Marital Satisfaction and Depression among Married Adults in Dhaka City: Exploring the Role of Socio-demographic Factors

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Abstract

Marital satisfaction and depression are intertwined factors significantly affecting the mental well-being of married individuals. The present study was designed to investigate the association between marital satisfaction and depression among married individuals in Dhaka city, with a focus on the role of sociodemographic factors. Data were collected from 390 married adults (208 males, 182 females; age range 21–55 years, $M = 34.25$, $SD = 5.08$) in Dhaka city. The Bangla versions of the ENRICH Marital Satisfaction Scale and the Beck Depression Inventory-II were used to collect data. The results revealed a significant negative correlation between marital satisfaction and depression ($r = –.530$, $p < .01$), indicating that higher marital satisfaction was associated with lower levels of depression. Results of the t-test revealed that females reported significantly higher levels of depression than males, although there was no statistically significant difference in marital satisfaction by gender. Participants from joint families reported greater marital satisfaction than those from nuclear families. ANOVA results indicated significant differences in depression across occupational groups and marital satisfaction across socioeconomic groups. Multiple regression analysis identified marital satisfaction, gender, and family type as significant predictors of depression, with marital satisfaction emerging as the strongest predictor. The overall model explained approximately 32% of the variance in depression scores, $R^2 = .318$, $F(5, 382) = 35.56$, $p < .001$. These findings emphasize the importance of marital satisfaction in the psychological well-being of married individuals in urban Bangladesh.

Keywords: marital satisfaction, depression, sociodemographic factors, married individuals

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Introduction

Marital satisfaction is widely recognized as a key determinant of psychological well-being and life satisfaction (Fincham et al., 1997). A person can feel accepted, desired, adequate, and complete when he/she have a good married life, and this feeling is not possible in any other form of human relationships (Coleman & Miller 1975). Marital satisfaction (MS) can be defined as an individual's subjective experience of specific components within his/her marital relationship (Schoen et al., 2002). An individual's assessment of their marriage, contentment, and as a couple their ability to work together is their marital satisfaction (Schoen et al., 2002). Marital satisfaction plays a pivotal role in the psychological well-being of individuals, shaping not only the quality of intimate relationships but also influencing broader mental health outcomes such as depression. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), depression can be defined by a person's persistent feelings of sadness, hopelessness, discouragement, lack of motivation, and a general loss of interest or pleasure in day-to-day life (American Psychiatric Association, 2013). One of the main causes of the worldwide burden of disease and disability is mental health problems (Whiteford et al., 2013). Globally, mental illness affects about 1 billion individuals. About 18.7% of adults and 12.6% of children in low- and middle-income countries (LMICs) like Bangladesh suffer from mental health conditions, especially stress, anxiety, and depression (Koly et al., 2022).

Marital satisfaction and depression are intertwined factors significantly affecting the mental health of married individuals, and this relationship is also observed among married individuals in Dhaka city (Islam et al., 2016). Several studies found that marital dissatisfaction can be a significant risk factor for depression (Rehman & Hossain, 2024; Miller et al., 2013; Wang et al., 2013). Whereas, a study conducted in Korean couples reveals that depression can negatively affect marital satisfaction, creating a reciprocal association (Choi & Jung, 2021). The association between marital satisfaction and depression has been explored through various theoretical models, including the Marital Discord Model of Depression (MDMD) (Maroufizadeh et al., 2018; Wang et al., 2013). This model suggests that marital discord is a significant predictor of depression.

Several studies indicated that socio-demographic factors play a significant role in determining marital satisfaction and depression (Bahrami et al., 2021; Akhtar-Danesh & Landeen, 2007; Sigurðardóttir et al., 2023). A study conducted in Dhaka explored depression among married women and found that Employment and academic status, marital satisfaction, and psychological well-being jointly accounted for 56.2% variability in depression (Islam et al., 2016). Similarly, lower socioeconomic status is often associated with increased stress and decreased marital satisfaction, contributing to higher rates of depression (Du et al., 2021). Financial stress can affect relationships, leading to conflict and dissatisfaction (Bather et al., 2024). Age can influence marital satisfaction, with different age groups facing unique challenges and expectations within marriage (Mridha, 2020). Studies suggest that causal paths differ between men and women, with depression leading to decreased marital satisfaction in men, whereas marital dissatisfaction leads to

depression in women (Fincham et al., 1997). Educational attainment may shape marital expectations, resources, and stress exposure, and was therefore considered an important variable alongside other sociodemographic variables.Bottom of Form

Numerous studies indicated that people who have higher levels of marital satisfaction usually have lower levels of depression, which contributes to better mental health. Despite growing interest in the connection between marital satisfaction and mental health, limited studies have been conducted in South Asian context, particularly in urban settings like Dhaka, Bangladesh. This study was designed to fill this gap by exploring the relationship between marital satisfaction and depression and assessing how sociodemographic factors contribute to these outcomes among married individuals in Dhaka city. In addition, this study contributes to the literature by extending the Marital Discord Model of Depression (MDMD) to a South Asian urban context, thereby advancing theoretical understanding of how sociodemographic factors interact with marital satisfaction to predict depression. Because the design is cross-sectional, findings are reported as associations rather than causal effects; longitudinal or experimental research is required to establish temporal precedence.

Objectives of the Study

1. To examine the relationship between marital satisfaction and depression among married individuals in Dhaka city.
2. To explore the effect of sociodemographic factors on marital satisfaction and depression.
3. To examine whether marital satisfaction and depression differ across key sociodemographic variables such as gender, family type, occupation, and socioeconomic status.

Method

Participants

The total sample size of this study was $N=390$ married individuals, among them 208 were males and 182 were females, aged between 21 to 55 years ($M = 34.25$, $SD = 5.08$). The participants were selected using a purposive sampling technique, and a cross-sectional design was followed for this study. The inclusion criteria were: being married for at least two years, ages ranging from 20 to 60 years, and being able to read and write. A minimum duration of two years of marriage was set as an inclusion criterion to ensure that participants had sufficient time to experience marital dynamics and adjustment processes. The exclusion criteria were physical illness, and incomplete responses. The demographic features of the study participants are provided in table 1.

Table 1

Demographic features of the participants (N = 390)

Variable	Category	N	Percent (%)
Gender	Male	208	53.3
	Female	182	46.7
Educational Qualification	Secondary (up to Class 10)	3	0.8
	Higher Secondary	18	4.6
	Honors	120	30.8
	Masters and above	249	63.8
Occupation	Government Job	49	12.6
	Private Job	192	59.2
	Business	54	13.8
	Housewife	64	16.4
	Others	31	7.9
Socioeconomic Status	Lower Class	3	0.8
	Lower Middle Class	46	11.8
	Middle Class	274	70.3
	Upper Middle Class	64	16.4
	Upper Class	3	0.8
Type of Family	Nuclear	227	58.2
	Joint	163	41.8

Measures

Personal Information Form

A Personal Information Form (PIF) was used to gather the socio-demographic data of the participants. Which included information about the participant's age, gender, family type, social class, occupation, educational qualification etc. A question about conflict with spouse (5-point Likert type) was included to measure the frequency of conflict in this section. Although "conflict with spouse" was included in the Personal Information Form as a single-item measure, it was excluded from the multivariable regression analyses. This decision was made a priori because single-item measures can be psychometrically less stable and may inflate measurement error; therefore we preferred to preserve the regressions' measurement reliability.

The Enrich Marital Satisfaction Scale

The Enrich Marital Satisfaction scale was developed by Fowers and Olson (1993). This scale assesses a person's overall satisfaction in the marital relationship. This self-report instrument consists of 15 items evaluated on a 5-point Likert scale, where 1 indicated total disagreement to the statement, and 5 indicated total agreement. This scale has two subscales: 10 items measure Marital Satisfaction, and 5 items measure Idealistic Distortion. Elevated scores signify more marital satisfaction.

The original scale was translated into Bangla following a standard translation-back translation procedure to ensure linguistic and conceptual equivalence. The Bangla version was created using a forward-backward translation procedure, including six translators with expertise in psychological research, and piloted among a small sample of the target population. The Bangla version of this scale has a good test-retest reliability score of .878. Internal consistency of the Bangla version was satisfactory, with Cronbach's alpha values of .913 for the total scale, .894 for the marital satisfaction subscale, and .838 for the idealistic distortion subscale.

Beck Depression Inventory-II

Depression was measured using the Bangla version of Beck Depression Inventory-II (BDI-II) (Alim et al., 2020). This scale has 21 items rated on a 4-point Likert scale to measure the level of severity of depression. Each item could be rated from 0 (symptom not present) to 3 (symptom strongly present). The total score of this scale ranges from 0 to 63. Scores between 0-13 indicate minimal depression, 14-19 mild depression, 20-28 moderate depression, and 29-63 severe depression (Beck et al., 1996). The Bangla version of BDI-II uses the same severity score as the original. The Bangla adaptation has demonstrated excellent internal consistency (Cronbach's α = .993) and strong test–retest reliability (r = .960, Cronbach's α = .979). A partial confirmatory factor analysis revealed two distinct factors corresponding to Cognitive and Somatic-affective symptoms.

Procedure

About 390 married individuals living in Dhaka City were selected to participate in this study using a purposive sampling. This study was a part of an ongoing baseline survey of a PhD research, and the data were collected from February to April 2025. Before data collection, the goal and nature of the study were explained to each participant to collect their verbal and written consent. Participants were recruited through community centers, workplace contacts, and social networks in Dhaka city using purposive sampling. Prior to the data collection, they were assured that their provided information would be used only for research, and this information would be secured with high confidentiality. There was no time limit to complete the research instrument, but every participant took 30-40 minutes to complete the questionnaires. Each participant was provided with a pen and a chocolate as a token gift for participating in this study after data collection.

Data Processing and Statistical Analysis

At first, responses were scored according to the scoring guideline of the questionnaire. The data were analyzed using IBM SPSS Version 26, and the figures were created using R Studio software. Descriptive statistics, Pearson product-moment correlations, independent samples t-tests, one-way ANOVA, and multiple regression analyses were conducted to examine the relationships among study variables.

Ethical Consideration

The ethical standards of the institutional research committee were maintained for this study. The 1964 Helsinki Declaration was followed to conduct the following research. Also, Ethical approval for this study was obtained from the Ethical Review Board of the Faculty of Biological Science, University of Dhaka (Ref. No.230/Biol.Scs.) for the PhD study titled "Effects of Emotional Intelligence Training on Marital Satisfaction and Mental Health among Married People in Dhaka City".

Results

Before conducting a parametric analysis, the normality assumptions of the collected data were assessed. According to the guidelines of George and Mallery (2010) and Kline (2011), skewness and kurtosis values within the range of ±2 indicate the data is normally distributed (George, 2010; Kline, 2011). The skewness and kurtosis values of all the continuous variables in this study fall within the range of ±2. Therefore, all variables were considered to be approximately normally distributed, and t-test, ANOVA, Pearson correlation, and multiple regression analysis were performed.

Table 2
Descriptive Statistics of Study Variables (N = 390)

Variable	Min	Max	*M*	*SD*	Skewness	Kurtosis
Marital Satisfaction	10	50	35.97	8.160	-.502	.334
Depression	0	61	13.90	11.890	1.197	1.252
Age	21	55	34.14	5.265	.443	1.786
Conflict with spouse	1	5	2.13	1.077	.742	.044

Independent Sample *t*-test

To examine differences in marital satisfaction and depression based on gender and family type, an independent samples t-test was conducted. From the analysis, it was evident that there is no significant difference between males (*M* = 35.83, *SD* = 7.66) and females (*M* = 36.13, *SD* = 8.72) in marital satisfaction, $t(388) = -0.361$, $p = .718$. However, a significant

gender difference was found in depression, with females ($M = 15.69$, $SD = 12.90$) having higher levels of depression than males ($M = 12.32$, $SD = 10.71$), $t(386) = -2.808$, $p = .005$. In case of family structure, a significant difference was found in participants from joint families ($M = 37.37$, $SD = 7.74$) than those from nuclear families ($M = 34.96$, $SD = 8.32$), $t(388) = -2.914$, $p = .004$. In contrast, the difference in depression scores between nuclear ($M = 13.62$, $SD = 11.65$) and joint families ($M = 14.29$, $SD = 12.24$) was not statistically significant, $t(386) = -0.547$, $p = .584$.

Table 3

Independent Samples t-test Comparing Marital Satisfaction and Depression by Gender and Type of Family (N = 390)

Variable	Group	N	M	SD	t	df	p
Marital Satisfaction	Male	208	35.83	7.66	−0.361	388	.718
	Female	182	36.13	8.72			
	Nuclear	227	34.96	8.32	−2.914	388	.004 **
	Joint	163	37.37	7.74			
Depression	Male	206	12.32	10.71	−2.808	386	.005 **
	Female	182	15.69	12.90			
	Nuclear	226	13.62	11.65	−0.547	386	.584
	Joint	162	14.29	12.24			

Note. * $p < .05$; ** $p < .01$.

One-way ANOVA

One-way ANOVAs were conducted to examine whether marital satisfaction and depression differed significantly according to educational qualification, occupation, and socioeconomic status. Table 4 indicates that there is no significant difference exists in marital satisfaction across educational groups, $F(3, 386) = 0.98$, $p = .402$, nor in depression, $F(3, 384) = 0.05$, $p = .986$. But the effect of occupation on marital satisfaction was not statistically significant, $F(4, 385) = 2.24$, $p = .064$. However, results also revealed a significant difference in depression across occupational groups, $F(4, 383) = 2.45$, $p = .046$. Post hoc analyses using Tukey HSD revealed that housewives ($M = 17.22$, $SD = 13.95$) reported significantly higher depression levels than individuals involved in business ($M = 10.87$, $SD = 9.07$), $p = .031$.

Table 4 also indicated a significant difference in marital satisfaction according to socioeconomic status, $F(4, 385) = 2.77$, $p = .027$. Results showed that participants from the middle class ($M = 36.41$, $SD = 8.20$) reported significantly higher marital satisfaction compared to those from the lower middle class ($M = 32.80$, $SD = 7.85$), $p = .043$. No significant differences were found in depression among the socioeconomic groups, $F(4, 383) = 0.74$, $p = .568$.

Table 4

One-Way ANOVA Summary Table for Marital Satisfaction and Depression Based on Educational Qualification, Occupation, and Socioeconomic Status

Factor	Variable	Source	SS	df	MS	F	p
Educational Qualification	MS	BG	195.65	3	65.22	0.98	.402
		WG	25706.92	386	66.60		
	Depression	BG	20.73	3	6.91	0.05	.986
		WG	54692.35	384	142.43		
Occupation	MS	BG	589.82	4	147.46	2.24	.064
		WG	25312.75	385	65.75		
	Depression	BG	1362.91	4	340.73	2.45	.046*
		WG	53350.17	383	139.30		
Socioeconomic Status	MS	BG	723.24	4	180.81	2.77	.027*
		WG	25179.33	385	65.40		
	Depression	BG	417.02	4	104.25	0.74	.568
		WG	54296.07	383	141.77		

Note: BG = Between Groups; WG = Within Groups; MS = Marital Satisfaction; D = Depression; SS = Sum of Squares; *df* = degrees of freedom; MS = Mean Square; *p* = probability value. * *p* < .05.

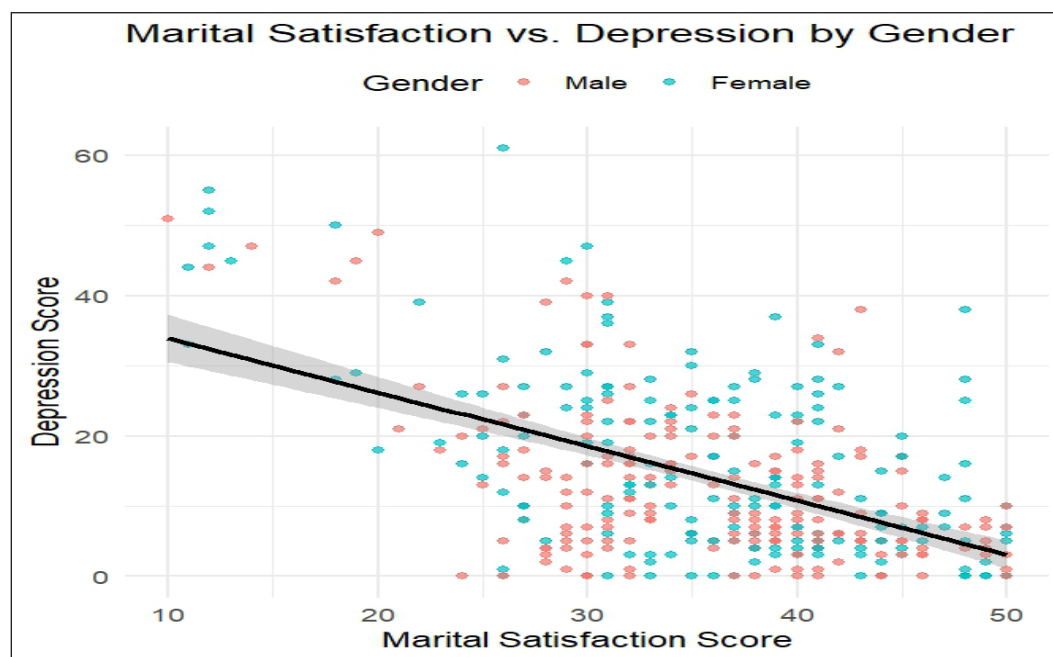**Pearson's Correlation Coefficient Analysis**

Table 5 indicates that marital satisfaction has a strong negative correlation with conflict with spouse ($r = -.660$, $p < .01$), which suggests that greater conflict was linked with lower satisfaction. A small but significant negative relation was found between marital satisfaction and age ($r = -.104$, $p < .05$), suggesting that older participants tended to report slightly lower marital satisfaction. No significant relationships were found between marital satisfaction and either the number of children or the duration of marriage. Depression was found to be positively correlated with conflict with spouse ($r = .423$, $p < .01$), indicating that individuals having more conflict with their spouse experienced higher levels of depressive symptoms. Depression was strongly and negatively correlated with marital satisfaction ($r = -.530$, $p < .01$), suggesting that higher marital satisfaction was associated with lower levels of depression. This relationship is visually illustrated in Figure 1, with gender shown for reference.

Additionally, depression had a small but significant negative correlation with the number of children ($r = -.108$, $p < .05$), while its associations with age and duration of marriage were not statistically significant

Table 5

Correlations among the Variables

Variable	1	2	3	4	5	6
1. Age (in years)	—					
2. Number of Children	.409**	—				
3. Conflict with Spouse	.099*	.090	—			
4. Duration of Marriage	.707**	.456**	.069	—		
5. Marital Satisfaction	−.104*	−.006	−.660**	−.004	—	
6. Depression Total	−.091	−.108*	.423**	−.090	−.530**	—

Note. * $p < .05$; ** $p < .01$.

Figure 1

Scatterplot of Marital Satisfaction and Depression Scores by Gender

Note. Each dot represents one participant. Marital satisfaction scores are plotted against depression scores, colored by gender. The linear regression line is presented by the black line with a 95% confidence band. The plot illustrates a significant negative association.

Multiple Regression

Prior to interpreting the regression coefficients, diagnostic statistics were examined. All Variance Inflation Factor (VIF) values were below 2.0 and tolerance values exceeded

.50, indicating no multicollinearity concerns. Examination of residuals confirmed that the assumptions of normality, linearity, and homoscedasticity were reasonably met. Table 6 reveals that depression was significantly predicted by marital satisfaction, gender, and type of family. Higher marital satisfaction was associated with lower levels of depression ($\beta = -.55, p < .001$). Gender was a significant predictor ($B = 3.690, \beta = .155, p = .001$), indicating that females had higher depression scores than males. Marital satisfaction ($B = -0.802, \beta = -.551, p < .001$) remained the strongest negative predictor, meaning that for every 1-point increase in marital satisfaction, depression scores decreased by 0.80 points. This table also indicates that participants from joint families had higher depression scores compared to those from nuclear families ($\beta = .12, p = .006$). But occupation and socioeconomic status were not found to be significant predictors. The overall model explained approximately 32% of the variance in depression scores, $R^2 = .318, F(5, 382) = 35.56, p < .001$.

Table 6

Multiple Regression Predicting Depression from Marital Satisfaction, Gender, Type of Family, Occupation, and Socioeconomic Status

Predictor	B	SE B	β	t	p
Marital Satisfaction	-0.802	0.063	-0.551	-12.80	< .001
Gender	3.690	1.097	0.155	3.36	.001
Type of Family	2.853	1.032	0.118	2.77	.006
Occupation	0.026	0.465	0.003	0.06	.955
Socioeconomic Status	0.053	0.896	0.003	0.06	.953

Note. $R^2 = .318$, Adjusted $R^2 = .309$, $F(5, 382) = 35.56, p < .001$.

Discussion

This study was designed to explore the association between marital satisfaction and depression among married individuals in Dhaka city. The findings of this study revealed a significant negative correlation between marital satisfaction and depression. This result indicated that higher levels of marital satisfaction are associated with lower levels of depressive symptoms. This finding is consistent with earlier studies and the Marital Discord Model of Depression (MDMD), which suggests that marital dissatisfaction leads to depressive symptoms (Maroufizadeh et al., 2018; Wang et al., 2013).

This study has another objective, which is to find out the contribution of sociodemographic factors in marital satisfaction and depression among married individuals in Dhaka city. The result of the t-test unveiled that females have suffered much more depression than males, but no significant gender difference was found in marital satisfaction. It is being observed that South Asian women are more vulnerable to depression due to the culture of this region (Fincham et al.,1997); (MANGAI, 2019). Some studies disprove the belief

that a joint family always creates stress and more tension. Although joint families reported higher marital satisfaction, they also showed higher depression after controlling for other variables (MANGAI, 2019). This may reflect unique stressors in joint-family settings—such as in-law conflicts or caregiving responsibilities—that increase depressive symptoms without reducing marital satisfaction. It may also be a suppression effect due to overlapping predictors (Munaf &Siddiqui, 2013; Mukherjee et al., 2016).

The regression results indicated that family type was a statistically significant predictor of depression, although its effect size was relatively small compared to marital satisfaction. In terms of socioeconomic status (SES) and Occupation, the results indicated a significant effect on marital satisfaction, with individuals from middle-class families reporting higher satisfaction than those from lower middle-class backgrounds. It is because by acquiring financial stability, it helps couples to achieve shared goals, reduce unnecessary conflict among themselves, and nurture harmony (Dalhatu & Muhammad, 2024).

However, SES does not have a significant association with depression, but occupation has a noteworthy relation with depression. Specifically, housewives had higher depression rates than individuals who own a business or are engaged in a job. Full-time homemakers, especially in urban regions, often experienced limited autonomy, economic dependence, and emotional burden (Islam et al., 2016).

Age showed a slight negative correlation with marital satisfaction, indicating that older participants reported slightly lower satisfaction. Although some studies (e.g., Wilmoth et al.) found a curvilinear age–satisfaction relationship, our data showed a linear, non-significant pattern. Future studies should test potential curvilinear or non-linear effects using larger and more age-diverse samples.

Lastly, multiple regression analysis confirmed that marital satisfaction, gender, and family type were significant predictors of depression. Marital satisfaction emerged as the strongest predictor, reinforcing the central hypothesis of this study. Together, these predictors described almost 32% of the variance in depression, highlighting the multifaceted nature of emotional distress in marriage. However, although conflict with spouse had a significant correlation with marital satisfaction and depression, it was not included in the regression model. Because it was measured by a single item.

Although one-way ANOVA results revealed significant differences in depression scores across occupational groups, occupation did not emerge as a significant predictor in the multiple regression analysis. The discrepancy between ANOVA and regression results likely reflects overlap between occupation and other sociodemographic variables, reducing occupation's unique effect in the multivariate model. This can be explained by the fact that ANOVA examines unadjusted mean differences between groups, whereas regression analysis estimates the unique effect of occupation after controlling for other predictors . The effect of occupation may overlap with these variables, thereby reducing its unique contribution in the regression model. Future studies with larger and more diverse samples may further clarify the independent role of occupation in predicting depression.

We note that the cross-sectional design precludes causal inferences. While we interpret results in light of theoretical models such as the Marital Discord Model of Depression, all findings should be understood as associations.

Limitations

Despite offering valuable insights, the present study has some limitations:

1. The use of non-random, purposive sampling is a limitation of this study because it limits the generalizability of the results to the larger population of Bangladesh.
2. All data were collected through self-report questionnaires; therefore, social desirability biases may influence the responses of the participants.
3. The study was limited to participants living in Dhaka city. Therefore, the findings may not represent the experiences of married individuals in rural or urban areas.
4. The study did not collect data on partners' psychiatric conditions, caregiving responsibilities, or chronic illness of family members, which may influence levels of depression. Future research should control for these variables to minimize potential confounding effects. These unmeasured variables may have confounded or inflated the observed association between marital satisfaction and depression.
5. Because conflict with spouse was measured by a single item, it was excluded from multivariate models. Future studies should include multi-item conflict measures to test its effect.

Conclusion

The study found a negative relationship exists between marital satisfaction and depression among married individuals in Dhaka city. Higher marital satisfaction was linked to lower depression levels. Sociodemographic factors like gender, family type, occupation, and socioeconomic status influenced these outcomes. These findings highlight the importance of marital satisfaction to promote mental well-being.

Acknowledgement

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