

**ORIGINAL RESEARCH:
EMPIRICAL RESEARCH - QUANTITATIVE**

Examination of the effect of the perceived stress in the coronavirus-19 pandemic on marital adjustment, sexual life and intimate partner violence

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Abstract

Aims: The aim of the study was to explore the effects of perceived stress during the pandemic on marital adjustment, sexual life and intimate partner violence.

Design: A cross-sectional design was employed in this study.

Methods: The data were collected with an online survey between October and December 2020 from 901 participants in Turkey. Participants completed the Descriptive Information Form, the Marital Adjustment Scale and the Perceived Stress Scale. Multivariate analysis of variance and moderation analysis were used in the analysis of the data.

Results: The pre-pandemic marital adjustment scores of the participants significantly decreased during the pandemic. The marital adjustment and sexual life of those with high perceived stress levels were found to be negatively affected, and they were exposed to violence during the pandemic. In the moderation analysis, a non-standardized coefficient of the marital adjustment variable in the model turned out to be significant, and the perceived stress decreased as marital adjustment increased. The marital adjustment was low, and the stress level was high in individuals exposed to violence. Besides, perceived stress was found to be effective in being exposed to intimate partner violence.

Conclusion: The stress perceived by individuals during the COVID-19 pandemic negatively affected their marital adjustment and sexual life. Besides, perceived stress was found to be effective in being exposed to intimate partner violence, and marital adjustment decreased during the pandemic compared to the pre-pandemic period.

Impact: During the pandemic period, health care providers should routinely screen the psychosocial health of individuals. Continuous, accessible, free psychosocial support services should be available in order to increase the psychosocial health and marital adjustment of people with high-stress levels and prevent exposure to violence.

Patient or Public Contribution: The conduct of this study is based on an online survey with participants living in the same house with their spouses during the pandemic.

KEYWORDS

COVID-19, intimate partner violence, marital adjustment, pandemic, sexual life

1 | INTRODUCTION

In December 2019, a previously unknown type of pneumonia caused by SARS-CoV-2 appeared in Wuhan in China's Hubei Province with a population of 11 million (Karimi-Zarchi et al., 2020). COVID-19 first spread to Thailand, Korea, the USA and Iran, and afterward, to more than 140 countries, and continues to spread (Ma et al., 2020). More than 6 million people have lost their lives, and nearly 520 million people have been infected worldwide since the outbreak began. In the year 2020, the disease was declared as a 'global pandemic' by the World Health Organization (2020) due to its rapid dissemination around the world. All countries have taken national and international measures to prevent the spread of the virus and have implemented quarantine that brings life to a standstill.

Since the first confirmed case, more than 14 million people have been infected, and 97,666 people have lost their lives in Turkey (Republic of Turkey Ministry of Health, 2020). Therefore, Turkey is amongst the countries suffering the highest number of COVID-19 cases. As in the first wave with high virus incidence, the Turkish government officially declared a state of emergency in the second wave in November 2020. In this state of emergency, a lockdown was declared on weekends and sometimes even on weekdays. To prevent the spread of the virus, a series of strict measures have been taken, such as lockdown, closure of social areas, travel restrictions, education going online, working from home and flexible work arrangements for civil servants (Erdem, 2020; Satici et al., 2020; Yuksel & Ozgor, 2020). All these measures have resulted in a dramatic change in social life and family dynamics, lay-offs and economic distress (Satici et al., 2020). General fear and uncertainty about the epidemic in society, lockdown/social isolation and economic problems have resulted in increased or changed roles and responsibilities in the family, inability to receive support in the care of children, conflicts between spouses, re-emergence of previous problems, psychological problems (stress, depression, post-traumatic stress disorders, etc.), deterioration of marital adjustment and sexual life, and intimate partner violence (Campbell, 2020; Xue et al., 2020).

2 | BACKGROUND

The stress experienced during the pandemic and the change in intimate dynamics caused tension between spouses, causing their marital adjustment and sexual life to be negatively affected (Chung et al., 2020; Luetke et al., 2020). Günther-Bel et al. (2020) stated that in the pandemic, marital adjustment decreased, existing minor problems grew, being confined at home for a long time with the spouse was unbearable, and it was difficult to stay calm and show patience. Negativities in marital adjustment also adversely affect the quality of sexual life and satisfaction (Türkseven et al., 2020). Evidence has shown that although the pandemic increases the frequency of sexual intercourse, it decreases sexual satisfaction (Panzeri et al., 2020; Yuksel & Ozgor, 2020). Besides, many women have been victims

of intimate violence in the home environment, which has become the safest place to restrict the transmission of COVID-19 (Silva et al., 2020; Westrupp et al., 2020). The increase in intimate violence rates worldwide has been 30%–36% in France, 40%–50% in Brazil, 25% in Argentina, 33% in Singapore, 10%–35% in different states in the USA and 27.8% in Turkey throughout the pandemic period (Ergönen et al., 2020; John et al., 2020; Ünal & Gülseren, 2020). This study aimed to determine the effects of perceived stress on marital adjustment, sexual life and intimate partner violence during the pandemic. It revealed how the COVID-19 pandemic affects marital relationships. No other study with this population for the same purpose has been encountered in the literature yet. It is believed that it will fill this gap in the literature and shed light on further studies. It is also thought to contribute to revealing the stressors that disrupt family health and partner relations, to revising family and women's health policies in this direction and to new regulations in health care units during the pandemic.

3 | THE STUDY

3.1 | Aims

The study aims to explore the effects of perceived stress during the pandemic on marital adjustment, sexual life and intimate partner violence.

3.2 | Design

The study is an online-based cross-sectional study. The STROBE checklist was followed to ensure comprehensive reporting throughout this study (Appendix S1).

3.3 | Sample/participant

The data were collected through an online survey. By utilizing convenience sampling, 901 respondents from every region of Turkey were included in the study. The inclusion criteria were volunteering to participate in the study, being over the age of 18, being married for at least 1 year, living in the same house with their spouse, being able to read and write in Turkish, having no diagnosed psychiatric disorder and having no visual impairment that could prevent filling in the research form.

The sample size of the study was determined by G*Power. In G*Power analysis, the sample size was calculated based on the relationship between the two means. In the calculation, the two-way correlation was taken as type 1 error rate (α) = .05 and the power of the study as 95% power. Whilst determining the sample size in this study, the analysis results of the correlation between relationship satisfaction and perceived stress level in the pandemic ($r = -.03$) in the study on relationship satisfaction conducted online

by Williamson (2020) during the pandemic period, were taken as the basis. As a result of the power analysis, the minimum sample size of this study was calculated as 423. Despite the missing and extreme values, 901 participants were reached in this study.

3.4 | Data collection

Data were collected using the descriptive information form, the Marital Adjustment Scale (MAS) and the Perceived Stress Scale (PSS) between October and December 2020. In this study, all data were collected once. The data on spousal violence and perceived stress pertain only to measuring the pandemic period. The data on marital adjustment, however, are intended to evaluate both the pre-pandemic and the pandemic period, and the same participant made an assessment at the same time. For example, the question 'How would you rate your level of happiness with your spouse before the pandemic?' aimed at evaluating a participant's marital adjustment was asked to the same participant as 'How would you rate your level of happiness with your spouse during the pandemic?' Data collection tools were shared with individuals on their online social media accounts via Google Survey.

3.4.1 | The descriptive information form

A form consisting of 14 questions (age, gender, education, marriage type, etc.) was prepared by the researchers of this study based on the literature (Günther-Bel et al., 2020; Luetke et al., 2020; Yuksel & Ozgor, 2020). The explanations of some statements in the descriptive information form are as follows: *A nuclear family* consists of a mother, father and children. *Being pregnant* refers to the state of being pregnant during the period when the participants participated in this study. *An extended family* includes grandparents and other relatives beyond the nuclear family. *Unemployed* refers to women who do not work in their general life other than pregnancy and maternity leave. *Compliance with rules*: In Turkey, 14 rules/measures have been determined nationally to minimize the risk of virus transmission during the COVID-19 pandemic. Some of these measures are: Wash your hands frequently by rubbing them with soap and water for at least 20 s, use disposable wipes, avoid shaking hands and hugging, ventilate your environment frequently, keep a distance of at least 3–4 steps between you and people who show cold symptoms, wash your clothes at 60–90°C with normal detergent, do not go out without wearing a mask, do not share your personal belongings such as towels, drink plenty of fluids, eat a balanced diet, pay attention to your sleep patterns, etc. The participants in this study expressed their state of compliance with the rules according to their own perceptions as 'yes', 'no' and 'partially'. *Negatively affected marriage* refers to the fact that the COVID-19 pandemic negatively affected marriage in this study. *Negatively affected sexual life* refers to the fact that the COVID-19 pandemic negatively affected sexual life in this study.

3.4.2 | The Marital Adjustment Scale

This was developed by Locke and Wallace (1959) and adapted to Turkish by Tutarel-Kışlak (1999). The scores to be obtained from the scale consisting of 15 items vary between 1 and 60 points, and a high score indicates marital adjustment, whilst a low score indicates maladjustment. The Cronbach alpha coefficient of the scale was calculated as .90.

3.4.3 | The Perceived Stress Scale

The PSS was developed by Cohen et al. (1983) and adapted into Turkish by Eskin et al. (2013). Including 10 items in total, the scale was designed to measure how stressful certain situations in a person's life are perceived to be. Each item is rated on a 5-point Likert-type scale ranging from 'Never' (0) to 'Very often' (4). A high score obtained from the scale refers to high perception of stress (0–40). The Cronbach alpha coefficient of the scale was calculated as .84.

3.5 | Ethical considerations

Permission was obtained from the scale owners via e-mail. Ethics Committee approval for the research was obtained from the Scientific Research and Publication Ethics Committee of a state university (No: 2020-E-5390). Besides, approval was received from the Republic of Turkey Ministry of Health COVID Scientific Research Support Commission. All the respondents gave online informed consent. The research was conducted in accordance with the Helsinki Declaration.

3.6 | Data analysis

The data were analysed with IBM SPSS 23 and IBM SPSS AMOS 24. We considered a p -value of $\leq .05$ as statistically significant. Sociodemographic data were analysed using descriptive statistics, percentages and frequency. In this study, since the number of dependent variables was more than 1, multivariate analysis of variance (MANCOVA) was performed to see whether the mean scores differed according to the variables of age, gender, education level, family type, type of marital union, having children, pregnancy, employment status, compliance with pandemic rules, negatively affected marriage, negatively affected sexual life and violence, and to see how much of an effect these factors had on these scale scores. In addition, besides these, the pre-pandemic 'marital adjustment' and 'age' variables were included as covariate variables. In the created MANCOVA model, the 'marital adjustment' and 'perceived stress' variables were included in the model as dependent variables, whilst the 'age', 'gender', 'education level', 'family type', 'type of marital union', 'having children', 'pregnancy', 'employment

status', 'compliance with pandemic rules', 'negatively affected marriage', 'negatively affected sexual life' and 'violence' variables were included as independent variables. MANCOVA is used in statistical analysis applications to perform mean comparisons for more than one variable. In cases where there is more than one dependent variable, MANCOVA is an analysis method in which these dependent variables are analysed simultaneously instead of performing analysis of variance (ANOVA) as per the number of dependent variables, and is very important in terms of reducing the Type I error rate. Whilst in ANOVAs performed separately, the relationships between dependent variables are ignored, these relationships are taken into account in MANCOVA (Çokluk et al., 2016). Multiple comparisons of main effects were evaluated with the Bonferroni test. Comparison of marital adjustment before and during the pandemic was examined by t-test.

Moderation analysis was used to examine whether the effect of marital adjustment on perceived stress varied depending on violence. In this study, the violence variable was used as a moderator variable. Moderation analysis is a regression-based analysis approach and moderation is also popularly known as interaction (Hayes & Rockwood, 2017). In statistical terms, moderation is where a relationship between an independent variable and a dependent variable changes according to the value of a moderator variable. Additionally, moderating variables are essential to assess whether two variables have the same relation across groups. On the whole, a moderating model addresses 'when' or 'for whom' a variable strongly explains or causes an outcome variable (Memon et al., 2019). In this study, the effect of being exposed to violence on marital adjustment and perceived stress during the COVID-19 pandemic was evaluated using moderation analysis. To fix the effect of variables affecting marital adjustment and perceived stress, age, gender, education, family type, type of marital union, having children, being pregnant, employment status, compliance with pandemic rules and negatively affected sexual life model were included as confounding variables.

3.7 | Validity and reliability/rigour

The MAS and PSS measurement tools used in this study were adapted to different languages and cultures and were found to be psychometrically valid and reliable measurement tools (Andreou et al., 2011; Haque & Davenport, 2009; Jiang et al., 2013; Lim & Ivey, 2000; Remor, 2006). Previous research reported Cronbach's alphas for the PSS that ranged from .82 to .85 for the total scale (Andreou et al., 2011; Remor, 2006; Roberti et al., 2006). Previous research reported Cronbach's alphas for the MAS that ranged from .72 to .82 for the total scale (Haque & Davenport, 2009; Jiang et al., 2013; Lim & Ivey, 2000). Construct validity for both scales was determined by factor analysis (Andreou et al., 2011; Haque & Davenport, 2009; Jiang et al., 2013; Roberti et al., 2006). These scales are also valid and reliable in Turkish culture (Eskin et al., 2013; Tutarel-Kışlak, 1999).

4 | RESULTS

4.1 | Characteristics of the participants

The mean age of the participants was 35.16, and most of them are women (87%), have an undergraduate degree (41%) and have nuclear families (90%). Most participants dated before getting married (81%), and most of them have children (75%). Fifteen percent of the participants (all are women and form 17% of all female participants) expressed that they had been exposed to intimate partner violence (Table 1).

4.2 | The effect of sociodemographic and pandemic-related variables on marital adjustment and perception stress

When the main effects of the sociodemographic characteristics on marital adjustment and perceived stress were examined with the MANCOVA test, it was determined that the main effects of age, education, family type and type of union, pregnancy status, employment status and the region of residence did not have an effect on marital adjustment and perceived stress (Table 2).

Whilst there was a statistically significant difference in the perceived stress level by gender ($F = 8.911$; $p = .003$), no difference was seen for marital adjustment ($F = 0.221$; $p = .639$). Whilst the mean perceived stress score of women was 25.3 ($SD = \pm 6.1$), it was 23.6 for men ($SD = \pm 6.7$). A statistically significant difference was seen in marital adjustment between those who had children and those who did not ($F = 24.558$; $p < .001$). Whilst the mean marital adjustment score of those who had children was 41 ($SD = \pm 8.8$), the mean score of those who did not have children is 45.1 ($SD = \pm 8.7$). However, there was no difference between perceived stress scores ($F = 0.065$; $p = .799$). A statistically significant difference was detected between the marital adjustment ($F = 7.405$; $p < .001$) and perceived stress levels of the participants according to their compliance with the rules ($F = 9.550$; $p < .001$) (Table 2). Whilst the mean marital compliance score of those who complied with the rules was 42.4 ($SD = \pm 9$), the mean score of those who did not comply was 38.3 ($SD = \pm 7.5$). Furthermore, it was seen that the mean perceived stress score of those who complied with the rules was lower than those who did not comply with the rules (respectively, for those who said 'yes', mean = 24.8 [$SD = \pm 6.3$] and for those who said 'no', mean = 27.1 [$SD = \pm 5.4$]).

As shown in Table 2, a statistically significant difference was found in the marital adjustment mean scores ($F = 30.287$; $p < .001$) and the perceived stress mean scores according to the negatively affected marriages of the participants ($F = 26.714$; $p < .001$). The negative impact on marriage from the COVID-19 pandemic ranged between 'yes' and 'no'. Whilst the mean marital adjustment score of those whose marriages were negatively affected by the pandemic was 34 ($SD = \pm 11.1$), the mean score of those who stated that they were not negatively affected was 44 ($SD = \pm 8.1$). In parallel with this,

TABLE 1 Sociodemographic characteristics of the 901 adults living in Turkey (2020)

	<i>n</i>	%
Age		
19–30	350	39
31–40	335	37
40+	216	24
	Mean: 35.16 ± 8.2	
Gender		
Female	784	87
Male	117	13
Education		
Primary education	66	7
High school	173	19
Associate degree	124	14
Bachelor's degree	368	41
Postgraduate degree	170	19
Family type		
Nuclear	812	90
Extended	89	10
Type of marital union		
Arranged marriage	168	19
Dating to marry	733	81
Having children		
No	225	25
Yes	676	75
Being pregnant		
No	733	81
Yes	168	19
Employment status		
No	304	34
Yes	565	66
Compliance with pandemic rules		
Yes	767	85
No	134	15
Negatively affected marriage		
No	682	76
Yes	78	8
Partly	141	16
Negatively affected sexual life		
No	655	73
Yes	108	12
Partly	138	15
Violence		
No	766	85
Yes	135	15
Type of violence		
Psychological	84	58

(Continues)

TABLE 1 (Continued)

	<i>n</i>	%
Verbal	30	21
Economic	22	15
Sexual	2	1
Physical	8	5

Note: Data are *n* (%) and mean ± standard deviation (*SD*) values are provided for continuous measures.

the perceived stress (mean ± *SD* = 29.8 ± 5.7) of those who stated that their marriage was negatively affected by the COVID-19 pandemic was higher than those who stated that their marriage was not negatively affected by the pandemic (mean ± *SD* = 23.9 ± 6). It was seen that there was a statistically significant difference between the mean scores for marital adjustment ($F = 10.075$; $p < .001$) according to the negatively affected sexual life of the participants during the pandemic. Whilst the mean score for marital adjustment was 35.6 ($SD = \pm 10$) for those who stated that their sexual life was negatively affected by the pandemic, the mean score of those who stated that it was not negatively affected was 43.7 ($SD = \pm 8.3$). Whilst the mean perceived stress score of those whose sexual life was negatively affected by the pandemic was 28.6 ($SD = \pm 6.1$), the mean score of those who were not affected was 24.2 ($SD = \pm 6.1$), and this difference was statistically significant ($F = 4.915$; $p = .008$). Whilst the mean score for marital adjustment of those who experienced violence during the pandemic was 34.2 ($SD = \pm 12.5$), the mean score of those who did not experience violence was 43.2 ($SD = \pm 8.3$). Mean scores for marital adjustment ($F = 23.984$; $p < .001$) differ according to the total scores for the participants' exposure to violence. Furthermore, the perceived stress of those who were exposed to violence (mean ± *SD* = 29.2 ± 4.4) was higher than those who were not exposed to violence (mean ± *SD* = 24.6 ± 6.2), and this was statistically significant ($F = 4.938$; $p < .001$). Also, according to the pre-pandemic marital adjustment total score (mean ± *SD* = 46.7 ± 8.2), the mean value of marital adjustment during the pandemic (mean ± *SD* = 42 ± 8.9; $F = 197.931$; $p < .001$) and perceived stress mean values differ ($F = 94.566$; $p < .001$) (Table 2).

4.3 | Investigation of the moderating impact of violence between marital adjustment and perceived stress

Table 3 shows that critical ratio (CR) = 7278 was obtained as a result of the multivariate normality test. Since the assumption of multivariate normality was provided, the moderation impact model was examined. In the mediation effect model analysis, age, gender, education, family type, type of marital union, having children, being pregnant, employment status, compliance with pandemic rules and negatively affected sexual life were added to the model as confounding variables. It was observed that 22.6% of perceived stress was explained when marital adjustment (Post-COVID) as an independent variable and violence as

TABLE 2 Investigation of the effects of sociodemographic characteristics on marital adjustment and perceived stress with MANCOVA, in a sample of 901 adults living in Turkey (2020)

	Marital adjustment				Perceived stress			
	Mean (\pm SD)	F	p	η_p^2	Mean (\pm SD)	F	p	η_p^2
Age								
19–30	41.6 \pm 8.7				24.7 \pm 5.3	7.028	.529	.008
31–40	42 \pm 9.5	.011	.917	.000	25.8 \pm 5.6			
Over 40	42.6 \pm 8.3				26.4 \pm 5.8			
Gender								
Female	42 \pm 8.8	.221	.639	.000	25.3 \pm 6.1	8.911	.003*	.010
Male	41.7 \pm 9.8				23.6 \pm 6.7			
Education level								
Primary education	40.6 \pm 8.3	.642	.633	.003	25.8 \pm 5.7 ^{ab}	2.437	.050	.011
High school	42.8 \pm 9.2				24.5 \pm 5.9 ^{ab}			
Associate degree	42 \pm 9.6				26.4 \pm 5.8 ^a			
Bachelor's degree	41.6 \pm 8.9				24.7 \pm 6.3 ^b			
Postgraduate	42.6 \pm 8.8				25.4 \pm 6.7 ^{ab}			
Family type								
Nuclear	42 \pm 8.9	2.431	.119	.003	25.2 \pm 6.2	1.481	.224	.002
Extended	42.3 \pm 9.8				24.6 \pm 6.4			
Type of marital union								
Arranged marriage	40.4 \pm 9.6	1.413	.235	.002	25.3 \pm 6.4	0.203	.652	.000
Dating to marry	42.4 \pm 8.8				25.1 \pm 6.2			
Having children								
Yes	41 \pm 8.8	24.558	<.001**	.027	25.2 \pm 6.2	0.065	.799	.000
No	45.1 \pm 8.7				24.8 \pm 6.2			
Being pregnant								
Yes	44.7 \pm 7.8	2.669	.103	0.003	24.2 \pm 5.3	2.013	.156	.002
No	41.4 \pm 9.1				25.3 \pm 6.4			
Employment status								
Yes	41.9 \pm 9.1	0.106	.899	.000	24.9 \pm 6.3	0.719	.487	.002
No	42.3 \pm 7.8				25.5 \pm 6.1			
Compliance with pandemic rules								
Yes	42.4 \pm 9	7.405	<.001**	.017	24.8 \pm 6.3	9.550	<.001**	.021
No	38.3 \pm 7.5				27.1 \pm 5.4			
Negatively affected marriage								
Yes	34 \pm 11.1 ^b	30.287	<.001**	.065	29.8 \pm 5.7 ^b	26.714	<.001**	.058
No	44 \pm 8.1 ^a				23.9 \pm 6 ^a			
Partly	36.8 \pm 6.9 ^b				28.4 \pm 5.2 ^b			
Negatively affected sexual life								
Yes	35.6 \pm 10 ^b	10.075	<.001**	.023	28.6 \pm 6.1 ^a	4.915	.008*	.011
No	43.7 \pm 8.3 ^a				24.2 \pm 6.1 ^b			
Partly	38.9 \pm 7.8 ^b				26.9 \pm 5.6 ^{ab}			
Violence								
Yes	34.2 \pm 12.5	23.984	<.001**	.052	29.2 \pm 4.4	4.938	<.001**	.011
No	43.2 \pm 8.3				24.6 \pm 6.2			

TABLE 2 (Continued)

	Mean (\pm SD)	F	p	η_p^2	Test statistics ^a			
Pre-pandemic marital adjustment score	46.7 \pm 8.2	197.931	<0.001**	0.694	t = 31.348	94.566	<0.001**	0.098
Marital adjustment score during pandemic	42 \pm 8.9	-	-	-	-	-	-	-

Note: Associations were analysed using a single MANCOVA model including all noted independent variables and p-values were corrected for multiple comparisons. ^{ab}There is no difference between groups with the same letter.

Abbreviations: MANCOVA, multivariate analysis of variance; SD, standard deviation.

*Significant at $\leq .05$ level; **Significant at $\leq .01$ level.

TABLE 3 Examination of moderating impact of violence between marital adjustment and perceived stress with moderation analysis

	Beta	SH	t	p	95% Confidence interval		R ²
					Minimum value	Maximum value	
Constant	44.188	2.550	17.332	<.001	39.184	49.192	.226
Marital adjustment during pandemic (MA)	-0.259	0.043	-5.997	<.001	-0.344	-0.175	
Violence (V)	-3.769	2.085	-1.807	.071	-7.862	0.324	
MA \times V	0.133	0.054	2.438	.015	0.026	0.239	

Note: Age, gender, education, family type, type of marital union, having children, being pregnant, employment status, compliance with pandemic rules and negatively affected sexual life were added as confounding variables in the model. Bold p values are statistically significant by .05.

a regulatory effect were included in the model. The non-standardized coefficient of the marital adjustment variable in the model is significant, and the perceived stress decreased as marital adjustment increased ($\beta = -.259$; $p < .001$). The coefficient of the violence variable in the model was not statistically significant ($\beta = -3.769$; $p = .071$). To reveal whether violence has a moderator effect, the interaction between marital adjustment and violence in the model was examined and the result showed a significant interaction ($\beta = .113$; $p = 0.015$).

Figure 1 shows that marital adjustment is low, and stress is high in individuals exposed to violence.

5 | DISCUSSION

As in the whole world, the COVID-19 pandemic has led to the deterioration of health and social life, a decrease in financial resources and an increase in intimate responsibilities. This study aimed to explore the effect of perceived stress during the pandemic on marital adjustment, sexual life and intimate partner violence and revealed that marital adjustment decreased, sexual life and marriage was negatively affected, intimate partner violence occurred, and all of these were closely related to perceived stress.

5.1 | Perceived stress

COVID-19 triggers fear amongst individuals, making it essential to reveal the impact of the crisis on people's mental health (Brown et al., 2020; Qiu et al., 2020). In this study, the perceived stress

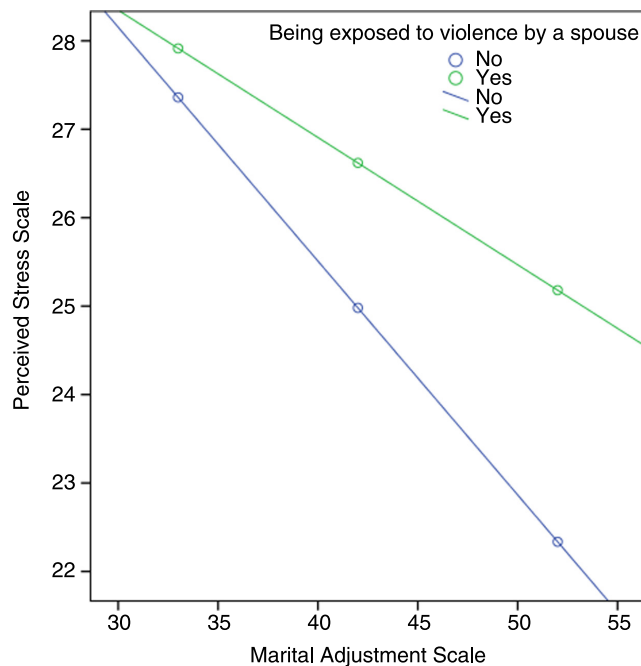


FIGURE 1 Moderation analysis for violence

mean score of individuals during the COVID-19 pandemic was 27.3. Considering that the maximum score to be obtained from the scale is 40, it is possible to say that the stress level of the individuals in this study was at a high level. The stress level of the participants varied by gender ($F = 8.911$; $p = .003$). The perceived stress levels of women (mean score = 25.3) were higher than those of men (mean

score = 23.6 ± 6.7) in this study. In a study conducted with menopausal women during the COVID-19 pandemic, the mean perceived stress score of women was found to be 23.61 (Ak Sözer et al., 2021). Our results are consistent with the relevant literature (Duan & Zhu, 2020; Georgiou et al., 2020; Göksu & Kumcağız, 2020; Kikuchi et al., 2020; Qiu et al., 2020).

5.2 | Marital adjustment

The stress caused by the pandemic has negatively affected the daily life and psychological health of individuals, affecting marital adjustment and sexual life, and caused intimate conflicts (Campbell, 2020; Luetke et al., 2020). In this study conducted with married individuals, a statistically significant decrease was found in the marital adjustment of individuals during the pandemic compared to the pre-pandemic period (pre-pandemic mean score = 46.7; during COVID-19 pandemic mean score = 42, $p < .001$). Various studies in Turkey reported a higher marital adjustment level in the pre-pandemic period than during the pandemic (Erbil & Hazer, 2018; Malkoç & Güren, 2018). A study conducted in China during the pandemic emphasized that married people experienced a greater decline in emotional well-being than unmarried people during the COVID-19 outbreak (Yang & Ma, 2020). These findings show that during the pandemic process, the measures that require confinement at home and restriction of social life change the dynamics of the family and cause conflicts, and a decrease in harmony in marriages (Yang & Ma, 2020).

This study demonstrated that individuals with children had lower marital adjustment during the pandemic (marital adjustment mean score for those with children = 41, marital adjustment mean score for those without children = 45.1). In a mixed design study, it was noted that the stress level of individuals in the COVID-19 pandemic was high, that the marital adjustment of individuals with children was lower than that of those without children and that conflicts were higher (Günther-Bel et al., 2020). In this study, as perceived stress increased, marital adjustment decreased ($\beta = -.265$; $p < .001$). In other words, as marital adjustment increased, perceived stress decreased. In a study conducted in Singapore, individuals with low family-work adaptation and social support during the pandemic had high parental stress and this situation caused spousal conflict and low marital harmony (Chung et al., 2020). The most significant reasons for this are the deterioration of the family economy due to parental lay-off, the increase in the roles and responsibilities of parents since those working from home have to support their children's education full-time at home, the fact that parents are not able to keep up with the demands of their children and the lack of resources (e.g. energy, skills and time) during the pandemic (Chung et al., 2020; Günther-Bel et al., 2020). All these negative factors have led to decreased communication between partners, increased violence/conflicts, decreased marital adjustment and negatively affected sexual life (Campbell, 2020; Chung et al., 2020; Holly et al., 2019).

5.3 | Sexual life

Since marriage is a sexual relationship, sexuality is regarded as one of the most important components of the marital relationship (Serin et al., 2020). In this study, individuals who expressed that their sexual life was negatively or partially affected by the pandemic had low marital adjustment ($F = 10.075$; $p < .001$). A study conducted by Luetke et al. (2020) in the United States emphasized that 34% of individuals had conflicts with their partners due to the spread of COVID-19 and the protective measures, those who experienced conflict had less frequency of sexual intercourse, and their sexual life was negatively affected. Studies carried out before the pandemic also noted that individuals with low sexual life satisfaction had lower marital adjustment (Tav et al., 2018; Türkseven et al., 2020). These results show that whether before or during the pandemic, the problem in sexuality negatively affects marital adjustment.

There is a complicated relationship between stress and sexual desire, satisfaction, and pleasure (Falconier et al., 2015). It has long been known that sexual desire, orgasm and pleasure are often supported by a foundation of relaxation, low stress and some level of distance from one's partner to combat over-familiarity (McCabe & Connaughton, 2017). In this study, the perceived stress of individuals who stated that their sexual life was negatively affected by the pandemic was found to be statistically high ($F = 4.915$; $p = .008$). Panzeri et al. (2020) argued that the COVID-19 lockdown caused a decrease in sexual life quality, sexual desire, satisfaction and pleasure. It has also been reported that stress, anxiety and depression are closely associated with a decrease in sexual desire. In a study conducted in China, there was a 37% decrease in the frequency of sexual intercourse during the pandemic and sexual life was negatively affected by the pandemic (Li et al., 2020). Another study with married people in Turkey demonstrated that despite an increase occurring in the frequency of sexual intercourse and desire compared to the pre-pandemic period, a decline was reported in the quality of sex life during the pandemic (Yüksel & Ozgor, 2020). Various international literature also revealed an increase in the frequency of sexual intercourse or sexual desire during the pandemic but a decrease in the quality of sexual life and sexual life satisfaction (Cocci et al., 2020; Li et al., 2020; Yüksel & Ozgor, 2020). Arafat et al. (2020) found that isolation affected the sexual lives of 45% of individuals, sexual activity increased by 3.3% compared to the pre-pandemic period, and 50% had positive changes in their emotional ties. The study by Jacob et al. (2020) also supports the work of Arafat et al. (2020). The reason why the results of these two studies differ from the results of our and other studies may be because the number of male participants is high, the study has been conducted in a complete social isolation process, the perceived stress and anxiety due to fear of virus transmission are reduced or sexuality is preferred as fun to cope with monotonous days, and there may be cultural differences in the responsibilities of men and women (Jacob et al., 2020).

5.4 | Intimate partner violence

During the pandemic, the stress of home confinement due to social isolation, economic instabilities or uncertainties, attitudes towards gender roles and the desire to control led to an increase in intimate partner violence (Argyroudi & Flora, 2018; Silva et al., 2020). In countries such as China, the USA, Italy, Spain, England, France and Canada, the call for police assistance due to intimate partner violence increased between 20% and 50% compared to other years (Usher et al., 2020; Xue et al., 2020). In this study, 15% of the participants (all are women and form 17% of all female participants) were exposed to violence, and the top three types of violence were psychological, verbal and economic, respectively. Xue et al. (2020) examined 1,015,874 tweeters for intimate violence between April and July 2020. The analysis showed an increase in intimate violence, murder and calls for police assistance, and the violence was generally against women. The same study revealed that physical and sexual violence is the most common type of violence. This present study demonstrated that the total marital adjustment scores of women exposed to violence were low ($F = 23.984$; $p < .001$), and their perceived stress scores were much higher ($F = 4.938$; $p < .001$). In a study conducted by Westrupp et al. (2020), individuals with spousal conflict had higher COVID-19 perceived stress. In a study on marital adjustment and conflict during the pandemic, the statement of one of the participants was as follows: 'It's harder for us to stay calm, and something that used to be meaningless now turns into a big problem and an argument.' (Günther-Bel et al., 2020). As can be seen in this statement, the pandemic process caused individuals to experience stress, reduced their patience levels, caused minor problems to grow, deteriorated marital adjustment and increased intimate violence.

6 | LIMITATIONS AND STRENGTHS

Our study has some limitations. The first limitation is that most of the sample (87%) consisted of women. Secondly, the data were collected using a non-clinical sample. Therefore, results may not be generalizable to a clinical sample. The last limitation is that time-limited, cross-sectional survey data shed little light on the enduring effects of quarantine, on how adaptations to lockdown changed or evolved or on what happened during reopening when home-confinement restrictions began to ease. The strength of the study is that having participants from all regions of Turkey enables the data to be generalized at the national level.

7 | CONCLUSION

The study revealed that the stress perceived by individuals in the COVID-19 pandemic negatively affects marital adjustment and sexual life and is effective in the experiencing of intimate partner violence. Besides, marital adjustment has decreased during the pandemic. The results of this study suggest that all health care providers, especially health professionals who provide family health services, should

routinely screen the psychosocial health of individuals with a multidisciplinary approach in the pandemic. Priority service should be given to individuals-couples who are identified in the risk group. For female victims of intimate violence, 24/7 counselling services should be provided and safe housing facilities suitable for pandemic conditions should be provided. Continuous, accessible, free psychosocial support services should also be available to maintain and increase the psychological resilience of those with low-stress levels, ensure good marital harmony and sexual life and prevent exposure to violence. Additionally, during the pandemic, victims of gender-based violence must be protected and able to obtain the service they need. Safe housing opportunities should be provided for female victims of intimate violence, they should be organized in accordance with quarantine conditions and medical/psychosocial/financial support should be continued.

AUTHOR CONTRIBUTIONS

Study design: Ruveyde Aydın, Songül Aktaş and Dilek Kaloğlu Binici. *Data collection:* Ruveyde Aydın, Songül Aktaş and Dilek Kaloğlu Binici. *Analysis and interpretation of data:* Ruveyde Aydın, Songül Aktaş and Dilek Kaloğlu Binici. *Study supervision:* Ruveyde Aydın and Songül Aktaş. *Manuscript writing:* Ruveyde Aydın and Songül Aktaş. *Drafting the article or revising it critically for important intellectual content:* Ruveyde Aydın and Songül Aktaş.

ACKNOWLEDGEMENTS

The authors thank all participants who generously donated their time to take the surveys.

FUNDING INFORMATION

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

PEER REVIEW

The peer review history for this article is available at <https://publons.com/publon/10.1111/jan.15368>.

DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions: The data that support the findings of this study are available on request from the authors. The data are not publicly available due to privacy or ethical restrictions.

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How to cite this article: Aydın, R., Aktaş, S., & Kaloğlu Binici, D. (2022). Examination of the effect of the perceived stress in the coronavirus-19 pandemic on marital adjustment, sexual life and intimate partner violence. *Journal of Advanced Nursing*, 00, 1–12. <https://doi.org/10.1111/jan.15368>

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