so, finding also assessed sexual desire, spousal support, living with husband and religion will predict significant joint and independent influence of marital satisfaction among pregnant women. The result shows that analysis of the independent predictions indicated that sexual desire and spousal support predicted significant independent influence on marital satisfaction among pregnant women included in the current study. This finding supports that marital satisfaction is hinged on emotional attachments; sexual desires coupled with spousal support of couples. There are expectations from both parties to make the marriage work which both parties must unanimously agree to make it work especially those pregnant women staying with their husband.

Finally, the study investigated the participants' gestational period (age of pregnancy in months) and the finding shows that participants' gestational period did not have significant influence on marital satisfaction of pregnant women. This finding is in line with Elliott and Umberson (2008) who found that there may be decreased sexual function as pregnancy progresses; this is sometimes due to reduced sexual desire or the fear of harming the baby. At gestational periods, there are possibilities that there is a loss of interest in sexual life and desires, typically, as pregnancy progresses, there is a decrease in the achievement of orgasm and sexual satisfaction, and an increase in painful intercourse (Gokyildiz S,& Beji, 2005).

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