

## THE EFFECTIVENESS OF MARITAL WELL-BEING THERAPY INTERVENTION FOR MANAGING MARRIAGE CRISES IN MALAYSIA: AN EXPERIMENTAL STUDY

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### Abstract

Marital crises, including financial issues, domestic violence and abuse, infidelity and many other issues affecting married couples in Malaysia. This study tested the effectiveness of marital well-being therapy intervention on couples facing a marital crisis. The study sample involving 30 married couples from Rembau, Seremban, and Labu districts was obtained from Negeri Sembilan Islamic Religious Council (MAINS). This is a quantitative study using a quasi-experimental method by conducting pre- and post-tests on the treatment and control groups to examine the mean difference before and after undergoing the intervention. The data collection method involved two questionnaires, namely the Marital Happiness Inventory and the ENRICH Marital Satisfaction Inventory. The data were analyzed using SPSS version 24 software involving paired sample T-tests. The results showed a significant increase in marital happiness and satisfaction for the treatment group following the MEKAR intervention. Analysis of the Marriage Happiness Inventory data from the pre-test ( $M = 56.07$ ,  $SD = 2.87$ ) and post-test ( $M = 67.17$ ,  $SD = 2.036$ ),  $t(29) = -78.409$ ,  $p < .001$  while for the Marital Satisfaction Inventory pre ( $M = 139.93$ ,  $SD = 13.941$ ) and post-test ( $M = 213.07$ ,  $SD = 5.546$ ),  $t(29) = -12.215$ ,  $p < .001$ . Overall, the study shows the effectiveness of the intervention module in enhancing the levels of happiness and marital satisfaction among couples facing a marital crisis. As such, the module could be included as one of the interventions for use by stakeholders such as family institutions, religious departments, and government agencies in strengthening the institution of marriage and promoting the well-being of households in this country.

**Keywords:** Domestic Crisis, Marital Happiness, Marital Well-Being, Module Intervention.

### INTRODUCTION

Divorce is no longer an unfamiliar phenomenon among society in this country. It begins with a breakdown in the relationship between husband and wife, lack of understanding or disagreements between them, resulting in conflict that is not effectively managed. In Malaysia, marital crises, including financial issues, domestic violence and abuse, infidelity and many other issues affecting married couples. Royal Malaysian Police (PDRM) statistics for the five years from 2019 to 2023 record 12,324 cases of domestic violence (PDRM, 2024). According to Sinar Harian (2020), the Women's Aid Organization (WAO) service line registered a 3.4-fold increase in domestic violence following the implementation of the Movement Control Order (MCO). More worryingly, of the 62,890 divorce cases recorded in 2022, 46,138 involved Muslim couples, an increase of 45.8 percent over the previous year (Haizan, 2023). Meanwhile, 1,120 cases of physical child abuse were recorded in 2020 compared to 1,571 in 2019 (KPWKM, 2020). Subsequently, this rate increased to 2,240 cases in a period of 8 months, from February to November (KOSMO, 2024). Besides that, 124 cases of emotional abuse were recorded in 2018, 113 in 2019, and 131 up to September 2020. Of greater concern is that almost half a million people, or 2.3 percent of adults in the country were recorded as experiencing symptoms of stress or depression (National Health and

Morbidity Survey, 2019). Meanwhile, PDRM statistics show 2.059 reported cases of child sexual abuse from January to April 2024 (PDRM, 2024).

This situation is also related to financial problems which are the main factors driving the increase in divorce rates in this country (Sinar Harian, 2023). In addition, poor communication also contribute to conflict (Hafied, 2016). Health problems are also linked to marital satisfaction. According to Sakinah et al. (2022) couples having health issues often experience stress and changes in the structure of their family dynamics. Furthermore, lack of emotional support has also been identified as a contributing factor to marital crises (Nurul et al., 2018).

The majority of the affected groups are couples from the B40 group. In Malaysia, the B40 group represents the bottom 40% of households based on income, typically earning below RM5,249 per month, and includes low-income earners who may rely on government assistance programs. In this regard, action to overcome this situation need to be implemented. If the reported statistics are not taken seriously, the situation will deteriorate and inevitably contribute to an increase in social problems among communities in this country. Therefore, a combination of elements on marital happiness and marital satisfaction will indirectly be of help, especially to married couples, in managing any crises faced in marriage. Therefore, the researcher sees this as a need to develop a module to create well-being among B40 couples.

The study was done based on three objectives which are:

1. To determine the effectiveness of the Marital Wellbeing Therapy Intervention (MEKAR) module on variables for married couples in the B40 group.
2. To determine the effect of the Marital Wellbeing Therapy Intervention (MEKAR) module on marital satisfaction at the pre and post levels for the treatment and control groups.
3. To determine the effect of the Marital Wellbeing Therapy Intervention (MEKAR) module on marital happiness at the pre and post levels for the treatment and control groups.

This module can benefit the B40 community in Negeri Sembilan. In addition, it is hoped that the findings of this study can somewhat help in reducing the rising rate of divorce in the state. In addition, this study could also be used as a reference and guide for government or non-government bodies including the State Islamic Religious Council, LPPKN, JAKIM, mosques and other institutions in Malaysia as this module also applies religious elements.

## **LITERATURE REVIEW**

### **Marital Wellbeing**

Wellbeing is a very important aspect in the life of every individual or group such as a family, because it covers social (Taip & Halim, 2009), economic, psychological (Rohany & Fatimah, 2006), and spiritual domains including the changes in a person. It encompasses a comprehensive and extensive meaning to human life. A high level of well-being means that the individual or group's experience is positive, and if it is low, their experience is negative and associated with adverse events that they have faced.

Therefore, according to Rohany and Fatimah (2006) well-being is a very important aspect in every human life. There are three components determining human well-being, namely having satisfaction with life, the presence of positive emotions, and the absence of negative ones (Diener & Oishi, 2000; Rohany & Fatimah, 2006). Positive emotions are defined as having lower levels of depression and anxiety in an individual.

Meanwhile the absence of negative emotions means a happy person, experiencing no negative feelings such as stress, burnout and depression, and satisfaction with life (Rohany & Fatimah, 2006). Additionally, well-being could also cover family institutions, the education

sector (Affizal, 2008), the society or community of a place (Mohamad Shaharudin et al., 2012) and the employment sector (Noraini & Nor Ba'yah, 2011). The study by Sunarti and Khomsan (2006) examined the well-being of farming families in the employment and financial sectors, where their well-being was the result of the process of managing family resources and solving problems faced by them. Well-being was related to the functionality of their families in relation to their agricultural outputs. When their agricultural outputs increased, they were happy and prosperous. In another study, Benny (2006) stated that in rural areas, well-being reflects prosperity. Families have social and cultural unity by practicing the values of harmony.

This study examined the differences between urban and rural life. Modernization in rural areas has altered the symbols representing wealth in family and community life. Prosperity for rural residents is the ability to achieve success and education for the poor; it is more about mastery over agricultural domains. Therefore, the socialization of prosperity for the poor emphasizes the importance of involvement in society. Benny (2006) also stated that the unharmonious community involved families not having Javanese life values, intelligence, and no longer based on Javanese cultural values leading to family crises and also value conflicts (unhappiness).

### **Marital Satisfaction**

Marital satisfaction is a comprehensive assessment of the marital relationship being lived (Fowers et al., 1993). Other researchers state that it is the participation of the couple in the relationship that leads to a good, happy, satisfying, and successful marital relationship (Callan et al., 2005). Marital satisfaction is a level at which individuals feel that their desires are fulfilled by their partners in the marriage. Furthermore, according to Astuti (2021), defining marital satisfaction is a mental state that reflects the gains and losses experienced by individuals throughout a marriage. In addition, Fatima (2018) states that marital satisfaction is an emotional state of an individual related to the interactions, experiences, and expectations in the marriage that is built. This is supported by Sari (2020) who explains that marital satisfaction is a level of happiness and support obtained and felt by each partner. In addition, Oktavia (2023) states that marital satisfaction reflects how content an individual is in their marriage or it is a combination of satisfaction in several specific aspects of the relationship.

### **Marital Crisis Management**

According to Norazlina et al. (2017), conflict management styles can prevent misunderstandings as well as act as a means of resolution. The Conflict Management Model by Thomas Kilmann (1974) is identified as having five conflict management styles, namely avoiding, forcing, accommodating, compromising, and collaborating. According to Shukry et al. (2017) the institution of marriage benefits when the couples involved are wise in addressing the problems and conflicts faced, are able to understand each other better, and can adjust life with their partners better. According to Haliza et al. (2012) domestic crises usually stem from several factors or problems. Married couples will be able to handle domestic crises if they resolve them by taking an open and positive approach and by self-reflection.

Crisis management in families can be divided into three stages. The first stage is more in the form of prevention before the crisis occurs. It focuses on teaching and education to provide guidance to couples about to get married. The second stage is at the beginning of marriage or the pre-marriage course. This aims to channel information and provide early exposure to the concept and goals of marriage. It is to help reduce marital problems experienced by married couples (Selangor Islamic Religious Department (JAIS), 2008).

Meanwhile, the third stage according to Abu Hassan Din al-Hafiz, (1983) is the resolution stage which is the last resort, namely divorce after various efforts have failed to manage the crisis. According to Yalcin et al. (2007) improving communication skills in marriage has led to positive changes and to long-term behavioral modifications by couples.

### **Factors that Influence Occurance of Marital Crises**

Domestic crises can be influenced by several main factors, namely poor communication, economics, health issues, and lack of emotional support.

#### ***Poor communication***

Poor communication is a factor that influences marital crisis. According to Rostini and Hafied (2016), lack of effective communication between couples can affect understanding, create misunderstandings in the relationship, and worsen existing conflicts. The results of this study are in line with the findings of (Yunita, 2008) which emphasizes that lack of open and honest communication can hinder the ability of couples to express their feelings. In this context, an in-depth study of the role of poor communication as a factor triggering marital crisis is important as it can help in developing effective strategies to prevent crises in marital relationships.

#### ***Economic factors***

Another factor contributing to marital strife is poor economic conditions. Roslelawati and Nordin (2014) noted that two main factors, namely economic and social, undermined the Malay marriage institution in Terengganu from 1950 to 1970. They were also the source of other problems and divorce among Malays in the state. The study found that the economic position of the family has much influence on the stability of the Malay marriage institution in Terengganu. The importance of economic factors in influencing the stability of a household has also been acknowledged by parties directly involved in marriage and divorce affairs occurring at that time.

However, this study states that divorce rates declined in the post-independence years because of the strong linkage with the improved socioeconomic status in Terengganu. Comparative statistics for 1957 and 1970 recorded improved socioeconomic progress experienced by Terengganu during the 13-year period. This study showed that weak economic status will result in severe marital crises and affect family institutions. According to Susiatik et al. (2022) weak economies are the main causes of household problems. This factor can lead to actions and behaviour that can damage both parties.

#### ***Health issues***

Health issues in the context of marital crisis have become an important focus in social research. They are depicted as latent health factors and evaluated in the context of the partner's health. Korporaal et al. (2013) found that the context of the partner's health has a important relationship between health issues and marital satisfaction. Meanwhile, Sakinah et al. (2022) noted that when one or both partners experience serious health issues such as chronic illness or disability, the impact can create tensions and change the dynamics of relationships in the household. Poor health can decrease the quality of life, alter roles and responsibilities, as well as increase emotional and financial burdens which can in turn trigger and exacerbate family crises.

### ***Lack of emotional support***

Insufficient emotional support has been identified as a contributing factor to marital crisis (Nurul Naimah & Mohd Yusri, 2018). This occurs when family members do not receive sufficient emotional support from other family members, which can damage interpersonal relationships and marital stability. This lack of emotional support can lead to increased stress, anxiety, and conflict in the household. According to Whisman (2001), a low-quality marriage places an individual at greater risk of experiencing depression.

Furthermore, depression can affect physical health in many ways. Depression is associated with poor health habits such as extreme dieting and lack of exercise, lack of motivation to seek treatment for health problems, and a tendency to exaggerate issues (Bruce, 2000; Omel et al., 2002). Family members who feel a lack of emotional support may also have difficulty coping with daily challenges and changes in life, which can ultimately lead to strained relationships and a tendency to separate.

Therefore, it is important for households to create an environment that emphasizes open communication, empathy, and emotional support to ensure relationship stability and family happiness. Previous studies helped clarify the areas that this research should examine. This led the researcher to develop the Creating Family Wellbeing Module (MEKAR) on happiness and satisfaction in marriage.

### **METHOD**

This experimental study involved a sample of 30 married couples having marital issues and registered with the Negeri Sembilan Islamic Religious Council (MAINS). The purposive sampling technique was used to select participants based on the purpose and objectives of the study. The sample population was divided into the treatment group (15 couples) who received the Mekar module intervention treatment while the control group (15 couples) was not given any treatment. This experiment was conducted over 7 weeks on both groups. There were pre- and post-tests given to both groups to determine the differences between them. These differences determined the effectiveness of this module.

**Table 1. Experimental design model of the test processes (Campbell & Stanley, 1963).**

Group			Pre-test	Treatment	Post-test
Treatment Group MEKAR	Group (TG)		IKP&KP1	o	IKP&KP2
Control Group (CG)			IKP&KP3	x	IKP&KP4

TG MEKAR – Treatment Group receiving Mekar

CG–Control Group not receiving Mekar

X :No treatment

O : Receiving Mekar (intervention)

IKP&KP1 :Pre-test TG Mekar (before 6 sessions)

IKP&KP2 :Post-test TG Mekar (after 6 sessions)

IKP&KP3 :Pre-test CG

IKP&KP4 :Post-test CG

### **Study Location**

This study was conducted in three districts that had the highest number of domestic crisis cases registered with MAINS, namely Rembau, Labu, and Seremban.



## DATA ANALYSIS

SPSS (Statistical Programme for the Social Sciences) version 24 software was used to analyze the quantitative data obtained. The paired t-test was used to identify the before-and-after effects of the intervention module on the dependent variables of marital satisfaction and marital happiness. It compared the effects of the MEKAR module on the experimental group with the treatment group at the pre- and post-stages (Ibrahim et al., 2018). The T-test was used to determine the level of significance in the experiment while the independent sample T-test was used to note any difference in the achievement tests for both groups.

**Table 2. The effect of the MEKAR module on marital happiness and marital satisfaction of the two sample groups.**

Variables	Group and sample number (n)	Mean	SD	t	df	Sig. (2-tailed)
Marital Satisfaction	<b>Treatment</b>					
	Pre-test	56.07	2.876			
	(n=30)			-12.215	29	<.001
	Post-test					
	(n=30)	67.17	2.036			
	<b>Control</b>					
	Pre-test	56.80	1.349			
	(n=30)					
	Post-test					
	(n=30)	59.80	1.349			
Marital Happiness	<b>Treatment</b>					
	Pre-test	139.93	13.941			
	(n=30)			-78.409	29	<.001
	Post-test					
	(n=30)	213.07	5.546			
	<b>Control</b>					
	Pre-test	138.13	14.911			
	(n=30)					
	Post-test					
	(n=30)	138.77	14.448			

## Results of Marital Satisfaction and Marital Happiness on the Treatment and Control Groups

*The Effect of the MEKAR Module on Marital Satisfaction of the Experimental and Control Study Groups.*

There was a difference in the effect of the MEKAR module between the pre- and post-test of the treatment group on marital satisfaction. Table 2 shows the effect of the MEKAR module on the marital satisfaction of the treatment and control groups at the pre- and post-test levels. The t-value of the treatment group was -12.215 ( $p=0.001 < 0.05$ ) while the mean scores were  $M= 56.07$  and  $SD= 2.876$  for the pre-test and  $M=67.17$  and  $SD= 2.036$  for the post-test. This shows a significant difference in the effect of the module on the treatment group. The treatment group showed a low level of marital satisfaction before receiving the MEKAR module intervention, but registered an increase after the treatment. This shows that the intervention had a positive effect on the group in terms of increasing their marital satisfaction. The mean values for the post-test (Treatment Group  $M= 67.17$ , Control Group  $M= 59.80$ ) show a drastic increase in the treatment group in contrast to the control group, where mean

values at the pre- and post-test (pre-test  $M = 56.80$ ,  $SD = 1.349$ , post-test  $M = 59.80$ ,  $SD = 1.349$ ) did not show any increase

The Effect of the MEKAR Module on Marital Happiness of the Experimental and Control Study Groups.

There was a difference in the effect of the MEKAR module between the pre-test and post-test of the treatment group on marital happiness. Table 2 shows the effect of the module on marital happiness at the pre- and post-test levels. The  $t$ -value of the treatment group was  $-78.409$  ( $p = 0.001 < 0.05$ ) while the mean scores were  $M = 139.93$  and  $SD = 13.941$  for the pre-test and the post-test registered  $M = 213.07$  and  $SD = 5.546$ . This shows that following the MEKAR module intervention the treatment group experienced a significant improvement in marital happiness. This also proves that there is a significant positive effect of the MEKAR module on the marital happiness of the treatment group, while the mean values between the pre- and post-test phases for the control group did not increase.

## DISCUSSION

Based on the results obtained for the treatment and control groups, the MEKAR module was found to be effective in giving a positive impact on the former group. This drastic increase in the results of both the marital satisfaction and marital happiness variables on the treatment group was achieved following the 7-week module intervention. In addition, the results prove that the MEKAR module has had a positive effect on the couples and helped increase awareness and the ability to manage conflicts faced in their households.

According to Azman et al. (2023) happiness in marriage is the basis of a happy family institution as well as check divorce rates. According to Nayan et al. (2016) a happy marriage can prevent chronic domestic conflicts and also help to mitigate the increase in divorce rate. According to Ismail et al. (2016) couples who have low levels of happiness are more likely to divorce. Happiness in marriage indirectly promotes consistent change among couples as it is closely related to the strength of marriage bonds. A happy marriage contributes to a strong marriage bond (Amalia et al., 2017). The integrated module of JAKIM's post-marriage course (2018) describes four phases in marriage, namely the honeymoon phase, the heart-to-heart phase, the radiant phase of love, and the heavenly phase of love. It shows that couples need to have happiness in marriage as they go through each of the marriage phases. Couples in a happy marriages will withstand the marriage bond until the end of their lives (Maisaroh et al., 2018; Omar et al., 2007).

In addition, couples who are satisfied in their marriage experience fewer household conflicts. This is because marital satisfaction is associated with happiness in marriage. Couples who are satisfied in their marriage display traits that highlight communication, problem solving, adapting, and conflict management (Zakaria et al., 2017). The emphasis on increasing marital satisfaction in the MEKAR module provides awareness in shaping positive behaviour among husband and wife. According to Bullare (2019), marital satisfaction affects marital well-being. When it is at a high level, couples will be more satisfied in their relationship, which can contribute towards conflict avoidance.

MEKAR module is a module that emphasizes well-being in marriage. Each task given in each intervention session has elements that can help to increase happiness in marriage. The elements of marital happiness are based on the PERMA Model (Seligman, 2017), which includes positive emotions, engagement, relationships, meaning and accomplishment. It aims to help increase happiness in marriage. The therapeutic consultation process is used as the basis for the intervention process. This study contributes to the field of family counseling and psychology and is a social innovation that will benefit not only married couples but also help in broadening the knowledge and skills of practitioners in those fields. Therefore, the

MEKAR module has proven its capability in assisting psychological and counseling practitioners as well as government and non-government agencies in helping married couples deal with and manage family crises more effectively.

Furthermore, based on the statistical analysis that has been done, the results found that there is an effect of the MEKAR module on marital satisfaction among couples. Overall, the level of marital satisfaction among couples was at a low level during the pre-test, before any treatment was given to the treatment group. However, during the post-test, after undergoing treatment, it was found that there was an increase in the mean score for marital satisfaction. This shows that after the intervention session in MEKAR module was given, there was an increase in the level of marital satisfaction among B40 couples. As compared to the control group, they obtained a low mean score, which was at a low level of marital satisfaction for the pre- and post-tests since they did not receive any intervention. MEKAR module implements elements of marital satisfaction in the interventions provided, it aims to help increase the level of marital satisfaction, indirectly leading to well-being in the client's marriage. This is because individuals who are satisfied in marriage are individuals who have the characteristics of satisfaction in communication, problem solving, life adjustment and conflict (Zakaria et al., 2018). Couples who are able to overcome conflict at home also affect their marital satisfaction (Hermawati et al., 2019).

MEKAR module can help to increase overall marital satisfaction. This is based on the elements of marital satisfaction presented by Fowers and Olson (1993) which consist of communication, leisure activities, religious orientation, conflict management, financial management, family and friends, parenting and children, personality conflicts and role equality. These elements are used as the basis combined with marital happiness in the MEKAR module. Emphasis on increasing marital satisfaction is very important. This will help provide awareness in shaping positive behavior among couples.

According to Bullare (2019), marital satisfaction affects marital well-being. When marital satisfaction is at a high level, couples will be more satisfied in their relationship, which can help in avoiding conflict. If the level of marital satisfaction is low, couples will face difficulties in resolving conflicts and lead to divorce (Hadigunawan et al, 2016; Chandrasari, 2009).

This study was limited to 60 married couples from the B40 group proposed by the Islamic Religious Council (MAINS) who had difficulty in managing marital crises.

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