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Relationship enrichment program on marital dissatisfaction and psychosocial well-being, Family Commitment and Quality of Life (QoL) among married couples in Northern India: Longitudinal study

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ABSTRACT

Background: Marital satisfaction is influenced by a combination of cultural, social, and economic factors that uniquely shape couples' experiences within married life.

Objectives: The study aimed to assess the effectiveness of a relationship enrichment program on marital dissatisfaction and psychosocial well-being, family commitment, and Quality of Life (QoL) among couples with a 3-month follow-up.

Methods: This comparative study used a longitudinal, true-experimental design and random sampling. A total of 50 couples (one hundred participants) were selected for both the study and control groups from the district of Moradabad, Uttar Pradesh, India. Data were collected using standardized and self-administered tools.

Results: The overall mean age is 26-30 years (M=30.445, SD=5.45), and an equal gender distribution in both groups (50% each). The intervention group showed significant improvement in psychosocial well-being, family commitment, and Quality of Life (QoL) scores compared with the control group, with a slight drop in 3-month follow-up. However, scores remained significantly higher than baseline. Moreover, the control group did not show a big difference among participants or between pre-test, post-test 1, and post-test 2.

Conclusion: Overall, the study demonstrates that the relationship enrichment program is effective in reducing marital dissatisfaction and improving psychosocial well-being, Family Commitment, and QoL among couples, contributing to lowering the incidence rate of marital dissatisfaction and divorce. Additionally, this training prevents marital problems and, in the long run, is very effective and cost-effective.

Keywords: Couples therapy; dissatisfaction; Family conflict; Marriage; psychosocial; Quality of Life

Introduction

Marriage is a culturally and legally recognized union between two individuals (spouses) that forms the foundation of family and society. Traditionally, marriage has been viewed as a sacred covenant characterized by emotional bonding, mutual understanding, and shared responsibilities, all of which contribute to family stability and social cohesion (Karney and Bradbury, 2020). As societies change, the institution of marriage continues to evolve

under the pressures of modernization, globalization, and shifting individual aspirations (Ho, 2025; Tito, O, 2024). Marital research is straightforward and serious regardless of whether the marriage is new or old (Jackson et al., 2014). Marital conflict is therefore not solely a private matter but also reflects broader societal dynamics such as patriarchy and gender inequality. In many societies, the prevalence of marital discord has increased due to shifts in values related to individualism and gender roles (Ho, 2025; Das, 2021; Ramasamy et al., 2024).

Internationally, marital dissatisfaction often reflects common underlying issues such as communication problems, financial stress, infidelity, and domestic violence, although its expression varies across cultural contexts (Tito, O, 2024). In the United States, 39–50% of first marriages end in divorce (Luscombe, 2018), and in the United Kingdom, the divorce rate rose during the second half of the twentieth century and began to drop in the 2010s (Wood, 2018).

In the Indian context, marriage is traditionally viewed not just as a union between two individuals but as an alliance between families, deeply rooted in cultural and religious traditions. However, processes of modernization, along with women's increasing access to education and economic independence, have begun to challenge these traditional frameworks. Studies indicate that marital discord among Indian women is frequently linked to the assertion of their rights in response to issues such as dowry harassment, domestic violence, excessive familial interference (especially from parents), and the burden of balancing public work with private domestic responsibilities (Das, 2021; Singh & Shanbang, 2025; Ramasamy et al., 2024). Indian literature also vividly portrays these tensions by exploring women's struggles for identity and autonomy within marriage (Shukla, 2025; Kumar, 2023).

Studies show that relationship education initiatives, including prevention-oriented programs and REPs, lead to significant improvements in marital satisfaction, commitment, and quality of life across diverse cultural settings, including China and Iran (Habibi et al., 2022; Ju et al., 2025; Panda et al., 2025). Emotion-Focused Therapy (EFT) has shown promise in reducing marital disenchantment and enhancing life satisfaction among couples experiencing relational conflict (Montazeri et al., 2025; Bazyar et al., 2024; Panaba et al., 2025). Systematic review and meta-analysis to examine the effects of marriage and relationship programs (MRPs) on couples' relationship satisfaction (CRS) and relationship communication (CRC), and to assess potential gender differences in outcomes (Javadivala et al. 2021; Kardan-Souraki et al. 2016).

Research question / Objectives:

However, research gaps remain in long-term follow-up studies to assess sustained impact. The primary research question is*: What is the effectiveness of REP on marital satisfaction, psychosocial well-being, Family Commitment, and Quality of Life (QoL) among married couples over 3 months?* Accordingly, the study aimed to assess the effectiveness of REP on marital satisfaction and psychosocial well-being, family commitment, and Quality of Life (QoL) among couples with a 3-month follow-up.

Materials & Methods

Design

This comparative study used a longitudinal, true-experimental design and followed the CONSORT guidelines for reporting.

Settings

The study was conducted in the district of Moradabad, Uttar Pradesh, India, which has 1,210 villages from which the researcher will select the experimental and control groups using a stratified sampling technique.

Population

The study population included married couples with marital dissatisfaction in the study setting.

Sampling technique

A multi-staged sampling was used in this study. Firstly, stratified random sampling was employed to select two villages. Mirza Bapu Block (Iunainiya Bavu) was selected as the experimental group, and Revenue Villages Gorakhpur was selected as the control group. Secondly, in simple random sampling, the lottery method was used to select the samples.

Sample size

Power analysis is used to estimate the sample size for the couple. A total of 50 couples (one hundred participants) were selected for both the study and control groups.

Variables:

The independent variable in this study is the selected nursing intervention (REP). The dependent variables were Psychosocial Wellbeing, Family Commitment, and Quality of Life (QoL).

Sample selection:

Inclusion Criteria:

- Life Distress Inventory score is above 42,
- Couples aged 18 and above,
- Both male and female,
- Who are married and living with their husband for a minimum of one to three years
- Who can comprehend Hindi or English,

Exclusion criteria:

- Couples with medical or psychiatric health illness.

- Who are coming under second marriage, divorced, Widower, Separated & unmarried
- Couples who were unwilling to provide consent or whose parents declined consent.
- Whose husband is out of India after marriage
- Who are already exposed to the REP

Data collection instrument:

The data collection instrument consisted of two tools. Tool 1 for screening and selection of samples, Tool 2 for data from the selected Couples.

Tool 1: Modified Relationship/Marital Conflict Scale

It is a Modified Relationship/**Marital Conflict Scale/Life Distress Inventory,** which was designed by Yoshioka, M. R., & Shibusawa, T. (2002). It contains 18 items that were scored on a seven-point Likert scale. Scores less than 42 indicate mild marital dissatisfaction.

Tool 2: This tool consisted of four sections.

Section 1: Demographic Variables Related to Couples

It consists of a structured questionnaire with four main items and 13 sub-items (General questions, questions related to marriage, questions related to family, and others) such as age, education, occupation, family monthly income, religion, Diet, age at marriage, age difference between you & your husband, etc.

Section 2: Standardized Psychological Wellbeing Scale (PWB) Scale

The PWB scale was developed by Ryff and Keyes in 1989, and it comprises six dimensions (self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth) that measure six aspects of well-being and happiness. Individuals respond to the 42 items within this measure using a six-point Likert scale. (Ryff, C. D., & Keyes, C. L. M., 1995).

High scores indicate adequate psychosocial well-being, and low scores relate to inadequate psychosocial well-being and areas for improvement. The validity of this scale has shown strong internal consistency, with a Cronbach's alpha of 0.86 to 0.93. (Gupta, S et al., 2025)

Section 3: Self-structured Family Commitment Scale

The researcher developed a self-structured scale consisting of forty-eight questions, which has four subheadings: Emotional Support, Household Responsibilities, Childcare, Partner Relationship, Personal Sacrifice, and Extended Family Interaction, and was measured with a six-point Likert scale. A higher score means higher marital commitment.

The validity of this scale has shown strong internal consistency, with a Cronbach's alpha of 0.86 to 0.93.

Section 4: Standardised World Health Organisation Quality of Life – Brief Version (WHOQOL-BREF)

The WHOQOL-BREF is a 26-item instrument consisting of four domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environmental health (8 items); it also contains QOL and general health items. Each item was scored on a five-point Likert scale. Higher scores represent a higher quality of life.

The tool has a high internal consistency with Cronbach's Alpha of 0.9. (Gil-Lacruz, M., et al., 2022; Thompson, H. M., et al., 2015).

Description of the intervention

In the present study, a structured Relationship Enhancement Program (REPs) was developed to improve marital satisfaction. Core components of these interventions focus on: Psychoeducation, Communication skills training, Conflict management and problem-solving, Intimacy and emotional connection, Cognitive and attitudinal work, Emotion-Focused Couple Therapy (EFCT) (Markman et al., 2021; Griffes et al., 2024; Coffman et al., 2025; Neswiswa & Jacobs, 2024; Şenol et al., 2023; Isari et al., 2024). This intervention was conducted for three days, each component conducted in a day with 30 minutes duration.

Pilot study

A pilot study was conducted with 10 couples that lasted for one month to assess the feasibility and clarity of the tool. No modifications were required in the tool.

Data collection procedure:

After obtaining permission, a brief self-introduction and the purpose of the study were explained to the participants. Eligible participants were identified by a Standardized Relationship/Marital Conflict Scale score above 42, it is included in this study according to the inclusion criteria, and samples were selected through a lottery method. Upon receiving written consent, information sheets were distributed among participants. Samples were explained about the tools, instructions, and self-reported data (pre-test) was collected. After the pre-test, the intervention was implemented for an experimental group. The control group continued with routine activities without any intervention during the study period.

Two post-tests were conducted after the intervention to assess the effectiveness and retention of the training. **First post-test** conducted immediately after completion of the intervention. The **second post-test** was conducted 3 months after intervention (Adler-Baeder, F. et al., 2022; Fallahchai, R. et al., 2017).

To minimize bias, blinding and masking ensured that participants were not aware of the details of other groups, and data collection was managed by a third-party investigator.

Data analysis:

Data analysis was done using descriptive statistics and inferential statistics methods (two-way repeated Measures ANOVA and Pearson correlation coefficient), using Statistical Package for the Social Sciences (SPSS) version 16, STATA version 16.0.

Results

Figure 1 presents demographic variables between the intervention and control groups. Regarding age, 34% in the interventional group and 32% in the control group were 26 to 30

years old; the overall mean age is 26-30 years (M=30.445, SD=5.45). Across genders, an equal distribution is observed in both groups (50% each). Among the religions, 70% in the interventional group and 62% in the control group were Hindu. Regarding education qualifications, 36% were post-metric in the interventional group, and 34% were graduates in the control group. By occupation, the majority work in the private sector: 26% in the intervention group and 36% in the control group. Regarding hours spent on social media, most participants spend 3 to 4 hours, with 40% in the intervention group and 44% in the control group.

Marriage and family variables between intervention and control groups are presented in Figure 2. Regarding age at marriage, the majority (74%) were married between 22 and 25 years. Among the age differences between spouses, 64% were 0 to 5 years in the interventional group, and 52% were in 6 to 10 years in the control group. Most participants had arranged marriages, and non-consanguineous marriages (85% and 76% respectively). Seventy-two percent of participants had been married for 6 to 10 years. Among the number of children, 39% had two children and 31% had single children. Most of them lived as a joint family (67%), and 53% of participants had a family income of 10,000 to 30,000 per month.

Table 1 compares psychological well-being, Family commitment, and QoL between the interventional and control groups. Regarding psychological well-being, scores showed a significant improvement from pre-test (72.47) to post-test 1 (231.7), followed by a slight drop at post-test 2 (222.24). In the control group, scores did not show a big difference from pre-test, post-test 1, and post-test 2 (71.62, 70.21, and 71.27, respectively). Among Family commitment, interventional group scores showed a marked increase in scores from pre-test to post-test 1 (123.34, 31.34), followed by a slight drop at post-test 2 (35.40). However, in the control group, scores did not show a big difference from pre-test, post-test 1, and post-test 2 (121.41, 119.91, and 120.17, respectively). In view of QoL interventional group scores, which revealed a marked increase in mean scores from pre-test to post-test 1 (82.4, 121.34), followed by a slight drop at post-test 2 (111.34). Moreover, the control group did not show a big difference among participants or between pre-test, post-test 1, and post-test 2 (79.6, 80.31, and 77.68, respectively).

Repeated-measures ANOVA revealed significant improvements in psychological well-being, Family commitment, and QoL among the interventional group in a time-contrast analysis. Regarding psychological well-being, scores showed a great improvement in scores from pre-test to post-test 1 (difference = 159.23, d=22.52), followed by a slight drop at post-test 2 (-2.46, d=0.72). However, post-test 2 scores remained significantly higher than baseline (Mean difference = 156.77, d = 26.08). Family commitment scores showed a marked increase in scores from pre-test to post-test 1 (difference = 92, d=18.07), followed by a slight drop at post-test 2 (difference = -4.06, d=0.68). However, post-test 2 scores remained significantly higher than baseline (Mean difference = 87.94, d = 15.35). QoL scores revealed a marked increase in mean scores from pre-test to post-test 1 (difference = 38.94, d = 6.12), followed by a slight drop at post-test 2 (-10, d = 1.69). However, post-test 2 scores remained significantly higher than baseline (Mean difference = 28.94, d = 4.70). In contrast, the control

group did not show a big difference among participants or between pre-test, post-test 1, and post-test 2 (Table 2).

Table 3 shows the Pearson correlation coefficient between the demographic variables and psychological well-being, family commitment, and QoL. Age, Gender, Educational qualifications, Occupation, hours spent on social media, Age at marriage, age difference, style of marriage, and family income per month showed a statistically significant ($p<0.005$) association with marital dissatisfaction in both groups. However, years of marriage were negatively associated in both groups. No other demographic variables had a significant association.

Discussion

The present study aimed to assess the effectiveness of REP on marital satisfaction and psychosocial well-being, family commitment, and Quality of Life (QoL) among couples with a 3-month follow-up. A significant improvement in psychosocial well-being, family commitment, and Quality of Life (QoL) among couples was measured in the interventional group compared with the control group immediately after the intervention. In addition, although there was a slight decline in scores after three months, they remained above baseline.

In the present study, the sample was composed equally of male and female participants, thereby reducing gender-related bias in the findings. Mean couples were aged 26-30 years (M=30.445, SD=5.45), consistent with findings from other studies (Jackson, J. B., et al., 2014; Ramasamy, R. et al., 2024). The majority were married as young adults and had minimal age differences. This could be a reason for immature approaches in relationships and conflict between couples. These findings were supported by Javadivala, Z (2021). Most of them lived as joint families, and one-third of couples had two children.

An important finding in this study is that REP showed a significant improvement in psychological well-being, Family commitment, and QoL among the interventional group. It showed that our intervention was designed with cultural and geographical adaptation to create awareness and improve marital satisfaction among married couples. Many international studies are in line with these findings (Markman et al., 2021; Griffes et al., 2024; Coffman et al., 2025; Neswiswa & Jacobs, 2024; Şenol et al., 2023; Isari et al., 2024). In contrast, some studies reported that relationship intervention was not effective or couples did not effectively utilize (Leedom, L.J., 2019; Lavik, K. O., 2022).

Another noteworthy finding is a slight drop in follow-up assessment scores; however, it has remained significantly higher than baseline. It reflects a couple's memory and daily practice, a changeover from immediate memory to long-term retention. This drop could be due to cultural influences and family commitments. This drop was supported by Fallahchai, R et al (2021), and in contrast, studies from Iran and the United States showed improvement at subsequent follow-ups (Adler-Baeder, F. et al 2022; Nasrin Ghiasi, 2018; Fallahchai, R et al 2017). This contrast improvement could be due to increased marital life experiences, cultural influences, and family interactions.

In addition, the study findings revealed that Age, Gender, Educational qualifications, Occupation, hours spent on social media, Age at marriage, age difference, style of marriage, and family income per month were significantly associated with marital dissatisfaction in both groups. These associations were supported by many international and national studies (Adler-Baeder, F. et al 2022; Lavik, K. O., 2022; Nasrin Ghiasi, 2018). Surprisingly, years of marriage were negatively associated in both groups. This could be due to couples achieving adjustment and understanding as the duration of marriage increases. This finding was supported by Javadivala, Z (2021). However, no other demographic variables had a significant association.

Conclusion

Overall, the study demonstrates a significant improvement in marital satisfaction among couples, even though a slight drop in follow-up assessments, scores remained significantly higher than baseline scores following the implementation of the REP. As a result of this study, the couples experience emotional distress and eventually grow dissatisfied with their union. Understanding one another through both verbal and nonverbal cues is important for successful marriage and relationship satisfaction. These findings indicated that the REP is effective in reducing marital dissatisfaction and improving psychosocial well-being, Family Commitment, and QoL. Additionally, this training prevents marital problems and, in the long run, is very effective and cost-effective.

By disseminating these findings, the authors seek to raise awareness and enhance psychosocial well-being, Family Commitment, and QoL among couples, contributing to lowering the incidence rate of marital dissatisfaction and divorce.

Strength and Limitations

The strengths of the study include the longitudinal design with a three-month follow-up, large sample size, and inclusion of couples who are at similar stages. The study has several limitations. Firstly, the samples were from only one district. To generalize the findings, the study can be done in different settings and diverse cultures. Secondly, Self-reported data are subject to change and recall biases. Thirdly, the study did not count other variables that might influence QoL.

Implications for practice

The present study findings showed that the effectiveness of REP as a suitable intervention for couples with dissatisfaction, poor family commitment, poor communication, and reduced QoL is significantly related to high levels of marital satisfaction.

Couples view communication, family commitment, and time spent with their partner as an investment in a healthy marital life and report prominent levels of marital satisfaction among couples because of this study.

Therefore, the authors strongly encourage participatory design approaches that involve couples and stakeholders in co-creating programs that may improve acceptability, cultural relevance, and engagement.

Recommendations

The present study results suggest that counseling centers and public organizations that provide services to reduce marital dissatisfaction and reduce divorce rates for couples use the

REP as a suitable intervention for couples with dissatisfaction, poor family commitment, poor communication, and reduced QoL.

Future research on diverse populations, diverse cultures, socioeconomic backgrounds, and groups, such as divorced or separated couples, should explore the hidden factors of marital dissatisfaction.

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