FACTORS CONTRIBUTING TO MARITAL STABILITY AMONG HEALTH PROFESSIONALS IN LAGOS STATE, NIGERIA

AJAYI, J.A.

julietadesimi@gmail.com

Abstract

Marital stability is an important aspect of personal and professional wellbeing especially among health professionals who face unique occupational challenges. The purpose of this study is to investigate the factors contributing to marital stability among health professionals. The study employed descriptive and correlation survey designs. The total population of the study is 4167. A Sample size of 996 was selected using random sampling of fishbowl techniques. A self-structured questionnaire tagged: "Factors Contributing to Marital Stability among Health Professionals (FCMSAHP)" was used for data collection. Two experts in the field of Adult Education and Sociology from University of Lagos validated the instrument. The Cronbach Alpha reliability testing was used to determine the reliability index of 0.95. The results revealed that trust, love, respect, affection, cooperation, tolerance, selflessness, communication and understanding significantly influenced marital stability among health professionals. The study recommended that health professionals practice understanding and adopt give-and-take approach in their marital relationship.

Key Words: Contribution, Marital stability, Health professionals, Communication.

Introduction

A profession is typically a paid occupation that requires a degree or completed studies at a university or other institutions of higher learning. A profession is chosen by considering some factors such as ability, aptitude, physical health, mental capabilities, interest, training, remuneration and the social respect that is accorded to the profession in the society (Stevenson, 2016 & Hamm, 2017).

A professional is generally distinguished from an amateur by learning their livelihood from a particular occupation, implying a level of expertise and commitment. In another dimension but related, a professional is not just anyone who possesses a marketable skill but, rather is someone who possesses an expertise or knowledge about how to do things that are vital to the publics' well-being such as legal system and provision of effective medical treatment for life-threatening illness (Allan & Klass, 1961).

There is a common saying that "health is wealth" which fits to everyone's life. Good health is the most important part of our life without which we are incomplete and living unhealthy life. World Health Organisation (WHO) defined "health as a state of complete physical, mental and social wellbeing and not an absence of diseases or infirmity". Health professionals are people engaged in the promotion, protection or improvement of the health of the population (Diallo, Zurn, Gupta & Dalpoz, 2003).

Health is the greatest social capital a nation can have. Without a healthy, productive citizenship, a country cannot be economically stable. Health professionals contribute to the building of a productive workforce by performing a number of functions. They maintain health in humans through the application of evidence-based medicine and caring, study, diagnose, treat and prevent human illness, injury and other physical and mental impairments, advise or apply preventive and curative measures, promote health with the ultimate goal of meeting the health needs, expectations

of individuals, population and improving health outcomes. They also conduct research and improve or develop concepts, theories and operational methods to advance evidence-based health care (ILO 2008; WHO 2010; Grupta, 2011).

Marriage institution is found in all societies. Ogionwo and Otite (1979) said to define marriage is difficult because of the diversities in the system throughout the world. Although marriage is known to have some common qualities, it varies from one cultural group to another and that because marriage as an institution may differ in structure, function, dynamics and meaning from one culture to another and so, no all-encompassing definition of marriage is possible.

In the opinion of Odunayo (2014) marriage is the state of being united with a person of opposite sex as husband and wife for the purpose of companionship, procreation and maintaining a family. From traditional and faith perspectives, marriage is expected to be a lifelong and stable union. Consequent upon this, procedures for divorce are stringent and cumbersome. In choosing a spouse, people consider many factors. Ubangha, Makinde, Idowu and Ebele (2013) identified compatibility in terms of age, character, behaviour, emotion, self-control, humility, discipline, communication, health, social life, education, and many others, as correlate of marital stability and essential considerations before choosing a life partner. In research as well as in everyday life a long-term enduring marriage is often considered a major life goal and a key indicator, not only for marital success, but also for well-being and health (Proulx, Helms & Buehler, 2007; Schoerborn, Astone, Rohert, Kim & Standich, 2004).

Many scholars have expressed their opinion on what is regarded as a stable marriage in different ways. In the view of Bernard (1966), a stable marriage is a marriage in which the husband or the wife has been married only once and his wife/husband is living with him/her. Reza, Maryam and Abbas (2019) opined that the extracted protective factors associated with marital stability in long-

term marriage were classified as interpersonal and intrapersonal. Notable extracted factors included spirituality and religion, commitment, sexual relationship, communication, children, love and attachment, intimacy and conflict resolution approach. These findings showed that some aspects of relationships, such as commitment, act to preserve the pillars of marriage in critical situations, while other aspects such as intimacy, helped to construct marital identity and satisfaction.

Anna (2017) research findings showed that there was no significant difference between old and young married couples in their identification of cultural background as determinant of marriage stability. Also that, there was no significant difference between married couples from Kogi and Benue States in their identification of communication as determinants of marriage stability.

Eisenberger, Huntington, Hutchison and Sowa (2018) posited that marital stability is positively correlated with job satisfaction, mental health and overall quality of life. Bradbury, Fincham and Beach (2014) identified several factors that contribute to marital stability among health professionals which include effective communication, emotional intelligence and social support. Adesanya (2002) sees marital stability as the relationship in which couples live together in marriage, enjoying the closest possible loving and fulfilling relationship without any intention of breakup. Thus, we can define marital stability as a condition where couples live together in love and harmony, meeting the needs and aspirations of family members physically, emotionally, and financially till the death of any one of the spouses.

Statement of the Problem

The institution of marriage is very important and it is held in high esteem by human race. When it is consummated, it is expected to last as long as the couples are alive. Divorce is unexpected and should be rare. However, this is far from reality. The rising divorce rate and increasing

prevalence of marital dissatisfaction highlight the need to understand the factors that contribute to marital stability. This study, therefore, investigated the various factors that contribute to marital stability among health professionals in Lagos State, Nigeria.

Purpose of the Study

1. Identify the different factors that contribute to marital stability among health professionals.

2. Gain a deeper understanding of how these factors interact and influence marital stability, and how they impact relationship quality and longevity.

3. Promote the overall wellbeing of families by supporting the development of healthy and stable marital relationships.

Research Questions

1. What are the different factors that contribute to marital stability among health professionals?

2. How do these factors interact, impact and influence marital stability?

Research Hypothesis

1. The different factors such as trust, respect, cooperation, tolerance, selflessness and understanding will not significantly contribute to marital stability among health professionals in Lagos State.

LITERATURE REVIEW

From sociological point of view, marriage is a socially recognized universal institution which is found in every society. It is a social contract of two opposite sexes for the satisfaction of physical, biological, social, psychological and spiritual needs of males and females. It leads to the formation of family and the procreation of children. Sexual relationship and production of children are the

basic aim of marriage (Umar, 2012). Marriage performs some functions in the society. Although marriage is one of the most important and enduring interpersonal relationship in a human life cycle which occupies more than half of the period of an individual's life time, it has some important functions to perform in the society. The functions of marriage are for procreation, sex regulation, children socialization to provision of legal parents to children, give economic and social security to women and increase man power. Other functions are establishment of joint funds, fulfilment of basic needs and perpetuation of the lineage.

Researchers over the years have used a variety of synonyms for marital satisfaction such as marital quality, marital success, adjustment, happiness, consensus, companionship and integration. Review of literature shows that marital satisfaction is the subjective evaluation of one's experience in marriage. By subjective evaluation, it means that marital satisfaction can only be rated by each person. The level of your satisfaction cannot be determined by anyone else. It is not a property of a relationship, but a subjective experience and opinion. Uniquely therefore, marital satisfaction is a relatively stable attitude and attribute which reflects the individual's overall evaluation of the relationship. Marital satisfaction depends on individual's needs, expectations and the desires for the relationship (Karney & Bradbury 1995).

According to Allison (2016), stability, in marriage or relationships means having mutual respect and assurance of one's partner, trusting enough to be there when one falls low and confident enough to be loyal to one's partner in the face of tumultuous adultery. Similarly, Mitchell (2016) sees marital stability as remaining legally married without divorce, physical or legal separation.

Marital stability is the level of day-to-day family events as the predictability and consistency of family activities and routines are measured with the stability of activities in the family environment (Eze, 2012).

Researchers have reported findings on marital stability. Esere et al (2011) reported that ineffective communication is the bane of marital instability. According to Ugwu (2019), positive relationships exist between marital communications, joint account and marital stability of married teachers. Marital stability has been linked with intimacy, sexual desire, and relationship maintenance behaviour (Bean, 2019). Furthermore, Ugwu, Anyanwu, Iwuagwu, Nriamah, Ozoeze, Mamman and Makinde (2003) posited that many factors that contribute to a satisfying marriage/relationship are: love, commitment, trust, time, attention, good communication including listening, partnership, tolerance, patience, openness, honesty, respect, sharing, consideration, generosity, willingness/ability to compromise and constructive criticism.

Maciver and Dimkpa (2012) research work on the factors that influence marital stability showed that in order of ranking, social, behavioural, domestic, sexual, religious and financial factors influenced marital stability. It was further indicated that factors such as gender, religion, educational level and length of marriage have no significant difference on marital stability. Tolorunleke (2013) study revealed that without effective communication between couples, there will be tension, mistrust, less sharing, less intimacy, holding strongly to one's opinions and a sense of isolation. This research work corroborates the findings of Crossby (1985) study revealed that effective communication leads to unity and harmony in marriage.

Nadir (2003) opined that in order to foster marital stability and satisfaction, couples should learn to be fair, objective and realistic when dealing with their partner's behaviours. Similarly, Adigeb and Mbua (2015) indicated that psychological factors such as depression, affection,

communication and sexual activities significantly relate with marital satisfaction leading to marital stability. In the same vein, Brandson (1990), Tilson and Larsen (2000), and Isiugo-Abanihe (1998) found a significant relationship between educational level of the spouse and marital stability.

Theoretical Framework

Gary Becker's Theory of Marriage (1973)

Gary Becker's (1973) Theory of Marriage assumes a joint utility of marriage, where the goods of marriage are shared and generated as a couple. This implies that there is a total household production function where each spouse's contribution increases the total utility and hence theirs' and their partner's utilities. He described the household production function with members' time and market goods as inputs. Utility depends on household goods like children, love and affection. They are produced within the household with market goods, time of the household members and environmental variables (e.g. household's human capital) as input factors. The key implication of this model is that the family acts as if it is maximising a joint utility function that incorporates the preferences of all family members. Gary Becker's theory of marriage is built on compromise giving off certain character traits and imbibing new friendly relationship.

The theory is useful to this study because of the following reasons:

1. The theory is a decision-making model. To marry and remain in the marriage involves decision-making.

2. It is premised on the theory of division of labour. The institution of marriage functions effectively on the principle of division of labour between the spouses (shared responsibility).

3. The theory is on the framework for the formation and continuity of marriage and the core of this study is marital stability.

4. Becker's unitary theory of marriage is also based on the theory of utility in economics which is the satisfaction derived from the consumption of a particular good. The main purpose of going into any marriage is to derive maximum satisfaction from the union. Therefore, the theory is relevant to the study in this regard.

METHODOLOGY

The study adopted both descriptive and correlation survey designs. Descriptive survey was considered appropriate because it has ability to analyse two or more variables without manipulating any of them while correlation survey investigates relationships and association between two or more phenomena in order to predict the degree of relationship and association.

The target population of the study comprised of selected health professionals in state hospitals in Lagos State. To be involved, the participants must meet the following criteria: they must be married and had been living together for at least seven years with their spouses, must be working as any of the following: Medical Doctors and Nurses. The total population of these categories of health professionals in Lagos State is 4167 as at the time of the study.

The sample of this study comprised of 17 General Hospitals, 165 Primary health Centres. Also, 1 Teaching Hospital (Lagos State University Teaching Hospital (LASUTH) was included.

For this study, the researcher employed simple random sampling technique of fish bowl in selecting the hospitals that were included in the study. In doing this, names of all general hospitals and primary health centres were written on cards separately and shuffled. The top card was taken each time the cards were shuffled. The sample sizes of health professionals for the study were

picked using simple random sampling and the population are as follows: Medical Doctors, 52 and Nurses, 472, totalling 996.

The instrument used for data collection was a researcher-developed questionnaire titled: "Factors Contributing to Marital Stability among Health Professionals in Lagos State Nigeria (FCMSAHP)". The instrument was divided into two parts, A and B. Part A consists of 15 items to find out about respondents' demography and section B consists of six items that measure the factors that contribute to marital stability. The items of the questionnaire were measured on a 4-point modified Likert-type scale of Strongly Agree (SA) -4, Agree (A) -3, Disagree (D) -2 and Strongly Disagree (SD) -1. To ensure the face and content validity of the instrument by giving out copies of the questionnaire to experts in the field of Adult Education and Sociology, all in the University of Lagos. Their modifications and suggestions were used to produce the final copy.

The reliability of the instrument was determined using split-half test. The instrument was administered to 100 health professionals according to our sample size in Federal Neuropsychiatric Hospital, Yaba and National Orthopedic Hospital, Igbobi in Lagos State. 90% of the data were collected from the respondents. These were subjected to Cronbach Alpha reliability test. A coefficient of 0.95 was obtained for the overall scale. The reliability coefficient was high enough and the instrument was considered reliable.

RESULTS

Test of Hypotheses

H₁: The different factors such as trust, love, respect, affection, cooperation, tolerance, selflessness and understanding will not significantly contribute to marital stability among health professionals.

The hypothesis was tested using Multiple Regression.

Table 1: Multiple Regression showing the Contribution of the different factors to marital stability between doctors and nurses

Model	Un-standardised Coefficients		Standardised Coefficients		
	B	Std. Error	Beta(β)	t	Sig.
(Constant)	51.632	4.112		12.557	.000
Trust	3.274	.734	.101	4.464	.000
Love	5.802	7.040	.165	.824	.410
Tolerance	3.004	.818	.090	3.671	.000
Respect	4.363	.901	.116	4.842	.000
Affection	8.300	7.085	.234	1.171	.242
Communication	3.120	.123	.600	25.344	.000

It could be observed from table 1 that the different factors (trust, love, respect, affection, cooperation, tolerance, selflessness and understanding) accounted for 56.6% of the variance on marital stability among health professionals. The predictability strength and variation among the individual factors influence on marital stability among the health professionals was further established by the significant F-value (F_{6972}= 214.847; P = 0.000). Therefore, it could be established that a significant difference exists among the individual factor influences on marital stability between doctors and nurses. The significant t-β values for each factor indicate that each factor exerted a measure of significant influence on their marital stability. However, communication exerted the highest influence on marital stability among the health professionals with a 60% contribution to the overall influence of factors on marital stability among the health professionals indicated under the standardised beta coefficients. This is closely followed by affection (Beta weight = 0.234; 23.4%), love (beta weight = 0.165; 16.5%) and respect (Beta weight = 0.116; 11.6%); trust (Beta weight = 0.101; 10.1%) and tolerance (Beta weight = 0.090; 9%) with the least contribution where they are held constant. Multiple regression for the

contribution of all the factors to marital stability for each profession among the health professionals was carried out. The results are discussed below.

Table 2: Multiple regression showing the contribution of the factors on marital stability among medical doctors

Model	Un-standardised Coefficients		Standardised Coefficients		
	B	Std. Error	Beta(β)	t	Sig.
(Constant)	60.772	6.702		9.068	.000
Trust	2.853	1.127	.105	2.532	.012
Love	5.197	6.045	.150	.860	.391
Tolerance	.288	1.578	.009	.182	.855
Respect	3.827	1.518	.110	2.520	.012
Affection	8.121	6.249	.228	1.300	.195
Communication	3.215	.248	.628	12.939	.000

It could be observed from table 2 that the factors (trust, love, respect, affection, cooperation, tolerance, selflessness and understanding) on marital stability can be predicted by 58.3%. The predictability strength and variation of the individual factor influence on marital stability among the medical doctors was further established by the significant F-value ($F_{6304} = 470.934$; $p = 0.000$). Thus, it could be established that a significant difference exists among the individual factors on marital stability among the medical doctors. The significant t-βvalue for each factor indicates that each factor exerted a measure of significant influence on marital stability among the medical doctors. However, communication exerted the highest influence on marital stability among the medical doctors with a 62.8% contribution to the overall influence of the factors on marital stability among the medical doctors indicated under the standardized β coefficients, closely followed by affection ($\beta = 0.228$; 22.8%); love ($\beta = 0.150$; 15%), respect ($\beta = 0.110$; 11%); trust ($\beta = 0.105$; 10.5%) while tolerance ($\beta = 0.009$; 0.9%) was the least predictor of marital stability among medical doctors.

Table 3: Multiple regression showing the contribution of the different factors to marital stability among nurses

Model	Un-standardised Coefficients		Standardised Coefficients		
	B	Std. Error	Beta(β)	t	Sig.
(Constant)	34.000	7.318		4.646	.000
Trust	5.922	1.436	.158	4.125	.000
Love	10.492	6.590	.287	1.592	.112
Tolerance	5.813	1.363	.164	4.264	.000
Respect	4.535	1.561	.112	2.905	.004
Affection	12.611	6.766	.338	1.864	.063
Communication	3.101	.215	.572	14.425	.000

As reflected from table above the combined influence of the factors (trust, love, respect, affection, cooperation, tolerance, selflessness and understanding) on marital stability among Nurses can be predicted by 60.3%. The predictability strength and variation of the individual factor influence on marital stability among the Nurses was further established by the significant F-value ($F_{6,333} = 84.171$; $p = <0.05$). Thus, it could be established that a significant difference exists among the individual factors on marital stability among the Nurses. The significant t-βvalue for each factor indicates that each factor exerted a measure of significant influence on marital stability among the Nurses. However, communication exerted the highest influence on marital stability among the Nurses with a 57.2% contribution to the overall influence of the factors on marital stability among the Nurses indicated under the standardized β coefficients, closely followed by affection (β = 0.338; 33.8%), love (β = 0.287; 28.7%) tolerance (β = 0.164; 16.4%), trust (β = 0.158; 15.8%) while respect (β = 0.112; 11.2%) was the least predictor of marital stability among Nurses.

Discussion of Findings

Findings on the Different Factors that Contribute to Marital Stability among Health Professionals

The hypothesis adopted sought to determine the different factors that contribute to marital stability among health workers. The results that emanated from the analysis showed that the combined influence of factors of trust, love, respect, affection, cooperation, tolerance, selflessness, communication and understanding on marital stability among health professionals can be predicted by 56.6%. It was further revealed that communication exerted the highest influence of 60.0% on marital stability among health professionals. Contributions of other factors are as indicated: affection (23.4%), love (16.5), respect (11.6%), trust (10.1%) and tolerance (9%).

Multiple regression analysis was applied to determine the influence of all the factors on marital stability between doctors and nurses. The results are as presented. For Medical Doctors, the combined influence of the factors (trust, love, respect, affection, cooperation, tolerance, selflessness and understanding) on marital stability can be predicted by 58.3%. While that of nurses was 60.3%.

The finding is consistent with a number of previous studies. For instance, Adesanya (2002) argued that inadequate provision of essential needs and economic satisfaction for wives and children within the family to be capable of creating tension, conflict and poor marital adjustment. This assertion is in line with the research findings of Dimkpa (2007, 2012), when he said that marital instability is caused by a number of factors notably economic, personality, psychological and socio-cultural. Supporting the above claims, Adigeb and Mbua (2015) indicated that psychological factors such as depression, affection and sexual activities significantly relate with marital satisfaction leading to marital stability.

Furthermore, Eze (2012) research findings reported that ineffective communication is the bane of marital instability. Ugwu (2019) corroborated the findings that positive relationships exist between marital communication, joint account and marital stability of married teachers while Bean (2019) linked marital stability with intimacy, sexual desire and relationship maintenance behaviour. All their submissions supported the findings of this research.

In the same vein, Ugwu et al (2023) research findings was in line with the findings by stating the many factors that contribute to satisfying marriage/relationship. Which are: love, commitment, trust, time, attention, good communication including listening, partnership, tolerance, patience, openness, honesty, respect, sharing, consideration, generousity, willingness/ ability to compromise and constructive criticism.

Anna (2017) findings corroborated the findings revealing that there was no significant difference between old and young married couples in their identification of cultural background as determinants of marriage stability and married couples from Kogi and Benue States has no significant difference between their identification of communication as determinant of marriage stability.

Conclusion

Based on the findings of the study, the following conclusions and recommendations were made.

- There was a significant association between choice of professions and marital stability among health professionals.
- The results of the study showed that trust, love, respect, affection, cooperation, tolerance, selflessness, communication and understanding combined to influence marital stability among health professionals.

- It was further established that the degree of influence of the factors on marital stability on each profession varied. While communication exerted the highest influence on marital stability for medical doctors and nurses.

- The study confirmed that communication influenced marital stability between doctors and nurses.

Recommendations

- Health professionals must strike a balance between family life and demands of their jobs. It is equally important that health professionals must show a lot of understanding and adopt give and take in their marital relationship.

- A reasonable period of courtship is necessary for couples to know themselves before marriage is consummated.

- In view of the importance of effective inter-spouse communication to marital stability, it is recommended that marriage counsellors should teach intending and married couples communication skills, create time for each other, be opened so that consequences of not communicating can be avoided.

REFERENCES

Adesanya, S. A. (2002). Correlates of marital stability among couples in South Western Nigeria. *Unpublished Ph.D Thesis.* University of Ado-Ekiti, Nigeria.

Adigeb, P. A. & Mbua, A. P. (2015). The influence of social factors on marital satisfaction among public servants in Cross River State. *Global Journal of Social Science: Linguistics Education, 15*, Ver. 1.0.

Allan, A. & Klass, M. D. (1961). What is a profession? *Canada M. AJ.,* 85.

Allison, V. (2016). Marriage and family therapist. *www.winningyour relation-shipgame.com.*

Anna, O. (2017). Determinants of marriage stability among married couples in north-central Nigeria: Implications for Counselling. *World Journal of Educational Research, 4*(3), 356-362.

Bean, R. C. (2019). Relationship maintenance behaviours and marital stability in remarriage: The examination of step-family constellations and associated challenges (*Master's Dissertations*), Uttah State University.

Bernard, J. (1966). Marital stability and patterns of status variables. *Journal of Marriage and Family, 28*(4), 421-439.

Brandson, A. (1990). Marriage dissolution, remarriage and childbearing in West Africa. A comparison study of Cote d'Ivore, Ghana and Nigeria. *Ph.D Thesis,* Philadelphia, University of Pennsylvania.

Crossby, M. A. (1985). *Communication and conflict in marriage and families.* New York: Academic Press.

Diallo, K., Zuru, P., Gupta, N. & Dalpoz, M. (2003). Monitoring and evaluation of human resources for health: An international perspective. *Human Resources for Health, 1,* 3.

Eisenberger, R., Huntington, R. Hutchinson, S. & Sowa, D. (2018). Perceived organisational support and employee wellbeing: A systematic review. *Journal of Behaviour, 39*(2), 251-265.

Esere, M. O., Yusuf, J. & Omotosho, J. A. (2011). Influence of spousal communication on marital stability: Implication for conducive home environment. *Educational Journal of Counselling, 4*(2), 50-61.

Eze, J. U. (2012). Family counselling in school setting in Anyanwu (2012). *Marriage and family: Issues, problems and counselling strategies*. Enugu: Snap Press Limited.

Fincham, F. D., Beach, S. R. H. & Bradbury, T. N. (2014). Research on the nature and determinants of marital satisfaction: A decade in review. *journal of Marriage and Family, 76*(3), 675-697.

Gary, S. B. (1973). A theory of marriage. *Journal of Political Economy, 81*(4), 813-846.

Gupta, S. K. (2011). Intention-to-treat concept: A review. *https://www. researchgate.net.*

Hamm, T. (2017). The difference between a job and a career. *http://www. thesimpledollar.com*. Retrieved 09-13-2017.

International Labour Organization (2008). Measurement of decent work. *http://www. ilo.org/documents.*

Isiugo-Abanihe, U. C. (1998). Stability of marital unions and fertility in Nigeria. *Journal of Biosocial Science, 30,* 33-41.

Karney, R. R. Bradbury, C. (1995). Helping children and families to deal with divorce and separation. *AAP News & Journals.*

Maciver, J. E. & Dimkpa, D. I. (2012). Factors influencing marital stability. *Mediterranean Center of Social and Educational Research, 3*(1), 2039-2117.

Mitchell, C. S. & Plauche, H. (2016). Marital stability. Willey online Library. *https://doi/org/10.*

Nadir, A. (2003). Marriage preparation education. *A Journal of Sound Islamic Thoughts, 1*(1), 11-20.

Odunayo, T. (2014). The influence of career commitment on organizational commitment among selected bankers in Lagos metropolis, Nigeria. *European Journal of Business and Management, 6*(39),

Ogionwo, O. W. & Otite, O. (1979). *Introduction to sociology studies*. Ibadan: Heinemann.

Proulx, C. M., Helms, H. M. & Buehler, C. (2007). Marital quality and personal well-being: A meta-analysis. *Journal of Marriage and Family, 69*(3), 576-587.

Reza, K., Bakhtiyari, M. & Aram, A. M. (2019). Protective factors of marital stability in long-term marriage globally: A systemic review. *Epidemiol Health, 41,* 75-82.

Schuenborn, R., Astone, N. M., Rothert, K., Standish, N. J. & Kim, Y. T. (2004). Women's employment, marital happiness and divorce. *Soc. Forces, 81,* 643-662.

Stevenson, R. L. (2016). Choice of a profession. *http://www.biblio-com.* Retrieved 04-07-2018.

Tilson, D. & Larsen, U. (2000). Divorce in Ethiopia: The impact of early marriage and childlessness. *Journal of Biosocial Science, 32*(1), 355-372.

Tolorunleke, E. A. (2013). Causes of marital conflicts amongst couples in Nigeria: Implication for counselling. *Psychologist Social and Behavioural Sciences, 140,* 21-26.

Ubangha, M. B., Makinde, B. O., Idowu, R. A. & Ebele, A. (2013). Socio-psychological impact of indices of spousal incompatibility on stability among couples in Lagos metropolis, Nigeria. *Canadian Social Science, 9*(4), 96-102.

Ugwu, B. L. (2019). Marital communication and joint account as correlates of marital improvement and family stability of married teachers in Nsukka Education Zone (*Master's Thesis*), University of Nigeria, Nsukka.

Ugwu, B. L., Anyanwu, J. F., Iwuagwu, T. E., Chiebonam, N., Ozoeze, G. A., Mamman, J. C. & Markinde, V. I. (2023). Social intelligence and self-concept as correlates of marital stability among health workers in primary health care facilities in Enugu State, Nigeria. *Nigeria Journal of Health Promotion, 16,*

Umar, A. S. (2012). Marriage, meaning, definition and functions of marriage. *Study lecture notes*. Retrieved 21/4/2018.

World Health Organisation (2010). Classifying health workers. *http://www.who.int/hrh/ statistics/health _workers_classification.pdf.*