

# THE RELATIONSHIP BETWEEN MARITAL ADJUSTMENT AND SEXUAL QUALITY OF LIFE OF WOMEN OF REPRODUCTIVE AGE: EFFECT OF USE FAMILY PLANNING METHODS

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## ABSTRACT

The aim of this study is to determine the relationship between women's marital adjustment and sexual quality of life, and their use of family planning methods. This is a descriptive study. The sample size was calculated as 349 women. Data were collected using the personal information form, the Dyadic Adjustment Scale, and the Sexual Quality of Life Questionnaire-Female. The data obtained were analyzed using the SPSS 23.0 software by creating the database. The statistical significance level was set at 0.05. The mean scores the participants obtained from the Dyadic Adjustment Scale and Sexual Quality of Life Questionnaire-Female were  $106.27 \pm 22.21$  and  $77.46 \pm 21.85$  respectively. Of the participating women, 36.7% used an intrauterine device for birth control, 27.8% used condoms, 13.8% used hormonal drugs. No statistically significant differences were determined between the mean scores obtained from the Dyadic Adjustment Scale and between the mean scores obtained from the Sexual Quality of Life Questionnaire-Female in terms of the family planning methods the participants used ( $p > 0.05$ ). However, differences between the mean scores the participants obtained from the affectional expression subscale of Dyadic Adjustment Scale were found to be statistically significant in terms of the family planning methods they used ( $p < 0.05$ ). While the marital adjustment was high among the participating women their quality of life level was moderate. It was determined that the sexual quality of life increased as the marital adjustment increased. It was also determined that family planning methods the participants preferred affected not their sexual quality of life and marital adjustment but the affectional expression subscale. Family planning methods the participating women used did not affect their marital adjustment and sexual quality, but hormonal drugs and intra uterin device affected their scores for the affectional expression subscale of the Dyadic Adjustment Scale.

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## INTRODUCTION

Marriage is one of the most important experiences that affect the lives and well-being of couples. Married individuals are assumed to have better physical and mental health, a longer life span, higher income, and more and better sex life than do unmarried individuals (1-2). Marital adjustment is associated both with the degree at which wishes and expectations are met in marriage and the achievement of a balance between mandatory and voluntary natures of marriage. Deterioration of marital adjustment or emergence of conflicts leads to increases in anxiety, depression (3) and several anxiety and depression related health problems (4-5). Factors such as sexual satisfaction and marital satisfaction affecting marital adjustment emerge as very important determinants of functional family (6). One of the factors influencing marital satisfaction and sexual satisfaction is the timing of

pregnancies. The failure of timing of pregnancy in other words unplanned pregnancies reduces the quality of life and thus leads to many problems. However, not only unplanned pregnancies but also birth control methods used for the timing of births can pose serious disruption to marital relationship (7). For example, the withdrawal method adversely affects sexual life (8-10). Studies on the withdrawal method revealed that one-fourth of the women (9) and the men were not satisfied sexually (9, 10). Condom use, another birth control method, leads to the emergence of fear of losing an erection (fear of erectile dysfunction) or sexual performance-related anxiety (11). One of the side effects of family planning methods is sexual dysfunction (12-13). Sexual dysfunction-related problems between spouses are known to cause marital conflicts (13). On the other hand, while there are studies indicating that oral

contraceptives increase sexual desire, there are some other studies indicating the opposite (13-14).

In Turkey, there are several studies on the use of family planning methods and affecting factors (15-17). Although there are many studies conducted specifically to determine sociodemographic characteristics of the marital adjustment (18, 19), the number of studies on marital adjustment and sexual life is very few (12, 20). In addition, studies on the effect of the use of family planning methods on marital adjustment and sexual quality of life are not many either.

## STUDY AIM

The aims of this research are;

- To determine the relationship between women's marital adjustment and their sexual life quality,
- To determine the family planning methods used by women,
- The aim of this study is to investigate the effects of family planning methods used on dyadic adjustment and sexual quality of life.

## MATERIALS AND METHODS

### Study Design And Participants

This study is a descriptive study. It was carried out in the family planning outpatient clinic of a hospital. 349 women participated in the study.

### Data Collection Tools

The study data were collected using the Personal Information Form, Sexual Quality of Life Questionnaire-Female and the Dyadic Adjustment Scale.

### Personal Information Form

The questionnaire has 13 closed ended questions and four open ended questions. Of the questions, 13 are about women's (10) and their spouses' (3) sociodemographic characteristics and four are about their obstetric histories.

### Sexual Quality Of Life Questionnaire-female (SQLQ-F)

The scale developed by Symonds, Boolell, Quirk (21) consists of 18 items. The higher the scores obtained from the scale are the better the sexual quality of life is (21, 22). The SQLQ-F was adapted into Turkish by

Tugut and Golbasi (22). Its Cronbach's alpha internal consistency coefficient was found to be  $\alpha=0.83$ .

### Dyadic Adjustment Scale (DAS)

The scale was developed by Spainer to assess the quality of marriage and marital adjustment (23). The scale was adapted to the Turkish society by Fisioglu and Demir (24). A minimum of 0 and a maximum of 151 points can be obtained from the scale. Higher values indicate that marital adjustment is good.

### Data Management And Analysis

The data obtained were analyzed using the SPSS 23.0 software by creating the database. In the analysis, when the participating women's mean SQLQ-F and DAS scores were compared in terms of their socio-demographic characteristics, the t test was used to compare two groups and the one-way analysis of variance was used to compare groups more than two. The relationship between the family planning methods used by the participants, and SQLQ-F and DAS was determined through correlations. The statistical significance level was set at 0.05.

### Ethical Considerations

The study was carried out in accordance with the principles of the Declaration of Helsinki and the permission of the institution was obtained (B.30.2.CUM.0.01.00.00). Women were informed about the study and those who gave verbal consent were included in the study. The women were told not to write their names and surnames on the questionnaires.

## RESULTS

The mean ages of the participating women and their husbands were 31.33 (7.89) and 35.14 (SD=8.02) respectively. The mean period of their marriages was 11.64±8.03 years. Of the participants, 53% were elementary school graduates, 88.3% were unemployed, 72.2% had a nuclear family, 79.7% were multiparous. Of their husbands 53% had elementary school graduates and 92% employed. The mean age of the husbands of women 35.14 (SD=8.02, Min=21, Max=57). While 21.8% of the participants used a traditional method (withdrawal method), 78.2% of them used modern methods such as intra uterine device (36.7%), condom (27.8%) or hormonal drugs (13.8%).

Scales	X ± SD	Min-Max
DAS	106.27±22.21	Min=0, Max=151
Dyadic satisfaction	33.93±7.97	Min=0, Max=50
Dyadic consensus	51.89±12.11	Min=0, Max=65
Dyadic cohesion	14.40±4.81	Min=0, Max=24
Affectional expression	11.80±2.16	Min=0, Max=12
SQLQ-F	77.46 ± 21.85	Min=1, Max=108

*Table 1. The mean Scores the Participating Women Obtained from the DAS and SQLQ-F Scale (n=349)*

While the participants' mean DAS score was 106.27 (SD=22.21), their mean SQLQ-F score was 77.46 (SD=21.85). The mean scores the participants obtained from the subscales of the dyadic adjustment scale were 33.93 (SD=7.97) for the dyadic satisfaction, 51.89 (SD=12.11) for the dyadic cohesion, 14.40 (SD=4.81) and 11.80 (SD=2.16) for the affectional expression (Table 1).

Characteristics	SQLQ-F	DAS
<b>Education level</b>		
≤ 5 years	74.89±22.29	104.34±21.24
≥ 6 years	79.74±21.25	107.98±22.96
<b>t / p</b>	0.837 / 0.361	1.381 / 0.241
<b>Husband's education level</b>		
≤ 5 years	74.89±22.89	104.34±21.24
≥ 6 years	79.74±21.25	107.98±22.96
<b>t / p</b>	0.837 / 0.361	1.381 / 0.241
<b>Employment status</b>		
Yes	82.43±21.71	110.04±27.89
No	76.80±21.71	105.77±21.35
<b>t / p</b>	0.023 / 0.880	1.800 / 0.181
<b>Marriage type</b>		
Love marriage	81.81±20.57	107.38±24.17
Arranged marriage	75.72±22.14	105.83±21.41
<b>t / p</b>	2.444 / 0.119	1.053 / 0.306
<b>Family type</b>		
Nuclear family	76.64±23.28	105.76±23.27
Extended family	79.61±17.52	107.59±19.22
<b>t / p</b>	11.684 / <b>0.001</b>	2.421 / 0.121
<b>Financial situation</b>		
Income less than expenses (low)	75.09±20.81	99.48±23.03
Income equal to expenses (moderate)	77.31±21.82	107.01±21.51
Income more than expenses (high)	85.70±23.83	115.09±24.75
<b>F / p</b>	1.945 / 0.145	4.692 / <b>0.010</b>

**Table 2: The Comparison of the mean scores the Participating Women Obtained from the DAS and SQLQ-F in terms of some of their Socio-demographic characteristics**

In Table 2, a significant difference was found between the family types of the participants and their SQLQ-F average score, and between their income status and DAS score averages ( $p < 0.05$ ). There was no significant difference between the other characteristics and the scale mean scores ( $p > 0.05$ ).

Scale	Mean age of the women	Mean age of the husbands	Mean length of marriage	SQLQ-F
<b>DAS</b>	$r = 0.008$	$r = -0.020$	$r = -0.026$	$r = 0.523^*$
Dyadic satisfaction	$r = 0.007$	$r = -0.028$	$r = -0.007$	$r = 0.472^*$
Dyadic consensus	$r = 0.004$	$r = -0.022$	$r = -0.024$	$r = 0.437^*$
Dyadic cohesion	$r = 0.060$	$r = 0.052$	$r = 0.004$	$r = 0.329^*$
Affectional expression	$r = -0.070$	$r = -0.087$	$r = -0.101$	$r = 0.526^*$
<b>SQLQ-F</b>	$r = -0.127^*$	$r = -0.151^*$	$r = -0.153^*$	

$p < 0.001$

**Table 3. Correlation between the mean scores the Participating Women Obtained from the DAS and SQLQ-F and the Variables such as their Age, Husbands' Age and Duration of Marriage**

A negative significant relationship was determined between the SQLQ-F and variables such as the participating women's age, their husbands' age and length of marriage ( $p < 0.05$ ). However, the correlation between aforementioned variables and the DAS was not significant ( $p < 0.05$ ). The relationship between DAS, the subscales of the DAS and SQLQ-F was positive and significant ( $p < 0.05$ ) (Table 3).

## DISCUSSION

The satisfaction of couples from their marriage creates harmony in marriage (25). In this study, the average score of the women in the bilateral reconciliation subscale was 106. This score is above 101, the cutoff point of the scale, which indicates a good marital adjustment. In the study conducted by Fırsıloglu and

Variables	SQLQ-F	DAS Total	Dyadic satisfaction	Dyadic consensus	Dyadic cohesion	Affectional expression
	X ± SD	X ± SD	X ± SD	X ± SD	X ± SD	X ± SD
<b>Unplanned pregnancies</b>						
Yes	70.70±25.70	101.87±23.64	33.82±7.76	49.62±13.10	12.94±4.22	11.34±2.33
No	80.87±18.77	108.49±21.16	34.00±8.09	53.03±11.43	15.14±4.93	12.04±2.04
t / p	4.203/0.000	2.652/0.008	0.198/0.841	2.506/0.013	4.123/0.000	2.884/0.006
<b>Contraceptive methods used by the participants</b>						
Hormonal method	82.08±20.68	113.66±17.23	35.43±6.72	55.47±9.39	15.85±4.72	12.62±1.59*
Condom use	76.91±21.33	107.37±20.37	34.91±7.40	52.20±11.39	14.13±4.65	11.94±1.95
Intrauterine devices	74.53±23.32	103.75±24.30	33.10±8.55	50.92±13.44	13.99±4.92	11.50±2.45*
Traditional method	80.17±20.18	104.44±22.82	33.15±8.25	50.86±11.91	14.52±4.80	11.63±2.11
F / p	1.904/0.129	2.605/0.052	1.777/0.151	1.895/0.130	1.895/0.130	3.515/0.015

**Table 4: The mean SQLQ-F and DAS scores in terms of Unplanned Pregnancies and Contraceptive Methods used by the Participants**

The comparison revealed that the differences between the mean DAS scores of the participants who had planned pregnancies were not statistically significant ( $p > 0.05$ ), but that the differences between the mean dyadic satisfaction subscale scores and between the mean dyadic cohesion subscale scores were statistically significant ( $p < 0.05$ ). The differences between the mean SQLQ-F scores of the participants who had planned pregnancies were statistically significant ( $p < 0.05$ ). The comparison also revealed that the differences between the mean SQLQ-F scores and between the mean DAS scores in terms of contraceptive methods (hormonal drugs, condoms, intra uterin device, the traditional method) used by the participants were not statistically significant either ( $p > 0.05$ ). However, the differences between the mean affectional expression subscale scores were statistically significant ( $p < 0.05$ ) (Table 4).

Demir to adapt the dyadic adjustment scale into the Turkish society, the mean score for healthy individuals was 105.2 (24). In the original study by Spainer, the mean score for the normal population was 114.8 (23). The mean score for the dyadic adjustment scale was 117 in Ertop and Altay's study (20). Sexual life quality of the women participating in the study can be evaluated as good. Consensus between couples, satisfaction, harmony and emotional expression seem to be effective in increasing women's sexual life quality. In their study, Erbek et al. determined that marital adjustment was high among couples having no sexual problems (26). In the present study, the participants whose familial income was high had better sexual quality of life than did the participants having extended families. There is a negative relationship between the age of the woman and her husband, the duration of marriage and the quality of



sexual life. In the present study, marital adjustment was affected not by the education level and employment status of the participants but by their income level. In other studies, education level and employment status were determined to affect marital adjustment (18, 20, 27). This result is similar previous studies (20, 28). Ertop and Atalay (20) and Yalcın (18) reported that marital adjustment decreased as the woman's age, her spouse's age and the length of marriage increased. However, in the literature, there are other studies the results of which are different from those of the present study (3, 22, 29, 30). These differences are thought to be due to the fact that different cultures have different perspectives of sexuality. In the present study, it was observed that the sexual quality of life decreased as the woman's age, her spouse's age and the length of marriage increased. These differences in marital adjustment can be associated with decreases in the sexual quality of life. It is noteworthy that the scores obtained from the sexual quality of life scale and from the dyadic consensus, dyadic cohesion and affectional expression subscales of the Dyadic Adjustment Scale by the participants who had intended pregnancies were high. This result may have stemmed from the fact that the men shared the responsibility for the planning of pregnancies. In studies, about half of the women stated that they did not love their husbands anymore and had sexual problems such as not reaching orgasm, vaginal dryness or dyspareunia (26, 30). The results of the study are similar to the results of our study.

Family planning is defined as the planning which allows individuals and couples to freely decide on the number of their children and the spacing and timing of their births and to have information, training and tools to achieve this purpose (31). In the present study, 78.2% of the participating women used a family planning. According to the Turkey Demographic and Health Survey-2018, the use of modern family planning methods among married women (77%) is higher than among all women (55%). The percentage of the women using a modern contraceptive method in the present study was higher than was that of the women given in the Turkey Demographic and Health Survey-2018 data. Of the modern contraceptive methods used in Turkey, intra uterin device takes the first place and condom use takes the second place (32). These results are similar to those found in the present study. Intra uterin device is known to be used more widely than oral contraceptives both in the developing countries and in other countries of the world (33, 34). In several studies, preferred birth-control methods were intra uterin device, condoms and oral contraceptives (34-38). Although these studies were conducted in different regions of Turkey, the results

obtained were similar. The reason for the high incidence of intra uterin device use is that it can be easily inserted in hospitals, it provides a long-term protection and the whole responsibility is borne by women. The condom is the most widely used and an effective non-permanent contraceptive method in developed countries (39). Because the condom is reliable, cheap and readily available and because it prevents premature ejaculation, it is a widely preferred method (40). Among the reasons oral contraceptive use is preferred are that it regulates menstrual cycle, it is highly effective in preventing pregnancy (99.9%), it contributes to the reduction of unwanted pregnancies, it is possible to become pregnant immediately after its cessation, and it increases satisfaction with sex life due to its hormonal effects (34).

Studies on the issue have demonstrated that the success rate of conventional methods is lower than that of modern methods. The withdrawal method requires self-control and practice, discipline, and motivation. The withdrawal method also interrupts the plateau phase of the sexual intercourse and may lessen partners' sexual satisfaction. This method can cause the woman not to have an orgasm (8). The withdrawal method is preferred more in Turkey than in other developing countries (32, 39). In the present study, one-fourth of the participants relied on the traditional method of withdrawal. Women whose partners use the withdrawal method as a contraceptive method are said to have worries of and to be at risk of becoming pregnant, and thus they cannot get sexual satisfaction. The family planning method was determined not to affect marital adjustment and sexual life. In contrast to our study, in Ertop and Altay's study, family planning methods affected marital adjustment, and marital adjustment was high among those who used condoms (20). However, in the present study, the participants who used intra uterin device and oral contraceptives obtained significantly higher scores from the affectional expression subscale. In both of the family planning methods, sexual intercourse is not interrupted, bodily contact increases and the man does not have the fear of erectile dysfunction, all of which may have contributed to high scores the participating women obtained from the affectional expression subscale.

## CONCLUSIONS

While the marital adjustment was high among the participating women their quality of life level was moderate. It was determined that the sexual quality of life increased as the marital adjustment increased. It was also determined that family planning methods the participants preferred affected not their sexual quality of life and marital adjustment but the affectional expression subscale.

## AUTHOR CONTRIBUTIONS

Study design: Nilufer Tugut, Zehra Golbasi. Data collection: Didem Kaya. Data analysis: Nilufer Tugut. Manuscript writing: Nilufer Tugut, Zehra Golbasi, Didem Kaya. All authors have seen and approved the manuscript being submitted.

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