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Research Article

The Effectiveness of Promoting Iranians' Marital Quality Training Program in Marital Quality Among Couples Referring to Health Centers

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Abstract

The increase of dissatisfaction in marriage and its adverse effects on physical and mental health of couples and children make it necessary to improve marital interaction and implement enrichment programs. This research aimed to investigate the effectiveness of PIMQ (Promoting Iranians' Marital Quality) training program in marital quality. A researcher-made program called PIMQ designed based on cultural beliefs, value system, religious orientation, literacy level, and social character of couples was used in this research. This program was implemented on 30 couples who were randomly placed in two experimental and control groups. The marital quality scale was administered to each group before educational sessions. The PIMQ program was implemented for the experimental group in eight sessions of one hour while the second group received no intervention. The sessions were held once a week. Immediately after the completion of educational sessions, the marital quality scale was applied on both groups. A month after the completion of sessions, the follow-up was performed. The results of covariance analysis showed that PIMQ training program could increase marital quality in the experimental group and the increase remained significant at one month follow-up. Based on the research hypotheses, PIMQ training program increased marital quality in the posttest and follow-up.

Keywords: Couples, Effectiveness, PIMQ Training Program, Marital Quality, Health Center

1. Background

For centuries, the concept of quality of life has always been a challenge under the effect of the people's worldview. The start of discussing the quality of life dates back to the time of Aristotle (384 - 322 BC). Aristotle, especially in his book "The Nicomachean Ethics", pays particular attention to the issue of human happiness, what happiness is, what activities it involves, and how we can be happy. Academic approach to quality of life has found a new trend since 1920, when Pico in the book of the economy and the welfare dealt with this issue. WHO in 2000 addressed the concept of quality of life as the individuals' perception of their living conditions in terms of cultural and value system with a range of physical, psychological, level of independence, social relationships, environment, and personal beliefs (1-6).

Marriage is considered to be an important social custom to meet emotional, mental, and security needs. Marriage is the first emotional and legal commitment accepted in adulthood. Choosing spouse and making marital contract is an inflection point in the growth and development of personality. Selection of life partner without doubt is one of the most important decisions during the life. Today, the reasons and incentives to marriage have changed greatly. Today, the reasons for getting married are mainly to experience love and kindness, have partner and companion in life, and enjoy the satisfaction of emotionalmental needs as well as to increase happiness and joy. Marriage can bring about the satisfaction of emotional, mental, security, and sex needs and can become a center for training healthy generations in a safe environment. However, this is the case when relationships between couples, or overall between family members, are far from problems (7). The goal of improving quality of life is to promote welfare and happiness.

Marital quality is one of the QOLs and, in the view of Troxoel, is a multidimensional concept including various aspects related to couples such as adaptability, satisfaction, happiness, solidarity, and commitment (8). Psychologists have described marital quality as success and performance of a marriage that today is known as an important predictor of continuity and stability of a marriage (9, 10). Marital quality is one of the important aspects of family life

for married individuals (11). High quality of life leads to a desired consistency, good communication, and high level of satisfaction in marital life (12). Marital quality reflects the internal evaluation of couples' relationship in some dimensions and values; the domain of values that contains a continuum with respect to a wide set of specifications from engagement and function of marriage (12). There are several ways to explain quality of marriage (13) that identify two patterns for the measurement of marital quality:

- 1. Checking emotions of individuals in a relationship such as assessment of happiness or satisfaction.
 - 2. Checking patterns of relationship.

A step to improve healthy family relationships is performing marriage enrichment programs because without education and awareness of family, emotional, intellectual, motivational development, and learning processes, which require dynamic adaptation within and outside of the family system, will not be possible, and the family members will suffer from disorders (14).

Marriage enrichment program has allocated a big part in the growth and development of millions of couples. In marriage enrichment, current elements existing in a relation are changed and promoted (15). Thus, marriage enrichment as an educational approach is used to improve couples' relationships and help couples know each other, explore emotions and thoughts of spouse, develop empathy and intimacy, increase effective communication, and improve problem-solving skills (16). In several studies using marriage enrichment programs it has been emphasized to recognize the importance of communication exercises, clarify the areas of disagreement, increase intimacy between couples, express couples' expectations of life, and identify the impact of expectations on the relationship between the couples (17).

For families to have higher quality of marriage, it is necessary for partners to gain correct information when entering marriage in face of a wide range of problems from emotional to sexual and social problems so that couples can experience marital life with high quality and satisfaction. To achieve this goal, the employed program must be more and more closely fitted with the target group to have a greater effectiveness. In this study, a training program named PIMQ (Promoting Iranians' Marital Quality), as a self-made training package, was issued to promote marital quality among Iranian couples. The entire training program was developed based on cultural beliefs, value belief system, religious orientation, education level, and social status of Iranian couples, which make this training program distinctive from other training packages and enrichment programs. Therefore, in this study the use of PIMQ training program seems more logical to fit more and more with Iranian couples' life.

Several studies have been carried out on the effectiveness of training packages and marriage enrichment programs. Briefly, the examples of these studies are as follows: (18) showed that the quality of marital relationship is affected by life skills; (19) showed that coping strategies can be used to empower and improve the quality of life in women heads of household; (20) in their research studied the impact of education communication programs on quality of life and couple's marital intimacy. The results showed a significant difference between the experimental and control groups in terms of quality of life and marital intimacy in posttest as well as in follow-up. In another research (21), concluded that cognitive-behavioral training is effective on quality of life (22). Also concluded that skills of enriching relationships can increase marital quality (23). In a research showed that the true relationship between couples can enhance the quality of marital life. Individuals that participated in education of improving relationship had lower negative and higher positive interactions. They experienced increased quality of life. In another study (24), showed that pre-marriage education increases quality and stability of marital life.

2. Methods

The present study is applied in terms of purpose and quasi-experimental in terms of data collection that employed a pretest-posttest-follow-up design with a control group. To do the experiment, 30 couples were distributed randomly in two experimental and control groups. For each group, marital quality scale (PMQ) of Iranian people was executed before training. Then, eight 1-hour training sessions were conducted with PIMQ for the experimental group while the second group did not receive any training. The meetings were held once a week. Immediately after the training, Iranian marital quality scale was administered to both groups. A month later, the follow-up test was performed for the experimental group.

The study population consisted of all couples referring to private counseling centers in Hamadan city in summer 2014. In order to obtain a random sample, a public announcement was made in the counseling centers. Among the couples who announced their readiness to participate in the PIMQ training program, 15 couples were randomly assigned to the experimental group and 15 to the control group.

The ethics committee of Hamadan PayameNoor university confirmed the research in the meeting number 115 on May 23, 2014. Written consent was obtained from all the participants.

To measure marital quality, a questionnaire developed by Moein and KhoramAbadi in 2014 was used (25). The

questionnaire consisted of 65 questions in 6 subscales. The reliability of this tool was calculated as 95% using Cronbach's alpha. The subscales include health, religious activities, sexual relations, communications and expectations, attention and empathy, and the leisure time. For the questionnaire to be administered, one sheet as instruction and another one as the explanation for couples' requirements were considered. In the instruction sheet, some notes were taken about the necessity of knowing the features of spouses, the importance of responding candidly and honestly, confidentiality of information, and the manner of responding.

PIMQ program was used to improve marital quality. This program focuses on knowledge, attitude, and behavior of couples in the area of education, as summarized in Table 1.

3. Results

The obtained data in this research were analyzed by SPSS 19 software to verify the hypotheses using:

- Descriptive statistics (mean, standard deviation, and frequency distribution)
- Inferential statistics (analysis of variance, analysis of covariance, and repeated measures analysis of variance)

Since the implementation of multivariate analysis of variance requires several conditions, we first examined the condition of homogeneity of variances for the variable.

3.1. Homogeneity of Variances

Since MBox suggests P = 0.075, the necessary condition to implement the test of MANOVA is available (P > 0.05, F = 2.302).

Then, we implemented MANOVA to check whether there is homogeneity between the experimental group and the control group for the variable of research in pretest.

The results showed that the two groups had no significant differences in marital quality pre-test scores by giving P = 0.889, F(2, 57) = 0.118, Wilks' Lambda = 0.996, and Eta Squared = 0.004.

These results suggest that the experimental and control groups were homogenous in terms of the variable of the research and it is allowable to do the statistical tests on them.

Analysis of each of the dependent variables alone at the alpha level of 0.05 showed that there was no significant difference between the experimental and control groups for marital quality by giving P = 0.900, F(1, 58) = 0.016, and Eta Squared = 0.000.

The Levene's test for homogeneity of variances gave P = 0.172 for the pretest score of marital quality.

3.2. Testing Hypotheses

MANCOVA was used to test the research hypotheses. Four conditions for the implementation of MANCOVA are as follows:

1. Non-significant MBox:

P = 0.121, P > 0.05, F = 1.940

- 2. Normal data distribution (Table 2)
- 3. Homogeneity of variances confirmed in Levene's test by giving P = 0.129 for the posttest score of marital quality.

Thus, the required conditions are available to run MANCOVA.

MANCOVA test was performed on the variables and the obtained results are presented in Table 3.

3.3. PIMQ Training Program is Effective on Improving Quality of Marital Life

According to P < 0.0005 and F (1, 56) = 114.742 and Eta-Squared = 0.672, it is inferred that the PIMQ training program had a significant effect on marital life quality. This means that the mean score of marital life quality in the experimental group had a significant difference from that of the control group in posttest.

In order to determine whether or not the effect of independent variables is long-lasting, repeated measures ANOVA at the alpha level of 0.05 was used (i.e., to answer the question of whether the effect of the PIMQ training program over time is permanent or not).

At the beginning, one of the assumptions of repeated measures ANOVA (Mauchly test) for the variable of marital quality was investigated. In the sphericity test of Mauchly, checking for the main condition of repeated measures ANOVA gave P = 0.122 for Marital quality variable.

Results of repeated measures ANOVA for the scores of pretest, posttest, and follow-up for marital quality variable in the experimental group:

The results of applying repeated measures ANOVA for variable of marital quality are summarized in Table 5.

In Table 5, we can see that there is a significant difference between the measurements of experimental group in pretest, posttest, and follow-up by giving P < 0.0005, F(2, 58) = 90.582, and Eta Squared = 0.757.

As Table 6 shows, the first order linear trend is found for variable of marital quality: P < 0.0005, F(1, 29) = 92.824, and Eta-squared = 0.762.

4. Conclusions

The results of covariance analysis for the study of the research hypotheses revealed that marital quality score significantly increased at posttest compared to pretest.

Table 1. The Content of PIMQ Training Program

Sessions	Training Content
First session	Including orientation, early communication, implementation of the pretest, taking the commitment, familiarity with the principles, provisions and objectives of the session, discussing about marital quality and marital satisfaction and affecting factors, training in the field of structural differences of gender, providing homework, receiving feedback
Second session	Reviewing the previous session assignments, skills of relations between the couples, respect and positive interactions between the couples, providing homework, receiving feedback
Third session	$Reviewing \ the \ previous \ session \ assignments, training \ personal \ health, self-monitoring \ at \ home, providing \ homework, receiving \ feedback$
Fourth meeting	Reviewing the previous session assignments, training methods to increase the skill of empathy, increase of intimacy, providing homework, receiving feedback
Fifth session	Reviewing the previous session assignments, training attention to family nutrition and its impact on physical and mental health, food habits, providing homework, receiving feedback
Sixth session	Reviewing the previous session assignments, learning how to take advantage of leisure and entertainment, giving priority to happiness, providing homework, receiving feedback
Seventh session	Reviewing the previous session assignments, training sexual issues, providing homework, receiving feedback
Eighth session	Reviewing the previous session assignments, training continuation and maintenance skills, end of meetings, administering the posttest, scheduling the follow-up $\frac{1}{2}$

Table 2. Normality of Data Distribution (Kolmogorov-Smirnov test)

	The Pretest Score of Marital Quality
rimental	
N	30
Normal Parameters ^{a,b} Mean	192.8000
Std. Deviation	35.37231
Most Extreme Differences, Absolute	0.068
Positive	0.062
Negative	- 0.068
Kolmogorov-Smirnov Z	0.375
Asymp. Sig. (2-tailed)	0.999
trol	
N	30
Normal Parameters ^{a,b} Mean	191.6667
Std. Deviation	34.21165
Most Extreme Differences, Absolute	0.063
Positive	0.054
Negative	- 0.063
Kolmogorov-Smirnov Z	0.344
Asymp. Sig. (2-tailed)	0.000

This result implies the effectiveness of PIMQ training program in improving marital quality in the experimental group.

The results of variance analysis with repeated measurements showed that the mean scores of marital quality in posttest and follow-up increased significantly compared to

pretest by showing a linear trend over time. This finding indicates an increase in couples' marital quality more than ever as a result of the implementation of PIMQ training program.

These findings are consistent with the results of (23) indicating that establishing a true relationship between

Table 3. MANCOVA Test Results for Research Variables

Effect	Value	F	Hypo-thesis df	Error df	P	Eta Squared
Group						
Pillai's Trace	0.865	175.590 ^a	2.000	55.000	0.000	0.865
Wilks' Lambda	0.135	175.590 ^a	2.000	55.000	0.000	0.865
Hotelling's Trace	0.385	175.590 ^a	2.000	55.000	0.000	0.865
Roy's Largest Root	0.385	175.590 ^a	2.000	55.000	.000	0.865
Pretest of marital quality						
Pillai's Trace	0.786	100.862 ^a	2.000	55.000	0.000	0.786
Wilks' Lambda	0.214	100.862 ^a	2.000	55.000	0.000	0.786
Hotelling's Trace	3.668	100.862 ^a	2.000	55.000	0.000	0.786
Roy's Largest Root	3.668	100.862 ^a	2.000	55.000	0.000	0.786

Table 4. Results of MANCOVA for Dependent Variable at the Alpha Level of 0.05

		Sum of Squares	Df	Mean Square	F	P	Eta Squared
Group	Posttest of marital quality	32394.197	1	32394.197	114.742	0.000	0.672
Error	Posttest of marital quality	15810.091	56	282.323			
Corrected total	Posttest of marital quality	87623.733	59				
Pretest of marital quality	Posttest of marital quality	37970.506	1	37970.506	134.493	0.000	0.706

 Table 5. Repeated Measures ANOVA Test Results for Marital Quality Variable

Group	Source	Sum of Squares	df	Mean Square	F	P	Eta Squared
Experimental	Marital quality						
	Sphericity Assumed	43433.889	2	21716.944	90.582	0.000	0.757
	Greenhouse- Geisser	43433.889	1.008	43098.919	90.582	0.000	0.757
	Huynh-Feldt	43433.889	1.009	43063.234	90.582	0.000	0.757
	Lower-bound	43433.889	1.000	43443.889	90.582	0.000	0.757
	Error of marital quality						
	Sphericity Assumed	13905.444	58	239.794			
	Greenhouse- Geisser	13905.444	29.225	475.800			
	Huynh-Feldt	13905.444	29.250	475.406			
	Lower-bound	13905.444	29.000	479.498			

couples can enhance the quality of marital life. Individuals who participated in the relationship improvement programs experienced increased marital life quality.

These findings are also consistent with the findings of (18-21, 24, 26). Also, they are in line with the results of (22)

who concluded that skills of enriching relationships can increase marital quality.

It can be said, in the explanation of these findings, that marital quality is one of the important aspects of family life in married individuals (11). Psychologists have de-

Table 6. The First Order Linear Trend on Quality of Marital Life Variable

Marital quality	Sum of Squares	df	Mean Square	F	P	Eta Squared
Linear	33606.667	1	33606.667	92.824	0.000	0.762
Quadratic	9827.222	1	9827.222	83.670	0.000	0.743
Linear error (marital quality)	10499.333	29	362.046			
Quadratic	3406.111	29	117.452			

scribed it as success and performance of a marriage and today it is an important predictor of continuity and stability of marriage (9, 10). High marital quality leads to a desired consistency, good communication, and high level of satisfaction (12). Quality of marital life is defined in relation to the internal evaluation of the couples' relationship in some dimensions and values; a domain of values that contains a continuum reflecting wide specification of marital interaction (12).

Among the factors affecting quality of marital life, individual factors, relationship factors, and external factors can be noted. Another important factor affecting quality of marital life is spouse's values and belief system. Similarity or difference of beliefs and values of partners can affect the dynamics of life. The cultural elements can be emerged by class, race, or social processes.

In marital contract, not only basic physical needs must be met, there must also be agreements on issues such as eating, sleeping, sexual relationship, and makeup (27). Family is a social natural system with a complex emotional structure constructed based on love, loyalty, and continuity of membership as its important characteristics (16, 27). In the early stages of a relationship, the tolerance and acceptance of differences among couples occur more easily. However, after a while, the tendency of couples to accept, tolerate, and compromise with differences reduces and eventually they will start to change (16). Differences are effective in marital quality and their better recognition in marital relations could improve the treatment of communication patterns among disturbed couples (28, 29).

On the other hand, relationship of couples is an important factor in marital quality (30). Improving the relationship of couples seems to be important in preventing problems. Generally, different models and approaches have emerged to improve quality of couples' life and their relationships among which, communication skills are paid more attention than before for couples in face of problems. These approaches are of psychoeducational type focusing on prevention and some of them include methods such as relationship strengthening, marriage enrichment, applied programs of rapport relationship, and prevention programs focusing on couples not experiencing

major problems (31). With the introduction of industrial communities, the rate of failure and mental pressures increased that has affected marital life, as well. Therefore, there must be some training programs for couples to manage their life and overcome stress (10).

In short, with such skills presented by PIMQ training programs, quality of marital life among Iranian couples are expected to improve, as shown in our study. This increase reflects the effectiveness of PIMQ training program on disturbed couples; a positive effect that lasted at least for one month.

References

- Park JE, Park K. Textbook of preventive and social medicine: a treatise on community health. 8th ed. Jabalpur: Banarisdas Bhanot; 1980.
- King CR, Hinds PS. Quality of life from nursing and patient perspectives: theory, research, And practice. 2th ed. London: Jones and Bartlett Learning; 2003.
- 3. Brown RL. Quality of life and Disability: an approach for community practitioners. London: Jessica Kingsluy; 2003.
- 4. Agha Molayi T, Eftekharardabili H. Principles of healthcare service (in Persian). Tehran: Andisherafie: 2005.
- 5. Tingstrom PR, Kamwendo K, Bergdahl B. Effect of a problem-based learningrehabilitation programmed on quality of life in Patients with coronary artery disease. *Eur J Cardio vase Nurs.* 2005;4(4):324–30. doi:10.1097/HCR.0b013e3181f68acc.
- Schuiling KD, Likis FE. Women's gynecologic health. Sudbury: Jones and Bartlett: 2006.
- 7. Oraki M, Jamali C, FarajAllahi M, Karimi Firouzjai A. Effectiveness of education of enriching relationship on adjustment in married students. *Scientific-Res J Soc Recognition*. 2012;**2**:52–61.
- Yousefi N, Bashildeh K, Eisanejad O, Etemadi O, Shiyrbeygy N. The relationship between love style and marital quality among married people. J Applied Consult. 2011;1(1):21-36.
- Shahsyah M, Bahrami F, Mohebbi S, Tabarraie Y. The correlation between subjective well-being and quality of life of married couples. Qom University of Medical Sciences. 2011;4(5):61-7.
- Khwaja AH, Bahrami F, Fatehizadeh M, Abedi MR, Sajadian P. The effectiveness of cognitive-behavioral methods on the quality of married men and women. Knowl Res Applied Psychol. 2013;3(14):1–21.
- Zhang H, Xu X, Tsang SK. Conceptualizing and Validating Marital Quality in Beijing: A Pilot Study. Soc Indic Res. 2013;113(1):197-212. doi: 10.1007/s11205-012-0089-6. [PubMed: 23874055].
- 12. Tabrizi D. A descriptive dictionary of family and family therapy. Tehran: Forouzan publication; 2006.
- Glenn ND. The course of marital success and failure in five American 10- year marriage cohorts. J Marriage Family. 1998;60:569-76. doi: 10.2307/353529.

- Olia N, Fatehizadeh M, Bahrami F. Marriage enrichment instruction book. 1 ed. Tehran: Danzheh; 2011.
- Berger R, Hannah MH. Preventive Approaches in Couples Therapy. Philadelphia, PA19106: Routledge; 1999.
- Kazemi P, AghamohammadianSherbaf HR, ModaresGharavi M, Mahram B. Effectiveness of improving the quality of life of the couple on marital satisfaction and mental health. Res clinical psychol counsel. 2011;1(2):86-71.
- Khamse A. Premarital education. Tehran: University of Al-Zahra, the Institute for Women: 2003.
- 18. Javanmardyan E, Dyaryan MM, Nyloufarnashan P. Examining the relationship between life skills and the quality of the marital relationship of couples in Isfahan. The third national conference of consultancy, Islamic Azad University of Khomeini. Khomeini Shahr, Iran. .
- Kamardynzadeh H, FathiAshtiani A, Moradi AR. Impact of coping skills training on mental health, and improving the quality of life of women heads of household. Tehran, Iran: University of Science and Culture; 2012.
- Sudani M, Dehghani M, Dehghanzadeh Z. Effectiveness of transactional analysis (TA) on marital dissatisfaction and quality of life for couples. 2013
- 21. Khayyam Nekouie Z, Yousefi A, Monshei G. The impact of cognitive-behavioral training to improve the quality of life for heart patients. *Iran J Med Edu.* 2007;**2**(1):148–54.
- Eisanejad O, Ahmadi SA, Etemadi . The effectiveness of enriching relations on recovery of quality of marital couples' relation. *J Behav Sci.* 2010;4(1):9-16.
- 23. Thurmaier F. Long-Term Prediction of Marital Quality Following Rela-

- tionship Education. 2006
- 24. Stanley SM, Amato PR, Johnson CA, Markman HJ. Premarital education, marital quality, and marital stability: findings from a large, random household survey. *J Fam Psychol.* 2006;**20**(1):117-26. doi: 10.1037/0893-3200.20.1.117. [PubMed: 16569096].
- 25. Moein R, Khorram Abadi Y. Construction and factorial structure determination of the "questionnaire of Marital Quality". *Anatolian J Psychiat*. 2015 doi: 10.5455/apd.177072.
- ShoaKazemi M, Momeni Javid M. Investigating the relationship between life quality and life expectancy in patients inflicted with cancer after their surgery. *Iran breast diseases quarterly*. 2009;3(3):20-7.
- MehrabizadehHonarmand M, Mansouri Z, Javanmard Z. The relationship between sexual behavior and women 'paired adjustment according to mediating variable of age. Women and Soc Res J. 2013;1(4):77-101.
- Spotts EI, Prescott C, Kendler K. Examining the origins of gender differences in marital quality: a behavior genetic analysis. J Fam Psychol. 2006;20(4):605-13. doi: 10.1037/0893-3200.20.4.605. [PubMed: 17176195].
- Thanagooei M. The relationship between communication patterns of men and women according to religious commitment and marital satisfaction in couples' relationships. *Psychology and religion*. 2013;1(6):91-109.
- Broman C. Satisfaction among Blacks: The significance of marriage and Parenthood. J Marriage Family. 1988;50(1):45-51.
- 31. Faruqanfar M. Relationship between ways of resolution and the adaptability of married students.. Tehran, Iran: Shahid Beheshti University; 2006.