

Effect of Premarital Counseling on Marital Satisfaction

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Abstract

Background: Communication has a fundamental role in marital life and lack of effective communication is a common complaint of married couples attending counseling and treatment centers.

Objectives: This study was conducted to examine the effect of communication skills on marital satisfaction of couples attending premarriage counseling centers.

Methods: This parallel interventional study was conducted on 60 couples who attended a premarriage counseling center (Shahid Rast Raveh) affiliated to Alborz University of Medical Sciences. A simple sampling method was used and samples were allocated into the intervention and control groups using blocks randomization. The intervention group, in addition to the routine trainings, received training on communication skills and sexual relation. The Enrich's marital satisfaction questionnaire was completed by the participants in both groups before, after and two months after the intervention.

Results: The mean age of the couples was 24.9 ± 4.7 years in the intervention group and 25.8 ± 4.1 in the control group. Twenty participants (66.7%) in the intervention group and 19 participants (63.3%) in the control group had diploma. Also, 13 persons (43.3%) in the intervention group and 12 persons (40%) in the control group were self-employed. There was no statistically significant difference between the two groups in socio-economic traits of the couples. The results of repeated measures showed that marital satisfaction has changed over time ($P < 0.001$). Also, the results of a paired t test showed a significant relationship between the level of marital satisfaction in the intervention group before and after the intervention ($P < 0.001$), and also before and two months after the intervention ($P = 0.004$). Marital satisfaction in the intervention group was significantly higher than in the control group.

Conclusions: Considering the effect of communication skills on marital satisfaction of the couples, it would be suggested to include the content of communication skills in the premarriage education class.

Keywords: Premarital, Communication, Marital Satisfaction, Counseling

1. Background

In recent years, to strengthen the marital life, a shift has been made towards premarriage programs. Training on marriage preparation is a new approach to avoid and prevent marital dissatisfaction and marriage breakdown. It is based on the assumption that the couples can learn how to have successful and stable marriage (1). Therefore, premarital counseling is an educational, therapeutic and preventive approach (2). Wedding opens up a broad range of issues for couples, which require training and education on how to deal with these issues.

A study conducted on 3344 couples concluded that couples who have received premarital counseling had 31% less chance of marriage failure (3). Premarital training is an orderly, step by step and organized process which contains an introduction to the purposes of marriage, male and female psychology, awareness about correct criteria for

marriage, the required conditions for entering into marriage and sex education (4). These trainings should also be the basis for progress of couples' relationship and include communication skills, satisfactory relationship, active listening, conflict management skills, problem solving skills, control of emotions, increased awareness and understanding of couples from own self, others and marriage, strengthening ties and emotional relationships between them and their understanding and knowledge about the pathology and the crisis of marriage (5). The main subjects of some studies aimed to determine the educational needs of couples were as follows: how to communicate with the partner (6), sexual relations (7), conflict resolution between partner and his/her family, partner's responsibility, role and right and training on partner's personality attributes (8). Many studies have shown that marriage brings happiness and wellbeing to people, and marital

conflict and dissatisfaction not only affect couples' psychosocial actions and performances, but also negatively affect the growth and development of children and youths in the family (9). Marital satisfaction could be considered as a psychological situation that does not develop on its own, rather it needs efforts of both partners, particularly in the first few years of marriage, when the marriage is most unstable and relationships are at greatest risks. Marital satisfaction is one of the most important and influential factors in the continuation of a successful, healthy, and happy life (10). Experts have consensus on identifying influential factors on marital satisfaction and believe that successful marriage requires special abilities and skills that couples should have including communication and problem solving skills. Ineffective communication creates an interpersonal gap, which is experienced in all aspects of life. Lack of necessary skills for start and continuation of a happy marriage can lead to loneliness, disease, stress, feeling of incompetence, work dissatisfaction, family problem and even death (11).

Many factors can predict marital satisfaction including personal attributes, couples' characteristics, and communication and personality background, which are three main factors responsible for marital satisfaction (12). Divorce and conflict between couples are responsible for many psycho-social malfunctioning of the families. Therefore, premarriage counseling for couples and trainings address many of these risk factors (13). In recent years, the divorce rate in Iran has been increasing. One of the reasons for divorce in societies like Iran is the lack of mutual understanding among the couples. Many studies have shown the effect of premarriage training on the couples' relationship and decreasing a divorce rate (14). Also, it has been proven that couples who participate in premarriage counseling classes show more interpersonal skills and a higher relationship quality than those in the control group (15). In a study in Turkey, provision of premarriage training caused a significant increase in marital satisfaction in the intervention group compared to the control group (16). In societies in which couples have satisfactory relationship, the level of violence, crime and delinquency is less. Studies have shown that the educational needs of couples are not consistent with the content of existing premarriage trainings (17, 18).

In Iran, the program of premarriage training was approved in 1991, and aimed to improve the knowledge of couples in Islamic ethics, mutual rights and laws, the importance of population control, improving mental health, disease prevention and awareness about health centers (19). Premarital education was mainly about issues related to reproduction, genetic diseases and to a lesser extent how to communicate with a partner (20). These trainings

are mainly delivered in a one-hour session to get a marriage license. Since, premarriage counseling classes are couples' first experience of the healthcare system, their satisfaction from services has a crucial role in their decision to continue using the services (21). Furthermore, communication has a fundamental role in marital life and communication problems are among the most common problems among couples attending counseling and treatment centers (10).

2. Objectives

This study aimed to examine the effect of communication skills on marital satisfaction of couples attending premarriage counseling centers.

3. Methods

This parallel interventional study was conducted on 60 couples who attended the premarriage counseling center (Shahid Rast Ravesh) affiliated to Alborz University of Medical Sciences. The center is the only center in Alborz Province that provides premarriage trainings and issues the marriage license. The couples from all over the Alborz Province come to this center for obtaining the marriage license and training. To calculate the sample size in this study, a paired t test was used. If the satisfaction variable in the intervention group increased 2.5 points and considering that the study of Mansourinia had a standard deviation of 7 for this variable with confidence of 95% and power of 90%, 30 individuals were determined in the intervention and control groups based on the below formula (22).

$$n = \frac{\left(z_{1-\frac{\alpha}{2}} + z_{1-\beta}\right) s_1^2}{d^2} \quad (1)$$

The sampling took place between June and September 2016. Inclusion criteria included to have a high school diploma or above, and not be married before and going to be married in a next month time. Exclusion criteria included having a history of mental illness and drug abuse, taking depression or anxiety medication, having addiction, having chronic or disabling diseases, and not attending the training session for two consecutive sessions. The researcher who is an MSc student of counseling in midwifery and has had necessary trainings on communication skills attended the Rast Ravesh health center after obtaining necessary permission from the faculty and university. After explaining the purpose of the study and obtaining informed consent, the sampling began. For follow-up, the contact number and address of the participants were recorded. Samples were selected through a simple method

and allocated into the intervention and control groups using the block randomization with randomly selected block sizes of 4. Arrangement of blocks was determined with a randomized of of numbers.

Before the beginning of the intervention, the overall score of marital satisfaction of the couples was determined using the Enrich's marital satisfaction questionnaire, and was considered as the base line. The control group received routine trainings on personal hygiene and family planning. However, the intervention group, in addition to the routine trainings, received training on communication skills and sexual relation in 7 sessions that each session lasted about 90 minutes. Consultation meetings were held two times a week. The Enrich's marital satisfaction questionnaire was completed by the participants in both groups soon after, and two months after the intervention. The content of training sessions, after being approved by the faculty members and educational groups of midwifery and psychology, was implemented and included:

First session: knowledge and understanding of the couples from own self, others and marital life

Second session: acknowledge the existence and assertiveness

Third session: active listening

Forth session: controlling feelings and emotions

Fifth session: problem solving skills

Sixth session: sexual relation

Seventh session: social relations with family and friends

To preserve ethics in the study, participants in the control group were given the study booklet on the counseling given to the intervention group after the study.

Data collection tool in this study was the Enrich's marital satisfaction questionnaire. The Enrich's marital satisfaction questionnaire contains 115 or 125 questions. The questionnaire has strong psychometric properties. The reliability of this test was determined 93% for males and 94% for females using the Pearson correlation coefficient and test-retest (23).

In Iran, the 47 question version of this questionnaire, which was designed as the original questionnaire, was too long. The internal consistency of the questionnaire with Cronbach's alpha was 95% (21). The questionnaire had 12 dimensions (conventional response, marital satisfaction, diagnostic subject of questions, marital communication, conflict resolution, financial management, activities related to leisure time, sexual relation, relatives and friends, roles related to equality between men and women, ideological direction, marriage and having children). Since, the questionnaire was completed during the engagement period and marriage, the dimensions of having children and marriage were eliminated from the questionnaire and its

reliability and validity was evaluated again. Nine questions were removed to determine the validity of the questionnaire and reliability of the tool, which was determined to be 0.77 using Cronbach's alpha test results. The result of reliability retests showed a correlation coefficient of 82%. Each question had five possible answers in the form of 0 - 4, and in this study, the final score of marital satisfaction was examined before and after the intervention.

3.1. Ethical Consideration

The present study was performed with the permission of the vice-chancellor for research of Alborz University of Medical Sciences and after obtaining the ethical approval from the research ethics committee of this university, it was registered in Iranian registry of clinical trials (code; IRCT2016060720719N4). Also, before the beginning of the study, all the subjects signed informed consent and assured of the confidentiality of all their personal information. The researchers tried to observe all the participants' rights.

3.2. Analysis

Statistical comparison was performed using the SPSS software version 17 and $P < 0.05$ was considered significant. Descriptive statistics including central tendency, dispersion, and frequency distribution were used to describe the two groups. Marital satisfaction scores before, after, and two months after the intervention were compared between the two groups by the repeated measures. Other quantitative variables were compared with using independent t tests. Parametric tests were performed where the data were normally distributed. The Shapiro-Wilk test was used to examine normal distribution of the subjects. The paired sample t test was used to compare marital satisfaction scores before, after and before and two months after the intervention in each group and an independent t test was also used to compare the two groups before, after and two months after the intervention. The Chi-square test was used for nominal variables such as education and job.

4. Results

The results showed that the mean age of the couples was 24.9 ± 4.7 years in the intervention group and 25.8 ± 4.1 in the control group. Twenty participants (66.7%) in the intervention group and 19 participants (63.3%) in the control group had diploma. Also, 13 persons (43.3%) in the intervention group and 12 persons (40%) in the control group were self-employed. There was no statistically significant difference in age, education, job, ethnicity, dating time

Table 1. Distribution of Couples Based on Their Personal and Social Characteristics^a

Variables	Intervention Frequency	Control Frequency	P Value
Age, y			
< 20	6 (20)	4 (13.3)	0.889 ^b
21 - 25	9 (30)	11 (36.7)	
26 - 30	11 (36.7)	12 (40)	
31 - 35	4 (13.3)	3 (10)	
Education			
High School	6 (20)	1 (3.3)	0.074 ^b
Diploma	20 (66.7)	19 (63.3)	
University	4 (13.3)	8 (26.7)	
MS and higher	0 (0)	2 (6.7)	
Job			
Unemployed	10 (33.3)	13 (43.3)	0.842 ^c
Self-Employed	13 (43.3)	12 (40)	
Worker	6 (20)	4 (13.3)	
Employed	1 (3.3)	1 (3)	
Ethnicity			
Lor	1 (3.3)	1 (3.3)	0.988 ^c
Kurdish	4 (13.3)	3 (10)	
Turk	8 (26.7)	7 (23.3)	
Bakhtiari	1 (3.3)	1 (3.3)	
Fars	16 (53.3)	18 (60)	
Dating Time before marriage, mo			
0 - 6	18 (60)	16 (53.3)	0.234 ^b
6 - 12	2 (6.7)	4 (13.3)	
12 - 24	2 (6.7)	4 (13.3)	
24 - 36	2 (6.7)	0	
36 - 48	4 (13.3)	2 (6.7)	
48 - 60	2 (6.7)	2 (6.7)	
> 60	0	2 (6.7)	
Family relative			
Yes	4 (13.3)	6 (20)	0.488 ^b
No	26 (86.7)	24 (80)	
Economic status			
Poor	2 (6.7)	0	0.33 ^b
Average	26 (86.6)	27 (90)	
Good	2 (6.7)	3 (10)	

^a Values are expressed as No. (%).^b Chi-square test.^c Fisher's exact test.

before marriage, relative family and economic situation. Socio-demographic characteristics are outlined in [Table 1](#).

The results of the repeated measures showed that the level of marital satisfaction has changed over time ($P < 0.001$) and there was a statistically significant difference between the two groups in terms of marital satisfaction ($P = 0.005$) ([Table 2](#)).

The results of the paired t test showed a significant difference between the level of marital satisfaction in the

intervention group before and after the intervention ($P < 0.001$) and also before and two months after the intervention ($P = 0.004$).

5. Discussion

Analysis of the findings showed that there was a significant difference between the mean of marital satisfaction of couples who attended the communication skill training

Table 2. Results of Repeated Measures in Measuring Three Times of the Marital Satisfaction Score^a

Group	Marital Satisfaction			Repeated measures	
	Before intervention	After intervention	Two months after the intervention	Within group	Between group
	Intervention	87.6 ± 8.5	99.03 ± 6.6		
Control	86.4 ± 8.66	86.5 ± 9.9	87.4 ± 6.3		
Partial Eta Squared				0.178	0.181

^aValues are expressed as mean (SD).

and couples in the control group. Participation in the premarriage training on communication skills had a positive effect on the couples' marital satisfaction after the marriage. Other studies also have shown that teaching problem solving skills, conflict resolution and understanding the differences between men and women is a key component of effective communication (15) and stability of life (24).

The results of the present study showed that counseling on sexual relation and communication skills has an impact on sexual aspect of marital satisfaction. Sexual satisfaction is one of the important components of marital satisfaction, and one of the crucial factors influencing couples' sexual satisfaction is their knowledge about sexual issues (9). The results of a study conducted by Shahsiah et al. (2012) showed that sex education has a significant effect on marital satisfaction (25).

Many studies in Iran have shown the effect of communication skill counseling on marital satisfaction of couples including a study by Farnam et al. (2011), which was conducted on 64 couples. In their study, the samples in the intervention group participated in 4 counseling sessions including family planning, personal hygiene, communication skills, and problem solving skill and the results showed that the classes had a positive effect on marital satisfaction (21). In the present study, 7 counseling sessions were conducted, which focused on communication skills. The results showed that the marital satisfaction increased significantly after the session, but two months after the intervention this increase was not the same of immediately after the intervention, which indicated the inconsistency of the trainings. In the study of Farnam, the level of marital satisfaction was measured 4 months after the intervention, which showed that marital satisfaction was higher compared to preintervention.

The results showed that to maximize the effects of the premarriage training, they should be started 4 - 6 months before the marriage, and they should be focused on the needs of the participants (which have been assessed and

determined before) for at least 6 weeks. The topics of this training should include communication skills, problem solving skill, and conflict resolution (26, 27). Mansourinia et al. in a reflective study showed that premarriage trainings on characteristics of marital communication, conflict resolution, financial satisfaction, leisure time, and relationship with relatives and friends, mutual roles of men and women, and religious direction have a significant effect on marital satisfaction. However, Mansourinia et al. did not say anything about the counseling sessions and their duration (22). Carol Doherty believes that premarriage counseling programs increase the quality of relationship, but she states that this increase is short lived (15).

Demographic characteristic was a limitation area in this study; the couple participants in this study were mainly from the society's middle class, and whether these premarriage training programs suit all couples from different levels of the society requires further studies. In the systematic reviews of educational programs, which have been carried out in other countries, the participants were mainly young, middle class, white, and from European or North American countries; so, the generalizability of the results has been questioned in these studies (13).

In Iran, participation in the premarriage training is mandatory and takes place in public centers. Couples need to have a license to get married and this license is issued by the premarriage training centers once they have completed the trainings. The topics of these trainings mainly include family planning, personal hygiene and reproduction. Thus, it is suggested to develop the content of these training by assessing the educational needs of the couples under the supervision of experts. The duration of this study was among its limitations; therefore, it is suggested that another study with more sessions over a longer time period, which lasts at least one year after the marriage, be conducted. Furthermore, suitable facilities should be provided for these trainings, which should be continuous and last at least for the first 6 months of the marriage. Participation in these classes should be mandatory for all couples as

the marital satisfaction and quality of life are fundamental components of marriage for couples.

In this study, high risk couples are excluded from the study. We recommended further studies with larger sample sizes, diverse and in high risk couples.

Another limitation was the self-report measurement on marital satisfaction because respondents have a tendency to report more positive behaviors about themselves than negative behaviors. Sometimes, couples express how they feel when the facts are different from how they feel. Researchers cannot verify if respondents report the truth about themselves or not. Premarriage classes with a longer period and additional scales can be useful for measuring marital satisfaction.

5.1. Conclusions

Considering the effect of communication skill training on marital satisfaction, different organizations and counselors may use these findings for the program design. It seems that the current premarriage program in Iran needs fundamental reform. It is suggested that these skills should be added to the premarriage training curriculum and delivered by experts. Also, couple's needs should be considered in designing the premarriage education.

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Footnote

Conflicts of Interests: The authors declare that they have no conflicts of interest.

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