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Original article

General health, economic status, and marriage duration as predictors of marital commitment during reproductive age among Iranian married women

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Abstract

Background: One of the important factors involved in a successful marriage during reproductive age is marital commitment. The aim of this study was to find which factors predict marital commitment during reproductive age in Iranian married women.

Methods: This cross-sectional, population-based study was performed on married women. Adams and Jones' Dimensions of Commitment Inventory (DCI) were used to assess marital commitment. In addition, their current mental health was assessed using General Health Questionnaire (GHQ). The socioeconomic status of the participants was calculated based on household income, employment status, and education level. A total of 160 married women, who were between 15-49 years of age and were from six districts of Babol, were selected using a systematic random sampling method. Stepwise multiple regressions were used to determine the effect of independent variables on marital commitment.

Results: The results of multiple regression showed that general health, the duration of marriage, and the economic status with standard beta coefficients of (-0.324), (-0.259), and (0.173) had the highest regression effect on marital commitment, respectively. These variables accounted for a total of 33% of the distribution of marital commitment.

Conclusion: These findings suggest that general health, economic status, and the duration of marriage are predicable variables for marital commitment. It is necessary to emphasize the benefit of improving general health and economic status in increasing the degree of marital commitment, especially among women with longer duration of marriage.

Keywords: Economic status, General health, Marital commitment, Economic status

Introduction

The best type of relationship in terms of all human needs and an important stage of human development is marriage (1). The feeling of intimacy and closeness, marital desire, and commitment are important factors involved in marriage (2). Commitment in a relationship means how much a person values the relationship to continue and how much he / she feels safe, secure and trustworthy (3). It shows the desire of couples to continue marriage, marital stability, expressing love and solving more appropriate problems (4). Marital commitment plays an important role in maintaining the continuity and health of marriage, and its absence may lead to divorce (5).

There is evidence from research suggesting that infertility (6), personality traits (7), religion (8, 9), person's health status (10, 11), economic status (12), and marriage duration may be affect marital commitment. One study has shown that marriage duration may decrease marital commitment (13), while another study found that although marriage intimacy decreases with increasing marriage duration, individuals' commitment to marriage and its

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maintenance increases (14). The effect of some factors such as marriage duration, general health, and economic status is controversial.

In recent decades, we have faced an increasing trend in the rate of divorce in Iran. In 2004, the rate was one divorce for every 9.8 marriages, but in 2013, one divorce was registered for every 5.4 marriages (15). In a study investigating the factors leading to divorce, out of 10 factors, 85% of people considered non-commitment as the cause of divorce (16). In order to increase the level of commitment of the women, it is necessary to correctly understand the factors affecting its maintenance and stability. Therefore, the present study was conducted to find which factors predict marital commitment during reproductive age in Iranian married women.

Materials & Methods

This cross-sectional, population-based study performed on married women during reproductive age. The inclusion criteria for this study were: marriage, age (15-49), and mental health. The exclusion criteria were: known psychological problems and severe mental disability. A total of 160 married women, aged 15-49, were selected through a systematic random sampling method from six different districts of Babol. A written consent was obtained from each participant, and the participants were assured about the confidentiality of the information.

The statistical calculation of the sample size was done using PASS software. Based on the information obtained from 25 pilot samples (Average values: μ_1 = 51.17, μ_2 = 62.62, μ_3 = 54.8; Standard Deviation = 20.12; Power = 80%; Error = 0.05), the total sample size was estimated to be 160.

The questionnaires used in this study were: demographic information questionnaires, Adams and Jones Marital Commitment Questionnaire (DCI), and General Health Questionnaire (GHQ).

The DCI comprises 44 questions designed by Adams and Jones in 1997 and has three sections: commitment to spouse or personal commitment, commitment to marriage or moral commitment, and a sense of commitment (forced or structural commitment). This questionnaire measures the degree of adherence of people to their spouse and marriage. The Adams and Jones Marital Commitment Questionnaire scores are based on a 5-point Likert scale, each of which scores as follows: strongly disagree: 1, disagree: 2, no agree: 3, agree: 4 strongly agree: 5. A high score in this test indicates a high level of commitment of the couple (17). Shahsiah et al., (18) developed this questionnaire for Shahreza, a city in the central part of Iran. They demonstrated that the DCI was sufficiently reliable and valid for Iranians.

The 28-item GHQ was presented by Goldberg and Hiller, and its validity and reliability were assessed in 38 countries. Many studies reported that GHQ is both reliable and valid for assessing the general health of adults. Studies have shown that its reliability ranges between 0.78 and 0.95. It has 4 sub-scales and each scale has 7 questions. These scales include: the Anxiety Symptoms and Sleep Disorders Scale, the Social Functioning Scale, the Depression Symptoms Scale, and the Physical Symptoms Scale. Out of 28 items of the questionnaire, items 1 to 7 are related to the scale of physical symptoms. Cases 8 to 14 examine the symptoms of anxiety and sleep disorders, and cases 15 to 21 relate to the assessment of social functioning symptoms, and finally cases 22 to 28 assess the symptoms of depression. A score of 22 or higher indicates pathological symptoms (19).

The socioeconomic status of the participants was calculated based on household income, employment status, and education level. Then it was categorized into 4 social classes: weak, medium, good, very good.

Statistical analysis

The data were calculated through SPSS software version 22, and the demographic variables were analyzed using descriptive statistics. In the analysis of quantitative data, the normality of the data was initially examined using Kolmogorov-Smirnov test, which was confirmed by the parametric test of analysis of variance. Also, multiple linear regression was used by stepwise method to investigate the effect of independent variables on marital commitment.

Results

The data were obtained from 160 participants. More than 50% of the participants were over 30 years old. The marriage duration of 41.2% of the participants was over 25 years, and 34.4% of the participants reported having no children. The economic status of 54.5% of the participants was medium. The mean general health and marital commitment were 25.5 ± 9.8 and 162.4 ± 25.2 respectively. The findings are shown in table 1.

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Table 2. Final model (third model) regression of the effect of independent variables on the dependent variable (marital commitment)

Variable	Beta coefficient (β)		Standard error	t	p-value	95% CI
	Non-standard	Standard				
Fixed coefficient	198.05	-	13.17	15.035	0.000	172.03, 224.07
General health	-0.83	-0.32	0.18	-4.516	0.000	-1.19, 0.47
Duration of marriage	-0.91	-0.26	0.25	-3.633	0.000	-1.41, 0.42
Economic status	5.33	0.17	2.21	2.418	0.017	0.98, 9.70

Stepwise multiple linear regression was used to investigate the simultaneous effect of variables affecting marital commitment. Thus, the independent variables (demographic-social characteristics and general health), which were significant in the analysis of variance (age, education, economic status, duration of marriage, and general health) were entered into the multiple regression mode.

Table 1. Characteristics of married women of the subjects (n= 160)

Variable	f	%
Age (years)		
≤ 20	36	22.5
26-30	42	26.2
> 30	82	51.2
Education level		
Diploma	17	10.6
High school	46	28.8
University	97	60.6
Place of birth		
City	101	63.1
Village	59	36.9
Employment status		
Unemployed	81	50.6
Working at home	21	13.1
Working outdoors	58	36.2
Economic status		
Weak	19	11.9
Medium	85	53.1
Good	44	27.5
very good	12	7.5
Marriage age (years)		
< 20	56	35
20-25	87	54.4
> 25	17	10.6
Marriage duration (years)		
< 5	53	33.1
5-10	41	25.6
>10	66	41.2
Number of children		
0	55	34.4
1	51	31.9
≥ 2	54	33.8
General health (mean SD)*	25.5	9.8
Marital commitment (mean SD)**	162.4	25.2

* Maximum score GHQ = 84; ** Maximum score DCI =220

Finally, by removing the variables by stepwise method, age and education were excluded from the model and economic status, duration of marriage and general health remained in the model, which explained a total of 33% of the dispersion of marital commitment (P> 0.05).

Table 2 shows the final regression model of the effect of independent variables on marital commitment. The results demonstrated that general health, duration of marriage and family economic status with standard beta coefficients (0.324), (-0.259) and (0.173) had the highest regression effect on marital commitment.

Discussion

The results indicated that people with a shorter duration of marriage, better economic status, and general health had a higher mean score of marital commitment. The results of Zare and Safiari's (20) study also showed a significant relationship between the duration of marriage with commitment and marital satisfaction. The findings of studies conducted by Wendorf et al. (21) and Juwita et al. (22) also showed that marital satisfaction of couples was inversely related to the duration of marriage. Thus, as marriage continues, satisfaction decreases. The results of these studies were consistent with that of the present study, demonstrating that with the increase in the duration of marriage, there is a decrease in the commitment of couples. According to Bachelor theory, couples face challenges at every stage of life. If they cannot take the right approach to meet these challenges, these issues will sometimes have a devastating effect on their relationship (20).

The results of studies on the relationship between marital status of couples with marital satisfaction and commitment are highly controversial as well as contradictory (23). Tayebinia's study (24), for instance, reports that paying attention to some economic criteria such as having a house at the beginning of marriage will not predict the marital satisfaction of the couple in

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the future. In most other studies, however, there was a significant and positive relationship between economic status and the level of commitment and marital satisfaction (25-27). In the study by Yousefzadeh et al., it was reported that financial and economic status was one factor for marital satisfaction (28), which was in line with the results of the present study. It can be said that people with higher socio-economic status have more access to educational facilities such as marriage counseling, which in turn can be very effective in increasing people's awareness of marriage and family and resolving conflicts (25). On the other hand, economic pressure and constant worries about lack of money can reduce marital satisfaction, which can consequently reduce marital commitment (29, 30).

General health is another factor predicting marital satisfaction. In fact, a person's health status is a major factor in creating marital perception and also predicts the quality of life, satisfaction, and marital relationships (10, 11, 31). It is clear that general health problems are likely to affect their marriage and reduce the quality of their marriage (11). On the other hand, dissatisfaction and unhappy marriage are also significantly associated with the prevalence of emotional disorders among the general population. Satisfactory marriage, on the other hand, can promote the health of couples and prevent unpleasant life events as well as psychological problems (36).

The present study had some limitations. The participants were women from Babol only. These people are likely to be different from women in other cities in terms of physical characteristics, psychology, social and cultural conditions, behaviors, beliefs, attitudes, and lifestyles. Therefore, generalizing the results of this research should be done with caution. In addition, factors such as marital conflicts, job conflicts, and personality traits can influence marital commitment. There was, however, no control over these variables in this study, which is deemed as another limitation of this study.

Conclusion

Despite the limitations, the present study has important implications for future programs and subsequent research studies on married women. These findings suggest that general health, economic status, and marriage duration are predicable variables for marital commitment. It is highly imperative to emphasize the benefit of improving the general health and economic status in increasing the degree of marital commitment, especially among women with longer duration of marriage. Therefore, the findings of the present study may be used as a basis for planning to strengthen the foundation of the family, especially among infertile couples, who may encounter decreased marital commitment.

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Conflicts of Interest

The authors state that there is no conflict of interest.

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