AJEMATES
African Journal of Educational Management, Teaching and Entrepreneurship Studies
VOL.17 (2), January-April, 2026; https://ajemates.org

EFFECT OF PARENTING PROGRAMMES ON MARITAL STABILITY FOR SUSTAINABLE DEVELOPMENT AMONG COUPLES OF ANATIGHA COMMUNITY IN CROSS RIVER STATE, NIGERIA

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ABSTRACT

The study investigated the effect of Parent-Child Interaction Therapy (PCIT) and Parent Management Training (PMT) on Marital Stability among Couples of Anatigha Community, Nigeria. To achieve the purpose of the study, one research question was raised and converted into one null hypothesis. Literature was reviewed according to the variables under study. Quasi-experimental research design involving pre-test-post-test control group was adopted for the study. The population consisted of 2520 household units in Anatigha Community. The stratified and purposive sampling techniques were adopted to select 165 married couples. Three instruments were used for data collection titled, Marital Stability Scale (MSS), Parent-Child Interaction Therapy (PCIT) and Parent Management Training (PMT) Treatment Plan. The instruments were face-validated by experts in Family Counselling and Measurement and Evaluation. The reliability of the Marital Stability Scale (MSS) instrument was established using Test-Retest with reliability coefficient of 83. The data collected was prepared by scoring, coding and collated into a chart or data bank, from where they were extracted and subjected to statistical analysis using mean, standard deviations and Analysis of Co-Variance (ANCOVA). Each hypothesis was tested at .05 level of significance. The result of the analysis showed a significant effect of treatment PCIT and PMT on marital stability with PCIT having the highest mean score than their counterparts (PMT and Lecture) that were not exposed to the therapy. However, results indicated that gender is not statistically significant. Also, there was no significant interactive effect of parenting programmes and gender on marital stability among couples. It was recommended among others that the

AJEMATES
African Journal of Educational Management, Teaching and Entrepreneurship Studies
VOL.17 (2), January-April, 2026; https://ajemates.org

government should engage the services of more Family Counsellors, Psychologists and Sociologists in communities, so as to help intervene in marital crisis.

Keywords: Parent-Child Interaction Therapy, PCIT, Parent Management Training (PMT), Marital Stability, Couples

Introduction

Marriage is indeed the oldest social institution, and was established by God Himself. It is a union of man and woman, the first of which was between Adam and Eve. In modern societies, it involves both emotional and legal commitments, that being so, entering into a marital bond is not just a personal achievement but also a maturational milestone as well. When people marry, the expectation is that they enjoy a life-time of marital bliss and contentment. Marriage and family are the smallest building block of the society and good family relations is the guarantee of the future of the society (Maigallo, 2019). The foundation of the family is laid through marriage of couples who pledge commitment, faithfulness and fulfilling responsibilities to each other. Also, after marriage, individuals start to live together and raise their children that will be born in their family environment. The quality of the marriage is determined by adjustment, satisfaction and happiness generated by both married couples.

A stable marriage institution has always been the prime focus of any community, religious organization, governments and other stakeholders in ensuring a harmoniously existing community and mankind in general (Reamen, Aminu &Akobi, 2022). Esuabana (2020) averred that this situation however, is not always the case as observed here in the study area where married couples seem to be experiencing challenges that tend to result to marital instability. Marital stability is expected to bring about the satisfaction and happiness couples have in their marriage. Hence, marital stability in the context of this study is the extent to which the individuals in marriage are able to appropriately modify their patterns of behaviour to cope with the challenges posed by the exigencies of the issues identified (Esuabana, Duruamaku-Dim, Anake, Ngwu, Effiong & Okpechi, 2023).

A marriage is stable to the extent that unresolved issues misunderstandings or conflicts are not allowed to pile up. Unstable marriage is when a couple frequently quarrels are unable to resolve their outstanding problems and allow conflicts to exist between them. Couples in unstable marriages most often hardly meet up with their domestic task. Domestic tasks which are supposed to be shared by both spouses, most often is allowed for one partner to perform. This situation easily creates conflict between the spouses thereby resulting to marital instability. Another issue that results to marital stability among couples is financial obligations. Poor financial state of a spouse may pose a problem in the marriage resulting to marital stability. Interpersonal conflict management between spouses is one issue that seriously

causes marital stability. A good number of spouses lack the ability to resolve conflict with their partners; this easily creates problems in the marriage (Pasch, 2014; Njeri, 2020).

Marital stability describes the accommodation of spouses of each other. It denotes the process by which married couples attain mutual gratification and achieve common goals while maintaining an appropriate degree of individuality (Orokpo& Sunday, 2023). Especially important to marital stability are the sharing of experiences, interests, and values; respect for the partner's individual needs, aims, and temperament; maintenance of open lines of communication and expression of feeling; clarification of roles and responsibilities; cooperation in decision making, problem solving, and rearing of children; and attainment of mutual sexual gratification.

Marital stability, therefore, calls for a maturity that accepts and understands growth and development of the spouse. If this growth is not experienced and realized fully, a dearth in a marital relationship is inevitable. Marital stability is interpreted as whether a couple in a marriage remains together, instead of separating or getting divorced. The more a marriage is stable, the more the couples experience healthy living and bliss. Marital maladjustment serves to put marriages at risk, and if eventually the marriage fails, the parties in it are left unfulfilled. If there are children in the marriage, such children are left with attendant adverse consequences which may undermine their personal growth and development (Esuabana, 2020; Maniaci, 2020). It entails effective communication, common interest shared, sex, romance, love and care (Andong et al 2025).

Marital stability is possible especially for the fact that the two individuals are from different backgrounds but living together. Such two individuals, or in some cases one of them can face adjustment problem. This is more common in urban settings than in rural settings. Well-adjusted marriages are expected to last for a long time while poorly adjusted marriages end up with divorce and separation. Marital maladjustment is the situation whereby the person cannot adjust with the partner (husband and wife) due to problems that lead to inappropriate coping and marital problems (Schunk, Meece & Pintrich, 2012).

A disturbing trend in marriage is seen in the rising divorce rate in the United States, with approximately 50% of all marriages today expected to see this fate. In Nigeria, the marriage is viewed as the central institution and cornerstone of a generation and is considered indestructible. Unfortunately, Nigerian couples are separating more and more. Separation rates in 2018 saw a 14% increase across the whole population (Ola, Oni & Akanle, 2017).

According to Adelmann (2019), the incidence of divorce has gone up exponentially and not even the wearisome process and expensive cost of filing divorce; which depends on factors like a court, location, lawyers' charges and sometimes the reason for divorce, has been able to stop the high rate. One of the new and challenging developments in modern family life is the increasing rate of marital instability characterized by divorce, separation and

cohabitation. In the commercial city of Lagos, it was reported that at two customary courts, 354 applications for divorce were filed. Ninety-three applications were granted, thirty were withdrawn while 231 were pending in the two courts. The trend has not changed. For example, in the capital city of Nigeria, about 4000 divorce applications had been filed in the first eight months of 2020. This trend of divorce is worrisome.

It is quite alarming that some of these marriages are less than a year. This data suggests that by the end of the remaining 315 days in 2020, the divorce rate might have risen to the nth degree. If divorce applications in other 36 states of the country are considered and added to the list, coupled with the lists of separated partners/broken homes that have not filed for divorce yet and might never even file for one, it is apparent that the rate will be outrageously high (Lange, 2020; Sandri, 2023; Ennis, 2012; Esuabana, 2019).

In Africa, the study of Amato (2014) showed that 45% of families struggle to survive due to the rise of conflicts. Couples often undergo strained relationships. In Nigeria, there have been strong and vocal religious forces that dictate morality, thus policy, and ultimately family life education instructions (Ryff, 2014). Egypt teaches family life education that focuses on knowledge about male and female reproductive systems, sex organs, conception, and sexually transmitted infection. In the second and third years of the middle preparatory phase, this is taught in public schools. Other countries view family life education as just one of the many life skills that young people require (Randall, A. K., & Bodenmann, 2017). In Kenya, the change in family life education was a decline in marital satisfaction as manifested by an increase in marital violence, an upsurge in cases relating to custody and maintenance of children, and an increase in divorce cases (Ubana et al 2025). Data from the Kenya National Bureau of Statistics indicated that there was a total of 567,990 divorced and separated people in Kenya as per the 2009 population census whereas Kithinji (2009) attributed the differences in marital satisfaction to the impact of colonialism, Kithinji's study attributed the differences in stability inmarriages to differences in family life knowledge and marital satisfaction.

Inconsistent findings have been reported in the literatures regarding whether negative or positive aspects of marital relationships are associated with marital length, and inconsistencies exist with regard to gender differences in these issues. This paper assumes that parenting programmes are responsible for marital stability among couples. Interventions in parenting can improve the quality of parenting behaviour towards spouses, children, the quality of children's health, and the healthy bond between children and their parents.

According to Miller (2008), parenting is a shared responsibility between father and mother. However, not all fathers have enough time to help with childcare, so that most of the childcare is borne by mothers. Unfortunately, some mothers do not have the ability to raise children due to their young age. Women with low education usually marry at a young age, so they are not psychologically ready to contribute to the

growth and development of their children. In addition, the limited skills in the parenting of young parents and the double burden that must be borne by the young mother result in the poor growth and development of their children. The mother's low education level is related to low socioeconomic level. According to Jacquet et al. (2022), successful parenting of children under three years in families with low socioeconomic levels requires special attention and support in the form of providing affordable and easily accessible care services.

Parent-Child Interaction Therapy (PCIT) is an evidence-based treatment for young children with behavioral problems (Thomas, R. & Zimmer-Gembeck, 2011). It is conducted through "coaching" sessions during which you and your child are in a playroom while the therapist is in an observation room watching you interact with your child through a one-way mirror and/or live video feed. According to McNeil, Norman and Wallace (2013), You wear a "bug-in-the-ear" device through which the therapist provides in-the-moment coaching on skills you are learning to manage your child's behaviour. PCIT is done across two treatment phases. The first phase of treatment focuses on establishing warmth in your relationship with your child through learning and applying skills proven to help children feel calm, secure in their relationships with their parents, and good about themselves. The second phase of treatment will equip you to manage the most challenging of your child's behaviors while remaining confident, calm, and consistent in your approach to discipline. In this phase, you will learn proven strategies to help your child accept your limits, comply with your directions, respect house rules, and demonstrate appropriate behavior in public (Eyberg, S.M. & Funderburk, 2011).

On the other hand, Parent Management Training (PMT) is a family of treatment programs that aims to change parenting behaviors, teaching parents' positive reinforcement methods for improving pre-school and school-age children's behavior problems (such as aggression, hyperactivity, temper tantrums, and difficulty following directions). PMT is one of the most investigated treatments available for disruptive behavior, particularly oppositional defiant disorder (ODD) and conduct disorder (CD) (Maliken& Katz, 2013). It is effective in reducing child disruptive behaviour and improving parental mental health. PMT has also been studied as a treatment for disruptive behaviors in children with other conditions (Barkley, 2013). Limitations of the existing research on PMT include a lack of knowledge on mechanisms of change and the absence of studies of long-term outcomes. PMT may be more difficult to implement Kazdin (2010) when parents are unable to participate fully due to psychopathology, limited cognitive capacity, high partner conflict, or inability to attend weekly sessions.

The researchers being educationists, had been worried over marital instability. The aforementioned good attributes are fast giving way to marital instability among couples. Basically, couples differ in their marital stability tendencies especially how they think, how they feel and respond to the demands of marriage; this may likely have

great influence on their marital stability. It impacts what they do and how they respond to measures put in place to regulate their behaviour in marriage.

Marital instability are the consequences of dissatisfaction, especially among middle aged couples (40-55 years) who are becoming more inclined towards extra-marital relationships and divorce. The problem of marital stability has been experienced in couples having less time to fulfill their family responsibilities which may lead to dissatisfaction. However, blame is being apportioned to work life, socio-economic factors, level of education, gender issues and political factors. One of the measures taken to deal with instability in marriages is the introduction of family court in Nigeria. This measure has had little or no effect as the problem of marital stability still persists. It is now worrisome to note that in spite the efforts of government and Non-Governmental Organizations (NGO) to solve the menace of marital instability or even reduce it to the barest minimum, this problem still persists which causes curiosity on the researcher who sought to find out the possible effect of Parent-Child Interaction Therapy (PCIT) and Parent Management Training (PMT) on Marital Stability among Couples of Anatigha Community, Nigeria in Cross River State, Nigeria.

Statement of the problem

The issue of marital instability among couples in Anatigha community, Cross River State of Nigeria has been an issue of serious concern to family counsellors, educational psychologists, social workers, sociologists and other stakeholders of family life. Marital instability has led to reduced value placed on marriage by couples, marriages not being durable, lack of integration of the couple in the union, and general low level of marital satisfaction.

Esuabana (2020) averred symptoms of marital instability to include fighting between couples, poor communication, lack of intimacy, care and love among others have become a common phenomenon among Nigeria married couples. The institution of marriage has suffered a considerable setback. Instability and marriage breakdown seem to be on the increase. This is devastating and has negative effects on the couple's well-being, their children and the society at large. Drug abuse, school dropouts, truancies, teenage pregnancies, prostitutions, kidnappings, poor academic performances, armed robberies and other behavioural problems are feared to be resultant effects of marital instability in the society.

This ugly situation has raised a lot of concern to family counsellors, educational stakeholders and government as the persistent marital instability reflects on couples inter-personal and intra-personal relationship. Attempts have been made to curb marital instability problem and its resultant effect on couples. Governments, Non-Governmental Organisations (NGOs), and other social organizations have at different times made efforts to contain marital instability behaviour among couples. The government for example has put in place some strategies such as the introduction of family court in the country to curb marital instability among couples. In addition to

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efforts made by governments, religious organizations like churches in an attempt to check the menace of marital instability among couples have also contributed by introducing marriage class, men's and women's fellowships and also organising seminars and orientations that would improve the knowledge and awareness of marital stability. Studies have also been carried out to ascertain how factors such as conflict resolution, responsibility, quality of sex life, quality of marital life, couples' congruence, commitments, shared values, work-life and financial issues affect marital stability among couples and why instability still persist.

Given the foregoing, one may want to ask whether marital instability among couples could be linked to parenting programmes. It is for this reason that this study was carried out to determine if marital stability among couples in Anatigha community is influenced by their parenting programmes. Specifically, this study seeks to determine the effect of Parent-Child Interaction Therapy (PCIT) and Parent Management Training (PMT) on Marital Stability among Couples in Anatigha community, Cross River State, Nigeria. The question this research work sought to answer is; could Parent-Child Interaction Therapy (PCIT) and Parent Management Training (PMT) affect Marital Stability among Couples in Anatigha community, Cross River State, Nigeria?

Purpose of the study

The objective of this study was to examine the effect of Parent-Child Interaction Therapy (PCIT) and Parent Management Training (PMT) on Marital Stability among Couples in Anatigha community, Cross River State, Nigeria. Specifically, the study sought to:

1) Investigate the effect of treatment (Parent-Child Interaction Therapy, PCIT and Parent Management Training, PMT) on Marital Stability among Couples in Anatigha community.
2) Investigate the effect of treatment (Parent-Child Interaction Therapy, PCIT and Parent Management Training, PMT) on Marital Stability among male and female Couples in Anatigha community.

Research questions

The following research questions were formulated for this study.

1. What is the effect of treatment (Parent-Child Interaction Therapy, PCIT and Parent Management Training, PMT) on Marital Stability among Couples in Anatigha community?
2. What is the effect of treatment (Parent-Child Interaction Therapy, PCIT and Parent Management Training, PMT) on Marital Stability among male and female Couples in Anatigha community?

Statement of hypotheses

The following hypotheses were stated to guide this study:

1. There is no significant effect of parenting programmes (Parent-Child Interaction Therapy, PCIT and Parent

Management Training, PMT) on Marital Stability among Couples in Anatigha community

2. There is no significant effect of parenting programmes (Parent-Child Interaction Therapy, PCIT and Parent Management Training, PMT) on Marital Stability among male and female Couples in Anatigha community

Methods

Research design

The structure is given as follow:

Group 1:	N	Y_1	O_1	X_1	O_2	E_1
Group 2:	N	Y_1	O_1	X_2	O_2	E_2
Group 3:	N	Y_1	O_1	X_3	O_2	C

Where N = number of subjects in that group

O_1 = Pre-test observation for experimental
O_2 = Post-test observation for experimental
E_1 = Experimental group 1 (Parent-Child Interaction Therapy, PCIT))
E_2 = Experimental group 2 (Parent Management Training, PMT))
C = Control
X_1 = Treatment with PCIT
X_2 = Treatment with PMT
X_3 = Treatment with Conventional teaching method

Population/Sample of the Study

The population of this study consisted of all married couples in Anatigha community in Cross River State, Nigeria. The total number of married couples in Anatigha community as at 2024 stood at 2520. The information was obtained from Cross River Bureau of Statistics, 2024.

The study adopted multistage sampling procedure involving stratification, purposive and simple random sampling techniques. The sample for the study comprised one hundred and six-five (165) married couples.

The study adopted the quasi-experimental design with pre-test, post-test, experimental and control groups. In the design, both the experimental and control groups were pre-tested to ensure group equivalence of the intact groups. Thereafter, they were exposed to treatment for 6 weeks and at the end of which post-test was administered to determine marital stability.

The two experimental groups and the control group were given pretest before treatment and post-tested after the treatment

Instrumentation/Validity/Reliability

Three instruments were used for data collection in the study titled, Marital Stability Scale (MSS), Parent-Child Interaction Therapy (PCIT) and Parent Management Training (PMT) Treatment Plan. The MSS was designed to measure marital stability. It

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contained 20 items which is focused on selected issues in marital stability.

The PCIT and PMT instruments are treatment which is divided into seven stages: Date and Time, unit, task, aims, objectives, strategies, and skills selection and expected goal accomplishment.

To ensure the validity of the instruments, they were given to two experts for scrutiny of which one was from Sociology of Education and the other from Measurement and Evaluation. Observations and suggestions were made by the experts were adhere to, in preparing the final version of the instruments.

The reliability of the instruments was established through a trial test session on 30 married couples in Mbukpa community in Calabar, Cross River State, Nigeria. The questionnaire was administered to the couples who were not part of the main study, twice at a two-week interval. Data from the two test sessions (pre-test and post-test) were analyzed using test-retest reliability estimate method. The coefficient of reliability was .83 respectively.

The sensitivity of an experiment is its ability to detect true differences when they are present in the population (Isangedighi, Joshua, Asim &Ekuri. 2004). The sensitivity of the main study was to minimize factors that would jeopardize internal and external validities. Two methods were employed to maximize the systematic variance in the treatment conditions. Firstly, a large sample size was used in the main study phase. The function of the large sample size is to increase the numerator term of the F-ratio relative to that of the denominator term and as a result increase the size of the obtained omnibus F-ratio (Denga & Ali, 1998). Increasing the sample size also increases the number of degrees of freedom for the denominator term which results in a smaller critical value of F-ratio. The sample size of 216 subjects used for the main study is considered large enough to make the experiment sensitive.

Secondly, the sensitivity of the experiment was enhanced by increasing the size of the treatment effect. This was achieved through a high degree of within group homogeneity among the research assistants who implemented the treatment condition during the actual study. Also, constant monitoring of treatment implementation was carried out by the researcher to ensure that the stipulated procedures were adhered to strictly. To reduce the possible effect of non-equivalence between the experimental and control groups. The analysis of covariance was used as statistical tool. This permits statistical rather than experimental control of variables (Onwioduokit, 2001; Joshua, 2005). Uzoagulu (2008) isolated two factors which were considered to be important in internal validity. These factors are:

(i) Statistical conclusion validity and
(ii) Contamination and compensation.

The statistical conclusion validity refers to the extent to which treatment actually causes a predicted effect. In this study, the internal validity was ensured through the identification of possible covariates (pre-test) and their removal through the analysis of covariance technique. The location of the experimental and control groups subjects in separate venues were to

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prevent the subjects from interacting or exchanging ideas or experiences during the pilot and the main study. Such arrangement helped to reduce possible threat of contamination and compensation which would have arisen as a result of subjects in treatment group interacting with subjects in control group and thereby contaminating the treatment effect.

The usual reasons for referral on PCIT and PMT are mentioned below. However, it may be possible that sometimes the reasons identified initially may be just a pointer to many other lurking problems within the family that may get discovered eventually during later assessments.

a) Marital problems
b) Parent–child conflict
c) Problems between siblings
d) The effects of illness on the family
e) Adjustment problems among family members
f) Inconsistency parenting skills
g) Psychoeducation for family members about an index patient's illness
h) Handling expresses emotions.

Data analysis

The research questions posed were answered here using descriptive statistics while the hypotheses were tested using inferential statistics.

Descriptive statistics of study variables

The main independent variable of the study was PCIT and PMT and control group involving the use of conventional method. The dependent variable is marital stability. The mean and standard deviations of the variables are shown in Table 1.

A total of 165 married couples responded to the questionnaire and were used for the study.

Table 1: Mean and standard deviations of pre-test and post-test of Marital stability (N=165)

Variables	Group	N	Pre-test		Post-test	
			$\bar{X}$	SD	$\bar{X}$	SD
PCIT	Experimental	55	23.4364	4.3706	42.7818	5.0614
PMT	Experimental	58	22.8448	4.6709	41.4655	5.2656
Control	Conventional	52	21.5000	3.8272	26.5769	4.8803
Treatment	Experimental & Control	165	22.6182	4.3666	37.2121	8.8399

Source: Researcher's computation, 2024.

Test of hypotheses

Hypothesis one:

There is no significant effect of parenting programmes (Parent-Child Interaction Therapy, PCIT and Parent Management Training, PMT) on Marital Stability among Couples in Anatigha community. The independent variable is the use of treatments (PCIT and PMT), while the dependent variable is marital stability among Couples in Anatigha community. Table 1 shows the descriptive statistics of the main

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effect of treatment PCITand PMT on marital stability among married couples.

Analysis of the result in the upper part of Table 2 shows the descriptive statistics of the difference between the marital stability of couples taught using PCIT and PMT and those taught using lecture therapy. The result indicated that the uncorrected mean score and the corrected mean score adjusted mean of the variance due to treatment stood at 76.58, 76.37 for PCIT, 53.13, 53.16 for PMT and 37.51, 37.71 for lecture programme respectively. The standard error of the mean for the parenting programmes are 1.48, 1.24 and 1.48 respectively. This gave an adjusted factor of 30.2970. This implies that the covariate appearing in the model is evaluated at 22.8545.

The results presented in Table 2 also showed that marital stabilitywhen taught using teaching methods (PCIT, PMT and lecture method) are significantly different (F= 138.523, P = .000). Therefore, the null hypothesis which stated that there is no significant effect of parenting programmes (Parent-Child Interaction Therapy, PCIT and Parent Management Training, PMT) on Marital Stability among Couples in Anatigha community was rejected at .05 level of significance.

Table 2: One-Way Analysis of Covariance (ANCOVA) of marital stability by parenting programmes

Parenting programmes	N	Unadj. mean score(X)	Adj. Mean score(X)	Std. Error	Lower bound	Upper bound	Adj. Factor
PCIT	55	76.58	12.66	1.480	73.45	79.29	
PMT	58	53.13	8.67	1.241	50.71	55.61	30.2970
Control	52	37.51	5.16	1.487	34.77	40.64	
Total	165	56.03	55.74	.735			

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	41540.147[a]	3	13846.716	155.824	.000	.716
Intercept	14070.684	1	14070.684	158.344	.000	.396
Pre-testMS	6.557	1	6.557	.074	.786	.016
Methods	24618.707	2	12309.353	138.523*	.000	.600
Error	14306.702	161	88.862			
Total	573847.000	165				
Corrected Total	55846.848	164				

R Squared = .744 (Adjusted R Squared = .739), Significant at .05 level; Covariates appearing in the model are evaluated at the following values: PreTest MS = 22.8545.

Source: Researcher's computation, 2024)

Multiple Classification Analysis (MCA) was applied to find out the index of influence and also determine the variance of the dependent variable (marital stability) that

could be attributed to the influence of the independent variable (Parenting programmes- PCIT, PMT and lecture therapy). The results showed that the R-squared value of .744 was obtained showing that the rate of the main effect of treatment and covariate is up to 74%. This suggests that about 74% of the variance in the dependent variable (marital stability) between PCIT, PMT and lecture programmewas accounted for the treatment and the pre-test given. The partial Eta squared estimate which is a measure of effect size is .600. This implies that parenting programmes which is the main effect accounts for 60% of variance observed in the post-test marital stability scores.

Hypothesis two: There is no significant interactive effect of parenting programmes (Parent-Child Interaction Therapy, PCIT and Parent Management Training, PMT) on Marital Stability among male and female Couples in Anatigha community.

The independent variable is gender and parenting programmes (PCIT, PMT and Lecture therapy), while the dependent variable is marital stability among couples. Table 3 shows that the unadjusted mean and standard deviations of parenting programmes of male and female couples stood at 76.58 and 12.97 for PCIT, 53.13 and 8.56 for PMT, 37.51 and 5.16 for Lecture therapy respectively. The adjusted mean score due to treatment is 76.60 with standard error of 1.50 for PCIT, 53.12 with standard error of 1.24 for PMT and 37.61 with standard error of 1.49 for Lecture programme respectively.

Table 3: Two-way Analysis of Covariance (ANCOVA) of parenting programmes (PCIT, PMT and Lecture therapy) and gender on marital stability among couples

Treatment group	Sex	N	Uncorrected mean score	SD	Adj. Mean score	Std Error	Lower bound.	Upper bound	Adj. factor
PCIT	Female	25	78.24	12.97	78.10	2.09	71.43	82.23	
	Male	30	75.20	12.35	75.09	1.85	73.97	78.75	
	Total	55	76.58	12.66					30.2970
PMT	Female	30	53.83	8.56	53.83	1.72	50.42	57.24	
	Male	28	52.39	8.86	52.41	1.79	48.87	55.96	
	Total	58	53.13	8.67	37.77	1.98	33.85	41.69	
Control	Female	28	37.37	4.94	37.46	2.00	33.49	41.42	
	Male	24	37.64	5.43					
	Total	52	37.51	5.16					

Source	Type III Sum of Square	df	Mean Square	F	Sig	Partial Eta Squared	
Corrected Model	41692.695[a]	6	6948.783	77.568	.000	.866	
Intercept	13970.785	1	13970.785	155.953	.000	.417	
Pre-test MS	2.106	1	2.106	.024		.878	.058
Method	24692.507	2	12346.253	137.819	.000	.541	
Gender	102.308	1	102.308	1.142	.287	.054	

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Methods*Gender	47.884	2	23.942	.267	.766	.281
Error	14154.153	158	89.583			
Total	573847.000	165				
Corrected Total	55846.848	164				

R Squared = .747 (Adjusted R Squared = .737); Significant at .05 level; Covariates appearing in the model are evaluated at the following values: PreTest MS = 30.2970.

Source: Researchers' computation, 2024.

The adjusted factor is 30.2970. This implies that the covariate appearing in the model is evaluated 30.2970. The results presented in Table 3 showed that parenting programmes used is statistically significant (F=137.819; P=.000). However, results indicated that gender is not statistically significant (F=1.142; P>.05). Also, there was no significant interactive effect of parenting programmes and gender on marital stability among couples (F= .267: p=.766). Therefore, the null hypothesis which stated that there is no significant interactive effect of parenting programmes (PCIT, PMT and Lecture therapy) and gender on marital stability among couples was accepted at .05 level of significance.

The result also showed the partial Eta squared estimate which is a measure of effect size as .747. This implied that interactive effect of parenting programmes and gender accounted for 74.7 percent of variance observed in the post-test scores of marital stabilities. Also, the adjusted R square value is .737. This suggested that about 73.7 percent of the variation in the dependent variable (marital stability) can be accounted for by differences in treatments and pre-test on marital stability.

Discussion of findings

The research finding revealed that there is a significant of parenting programmes on marital stability among couples in Anantigha community, Cross River State, Nigeria. It was observed that married couples taught with Parent-Child Interaction Therapy, PCIT and Parent Management Training, PMT had better attitude towards marital stability than those taught with lecture programme. This highly significant difference between the groups could probably be due to the treatment main effect (PCIT and PMT) parenting technique rather than the effect of random fluctuation. This could stem from the fact that Parent-Child Interaction Therapy and Parent Management Trainingpresents new information in the format of a concrete evidence that can help married couples to perform better at home. The present study supported Kahef Elahi and Doosta (2023) on the position of emotions in human capabilities so that individuals reach self-awareness-based self-control. It found that There exists a significant variation of emotional intelligence with self-awareness. This study contributes to our understanding of the linkage among emotional intelligence of correctional officers of West Bengal correctional service and the impact on

teamwork with their subordinates for healthy dealing with inmates (prisoners).

The present study is also in line with Ekman (2022) on self-regulation and relationship satisfaction and stability. It was found that effort and strategies to improve a relationship, which are aspects of relationship self-regulation (RSR), are linked to increased levels of satisfaction and stability. Gender moderates this association, with women reporting stronger associations between RSR and satisfaction. Relationship effort has a slightly stronger association with stability for women. The present study is also in consonance with Levenson (2014) on emotion regulation and successful interpersonal relationships. Findings showed that (a) greater downregulation of wives' negative experience and behaviour predicted greater marital satisfaction for wives and husbands concurrently and (b) greater downregulation of wives' negative behavior predicted increases in wives' marital satisfaction longitudinally. Wives' use of constructive communication (measured between Waves 1 and 2) mediated the longitudinal associations.

The present study supported Tom, Onyango and Aloka (2020) in their study titled "Relationship Between Self-Control and Behaviour Modification Among couples in Kenya". There was statistically significant positive correlation between self-control and behaviour modification among couples ($n=344$; $r = .276$; $p<.05$). The level of self-control is a significant predictor of behaviour modification among couples, $F (1, 342) =28.267$, $p=.000 <.05$; Adjusted $R2=.074$. Therefore, it was concluded that there is statistically significant influence of self-control on behaviour modification among the couples.

Conclusion/Recommendations

The findings showed that there is a significant difference in marital stability among couples when taught using Parent-Child Interaction Therapy and Parent Management Training compared to those taught using lecture therapy. Result also indicated is no significant influence of gender on marital stability among couples when taught using PCIT and PMT respectively. There was no significant interactive effect of parenting programmes (PCIT, PMT and Lecture therapy) and gender on marital stability among couples. Based on the findings, it was recommended that:

1. Government should engage the services of more Family Counsellors, Psychologists and Sociologists in communities, so as to help intervene in marital crisis.
2. Male and female married couples should embrace Parent-Child Interaction Therapy and Parent Management Training as it enables families to share your thoughts, feelings, and desires in a respectful and assertive manner.

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