

MARITAL SATISFACTION AND MATERNAL AGE AS CORRELATES OF SEXUAL SATISFACTION AMONG PREGNANT WOMEN

By

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ABSTRACT

The study examined marital satisfaction and maternal age as correlates of sexual satisfaction among pregnant women. 211 pregnant women with a mean age of 28.40 were selected from two hospitals in Awka. Two instruments were used for the study and they include the 25 item index of marital satisfaction and 25 item index of Sexual Satisfaction. The study was a cross-sectional survey and a correlational design. The Pearson Product Moment Correlation Coefficient was employed as the statistical tool for data analysis. Results of the data analysis indicated a significant relationship between marital satisfaction and sexual satisfaction ($r = 0.64$, $p < .05$). The result further revealed a non-significant relationship between maternal age and sexual satisfaction ($r = 0.01$, $p < .05$). Discussion highlighted the necessity of assessing and discussing sexual satisfaction during antenatal visits by the clinicians thereby providing purposeful therapy to the pregnant women which will help to manage their effects in the marital relationship.

Keywords: Marital satisfaction, Age, Sexual satisfaction, pregnant women

INTRODUCTION

Sexual satisfaction is very important to couples. It is a key variable in a good relationship and a good life. It has been observed that during pregnancy some women experience difficulties with their sexual life. This can affect every area of their life's including their marital relationships. As a result, sexual satisfaction becomes imperative to be dealt with. The strength of any marital relationship can be weakened without having a satisfied sexual relationship. Sexual satisfaction makes the difficulties of marital relationship more tolerable. In the world today especially among pregnant women, the question of sexual satisfaction is very crucial. It is considered a sexual right, an important component of sexual health, and a consequence of sexual well-being (WHO, 2010).

Sexual satisfaction has been defined as an effective response arising from one's subjective evaluation of the positive and negative dimensions associated with one's sexual relationship (Lawrence & Byers, 1995). It entails a situation in which sexual partners are happy with the quality or style of sexual activity they are practicing. It is a relevant component of human sexuality that is considered to be the last stage of the sexual response cycle (Basson, 2001; Sierra & Buela-Casal, 2004) and a sexual right (World Health Organization, 2010). It is also a key factor in individuals' overall quality of life. For example, better state of physical and psychological health (Scott, Sandberg, Harper, & Miller, 2012) and overall well-being (Dundon & Rellini, 2010) and quality of life (Davison, Bell, LaChina, Holden, & Davis, 2009) has been associated with high sexual satisfaction.

Safe and pleasurable sexual relationship was said to be one of the most important factors noticed in many researches to have influence on marital satisfaction (Rahmani, Alahgholi & Merghati Khuee, 2009). Marital satisfaction is simply the degree of contentment regarding certain aspects of marital relationship, as well as the whole relationship. According to Schoen, Astone, Rothert, Standish and Kim (2002), marital satisfaction is a global evaluation of the state of one's marriage and a reflection of marital happiness and functioning. It is a situation in which, couples have satisfaction, feel happy and living peacefully together. Marital satisfaction is a complex process which is achieved during the couple's life, and affects the health of couple and their families, life satisfaction, income level, educational success, and the couple's job satisfaction. Marital satisfaction is a process, which develops within a couple's life. It includes four domains including (physical, sexual) attractions, understanding, attitudes and investment (MobarakAbadi, Fallahchai & Askari, 2014).

Maternal age as a sociodemographic factor in sexual satisfaction has attracted a lot of debates. A new study revealed that women's satisfaction in the bedroom increases with age, even as sexual desire wanes (Sheridan, 2012). Trompeter, Bettencourt and Barrett-Connor (2012) also asserted that sexual satisfaction increased with age and did not require sexual activity. These findings seem to be contrary to traditional belief that low sexual satisfaction accompanies older age. However, Ziaee and colleagues (2014) observed a significant reverse association between age and sexual satisfaction. Some other studies by Rahmani, Alahgholi and Merghati Khuee, (2009); Taavoni & Haghani, (2010) also supports this finding that the lower the age of participants, the more the sexual satisfaction.

The topic sex has been observed to be hardly discussed during prenatal visits in the hospitals and is seen as a sacred topic that needs not to be discussed. As a result, most women are filled with certain misconceptions and misinformation since they feel so shy to consider the issue. Sexual satisfaction among pregnant women is of immense research importance and if left unchecked can lead to adverse effect on the persons involved owing to its importance to marital satisfaction and other societal implications. In the light of several researches on sexual activities in marriage with special reference to pregnant women, the importance of sexual satisfaction in the physical and psychological health of couples and the society at large cannot be doubted. Given the fact that sexual satisfaction among pregnant women is less considered in literature especially in the context of Awka, this study will therefore explore marital satisfaction and maternal age as correlates

Theoretical Frame work

Various theories can help us understand how sexual satisfaction is related to marital satisfaction.

One of the theoretical perspectives of mental health is biological theory.

Biological Model of Sexual of Sexual Satisfaction

This model was pioneered by Masters and Johnson who took a biological and feminist approach to studies on human sexual response and the diagnosis and treatment of sexual dysfunction from

1957 until the early 1990's. They used the direct observation method. In this method, subjects were observed as they engage in a variety of sexual activities which included masturbation, stimulation of the breasts and sexual intercourse with a partner (Kolodny, 1981). They created a four stage of arousal which consists of excitement, plateau, orgasm and resolution (Hockenbury, 2011). Arousal is characterized by increase heart rate, increase blood pressure, increase in pulse and breathing, clitoral swelling, expansion and opening of vagina lips,

vagina lubrications and nipple sensitivity. After this phase, plateau phase is associated with heightened stage of excitement as well as a tightening of the vaginal entrance. The shortest phase of sexual arousal is the orgasm, in which women undergo periodic contractions of the vagina and uterine muscles. The last phase is the resolution stage in which the physiological changes return to normal levels. They related a woman's inability to attain orgasm to anxiety, poor communication between partners, distrust and low self-esteem. They called it primary orgasmic disorder. However, this model has been criticized because of its inability to accommodate individuals and cultural views of sexual experience. They fail to understand that sexual activity done in the laboratory cannot be compared to that done in the privacy of a room without been monitored. Hence, it gave rise to other models of sexual satisfaction. This theory was supported by some empirical studies.

A study by Amir Nik-Azin and colleagues (2013) examined the evaluation of sexual function, quality of life, and mental and physical health in pregnant women. Participants were 150 pregnant women attending in a training course for pregnancy, held in Shahid Mostafa Khomeini Hospital, Tehran, Iran, during their 20th and 37th weeks of pregnancy, selected by goal oriented sampling method for study. These women were screened using Female sexual function index

(FSFI), World health organization quality of life questionnaire (WHOQOL-BRIEF) and Depression, anxiety and stress scale (short form) (DASS-21). Results indicated that there is decrease in sexual satisfaction as a consequence of aging. It indicates that as maternal age increases, the physiology of sex and sexual response cycle are affected and hormonal changes occurs. Sexual desire and frequency of intercourse decreases which ultimately lead to lower sexual satisfaction. Furthermore with increasing age, the body image also changes and it can be one of the predictors of sexual satisfaction in women.

However, the interpersonal Exchange Model of Sexual Satisfaction (IEMSS) by Lawrance and Byers (1995) was developed within the tradition of social exchange models. Exchange model in interpersonal relationships refers to what the partners put into and get out of the relationships.

The IEMSS takes into account the interpersonal context in which sexual activity within a relationship occurs as well as the level of sexual rewards, level of sexual costs, comparison levels for sexual rewards and sexual costs, and the perceived equality of sexual rewards and sexual costs.

Purpose of the Study

The purpose of this research is to investigate marital satisfaction and maternal age as correlates of sexual satisfaction among pregnant women in Awka. Specifically, the objectives of this study are:

1. To ascertain if there will be a significant relationship between marital and sexual satisfaction in pregnant women.
2. To determine if there will be a significant relationship between maternal age and sexual satisfaction.

Hypotheses

1. There will be a significant relationship between marital and sexual satisfaction among pregnant women.

2. There will be a significant relationship between maternal age and sexual satisfaction among pregnant women.

Participants

Participants for the study comprised 211 pregnant women selected on a voluntary basis from the obstetrics and gynecology department of two hospitals, namely Anambra State University Teaching hospital, Awka and Redeemers hospital, Awka. The ages of the participants ranged from 18 to 41 years with a mean age of 28.40 and a standard deviation of 5.17. All participants were married, can read and write and have been pregnant for at least four months without any complicated situation.

Instruments

Two sets of instruments were used for this study namely the Index of Marital Satisfaction (Hudson, 1982) and the Index of Sexual Satisfaction (Hudson, 1982).

Procedure

The researcher obtained permission from the authorities of the selected hospitals to conduct the research in the obstetrics and gynecology unit of the hospitals with a letter of introduction by the Head of Department. The participants were individually administered the questionnaires by the researcher and research assistants. The participants were instructed on how to complete the questionnaires and were encouraged to do so honestly. Participants provided informed consent and received no monetary reward for participating in the study. The questionnaires were shared to the women on their antenatal day visits. Out of 226 copies of questionnaires administered, 211 copies were properly filled and considered as data in the present study, 10 copies were not properly filled, while 6 copies were not returned. The properly filled copies were analyzed using the appropriate statistics.

Design/Statistics

It is a survey study and a correlational design. Based on the design, the Pearson Product Moment Correlation Coefficient was employed as the statistical tools for data analysis.

Results

Correlations

Correlations			
	Maternal Age	Marital Satisfaction	Sexual Satisfaction
Maternal Age	1	.116	.105
Pearson Correlation		.094	.130
Sig. (2-tailed)			
N	211	211	211
Marital Satisfaction	.116	1	.644**
Pearson Correlation			
Sig. (2-tailed)			
N	.094		.000
	211	211	211

Sexual Satisfaction	Pearson Correlation	.105	.644**	1
	Sig. (2-tailed)	.130	.000	
	N	211	211	211

**. Correlation is significant at the 0.01 level (2-tailed).

From the table of correlation above,. It shows a significant relationship between marital satisfaction and sexual satisfaction ($r = 0.64$, $p < .05$). Therefore, the hypotheses which stated that “There will be a significant relationship between marital satisfaction and sexual satisfaction among pregnant women in Awka,” is hereby accepted.

From the table of correlation above, mean score of 28.40 and a standard deviation of 11.06 and mean score of 23.30 and a standard deviation of 11.06 were observed. The table shows no significant relationship between maternal age and sexual satisfaction ($r = 0.01$, $p < .05$). Therefore, the hypotheses which stated that “There will be a significant relationship between maternal age and sexual satisfaction among pregnant women in Awka,” is hereby rejected.

DISCUSSION

This study investigated marital satisfaction and maternal age as correlates of sexual satisfaction among pregnant women. The first hypothesis which stated that there will be a statistically significant relationship between marital satisfaction and sexual satisfaction among pregnant women was accepted. So with the increase of marital satisfaction, sexual satisfaction also increased. The findings are consistent with previous studies (Asgharianji, Vardanyan & Navabinejad, 2015; Ziaee & colleagues, 2014). One possible explanation of the finding is that women who feel comfortable enough with their marriage, happy with their spouse and sexually open with their partner tend to be more sexually satisfied. The relationship between marital satisfaction and sexual satisfaction can be explained by the fact that attachment security seems to serve as a buffer against stress.

The second hypothesis which stated that there will be a significant relationship between maternal age and sexual satisfaction was rejected. This finding is consistent with previous research (Anzaku, Okoye, Bulus, & Edet, 2015) which reported that age is not related significantly to sexual satisfaction. The possible explanation for the findings could be based on the assumption that sexual satisfaction is perceptual and not basically on age. The determining factor to sexual satisfaction is the psychic durability of an individual and this does not depend on age.

Irrespective of age, a pregnant woman’s sexual satisfaction can be based on other factors like past sexual experiences, relationship with the spouse, duration of marriage, religious beliefs and so on.

The implication of the study to clinicians, family therapist, marriage counselors, clergy and couples whose marriages are still within the stage of childbearing cannot be over emphasized. Based on the findings of the study, it is paramount that husbands need to understand their wives when they put up certain behaviours during sex while pregnant. According to finding, increase in marital satisfaction has a positive effect on sexual satisfaction. Informations about improving sexual activity skills especially during pre-marital consultation and ante- natal visits which is very vital for promoting the quality and stability of the family unit should not be neglected.

The researcher recommended that instruments which should measure sexual satisfaction during pregnancy with regards to African context should be designed. Finally, the researcher recommended that sexual satisfaction should be assessed and discussed during antenatal visits by the clinicians thereby providing purposeful therapy to the pregnant women which will help to manage their effects in the marital relationship.

This study has several limitations. Because a convenience sample was used, this study lacks the strengths of a prospective study with randomization. The sample may have been too small. Despite the limitations, the strength of this study lies in the fact that it came from a population and culture not yet well studied. This study provides valuable information regarding sexual satisfaction in marriage especially among pregnant women.

Conclusion

The result of this study showed that there was a significant relationship between marital satisfaction and sexual satisfaction among pregnant women. This indicates that one's a woman is happy in her marriage there is a tendency that her sexual life will be satisfactory as well. Age was not a significant factor in relation to sexual satisfaction and finally, primigravida (first time pregnant women) seems not to be more satisfied sexually than their other counterparts. The researcher observed from the findings of this study, that there is much to be done especially in Awka and Nigeria as a country. In most cases, clinical psychologists are not employed to work in most hospitals in Nigeria and as a result it becomes very difficult to assess and manage the people involved. The findings revealed that improvement in the quality of sexual relationship would produce corresponding improvement in mental health. Clinicians should be able to establish family supportive programmes that can help reduce stress and conflict from environment for pregnant women in order to improve their sexual life and mental health in general.

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