



The Relationship Between Marital Satisfaction and Women's Empowerment in Reproductive Decisions in Iran

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Abstract

Objectives: Biological alterations throughout the lives of women make them highly vulnerable compared to men. Thus, being empowered to make better reproductive decisions is an important and valuable aspect of women's lives. One of the Millennium Development Goals was women's empowerment. The present study aimed to investigate the relationship between marital satisfaction and women's empowerment in progenitive decision-making.

Materials and Methods: This explanatory correlational study was conducted on 400 women who had referred to medical centers associated to Shahid Beheshti University of Medical Sciences, Tehran, Iran. Data were collected using a questionnaire encompassing the participants' demographic information, the indices of marital satisfaction and women's empowerment in reproductive decisions. The gathered data were evaluated via the SPSS software version 21.0.

Results: The results indicated that there was a significant relationship between female marital satisfaction and relevant reproductive empowerment ($r = 0.34$; $P < 0.05$). Based on the results, the participants also showed an average level of progenitive empowerment.

Conclusions: In general, women's empowerment and relevant progenitive decision-makings are defined in relation to their marital satisfaction; hence both fields require undivided attention.

Keywords: Marital status, Reproductive, Decision-making, Women's empowerment

Introduction

The process of empowerment helps people promote their capabilities and therefore, improve their quality of life and their decision-making skills (1). Three dimensions were mentioned for female empowerment, including female health promotion, access to economic resources, and reduction of gender inequality, in the Cairo International Conference. In fact, women's reproductive wrong choices can cause many reproductive problems such as unwanted pregnancies, sexually transmitted diseases, and gender-related violence, to name but a few (2).

Regarding women's health practices, reproduction is of great importance, although the roles and responsibilities of women in their families should also be considered. Therefore, any intervention to enhance a woman's lifelong reproductive health must consider her responsibilities toward her husband and children. The World Health Organization (WHO) has identified the family as the primary social element that increases people's health and well-being (1). Thus, family plays a major role in decision-making on reproductive issues. For example, reproductive goals and tendencies are formed, and

reproductive behaviors are actualized within the family. Moreover, reproductive decisions are influenced by power relationships between couples and social/cultural requirements (2).

Marital satisfaction provides the foundation for a successful marriage and influences other dimensions of a couple's social and personal lives (3). It facilitates parenting, increases the duration of marital life, and improves the health, life satisfaction, communication, and problem-solving, and conflict-resolution skills of both partners. Good marital relationships and adaptability can cause women to pay more attention to their health-related needs, especially during pregnancy and childbirth (4).

Studies have shown that marital satisfaction are associated with a woman's health, well-being, and fertility and that inappropriate husband-wife relationships lead to low marital quality and a lack of decision-making capability (5). Marital satisfaction is related to a couple's decisions on the pattern of childbearing and the final form of the family (6).

It seems that marital satisfaction is related to women's empowerment in reproductive decision-making.

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However, no Iranian study has examined the relationship between marital satisfaction and women's empowerment in reproductive decisions. Therefore, the present study was conducted to address this issue.

Materials and Methods

The present descriptive correlational study was conducted on married females who had referred to medical centers associated to Shahid Beheshti University of Medical Sciences, Tehran, Iran, in 2014. The participants were chosen through a multi-stage cluster sampling method. The sample size of 400 was calculated following a pilot study.

The study data were gathered via the Women's Empowerment in Reproductive Decisions (WERD) questionnaire encompassing the demographic information of the participants, the index of marital satisfaction (IMS), and the women's empowerment in reproductive decisions.

Index of Marital Satisfaction

The 25-item IMS was designed by Hudson (1992) to measure people's marital problems. The construct and concurrent validities of the IMS have been reported to be appropriate. The IMS also has an excellent test-retest reliability and internal consistency (7,8). The Persian translation of this questionnaire has been prepared by Torkan and Moulavi, and has an appropriate validity and reliability (9).

The Women's Empowerment in Reproductive Decisions Questionnaire

The 38-item WERD questionnaire (10) was used to measure the women's empowerment in progenitive decision-making. WERD questionnaire consisted of four subscales: cultural dimension (11 items), social dimension (9 items), personal/familial dimension (10 items), and contraception dimension (8 items).

To determine the content validity of the WERD questionnaire, the content validity ratio (CVR) and the content validity index (CVI) were used. Lawshe developed the CVR (11). Ten experts rated the scale, and an acceptable CVR of 0.62 was calculated. The Waltz and Bassel (1983) method was used to determine the CVI; a 4-point Likert scale was used to rate each item of the WERD questionnaire for relevance, clarity, and simplicity. The relevance was calculated first, and the average item level CVI (I-CVI) was determined to be 0.96. The average I-CVIs for simplicity and clarity were 0.93 and 0.94,

respectively.

The credibility of the WERD questionnaire was determined using the test-retest reliability and internal reliability (Cronbach alpha). A test-retest reliability coefficient of 0.77 was calculated and the Cronbach alpha was 0.76 for the cultural dimension, 0.71 for the social dimension, 0.73 for the personal/familial dimension, 0.69 for the family planning dimension, and 0.72 for the total scale.

SPSS software version 21.0 was used to analyze the data and descriptive statistics was employed for calculating the mean and standard deviation (SD), and inferential statistics for calculating the Pearson correlation coefficient. In addition, the Kolmogorov-Smirnov test was used to examine the normality of the quantitative information before the inferential statistics were used. The statistical significance level was 0.05.

Results

A total of 400 women participated in the study, whose average age was 31.10 ± 6.50 years. Out of these women, 76.3% had a planned pregnancy, and 48.8% had only one child. Moreover, women had an average level of empowerment in reproductive decisions (54.3%). While, the most and the least significant empowerment levels were observed in the cultural (63.2%) and family planning (34.7%) dimensions of the WERD, respectively.

Based on the results presented in Table 1, there was a significant relationship between marital satisfaction and total women's empowerment in progenitive decisions ($r = 0.34$; $P < 0.05$). Furthermore, the highest correlation was observed between marital satisfaction and the personal/familial dimension ($r = 0.37$; $P < 0.05$).

Discussion

The results of the present study showed that there was a substantial correlation between marital satisfaction and women's empowerment in reproductive decisions. Marital satisfaction is defined as the pleasure and satisfaction experienced by husbands and wives, and is considered as an effective factor in mental health and life expectancy (12). Additionally, marital satisfaction is related to the progenitive and overall health of females and that a lack of communication between spouses leads to a low-quality marital life (1). Kariman et al (13) indicated that marital satisfaction is effective when the partners decide to have their first child. The researchers also specified that having a good relationship with a spouse on reproductive issues is

Table 1. Relationship Between Marital Satisfaction and Women's Empowerment in Progenitive Decisions

Marital Satisfaction	Empowerment Dimensions				
	Cultural	Social	Personal/Familial	Contraception	Total Empowerment
Pearson correlation coefficient (r)	0.29	0.26	0.37	0.21	0.34
P value	0.032	0.034	0.021	0.039	0.031

a vital strategy to enhance women's empowerment.

The results of this study showed that marital satisfaction had the highest association with the personal/familial dimension regarding the WERD questionnaire. Marital relationships, male domination, and patriarchy are among the most critical obstacles to the personal/familial dimension of women's empowerment. Women with good marital relations and adaptability pay more attention to their health-related needs, especially during pregnancy and childbirth. Good reproductive health is correlated with a woman's strong personality, high levels of adaptability, and amazing decision-making skills. Reproduction plays a leading role in women's health practices; however, it is also important to consider a woman's roles and responsibilities toward her family. Therefore, interventions to enhance a woman's lifelong reproductive health should also consider her responsibilities toward her husband and children (14). The Cairo International Women's Conference emphasized the issue of women's empowerment and the need to improve a woman's decision-making skills and relationship with her husband. It was also stated that improved decision-making skills and healthy relationships between partners can play essential roles in the empowerment of women with their reproductive decisions. The interactions between a husband and wife about their reproductive needs and the number of children they desire are also vital issues in the process of women's empowerment in reproductive issues (15).

According to the results of the present study, marital satisfaction was correlated with the cultural dimension of the WERD. Kabeer (16) showed that marital satisfaction and the cultural beliefs of the society affect the time at which a married couple decides to have a child, the size of the family, the children's sex composition, and the woman's decision-making power. Furthermore, Bozzano (17) demonstrated that marital relations affect women acceptance of responsibility and male fertility. They also found that cultural beliefs, including shared attitudes and values, play essential roles in these marital relationships. Given that cultural factors influence individuals' decisions, their deep impacts are evident on women's marital relations and decision-making power, as well as the number of children and the timing of childbirth (17).

The present study also indicated that marital satisfaction was correlated with the social dimension of the WERD. Haugh and Talwar (18) found that social situations affect marital relations and contribute to a couple's reproductive decision-makings. Social barriers were also mentioned to be the biggest obstacle to women's reproductive empowerment. In their study, women who complained of social barriers had low levels of marital satisfaction.

Furthermore, this study found that marital satisfaction had the weakest correlation with the contraception dimension of the WERD questionnaire. Upadhyay et al (19) showed that women's marital satisfaction and their empowerment in family planning are influenced

by factors inside and outside the home and that those factors can be affected by some other factors. In many societies with patriarchal tendencies, since men are the only producers, they enjoy wealth and financial success in their communities and outside their homes, whereas women stay at home and provide unpaid services. Women are primarily responsible for reproductive activities, including childbearing, child raising, and family planning, while men are mainly the decision-makers or the leaders in reproductive issues (20).

Conclusions

This study indicated that marital satisfaction was linked to different dimensions of women's empowerment in progenitive decision-making. Although the cause and effect relationship between empowerment and marital satisfaction was not examined in the present study, the results showed that the two variables were related to each other and that each improved the other.

Conflict of Interests

There is no conflict of interests in this study.

Ethical Issues

This study was validated by the Ethics Committee of Shahid Beheshti University of Medical Sciences (Ethics No. IR.SBMU.PHNM.1394-1-86-12716). The approval of relevant authorities was also obtained prior to commencing the study. Moreover, the purpose of research, data confidentiality, and freedom of entry to, or exit from the research were delineated to the contributors and their written informed consent was obtained.

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References

1. Narasimha B, Anand P, Ravish K, Navya S, Ranganath T. Role of self help groups in women empowerment and health. *Int J Community Med Public Health*. 2016;3(8):2026-2028. doi:10.18203/2394-6040.ijcmph20162210
2. Kiani Z, Simbar M, Dolatian M, Zayeri F. Women's Empowerment in Reproductive Decision-making Needs Attention among Iranian Women. *Iran J Public Health*. 2018;47(3):464-465.
3. Cordova JV, Gee CB, Warren LZ. Emotional skillfulness in marriage: Intimacy as a mediator of the relationship between emotional skillfulness and marital satisfaction. *J Soc Clin Psychol*. 2005;24(2):218-235. doi:10.1521/jscp.24.2.218.62270
4. Kiani Z, Simbar M, Dolatian M, Zayeri F. Correlation between Social Determinants of Health and Women's Empowerment in Reproductive Decision-Making among Iranian Women. *Glob J Health Sci*. 2016;8(9):54913. doi:10.5539/gjhs.v8n9p312
5. D'Souza MS, Karkada SN, Somayaji G, Venkatesaperumal

- R. Women's well-being and reproductive health in Indian mining community: need for empowerment. *Reprod Health*. 2013;10:24. doi:10.1186/1742-4755-10-24
6. Ganle JK, Afriyie K, Segbefia AY. Microcredit: Empowerment and Disempowerment of Rural Women in Ghana. *World Dev*. 2015;66:335-345. doi:10.1016/j.worlddev.2014.08.027
 7. Lee-Rife SM. Women's empowerment and reproductive experiences over the lifecourse. *Soc Sci Med*. 2010;71(3):634-642. doi:10.1016/j.socscimed.2010.04.019
 8. Golestani E, Manzeri Tavakoli A, Manzeri Tavakoli H. Relationship of personality traits with marital satisfaction in women. *J Life Sci Biomed*. 2012;2(5):216-218.
 9. Torkan H, Moulavi H. Psychometrical properties of the Index of Marital Satisfaction (IMS). *J Psychol*. 2009;13(1):3-19. [Persian].
 10. Kohan S, Simbar M, Taleghani F. Empowerment in family planning as viewed by Iranian women: a qualitative study. *J Biosoc Sci*. 2012;44(2):209-219. doi:10.1017/s0021932011000563
 11. Lawshe CH. A quantitative approach to content validity 1. *Pers Psychol*. 1975;28(4):563-575. doi:10.1111/j.1744-6570.1975.tb01393.x
 12. Motavalli R, Ozgoli G, Bakhtiari M, Alavi Majd H. Marital Satisfaction and Marital Intimacy in Employed and Unemployed Pregnant Women of Ardebil City. *Journal of Ardabil University of Medical Sciences*. 2009;9(4):315-324. [Persian].
 13. Kariman N, Simbar M, Ahmadi F, Vedadhir AA. Socioeconomic and emotional predictors of decision making for timing motherhood among Iranian women in 2013. *Iran Red Crescent Med J*. 2014;16(2):e13629. doi:10.5812/ircmj.13629
 14. Shabana, Khan A, Vashistha N, Siddique R. Women empowerment through entrepreneurship for their holistic development. *Asian Journal of Research in Business Economics and Management*. 2017;7(2):1-17.
 15. Blackstone SR. Women's empowerment, household status and contraception use in Ghana. *J Biosoc Sci*. 2017;49(4):423-434. doi:10.1017/s0021932016000377
 16. Kabeer N. Gender equality, economic growth, and women's agency: the "endless variety" and "monotonous similarity" of patriarchal constraints. *Fem Econ*. 2016;22(1):295-321. doi:10.1080/13545701.2015.1090009
 17. Bozzano M. On the historical roots of women's empowerment across Italian provinces: religion or family culture? *Eur J Polit Econ*. 2017;49:24-46. doi:10.1016/j.ejpoleco.2016.12.002
 18. Haugh HM, Talwar A. Linking social entrepreneurship and social change: The mediating role of empowerment. *J Bus Ethics*. 2016;133(4):643-658. doi:10.1007/s10551-014-2449-4
 19. Upadhyay UD, Karasek D. Women's empowerment and ideal family size: an examination of DHS empowerment measures in Sub-Saharan Africa. *Int Perspect Sex Reprod Health*. 2012;38(2):78-89. doi:10.1363/3807812
 20. Upadhyay UD, Gipson JD, Withers M, et al. Women's empowerment and fertility: a review of the literature. *Soc Sci Med*. 2014;115:111-120. doi:10.1016/j.socscimed.2014.06.014

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