

Predictive model of marital satisfaction in breastfeeding primiparous women based on demographic information in Babol, Iran

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Abstract

Background: Marital satisfaction (MS) is a multidimensional concept related to the individual characteristics of couples, dynamics of inter-spousal relationships, and intergenerational attachments. We aimed to determine the predictive model of marital satisfaction in breastfeeding primiparous women based on demographic information.

Methods: This descriptive-analytical cross-sectional study was conducted between August and November 2015 on 160 primiparous breastfeeding women with a full-term, healthy, singleton infant who had been referred to the health centers of Babol, north of Iran, for the two-month vaccination. The research sample was selected using convenience sampling from 10 centers in Babol. They were selected randomly through a lottery. The women completed the demographic information form and the Persian version of the 47-item ENRICH Marital Satisfaction Scale (EMS) in a self-report manner. The scores were converted into scale scores (0-100). The data were analyzed in SPSS V. 16 with descriptive statistics (mean, standard deviation, frequency) and inferential statistics (Student's t-test, analysis of variance, and stepwise multiple regression tests) at a confidence level of 0.05. The Kolmogorov-Smirnov and Shapiro-Wilk tests were used when appropriate.

Results: The means \pm standard deviation (SD) of the marital satisfaction scores among breastfeeding primiparous women was 86.05 ± 12.91 (high level). The three variables of the spouse's education (X1), the spouse's participation in housework (X2), and age at marriage (X3) predicted the level of marital satisfaction (using the formula $Y = 33.89 + 2.02 X1 + 4.17 X2 + 0.40 X3$). There was no relationship between marital satisfaction and age, the spouse's age, employment status, the spouse's employment status, education, type of delivery, type of marriage, income, or housing status.

Conclusion: An increase in the spouse's education, the spouse's participation in housework, and marriage age were associated with higher marital satisfaction. Based on the three mentioned variables, the prediction model obtained can be used to estimate the marital satisfaction of breastfeeding primiparous women.

Highlights

- Marital satisfaction depends on the individual characteristics of the couple and the dynamics of interspousal relationships.
- The spouse's education, his participation in housework, and the age of marriage were related to marital satisfaction.

Introduction

It is common to get married (1) and have children (2), and maintaining a happy marriage is important for well-being. However, many couples experience declines in their marital satisfaction (MS) (1). Marital satisfaction is a multidimensional concept that reflects the evaluation and nurturing of relationship issues, communication, and happiness experienced by couples (3). It can be significantly different in couples depending on their individual characteristics, dynamics of interspousal relationships, and intergenerational attachments (4).

Parents with higher marital satisfaction are more likely to have consistent parenting styles. Low marriage satisfaction is a leading cause of divorce (5). Becoming a parent is a major life event that can bring about significant changes (6). After pregnancy, there is typically a moderate decline in marital satisfaction. Childcare pressure, particularly for mothers, is often linked to lower levels of marital satisfaction. The expectations placed on contemporary mothers to be perfect parents can impact their satisfaction with their marriages (5). Women who take care of their children in the postpartum phase face motherhood in a high-demanding society. New mothers often find themselves in a high-pressure society that demands a lot from them, leaving little time for self-care (7). Moreover, marital satisfaction and living in a new social paradigm with great fluidity that encompasses almost all components of social reality

(including family patterns, social relationships, professional work, and leisure time) play important roles in couples' relationships and their quality. Couples are not safe from these dynamics and the pressure that new trends constantly put on them (8). The health team can leverage these results to gain a deeper perception of the foundations of married life. This can undoubtedly help reduce the high divorce rate. Therefore, the importance of research on marital satisfaction to provide evidence and recommendations for an effective management strategy is indispensable.

A 2033 study showed that 53.4% of Iranian men and women under 60 years of age who lived in 9 provinces of the country (3 provinces with low, medium, and high divorce rates each) had high marital satisfaction (9). In another study, the mean score of marital satisfaction using the ENRICH Marital Satisfaction Scale (score range: 175-35) was 112.5 ± 13.74 in 2021 among women in Tehran (10). The data collected using open-access databases and self-report evaluations from 7 178 participants representing 33 countries to determine variables related to marital satisfaction revealed that 96% of the variance of marital satisfaction worldwide was attributed to individual factors, and only 4% of the stated variance was related to the countries (11).

Women who have low marital satisfaction in the postpartum period experience higher levels of anxiety (12) and postpartum depression (12, 13), so postpartum marital satisfaction significantly predicts postpartum depression (14). The postpartum period is a critical time and requires adaptation for parents (13). The birth of a child can be challenging in the sense that it imposes a financial burden on the family, making living conditions difficult (according to the financial cost model). It imposes more restrictions on leisure time and increases the amount of focus (time and attention) on taking care of children. This distances parents from dreams such as pursuing desirable jobs (according to the restriction of freedom model) and increases the level of hostility among couples, which decreases spousal support and marital satisfaction (15). In a survey based on the needs theory to discover the importance of the role of alone time for women, mothers' different needs and preferences to have alone time played an important role in marital satisfaction (16).

Previous studies have not reached a consensus about the normative trends of marital satisfaction (17). Considering the advantages and disadvantages of

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parenting, researchers emphasize the influence of its factors on marital satisfaction (15). Most studies have examined the variables separately. In this study, the relationship between variables was redefined as a linear model. Recent surveys include the general groups of society, and few studies have been conducted specifically on breastfeeding women. With the birth of a child, a structural change is created in the family; therefore, the responsibility of taking care of the child is added to the mother's duties, and, as a result, fatigue, energy depletion, insomnia, and other problems arise. As such, paying attention to marital satisfaction is especially important in this period. Considering the contradictory results regarding marital satisfaction, we aimed to predict the marital satisfaction of lactating primiparous women based on their personal-reproductive information.

Methods

This descriptive-analytical cross-sectional study was conducted during August-November 2015 on 160 lactating primiparous women who had been referred to the health centers of Babol, north of Iran, for the 2-month vaccination of their infants. Sampling was performed in 2 stages and combined. In the first stage, 10 health centers out of 16 centers existing in Babol were selected randomly through a lottery to access women of all socioeconomic classes. In the second step, within each cluster, simple random sampling was performed until reaching the desired sample size.

Considering the main objectives of this study regarding the prediction of factors related to marital satisfaction, the 9 predictors were examined. Based on a confidence level of 95% and a test power of 90%, and by referring to (18), the equation $n \geq 104 + m$ (where m is the number of predictor variables and n is the required sample size) indicates that a minimum sample size of 113 was needed for this study. However, for greater accuracy, 160 individuals were included in the investigation.

The inclusion criteria were termination of pregnancy at 37-42 weeks, breastfeeding (from birth to 2 months), monogamy, and reading and writing literacy. If there were any of these situations, women were not included in the study: divorced women, suffering from depression and psychosis after childbirth, addiction of women or their husbands, presence of illness, or major abnormality of the newborn.

After obtaining written permission from the officials of Golestan and Babol Universities of Medical Sciences, the researcher explained the research objectives and procedure to each participant. After obtaining written informed consent from the participants, they proceeded to complete the demographic information form and the Persian version of the 47-item ENRICH Marital Satisfaction Scale (EMS) in a self-report manner. It was emphasized to the participants that their information would be kept confidential.

The original version of EMS was designed by Olson et al. (1993) with a Cronbach's alpha of 0.92 (3). Soleimanian (1373) extracted the ENRICH Marital Satisfaction Scale from its original version. The 47-question scale was selected by calculating the correlation coefficient of each question and selecting those with a relatively high correlation (19). Items are scored on a 5-point scale (completely agree, agree, neither agree nor disagree, disagree, completely disagree). Each option has 5 points, and scores range from 47 to 235. A higher score is a sign of greater marital satisfaction. The obtained scores were converted into scale scores (in the range of 0 to 100) using the following formula:

$$\frac{Xi - \min(Xi)}{Range} = \frac{Xi - 47}{235 - 47} \times 100$$

Written informed consent was obtained from all the participants after explaining the research objectives. The study was approved by the Ethics Committee of Golestan University of Medical Sciences (IR.GOUMS.REC.1394.75 on 2015.08.03).

The data were analyzed using descriptive statistics such as mean, standard deviation (SD), and percentage. The normality assumption of the response variable was assessed for each qualitative variable using either the Kolmogorov-Smirnov or Shapiro-Wilk test. The homogeneity of variances was evaluated using Levene's test. For comparison of the means of quantitative variables between two independent groups, the independent samples t-test was employed. The analysis of variance (ANOVA) was used to compare a quantitative variable among more than two independent groups. Pairwise comparisons were conducted using the Bonferroni test. Furthermore, multiple regression analysis was performed to predict the factors influencing marital satisfaction. The stepwise method was utilized in this analysis. The significance level for all the tests was set to 0.05, and the data analysis was carried out using SPSS v. 16.

Results

Tables 1 and 2 show the characteristics of 160 participants. The mean age of the men was 4 years older than the mean age of the women. The age at marriage of 49.7% of the participants was 19-24 years. Moreover, 34% of the men and 44.7% of the women had a university education. According to most women,

their husbands did not participate in household activities. The marital satisfaction scores of most women were 40 to 60, with a mean of 86.05±12.91 (high level) (Tables 1 and 2).

Table 1. Basic characteristics of the participants

Variables	Mean	N (%)
Marital satisfaction	≤40	28 (17.6)
	40-60	108 (67.9)
	≥ 60	23 (14.5)
Age difference (y)	≤ 5	109 (68.6)
	5-10	40 (25.2)
	≥10	10 (6.3)
Age of marriage (y)	≤19	39 (24.5)
	19-24	79 (49.7)
	25-31	35 (22.0)
	32-36	6 (3.8)

Variables	Mean±Standard deviation
Marital satisfaction	86.05±12.91
Age (y)	25.55±4.62
Husband's age (y)	29.69±4.63
Age difference (y)	4.47±3.30
Duration of marriage (y)	3.64±2.12
Age of marriage (y)	21.91±4.60

Women who had a household income of IRR 10000000 to 20000000 reported higher levels of marital satisfaction compared to other women. Additionally, women whose husbands had a high school diploma or higher (0.027) showed significantly higher levels of marital satisfaction than those whose husbands had no high school diploma (0.028) (Table 2).

Table 2. Descriptive characteristics and correlations among the variables and marital satisfaction in breastfeeding mothers

Variables	Mean±Standard deviation	N (%)	P-value	Test	
Occupation	Employed	48.11±9.22	20 (12.6)	0.848	Student's t-test
	Homemaker	50.27±10.10	139(87.4)		
The husband's occupation	Employed	53.65±9.55	24 (15.0)	0.151	Analysis of variance (ANOVA)
	Laborer	48.84±6.69	9 (5.7)		
	Self-employed	49.39±10.18	126(79.2)		
*Income (IRR)	<10000000	47.72±10.40	79 (49.7)	0.022	ANOVA
	10000000–20000000	52.52±8.58	55 (34.6)		
	≥20000000	50.03±10.31	19 (11.9)		
The husband's education	Below high school diploma	46.25±10.98	44 (27.7)	0.013	ANOVA
	High school diploma	51.36±9.58	61 (38.4)		
	University degree	51.52±8.96	54 (34.0)		
Education	Below high school diploma	47.34±12.06	25 (15.7)	0.050	ANOVA
	High school diploma	48.69±9.79	63 (39.6)		
	University degree	52.09±9.08	71 (44.7)		
*Housing	Rental	49.91±10.47	55 (34.6)	0.324	Student's t-test
	Owned	50.19±9.82	90 (56.6)		
The husband's participation in housework	Yes	46.97±10.55	46 (28.9)	0.260	Student's t-test
	No	51.23±9.54	113(71.1)		
Type of marriage	Married to a relative	50.47±9.37	23 (14.5)	0.696	Student's t-test
	Not married to a relative	49.91±10.13	136(85.5)		
Type of delivery	Vaginal delivery	50.49±10.17	74 (46.5)	0.824	Student's t-test
	Cesarean section	49.57±9.89	85 (53.5)		

*3.8% and 8.8% of the participants did not answer the question regarding the amount of income and housing status, respectively.

Marital satisfaction scores and the studied variables were entered into the model to reach a predictive model of marital satisfaction (Y) based on a stepwise multiple regression test. Apart from the 3 variables of the spouse's education (X1 is defined with codes 1, 2, and 3), the spouse's participation in housework (X2 is defined with codes 0 and 1), and the age at marriage (X3 is defined quantitatively) which remained in the model, the other variables (woman's age, husband's age, wife's employment status, husband's employment status, wife's

education, childbirth type, marriage type (marrying a relative or not), income, and housing status) were removed from the model. The prediction formula was determined as $Y = 33.89 + 2.02 X1 + 4.17 X2 + 0.40 X3$ (Table 3).

Table 3. Multiple regression models for the predictors of breastfeeding mothers' marital satisfaction by the variables

Variables	B	Standard deviation	Standardized beta coefficients	T	P-value	Test
(Constant)	33.89	4.24			<0.001	
The husband's education	2.02	1.01	0.16	2.008	0.046	Stepwise multiple regression
The husband's participation in housework	4.17	1.71	0.19	2.447	0.016	
Age of marriage (y)	0.40	0.18	0.18	2.245	0.026	

Discussion

Based on the demographic information, we aimed to establish a predictive model of marital satisfaction in primiparous women who breastfed. We found that the level of marital satisfaction of primiparous breastfeeding women was related to the age of marriage but not to the age of the couple. A systematic review showed that, according to Iranian men and women, age was one of the most important variables in marital satisfaction (20). Another study showed the husband's age was a stronger predictor of marital satisfaction than the wife's age, and by controlling the wife's age, as the husband's age increased, women's marital satisfaction decreased (21). A potential reason for the difference in results between this study and previous ones is the age of the participants. In this study, the majority of the participants were young, with women 25 years old and their spouses 29 years old on average.

We found that the husband's participation in housework has a positive relationship with the level of marital satisfaction. According to the theory of family dynamics, shared parenting (spousal support for each other in childcare, child-related decision-making, and parenting practices) (22) is associated with increased marital satisfaction (23). In this regard, another study has found that about half of the women in Tehran, Iran, had egalitarian gender attitudes (equality theory), and fewer than a third of them had traditional gender attitudes. Having gender-egalitarian attitudes was associated with a greater demand for men's participation in decision-making, housework, and childcare (24). A study also stated that a positive perception of the parenting model might be useful in the couples' marital experience (8). Some experts believe that the gender equality movement started, in the first step, with women's participation in affairs outside the house (politics, employment, and education) and continued, in the second step, mainly with the involvement of men in family matters and their participation in family work. In general, it seems that the first step reduces fertility because issues such as employment and/or public participation will put a "double burden" on women's shoulders if there is no simultaneous change in the behavior of the family and men; however, the second step is the participation of men in housework and caregiving support reproductive decisions by achieving gender symmetry in family responsibilities (25) and are associated with increased marital satisfaction (23). On the other hand, the results of a study showed that regardless of the couple's gender role attitude, marital satisfaction increased with the presence of women in the labor market, and women's working hours, rather than their job status, affected marital satisfaction (26).

We found that the husband's education was related to the level of marital satisfaction. In another study, women whose husbands had a lower level of education had higher marital burnout (27). The proximity of the couple's education level can be a positive and influential factor in mutual understanding; it provides sufficient motivation, offers a suitable cultural environment for establishing verbal communication and positive and constructive interaction between the couple, and can be the basis for deep cultural, intellectual, and cognitive convergence.

The duration of the marriage, the wife's age, the wife's employment status, the husband's employment status, the wife's education, the type of marriage, income, and housing status had no relationship with marital satisfaction in lactating women. A systematic review showed that most articles, from the perspective of Iranian men and women, emphasized the effect of certain sociodemographic factors such as occupation, duration of marriage, age, number of children, economic factors, and income on marital satisfaction (20). The results of the meta-analysis conducted on the data of 165 independent samples, including 165 039 participants, showed that the duration of the relationship was a predictor of marital satisfaction. Marital satisfaction decreases during the first 10 years of the relationship, reaching a low point in the 10th year; then, it increases until the 20th year and decreases again. Moreover, marital satisfaction decreases from 20 to 40 years of age, reaching its minimum at the age of 40, and then increases until the age of 65 and then increases in late adulthood (17). Williamson (2020) mentions two general

approaches related to the duration of the marriage. The first approach, based on the results of several studies using group-based path modeling, indicated that most couples experienced high levels of marital satisfaction over time. Among couples who started their relationship with relatively low levels of initial satisfaction, only a small subset experienced a notable decline in their marital satisfaction. On the other hand, in the second approach, some experts refer to the pattern of "honeymoon and then years of boredom" or the effect of "honeymoon-is-over" (28).

Regarding the socioeconomic level and sexual satisfaction, researchers revealed that a higher socioeconomic level was associated with higher marital satisfaction (10). However, marital satisfaction was not related to economic status (15). Based on the actor-partner interdependence model, there is a stronger negative association between women's materialism and the marital satisfaction of both spouses when women's relative income is higher. However, when women's relative income was low, women's materialism was unrelated to the marital satisfaction of either partner (29). It was stated that people's greater concern for money and more liberal sexual attitudes were the strongest predictors of low-quality dyadic experiences (8).

The results demonstrated that the type of delivery was not related to the marital satisfaction of lactating primiparous mothers. In line with the results of our study, no significant difference in marital satisfaction was found between the two groups of normal delivery and Cesarean delivery in a study conducted 12 weeks after delivery (30). In a global cross-cultural study that was conducted in several non-western countries (including Iran), the number of children was a negative and significant predictor of marital satisfaction. Work culture, national policies, or shared social equality norms in society may partially explain the cultural differences related to the role of the number of children in marital satisfaction (15). Still, the present study was conducted on first-time fertile women who did not have a history of giving birth to another child.

Conclusion

Understanding the key factors that contribute to marital satisfaction is crucial in building and maintaining healthy family relationships. By identifying these aspects, we can work towards creating an optimal family structure that promotes happiness and well-being for all its members. The results indicated that an increase in the husband's education, his participation in housework, and age at marriage are associated with an increase in the marital satisfaction of primiparous breastfeeding women. Based on the three mentioned variables, the predicted model can be used to estimate the level of marital satisfaction. The results of this study and similar studies can offer family caregivers a more comprehensive view of decision-making and policy-making.

This study was conducted in an urban area, so the results cannot be generalized to rural populations and families with several children. The data were collected in a short period, and the spouse's marital satisfaction was not included in this study. A similar prospective study should be conducted on families with more than one child and rural communities. The spouse's marital satisfaction should also be examined. Having children is a macro politic in Iran; therefore, it is recommended to conduct research on this subject and develop scientific theories rooted in Iranian culture.

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Ethical statement

Written informed consent was obtained from all the participants after the research objectives were explained to them. The study was approved by the Ethics Committee of Golestan University of Medical Sciences (ethics approval code: IR.GOUMS.REC.1394.75 on 2015.08.03).

Conflicts of interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Author contributions

Study concept and design: BA and AF. Statistical analysis and interpretation of data: VMA and BA. Drafting of the manuscript: BA, VMA, AF, and FM. Critical revision of the manuscript for important intellectual content: BA and FM. All the authors read and approved the final manuscript.

References

1. French JE, Altgelt EE, Meltzer AL. The Implications of Sociosexuality for Marital Satisfaction and Dissolution. *Psychol Sci.* 2019;30(10):1460-72. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
2. Abreu-Afonso J, Ramos MM, Queiroz-Garcia I, Leal I. How Couple's Relationship Lasts Over Time? A Model for Marital Satisfaction. *Psychol Rep.* 2022;125(3):1601-27. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
3. Fowers BJ, Olson DH. ENRICH Marital Satisfaction Scale: A brief research and clinical tool. *J Fam Psychol.* 1993;7(2):176-85. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)]
4. Huang CY, Sirikantraporn S, Pichayothin NB, Turner-Cobb JM. Parental attachment, adult-child romantic attachment, and marital satisfaction: An examination of cultural context in Taiwanese and Thai heterosexual couples. *Int J Environ Res Public Health.* 2020;17(3):692. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
5. Dong S, Dong Q, Chen H. Mothers' parenting stress, depression, marital conflict, and marital satisfaction: The moderating effect of fathers' empathy tendency. *J Affect Disord.* 2022;299:682-90. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
6. Bogdan I, Turliuc MN, Candel OS. Transition to Parenthood and Marital Satisfaction: A Meta-Analysis. *Front Psychol.* 2022;13:901362. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
7. Delgado-Pérez E, Yuste-Sánchez MJ, Pérez-Martín Y, Abuín-Porras V, Rodríguez-Costa I. New Motherhood Concepts, Implications for Healthcare. A Qualitative Study. *Int J Environ Res Public Health.* 2021;18(24):13118. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
8. Nadolu D, Runcan R, Bahnaru A. Sociological dimensions of marital satisfaction in Romania. *PloS One.* 2020;15(8):e0237923. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
9. Eslami M, Yazdanpanah M, Andalib P, Rahimi A, Safizadeh M, Dadvar A, et al. Marital satisfaction and emotional divorce among Iranian married individuals: A survey of hospital visitors of nine provinces. *J Educ Health promot.* 2020;9:83. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
10. Rashidi Fakari F, Doulabi MA, Mahmoodi Z. Predict marital satisfaction based on the variables of socioeconomic status (SES) and social support, mediated by mental health, in women of reproductive age: Path analysis model. *Brain Behav.* 2022;12(3):e2482. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
11. Dobrowolska M, Groyecka-Bernard A, Sorokowski P, Randall AK, Hilpert P, Ahmadi K, et al. Global perspective on marital satisfaction. *Sustainability.* 2020;12(21):8817. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)]
12. Odinka JI, Nwoke M, Chukwuorji JC, Egbuagu K, Mefoh P, Ndokuba AC, et al. Dependent personality, mindful awareness, and marital satisfaction and their association with postpartum psychological distress in two tertiary hospitals, Southeast Nigeria. *J Health Care Poor Underserved.* 2020;31(2):920-38. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
13. Wang D, Li Y-L, Qiu D, Xiao S-Y. Factors influencing paternal postpartum depression: a systematic review and meta-analysis. *J Affect Disord.* 2021;293:51-63. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
14. Yakupova V, Liutsko L. Perinatal depression, birth experience, marital satisfaction and childcare sharing: a study in Russian mothers. *Int J Environ Res Public Health.* 2021;18(11):6086. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
15. Kowal M, Groyecka-Bernard A, Kochan-Wójcik M, Sorokowski P. When and how does the number of children affect marital satisfaction? An international survey. *PloS one.* 2021;16(4):e0249516. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
16. Dong S, Dong Q, Chen H, Yang S. Mother's Parenting Stress and Marital Satisfaction During the Parenting Period: Examining the Role of Depression, Solitude, and Time Alone. *Frontiers in Psychology.* 2022;13:847419. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
17. Bühler JL, Krauss S, Orth U. Development of relationship satisfaction across the life span: A systematic review and meta-analysis. *Psychol Bull.* 2021;147(10):1012-53. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
18. Tabachnick B, Fidell L, editors. *Using Multivariate Statistics.* 7th Ed. Boston, MA:Pearson;2013. [[View at Publisher](#)] [[Google Scholar](#)]
19. solaimanian AA NS. Investigating the impact of irrational thoughts (based on the cognitive approach) on marital dissatisfaction: Tehran University of Teacher Training. Iran: Tehran;1994. [Dissertation]
20. Zaheri F, Dolatian M, Shariati M, Simbar M, Ebadi A, Azghadi SBH. Effective factors in marital satisfaction in perspective of Iranian women and men: A systematic review. *Electron physician.* 2016;8(12):3369-77. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
21. Lee W-S, McKinnish T. The marital satisfaction of differently aged couples. *J popul Econ.* 2018;31(2):337-62. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
22. Feinberg ME. The internal structure and ecological context of coparenting: A framework for research and intervention. *Parent Sci Pract.* 2003;3(2):95-131. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
23. Yalcintas S, Pike A. Co-parenting and marital satisfaction predict maternal internalizing problems when expecting a second child. *Psychol Stud (Mysore).* 2021;66(2):212-9. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
24. Razeghi Nasrabad H, Hosseini Chavoshi M, Abbasi Shavazi MJ. The Effects of Gender Role Attitudes and Role Division on the Second Birth Interval in Tehran. *J Appl Sociol.* 2021;32(2):1-28. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)]
25. Lappegård T, Neyer G, Vignoli D. Three dimensions of the relationship between gender role attitudes and fertility intentions. *Genus.* 2021;77:1-26. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)]
26. Yu X, Liu S. Female labor force status and couple's marital satisfaction: a Chinese analysis. *Front Psychol.* 2021;12:691460. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
27. Nejatian M, Alami A, Momenyan V, Delshad Noghabi A, Jafari A. Investigating the status of marital burnout and related factors in married women referred to health centers. *BMC Women's Health.* 2021;21(1):1-9. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
28. Williamson HC, Lavner JA. Trajectories of marital satisfaction in diverse newlywed couples. *Soc Psychol Personal Sci.* 2020;11(5):597-604. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
29. Seol KO, Baek S, Kim J. Materialism, wives' relative earnings, and marital satisfaction among South Korean couples: Actor and partner effects. *J Fam Psychol.* 2021;35(6):780-8. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
30. Parvanehvar S, Tehranian N, Kazemnejad A, Mozdarani H. Maternal omentin-1 level, quality of life and marital satisfaction in relation to mode of delivery: a prospective cohort study. *BMC Pregnancy Childbirth.* 2020;20(1):1-7. [[View at Publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]

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