

Effect of Life Skills Counseling on Marital Satisfaction of Pregnant Women Referring to Health Clinics in Asadabad, Hamadan, Iran

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ABSTRACT

Introduction: Marital satisfaction is one of the factors related to the health of pregnant women and their fetuses. Life skills counseling is a consultation on abilities for adaptive and positive behavior enabling humans to effectively deal with the demands and challenges of life.

Aim: To examine the effects of life skills counseling on marital satisfaction of pregnant women in Asadabad town, Iran.

Materials and Methods: The present study was conducted with a pre-test and post-test design. The participants included 64 pregnant women selected via simple random sampling method. The participants were randomly assigned to two group, experimental and control groups (each with 32 members). The required data were collected through a questionnaire covering demographic characteristics of the participants and the ENRICH Inventory. The pregnant women completed both questionnaires at the pre-test stage. Then, members of the experimental group

received eight sessions of life skills training, while members of the control group received no intervention. Members of both groups completed the ENRICH Inventory again immediately after the intervention and again four weeks later. Using the SPSS-16 software, the collected data were analysed through independent t-test and least significant difference test.

Results: Comparison of pre-test scores to post-test scores indicated that life skills training could positively affect marital satisfaction. Results showed that pregnant women in the experimental group obtained higher scores as a result of the intervention, and the difference between their pre-test scores and their post-test scores was statistically significant. Moreover, the difference between the pre and post-test scores for both experimental and control groups was statistically significant ($p < 0.001$).

Conclusion: Life skills counseling positively affects marital satisfaction of people, especially pregnant women.

Keywords: Interpersonal skills, Marriage, Vocational guidance

INTRODUCTION

Although, pregnancy and childbirth are natural events in a woman's life, they are considered stressful experience by many women. Pregnancy is associated with broad mental and physical changes, especially in nulliparous pregnant women [1]. During the pregnancy, women feel uncertain, ambivalent and primarily self-focused, and they become vulnerable and start fantasising [2]. Accordingly, many new parents experience a decline in marital satisfaction during this period [3,4].

Marital satisfaction is defined as couple's mental attitude and feelings towards their marital relationships. Research has shown that reduced marital satisfaction decreases the quality of parent-child relationship and increases the likelihood of divorce [5].

Following pregnancy, women experience changes in their self-image, beliefs, values, priorities, behavioral patterns, interactions with others and problem-solving skills [6]. Every aspect of marital satisfaction (i.e. sexual relationship, children and parenting, financial management, etc.) is affected by pregnancy that can lead to marital relationship problems so that many new parents experience a decline in their marital satisfaction [7,8].

Couples with relationship problems cannot be good parents [9, 10]. Divorce statistics, as the best indicator of marital dissatisfaction, show that marital satisfaction cannot be achieved easily, and couples need to work hard to achieve it [11]. Research has shown that 68% of women experience impaired marital relationships during their first pregnancy [12].

Pregnant women's mental health can be improved through consultation and coping strategies training. In fact, women are very willing to learn and change their behaviors during their pregnancy

[13]. Education and effective consultation can play crucial roles in solving pregnancy related problems and improving pregnant women's health status [14, 15].

Life skills enable a person to effectively confront the challenges of life [16]. This is highly dependent on social norms, but life skills are the one considered for welfare and helping individuals to develop communities [17,18].

Counseling is an important component of midwifery services. During these counseling sessions, midwives have the opportunity to help pregnant women to improve their marital lives and enhance their marital satisfaction so that pregnant women can raise their children in a peaceful environment and guarantee the psychological health of the next generation. Studies in this field have already been conducted, but the results have been contradictory. Furthermore, given the fact that learning life skills, according to the WHO recommendation, plays an important role in promoting social well-being, researchers decided to conduct this research in a different environment and in pregnant women.

The present study was conducted to examine the effectiveness of life skills counseling in enhancing pregnant women's marital satisfaction.

MATERIALS AND METHODS

The present clinical trial was conducted with a pre-test and post-test design. Out of the clinics in Asadabad, two clinics were randomly selected. Between the two clinics, a clinic was allocated to the intervention group (A) and one to the control group (B). Then, people with the inclusion criteria were given a number. Additionally, in each clinic people were selected using the random number table. Using random sampling method, the volunteer pregnant women

meeting the inclusion criteria were selected and entered the study. The error level of the first type and the test power and the maximum error between the mean difference of the samples were considered 0.05, 90% and 15, respectively. Furthermore, based on the following formula, the number of samples was 32 in each group:

$$n = \frac{(Z_{1-\frac{\alpha}{2}} + Z_{1-\beta})^2 (\sigma_1^2 + \sigma_2^2)}{d^2}$$

The inclusion criteria was that the participant has no history of addiction or underlying diseases, not being diagnosed with gestational diabetes or pre-eclampsia, being pregnant for the first time and at gestational age between 14 and 26 weeks. The exclusion criteria were absent for more than one session, occurrence of stressful events (e.g. someone's death) during the study, starting to use sedatives during the study, and having a preterm delivery. Moreover, those unable to continue due to pregnancy complications such as preterm rupture of membrane, eclampsia, preeclampsia, and previa were excluded from the study.

The required data were collected through a researcher-made questionnaire covering demographic characteristics of the participants and the ENRICH Inventory. The ENRICH inventory is a 125-item questionnaire assessing 12 subscales of idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, equalitarian roles and religious orientation. In the present study, we used the Persian version of the ENRICH questionnaire. This inventory is freely available for use.

In the Persian version of ENRICH Inventory, five options have been designed for every question ('Very much', 'Much', 'Moderately', 'Few' and 'Very few'/'Always', 'Frequently', 'I don't know', 'seldom' and 'never' for items 95 to 105) [19].

To observe ethical principles, the study objectives were completely explained for the participants. Then, the participants signed the informed consent form and entered the study. The participants were also assured that their information would remain confidential. The experimental and control groups were examined three times (before the intervention, immediately after the intervention and four weeks after the intervention). The counseling program was held for eight consecutive weeks, each week for 60 minutes, conducted based on the GATHER approach (i.e. Greet, Ask, Tell, Help, Explain and Return) [20]. The content of the training program of the meetings are shown in [Table/Fig-1]. The counseling sessions were conducted by a researcher having postgraduate in midwifery counseling. To provide better education, the trainer participated in life skills training courses. Meetings were held once a week. The two groups completed the ENRICH Inventory immediately after completion of the intervention (first follow-up). To evaluate the availability of learned contents over time, the two groups completed the ENRICH Inventory for the third time, four weeks after finishing the intervention (second follow-up).

STATISTICAL ANALYSIS

Obtained results were analysed and compared. Using the SPSS-16 software, the collected data through independent t-test and Least Significant Difference (LSD) test ($p < 0.05$).

Ethical consideration: The Vice Chancellor for Research and Technology of Hamadan University of Medical Sciences approved the study (IR.UMSHA.REC.1394.297). It was registered in the Iranian Registry of Clinical Trial (IRCT2015030215341N4). In addition, all participants gave an informed consent before commencing the study.

Sessions	Contents	Teaching methods	Duration
First session: Self-awareness	Self-awareness skills/ characteristics of self-aware people/ benefits of self-awareness/ physical changes during pregnancy and their impacts of pregnant women/ assignments for the next session	Group Discussion/ PowerPoint presentation/ Assignments	60 minutes
Second session: Empathy	A review of previous session/a review of previous assignments/ empathy skills/ effects of empathy on marital relations/ assignments for the next session	Group discussion/ PowerPoint presentation/ Assignments	60 minutes
Third session: Effective communication	A review of previous session/ a review of previous assignments/ effective communication skills/ barriers to effective communication/ assignments for the next session	Group discussion/ Assignments	60 minutes
Fourth session: Sexual relationships	A review of previous session/ a review of previous assignments/ sexual response cycle/ common sexual disorders in pregnancy and their causes/ improper sexual thoughts and actions during pregnancy/ feminine and masculine sex roles (pre-sex activities, post-sex activities, erogenous parts of the male/ female body)	Group discussion/ PowerPoint presentation/ Assignments	60 minutes
Fifth session: Decision-making and problem-solving	A review of previous session/ a review of previous assignments/ problem-solving and decision-making skills/ problem-solving prerequisites/ problem-solving stages/ decision-making styles	Group discussion/ PowerPoint presentation/ Assignments	60 minutes
Sixth session: Conflict resolution	A review of previous session/ a review of previous assignments/ eight inefficient resolution strategies/ effective resolution strategies/ interrupting skills	Group discussion/ PowerPoint presentation/ Assignments	60 minutes
Seventh session: Stress/anger management	A review of previous session/ a review of previous assignments/ emotions and their impacts on fetus and marital satisfaction during pregnancy/ factors involved in the establishment of rage/ anger and stress management skills	Group discussion/ PowerPoint presentation/ Assignments	60 minutes
Eighth session: Review	A review of previous contents	Group discussion/ PowerPoint presentation	60 minutes

[Table/Fig-1]: Contents of the training sessions.

RESULTS

The results of Kolmogorov-Smirnov test showed that all data were normally distributed ($p > 0.05$). The results of homogeneity test indicated that both experimental and control groups were homogeneous. Based on the results of present study, mean age of the study participants in intervention and control group was 24.09 ± 5.50 and 24.88 ± 4.48 years, respectively. Furthermore, duration of pregnancy was in the intervention group 19.56 ± 3.14 and in the control group 20.81 ± 3.85 .

The results presented in [Table/Fig-2] indicate that there was no significant difference between the two groups in terms of mother's employment status, father's employment status, father's job stability, mother's education and family monthly income ($p > 0.05$). Therefore, the two groups were homogeneous.

Significant differences were observed in the subscales of idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, family and friends, financial management, sexual relationship, equalitarian roles, children and parenting and leisure activities in the experimental group as a result of the intervention, while no significant difference was observed in the control group after the intervention [Table/Fig-3]. The ENRICH Inventory subscale of religious orientation did not change as a result of the intervention.

Variables		Experimental group n (%)	Control group n (%)	Statistical test results	Significance level (p-value)
Study participant (employment status)	Unemployed	27 (84.4)	30 (93.8)	$\chi^2=1.44$ Df=1	0.23
	Employed	5 (15.6)	2 (6.2)		
Participant's husband (employment status)	Employed	8 (25.0)	7 (21.9)	$\chi^2=0.58$ Df=2	0.74
	Self-employed	15 (46.9)	18 (56.2)		
	Unemployed	9 (28.1)	7 (21.9)		
Husband's job stability	Stable	22 (68.8)	16 (50.0)	$\chi^2=0.58$ Df=1	0.12
	Unstable	10 (31.2)	16 (50.0)		
Participant's education level	Unfinished high school	8 (25.0)	10 (31.2)	$\chi^2=4.15$ Df=3	0.24
	High school diploma	11 (34.4)	14 (43.8)		
	Associate degree	6 (18.8)	1 (3.1)		
	Bachelor degree or higher	7 (21.9)	7 (21.9)		
Family monthly income	<125 \$	11 (34.4)	11 (34.4)	$\chi^2=2.78$ Df=2	0.24
	125-250 \$	12 (37.5)	17 (57.1)		
	>250 \$	9 (28.1)	4 (12.5)		

[Table/Fig-2]: Descriptive indicators of demographic characteristics in the two groups.

ENRICH subscales	Experimental groups			Repeated measures analysis	Control groups			Repeated measures analysis	p-value			Repeated measures analysis
	Before intervention	Immediately after intervention	4 weeks after intervention		Before the intervention	Immediately after the intervention	4 weeks after the intervention		Before the intervention	Immediately after the intervention	4 weeks after the intervention	
Idealistic distortion	12.5±3.03	14.93±2.46	15.68±1.69	F=53.89 p<0.001	13.25±2.34	13.15±2.27	13.09±2.48	F=1.19 p=0.31	0.27	0.004	<0.001	F=4.47 p=0.03
Marital satisfaction	24.50±5.98	27.65±4.81	29.43±3.44	F=56.08 p<0.001	25.12±3.58	25.06±3.47	25.21±3.48	F=1.19 p=0.30	0.61	0.01	<0.001	F=4.06 p=0.04
Personality issues	20.40±6.33	24.00±5.12	25.81±4.51	F=95.01 p<0.001	20.28±6.53	20.34±6.63	20.40±6.42	F=0.33 p=0.71	0.93	0.01	<0.001	F=4.31 p=0.04
Communication	20.59±5.64	25.25±4.57	26.25±5.40	F=125.4 p<0.001	19.84±6.75	19.75±6.88	19.71±6.72	F=0.26 p=0.77	0.63	<0.001	<0.001	F=8.02 p=0.006
Conflict resolution	20.68±4.49	25.96±3.93	26.75±3.91	F=169.5 p<0.001	20.56±5.02	20.50±5.06	20.40±5.04	F=0.36 p=1.00	0.91	<0.001	<0.001	F=12.36 p=0.001
Financial management	22.21±6.39	26.46±4.21	27.78±3.23	F=61.01 p<0.001	22.81±6.12	22.75±6.08	22.78±6.03	F=0.24 p=0.78	0.70	0.006	<0.001	F=4.06 p=0.04
Leisure activities	20.87±5.46	24.65±4.81	26.18±4.20	F=87.90 p<0.001	21.68±3.50	21.50±3.53	21.71±3.45	F=0.91 p=0.04	0.48	0.004	<0.001	F=4.91 p=0.03
Sexual relationship	23.18±5.93	28.09±4.51	29.00±3.92	F=64.94 p<0.001	21.90±4.69	21.78±4.98	21.59±5.16	F=1.90 p=0.15	0.34	<0.001	<0.001	F=18.89 p<0.001
Children and parenting	24.87±4.76	29.00±4.45	30.56±4.63	F=55.00 p<0.001	23.56±3.85	23.37±3.98	23.43±.03	F=1.79 p=0.17	0.23	<0.001	<0.001	F=20.93 p<0.001
Family and friends	19.87±5.89	23.43±5.02	25.56±4.02	F=86.81 p<0.001	20.18±5.89	20.21±5.92	20.12±5.68	F=0.57 p=0.56	0.83	0.001	<0.001	F=4.31 p=0.04
Equalitarian roles	13.53±7.27	16.43±7.07	17.09±6.39	F=61.25 p<0.001	11.75±6.73	11.65±6.75	11.53±6.61	F=2.12 p=0.12	0.31	0.009	<0.001	F=5.62 p=0.02
Religious orientation	23.56±4.27	23.56±4.27	23.53±4.29	F=0.22 p=0.79	23.90±4.75	23.93±4.80	23.84±4.84	F=0.62 p=0.53	0.76	0.76	0.78	F=0.08 p=0.77
Total scores	246.81±47.65	291.78±39.65	306.34±35.29	F=383.49 p<0.001	244.87±36.14	244.03±36.03	244.00±36.25	F=1.95 p=0.15	0.85	0.001	<0.001	F=15.88 p<0.001

[Table/Fig-3]: Comparison of the ENRICH Inventory subscales' scores between the two groups at different times.

[†]Independent t-test was used to compare the means.

DISCUSSION

In the experimental group, scores of every subscale of the ENRICH Inventory increased after the intervention, except for the subscale of religious orientation. The results of the study regarding the subscale of marital communication were in line with those of one study conducted by Rogge RD [21]. It can be stated that couples with effective communication and problem-solving skills have higher levels of marital satisfaction.

The results of the study concerning the subscale of conflict resolution were in line with one study conducted by Babaee SN and Ghahari S [22]. To explain these results, it can be mentioned that problem-solving and creativity techniques help

couples to solve their marital conflicts and problems effectively [23]. Hasani AM et al., examined the effectiveness of life skills training on marital satisfaction and reported that scores of the idealistic distortion and equalitarian roles increased as a result of intervention. These findings were consistent with the results of this study [24].

The results of the study regarding the subscale of leisure activities were in line with those of the study conducted by Gharibi M [25]. In fact, people can reach agreement on how to spend their leisure time by learning problem-solving techniques. The study findings regarding the subscale of family and friends were consistent with those of another study conducted by Yazdanpanah M et al.,

[26]. These results can be explained by considering that people's feelings and attitudes toward their friends and family members can be affected by their life skills, and learning life skills can enhance people's relationships with their families and friends. The present study findings concerning the subscale of sexual relations were in agreement with study results of previous study [27,28]. To explain these results, it can be mentioned that females' sexual desire is highly affected by their sexual thoughts and beliefs; therefore, they can be more satisfied with their sexual relationships, if being provided with proper information [29,30]. Regarding the subscale of financial management, results of the present study were in line with results of the study conducted by Tompkins SA et al., [31]. To explain these findings, it can be mentioned that problem-solving training helps couples to reach agreement on how to spend their monthly income.

The study results regarding the subscale of children and parenting were consistent with the study of Tavakolizadeh J et al. [32]. It can be concluded that parents can reach agreement on how to raise their children by learning decision-making and conflict resolution skills. Concerning the subscale of religious orientation, the results of the study were in line with the study results of O'leary S et al., [33]. These findings can be explained by considering that people are normally satisfied with their religious orientations; therefore, interventions such as life skills training cannot significantly change their views towards religion.

The results of the study concerning marital satisfaction were in line with those of Holford WK et al., [34]. It can be concluded that couples who cannot reach agreement on numerous issues are involved in unfinished cycles of repeated problems. On the other hand, couples who can interact effectively can rely on each other as supporters reflecting their problems. Couples who are highly satisfied with their marital relationships attempt to develop their communication skills to be able to deal with their marital problems effectively [35].

LIMITATION

Small sample size was one of the study limitations. In addition, the ability to generalise the results to the whole community should be made with a larger number of samples.

CONCLUSION

Based on the results of the present study, life skills counseling is needed to improve marital relationships. When marriage-related needs and expectations of both husband and wife are met, particularly during pregnancy, they will experience higher levels of marital satisfaction.

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