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FACTORS INFLUENCING MARITAL HEALTH AMONG MARRIED COUPLES IN LIVING FAITH CHURCH, A PENTECOSTAL DENOMINATION IN OGUN STATE, NIGERIA

OBIANENUE Olusola Aishat and AYODELE Kolawole Olanrewaju

*School of Education and Humanities
Babcock University, Ilishan-Remo, Ogun State
Correspondence: ayodelek@babcock.edu.ng*

ABSTRACT

Marital health is a vital component of individual well-being and societal stability. Therefore, this study investigated factors influencing marital health among married couples in a selected Pentecostal Church in Ogun State. The study adopted a survey design and used a multi-stage sampling technique to select the three hundred and ninety (390) participants for this study. Four validated questionnaires were used for data collection, which was pilot tested through test-re-test. Five research questions and four hypotheses were formulated and tested. Descriptive statistics and Multiple regression analysis were used to analyse the data and provide answers to the research questions and test the hypotheses at 0.05 level of significance using the SPSS 25 version. The findings revealed that the communication ($B = 0.905$, Wald = 27.978, $p < 0.001$), Conflict resolution skills ($B = 0.252$, Wald = 38.963, $p < 0.001$), and stress ($B = -0.445$, Wald = 74.443, $p < 0.001$) significantly impacted the level of marital health of couples in the selected Pentecostal Church in Ogun State. Also, socio-demographic factors significantly influence the level of marital health of couples in the selected Pentecostal Church in Ogun State. It is concluded that communication, conflict resolution skills, and stress were significantly related to marital health. It was recommended that couples should be encouraged to engage in programs and workshops that promote effective communication and conflict resolution skills to enhance marital health.

Keywords: *Communication, conflict resolution skills, couples, marital adjustment, marital quality, marital satisfaction, Stress*

INTRODUCTION

Marriage is a cornerstone of human society in terms of personal relationship and a societal institution within culture, religion, and social constructs. At its core, it is often regarded as a moral and emotional foundation for individuals, fulfilling emotional and sexual needs. Many sociological theories suggest that its perceived social necessity arises from its role in facilitating family formation, with families commonly considered the fundamental unit of human society (Parsons & Bales, 1955; Murdock, 1949). People desire to live happy, fulfilling lives once they get married. They desire a successful, loving, and contented marriage. Marriage, however fulfilling, is not without challenges. As the initial novelty fades, couples may encounter conflicts and strains that test their bond. It is a partnership that demands effort, empathy, and mutual respect to flourish. As contemporary research highlights, the journey of marriage is neither static nor simple. It requires both partners to actively invest in their shared future, continuously building on their commitment and understanding. Through such efforts, couples can overcome marital constraints and experience profound joy and fulfillment in their marital union (Elegbede et al., 2024).

Despite having strong roots in different socio-cultural systems, marriage is more than just friendship and following the rules; it also involves what scholars refer to as marital health (Robles, 2014; Robles et al., 2014). Marital health is an overall assessment of marriage, considering both positive and negative interactions. This includes three foundational components: marital satisfaction, adjustments, and quality (Bertoni et al., 2024; Dobrowolska et al., 2020). Marital satisfaction refers to the degree to which partners feel fulfilled and content in their relationship (Xie et al., 2017). It is a key indicator of relational stability and personal well-being, significantly influencing family dynamics, societal development, and individual mental health. Adjustments, on the other hand, highlight the ongoing efforts couples make to navigate differences and adapt to life changes, while marital quality reflects the overall attributes of the relationship, including

emotional intimacy, trust, and effective communication (Bertoni et al., 2024; Nurhayati et al., 2019).

Early scholarly work by Kwok et al. (2015), Lazar (2017), and Lorber et al. (2015) proposed a U-shaped trajectory of marital satisfaction, characterized by high levels in the initial years of marriage, a decline during the middle years, and a subsequent resurgence in later life. These studies attribute the pattern to various factors, including the honeymoon phase, the pressures associated with parenting, and the enduring nature of long-term marital relationships. However, contemporary studies challenge this model, suggesting that marital satisfaction may decline steadily in some cases, depending on socioeconomic, cultural, and methodological factors (Galambos et al., 2020; Wang-Sheng, 2018). As such, a broader understanding of marital health involves examining various influencing factors including demographic variables, communication pattern and quality, attachment styles, personality traits, sexual satisfaction, emotional intelligence, conflict resolution skills, and cultural influences (Dobrowolska et al., 2020; Tavakol, 2017; Wendorf et al., 2011).

Nigeria as a nation marked by its rich cultural and religious diversity, have showcased some determinants of marital health, which include, marital satisfaction, adjustment, and life quality (Adewoyin et al., 2020; Elegbede et al., 2024). These determinants encompass a range of personal, relational, and environmental factors that interact within specific cultural and religious frameworks. While Nigeria's religious demographics include approximately 53% Muslims, 46% Christians (comprising Catholics, Protestants, and Pentecostals), and less than 1% practicing traditional or other faiths (Pew Research Center, 2019), this study focuses specifically on Christian communities. More specifically, it examines marital health within Living Faith Church, a Pentecostal denomination with a strong presence in Southern Nigeria, particularly in Ogun State. The majority of Christians reside in the Southern States, where religious affiliation deeply influences values, social norms, and interpersonal relationships, particularly in the context of marriage.

Studies indicate rising rates of divorce across the country. For instance, Adewoyin et al. (2020) highlighted regional variations in single motherhood, ranging from 2.9% in the North-West to 20.3% in the South-South. Focusing on Christian marriages, Yusuf and Yusuf (2020) identified childlessness, early marriage, financial crises, communication breakdown, infidelity, and lack of intimacy as primary drivers of divorce. This underscores the nature of marital challenges within this religious group and the need to investigate how various factors influence marital health. Within the Christian faith in Nigeria, religious commitment—a concept comprising religious beliefs, practices, and integration of faith into daily life—stands out as a significant factor (Aman et al., 2019). Religious leaders often serve as marriage counselors, and religious practices such as prayer and joint worship are viewed as essential to fostering marital harmony. However, personal observations suggest that while some couples deeply rooted in faith report high levels of satisfaction, others in similar religious settings experience persistent marital challenges, raising questions about the interplay between religious commitment and other factors in shaping marital outcomes.

Outside of this exists variables such as communication, conflict resolution skills and stress. According to Arumugam et al. (2021), the impact of communication, which is positioned within the micro-behavioral aspect of marital interactions, may be explained by its role in expressing core relationship elements such as love, commitment, and trust. Effective communication allows partners to convey these emotions and foster a deeper connection. Empirically, numerous scholars have recognized communication as a critical factor strongly associated with marital satisfaction and stability (Alipour et al., 2020; Haris& Kumar, 2018; Mallory, 2022); of which both positive and negative communication were predictors of marital satisfaction (Du Plooy& De Beer, 2018; Khezri et al., 2020). Positive associations were also found

in recent studies by Abreu-Afonso et al. (2022) and Carlson et al. (2020). In general, couples who experience higher marital satisfaction tend to exhibit constructive communication as they employ positive communication behaviors and actively seek to avoid negative interactions.

Moreso, conflict resolution skills also help couples navigate inevitable differences, making them more resilient in the face of challenges, which is critical for long-term relationship success (Sathyamurthy et al., 2024). Conflict resolution skills refer to the strategies and techniques that married couples use to address disagreements or conflicts within their relationship (Bülbül et al., 2024). These skills involve the ability to manage disputes constructively, reduce negative emotional responses, and reach mutually beneficial solutions. Effective conflict resolution involves practices like active listening, empathy, compromise, and problem-solving, which help couples navigate differences and preserve marital satisfaction and stability (Ünal & Akgün, 2022).

Stress, particularly chronic or high levels of stress, can also severely affect marital health. High levels of stress, whether from external factors such as work or financial pressures and in-laws/extended families (particularly in Nigeria) or from internal sources like health issues or emotional strain, can lead to emotional distance, decreased intimacy, and poor communication between partners (Randall & Bodenmann, 2017). Stress may impair individuals' ability to regulate their emotions and respond to their partners in supportive, nurturing ways, increasing the likelihood of conflict and dissatisfaction in the marriage (Schramm et al., 2012). When stress is not effectively managed, it can erode marital satisfaction and lead to the dissolution of relationships (Orth et al., 2013). Additionally, individuals under chronic stress are less likely to engage in positive coping mechanisms, which further exacerbate marital strain (Heim & Heim, 2025).

The benefits of marital health are far-reaching, influencing both individual well-being and societal stability. As the family remains a foundational social unit and a primary agent of socialization, promoting stable and satisfying marital relationships is not only a personal concern but also a public health priority. Stable marriages contribute to the broader social fabric, reducing social costs and fostering better outcomes for children (Pribesh et al., 2020). This is especially pertinent in Nigeria, where family structures and expectations are influenced by cultural and religious norms. Addressing these factors can lead to healthier marriages and contribute to the well-being of individuals and the broader community.

Research Problem

The problem addressed in this study centers on the declining state of marital health among couples, particularly within the church community. Focusing specifically on Living Faith Church, a prominent Pentecostal denomination in Nigeria, the study explores the experiences of Christian couples who, despite shared faith commitments, face persistent challenges in maintaining marital health. Despite the assumption that marriage inherently contributes to stability and well-being, many couples face persistent challenges such as poor communication, emotional neglect, unmet expectations, and inadequate conflict resolution. These difficulties are compounded by financial pressures, societal expectations, and limited access to faith-based or professional support systems.

This is especially concerning within the Christian context, where marriage is both a spiritual and social covenant. When marital health is compromised, it not only affects the individuals involved but also disrupts the family unit and weakens the cohesion of the church community. Emotional and psychological effects such as anxiety and depression, as well as increased rates of separation and divorce, are becoming more visible among church members. If left unchecked, these issues may lead to further disengagement from church activities, reduced support systems, and the deterioration of the spiritual and emotional well-being of affected families.

This study, therefore, seeks to identify and understand the factors that influence marital health, with the aim of informing targeted interventions to strengthen marriages and promote stability within both the family and the church setting.

Research Objectives

The specific objectives are to:

1. Examine the influence of communication on marital health among married couples in a selected Pentecostal Church in Ogun State.
2. assess the effect of conflict resolution skills on the marital health among married couples in the selected Pentecostal Church in Ogun State
3. Investigate the effect of stress on marital health among married couples in the selected Pentecostal Church in Ogun State
4. assess the influence of socio-demographic factors on marital health among couples in a selected Pentecostal Church in Ogun State.

Hypotheses

H₀₁: Communication has no significant influence on the level of marital health among married couples in the selected Pentecostal Church in Ogun State.

H₀₂: Conflict resolution skills have no significant effect on the level of marital health among married couples in the selected Pentecostal Church in Ogun State.

H₀₃: Stress does not significantly impact the level of marital health of couples in the selected Pentecostal Church in Ogun State.

H₀₄: Socio-demographic factors does not significantly impact the level of marital health of couples in the selected Pentecostal Church in Ogun State.

METHODS

Research Design: The study adopted a quantitative design using a descriptive cross-sectional approach. The cross sectional was chosen because it cut across many married couples, thereby including wide range of couples and gathered data at a single point in time providing a comprehensive understanding of the current experiences, challenges, and the perspectives of married couples in the selected Pentecostal church in Ogun State.

Population: The target population for this study was married couples who are members of Living Faith Church, Ogun Province. This included those who met specific inclusion criteria. To ensure inclusivity, the study sampled participants from various branches of the church within Ogun State. Living Faith Church has four branches in each local government area, and with Ogun State comprising 20 local government areas, there are approximately 80 branches of Living Faith Church across the state. This broad distribution allowed for a diverse and representative sample of married couples from different socio-demographic backgrounds within the church.

Sample and Sampling technique: This study employed Kish Leslie's formula to determine a sample size of 422 married individuals. A multistage sampling technique was used to ensure broad and balanced representation across Ogun State. In the first stage, Ogun State was stratified into its three senatorial districts: Ogun East, Ogun West, and Ogun Central. From each senatorial district, two local government areas (LGAs) were randomly selected, resulting in a total of six LGAs. This approach allowed for even geographical representation across the state.

Within each of the selected LGAs, two Living Faith Churches were purposively selected based on their level of activity and established presence in the area, making a total of twelve churches. To determine the number of participants to recruit from each church, a proportional sampling technique was employed based on the seating capacities of the churches. The seating capacity of each church was first calculated as a percentage of the total combined seating capacity of all twelve churches, which was 5,550. This percentage was then applied to the total sample size of 422, thereby assigning a proportionate number of respondents to each church in line with its relative size.

For instance, the church with the largest seating capacity, located in Sagamu, had a capacity of 1,500 seats, representing approximately 27 percent of the total. Accordingly, this church contributed 114 participants to the study. In contrast, smaller churches with seating capacities of around 100 seats each contributed eight participants. Other churches with moderate capacities, such as one in Abeokuta with 600 seats, contributed 46 participants, while churches with capacities of 250 and 300 seats contributed between 19 to 23 participants respectively. This method ensured a fair and proportional distribution of respondents that reflected the size and influence of each church in its locality.

The final sample consisted of 422 married individuals who are active members of Living Faith Church across the selected LGAs in Ogun State. The participants were drawn from both urban and semi-urban communities, reflecting a diverse range of socio-economic and cultural backgrounds. Although specific demographic characteristics such as age, gender, education level, occupation, and duration of marriage were not used as criteria for selection, they were captured during data collection for the purpose of statistical analysis.

Instrumentation: The following instruments were used:

Communication was assessed using the Managing Affect and Differences Scale (MADS) developed by Abreu-Afonso and Leal (2016). The scale contains 10 items rated on a 5-point Likert scale: 1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = Undecided (U), 4 = Agree (A), 5 = Strongly Agree (SA). Higher scores indicate greater perceived communication effectiveness in the relationship. The scale has shown high internal consistency with a Cronbach's alpha reliability coefficient of 0.914.

Conflict Resolution Skills were measured using the Rahim Organizational Conflict Inventory-II (ROCI-II) by Rahim (1983), specifically adapted for marital context. The scale evaluates five conflict management styles: compromising, collaborating, avoiding, accommodating, and competing. Responses are rated on a 5-point scale: 1 = Never (N), 2 = Rarely (R), 3 = Sometimes (S), 4 = Often (O), 5 = Always (A). Higher scores on constructive strategies (e.g., collaboration and compromise) indicate better conflict resolution skills. The internal consistency reliability for this section is 0.856.

Stress was assessed using the Perceived Stress Scale (PSS) developed by Cohen et al. (1983). It consists of 10 items assessing the frequency of stressful feelings in the past month. Items are scored on a 5-point Likert scale: 0 = Never (N), 1 = Almost Never (AN), 2 = Sometimes (S), 3 = Often (O), 4 = Very Often (VO). Higher total scores reflect higher perceived stress levels. The PSS has demonstrated good reliability in this context with a Cronbach's alpha of 0.840.

Marital Health was measured using a 35-item instrument adapted from Spanier's (1976) Dyadic Adjustment Scale and Anisha-Shah's (1995) modifications. It covers four dimensions:

Dyadic Consensus: Agreement on significant issues (1 = Always Disagree to 6 = Always Agree)

Dyadic Satisfaction: Overall relationship satisfaction (1 = Never to 6 = All the time)

Dyadic Cohesion: Togetherness and shared activities (1 = Never to 5 = Every day)

Affectional Expression: Emotional and physical intimacy (1 = Never to 6 = More often)

An additional marital quality subscale used a 5-point scale ranging from Strongly Disagree to Strongly Agree. Higher scores across all subscales indicate better marital health. This composite instrument has a reliability coefficient of 0.799, indicating acceptable internal consistency.

Each scale has been previously validated in peer-reviewed research, and face/content validity was confirmed through expert review before use in this study.

Method of Data Collection: The researchers worked closely with church leaders and marriage counselors to coordinate the distribution process, ensuring that participants clearly understand the purpose of the study and how to complete the questionnaire accurately. Copies of the questionnaires were administered during church gatherings, such as marriage enrichment programs, couples' fellowships, and other relevant church meetings, to maximize participation. The distribution and collection of the questionnaires spanned across period of two weeks to ensure a high response rate. Each completed questionnaire was securely collected, assigned an identification number for tracking purposes, and prepared for data analysis.

Data Analysis: The data collected for this study was processed and analyzed using the Statistical Package for Social Sciences (SPSS), version 26. Hypotheses were tested at 0.05 significant level using regression analysis.

RESULTS

Table 1: Logistic Regression showing influence of communication on marital health

Predictor	Marital Health					95% C.I. for EXP(B)	
	B	S.E.	Wald	P-value	Exp(B)	Lower	Upper
Communication	0.905	0.171	27.978	0.000	2.471	1.767	3.455
Constant	-33.345	6.579	25.690	0.000	0.000		
Model Summary:							
-2 Log Likelihood	61.164						
Chi-square (p-value)	14.421 (0.044)						
Nagelkerke R ²	0.892						
Prediction Accuracy	97.7						

The result above indicates that communication significantly predicts marital health ($B = 0.905$, $Wald = 27.978$, $p < 0.001$). The odds ratio ($Exp(B) = 2.471$) suggests that for every unit increase in communication, the likelihood of having good marital health increases by approximately 247.1%. The confidence interval (95% CI: 1.767 – 3.455) further confirms the reliability of this effect. The model fit statistics show that the logistic regression model is significant (Chi-square = 14.421, $p = 0.04$), and the Nagelkerke $R^2 = 0.892$, indicating that communication explains about 89.2% of the variance in marital health. Additionally, the model has a high predictive accuracy of 97.7%, reinforcing its effectiveness in classifying marital health status. Therefore, the hypothesis that stated that "communication has no significant influence on the level of marital health among married couples in the selected Pentecostal Church in Ogun State" cannot be sustained.

Table 2: Logistic Regression showing effect of conflict resolution skills on marital health

Predictor	Marital Health				95% C.I.for EXP(B)		
	B	S.E	Wald	P-value	Exp(B)	Lower	Upper
Conflict Resolution Skills	0.252	0.040	38.963	0.000	1.286	1.189	1.392
Constant	-7.751	1.388	31.166	0.000	0.000		
Model Summary:							
-2 Log Likelihood	287.338						
Chi-square (p-value)	106.835 (0.000)						
Nagelkerke R ²	0.236						
Prediction Accuracy	77.0						

The results indicate that conflict resolution skills significantly predict marital health ($B = 0.252$, $Wald = 38.963$, $p < 0.001$). The odds ratio ($Exp(B) = 1.286$) suggests that for every unit increase in conflict resolution skills, the likelihood of having good marital health increases by approximately 128.6%. The 95% confidence interval (1.189 – 1.392) further confirms the reliability of this effect, indicating a consistently positive influence. The model fit statistics show that the logistic regression model is statistically significant (Chi-square = 106.835, $p < 0.001$). The Nagelkerke $R^2 = 0.236$, suggesting that conflict resolution skills explain about 23.6% of the variance in marital health. The model also demonstrates a prediction accuracy of 77.0%, indicating a reasonable ability to classify marital health status based on conflict resolution skills. Therefore, the hypothesis that stated that "Conflict resolution skills have no significant effect on the level of marital health among married couples in the selected Pentecostal Church in Ogun State" was rejected.

Table 3: Logistic Regression showing impact of stress on marital health

Predictor	Marital Health				95% C.I.for EXP(B)		
	B	S.E	Wald	P-value	Exp(B)	Lower	Upper
Stress	-0.445	0.052	74.443	0.000	0.641	0.579	0.709
Constant	10.584	1.151	84.613	0.000	39484.080		
Model Summary:							
-2 Log Likelihood	167.447						
Chi-square (p-value)	61.289 (0.000)						
Nagelkerke R ²	0.644						
Prediction Accuracy	86.3						

The results indicate that stress significantly predicts marital health ($B = -0.445$, $Wald = 74.443$, $p < 0.001$). The odds ratio ($Exp(B) = 0.641$) suggests that for every unit increase in stress, the likelihood of having good marital health decreases by approximately 64.1%. The 95% confidence interval (0.579 – 0.709) confirms the reliability of this effect. The model fit statistics show that the regression model is significant (Chi-square = 61.289, $p < 0.001$), with Nagelkerke $R^2 = 0.644$, indicating that stress explains 64.4% of the variance in marital health. The model also

has a high predictive accuracy of 86.3%, reinforcing its effectiveness in classifying marital health status. Therefore, the hypothesis that stated that "Stress does not significantly impact the level of marital health of couples in the selected Pentecostal Church in Ogun State" was rejected.

Table 4: Summary of Multiple Regression Analysis of the influence of socio-demographic factors on the level of marital health of couples

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	61792.081	10	6179.208	23.454	.000 ^b
Residual	99853.378	379	263.465		
Total	161645.459	389			

R = 0.618; R² = 0.382, Multiple R² Adj. = 0.366; SE estimate = 16.232

a. Dependent Variable: Marital Health

b. Predictors: (Constant), duration of marriage, Ethnicity, Level of Education, Gender, Occupation, Monthly Income, Social Class, Age, Number of Children

The results presented in Table 4 revealed that marital health yielded a coefficient of multiple regression (R) of 0.618 and a multiple regression square of 0.382. This shows that 38.2% of the total variance in marital health among couples is accounted for by socio-demographic factors (duration of marriage, ethnicity, level of education, gender, occupation, monthly income, social class, age, number of children). The table also indicated that the analysis of variance of the multiple regression data produced an F-ratio value at 23.453 significant at less than 0.05 level ($F_{(10,379)} = 23.454$; $P = .000 < 0.05$). Thus, the null hypothesis was rejected as socio-demographic factors significantly influenced the level of marital health of couples in the selected Pentecostal Church in Ogun State

Table : Multiple Regression on the relative influence of socio-demographic factors on the level of marital health of couples

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	136.616	6.446		21.195	.000
Age	.179	.063	.130	2.819	.005*
Gender	7.148	1.857	.176	3.850	.000*
Ethnicity	5.570	.484	.507	11.511	.000*
Level of Education	9.483	1.937	.223	4.895	.000*
Social Class	1.837	3.425	.026	.536	.592
Occupation	.369	.154	.102	2.398	.017*
Monthly Income	7.456	1.242	.263	6.006	.000*
Number of Children	.956	1.057	.058	.905	.366
Duration of marriage	.440	2.735	.026	.161	.872

a. Dependent Variable: Marital Health

The relative contribution of each predictor variable (duration of marriage, ethnicity, level of education, gender, occupation, monthly income, social class, age, number of children) to the variance in the couples' mental health. Age (beta value = .130, t-value = 2.819), gender (beta value = .176, t-value = 3.850), ethnicity (beta value = .507, t-value = 11.511), level of education (beta value = .223, t-value = 4.895), occupation (beta value = .102, t-value = 2.398), and monthly income (beta value = .263, t-value = 6.006), all significant at less than .05 alpha level, while social class (beta value = .026, t-value = .536), number of children (beta value = .058, t-value = .905) and marriage duration (beta value = .026, t-value = .161) failed to significantly influence marital.

DISCUSSION

Findings on marital health reveal that most respondents experience a positive and fulfilling relationship characterized by emotional stability, mutual satisfaction, and effective adjustment. This was supported by Orhe et al. (2024) who emphasized that marital satisfaction significantly contributes to overall happiness and is strongly associated with both physical and psychological well-being. Since marital health encompasses various dimensions such as satisfaction, adjustment, and overall quality, this suggests that most couples maintain a stable and supportive relationship. Several studies align with these findings (Abiodun et al., 2022; Nouri et al., 2018; Okesina, 2022), reinforcing the importance of communication, emotional intelligence, and psychological well-being in fostering marital stability. Okesina (2022) found that married adults in Ilorin, Nigeria, reported high levels of marital adjustment, which was largely attributed to effective communication. Similarly, while Nouri et al. (2018) further support this perspective, as their study on married women revealed that a significant proportion of them reported high to very high levels of marital satisfaction, the study by Abiodun et al. (2022) demonstrated that emotional intelligence plays a crucial role in marital satisfaction among Christian couples. Since emotional stability is a key component of marital health, this finding reinforces the idea that well-adjusted partners are better equipped to navigate marital challenges, thus ensuring a stable and fulfilling relationship.

Essentially, while this study found very high level of effective communication among respondents, its role in marriage was also examined. Communication remains a cornerstone of marital stability, as it influences emotional intimacy, conflict resolution, and overall relationship satisfaction. Findings from the binomial regression analysis revealed a statistical positive relationship with marital health. This was strongly supported by several studies (Abreu-Afonso et al., 2022; Mmamel, 2025; Okoro et al., 2023). For instance, Mmamel (2025) found that mutual constructive communication significantly predicted marital satisfaction among married individuals, reinforcing the idea that open and supportive dialogue strengthens relationships. Similarly, Aseka et al. (2021) established a strong positive correlation between effective communication and marital satisfaction among Christian couples in Nairobi County, Kenya. Additionally, Alipour et al. (2020) emphasized that strong communication fosters emotional connection, enhances conflict resolution, and ultimately promotes overall relationship stability. Their research supports the notion that couples with effective communication patterns report higher levels of satisfaction and adjustment. This was also underscored by Mallory (2022) who stressed the importance of both general and sexual communication in maintaining marital health, arguing that the quality of communication is a more significant predictor of relationship fulfillment than frequency.

Similarly, conflict resolution skills were another critical factor explored in this study. The findings of this study reinforce the pivotal role of conflict resolution skills in shaping marital health. With a majority (75%) of respondents demonstrating high levels of conflict resolution skills, including avoidance, compromise, and collaborative problem-solving, the binomial regression analysis confirmed a statistically significant positive relationship between these skills and marital health. This aligns with previous research highlighting the importance of constructive conflict resolution in sustaining marital satisfaction and stability (Saba et al., 2023, Sheykh&Emadian, 2020, Ünala&Akgünb, 2022). Ünala and Akgünb (2022) found that couples using constructive

problem-solving experienced better emotional connection and marital adjustment. Similarly, Sheykh and Emadian (2020) demonstrated that conflict resolution training significantly reduced marital conflicts and improved couples' mental health.

Studies by Bayrami et al. (2013), Askari et al. (2010), and Saba et al. (2023) further confirm that cooperative conflict resolution strategies such as compromising and emotional regulation enhance relationship stability and satisfaction. However, not all conflict resolution styles yield positive outcomes. Bülbül et al. (2024) found that emotionally charged or poorly managed conflict resolution strategies negatively affected marital satisfaction. These findings highlight that while conflict resolution skills are crucial, their effectiveness depends on how they are applied within a relationship, as a lack of strong conflict resolution skills can lead to unresolved issues, which may accumulate over time and negatively impact marital health. Constructive strategies like collaborative problem-solving and emotional regulation enhance satisfaction, while maladaptive approaches can harm relationships. This highlights the importance of not just developing these skills but using them to promote mutual respect, understanding, and emotional well-being in marriage.

In addition, stress level as perceived by most respondents was moderate, although a significant proportion experienced heightened levels of stress in their marriages. Stress can stem from financial challenges, work-life balance, or unmet expectations (Bhargava&Trivedi, 2018; Kelley et al., 2018; Landsbergis et al., 2017), and prolonged exposure to high stress levels can adversely affect marital satisfaction. Studies indicate that stress negatively correlates with relationship quality, as heightened tension often leads to increased conflicts, emotional withdrawal, and dissatisfaction (Randall & Bodenmann, 2017). Biologically, it is believed that partner's positive mood can reduce the other's cortisol levels, the stress hormone, highlighting the interdependence of partners' emotional states (Meyer & Sledge, 2020).

However, stress was found to significantly predicts marital health. This finding is highly expected, given that existing literature often highlights a negative correlation between stress and marital satisfaction (Adib-Hajbaghery et al., 2021). Although Olatubi et al. (2022) found that higher perceived stress negatively correlated with sexual satisfaction, positive correlation was found with marital satisfaction. Lee et al. (2021), however, found that family financial difficulties during the middle years were linked to reduced marital stability, which was associated with increased mental health challenges. These mental health challenges, in turn, contributed to declines in physical health outcomes in later adulthood. Interestingly, the study also noted a partner effect, where husbands' anxiety symptoms were linked to declines in their wives' physical health. These findings highlight the interconnectedness of financial stress, marital health, mental well-being, and physical health over time. Therefore, the discrepancy between the current analysis and existing studies may be due to methodological differences, sample characteristics, or measurement tools used to assess stress and marital health. Further investigation is warranted to reconcile these contrasting findings and to better understand the complex relationship between stress and marital well-being.

Ultimately, the findings of this study suggest that socio-demographic factors significantly influence marital health, with variables such as age, gender, income, parity, and marriage duration playing crucial roles. These results align with existing literature, which has explored how these factors shape marital satisfaction, adjustment, and overall relationship quality. For instance, in this study, older respondents reported lower marriages compared to younger ones. This is consistent with the work of Levenson et al. (1993), who examined age-related changes in marital satisfaction and found that older couples often experience declines due to factors such as health issues, life transitions, and evolving relationship dynamics. Over time, partners may face new stressors, including retirement, caregiving responsibilities, and decreased physical intimacy, which can influence marital well-being. On the contrary, Kariuki (2018) observed that older age at

marriage is positively associated with higher marital satisfaction, while Alder (2010) found no significant relationship between age and marital satisfaction, suggesting that age may interact with other factors influencing marital health.

Conclusion and Recommendation

Marital health is a vital component of individual well-being and societal stability as strong and fulfilling marriages contribute to emotional and psychological health, reduce social burdens, and foster positive outcomes for children. Given the central role of marriage in socialization and community cohesion, understanding the factors that influence marital health is essential, particularly in culturally and religiously driven societies like Nigeria. Sequel to the findings of this study, it is concluded that communication, conflict resolution skill, and stress are potent factors influencing marital health of an individual. Additionally, socio-demographic factors such as age, gender, income, number of children, and duration of marriage were significantly associated with marital health.

Based on the findings of this study, it is recommended that couples should be encouraged to involve in programs and workshops that promote effective communication, conflict resolution skill, and stress management to enhance life satisfaction, and in particular their marital health.

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