



The Roles of Sexual Dissatisfaction, Educational Status and Emotional Intelligence on Attitude towards Adverse Pregnancy Outcome (AAOPs)

Helen I. Nnamdi-Annorzie^{1*}
Promise C. Uwakwe²

Abstract

This research examined the roles of sexual dissatisfaction, educational status and emotional intelligence on attitude towards adverse pregnancy outcome (AAOPs). Using Convenience Sampling a total number of three hundred and two (302) participants were selected from six randomly selected localities in the three (3) Local governments Areas that constitute Owerri - Imo State, Nigeria. The participants comprised of 177 females and 127 males within the age range of 20 to 68 years, mean age of 37.32. The participants were administered with the Attitude towards Adverse Pregnancy Outcome Scale (AAPOs), the Index of Sexual Satisfaction, and Emotional Intelligence. The study employed a Cross Sectional Survey Design. Multiple Regression and three way ANOVA Statistics were used to analyze the data. Four hypotheses were postulated and tested. Results showed that sexual dissatisfaction significantly predicted attitude towards adverse pregnancy outcome ($\beta = -.123, p < .05, t = -2.15$). Again, a significant joint influence of sexual dissatisfaction, educational status and emotional intelligence on attitude towards adverse pregnancy outcome was also recorded [$F(1,294) = 12.65, p < .05$] at the 95% confidence interval; while educational status and emotional intelligence were singularly found to play no significant role in the development of attitude towards adverse pregnancy Outcomes. A critical implication of this study holds that people who are sexually satisfied are prone to positive attitude towards adverse pregnancy Outcomes. The study therefore recommends that health institutions should amend their pregnancy management programme to create room for more psychological contributions.

Keywords: attitudes, health, marital status, pregnancy, sexual satisfaction,

Article's History

Received: 10th October, 2023
Revised: 15th November, 2023
Accepted: 4th December, 2023

Authors' Affiliation

^{1,2}Department of
Psychology,
Imo State University
Owerri

*Correspondence:
annorzie.ihuoma@gmail.com
professional30promo@gmail.com

Introduction

Pregnancy in most cases is a desired and welcomed development in many societies, most especially when it concerns couples or married people. This is most likely because it is the oldest means of procreation and the main source of population for the society. The pregnancy outcome speaks of what becomes of a pregnancy from conception through delivery to the end of the postpartum period (WHO, 2000). The satisfaction of a pregnancy outcome reflects its most appreciated beauty. Sometimes people get surprised or disappointed with pregnancy outcomes. Especially in situations where the outcomes are slightly or completely different from what is expected of a given pregnancy. Expectations regarding pregnancy outcome is believed to have become pronounced in recent times with the development of new technologies as found in the 21 century. This period of time has provided many with greater supports to believing the predicted: gender (sex) of developing fetus by fetus scan radiography and other evolving technologies. This also has enable many to have prior knowledge of the number of children to expect in the situation of twin pregnancy; hence a heightened rate of expectations and predictions of pregnancy outcomes in recent times.

Another occurrence likely implicated to the increased level of expectations towards pregnancy outcomes, is an act found most especially among Christians in Nigeria, where some couples are encouraged to make a public and verbal declaration of their choice or wish for number of children and/or childbirth choices to expect of their marriage union cum pregnancies. It is observed that many a times during reception ceremonies, couples are consciously or unconsciously stimulated to make predictions on how many children (even gender ratio) they are going to make out of their unions. This also goes a long way in conditioning their minds on what to expect from pregnancies as they come. Example: If a couple has a wish or desire that their union produces four children; two males and two females. As soon as they got the two male children, every expectation from subsequent pregnancies is to produce the female ones. In situation that fails, there is untold agony for the couple, consequent of the disappointment. It is important to note that the pain is stronger when it is a male child birth choice failure.

However, adverse pregnancy outcome is viewed differently by different individuals across different psychosocial backgrounds, bringing about the rise of positive or negative attitudinal dispositions to pregnancy outcome. This implies a deviation from prior expectation of a pregnancy, is evaluated and judged by different person. It is expected that on the grounds of exposure for an individual with higher academic experience to be more objectively or positively disposed to adverse pregnancy outcomes. Just as one with sound knowledge of handling human feelings and mood and psychological disposition can be expected to handle situations of adverse pregnancy better than the order of lower less knowledge.

Attitude to adverse pregnancy outcome varies greatly across cultures and time. Whereas in Western or developed societies it is not so much of a serious concern, but in African settings it is a big challenge due to predominance of patriarchy and communal nature of coexistence which is manifest in divers interest of the different stakeholders regarding pregnancy goals. It is basically in Africa we find concerns for pregnancy outcomes rise from the couple themselves (parents to be of the fetus) to other members of the extended families. The klan or community is also found with some level of interests and influences with regards to the aftermath of a given pregnancy, depending on the personality or prestige and the scope of influence of the couples. This scenario is a common observation in a typical Igbo community of South-Eastern Nigeria for instance; where everyone expects a titled chief to bring forth a male child /children. It is assumed here by the belief system that male folks preserve the genealogy of his father, the coexistence of the clan and community at large. And that a genealogy is threatened with extinction when there is serious difficulty in male child birth or delivery.

The Igbo are the original inhabitants of the South Eastern part of Nigeria and constitute the third largest ethnic group in Nigeria. The traditional Igbo society is very gender-sensitive and patriarchal. This is captured in reading from Chinua Achebe's *Things Fall Apart*, which provides portraiture of the traditional Igbo family with its genderized roles and functions. (Ozumba, 2012). "In the family, if a child is born, the sex is determined and

if the baby was a male, that meant greater joy for the parents. Now, the man feels fulfilled because he has a son who will take his place after his demise and continue his family line; while greater joy for the woman because that will deeply entrench her into her husband's heart. Having a son means for her that nothing can uproot her from the family. A son further means having a voice to defend you in the family.

However, if the child is a girl, the husband and wife are most likely to receive it with mixed feelings. And if the female child is coming as the third, fourth, fifth or sixth female in the family without a male child that is enough reason for sorrow. . (Ozumba, 2012). For the man, it brings sorrow because his hope of having a male child to continue his lineage is becoming slimmer, the females will soon be married off to other men. Having female children is like "tending other people's vineyard while yours is unkempt." This narrative aims at proving the impact of culture in creating overbearing desire or expectation of male children from marriage unions or relationships which is likely to pose strong behavioral challenges of negative attitude when the expectation goes awry, as in the case of adverse pregnancy outcomes. This narrative which does not differ so much from obtains in other Nigerian and African settings suggests that individuals of African socialization and institutionalization go through great stress when they experience adverse pregnancy outcome. This implies that the most challenging form of pregnancy outcome for the typical African society is child's sex choice or expectation.

One current challenging form of adverse pregnancy outcome remains abortion. A situation of pregnancy loss that presents itself with ambivalent feelings regarding what should have been best for situation of pregnancy dilemma; whether to have left the fetus alive while the mother's life is left at risk, or to have the fetus aborted and to save the life of the mother.

But in broader view, abortion is the medical or surgical termination of a pregnancy, one of the oldest, most common and most controversial medical procedures. It is the ending of a pregnancy by removal or expulsion of an embryo or fetus. In human prenatal development, fetal development begins from the ninth week after fertilisation (or eleventh week gestational age) and continues until birth (Williams & Wilkins, 2012). Abortion occurs by inducement or spontaneously. When deliberate steps are taken to end a pregnancy, it is called an induced abortion, or less frequently "induced miscarriage". The unmodified word abortion generally refers to an induced abortion (Oxford English Dictionary, 2018). And abortion that occurs without intervention or as a result of natural cause is known as a miscarriage or "spontaneous abortion". The spontaneous form of abortion as an adverse pregnancy outcome is simply classified as miscarriage, as some researchers believe that spontaneous abortion is same as miscarriage. (Annas & Elias, 2007).

In the light of the induced form, an abortion is medically referred to as a therapeutic abortion when it is performed to save the life of the pregnant woman; to prevent harm to the woman's physical or mental health or, to terminate a pregnancy where indications are that the child will have a significantly increased chance of mortality or morbidity; or to selectively reduce the number of fetuses to lessen health risks associated with multiple pregnancy (Roche & Natalie 2004; Schaffer, Halvorson, Lisa, Hoffman, Bradshaw 2008).

This type of abortion with a deep natural sense of disappointment as prevailing situation gets to run against the predetermined aim of the partners who go for pregnancy goal. Adverse psychological and behavioral effects of abortion may elevate the risk for withdrawn, antagonistic, or aggressive partner-directed behavior and increase risk for involvement in less emotionally taxing, uncommitted relationships. Depression (Cogle, Reardon, & Coleman, 2002) and guilt (Kero, Hoegberg, Jacobsson, & Lalos, 2001) are among the most commonly observed psychological effects of abortion and these responses may involve feelings of self-reproach and not deserving the enduring challenges.

Similarly, Miscarriage and still birth typically known as pregnancy loss, is another form of pregnancy outcome that exist. Miscarriage is defined as the unintended termination of pregnancy resulting in foetus death that occurs prior to 20 weeks of gestation. Stillbirth on the other hand is defined as the death of the foetus after 20 weeks or after reaching 400 g in weight (Australian Institute of Health and Welfare – AIHW, 2014, Silver, 2007). Of concern is the fact that the rate of miscarriage and stillbirth are in continuous increase both in Africa and Europe. In a study conducted in Canada, Renhar and Kiseluca (2010) reported that pregnancy loss affect

many people every year with miscarriage occurring in approximately 15-50% of all pregnancy. Similarly, in United State of America, 23,595 stillbirth representing 6 per 1000 delivery is recorded (Center for Disease Control and Prevention, USA. 2015a, 2015b). There is also a report arising from systematic review of a meta analytic literature stipulating that 2.6 million babies were stillbirth in 2015. (Australian Institute of Health and Welfare – AIHW, 2015.)

The experiences of such pregnancy loss (miscarriage and still birth) are always devastating, having a great toll on couple's attitude and life satisfaction (Cacciatore, 2013). In the first place, parents do not anticipate pregnancy ending in miscarriage or stillbirth, so when it happens, it bears lots of psychological implications including intensive grief, depression, and anxiety, as well as other implications that may not be psychological; such as using alcohol as memory distraction or focusing more on work with less attention to family (Moung, Zakky & penny, 2012).

Maternal and neonatal death are pregnancy related deaths with serious link to the phenomenon of adverse pregnancy outcome. The situation involves serious agony and grief for marital partners and other stake holders like family, friends and society at large. It is without exaggeration, the climax of (pregnancy disappointment) adverse pregnancy outcome looking at the level of pains it predisposes individual' who engage with the goal of pregnancy for the obvious intentionality of procreation.

Maternal mortality is defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. (WHO, 2010). It is worthy of note that Maternal mortality has the potential to affect society in a variety of ways. Example; it creates bereavement, in situation where the union has produced a child/children; it creates problem of care giving, children's schooling/ supervision. The consequences of maternal mortality may differ substantially depending on the roles of the family member who is sick or who dies.

Again, another manifestation of pregnancy outcome is in Vanishing Twin Syndrome. This is an evolving form of adverse pregnancy outcomes. This has to do with disappearance of a fetus after the first trimester of conception. Vanishing Twin Syndrome is an evolving form of adverse pregnancy outcomes. In 1945, Stoeckel had first proposed the spontaneous reduction of a fetus in twin pregnancies, which was referred to as the phenomenon of "vanishing twins." Dickey (1996) found that 50% patients who had 3 or more gestational sacs would have spontaneous reductions before the first 12 weeks of pregnancy, and these patients were linked with higher risks of preterm birth (PTB) and low birth weight (LBW), which all add up to Adverse Pregnancy Outcomes.

Vanishing Twin Syndrome (VTS) is presently one of the newest adverse pregnancy outcomes or anomalies today. This phenomena which can be described as a situation of fetus disappearance in a multiple- pregnancy was not well known till 1945. Vanishing twin syndrome also known as fetal desorption syndrome or twin embolization syndrome is a condition where in a multi-gestation pregnancy, one fetus dies in the uterus followed by complete or partial reabsorption by the second twin. Sometimes instead of being completely absorbed, the non-viable fetus is found to be compressed by the other growing twin. It is seen as parchment-like flattened dead fetus- called fetus papyraceus.

Another form of adverse pregnancy outcome is a situation of unmet expectation of the desired child sex. Sex selection or sex choice refers to the situation where one desires and prefers a particular child sex (gender) against the other. It is also notable that in achieve desired expectation, there are some windows engaged by couples to attempt to control the sex of the offspring to achieve a desired sex. This has been through several ways, both pre- and post-implantation of an embryo, as well as at childbirth. It has been marketed under the title family balancing.

According to the United Nations Population Fund, the reasons behind sex selection are due to three factors and provide an understanding for sex ratio imbalances as well as to project future trends. The factors are:

- A preference for sons which stems from household structures “in which girls and women have a marginal social, economic and symbolic position, and consequently enjoy fewer rights. These household structures also focus on security in which sons are expected to provide support to their parents throughout their life;
- Technological growth of prenatal diagnosis which allows parents to know the sex of their unborn child; and
- Low fertility which increases the need for sex selection by reducing the probability of having a daughter in smaller families.

The United Nations Population Fund states that “Local fertility restrictions and spontaneous rapid fertility decline below replacement levels tend to compel parents who want both a son and a small family size to resort to sex selection.

Despite the fact the right of choice – which is fundamental to an individual having a preferred gender for a giving pregnancy, it cannot also be a detrimental concept, when the expectation fails. This situation is aversive and regrettable to couples, as it is potent in triggering manifold psychological issues, and is adequate to be described as adverse pregnancy outcome.

In the face of these adverse pregnancy outcomes, what is of great concern is the attitude of people to it. Attitude with regards to pregnancy outcome is the feelings, perceptions and reactions towards the adverse pregnancy outcome. A Researcher (Nwokacha, n.d) posits that attitude to pregnancy outcomes is a strong factor that appears to be associated with individual well-being and family stability. Sex expression /satisfaction and childbearing are always very eminent motivations to marriage. These two factors are complimentary; such that each is affected when the other is absent. Considering this fact, certain factors need to be examined that appear to determine how people with different sexual life and psychological states react to adverse pregnancy outcome.

Some variables suggested to influence the development of attitude towards adverse pregnancy outcome is, genetics, personality traits, adequate dating/courtship, spousal age, social support, religiosity, premarital enlightenment, marriage counseling etc. This study focuses on the role of sexual dissatisfaction, educational status and emotional intelligence on attitude to adverse pregnancy outcome among married people in Owerri.

Sexual Dissatisfaction as the first factor of consideration in this study could be seen as a situation when people loss interests in sexual activities. Sexual dissatisfaction arouses tension in marriage when one of the spouses begins to show sexual aversion. Sexual dissatisfaction remains an eminent outcome of sexual dysfunction. It concerns a situation where an individual does not reach or get adequate return from sexual activities. This is a psychological sexual disorder that often lead spouse to lose interest in sexual intercourse and consequently show aversion to sex. Sexual dissatisfaction affects various aspects in the lives (physical, psychic, and social) of affected persons. In such people, there is tendency for issues of psychological problems like mood swing, anxiety and depression (Rosen & Bachmann, 2008).

For most individuals, pleasurable sexual experiences are an essential element of overall health-related quality of life (Baumeister, Campbell, Krueger, Vohs, 2003). Research has indicated that sexual dissatisfaction is associated with lower quality of life and well-being. Research has revealed that sexual dissatisfaction is associated with lower quality of life and well-being (Fok and colleagues’ work 2006). Published studies on this topic suggest that 15- 41% of men are dissatisfied with their sex life (Dunn, Croft, & Hackett, 2000; Frederick, Lever, Gillespie, & Garcia, 2017; Mulhall, King, Glina, & Hvidsten, 2008). Since sexual dissatisfaction can affect overall quality of life, identifying determinants thereof is important. To this end, the researchers examined link between adverse pregnancy outcome and sexual dissatisfaction in the light of attitude.

However, anxiety and depression have been linked to adverse pregnancy outcome including preterm (premature birth or low birth weight), death of the mother or the foetus, miscarriages and stillbirth (Abajobir, Alati, Kisely & Najman, 2017). Owing to the nature of depressive state such as irritability, fear, insomnia, which are all negative experiencing for a normal individual, it can be assumed that one going through the pains

of sexual dissatisfaction would have a negative attitude towards adverse pregnancy outcome. Because, sex during pregnancy increases bond between partners (Brito, 2019).

A happy bonded couple will likely cope easily with adverse pregnancy outcome, and are likely to show more positive attitude when the expected outcome of pregnancy is unmet. But where either of the partners is sexually dissatisfied, there is tendency that the other will express high degree of negativism to pregnancy outcome. Therefore, it is presumed that a vast difference in attitude to adverse pregnancy outcome will exist between sexually dissatisfied people and normal healthy sexual people.

Another variable envisaged to play a role in attitude to pregnancy outcome is educational Status. This refers to enculturation through a formal and determined scope of knowledge and curriculum. It implies the level of academic attainment of an individual. Though in the Nigerian education system different subjects and programmes are developed to enrich and equip people with relevant information across the different levels and ages of life. But this study is concerned with two broad statuses of educational attainment; the high and low educated individuals or participants.

The examination of educational statuses in this study is aimed at observing how individual given their education exposure/status would react to the concerns of Adverse pregnancy outcome. As it is expected that individuals with more developed knowledge of living things and its characteristics (Biology) should have better understanding of matters of pregnancies than one with lower education. Because it is deemed that an individual of University level or standards is more aware and knowledgeable due to the opportunity for voracious learning given, than a secondary school fellow. Likewise the expected difference of levels of knowledge between secondary school leaver and primary school attempted individuals.

It is expected that individuals with higher education status should have more information and knowledge on matters of pregnancy; its development, associated issues, myth; and should be more objective in examining its implicated concerns. Implying that, individuals of higher educational status should differ in attitudes towards adverse pregnancy outcome with those of lower educational status. Though it is possible that it can be otherwise in some cases. This is because apart from formal learning opportunity, some individual' due to some informal exposure can acquire very help information and knowledge that get handy at unexpected times and scenarios. This implies that information and awareness does not only come due to formal educational observation. This can explain why people of lower educational status can show more positive insights in matters of pregnancy than individuals of higher education standards.

Similarly, emotional intelligence is the last factor of focus in this study. Findings showed that in situation of all the afore mentioned adverse pregnancy outcomes, making a healthy adjustment to cope with the situation is dependent on emotional intelligence rather than traditional notion of intelligence. Emotional Intelligence has been considered as a set of skills that allow for the use emotions to adopt, perceive, understand and regulate our mood and use emotional information to improve cognitive processes (Mayer, Roberts & Barsal 2008). Emotional intelligence hence is a key aspect of humans which aid social interaction and relationship and very useful in conflict management, even among couples.

Furthermore, Emotional intelligence has been organized into four dimensions by Goleman (1998), these include self awareness, self management, social awareness and relationship management. Self awareness implies understanding ones' own emotions as well as its strength, weakness, values and motives. Self management represents impulses and resources it includes keeping disruptive impulses in check.

Social awareness, this is the third dimension which is mainly about empathy that is having understanding and being sensitive to the feelings thought and situations. Social awareness help improve our sensitivity to external causes of another person's feeling and behavior. Being emotionally intelligence entails good understanding of each other's emotions and feelings, regulate one's own emotional behavior (such as aggression, fear and anxiety), and interact successfully with partner and others on emotional level (Goleman, 1995, cited in Pandey & Anand, 2010). So when pregnancy outcome is not juicy, couple can then handle or cope with such traumatic experience with high level of emotional maturity.

Adverse pregnancy outcome is one of the most prevalent public health problems. According to annual report of World Health Organization, pregnancy outcomes are ranked among the most pressing reproductive health problem in the world, affecting mostly the developing nations of the world (WHO, 2000) of which Nigeria is inclusive. Yet, proper attention has not been given to this problem of pregnancy outcome. Similarly, no low income nation including Nigeria probably has effective policy for pregnancy care and safety delivery. In recent time, following the increasing rate of adverse pregnancy outcomes and its psycho-social and health consequences, World health organizations are calling the attention of the governments of various countries to this menace. In setting like Nigeria with a large section of the population living in lower socioeconomic conditions, pregnancy outcome is often a resort to fate, with little or no substantive provisions and awareness for pregnancy health care. As a result, there is high level of adverse pregnancy outcomes incidences in Nigerian such as miscarriages, stillbirth, vanishing twin syndrome, maternal death and unmet expectation in terms of child sex choice. However, the psychological impact of adverse pregnancy outcome is heavily extensive on individuals', families', and societal wellbeing. Based on that, this study examined attitude towards pregnancy outcomes (within its established factors of miscarriages and stillbirth, and maternal mortality, infant mortality, vanishing twin syndrome, unmet expectation of the desired child's sex by theories and literature); with a focus on the role of sexual dissatisfaction, Educational status and emotional intelligence among married people in Imo State, Nigeria.

Statement of the problem

The traditional Igbo society is incredibly a gender-sensitive and patriarchal system. This is captured in the reading from Chinua Achebe's *Things Fall Apart*, which provides a portraiture of the traditional Igbo family with its gender-inclined roles and functions. (Ozumba, 2012). When having a male son implies greater joy for the parents. For the man, joy, because he has a son who will take his place after his death and continue his family line; joy for the mother because that will properly entrench her in her husband's heart as grant double assurance of remaining in the marriage. But in situations of failed male child expectation a huge problem has emerged for the family. This situation of failed child sex expectation is one the most manifest adverse pregnancy outcomes along side, miscarriages, stillborn, and sometimes vanishing twins syndrome that has posed serious challenges for the typical African families, most especially of the Igbo decent.

Psychological impact of sexual dissatisfaction is quite enormous, capable of affecting attitude towards adverse pregnancy outcomes in a negative manner and aggravating the effects such as depression, aggression, anxiety with end to affect the pregnant mother and the baby inside, and most time lead to their death, miscarriages, stillbirth and preterm birth.

In this study, the influence of sexual dissatisfaction is related to attitude to pregnancy outcome. In another dimension of it, sometimes issue of pregnancy are natural, and beyond human manipulation. Such issue of natural occurrences can only be managed, thus the necessity of a good knowledge base and sound emotional intelligence. There are many cases where couples got separated over issue of not having a particular gender, and in other cases where abuses and other forms of victimizations are vented on the woman. Yet, records have shown that number of gender disappointments, miscarriages and stillbirth, abortions, and vanishing twins syndrome are on continuous increase affecting the life satisfaction and well-being of the people and communities.

Despite these prevailing pregnancy outcome incidences, studies are far limited on this area of problems. There is therefore the need to expand knowledge and awareness on this for immediate attention of the government, health practitioners, and the general public. In other to curb the likes of gender selection, gender essentialism, gender supremacy that is engendering the sway of patriarchy and the heavy subjugation and objectification of the female gender; to ameliorates the problems of spousal rape, wife battering, divorce, low or poor self esteem, depression, promiscuity/infidelity, marital/cultural prejudices and for the western counties to reduce the subscription rate with the Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGTBQ) by individuals who seek identity and self acceptance.

Based on the situation described, this study examined the roles of sexual dissatisfaction, educational status and emotional intelligence on attitude towards adverse pregnancy outcomes.

Purpose of the study

The general purpose of study investigated the role of sexual dissatisfaction, educational status and emotional intelligence on attitude towards pregnancy outcomes. The specific purpose of the study include;

- To determine if sexual dissatisfaction predict attitude towards adverse pregnancy outcomes.
- To determine if educational status predict attitude towards adverse pregnancy outcomes
- To determine if emotional intelligence predict attitude towards adverse pregnancy outcomes
- To determine the impact of sexual dissatisfaction and emotional intelligence on attitude to adverse pregnancy outcomes.

Theoretical Framework

This study is anchored on The Theory of Reasoned Action model as proposed by Fishbein and Azjen in 1975. The theory of reasoned action (TRA) is a model for the prediction of behavioral intention. It aims to explain the relationship between attitudes and behaviors within human action. It is most of the time used to predict how individuals will behave based on their pre-existing attitudes and behavioral intentions. The theory posits that an individual's decision to engage in a particular behavior is based on the outcomes the individual expects as the result of performing the behavior. The theory derived from previous research in social psychology, persuasion models, and attitude theories. The suggested a relationship between attitude and behaviors (the A-B relationship). The TRA was later revised and expanded by the two theorists in the following decades to overcome any discrepancies in the A-B relationship with the theory of planned behavior (TPB) and reasoned action approach (RAA). The theory is also used in communication discourse as a theory of understanding. Rogers ; Archibald; Morrison; Wilsdon; Wells; Hoppe; Deborah; (2002).

The core purpose of the TRA is to comprehend an individual's voluntary behavior by examining the underlying basic motivation to perform an action. TRA states that a person's intention to perform a behavior is the main predictor of whether or not they actually perform that behavior. Azjen, Madden,Thomas (1986). In the light of this, the intention of pregnancy goal is of importance and effect to the attitude of the individual when the intention or expectation is dashed. It implies that there is every possibility of satisfaction and positive attitude towards an achieved intention then in an outcome of failed intention. Additionally, the normative component (i.e. social norms surrounding the act) also contributes to whether or not the person will actually perform the behavior. According to the theory, intention to perform a certain behavior precedes the actual behavior. Colman, Andrew (2015). This intention is known as behavioral intention and comes as a result of a belief that performing the behavior will lead to a specific outcome. Behavioral intention is important to the theory because these intentions "are determined by attitudes to behaviors and subjective norms TRA suggests that stronger intentions lead to increased effort to perform the behavior, which also increases the likelihood for the behavior to be performed.

Over the years, researchers have found this theory suitable in examining sexual behaviors. Doswell, Braxter, Cha, and Kim (2011). TRA can explain the attitude of married individuals' involvement in sexual activities; in that, their behavioral intentions to engage in sexual behavior are influenced by the pre-existing attitudes and subjective norms of society. This implies that what society intends for sexual engagement influences an individual' feelings and predisposition to the outcome of the engagement. Meaning attitude towards pregnancy outcomes can be influenced by the expectation and intention of the couple for the pregnancy. This highlights the rationale behind the expectation of positive outcomes from pregnancies and justifies the reason behind the sadness and displeasure to situations of unexpected outcomes which form the premise for negative attitude to adverse pregnancy outcomes. Attitudes in this context are favorable or unfavorable dispositions towards pregnancy outcomes. Subjective norms are the perceived social pressure married individuals feel from their family friends, and other social groups to engage in sexual behavior. As a framework, the TRA suggests that

couples will derive sexual satisfaction because of their own attitudes towards the behavior and the subjective norms of society. In this case, intention is the willful plan to perform sexual behavior.

However, other variables of this study (educational status and emotional intelligence) are different forms of acquiring pre-existing attitudes and behavioral intention. As education here deals with learning what society intends for pregnancy through a formal arrangement, emotional intelligences here highlights the level at which one has acquired intentions of society towards pregnancy by emotional sensitivity development. By this theory, both educational status and emotional intelligences are models with which an individual can gain pre-existing attitude to pregnancy pursuit through sexual and other behavioral engagements.

Sexual Satisfaction and Attitude towards Adverse Pregnancy Outcomes

In a research, Priscilla, Coleman, Vincent, Maria and Catherine (2007), examined abortion and the sexual lives of men and women. The study investigated if casual sexual behavior is more appealing and more common after abortion. This outcome of the study showed that among women, abortion was associated with more positive attitudes toward sex with strangers and with being forced to have sex; whereas the male experience of a partner abortion was correlated with attitudes endorsing sex with more than one partner and with strangers. Abortion among men and women predicted disagreement relative to restricting sexual activity to love relations, more sex partners in the last year, and endorsement for having sex with an acquaintance. Male experience of a partner abortion also increased the likelihood of having sex with a friend. Finally, abortion predicted engagement in various impersonal sexual behaviors over the previous 12 months among males and females. Strengths of the study include the large nationally representative data source and employment of a variety of control variables. The present descriptive study, associations between abortion and attitudes and behaviors associated with casual sexual activity were examined after controlling for family of origin, socio-demographic, reproductive history, and sexual history variables. The National Health and Social Life Survey (NHSLs), a multistage probability sample of 3,432 men and women between the ages of 18 and 59 was the data source. This result tends to mean that abortion which is a form of negative pregnancy outcome has a link with sexual dissatisfaction and therefore causes a partner who is continuing in sexual engagement to develop negative attitude towards adverse pregnancy outcomes.

Bagarozz (1994) in study on Identification, assessment and treatment of women suffering from posttraumatic stress after abortion, observed Partner communication problems following abortion. They study involved 108 women with posttraumatic stress records. The age of participant was between 25-70years.

Fok and colleagues' work (2006) on Sexual dysfunction after a first trimester induced abortion in a Chinese population, revealed that 33.7% of women reported a post abortion decrease in sexual desire and 26.9% indicated decreased enjoyment in sexual activity following abortion. The frequency of a variety of sexual behaviors decreased as well, including vaginal intercourse (30.8% reduction), fantasy (18.2%), and kissing (21.2%) among others. The authors noted that fear of pregnancy was probably not the sole reason for the less frequent activity given that various behaviors would not lead to impregnation. They specifically indicated that some couples viewed the joy of sexual activity as the origin of "their need to destroy a new life" while a significant proportion also "felt less attractive after abortion". These responses were viewed by the researchers as evidence that the abortion triggered psychological trauma which interfered with healthy sexual functioning.

In a research of Armstrong , Hutti , Myers (2009) on The influence of prior perinatal loss on parents' psychological distress after the birth of a subsequent healthy infant. The Objective of the study evaluated the long-term influence of a previous perinatal loss on parents' psychological distress during a subsequent childbearing experience. A cohort design was used to examine 36 couples with a history of prior perinatal loss. Data were collected during the third trimester of pregnancy, 3 months postpartum, and again 8 months after birth. The result shows the Levels of depressive symptoms ($p<.001$), anxiety ($p<.001$), and posttraumatic stress ($p=.046$) significantly decreased over time in this population. However, levels of posttraumatic stress remained in the moderate range even at 8 months after birth. Depression was significantly correlated with posttraumatic

stress at each time point. In addition, depression was significantly related to posttraumatic stress, anxiety, and concerns parents had about their infant's well-being at T3.

Bradshaw and Slade (2003), analyzing the effects of induced abortion on emotional experiences and relationships: A critical review of the literature; reported that 10-20% of women experience sexual problems in the early weeks and months after an abortion while 5-20% of women report sexual difficulties a year later. Male responses to a partner's abortion are understudied; however, post-abortion sexual problems in the early weeks post-abortion were indicated by 18% of men who were psychologically impacted by a partner's abortion

Lauzon, Roger-Achim , André Achim and Boyer. (2000), Emotional distress among couples involved in first-trimester induced abortions, discovered that Partner conflict may enter into abortion decision-making when there are differences in opinion regarding how the pregnancy should be resolved and/or if relationship-based information, such as commitment, interest in having children, life-style factors, and long-term goals are addressed. Further, post-abortion psychological effects on one or both parties (reviewed below) may conceivably add to earlier conflicts and/or new relationship problems could emerge following the procedure. If individuals with an abortion experience begin to have difficulty in the context of committed relationships after an abortion, they may logically become more inclined to gravitate toward achieving sexual satisfaction outside the bounds of a committed, intimate relationship.

Shostak (1995), studied 1000 men recruited in the waiting rooms of 30 abortion clinics throughout the United States. Most of these men (75%) had discussed the situation only with their female partners. They thought the best way to support them was to control and hide their own emotions. About 40% of the men supported their partners by accompanying them to the appointment and by paying the fees. Emotional distress related to the unwanted pregnancy seemed to be associated with guilt related to lack of responsibility for contraception; anxiety about being held responsible for the situation by their partners; fear of not being able to cope with the stress; sadness at loss of the putative child; and fear of the effect of the abortion on their relationships with their partners.

Interpretive phenomenological analysis was used by Robson (2002) 35 to examine the response of a man who accompanied his female partner during a therapeutic abortion after a diagnosis of fetal abnormality. The man perceived his main role as that of support to his partner and this clearly defined role seemed to aid his coping ability and develop positive attitude towards pregnancy outcome. Nevertheless, he experienced regret and intrusive thoughts about the abortion procedure. Apparently he suffered from periods of re-experiencing the traumatic event and, as he stated, "it's just always there, you know, just constantly there". The author explores this man's role, his grief, and his coping mechanisms in light of both society's expectations for males and current theory concerning grief counseling. Robson concludes by cautioning counselors not to expect or encourage men to grieve as women do. Rather, counselors should consider a man's need to contain emotion and to take on a supportive role as constructive behaviors which may do much to maintain his self-worth. Finally Robson also suggests that the setting in which the termination is performed "needs very careful consideration" (p.189) so that male partners will not be exposed to images of the fetus during the procedure. While this study is obviously limited by the fact that it is based on a single case, Robson has provided two important recommendations. First, advice to counselors concerning the differences in how men and women grieve is crucial if men's needs are to be met. Second, Robson raises the possibility of significant trauma for men who accompany their partners during abortion procedures. Surely such traumatization would only hinder men's ability to support their partners after abortion and thereby bring about negative response or attitude towards pregnancy outcome. On behalf of both men's and women's welfare, it may be wise to reconsider encouraging men to remain with their partners throughout the abortion procedure.

In 1977, Gordon and Kilpatrick (21) published a very general description of a group counseling intervention implemented with male clients in an abortion clinic. The program utilized principles from both crisis intervention and group psychotherapy models. Sample size and demographic information were not noted. Counseling sessions were described as including from 3 to 10 men and lasting from 2 ½ to 3 hours. Basic concerns observed among the men included anxiety, helplessness, guilt, responsibility, and regret. Also, the male clients were observed to be using the following defense mechanisms: denial, projection, intellectualization,

rationalization, and withdrawal. "In addition, many clients said they did not express their feelings to their partners and instead felt the need to be a source of support by presenting a strong front". Gordon and Kilpatrick stated that "although the counseling sessions appeared to be effective in helping the men deal with their feelings, the group sessions were not free from problems". Specifically, some men were so defensive that they disrupted the group by diverting attention.

In a subsequent report concerning his intervention program, Gordon provided a more detailed description. Sample size was reported as 46 men who accompanied partners, friends, or daughters to the abortion clinic. Men who were present at the clinic on particular days were invited to participate in a "rap" session. Twenty-three of the men invited to participate agreed to do so while 10% of those invited declined. An equal number of men who were in the clinic on alternate days served as control participants. Dependent measures included the Spielberger State-Trait Anxiety Inventory (43), and four single-item measures regarding "this clinic," "abortion," "my own feelings," and "safety of abortion." These measures were administered.

before and after the two conditions. As a method of controlling for the potential effect of gaining information within the intervention condition, all men received written information pertaining to the abortion procedure, the physical effects of the procedure, possible complications, and how to cope with such complications. Five group sessions were conducted with each session lasting for two hours and involving from three to seven men. Findings indicated that men who participated in the counseling sessions demonstrated significantly less state anxiety after treatment than those men who did not participate. However, those men who received counseling rated the concept "my own feelings" more negatively after their participation in the group. Control participants did not show any significant change in their rating of this concept. Gordon's use of a measure with well-established reliability and validity, as well as a control group adds considerable value to this study. However, given that the Spielberger Anxiety Inventory manual (43) includes norms for patients with depression or anxiety, it would have been of great interest to see how the anxiety scores of these participants compared with the norms. Also, the sample description was inadequate and it is not clear how many of the men were partners vs. friends vs. fathers of the women. No intervention outline or treatment plan is provided so the reader gains no practical advice for working with men whose partners are undergoing abortion. As previously noted, the lack of a follow-up assessment is also of concern. A second intervention study by Coyle and Enright (1998) utilized a forgiveness therapy program with 10 men who identified themselves as having been hurt by their partners' decisions to abort. The intervention was based on a process model of forgiveness and was implemented on an individual basis over a 12-week period. Men were randomly assigned to the treatment or wait-list control condition. After the intervention was completed with those assigned to the treatment condition, control participants received the intervention. Measures included the Spielberger State Anxiety Scale, the Spielberger State Anger Scale, the Perinatal Grief Scale (PGS), and the Enright Forgiveness Inventory (EFI). Reliability and validity have been documented for each scale (43, 44, 45, 46). Measures were administered pre- and post-intervention and at a 12-week follow-up. Findings supported efficacy of the treatment program with participants demonstrating significant gains in forgiveness and significant reductions in anger, anxiety, and grief following treatment. Strengths of this study include the use of established measures, a control group, and a follow-up assessment. A major limitation is the inability to generalize due to small sample size.

The topic of abortion following amniocentesis was examined by Jones and colleagues (1999). This qualitative study involved structured interviews with 14 women and 12 men who chose therapeutic abortion after learning that their unborn children suffered from genetic defects. Male participants ranged in age from 21 to 51 years. Demographic information regarding education and religious affiliation were provided. The time interval between the abortion and the interview ranged from 4 - 43 months. Results concerning males only were as follows: 75% felt relief after

abortion, 80% attempted to put the abortion behind them, 50% reported depressive feelings, 33% expressed guilt, and 50% thought it would be useful to share their experiences with couples who had undergone a similar experience. While a majority (70%) of the men believed that their relationships with partners had become closer following abortion, the authors remarked that "the 9 couples who declined to participate in the study may represent an important subset". Strengths of this study include the detailed sample description and at least an

acknowledgement of those men who refused to participate. In addition, the use of structured interviews allowed for a more detailed and thoughtful exploration of men's experiences as compared to using brief quantitative measures.

In a brief comparison of the adolescents with the adult men, Rothstein (2008), notes that the concern for autonomy was a distinguishing characteristic of the adolescents. While 60% of the adolescents were concerned about autonomy, only 32% of the adult men expressed such a concern. To further illustrate these points, a brief case study of 16-year-old Mr. B is presented for whom “the notion of separating from his family and living an autonomous life was not yet conceivable”. Interestingly, Mr. B. is reported to have stated that he was not worried for himself but rather for his pregnant girlfriend. Rothstein suggests that this is symptomatic of Mr. B's denial and notes Mr. B's “fears of loss, and of helplessness in the face of anger”. In conclusion, Rothstein asserts that while some claims within the psychoanalytic literature (e.g. regressive desires to be nurtured, attempts to meet paternal ego ideals) were confirmed by the adolescents observed, others (e.g. parturition envy, a desire for immortality through parenthood) were not evident.

Educational Status and Attitude towards Adverse Pregnancy Outcomes

Kathryn, Selm, Peterson, and Scott Beck (2019) examined how Educational attainment predicts negative perceptions women have of their own climate change knowledge. The study explored this possibility with a case study in Raleigh, North Carolina (n = 200). The goal was to test how gender and ethnicity influenced perceptions people had of their own climate change knowledge. The study observed an interaction between education and gender where women's self-perceived knowledge was higher than men among people with low levels of educational attainment, but was higher for men than women among people with high levels of educational attainment. In addition, minority respondents self-reported lower perceived climate change knowledge than white respondents, regardless of educational attainment. This study enhances the understanding of the gender gap in self-perceptions suggesting it is contingent on educational attainment.

Wang (2016) examined Education, Perception Factors, and Prevention of Intimate Partner Violence: Empirical Research on Chinese University Students' Perceptions and Attitudes Concerning Intimate Partner Violence. A convenience sample of 2,057 students were assessed by the Revised Conflict Tactics Scale, the study explored Chinese university students' perceptions and attitudes concerning IPV to improve IPV prevention programs. It focused on the existences of the different perceptions and attitudes regarding gender, residence, major, and age under the same condition of educational attainment. Significant gender differences were found, with female students possessing better perceptions, which indicated that with the same education levels, the perceptions of females were better than those of males. No significant differences were seen between students from rural areas and students from urban areas, suggesting that with the same educational attainment, there were no perception differences between rural and urban residents. The results of the reviewed study indicated that among the other factors such as gender, residence, and age, education was the most powerful factor influencing perceptions and attitudes concerning IPV.

Mustapha, Odu, and Akande., (2013) x-rayed Education, attitudes and perceptions of epilepsy among secondary school teachers in Osogbo South-West Nigeria: A community based study. The study therefore looked at education, attitudes, and perceptions of teachers, who see a lot of epileptics, relate to them on a daily basis and have influence on them. A cross-sectional survey, was utilized while a self-administered questionnaire obtained from the author of a similar study in the United States, was carried out among 269 school teachers randomly selected from various secondary schools in Osogbo, the Osun State capital in South-West Nigeria. The questionnaire included the scale of attitudes toward persons with epilepsy. The result showed that high level of education of the teachers ranging from Masters Degree to National Certificate in Education has significant deficits in terms of general knowledge about epilepsy. Also that high level of education of the teachers showed significant positive attitudes towards epilepsy.

Uwaoma and Uwakwe , (2015) discovered in a study on awareness and perception of vanishing twins syndrome (VST) among health professionals and the religious. The study involved 250 participants across the ages of 18-

60 years. A significant awareness of varnishing twins syndrome among health professionals and the religious. The study further showed a significant high awareness of VTS for the professional then the religious.

Emotional Intelligence and Attitude towards Adverse Pregnancy Outcomes

Szczygiel and Mikolajczak (2018), report of the study on how Emotional Intelligence Buffers the Effects of Negative Emotions on Job Burnout. A study of Nursing with 188 female nurses, indicated that significant and positive relationships between both types of negative emotions and burnout above and beyond demographics and the nurses' trait affectivity. The participants completed measures of trait affectivity, emotional intelligence, anger and sadness at work, and burnout. The study demonstrated that trait emotional intelligence buffers the effects of negative emotions on burnout. Specifically, anger-and sadness-related emotions predicted greater burnout among nurses with low trait emotional intelligence but not among nurses with high trait emotional intelligence. These results suggest that emotional intelligence training could be implemented to prevent the adverse effect of negative emotions felt at work on job burnout.

Again, Lopes, Salovey and Straus 2003, examined Emotional Intelligence, Personality, and the Perceived Quality of Social Relationships. The study explored links between emotional intelligence, measured as a set of abilities, and personality traits, as well as the contribution of both to the perceived quality of one's interpersonal relationships. In a sample of 103 college students, the study reported that both emotional intelligence and personality traits were associated with concurrent self-reports of satisfaction with social relationships. Individuals scoring highly on the managing emotions subscale of the Mayer, Salovey, and Caruso Emotional Intelligence Test (MSCEIT), were more likely to report positive relations with others, as well as perceived parental support, and less likely to report negative interactions with close friends. These associations remained statistically significant even controlling for significant Big Five personality traits and verbal intelligence. Global satisfaction with one's relationships was associated with extraversion, neuroticism (negatively), and the ability to manage one's emotions, as assessed by the MSCEIT.

Kinsey, Baptiste-Roberts, Zhu and Kjerulff, (2015) carried out a study on Effect of Previous Miscarriage on Depressive Symptoms during Subsequent Pregnancy and Postpartum in the First Baby Study. The study involved secondary analysis of a longitudinal cohort study, the First Baby Study, and compared 448 pregnant women with a history of miscarriage to 2343 pregnant women without a history of miscarriage on risk of probable depression (score >12 on the Edinburgh Postnatal Depression Scale). Logistic regression models were used to estimate odds ratios at each time point and generalized estimating equations were used to obtain estimates in longitudinal analysis. The result showed that Women with a history of miscarriage were not more likely than woman without a history of miscarriage to score in the probable depression range during the third trimester or at 6 or 12 months postpartum but were more likely at 1 month postpartum, after adjustment for sociodemographic factors (OR 1.66, 95% CI 1.03 – 2.69). Women with a history of miscarriage may be more vulnerable to depression during the first month postpartum than women without prior miscarriage, but this effect does not appear to persist beyond this time period.

A prospective study of emotional distress among both men and women following induced abortion was conducted by Lauzon, Roger-Achim, Achim, and Boyer (2000). The 29-item Ifeld Psychiatric Symptom Index (IPSI) was utilized as the measure of psychological distress pre- and post-abortion. High scores on the IPSI are indicative of depression and anxiety. Prior to abortion, participants were also asked questions about abortion decision-making, anticipated consequences of abortion, and previous suicidal ideation or gestures. The self-administered questionnaires were completed by 197 women and 113 men during pre-abortion consultations. Participants were asked to respond to follow-up questionnaires at least 1 week and no more than 3 weeks after the abortion. At follow-up, participants were also asked questions concerning their reactions to abortion. These follow-up assessments were completed by 127 (64%) of the women and 69 (61%) of the men. A control sample was obtained from a large Canadian health survey. Ample demographic data were provided and included age, marital status, quality and duration of relationship, abortion and parenting history, education, occupation, perception of own health, and suicidal ideation/gestures.

Prior to abortion and other adverse pregnancy conditions and outcomes, both men and women had significantly greater psychological distress than respective controls. After abortion, 17.6% of the men believed that the abortion had a negative impact on their relationships with their partners and 30.4% said they would have liked to have been offered counseling. Of those 70.6% of men who were present during the abortion procedure, 21.3% thought it was a traumatizing experience. The men were asked few questions related directly to their abortion experience. The questions asked dealt with how informed the men thought they were about the abortion procedure, whether or not they desired counseling, the impact of the abortion on their relationships with their partners, and their evaluation of being present during the actual procedure.

Sexual dissatisfaction, educational status and emotional intelligence on attitude towards adverse pregnancy outcome

It is worthy of note, that there seem to be no direct study that has examined the combination of factors above on attitude. Hence a review of direct related works. However, in the light of related works, Soltani, Azizi, Sourinegad, Shayan, Mohammadiand Khodakarami (2012) studied Sexual knowledge and attitude as predictors of female sexual satisfaction. In the cross-sectional descriptive study, 480 women who had been referred to Hamedan health centers were selected by two-stage cluster sampling; they completed Hadson sexual satisfaction questionnaires as well as SKAS knowledge and attitude questionnaire. In addition to descriptive analysis, the Pearson correlation coefficient was used to analyze the relationships between variables and finally, linear regression was used to determine the relationship between variables by eliminating confounding factors. The findings of the analysis revealed a positive and direct correlation between the variables of sexual satisfaction and sexual attitude. There was a positive and significant relationship between sexual satisfaction and sexual knowledge ($r=0.442$, $P=0.000$) and sexual satisfaction and sexual attitude ($r=0.506$, $P=0.000$); i.e. increase in knowledge and attitude about sexual issues are associated with enhancement of sexual satisfaction. The predicted sexual satisfaction of married women was predominantly attributed to sexual attitude. The results of our analysis showed that women's knowledge and attitudes can predict their sexual satisfaction. Therefore, increasing sexual knowledge and improving the attitude of women should bring about greater sexual satisfaction for women. By designing and implementing effective educational interventions and counseling aimed at promoting women's sexual knowledge and improving false beliefs, effective steps can be taken to preserve and enhance the sexual health of women and, consequently, couples. The relevance of their study to the current study lays on the fact that if it takes sexual well being derivable of factors of sexual knowledge (dependent factor of educational status) it would also be a relevant to determine attitude towards sexual dissatisfaction and

Hypotheses

1. Sexual dissatisfaction will not significantly predict attitude towards adverse pregnancy outcome.
2. Educational Status will not significantly predict attitude towards adverse pregnancy outcome.
3. Emotional intelligent will not significantly predict attitude towards adverse pregnancy outcome.
4. Sexual dissatisfaction, educational status, emotional intelligence will not jointly influence attitude to adverse pregnancy outcome.

Method

Participants

The researcher recruited three hundred and two participants for the study. The participants were married individuals within the age range of 20-68 years with a standard deviation of 7.83 and mean age of 37.23. Participants consisted of 177(58.6%) females and 125 (41.4%) males. Among the participants, 169(56.0%) were of low educational Status while 133(44.0%) were of high educational status. They were selected through accidental sampling techniques from Owerri North, Owerri Municipal and Owerri West LGAs of Imo State. The participants were drawn from publics places (Schools, hospitals, Government ministries, shopping centers within the location of the study.

Instruments

Three Instruments were used in this study and they comprised of Attitude towards Adverse Pregnancy Scale (AAPOS) developed by the researcher, The Index of Sexual Satisfaction (ISS) developed by Hudson (1982), Emotional Intelligence Scale (EIS) developed by Schutte, Malouff, Hall, Haggerty, Cooper, Golden and Dornheim (1998).

Attitude towards Adverse Pregnancy Outcomes (AAPOS) was developed by the researcher to measure attitude towards adverse pregnancy outcomes. It is a 25 item inventory designed to measure the disposition which individuals have towards adverse pregnancy occurrences. It has a five response likert-type format ranging from: Strongly Agreed - (5) to Agreed - (4), Undecided - (3), Disagree - (2), Strongly Disagree - (1). All the items are of directly scored. The AAPOS before the pilot study had 38 items. This pot of questions were presented to two professionals in the field of Psychology who are also lecturers/academicians, for face and content evaluation; which the critically examined with information from established literature and approved the items for item analysis. In the analysis of the pilot examination of the scale, initially, reliability score for all 38 items was .39 which was poor and not reliable. Therefore, the pools of items were subjected to further item analysis item analyses. Here the poorly yielded items of less than .31 were eliminated. Finally, the scale was refined to 25 items yielding a Chronbach alpha coefficient reliability score of .94 and a norm of 84.46 was obtained. Scores higher than the norm indicate negative attitude towards adverse pregnancy outcome, while scores lower than the norm indicates positive or adequate attitude towards adverse pregnancy outcome. In order to ascertain the suitability of the scale, the researcher administered the questionnaire alongside Couple Satisfaction Inventory (CSI; Funk & Rogge, 2007) to 100 participants from Mbaize, Owerri, Imo State and it produced a concurrent validity coefficient of .91 and reliability coefficient of .89. The participants of the pilot study were all married people between the age range of 20-71years. The pilot study was conducted using 40 males and 60 females.

The Index of Sexual Satisfaction (ISS) was developed by Hudson (1982). The 25 item scale is a measure of the level, degree, severity of sexual satisfaction in the sexual component of a couple's relationship. The items were written so as to be non offensive and not imposing on the rights or privacy of the respondent. Items 1, 2, 3, 9, 10, 12, 16, 19, 21, 22, and 23 are reverse scored while others are directly scored. The original instrument has an internal consistency reliability (Cronbach's alpha) ranging from 0.86 to 0.95 and a test-retest reliability equal to 0.93 after an interval of one week. In addition, it shows adequate evidence of discriminate validity, since it detects differences between people with and without sexual problems, and construct validity due to its relationship with sexual desire, marital satisfaction, depression, self-esteem, double sexual morality and sexual functioning. A cumulative score of 30 and above indicates satisfaction with sexual life, while a total score less than 30 suggests the possibility of a clinically significant problem. A correlation study was conducted by the researcher to re-validate and adapt the instrument for Nigerian participants. The researcher administered the scale alongside Life Quality Questionnaire (Stras-Romanowska, 2005). A concurrent validity coefficient of .87.2, a Cronbach Alpha of .82 and norm of 38 was established. Scores higher than the norm indicate sexual satisfaction while scores lower than the norm indicates sexual dissatisfaction.

The Emotional Intelligence Scale (EIS) was developed by Schutte, Malouff, Hall, Haggerty, Cooper, Golden & Dornheim (1998). It contains thirty three items scored on a five point likert format ranging from (1) – Strongly disagree to (5) – Strongly agree. The inventory is used to measure emotional intelligence of individuals. Schutte, *et al* (1998) revealed adequate internal reliability estimates for the scale at 8.7 and above. Udeagha (2011) revalidated the scales using Nigerian samples. The norm for the instrument is 70.2, the reliability for the scale is .72 with coefficient Cronbach Alpha, after two weeks test re-test reliability procedure was conducted and a split half reliability of .80 was reported (Udeagha, 2011). The validity of the scale using concurrent validity yielded .91. Scores above the norms indicate low emotional intelligence while below the norms shows high emotional intelligence.

A pilot study was conducted to revalidate EIS. The study used 50 participants within the ages of 25 and 55, mean age of 26.06 and a standard deviation of 5.21. Participants were selected from Orlu, Imo State. The study had a reliability index of Cronbach Alpha reliability coefficient of .91, norms of 84.8 was established. The validity coefficient was gotten through correlating it with the with BEIS (Brief Emotional Intelligence Scale) and it reported a concurrent validity index of .94. Thus, the scales was valid at $p = .01$. From the above reports, those with Scores above the norms indicate low emotional intelligence while below the norms shows high emotional intelligence.

Procedure

The researcher, for easy scoring and recording, arranged the instruments into a single booklet. The compiled instruments also had provision for demographic ,section which provided room for information on participants' educational status, age and gender to be obtained. The educational level of participants was categorized into two broad clusters: High Education Status - which comprised of participants with 1st Degree/HND Certificate - above and Low Education Status which comprised of participants with Senior Secondary Certificate (SSCE), First school leaving Certificate (FSCL), Ordinary National Diplomat Certificate (OND).

The questionnaire containing the variables of the study was administered to three hundred and twelve individuals from the randomly chosen 6 localities in the 3 Owerri LGAs. Thus, 2 locations were selected from each of the 3 Local Government Areas (LGA) for even representation. In Owerri North - Egbu and Amakohia were randomly selected, in Owerri West, Ohii and Irete and in Owerri Municipal, Umuyioma and Umuororonjo. The selection of the various towns was done using simple random sampling technique. Here the researcher wrote down all the towns in the already selected LGA in a piece of paper, arranged the towns according to the LGAs they fall into, folded the same pieces of paper on which names of the locations were written and then from each of the LGAs, the researcher picked two folded pieces of papers. The areas so picked were used for the study. On arrival at the towns, the researcher headed to the public places such as schools, hospitals, Government ministries and shopping centers. In there, the willing participants were drawn after the researcher introduced himself to them, highlighted the purpose of the study and then requested their co-operation and participation in the study. On completion of the questionnaires, the researcher thanked the participants then proceeded to collate and analyze the data obtained in the survey. Of the 312 copies of questionnaires distributed, 302 questionnaire booklets were properly filled at the end of the study and thus were subjected to further analysis. Therefore, accidental sampling technique was implored to select participants across the 3 LGAs that made up Owerri.

Design and Statistics

Cross-sectional survey design was adopted for the study. It was utilized for this study because it entails the selection of samples from the population of different ages at one time and the use of the data gathered to describe the population at the same point in time (Petrill & Brody, 2005). The Stepwise Multiple Regression analysis and Three Way ANOVA was further used to analyze the data. Stepwise Multiple Regression analysis was used because it predicts the overall impact of each independent variable on the dependent variable and also the overall impact of a combination of two or more independent variables on the dependent variable. While Three-way ANOVA was used to analyze the joint influence of the three IVs on the dependent variable.

Results

Table 1: Table of Correlations for Key Variables Used in the Study

	Age	Sexual Dissatisfaction	Educational Status	Emotional Intelligence	AAPOS
Age	1	.052	-.072	-.106	-.047
Sexual Dissatisfaction		1	-.017	-.091	-.123*
Educational Status			1	-.022	-.014
Emotional Intelligence				1	.075
AAPOS					1

Note: $N = 302$, $* = p < .05$,

The Pearson correlation for the key variables used in the study is presented in Table 1 above. The table shows that only sexual dissatisfaction had significant inverse relationships with adverse pregnancy outcome ($r = -.123$, $n = 302$, $p < .05$). The relationship implies that lower sexual dissatisfaction scores result in negative attitudes towards adverse pregnancy outcomes and vice versa.

Table 2: Summary of a Three-Step Hierarchical Multiple Regression Analyses for Attitude Towards Adverse Pregnancy Outcome on Sexual Dissatisfaction, Educational Status and Emotional Intelligence

Predictors	Step 1 β	Step 2 β	Step 3 β
Step 1			
Sexual Dissatisfaction	-.123*	-.123*	-.117*
Step 2			
Educational Status		-.016	-.014
Step 3			
Emotional Intelligence			.064
ΔF	4.599*	.073	1.238
R^2	.015*	.015	.019
ΔR^2	.015	.000	.004
Df	1,300	2, 299	3, 298
Durbin Watson	1.560		

Note: $N = 302$

The result of a three-step hierarchical multiple regression analysis as presented in Table 2 above tested the three hypotheses of the study. The model of the three-step hierarchical regression analysis was significant for sexual dissatisfaction [$R^2 = .015$, $F(1, 300) = 4.60$, $p < .05$] but was not significant for educational status and emotional intelligence [$R^2 = .000$, $F(2, 299) = 2.33$, $p > .05$; $R^2 = .004$, $F(3, 298) = 1.97$, $p > .05$]. The overall fit of the model shows that only 1.9% of the variation in adverse pregnancy outcome scores has been explained. However, the Durbin-Watson of 1.56 falls within the accepted range ($1.5 < D < 2.5$), indicating that there is no autocorrelation problem in the data and that the error term is independent.

In the first hypothesis, sexual dissatisfaction was regressed into the model and it explained 1.5% of the variations in attitude to adverse pregnancy outcome scores. The result showed that sexual dissatisfaction

inversely predicted attitude towards adverse pregnancy outcome scores ($\beta = -.123, p < .05, t = -2.15$) implying that low sexual satisfaction scores results to negative attitude towards adverse pregnancy outcome scores and vice versa. The first null hypothesis is therefore rejected.

Analysis of the second hypothesis showed that educational status could not explain any percent of the variations in attitude towards adverse pregnancy outcome scores. Educational status was also found not to be a significant predictor of attitude towards adverse pregnancy outcome ($\beta = -.016, p > .05, t = -.27$). However, a closer perusal of this result showed that educational status is inversely related to attitude towards adverse pregnancy outcome though not significantly. Therefore, the second null hypothesis is accepted.

Furthermore, analysis of the third hypothesis showed that emotional intelligence merely explained 0.4% of the variations in adverse pregnancy outcome scores. Emotional intelligence was also found not to be a significant predictor of attitude adverse pregnancy outcome ($\beta = .064, p > .05, t = 1.11$). Further perusal of the result showed that emotional intelligence, though not significantly, is positively related to adverse pregnancy outcome. Therefore, the third null hypothesis is also accepted.

Table 3: Summary of the ANOVA Interaction Effects among Sexual Dissatisfaction, Educational Status and Emotional Intelligence on Adverse Pregnancy Outcome

Source	Type II Sum of Squares	Df	Mean Square	F	Sig.
A X B	1859.598	1	1859.598	10.313	.001*
A X C	242.552	1	242.552	1.345	.247
B X C	109.586	1	109.586	.608	.436
A X B X C	2281.199	1	2281.199	12.651	.000*
Error	53013.537	294	180.318		
Total	4512825.000	302			

Note: $N = 302$, * = $p < .05$, Sexual Dissatisfaction = A, Educational Status = B, Emotional Intelligence = C

To test for the fourth hypothesis which states that sexual dissatisfaction, educational status and emotional intelligence will not jointly influence attitude towards adverse pregnancy outcome, the data was subjected to a Three-Way ANOVA. The result for the analysis of the fourth hypothesis of the study are presented in the above Table 3 above showed that sexual dissatisfaction, educational status and emotional intelligence jointly influenced attitude to adverse pregnancy outcome [$F(1,294) = 12.65, p < .05$] at the 95% confidence interval. The result implies that jointly, sexual dissatisfaction, educational status and emotional intelligence jointly and significantly influenced attitude to adverse pregnancy outcome. Therefore, the fourth hypothesis is rejected.

DISCUSSION

The primary aim of the current study was to examine the predictive roles of sexual dissatisfaction, educational status, and emotional intelligence on attitude towards adverse pregnancy outcome. The first hypothesis which stated that sexual dissatisfaction will not significantly predict attitude towards adverse pregnancy outcomes (AAPOs). The result of the data acquired rejected the hypothesis. It was found that high level of sexual

dissatisfaction inversely predicted attitude towards adverse pregnancy outcomes among married people. Thus, this indicates that there is a significant difference between the attitudes of sexually satisfied and sexually dissatisfied married individuals towards adverse pregnancy outcomes. The result further showed that married individuals who are sexually dissatisfied exhibited more negative attitude towards adverse pregnancy outcomes than those who are sexually satisfied.

The present finding is supported by the longitudinal study conducted by Priscilla, Coleman, Vincent, Maria and Catherine (2007), who examined abortion and the sexual lives of men and women. The study investigated if casual sexual behavior is more appealing and more common after abortion (adverse pregnancy outcome). The outcome of the study showed that adverse pregnancy outcome among men and women predicted disagreement relative to restricting sexual activity and love relations. Strengths of the study include the large nationally representative data source and employment of a variety of control variables. The study by Priscilla, Coleman, Vincent, Maria and Catherine (2007) showed an association between adverse pregnancy outcomes and attitudes/behaviors associated with casual sexual activity. This implies that since abortion which is a form of negative pregnancy outcome could predict sexual dissatisfaction, that sexual dissatisfaction plays a significant role in the development of attitude towards adverse pregnancy outcome. Thus, the result also provides full support for the hypothesis which states that sexual dissatisfaction can lead to the development of negative attitude towards adverse pregnancy outcomes amongst married people. The result of the finding is also in line with Fok and colleagues' work (2006) on sexual dysfunction after a first trimester induced abortion in a Chinese population. The study revealed that 33.7% of women reported a post abortion decrease in sexual desire and 26.9% indicated decreased enjoyment in sexual activity following abortion. The frequency of a variety of sexual behaviors decreased as well, including vaginal intercourse (30.8% reduction), fantasy (18.2%), and kissing (21.2%) among others. The researchers noted that fear of pregnancy was probably not the sole reason for the less frequent activity given that various behaviors would not lead to impregnation. They specifically indicated that some couples viewed the joy of sexual activity as the origin of "their need to destroy a new life" while a significant proportion also "felt less attractive after abortion". These responses were viewed by the researchers as evidence that the abortion triggered psychological trauma which interfered with healthy sexual functioning. This finding probably implies that abortion history is likely for many reasons to be associated with heightened interest in casual sexual behavior. It is reasonable to assume that more permissive sexuality may lead to increased need for abortion and women who choose abortion may do so in order to maintain a freer sexual life, but when abortion is implored not unwillingly, when abortion is not by choice, but by persuasion as a way to escape from death and any other form of dilemma, (like deformities, Psychosocial paralysis) there is likely to be a detest of all the processes implicated to it, ranging from sexual intercourse to the other pregnancy processes and experiences. This is due to the pain and trauma that individuals are exposed to by abortion and other forms of APOs. This shows that sexual satisfaction can be affected by adverse pregnancy outcome of abortion and vice versa.

In the researcher's view the reason for the result can be explained by the three dimensional imperatives of attitude. How attitude evolve from a gradual process to a relatively permanent disposition through the interplay of cognition, affection and behavior of the individual. From the standing point of cognition, the researcher could say the finding of this study which shows a significant link between sexual dissatisfaction and negative attitude towards adverse pregnancy outcomes from the perspective of poor muscle relaxation inherent with low or poor sexual life. Sexual dissatisfaction adds to the pressure and stress of the body system most especially in the muscles and central nervous system, creating large room for poor cognitive functioning of the individual. This situation has strong tendencies of creating wrong disposition or mindset which inadvertently affects the individual's ability to properly handle basic life tax; as this can lead to challenges such as anxiety, nervousness, and forgetfulness, etc. however, when an individual with such level of cognitive stress is to face a circumstance of adverse occurrence or disappointment like adverse pregnancy outcome; there is every possibility of wrong or negative judgment or interpretation of the situation. Hence sexual dissatisfaction affects an individual's disposition towards adverse pregnancy outcomes.

It is worthy of note that, sexual satisfaction is an essential goal for married people, as the pressure of the tax and responsibilities of adulthood or parenting tends to pull one to extreme pressure and stress. For this reason every married person has need of quality sexual life to achieve better cognition functionalities and be able to face the challenges of life.

From the angle of behavioral components, is the benefit of quality sexual life to the management of stress and pressure. This is explainable by the under utilization of sexual hormones and neurotransmitters released during sexual intercourse. Therefore a situation of poor or low sexual satisfaction is eminent to issues of boredom, body weakness, stress, and people of such default can be susceptible or subject to weak reasoning, hence negative attitude towards APO due to sexual dissatisfaction.

In another light, quality sexual life can be linked to a more relaxed attitude towards APOs because of the bond derivable from a good sexual interaction among couples. Needless to emphasize that the bonding and deep connect created by sexual life of couple help them in bearing up emotional challenges. This fosters stronger companionship and helps them tolerate and bear each other up in their low moments. In the light of this it is however explainable that partners will be more considerate, friendly, empathic forbearing and with regards to even vivid weaknesses and errors of one another; and facing a condition of unforeseen pregnancy outcomes which does not provide objective and rational reason to anyone, partners with deep intimacy through sexual satisfaction will be more accommodating with one another will inadvertently create room for objective/positive attitude towards APOs.

Further in the study, the second hypothesis which states that educational status will not significantly predict attitude towards adverse pregnancy outcome was accepted. As can be seen in the result presented. The result showed that educational status was found not to be a significant predictor of attitude towards adverse pregnancy outcome. Contrary, to the result, Kathryn, Selm, Peterson, and Scott Beck (2019), in their study found out that, self-perceptions is contingent on educational attainment. The disparity of their finding from the result of the current finding can be as a result of location of study. There is wild gap in the impact of education in the two localities; whereas Carolina (USA) is a more enlightened environment where education is very expedient and impactful on the judgment, perception and behaviors of the people. Individuals of Owerri society are of different educational narrative and experience due to the binding hold and influence of culture and tradition on their social behavior and attitude. Owerri, being a typical afrocentric society is not left out of the narrative of the strong impact of culture in the every given African state even among people of high educational level. This is because education programme in the African society is shrewder with many cultural and traditional inputs, a likable reason for the more certification inclined education than enlightenment driven educational engagement in Africa.

Again, the finding is contrary to the works of Wang (2016), who found out that among the other factors such as gender, residence, and age, education, was the most powerful factor influencing perceptions and attitudes concerning intimate partner violence, which is adverse marital development. The plausible reason for the finding could be the sudden, unusual, nature of APOs. Unforeseen occurrence remains startling and surprising for almost everybody irrespective of orientation due to the strong emotional shock it is accompanied by most of the times. To this end educational attainments are most likely not to be too helpful for individuals at the face of APOs more especially in a cultural dominate area like Owerri, Imo- State.

The third hypothesis which emotional intelligence will not significantly predict attitude towards adverse pregnancy outcomes was accepted. Analysis showed that emotional intelligence did not explain the variations in attitude to adverse pregnancy outcome scores. Emotional intelligence was also found not to be a significant predictor of attitude adverse pregnancy outcome. Further perusal of the result showed that emotional intelligence, though not significantly, is positively related to adverse pregnancy outcome. This result is contrary to Szczygiel & Mikolajczak (2018) who found that trait emotional intelligence buffers the effects of negative emotions on burnout. Specifically, anger-and sadness-related emotions predicted greater burnout among nurses with low trait emotional intelligence but not among nurses with high trait emotional intelligence. In the same vein this study supports the works of scholars (Lopes, Salovey & Straus, 2003; Sayed & Hussien, 2018), who

found out that both emotional intelligence and personality traits were associated with concurrent self-reports of satisfaction with social relationships. Individuals scoring highly on the managing emotions subscale of the Mayer, Salovey, and Caruso Emotional Intelligence Test (MSCEIT), were more likely to report positive relations with others, as well as perceived parental support, and less likely to report negative interactions with close friends and that emotional intelligence is a helpful tool for the promotion of positive health behaviors and prevention of risk behaviors respectively. The plausible reason for the result of the finding, is that beyond inherent abilities in emotional intelligence in moderating attitudinal disposition, is the fact that other forms of intelligence exists which when not being emotionally sound and accurate with regards to handling known or consistent situations does not directly translate same for situation of adverse unforeseen situations circumstances like adverse pregnancy outcomes.

This situation to an extent highlights the limitation of emotional intelligence, as it does not properly put in checks to realities of unforeseen circumstances. This implies that the individual needs much more than emotional intelligence like, social intelligence, even religious or spiritual intelligence to be handle life more objectively. So in as much as we emotional intelligence holds high influence on objective reason, yet it is not entirely the solution to management of emotional intelligence. Emotional intelligence has the tendency of making an individual to overlook certain factors that can be very pertinent. Over rated confidence in area of social development can be challenging more so in situations of unforeseen circumstances.

The fourth hypothesis which states that sexual dissatisfaction, educational status, emotional intelligence will not jointly influence attitude to adverse pregnancy outcome was rejected, as there was a joint significant influence of sexual dissatisfaction, educational status, and emotional intelligence on attitude to adverse pregnancy outcome. The result as represented showed that sexual dissatisfaction, educational status and emotional intelligence jointly influenced attitude to adverse pregnancy outcome. This, thus, implies that sexual dissatisfaction, educational status and emotional intelligence jointly and significantly influenced attitude to adverse pregnancy outcome. This finding is relevant by way of creating facts for the joint influence of sexual satisfaction, educational status and emotional intelligence on attitude, and basically regarding adverse pregnancy outcomes. But closely in line with this finding is the work of Soltani, Eskandari, Khodakarami, Parsa, and Roshanaei (2016) who found out that there is a positive and significant correlation between sexual knowledge and attitudes of women in terms of sexual satisfaction. Indeed, the two components of knowledge and attitudes could predict sexual satisfaction of married women; those women with a higher level of sexual knowledge and more positive attitude toward sexual activity are inclined to experience more pleasure. Moreover, the lack of sexual knowledge leads to an increase in conflicts and sexual harm of couples while efficient sexual knowledge increases the likelihood of finding a logical solution to marital problems Soltani *et al.*, (2017). This implies that, couples are required to have a comprehensive knowledge of sexual tendencies of their partners in order to have a healthy and happy life.

Implications of the Study

The result obtained from this study has shown that sexual dissatisfaction play significant role in the development of attitude towards adverse pregnancy outcome. Also that sexual dissatisfaction, educational status and emotional intelligence jointly influence individual's attitude towards adverse pregnancy outcome. From this study, it is evident that the problem of adverse pregnancy outcomes could be manage by couples as they work towards improving their sexual lives, and improve their general psychobiological well being. This will help to reducing marital challenger like; child-sex selection, gender essentialism or gender supremacy encumbrances which are posing strong challenges to today's martial relationships.

The implication of the present study to the Nigerian and African society particularly, include emphasizing adverse pregnancy outcomes as a challenge that can be managed with good understanding flowing from adequate enlightenment and awareness of AAPOs as expounded by this study. Furthermore is the emphasis for less subjective and superstitious reasoning around the issues of adverse pregnancy outcomes; which would assist in the reduction of emotional stress, prejudices and biases people go through at the face of adverse

pregnancy outcome experiences. This implication is of serious educational and health importance especially amongst couples. This will enable them to be more objective and seek necessary assistance when faced with the situation of AAPOs to avoid developing wrong or negative attitude with eminent consequences.

This study also has implication for psychologists as it provides insight to the contribution of sexual satisfaction in handling of marital challenge like AAPOs, and highlights the need for psychological attention for pregnant women. This may present important treatment targets for couple experiencing pregnancy challenges and will definitely go a long way to preventing and/or impeding the development of negative attitude towards adverse pregnancy outcomes.

Furthermore, this study highlights that society needs the services of psychologists, psychiatrics, counselors and therapist to manage or render their professional services in a more detailed and robust manner within the ambits of the marital relationship. Hitherto, religious groups could, leverage or take the advantage of this implication to institute a policy to handle pregnancy outcome stress and other related issues. This will help in enhancing the productivity and health of married individuals and save society of more broken relationships and homes. It becomes imperative that the couples should not have rigid expectations regarding pregnancy outcome so as to be able to handle a situation of expected outcome.

The finding is important at the government level because with creating awareness of AAPOs, it will also help them become aware of the dangerous impacts of negative attitude towards on couples and the society at large. This would trigger efforts on ways to curb such unhealthy behaviors by formulating effective policies to forestall abuse of people with pregnancy challenges, more especial AAPOs. Also, they can organize and promote programmes and workshop to create further awareness of adverse pregnancy outcomes, train and equip couples, their family members etc, with the necessary abilities that will provide effective assistance against AAPOs constraints especially for individual in the rural areas

Suggestions for Further Studies

The following suggestions are made by the researcher for further studies.

1. The study may be replicated to find out the role of Induced Pregnancy expectation on attitude towards AAPOs.
2. The study may be replicated to find out the effects of other 21st century technology oriented conception models on methods AAPOs.
3. The study may be replicated to find out the impacts of the discussion and guided inquiry on sexual activities on AAPOs.

Limitations of the Study

This study was carried out in Owerri Municipal during the heat of the insecurity challenge of unknown gunman crises in Imo State. This situation affected the manner in which the target population showed willingness towards the study, as many persons declined to participate due to issue of not having enough spare time to attend to any other thing different from what brought them out of their homes. So timing conscious due to insecurity situations as at the time this work was carried out was a serious challenge in the study. But the researcher tackled this by putting in extra efforts to be able to generate the required data for the study analysis. This was done by the researcher by extending the number of days for data drive.

Another limitation experienced in the study was financial constraints. This is reflected by the increase in prices of commodities including research material (paper, ink etc). The research incurred so much financial stress due to the hike of price occasioned by the insecurity issues in Owerri Municipal at the period of data collection for this study. Example is the increase in price of photocopy, as the research required the duplication of research

instrument. The researcher overcame the extra financial burden by making more efforts in raising financial support from all and sundry.

Recommendations

The following recommendations are made from the findings of the study:

1. This study advocates a persuasive inclusion of the male partners in the antenatal programme, as they also have the need for proper understanding of how to handle pregnancy mishaps. It is recommended that men be included in the antenatal program of their wives. This is to enlighten and give them understanding of conception and the process from conception to delivery. This will help them better handle pregnancy related problems.
2. This study recommends that couples make themselves available for psychological assessment and assistance during and after time of pregnancy.
 3. That people should not overemphasize educational status when dealing with pregnancy issues.
 4. That people should improve on the general well being by paying particular attention to their sexual satisfaction, educational status, emotional intelligence in order to be better positioned to handle unexpected/ adverse marital occurrences like AAPOs .

Conclusions

The study was designed to determine the role of sexual dissatisfaction, educational status and emotional intelligence on attitude towards adverse pregnancy outcome. It also lends its search on the overall prevalence of adverse pregnancy outcomes situation among married people and finally it tends to ascertain the extent to which social stakeholders are aware of the situation. The study population was relatively appropriate to the number of married people in Owerri. Majority of the respondents, like the entire population from which they were selected, were married people inclusive of male and female participants. There were more females than male respondents in this study. Through the present study, it can be said that we now have a clearer view of certain predictors of the Attitude towards adverse pregnancy outcomes. This is relevant because of the need to reduce the overwhelming and devastating impacts of AAPOs and its related psychosocial problems on the marriages institution and society in general. There is need to continue to reorient people more especially during antenatal to enable them have better information and preparedness for pregnancy outcomes more especially for the unforeseen situations when the outcome turn out adversely or different from what is expected. This study also advocates for the inclusion of the male group and in the antenatal programme, so as to avail them with quality sexual knowledge which helps them with better stands to handle pregnancy mishaps.

REFERENCES

- Adler, N.E. (1995) Emotional responses of women following therapeutic abortion: how great a problem? *American Journal of Orthopsychiatry*; 45(3): 446-454.
- Ajzen I., & Fishbein M. (1980). *Understanding Attitudes and Predicting Social Behaviour*. Englewood-Cliffs, NJ: Prentice-Hall.
- Ajzen, I. (1991). "The theory of planned behaviour". *Organization Behaviour and Human Decision Process*. 50 (2): 179–211.
- Ajzen, I. (2001). "Nature and Operation of Attitudes". *Annual Review of Psychology*. 52: 27– 58.
- Ajzen I. & Fishbein M.,(2012) piece in Contemporary Issues in Social Psychology; *Rich Williams's (dissertation)*. Limbs University.
- Akpur, U. (2015). The relationship pattern between English prep school students' academic achievement and their academic motivation, anxiety and attitudes. Unpublished Master Dissertation. Yıldız Teknik University, İstanbul

American Pregnancy Association (2009), First Trimester americanpregnancy.org.1 May 2012.Archived from the original on 23 April 2009.

Andrew J. B., Ruth D., Frank P., & Peter C. (2021). How effective was England's teenage pregnancy strategy? *Social Science & Medicine Journal*. 31(6), 83 –94.

Annas, G. J., & Elias, S. (2007).Legal and Ethical Issues in Obstetric Practice" *Journal of Personality and Social Psychology* 51: 25-33.

Aneshensel, C. S., Rutter, C. M., & Lachenbruch, P. A. (1991). Social structure, stress, and mental health: Competing conceptual and analytic models. *The Review of Psychology*, 13, 502-521

Armstrong S. D., Hutti M.H. &, Myers J. (2009) The influence of prior perinatal loss on parents' psychological distress after the birth of a subsequent healthy infant. *National library of Medicine*. 38(6):654-666

Augusto-Landa, J. M., Pulido-Martos, M., & Lopez-Zafra, E. (2011). Does perceived emotional intelligence and optimism/pessimism predict psychological well-being? *Journal of Happiness Studies*,12, 463-474.

Australian Institute of Health and Welfare – AIHW, 2015, Miscarriages org.1 January 2014. Archived from the original on 19 June 2009.

Azizoğlu, N., Aslan, S., & Pekcan, S. (2015). The periodic system and teaching with analogies model: The effects of teaching method, gender and motivation on students' achievement. *Elementary Education Online*, 14(2), 472–488.

Bagarozzi, D. (1994). Identification, assessment and treatment of women suffering from posttraumatic stress after abortion. *Journal of Family Psychotherapy*, 5, 25-54.

Baumeister, R., Campbell, J., Krueger, J., & Vohs, K. (2003). Does high self-esteem cause Better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*. 4, 1-44.

Blair H. S. & Dana M. S. (1998) The Grammars of Trust: A Model and General Implications. *Journal of Management academy*.

Bradshaw, Z. & Slade, P. (2004) The effects of induced abortion on emotional experiences and relationships: A critical review of the literature. *Clinical Psychology Review*, 23(7):929-58

Broen, A.N., Moum, T., Bodtker, A.S., & Ekeberg, O. (2006). Predictors of anxiety and depression following pregnancy termination: a longitudinal five-year follow-up study. *Acta Obstet Gynecol Scand* 85,(3): 317-323.

Center for Disease Control and Prevention, USA. (2015) American Digest.

Coleman, K.P., Vincent, M., Spence, M. R., & Coyle, C. T. (2007). Abortion and the sexual lives of men and women: Is casual sexual behavior more appealing and more common after abortion. *Journal of Happiness Studies*,14, 356-360

Coleman, P.K., & Nelson, E.S. (1998). The quality of abortion decisions and college students' reports of post-abortion emotional sequelae and abortion attitudes. *Journal Social /Clinical Psychology*; 17(4): 425-442.

Cogle, J., Reardon, D.C., & Coleman, P.K.(2002). Depression associated with abortion and childbirth: longterm analysis of the NLSY cohort. *Med Sci Monit* ; 9(4): 105-112.

Crerand, D.E., Franklin, G.G & Sarwer, G.D. (2006) *Patriarchy as a conceptual trap*, Massachusetts Roundtable Press.

- Coyle, C.T., & Enright, R.D. (1998). Forgiveness intervention with post abortion men. *Journal of Consulting and Clinical Psychology* 45(3):42-60
- Dickey, M. (1996). The phenomenon of “vanishing twins. . Archived from the original on April 2, 2015. Retrieved March 14, 2015.
- Di Domenico, S. I., & Fournier, M. A. (2015). Able, ready, and willing: Examining the additive and interactive effects of intelligence, conscientiousness, and autonomous motivation on undergraduate academic performance. *Learning and Individual Differences*, 40, 156– 162.
- Donato, R., & McCormick, D. (1994). A sociocultural perspective on language learning strategies: The role of mediation. *The Modern Language Journal*, 78, 4, 453–464.
- Dindar, M., & Akbulut, Y. (2015). Role of self-efficacy and social appearance anxiety on gaming motivations of MMOFPS players. *Computers & Education*, 81, 26–34.
- Eagly A.H. & Chaiken B. J. (1993) Focus on social theory imperatives. *Journal of perspectives*. 23: 23-35.
- Ermer, E., Kahn, R. E., Salovey, P., & Kiehl, K. A. (2012). Emotional intelligence in incarcerated men with psychopathic traits. *Journal of Personality and Social Psychology*. Advance online publication.
- Freud, S. (1961). The resistances to psycho-analysis. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Volume XIX (1923-1925): The Ego and the Id and other works (pp. 211-224).
- Fok, W.Y., Nelson Siu, S., and Lau, T.K. (2006). Sexual dysfunction after a first trimester induced abortion in a Chinese population. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 126, 255-258.
- Gabbe, S. G., Niebyl, Jennifer R., & Simpson, Joe Leigh (2017). *Obstetrics: Normal and Problem Pregnancies* (5ed.). Churchill Livingstone Press.
- Gatsinzi, P. F. (2014). Work and School Related Variables in Teacher Motivation in Gasabo District. Rwanda. University of East Africa. Baraton. Kenya.
- Gayathri, N. (2013), A Literature Review of Emotional Intelligence. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 126, 255-258
- Gendercide Watch. (2014). Case study: Maternal mortality. http://www.gendercide.org/case_maternal.html. Accessed 03 Nov 2014.
- Ghosh, S., Raghunath, M., & Sinha, J. K. (2017) "Fetus" *Encyclopedia of Animal Cognition and Behavior*, Springer International. 345-34.7
- Gilda, S., Jonathan B., Susheela S., Akinrinola B., Anna P., Bela G., Clémentine R., Caitlin G., Özge T., Brooke R. J., Heidi Bart J., & Leontine A., (2016). *Mind and Behaviour*.
- Gordon, R.H., Kilpatrick, C.A.(1977). A program of group counseling for men who accompany women seeking legal abortion. *Community Ment Health Journal*, 13(4): 291-
- Goleman, D. (1998). *Working with Emotional Intelligence*. London: Bloomsbury.
- Goleman, D. (1995). *Emotional intelligence*. New York: Bantam.
- Gugliandolo, M.C., & Costa S., Cuzzocrea F., (2015) Personality and Trait emotional intelligence and behavioral problems among adolescents: A cross-informant design. *Personality Journal*. 12 (3) 23-32

- Herbert S. (1950) The Functionalism. *International Journal of Humanities and Social Science Invention* Vol 2 Issue 3.
- Himmelfarb, S., & Eagly, A. H. (1974) Readings in attitude change. John Wiley & Sons.
- Horzum, M. B., Önder, İ., & Beşoluk, Ş. (2014). Chronotype and academic achievement among online learning students. *Learning and Individual Differences*, 30, 106– 111.
- How many people are affected by or at risk for pregnancy loss or miscarriage?". www.nichd.nih.gov. July 15, 2013. Archived from the original on April 2, 2015. Retrieved March 14, 2015.
- Hudson, W. W. (1992). *The WALMYR Assessment Scales Scoring Manual*. Tallahassee, FL: WALMYR Publishing Co.
- Hughes, J. N., Im, M. H., & Wehrly, S. E. (2014). Effect of peer nominations of teacher–student support at individual and classroom levels on social and academic outcomes. *Journal of School Psychology*, 52(3), 309–322.
- Janette, L. F & Ronald D. R. (2007) Testing the Ruler With Item Response Theory: Increasing Precision of Measurement for Relationship Satisfaction With the Couples Satisfaction Index.
- Jones, R. K., & Kooistra, K. (2008). Abortion incidence and access to abortion services in the United States,. *Journal of Consulting and Clinical Psychology* 65(6):1042-6
- Kassebaum, N. J., Bertozzi-Villa, A., Coggeshall, M. S., Shackelford, K. A., Steiner, C., Heuton, K. R., & Lozano, R. (2014). Global, regional, and national levels and causes of maternal mortality during 1990–2013: A systematic analysis for the global burden of disease study 2013. *Lancet Journals*, 384 (9947), 980.
- Kelman, H.C. (1958) Compliance, identification, and internalization: Three processes of attitude change. *Journal of Conflict Resolution*.7; 20-24.
- Kero, B.G., Hoegber, F.T., Jacobsson, M.M., & Lalos K.L., (2001) psychological effects of abortion a human prenatal development. *Journal of human development*. 12:39- 45,
- Kinsey, C. B., Baptiste-Roberts, K., Zhu, J., & Kjerulff K. H, (2015) Effect of Previous Miscarriage on Depressive Symptoms during Subsequent Pregnancy and Postpartum in the First Baby Study. *Matern Child Health Journal*. 19(2): 391– 400.
- Lauzon, P., Roger-Achim, D., Achim, A., & Boyer, R., (1997) Emotional distress among couples involved in first-trimester induced abortions. *Journal Social /Clinical Psychology* 17(4): 425-442.
- Lau, H.T. & Wu, K.M. (2013) On better footing to understand parenting and family process *The Annual Review of Psychology*, 38, 40-48.
- Leuner, B. (1966). Emotional intelligence and emancipation. *Praxis derKinder psychologie and Kinder psychiatie*, 15, 193–203.
- Lopes, N.P., Salovey P., & Straus R. (2013) Emotional Intelligence, Personality, and the Perceived Quality of Social Relationships *Journal of Personality and Individual Differences* 35(3):641-658.
- McGlenn-Nelson, K. (2005) Looking outward: exploring the intersections of sociocultural theory and gifted education. *Journal of Advanced Academics*, 17(1), 48-55.
- Mayer, J. D., Roberts, R. D., & Barsade, S. G. (2008). Human Abilities Emotional Intelligence. *The Annual Review of Psychology*, 59, 507-536.

- Mayer, J.D., & Salovey P. (1997) What is emotional intelligence? In: Salovey P, Sluyter, D, editors. *Emotional Development and Emotional Intelligence: Implications for Educators*. New York, NY: Basic Books p. 3–31.
- Mayer, J.D., Salovey, P., & Caruso, D. R. (2004). Emotional intelligence: Theory, findings, and implications. *Psychological Inquiry*, 15, 197-215.
- Moung, Y., Zakky, T., & Penny G., (2012). Sexual satisfaction among married women. *Journal of Health Studies*. ,2;78-93.
- Mustapha , A. F., Odu O.O., & Akande O., (2013) Education, attitudes and perceptions of epilepsy among secondary school teachers in Osogbo South- West Nigeria:A community based study *Nigerian journal of clinical practice*.16 (1) 12-18.
- Nitzschke, H., 2005. *Profiting from Peace: Managing the Resource Dimensions of Civil War*, Boulder, CO: Lynne Rienner.
- Nomejko, A, & Dolińska-Zygmunt G (2014) The Sexual Satisfaction Questionnaire – psychometric properties 105. *Polish Journal of Applied Psychology*, 12 (3), 105– 112.
- Ojieabu, W. A., Femi-Oyewo, M. N., & Ojieabu, C. I. (2012) Impact of educational status on HIV/AIDS knowledge, attitude and misconceptions among pregnant women. *International Journal of Biological and Chemical Sciences* 6(4)1-7
- Oxford Living Dictionaries* (2018) Abortion (noun)". Archived from the original on 28 May 2018. Retrieved 8 June 2018. [mass noun] The deliberate termination of a human pregnancy, most often performed during the first 28 weeks of pregnancy.
- Ozumba, M.H., (2012) The traditional Igbo family with its genderized roles and functions. *Extraction of Chinua Achebe's Things Fall Apart*.
- Pandey, R., & Anand, T., (2010). Emotional intelligence and its relationship with marital adjustment and health of spouse. *Indian Journal of Social Sciences Researches*,7(2),38-46
- Paton, D., Bullivant S., & Soto J (1997) The impact of sex education mandates on teenage pregnancy: International evidence. *Journal Clinical Psychology* 1998; 17(4): 425-442.
- Ransom, E.L., & Yinger, N.Y., (1995). Making motherhood safer: Overcoming obstacles on the pathway to care.http://www.prb.org/pdf/makMotherhdSafer_Eng.pdf. Accessed 03 Nov 2014.
- Ravi, D. (2001). Emotional Intelligence – A Sine Qua Non Of Leadership, 8M The *Journal of Indian Management & Strategy*, 6(4)39-43
- Roche, N. E., (2004)."Therapeutic Abortion".eMedicine. Archived from the original on 14 December 2004. Retrieved 19 June 2011.
- Rosen, C., & Bachmann, G., (2008). Sexual Well-Being, Happiness, and Satisfaction, in Women: The Case for a New Conceptual Paradigm. *Journal of Sex & Marital Therapy*, 34, 291–297.
- Tyson, G.R., (2002) review of Freud perspective. *Journal of behavioral science and Management*. 34:56-60.
- Renhar, G.R & Kiseluca B.G. (2010) psychological distress after the birth science of human life. (9):54-69.
- Rodríguez-Álvarez, E., Borrell L. N., González-Rábago Y., Martín U., & Lanborena N. Induced abortion in a southern European region: examining inequalities between native and immigrant women. *Int Journal Public Health Journal* 5(2)5-10

- Sabia, J. J. (2006), Does sex education affect adolescent sexual behaviors and health? *Journal of Policy Analysis and Management*, 25(4), 783– 802.
- Sanderson C.A. (2010) A Sociocultural Perspective of behavior. *The mind and behavior Journal*. Vol. 50 Issue 2, p141-148. 8p.
- Sayed S.H & Hussien N.A.K. (2018) Relationship Between Emotional Intelligence and Health Behavior among Employees Working at Damanhour University/Egypt. *Journal of Health, Medicine and Nursing* 53(25-30).
- Schorge, John O.; Schaffer, Joseph I.; Halvorson, Lisa M.; Hoffman, Barbara L.; Bradshaw, Karen D.; Cunningham, F. Gary, eds. (2008). "6. First- Trimester Abortion". Williams Gynecology (1 ed.). McGraw-Hill Medical.
- Selm, K.R., Peterson M.N, Hess, G.R., & Beck, S., (2019) Educational attainment predicts negative perceptions women have of their own climate change knowledge. *Journal of social perception* 14(1-7).
- Sherif, Carolyn W., and Muzafer Sherif, (1967). *Attitude, Ego-Involvement, and Change*. New York: Wiley.
- Schultheiss, O. C., Wirth, M. M., Cynthia, M., Torges C.M., & J Pang j. S., (2005) Effects of Implicit Power Motivation on Men's and Women's Implicit Learning and Testosterone Changes After Social Victory or Defeat. *Journal of Personality and Social Psychology* 88(1):174-88DOI:10.1037/0022-3514.88.1.174
- Shostak, A. B., (1995) Abortions as fatherhood glimpsed: clinic waiting room males as (former) expectant fathers. *Journal Clinical Psychology* 12(6)1-5.
- Sigusch, V. (2008) Institute of Sexual Science, University of E-mail: Sigusch@em.uni-frankfurt. *Journal of Sexism* ;5:217–222.
- Speckhard, A, & Rue, V. (1992). Post abortion syndrome: an emerging public health concern. *Journal of Social Issues*; 48(3): 95-119.
- Straś-Romanowska, M. (2005). Jakość życia w świetle założeń psychologii zorientowanej na osobę. *Kolokwia Psychologiczne*,13, 262-274.
- Szczygiel, D., & Mikołajczak M., (2018) Emotional Intelligence Buffers the Effects of Negative Emotions on Job Burnout in Nursing. *Frontiers in Psychology* 9(26-33).
- The Johns Hopkins Manual of Gynecology and Obstetrics* (2010) 4ed.. Lippincott Williams & Wilkins. pp. 438–439
- Tosang, M.A., Maleki, H., Ahmadimehr, Z., Hariri, M., Shooshtari, M. (2011). Relationship between self esteem with emotional intelligence and marital satisfaction among women. *World of Sciences Journal*. 34(23) 42-49.
- Uwaoma, N. C & Uwakwe C. P., (2015) Awareness and perception of vanishing twins syndrome among professional and the religious in Owerri Imo State. *Unpublished Manuscript*. Imo state University, Owerri.
- Wang, L., (2016) Education, Perception Factors, and Prevention of Intimate Partner Violence: Empirical Research on Chinese University Students' Perceptions and Attitudes Concerning Intimate Partner Violence. *Journal of Interpersonal Violence* 32(3) 23-29.
- Williams, J. D., & Wilkins, S.M. (2012) human prenatal development. *Journal of Psycho-social development*.2;34-39,

World Health Organization (WHO) 2014 Trends in maternal mortality: 1990 to 2013. http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf. Accessed 04 Nov 2014.

Wood, W. (1982). Effects on susceptibility to persuasion and on intrinsic, motivation. *Journal of personality and Social Psychology*. 42, 246-59.

World Health Organization. (2010). Measuring Sexual Health: Conceptual and practical considerations and related. *Social Indicators*, 1-15

Vygotsky, L. (1994) Prospects: The quarterly review of comparative education, XXIV(3/4),471-485. Retrieved from NNN <http://www.ibe.unesco/publications/pdf>

Wormington, S. V., Corpus, J. H., & Anderson, K. G. (2012). A person-centered investigation of academic motivation and its correlates in high school. *Learning and Individual Differences*, 22(4), 429–438.

Wurf, G., & Croft-Piggin, L. (2015). Predicting the academic achievement of first-year, pre-service teachers: the role of engagement, motivation, ATAR, and emotional intelligence.

Yazdani, K., & Godbole, V. S., (2014). Studying the role of habits and achievement motivation in improving students' academic performance. *European Online Journal of Natural and Social Sciences*, 3(4), 827.

Zee, M., Koomen, H. M., & Van der Veen, I. (2013). Student–teacher relationship quality and academic adjustment in upper elementary school: The role of student personality. *Journal of School Psychology*, 51(4), 517–533.

Zheng, D., (2014). An empirical study on correlation of learners' motivations for content-based bilingual learning with their achievements. *Theory and Practice in Language Studies*, 4(10), 2076–2081.