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RESEARCH ARTICLE

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## MARITAL SATISFACTION AS PREDICTOR OF GENERAL WELLBEING OF PREGNANT WOMEN

Eze Uchenna Gerald\*<sup>1</sup>, Omeke Sarah Chinaza<sup>2</sup>, Okoli Paul Chibuike<sup>1</sup>, E nukora Nkiru Abumchukwu<sup>3</sup>, Eze Stephen Chijioke<sup>4</sup>, Onah Livinus Nnanyereugo<sup>5</sup>, Maduka Chike Joachim<sup>5</sup> Mba Sunday<sup>5</sup>, Eya Jonathan Chukwuemeka<sup>6</sup>, Onahikedichukwu Luke<sup>3</sup>, Ozougwu Augustine Obumneme<sup>1</sup>, Ugwu Chika Gloria<sup>7</sup>, Nevo Calistus Obiora<sup>5</sup>, Victor Okey Dinwoke<sup>5</sup>, Obeta Innocent Onyemечи<sup>8</sup>, Enyinna Perpetua Kelechi<sup>8</sup> and Omeke Chidimma Akudo<sup>5</sup>

<sup>1</sup>Department of Psychiatry, College of Medicine, Enugu State University of Science and Technology, Enugu

<sup>2</sup>Department of Social Works and Community Development University of Nigeria Nsukka

<sup>3</sup>Department of Psychology University of Nigeria Nsukka

<sup>4</sup>Department of Obstetrics and Gynecology Federal Medical Centre Abuja

<sup>5</sup>Department of Obstetrics and Gynecology, College of Medicine, Enugu State University of Science and Technology

<sup>6</sup>Department of Anesthesia, College of Medicine, Enugu State University of Science and Technology

<sup>7</sup>Department of Psychology Enugu State University of Science and Technology

<sup>8</sup>Department of Obstetrics and Gynecology Enugu State Teaching Hospital Parklane

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\*Corresponding author: Eze Uchenna Gerald

### ABSTRACT

The general wellbeing of pregnant women which is being influenced by several factors is a variable of interest to health researchers and health providers. This study examined marital satisfaction as a predictor of general wellbeing of pregnant women in Benue state. An ex-post facto design was used to carry out the study. Three hundred and seventy (370) pregnant women, Otukop (123 (33.2%), Markudi 157 (42.42%) and Katsina- Ala 90 (24.3%) were purposely sampled respectively. Their mean age is 1.63 and their standard deviation is 0.48. Two instruments were used for the study; marital satisfaction, inventory and general wellbeing questionnaire. The hypothesis which states that marital satisfaction will predict the general wellbeing of pregnant women was tested using regression analysis. The result revealed that marital satisfaction predicts all the dimensions of general wellbeing; general health, anxiety, self-control, depression, vitality and positive wellbeing among pregnant women in Benue state {F 93.327} = 4872.778, P <.01}. On the specific dimensions of general wellbeing, marital satisfaction predicted general health. [F (1,369) = 676.883, P<.01]. It also predicted anxiety [F (1,369) = 805.346, P<.01], predicted self-control [F (1,369) = 807.974, P<.01, depression [F (1,369) = 531.723, P<.01], vitality [F (1,369) = 609.053, P<.01, positive wellbeing [F (1,369) = 846.903, P<.01. It is therefore recommended that disharmony among couples should be strongly discouraged during pregnancy to make the women's life's healthy and in turn save the unborn child from negative mishap.

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## INTRODUCTION

well-being is a variable of interest to many individuals. When individuals report that they are feeling well, that does not mean everything about them is well. It may mean that on the average the person has rated him/herself to be well even though there might be areas in which the individual may not have measured up to the average (Fatehi & Ozra, 2017). Wellbeing, welfare or wellness is a general term for the condition of an individual or group, for example

their social, economic, psychological, spiritual or medical state (Katja, Asko & Lea, 2013). A high level of well-being means in some sagacity that the individual or group's condition is positive, while low well-being is related with negative happenings (Katja, Asko & Lea, 2013). Numerous professional intellectuals from a wide range of disciplines have hypothesized about the nature of well-being and the good life, providing lucid conceptualization of the knowledge of well-being. General well-being is defined as optimal psychological functioning that refers to subjective evaluation of happiness, pleasant versus unpleasant experiences and it includes all judgments of good and bad elements of life (Ryan & Deci, 2001). Pregnancy brings

significant changes in the marital relationship of couples. Marital relationships change during pregnancy under the influence of psychological and physiological changes of pregnancy. Fatehi and Ozra (2017) stated that good marital relationships are connected with general health, physiological safety, and better functioning of the cardiovascular system. Marital satisfaction is a type of general assessment of the individual's marital status and is a reflection of the couple's happiness and their performance which couples often feel happy and are satisfied with each other (Rostamini, Ghazinaur, Nygren & Richter, 2014; Hajihassani & Sim, 2019). Marital satisfaction refers to an individual's positive assessment of his/her marital relationship. Marital satisfaction research has resulted in the identification of the multitude of factors that contribute to a satisfactory marital union; feelings of love, trust, respect and fidelity (Forogh, Niloufar, & Laila, 2017). Marital satisfaction is a predictive factor of wellbeing during pregnancy. Couples' marital satisfaction has an important role in women's mental health. A woman who has a healthier mental health can develop an appropriate interaction with her life experiences and have control over life's outcomes (Qadire, Khaida, Haqqains, Zille & Medhlin, 2013). A bilateral relationship is available between marital satisfaction and mental problems during the perinatal period. It is believed that women with lower marital satisfaction experience a greater amount of anxiety during pregnancy (Yenieli & Petri, 2014). Furthermore, hormonal, physical and mental changes during pregnancy can affect women's sexuality and partnership physiognomies. In this way, it is stated that women's sexual problems increase in the early months of pregnancy and return to the normal level during the postpartum period.

Several researchers have attempted looking at marital satisfaction and the wellbeing of individuals. Figen and Ayseur (2018) found that marital satisfaction predicts life satisfaction. Jalib, Pegshi, Hassan and Leila (2017) found that there was significant relationship between marital satisfaction and general health. Furthermore Forough, Nilouflair and Larla (2017) reported that there was a significant association between marital satisfaction and total score of mental health among married students. This study examined marital satisfaction as predictor of general wellbeing of pregnant women.

**Research objectives:** To ascertain if marital satisfaction will influence the general wellbeing [health, anxiety, self-control, depression, vitality and positive well-being] of pregnant women.

**Research Question:** To what extent does marital satisfaction influence the general well-being [health, anxiety, self-control, depression, vitality and positive wellbeing] of pregnant women?

## METHOD

This study employed an ex-post-facto design. Ex-post-facto design studies are mainly concerned with describing events as they are without any manipulation being observed (Ali, 1996).

**Participants:** The participants of this study were pregnant women who are working and are married. The study consisted of 370 pregnant women drawn from three locations in Benue State. Distribution of respondents by locations indicated that 157(42.4%) were from Makurdi, 123(33.2%) were from Otukpo and 90(24.3%) were from Katsina Ala. Distribution of respondents by age indicated that 18-30years were 137(37%) while 31years and above were 233(63%). Distribution of respondents by educational level indicated that O'level were 121(32.7%), OND/NCE were 107(28.9%), First degree/HND were 94(25.4%) while M.SC and above were 48(13%). Distribution of respondents by their tribes indicated that Tiv were 231(62.4%), Idoma were 80(21.6%) and others (un-indicated) were 59(15.9%). The distribution of respondents by their religion indicated that Christianity were 358(96.8%) while Islam were 12(3.2%). The distribution of respondents by the number of children they are having indicated that those having between 1 and 4 children were 296(80%) while those of 5 and above were 74(20%).

Lastly, distribution of respondents by the type of job indicated that 190(51.4%) were in Civil Service while 180(48.6%) were in private sector.

**Sampling Technique:** A multi-staged sampling technique was used for this study. A stratified sampling technique was used to select one Local Government Area on each geo-political zone. Simple random sampling was used to select one hospital from each of the three geo-political Zones of Benue State. Thus, Comprehensive Health Centre Township KatsinaAla for Zone A, Federal Medical Centre Makurdi for Zone B, and Comprehensive Health Centre Otukpo for Zone C. Quota sampling was used to get the number to represent each hospital according to their respective numbers. For Federal Medical Centre which has a population of 804 pregnant women, 157 pregnant women were sampled. For Comprehensive Health Centre Otukpo which has a population of 626 pregnant women, 123 pregnant women were sampled. Lastly for Comprehensive Health Centre Township KatsinaAla which has a population of 461 pregnant women, 90 pregnant women were sampled. The participants for this study were selected through purposive sampling technique. This is because it was convenient for the researcher and not all the pregnant women were willing. Moreover, it was not just any pregnant woman that was willing that was involved in the study but those pregnant women that are working aside their domestic responsibilities and are married. The researcher made use of several research assistants in collecting the data. These research assistants are people knowledgeable with the ethics and principles of research in psychology. The research assistants were trained on how to conduct the study, The researcher with his research assistants selected those women who are able and willing.

**Instruments:** Two(2) instruments were used for this study. They are as follows:

**Marital Satisfaction** was assessed with the Couple Satisfaction Inventory (CSI=16) (Funk & Rogge, 2007). It is a 16 item scale that measures relationship satisfaction. It is measured on different response scale. The reliability coefficient of CSI= 16 was Cronbach alpha of .94. Scoring of CSI=16 was simply used to sum the responses across all of the items. The scores can range from 0 to 81. Interpretation is that higher scores indicate higher levels of relationship satisfaction. Scores below 51.5 suggests notable relationship dissatisfaction.

**General well-being** was assessed with General wellbeing Questionnaire which was constructed by Dupuy in 1977. It is a self-administered questionnaire that focuses on one's subjective feelings of psychological well-being and distress.

**Pilot Study** To adopt the scale for the Nigerian sample, it was subjected to pilot study using 50 pregnant women from Myom hospital, in Gboko Local Government Area of Benue State. For the pilot study a total number of 60 copies of the four instruments were administered to the participants using purposive sampling in which only willing pregnant women were giving the instruments. Only 50 copies were correctly filled and returned. The 50 copies were analysed. From the analysis, the reliability coefficient of the dimensions of the reliability coefficient of couple satisfaction inventory is a cronbach Alpha of .869 while that of the General Wellbeing Questionnaire is a Cronbach Alpha of .887.

**Procedure:** The researcher personally visited the three selected Local Government Areas being Makurdi, Otukpo and Katsina-ala. He collected the data from Federal Medical Centre Makurdi, Comprehensive Health Centre Otukpo and Comprehensive Health Centre Township Katsina-Ala where he obtained permission from the authorities of the three institutions for the administration of the questionnaires. Prior to the administration of the questionnaires, informed consent of the pregnant women was obtained after which questionnaires were administered at the convenience of the pregnant women. Attached to each questionnaire was informed consent note. On the note it was clearly stated that participation in the study was

voluntary, and that response to the questionnaires will be kept confidential and used solely for the purpose of research. Three research assistants assisted during the administration of the questionnaires. The assistants were trained on how to administer the questionnaires. The researcher and his assistants explained to the participants how to respond to the questionnaires. Also the participants were encouraged to make sure they answer all the questions. The questionnaires were collected after completion and were sorted out to ensure that only those that were fully and correctly completed were processed. Cases of improperly completed questionnaires were discarded. In order to observe ethical principles guiding research of this kind, respondents were debriefed adequately. This was achieved by appreciating their participation and assuring them of confidentiality.

**Data analysis:** Single Linear Regression was used to test the hypothesis.

## RESULTS

**Hypothesis** Marital satisfaction significantly predicted general wellbeing among pregnant women in Benue State. This hypothesis was tested using simple linear regression and the result is presented in Table 1.

**Table 1. Simple Linear Regression Showing the Prediction of Wellbeing by Marital Satisfaction of Pregnant Women in Benue State**

DV	Variables	R	R <sup>2</sup>	$\beta$	F	t	Sig
	Constant	.989	.977		15846.452	4.992	.000
Overall DV	Marital satisfaction			.989		125.883	.000
	Constant	.805	.648		676.883	2.264	.000
General health	Marital satisfaction			.805		26.017	.000
	Constant	.828	.686		805.346	2.351	.000
Anxiety	Marital satisfaction			.828		28.379	.000
	Constant	.829	.687		807.974	3.067	.000
Self-control	Marital satisfaction			.829		28.425	.000
	Constant	.769	.591		531.723	.214	.000
Depression	Marital satisfaction			.769		23.059	.000
	Constant	.790	.623		609.053	-.898	.000
Vitality	Marital satisfaction			.790		24.679	.000
	Constant	.835	.697		846.903	-.465	.000
Positive wellbeing	Marital satisfaction			.835		29.012	.000

Table revealed that marital satisfaction significantly and positively predicted the overall wellbeing [F (1,369) = 15846.452, P<.01]. The result further shows that 97.7% of the variation in the overall wellbeing is been explained by marital satisfaction. With this result, hypothesis (A) was accepted. Table also revealed that marital satisfaction significantly and positively predicted general health [F (1,369) = 676.883, P<.01] Further observation shows that marital satisfaction accounted for 80.5% of the variance in anxiety. Based on this finding, hypothesis (B) was upheld. Table also revealed that marital satisfaction significantly and positively predicted anxiety [F (1,369) = 805.346, P<.01] Further observation shows that marital satisfaction accounted for 82.8% of the variance in anxiety. Based on this finding, hypothesis(C) was upheld. Table also indicated that marital satisfaction significantly and positively predicted self-control [F (1,369) = 807.974, P<.01]. The result also shows that marital satisfaction accounted for 68.7% of the variance in self-control among pregnant women in Benue State. Based on this result, hypothesis (D) was upheld. Also table indicated that marital satisfaction significantly predicted and positively depression among pregnant women [F (1,369) = 531.723, P<.01]. The result also shows that marital satisfaction accounted for 59.1% of the variance in depression among pregnant women in Benue State. With this result, hypothesis (E) was confirmed. The result in table also provided result to show that marital satisfaction significantly and negatively predicted vitality among pregnant women [F (1,369) = 609.053, P<.01]. The result further shows that marital satisfaction accounted for 62.3% of the variance in vitality among pregnant women in Benue State. Based on this result, hypothesis (F) was accepted. Lastly, table revealed that marital satisfaction significantly and negatively predicted positive

wellbeing [F (1,369) = 846.903, P<.01]. The result further shows that marital satisfaction accounted for 69.7% of the variance in Positive wellbeing among pregnant women. Based on these findings, hypothesis (G) was upheld.

## DISCUSSION OF FINDINGS

Hypothesis states that marital satisfaction will significantly predict the general well-being of pregnant women. Result indicated that marital satisfaction positively predicted the general well-being of pregnant women. That is, as pregnant women perceive the benefits and costs of their marriages to be favourable, the general well-being becomes favourable too. The higher the marital satisfaction, the better the general well-being of pregnant women. While the lower their marital satisfaction the unfavourable their general well-being. This finding agrees with most studies related to these variables. Ofovweet.al (2013), found a strong association between marital satisfaction and psychological disorders among secondary school teachers. Katjaet.al (2017), found that marital satisfaction is associated with health and well-being in older couples over time. Gorchhoff (2008), found a strong link between marital satisfaction and well-being while individuals highly-invested in unsatisfying marriages experienced lower levels of well-being and higher levels of depression than less-highly-invested individuals.

Furthermore, marital satisfaction predicts all dimensions of general well-being. Marital satisfaction contributes positively to general health, anxiety, self-control, depression but negatively to vitality and positive well-being. This suggests that couples should adhere to marriage agreements in order to ensure wellness even during pregnancy. In contrast to the above finding Okoli et al (2019) noted that marital dissatisfaction did not predict depression in married individuals

## IMPLICATIONS OF FINDINGS

The finding indicated that marital satisfaction predicted the general well-being of pregnant women. The implication of this finding is that in most homes where the perceived benefits and cost of marriage are not satisfactory, the general well-being of the pregnant woman is at risk. However where the perception is satisfactory, the general well-being of the pregnant woman is meant to be favourable. It is therefore for couples to live in harmony knowing its influence on the general well-being of a woman that is pregnant.

## CONCLUSION

Marital satisfaction is very crucial in pregnancy. It enhances the wellbeing of the women. Therefore husbands and significant others should endeavour to make the pregnant woman have a sense of wellbeing, for her wellbeing is of great concern to the to the home, nation and the entire world.

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