

Original Article

The Effectiveness of Prevention and Relationship Enhancement Program on the Quality of Life and Marital Commitment in Married WomenNarges Habibi¹ **Elham Fathi**^{2*} Abolfazl Hatami Varzaneh³ Seifollah Aghajani⁴

1. M.Sc. in Clinical Psychology, Department of Psychology, Faculty of Educational Sciences and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran
2. Assistant Professor, Department of Counselling, Faculty of Humanities, Hazrat-e Masoumeh University, Qom, Iran
3. Assistant Professor, Department of Counselling, Faculty of Humanities, Hazrat-e Masoumeh University, Qom, Iran
4. Associate Professor, Department of Psychology, Faculty of Educational Sciences and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran

*Correspondence to: Elham Fathi
fathielham@ymail.com

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Abstract

Background and Purpose: There are several ways to enhance marriage. Prevention and Relationship Enhancement Program (PREP) are among the methods of educating relationships. Relationship education programs have made a significant contribution to the growth and development of millions of couples. This study aimed to investigate the effectiveness of the Prevention and Relationship Enhancement Program (PREP) on quality of life and marital commitment in married women.

Materials and Methods: This quasi-experimental research was conducted in a pretest-posttest control group design with 15 participants in the experimental group and 15 participants in the control group. Marital Commitment Questionnaire (DCI), and World Health Organization Quality of Life Questionnaire (WHOQOL) were completed as research instruments by the participants. The full version of PREP.8 was presented to the group of 15 participants over a weekend for a total of 12 hours, with each segment lasting for two hours. The Multivariate Analysis of Covariance (MANCOVA) as well as the Univariate Analysis of Covariance (ANCOVA) tests were used. Hedge's *g* effect size (ES) was also calculated to determine the magnitude of pairwise comparisons.

Results: The findings indicated that there was a significant difference between the experimental and control groups in terms of quality of life (Social Relations: Exp:12.27±1.28, Cont:11.13±1.64, $P \leq 0.03$; Environment, Exp:30.73±3.06, Cont:28.67±3.27, $P \leq 0.02$) and marital commitment (Structural Commitment: Exp: 76.40±5.08, Cont: 70.53±3.42; $P \leq 0.02$).

Conclusion: We concluded that utilizing PREP can successfully help Iranian couples in their relationships providing them with more knowledge and skills.

Keywords: PREP Education; Quality of Life; Marital Commitment

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1. Introduction

The family is one of the main institutions of any society. Today, the main reasons for marriage and the expectations of spouses from each other have changed dramatically, and the need for love and intimacy, intimate relationships, and satisfaction of emotional and psychological needs are among the main reasons for couples to marry (1). Satisfying marital relationships are among the most important factors in maintaining the family institution, as the most important social foundation (2).

Marital relationship, like any other relationship, has positive and negative aspects, and it is necessary to improve and maintain commitment, sensitivity, generosity, intimacy, fidelity, responsibility, trust, and confidence in marital relationships (3). Marital commitment is the strongest and most stable factor predicting the quality and stability of the marital relationship (4). The word commitment means a rational decision that requires a person to be bound to certain actions or a state that indicates an emotional or intellectual dependence (5). Researchers have also defined commitment as "the intention to maintain a relationship over time" (6). Johnson provided a model of commitment that distinguishes between different types of commitment. His model identifies three types of commitment - personal, moral, and structural. Personal commitment includes the attraction to the partner and the relationship (7). Moral commitment includes perceived relationship-related requirements, including moral views about the inadequacy of divorce and a sense of commitment to the partner. Structural commitment focuses on the external factors of the relationship, among the

possible options perceived for the current relationship, perceived social pressure to continue the relationship, and irreversible investments that lead to the termination of the relationship.

Johnson hypothesized that any kind of commitment would cause different emotions in the people involved around the axis of choice and constraint, the personal commitment experienced as a choice, and the moral and structural commitment associated with the sense of constraint (7). High levels of marital commitment are associated with greater love expression (8), higher marital adjustment and stability, better problem-solving skills, and marital satisfaction (9). One of the most important factors in a marriage is the quality of the relationship between spouses (10). The quality of marital life can be considered as the success and optimal performance of a marriage. It includes marital compatibility and the couple's sense of commitment to each other (11). In general, the term "quality of life" is used to describe satisfaction and happiness in the social, emotional, physical, occupational, and financial aspects of personal life (12). The results of Gameiro et al. (2011) showed that there was a positive and significant relationship between marital satisfaction and quality of life (13).

Creating and maintaining intimate relationships and satisfying emotional and psychological needs during the marriage is an art and skill that requires having and acquiring rational attitudes, communication skills, life skills, and performing specific tasks (14). Today, various new approaches have been developed in the field of communication skills training to improve and enrich

marital relationships, all of which aim to improve couples' relationships (15).

The research literature emphasizes the importance of prevention programs. The feeling of the need for preventive approaches in family researchers, on the one hand, and the spread of these approaches in behavioral sciences, on the other hand, has led to the creation of several methods to protect couples against problems (16). Many researchers believe that a newlywed couple are probably more able to maintain and improve their relationship with the skills taught in prevention programs, as compared with those couples who have been wrapped in negative relationship patterns for years and now want to repair their relationship with the help of a couple of therapies (16).

The PREP8 education includes concepts of Love Styles; Fun, Friendship; Problem-Solving; Personality; Communication Danger Signs and Time Out; Anger and Stress; Events, issues, and Hidden Issues; and Commitment (17). This program has indicated its effectiveness in different ethnic and religious groups like low-income Hispanic couples (18), unmarried African American couples (19), married African Americans couples (20), and Iranian couples (17). The Christian PREP (CPREP) was also developed to teach couples the core focus of PREP in a religious context (21).

Research on this program suggests that the PERP program is one of the most effective women empowerment programs that couples, whether married or on the verge of marriage, learn effectively to increase their commitment, communicate effectively, and solve problems (22). This program can increase communication skills, problem-solving skills, love, respect, and intimacy between couples and

might lead to a change in attitudes towards marriage and reduce dysfunctional communication beliefs of couples, and reduce divorce and aggravation of women (17, 23-26). It has also been effective in increasing overall marital satisfaction and improving quality of life, improving communication, personality issues, conflict resolution, financial management, and religious orientation (22). Therefore, preventive interventions are necessary to address potential problems before they become acute (15).

As the increasing divorce trends in Iran indicates (27), focusing on improving quality of life and marital commitment among Iranians to maintain the health and promote the mental health of couples seems necessary to implement marital education programs. To this end, the present study intended to answer whether the PREP was effective as a marital education program on quality of life and marital commitment in married women?

2. *Materials and Methods*

The present study was quasi-experimental with a pretest-posttest control group design. In this design, educational intervention was considered as an independent variable, and quality of life and marital commitment were considered as dependent variables. The statistical population of this study consisted of all married women who were referred to two counseling centers in Zanjan City after participation invitations. The sample was chosen by volunteering sampling method. The sample size of the present study was determined by referring to the Cohen table in experimental studies at 95% confidence level, effect size at 0.50, and test power at 0.80 for each group and, according to Johnson's plan, the participants who took

part in the sessions (28). The inclusion criteria were: being in a formal marriage, having at least a high school degree; being 20-45 years old, having no history of mental disorder, not being under therapy sessions simultaneously with PREP education, and completing the consent form and willingness to participate in the training course. 30 participants were selected and randomly assigned to the experimental and control groups (15 in each group). Exclusion criteria were: having any acute psychological and physical disorder, simultaneous participation in other psychological and therapeutic programs, simultaneous use of psychiatric and psychotropic drugs, drug addiction, and unwillingness to continue to participate in the research process.

Pre and post-tests were performed before and after the sessions, and the participants answered through two research instruments. The full version of PREP.8 was presented to a group of 15 participants over a weekend for a total of 12 hours, with each segment lasting for two hours. The participants were required to attend all lectures and demonstrations and practice and apply all the skills covered in the lecture. The skills covered based on PREP 8 were: Love Styles, Fun, Friendship, Problem-Solving, Personality, Communication Danger Signs and Time Out, Anger and Stress, Events, Hidden Issues, and Road Mapping (17) Then, at the end of the sessions, a post-test was performed and both experimental and control groups answered through the two research instruments again. After the end of the research, to observe the ethical principles, the above training course was held for the control group, as well. The present study was approved by the

Institutional Review Board of the Mohaghegh Ardabili University.

This questionnaire contains 25 items with a Likert scale type rating from 5 to 1 (5=strongly agree to 1=strongly disagree) and measures marital commitment in three dimensions of Personal, Moral, and Structural commitments (29). A higher score on this scale meant higher marital commitment. In the validation of the test by Zarei et al. (2015) in Iran, the content validity was confirmed by experts. Also, the Cronbach's alpha was calculated to be 0.85. Cronbach's alpha for subscales of personal commitment, moral commitment, and structural commitment were 0.79, 0.82, and 0.84, respectively (30).

The WHOQOL-BREF is an abbreviated 26-item version of the WHOQOL-100 containing items that were extracted from the WHOQOL-100 field trial data (31). The WHOQOL-BREF contains one item from each of the 24 facets of QOL included in the WHOQOL-100, plus two benchmark items from the general facet on overall QOL and general health. It consisted of 26 questions in four main areas: physical health, psychological health, social relations, and environment (32). The validity as well as the reliability of this questionnaire was indicated in several research papers (33-34). Data were analysed using SPSS version 22.0. Initially, descriptive statistics were used to characterize the sample. Shapiro-Wilk and Levene tests were conducted to determine normality and homoscedasticity, respectively. To determine the effectiveness of PREP education on dependent variable, the Multivariate Analysis of Covariance (MANCOVA) as well as the Univariate Analysis of Covariance (ANCOVA) tests were used. Hedge's g effect size (ES) was also

calculated to determine the magnitude of pairwise comparisons. The following criteria were used: <0.2=trivial, 0.2 to 0.6=small effect, 0.7 to 1.2=moderate

effect, 1.3 to 2.0 = large effect, and >2.0 = very large.

3. Results

Demographic information of participants (Table 1).

Table1. Demographic Information of the Participants

Age	F*	F%	Duration of marriage	F	F%	Number of children	F	F%
20 to 24	1	3.3	0 to 2	2	6.7	0	11	36.7
25 to 29	14	46.7	3 to 5	7	23.3	1	14	46.7
30 to 34	9	30.0	6 to 8	9	30.0	2	4	13.3
35 to 39	5	16.7	9 to 11	9	30.0	3	1	3.3
40 to 44	1	3.3	12 to 14	3	10.0	Total	30	100.0
Total	30	100.0	Total	30	100.0			

*Frequency

As shown in Table 2, the mean of all variables in both experimental and control groups increased in the post-test compared to the pre-test, and this increase was

greater in the experimental group. Also, the results of Levene test showed that in all variables except the general health, the quality of life was homogeneous.

Table2. Mean, Standard Deviation and Homogeneity Test of Variances for Dimensions of Quality of Life and Marital Commitment

Variables	Dimensions	phase	Group				Levin's Results				
			Experimental M	SD	Control M	SD	F	df1	df2	P	
Quality of life	Physical Health	Pre-test	20.13	3.42	23.00	2.70	0.29	1	28	0.59	
		Post-test	22.20	3.14	22.27	2.76					
	Psychological Health	Pre-test	19.13	2.75	21.07	1.53	0.69	1	28	0.41	
		Post-test	20.40	2.38	20.53	1.96					
	Social Relations	Pre-test	9.93	1.98	11.80	1.52	0.88	1	28	0.36	
		Post-test	12.27	1.28	11.13	1.64					
	Environment	Pre-test	27.67	3.29	30.13	3.56	1.53	1	28	0.23	
		Post-test	30.73	3.06	28.67	3.27					
	General Health	Pre-test	7.00	1.69	7.80	1.15	5.70	1	28	0.02	
		Post-test	7.73	1.58	7.53	0.99					
	Marital Commitment	Personal Commitment	Pre-test	30.60	4.12	32.07	3.37	0.01	1	28	0.93
			Post-test	29.93	4.08	31.40	3.33				
		Moral Commitment	Pre-test	33.80	3.99	30.60	4.55	2.61	1	28	0.12
			Post-test	33.60	3.11	32.13	3.60				
Structural Commitment		Pre-test	66.07	7.08	71.13	5.11	0.59	1	28	0.45	
		Post-test	76.40	5.08	70.53	3.42					

The results showed that by controlling the pre-tests, there was a significant difference between the two groups in dimensions of quality of life (Wilk's $\lambda=0.7$, $F(5, 19)=3.62$, $P=0.45$, $\eta^2=0.30$). We also showed that there was a significant difference

between the control and experimental groups in the components of social health and environmental health (Table 3). The effect sizes of these two components were 0.18 and 0.23.

Table 3. The Results of ANCOVA in Quality of Life Dimensions

	Variables	SS	df	MS	F	P	η^2
Groups	Physical Health	4.56	1	4.56	0.53	0.47	0.02
	Psychological Health	9.07	1	9.07	2.35	0.14	0.09
	Social Relations	11.77	1	11.77	5.19	0.03	0.18
	Environment	67.43	1	67.43	6.86	0.02	0.23
	General Health	3.87	1	3.87	2.84	0.11	0.11
Error	Physical Health	196.31	23	8.54			
	Psychological Health	88.99	23	3.87			
	Social Relations	52.20	23	2.27			
	Environment	226.14	23	9.83			
	General Health	31.26	23	1.36			

Our results showed that by controlling the pre-tests, there was a significant difference between the two groups in all dimensions of marital commitment (Wilk's $\lambda=0.78$, $F(3,23)=4.17$, $P=0.03$, $\eta^2=0.22$).

Furthermore, the findings showed that there was a significant difference between the two groups in terms of structural commitment with an effect size of 0.20 (Table 4).

Table 4. Results of ANCOVA Main Effects of Differences Between Pre-test and Post-test Groups in Marital Commitment Dimensions

	Variables	SS	Df	MS	F	P	η^2
Groups	Personal Commitment	7.03	1	7.03	0.90	0.35	0.03
	Moral Commitment	1.86	1	1.86	0.22	0.64	0.01
	Structural Commitment	121.51	1	121.51	6.12	0.02	0.20
Error	Personal Commitment	195.58	25	7.82			
	Moral Commitment	213.11	25	8.52			
	Structural Commitment	496.07	25	19.84			

4. Discussion

This study aimed to investigate the effectiveness of PREP education on quality of life and marital commitment in married women. Regarding the quality of life and the marital commitment variables results indicated that there were statistically significant differences between the experimental and control groups in the post-test. Also, the results showed that there was a significant difference between the two groups in terms of social relations, environment, and structural commitment.

Today, there are several ways to enhance marriage. RELATE, PREPARE_ENRICH, FOCCUS, PREP programs are among the methods of educating relationships (35). Relationship education programs have made a significant contribution to the growth and development of millions of couples. According to the research literature, PREP is one of the various forms of marital education programs whose purpose is to increase the psychological and emotional satisfaction in a relationship (36). In addition, it contributes to participants' psychological and emotional health and focuses on learning specific skills rather than treating or solving problems (22). The results of this study were congruent with research conducted in Iran and other countries on the effectiveness of this approach as an educational model of skills training to improve satisfaction, stability, and quality of marital relationship (17, 22, 37) as in the following issues: Reducing conflicts and increasing marital commitment and intimacy (26, 38), reducing anxiety, increasing mindfulness and regulating emotions (39); resolving conflict styles and quality of marital relationships and correction of dysfunctional beliefs (23, 40); promoting couples' love, intimacy and

respect (24), and changing attitudes towards marriage (25) in which couples learn how to be more responsive and empathetic to each other without prejudice, and finally taking steps to improve relationships and prevent future problems by teaching special communication skills.

Quality of life theory is based on the assumption that the emotional elements of happiness are largely derived from cognitive judgments of life satisfaction or from the assessment of when a person feels happy and secure, and if his/her criteria for satisfactory work and activity are met. In this theory, quality of life equals life satisfaction (41).

The PREP8 education includes concepts of Love Styles; Fun, Friendship; Problem-Solving; Personality; Communication Danger Signs and Time Out; Anger and Stress; Events, issues, and Hidden Issues; Commitment; Road Mapping. As the results indicated, PREP could increase the quality of life of the participants, especially in their environment and social relations. Social relations focus on the quality of life concerning social support, healthy sex, and personal relations (31). Meanwhile, PREP education can increase our knowledge and skills about love styles of ourselves and spouses and makes us aware of how to make the best of time and effort to improve sex and fun times like engaged and newly married couples so that social integration and relations might improve. Furthermore, the environment element of quality of life assesses factors like the quality of the person's financial resources, skills and information, recreation and leisure, home environment, physical safety and security, etc. The PREP educates on how to improve the

stress and anger, improves the problem-solving capacity as a team to have better financial and house labor management. Furthermore, communicating safely with listener and speaker technique, conflict resolving skills and becoming aware of four danger signs can lead to a safe talk and higher quality of life.

Furthermore, as explained in the findings, the experimental group that received PREP, obtained a higher score in commitment. This marital education program taught how to resolve conflict and solve problems, and by using follow-up exercises at home, participants learned how to manage and resolve their own and husband's issues of power and control, love and acceptance, recognition, caring, respect, trust, and integrity. Skillful problem-solving skills and marital satisfaction are associated with higher levels of marital commitment, greater love expression, and higher marital adjustment and stability (8, 9). Commitment is emphasized in this program as one of the main issues. Without the formation of commitment, the relationship will be superficial and without direction, so that ineffective communication creates a deep distance between the individual and its impact on all aspects of life. Therefore, marital commitment is the strongest and most stable factor predicting the quality and stability of the marital relationship (3). The results were limited as we applied and considered just available sampling, self-assessment tools, and only women education; therefore, generalizability and inference from the results will be limited. It is recommended that couples participate together and report the post-test mutually. It also seems that preventive approaches to prevent marital problems, in the long run, are very effective and cost-effective, and

greatly reduce the economic cost that the individual and the community pay for medical considerations. Also, according to the results obtained from this study, it is suggested that this program be used in different populations and groups, such as troubled families, divorced, or separated couples. Such research can be considered by counselors and researchers working in the field of Couple and Family Therapy, as well as social institutions to reduce family and social issues.

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Conflicts of Interest

All authors declare no conflict of interests.

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