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Original Article

The Role of Psychological Well-being in Shaping Marital Closeness and Life Satisfaction Among Women Using Different Methods of Fertility Regulation

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A – Study design; B – Data collection; C – Statistical analysis; D – Interpretation of data; E – Preparation of the manuscript; F – Literature search.

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Abstract

Study Objective: This study aims to demonstrate the extent to which fertility regulation methods differentiate psychological well-being, marital closeness, and life satisfaction among Polish women of married and reproductive age. Furthermore, the study examines the extent to which psychological well-being and marital closeness influence life satisfaction among these women. Method: The study included Polish-born women aged 22–45 (M = 36.9) who were married at the time of the study. Fifty-nine participants were women using the natural method of fertility control, and fifty-four were women using contraception. The following research tools were used: the Psychological Well-Being Scale, the Spousal Closeness Scale, and the Satisfaction with Life Scale. Results: Women using natural fertility control methods achieved similar scores on psychological well-being factors as those using contraception, but higher scores on marital closeness factors. In the group of women using natural fertility control methods, the relationship between psychological well-being and closeness was stronger than in women using contraception. Regression models showed a higher level of explained variance in marital closeness and life satisfaction by psychological well-being in women using natural fertility control methods than in women using contraception. Conclusion: Analyzing this issue can help develop educational programs for young couples, addressing the psychological dimensions of contraceptive methods and their potential impact on quality of life and relationships. It can also aid in educating family counselors, psychologists, and psychotherapists. It may also prove helpful in conducting informational and educational campaigns presenting natural contraceptive methods as a modern approach that can support not only fertility management but also the quality of the marital bond.

Keywords: psychological well-being, marital closeness, life satisfaction, natural family planning, contraception, quality of the marital relationship

Contemporary marriage is undergoing dynamic social and cultural changes. Delays in marriage, declining fertility rates, rising divorce rates, and redefinitions of marital and parenting roles pose significant challenges for analyzing the durability and quality of marital relationships. Spouses face numerous challenges stemming from both changing social roles and rising expectations for marital relationships (Harwas-Napierała, 2006). The growing difficulty of maintaining a long-term, satisfying relationship indicates that marital quality is gaining importance. Marriage is a space where shared choices and decisions about work, children, and the future can build relationships. Among these, fertility management can be an important and bond-building element (Fijałkowski, 1999). Contraceptive choices are not solely a matter of biology or worldview – they can also have a real impact on shaping marital intimacy, a sense of meaning in life, self-acceptance, and life purpose.

Given that this topic is often the subject of medical or moral analysis, rather than a psychological one, this article attempts to demonstrate how contraceptive choices influence women's psychological aspects, such as psychological well-being, marital intimacy, and, consequently, life satisfaction. It is important to note that this analysis can complement contemporary knowledge by addressing a new dimension of marital functioning and providing valuable insights for psychotherapeutic practice, marriage counseling, and spouses themselves.

Psychological Well-Being: Hedonic and Eudaimonic Perspectives

Well-being is a broad concept that can be considered through the lens of two main philosophical traditions: hedonic and eudaimonic. The hedonic tradition, rooted in the works of Bentham and Mill, focuses on maximizing pleasure and minimizing suffering (Ryan & Deci, 2001). This concept defines well-being as a state of subjective life satisfaction resulting from experiencing positive emotions and avoiding negative experiences (Ryff, 2013). Diener's (1984) model of subjective well-being, which is the most comprehensive operationalization of this approach, encompasses two dimensions: emotional (positive and negative affect) and cognitive (life satisfaction). Positive and negative emotions function as separate systems – an individual can experience high levels of both types of emotions simultaneously, which means that improving quality of life involves not only reducing negative affect but also enhancing positive experiences (Diener et al., 1999). Life satisfaction, as a cognitive dimension, is a more stable and long-term indicator of well-being, resulting from comparing one's life with personal expectations and values (Diener et al., 1985; Pavot & Diener, 1993). Although the hedonic approach is easier to operationalize, critics emphasize its short-term nature and potential superficiality (Ryff, 2013).

The eudaimonic tradition, derived from Aristotle's philosophy, postulates that true happiness stems not merely from momentary joy but from leading a life consistent with virtue and the realization of an individual's potential (Huta & Waterman, 2014). Ryff's (1989, 2013) concept of psychological well-being represents the most comprehensive operationalization of this approach. Drawing on Rogers's theory of full development, Allport's concept of maturity, Erikson's theory of psychosocial development, Frankl's search for meaning in life, and Maslow's self-actualization, Ryff identified six key dimensions of well-being: autonomy (the ability to make independent decisions in accordance with one's values), environmental mastery (competence in managing one's life circumstances), positive relationships with others (the ability to build close, trusting bonds), personal development (continuous self-improvement and openness to new experiences), life purpose (a sense of meaning and direction), and self-acceptance (a positive and realistic self-perception). According to this approach, well-being is not a static state, but a dynamic balance that can be developed and nurtured throughout life (Karaś & Cieciuch, 2017).

Empirical research indicates that both approaches, although different in their assumptions, intertwine, offering a more comprehensive understanding of human well-being. Individuals with high levels of eudaimonic well-being often experience momentary satisfaction typical of hedonism, and hedonic pleasures can foster reflection on life and support eudaimonic pursuits (Huta & Waterman, 2014; Józefczyk, 2023). Attempts to integrate both perspectives have been made by, among others, Seligman (2011) in his PERMA model, encompassing positive emotions, engagement, relationships, meaning, and achievement, and Czapiński (2004) in his onion theory of happiness, which posits a hierarchical structure of well-being with the will to live as the central core surrounded by layers of partial satisfactions and affect. This study adopts a eudaimonic perspective, using Ryff's (2013) model as a theoretical framework to capture the multidimensional nature of well-being in the context of the marital relationship.

Marital Closeness and Its Dimensions

Marital closeness, as conceptualized by Ryś (1999, 2024), is understood as a dynamic process in which spouses build their relationship through various forms of interaction, leading to a sense of connectedness. Ryś (2024) distinguishes three interdependent dimensions of closeness. Emotional closeness refers to the level of mutual trust, a sense of security, and the satisfaction of partners' emotional needs – higher scores indicate stronger emotional commitment, acceptance, and a sense of security (Ryś, 1999). Intellectual closeness refers to the partners' ability to exchange

thoughts, views, reflections, and experiences and includes subscales of intellectual understanding, convergence of views, and similarity of values and expectations (Ryś, 2024). Behavioral closeness refers to cooperation, joint undertaking of tasks, and the achievement of life goals, reflecting the partners' level of involvement in daily responsibilities and willingness to cooperate. The balance of these three dimensions forms the foundation of a lasting, satisfying marital bond.

Marital closeness fits into a broader tradition of research on relationship quality, which emphasizes the role of secure attachment, communication, and interdependence between partners. Bowlby's attachment theory, adapted to adult relationships by Hazan and Shaver (1987), suggests that a secure attachment style promotes relationships based on trust, closeness, and mutual support. Bartholomew and Horowitz (1991) distinguished four attachment styles in adult relationships, indicating that the secure style is characterized by comfort with closeness and autonomy. Collins and Feeney (2000) emphasized that in secure relationships, the partner serves as a secure base, enabling exploration and personal growth. Kuczyńska (1998), in turn, pointed to the importance of bonding behaviors – such as commitment, care, and communication – in shaping and maintaining bonds in close relationships.

Well-being and Marital Relationships

Numerous studies confirm a significant association between psychological well-being and the quality of marital relationships. A meta-analysis by Proulx and colleagues (2007), encompassing 93 studies (66 cross-sectional and 27 longitudinal), found a positive correlation between these variables, suggesting that interventions aimed at improving relationship quality may contribute to higher well-being. Huntington and colleagues (2022) confirmed that married individuals experience better overall health, lower levels of psychological distress, and higher levels of life satisfaction. An international study by Diener and colleagues (2000), conducted in 42 countries, found that married individuals are more satisfied with their lives and experience more positive emotions than those in other forms of relationships. However, it is important to emphasize that this relationship is bidirectional: not only does marital quality influence well-being, but individual well-being can also shape relationship quality (Brown, 2000; Kamp Dush & Amato, 2005). Determining the directionality of this relationship requires longitudinal studies, which is a significant limitation of the current state of knowledge.

Studies have shown that well-being and relationship satisfaction increased in the period preceding marriage and declined significantly shortly after marriage (Dupuis et al., 2025). Hierarchical regression results showed that the socioeconomic status of married couples in India (upper, middle, and lower), location

(rural and urban areas), marital conflict, family relationships, and relationship satisfaction were significant predictors of overall health. Furthermore, location, family relationships, and relationship satisfaction were significant predictors of psychological well-being (Singh et al., 2023). Furthermore, we analyzed how health, depression, and relationship dynamics influence relationship satisfaction and life satisfaction among German couples. Analyses show that key predictors differ significantly between these two areas. In the case of relationship satisfaction, intimacy and mutual satisfaction with one's partner emerge as the strongest predictors. However, life satisfaction is primarily shaped by personal health and depressive symptoms, with relationship quality having an additional, though less dominant, role. Importantly, partners' subjective assessments of the relationship account for greater variability in both outcomes than objective factors such as age, income, or health limitations (Reinhardt et al., 2026).

Life Satisfaction and the Quality of Marital Relationships

When considering the determinants of life satisfaction, one can certainly accept the thesis, consistent with the views of many researchers, that it depends on a person's relationality—their relationship with the sphere of norms and values, including the spiritual sphere, in which positive aspects of life can be found. People seem to feel satisfied when they perceive their relationships with family, friends, and coworkers as good and fulfilling (Proctor et al., 2017). They also report satisfaction when they feel at peace with themselves and aware of their inner balance (Rojas, 2006). Many researchers point to such psychological determinants of life satisfaction as age, gender, intimacy, social and professional roles, aspirations, need fulfillment, and marital relationships (Moksnes & Espnes, 2013). According to Holak (2016), the three basic dimensions of life satisfaction are satisfaction, goal fulfillment, and acceptance of the reality in which we function. Scientists have conducted several studies indicating a high quality of life, better health perception, and life satisfaction among childless women living in cities, with higher education and a good or very good financial situation (Bień et al., 2017).

For married women, life satisfaction is directly related to their satisfaction with their marriage, work, and leisure experiences. However, for unmarried women, satisfaction depends on their leisure experiences and education level (Kousha & Moheen, 2004). A study conducted among Iranian women shows that women have average levels of life satisfaction across all age groups. Overall life satisfaction decreased with age, while overall life satisfaction increased with increasing personal income. Furthermore, as family income increased, women's overall life satisfaction also increased (Muzamil & Tasia, 2008).

Other studies have shown that generosity in marriage is associated with relationship quality (Gove et al., 1990). For married women, life satisfaction is directly related to their satisfaction with their marriage, work, and leisure experiences. However, for unmarried women, satisfaction depends on their leisure experiences and education level (Kousha & Moheen, 2004). A study conducted among Iranian women shows that women have average levels of life satisfaction across all age groups. Overall life satisfaction decreased with age, while overall life satisfaction increased with increasing personal income. Furthermore, as family income increased, women's overall life satisfaction also increased (Muzamil & Tasia, 2008).

The authors conceptualized generosity as a relationship-maintaining behavior and analyzed survey data accordingly. For married women, life satisfaction is directly related to their satisfaction with their marriage, work, and leisure experiences. However, for unmarried women, satisfaction depends on their leisure experiences and education level (Kousha & Moheen, 2004). A study conducted among Iranian women shows that women have average levels of life satisfaction across all age groups. Overall life satisfaction decreased with age, while overall life satisfaction increased with increasing personal income. Furthermore, as family income increased, women's overall life satisfaction also increased (Muzamil & Tasia, 2008).

They found that generosity—defined here as small acts of kindness, showing respect and affection, and a willingness to forgive one's spouse for their faults and shortcomings—was positively associated with marital satisfaction and negatively with marital conflict and the perceived likelihood of divorce (Dew & Wilcox, 2013). Furthermore, life satisfaction and optimism have been found to have a potentially positive impact on personal achievement and on how people experience old age among middle-aged and older women (Bhattacharyya et al., 2024).

Birth Control Methods and the Quality of the Marital Relationship

Researchers rarely attempt to demonstrate the relationship between psychological well-being and relationship satisfaction with life satisfaction among individuals using various methods of fertility regulation. This applies to natural conception planning and contraceptive methods. Natural conception control methods include single-symptom methods, the best-known of which are the Billings ovulation method and the Döring thermal method, as well as multi-symptom methods, including the sympto-thermal method. Natural methods of fertility regulation control are primarily based on the observation and interpretation of fertility indicators such as basal body temperature, cervical mucus, and cervical position, and require the involvement of both partners, periodic abstinence, and open dialogue (Fehring & Manhart, 2020; Unseld et al., 2017). Artificial

methods of conception control, on the other hand, most often involve mechanical or hormonal interventions.

Research indicates that fertility management practices can influence sexual satisfaction, intimacy, communication, and bonding between partners (Fehring & Lawrence, 1994; Kornas-Biela, 2006; Unseld et al., 2017). Kornas-Biela's (2006) research suggests that menstrual abstinence did not generate frustration but was perceived as a factor promoting intimacy and the development of behaviors that enhance emotional closeness. VandeVusse et al. (2003) demonstrated that religious women who used a method of conception control based on cervical mucus ovulation symptoms demonstrated greater respect, spiritual enrichment, and sensitivity to their spouse's needs, as well as negative aspects: strained sexual interactions and difficulties with the method.

Women using oral contraception scored lower on measures of sexual satisfaction and attraction to their partner, experienced sexual dissatisfaction, and were more likely to initiate final separation if one occurred. However, these same women were more satisfied with their partner's paternal care and, consequently, maintained longer relationships and were less likely to decide to separate (Roberts et al., 2012). Other women experienced decreased mood and depression (Skovlund et al., 2016) and changes in emotion regulation and emotional reactivity (Lewis et al., 2019; Montoya & Bos, 2017). Komorowska-Pudło and Rawicka's (2020) study confirmed that couples using natural methods had better communication and higher levels of emotional expression. Studies have shown that women using hormonal contraception had higher levels of jealousy (Cobey et al., 2011), and women who had ever been married and used natural methods of birth control had a lower risk of divorce, while those who used the most common contraceptive methods had a higher risk of divorce (Manhart & Fehring, 2023). Jankowska (2014) found significant differences in relationship quality, with spouses using natural methods achieving higher scores on emotional, intellectual, and action-related closeness scales.

Researchers found a negative association between oral contraceptive use and depression. Other negative associations were also found between current oral contraceptive use and feelings of dissatisfaction, uselessness, irritability, and loss of interest in people. No significant associations were found between current LNG-IUS use and its duration or any of the components studied (Teffol et al., 2012). Similarly, no significant effect of oral contraceptive use during relationship formation was observed on sexual satisfaction or relationship satisfaction (Fiurašková et al., 2022). However, research by Duke et al. (2007) found that the prevalence of depressive symptoms among young Australian women using oral contraceptives did not differ significantly from that among women not using them. Most women suggested that oral contraceptives reduced the frequency of sexual thoughts and psychosexual arousal (Sanders et al., 2001).

Researchers attempted to assess the level of satisfaction with contraceptive use among Spanish and English women who were new to contraception. The methods studied included the implant, copper IUD, levonorgestrel IUD, and oral contraceptives. After 3 months of using contraception, 52.1% of participants were completely satisfied with their contraceptive method, 30.7% were somewhat satisfied, 4.2% were neither satisfied nor dissatisfied, 6.9% were somewhat dissatisfied, and 6.1% were completely dissatisfied. Women whose method significantly improved their sex life reported greater sexual satisfaction than other women (Kramer et al., 2022). Other studies show that women using hormonal methods alone rarely reported decreased pleasure but had lower overall sexual satisfaction scores (Higgins et al., 2021). Twenty-seven percent of women using hormonal contraception reported a decrease in sexual desire, which they attributed to hormonal contraception use (Malmborg et al., 2015). Wives who used hormonal contraception during their union were less satisfied with their lives after discontinuing it (Russell, 2014). Similarly, women who chose a hormonal method reported better overall health-related quality of life compared to those who used a non-hormonal method. Furthermore, a moderated mediation model showed that the effect of hormonal method on health-related quality of life was partially explained by the moderated mediation of duration of method use (Leon-Larios et al., 2019).

A study by Kowalczyk et al. (2023) found no differences in basic cognitive and executive functions between women using oral contraceptives and those using non-conventional contraception. Women using oral contraceptives experienced less affect variability across the menstrual cycle and fewer negative affective symptoms during menstruation (Oinonen & Mazmanian, 2002). Some combined oral contraceptives (COCs) are beneficial in controlling HMB and anemia, reducing the incidence of endometrial, ovarian, and colon cancers, and ectopic pregnancy, as well as alleviating symptoms of premenstrual syndrome (Bahamondes et al., 2015).

In contrast, among South Africans, only 14% of men and 17% of women reported consistent or occasional condom use as an effective means of preventing pregnancy and disease. Condom use is significantly more common among urban, more educated individuals (Maharaj & Cleland, 2004). Men's use of condoms in a relationship was most strongly associated with decreased sexual pleasure in women, regardless of whether condoms were used alone or in combination with hormonal methods. Furthermore, bivariate correlational analysis revealed no significant associations between guilt related to sex, communication, and condom use for conception control (Souva, 1997).

It should be noted that research on the psychological impact of this method of fertility regulation is inconsistent. Some studies do not confirm significant negative effects, and individual differences in response to hormonal treatments are significant (Lewis et al., 2019). It can be suggested that this association

may be moderated by confounding variables such as religiosity or adopted values.

Research Purpose and Hypotheses

Although several studies, primarily published in English, have demonstrated differences in the quality of marital relationships depending on the birth control methods used, there is a lack of such analyses among women living in Poland. This study attempts to fill this gap. The study aims to determine the extent to which the methods of fertility control used differentiate levels of psychological well-being, marital intimacy, and life satisfaction among married women, and to examine the strength and direction of the relationships among these variables.

Based on the literature review, five research hypotheses were formulated:

H_1. Women using the natural method of fertility control demonstrate higher levels of well-being in the dimensions of self-acceptance and positive relationships with others.

H_2. Women using the natural method of fertility control achieve higher levels of marital closeness in all dimensions.

H_3. Correlations between the dimensions of marital closeness and well-being are stronger among women using the natural method of fertility control than among those using contraception.

H_4. In the group of women using contraception, there is a negative relationship between emotional closeness and autonomy.

H_5. In the lives of women using natural methods of fertility control, psychological well-being is a stronger predictor of marital closeness and life satisfaction than in women using contraceptive methods.

Participants

The study involved 113 women, aged 22 to 45 ($M = 36.9$), who were married at the time of the study. Fifty-nine of the participants were women using the natural method of fertility control (NPR), and fifty-four were women using contraception (NA). Of the women studied, five were in civil unions, while the remaining 108 were married. The average length of marriage was 11.5 years. The vast majority of the women had higher education (102), 10 had secondary education, and 1 had primary education.

Forty-three women lived in cities with more than 500,000 inhabitants, 16 in cities with 100,000 to 500,000 inhabitants, 26 in cities with up to 100,000

inhabitants, and 28 lived in rural areas. Fourteen women had no children; 19 were mothers of one child; 37 were mothers of two children; 24 were mothers of three children; 11 were mothers of four children; 7 were mothers of five children; and 2 were mothers of six children.

Of the women using contraception, 31 used condoms, 9 used birth control pills, 8 used withdrawal, 4 used intrauterine devices (IUDs), 1 used a vaginal ring, and 1 used a contraceptive patch. Of the women using natural methods of fertility control, 41 used the Rötzer method, 5 used the Creighton Model, 4 used the Thermal method, 3 used fertility monitors, 2 used a marriage calendar, 2 used the Billings method, and 2 used the LMM method.

Research Tools

To collect empirical data and verify the hypotheses, the following research tools were used: the Psychological Well-being Scales, the Spouses' Closeness Scale, and the Satisfaction with Life Scale.

The Psychological Well-Being Questionnaire (PWQ) was developed by Ryff (2013). Adapted to Polish conditions by Karaś and Cieciuch (2017), it encompasses six dimensions of psychological well-being: (a) autonomy (AUT), (b) environmental mastery (PON), (c) positive relationships with others (PR), (d) personal development (RO), (e) purpose in life (CZ), and (f) self-acceptance (AS). The questionnaire consists of 84 items. Each statement refers to subjective beliefs about the person and their life. Participants rate each statement using a seven-point Likert scale, where 1 means *strongly disagree*, and 7 means *strongly agree*. The questionnaire is valid and reliable. All factors have Cronbach's alpha coefficients above .70.

The Spousal Closeness Scale (SCS) is used to determine the degree of closeness between spouses (Ryś, 2024). It includes the following factors: (a) emotional closeness (BE), (b) intellectual closeness (BI), and (c) behavioral closeness (BD). The questionnaire allows for the diagnosis of both the current level of closeness and a retrospective assessment of the relationship from the initial period of marriage. The questionnaire consists of 27 bipolar statements, to which spouses respond based on a 7-point scale, where 1 means *strongly disagree*, and 7 means *strongly agree*. The instrument's validity was obtained based on an external criterion. The reliability of the scales was assessed using Cronbach's alpha, which was .74.

The Satisfaction with Life Scale (SWLS). Constructed by Diener and colleagues (Diener et al., 1985), the Life Satisfaction Scale is a commonly used instrument that measures life satisfaction as a conscious and cognitive evaluation of one's own life, during which the individual compares the conditions of their life with self-imposed

standards. The scale contains 5 statements to which the person surveyed gives an answer on a 7-point scale. 1 means I *strongly disagree*, and 7 means I *strongly agree*. If the result of the comparison, indicating the general degree of satisfaction with one's own life, is satisfactory, this results in a feeling of satisfaction with one's own life. The higher the score obtained, the greater the person's feeling of satisfaction with life. The scale can be used individually or in groups. The reliability of the scale, measured by the test-retest method, was .83. After a two-week retest, it was .84, while the Cronbach's α reliability coefficient was .72. The scale was adapted to Polish conditions by Juczyński (2001). The Polish version of the tool has satisfactory psychometric indices. The Cronbach's α reliability coefficient is .81, and the tool's theoretical accuracy was assessed using factor analysis, which confirmed a single factor.

Data Procedure and Analysis

Data were collected via an online survey, and statistical analysis was conducted. Descriptive statistics were calculated, and the normality of distributions was assessed using the Shapiro-Wilk test. Due to deviations from normality, the Mann-Whitney *U* test was used to compare groups. Interdependencies were examined using Spearman's rank correlation. Linear regression analysis was also conducted to determine the extent to which psychological well-being explained the variance in marital closeness and life satisfaction. A significance level of $p < .05$ was adopted. The effect size for the Mann-Whitney *U* test was expressed using the biserial rank correlation (r), and the strength of the correlation was interpreted according to Cohen's (1988) criteria.

Results

Descriptive Statistics

Table 1 presents descriptive statistics for the dimensions of psychological well-being. In the group using the natural method of fertility control, the highest mean scores were observed for positive relationships with others ($M = 67.5$, $SD = 10.19$), purpose in life ($M = 65.8$, $SD = 9.52$), and personal development ($M = 64.6$, $SD = 7.89$). Similarly, women using contraception (NA) achieved the highest mean scores on the personal development factor ($M = 65.5$, $SD = 8.55$), life purpose ($M = 64.6$, $SD = 13.94$), and positive relationships with others ($M = 64.1$, $SD = 13.43$). The lowest mean scores were obtained by women using the natural method of fertility control (NPR) ($M = 59.4$, $SD = 9.87$) and women using contraception (NA) ($M = 58.9$, $SD = 15.75$) on the environmental mastery factor.

In the group of women using contraception (NA), higher standard deviations were observed, indicating greater heterogeneity of results, which may reflect the greater diversity of experiences and contexts of contraceptive use in this group.

Table 1

Descriptive statistics (M, SD) for psychological well-being measured by the Psychological Well-being Questionnaire among women using the natural method of fertility control (NPR) and contraception (NA)

Variable	Group	*M*	*Mdn*	*SD*	MIN	MAX	*As*	S-W	*p*
Autonomy	NPR	61.5	62.0	10.57	31.0	83.0	-.29	.98	.30
	NA	60.9	63.5	11.49	32.0	84.0	-.48	.95	.02*
Mastery of the environment	NPR	59.3	59.0	9.87	22.0	82.0	-.75	.95	.02*
	NA	58.9	61.5	15.75	25.0	84.0	-.35	.96	.11
Personal development	NPR	64.6	67.0	7.89	44.0	81.0	-.31	.98	.32
	NA	65.5	66.0	8.55	44.0	84.0	-.15	.99	.83
Positive relationships	NPR	67.5	71.0	10.19	40.0	82.0	-.92	.92	.00**
	NA	64.1	66.0	13.43	28.0	83.0	-.58	.95	.02*
Purpose in life	NPR	65.8	66.0	9.52	36.0	83.0	-.78	.95	.02*
	NA	64.6	66.5	13.94	29.0	84.0	-.65	.93	.00**
Self-acceptance	NPR	64.3	67.0	10.68	33.0	83.0	-.83	.95	.01*
	NA	60.1	63.5	16.02	17.0	81.0	-.78	.92	.00**

Note. *Mdn* = median; *As* = skewness; S-W = Shapiro-Wilk test statistic; *p* = *p*-value.

*$p < .05$. **$p < .01$.

Table 2

Descriptive statistics (M, SD) for the results obtained on the Spousal Closeness and Life Satisfaction scales among women using the natural method of fertility control (NPR) and contraception (NA)

Variable	Group	*M*	*Mdn*	*SD*	MIN	MAX	*As*	S-W	*p*
Emotional closeness	NPR	109.1	116.0	17.26	38.0	119.0	-2.87	.60	< .001***
	NA	97.3	109.5	27.40	17.0	119.0	-1.45	.78	< .001***
Behavioral closeness	NPR	25.1	27.0	4.00	9.0	28.0	-2.13	.73	< .001***
	NA	22.8	25.0	5.87	4.0	28.0	-1.54	.81	< .001***
Intellectual closeness	NPR	150.2	154.0	17.89	76.0	168.0	-2.04	.81	< .001***
	NA	130.8	141.0	34.68	30.0	168.0	-1.36	.85	< .001***
Life satisfaction	NPR	20.2	24.1	3.92	8.8	27.9	-1.52	.89	< .001***
	NA	21.1	22.2	6.28	4.1	27.8	-1.01	.90	< .001***

Note. *Mdn* = median; *As* = skewness; S-W = Shapiro-Wilk test statistic; *p* = *p*-value.

***$p < .001$.

Table 2 presents descriptive statistics for marital closeness and life satisfaction. Women using natural fertility control (NPR) achieved higher means than women

using contraception (NA) across all dimensions of closeness, with particularly large differences observed in emotional and intellectual closeness. Conversely, women using contraception scored slightly higher on the life satisfaction factor than women using natural fertility methods. For all analyzed variables, the Shapiro-Wilk test revealed significant deviations from the norm ($p < .001$). Note the clearly left-skewed distribution, which indicates a clear ceiling effect – many participants achieved scores close to the maximum scale.

Intergroup Comparison

The Mann-Whitney *U* test (Table 3) did not reveal statistically significant differences in psychological well-being between the groups of women. Research indicates that women using the natural method of fertility control (NPR) only had slightly higher scores on most dimensions of well-being than women using contraception (NA). However, these differences did not reach statistical significance. The effect sizes were negligible ($r < .10$ for all dimensions), confirming the lack of practically significant intergroup differences in well-being.

Table 3
Results of the Mann-Whitney U test for psychological well-being among women using the natural method of fertility control (NPR) and contraception (NA)

Variable	NPR	NA	*U*	*z*	*r*	*p*
	M	*M*				
Autonomy	61.5	60.9	1591.5	-.01	.001	.49
Mastery of the environment	59.3	58.9	1559.0	-.20	.02	.42
Personal development	64.6	65.5	1517.5	-.43	.04	.33
Positive relationships with others	67.5	64.1	1404.5	-1.08	.10	.13
Purpose in Life	65.8	64.6	1570.0	-.13	.01	.44
Self-acceptance	64.3	60.1	1451.0	-.81	.08	.21

Note. *r* – biserial rank correlation as a measure of effect size. No results reached statistical significance.

Differing results were obtained regarding marital closeness and life satisfaction across the groups of women (Table 4). Women using natural fertility control (NPR) scored higher than those using contraception (NA) on all marital closeness factors. However, women using contraception scored higher on the life satisfaction factor. The Mann-Whitney *U* test revealed significant differences across all dimensions of marital closeness and life satisfaction. The most striking differences were observed for the intellectual closeness factor. Effect sizes ranged from small to medium ($r = .22–.31$), indicating practically significant differences between the groups.

Table 4
Results of the Mann-Whitney U test for marital closeness and life satisfaction among women using the natural method of fertility control (NPR) and contraception (NA)

Variable	NPR	NA	*U*	*z*	*r*	*p*
	M	M				
Emotional closeness	109.1	97.3	1171.0	-2.45	.23	.007**
Behavioral closeness	25.1	22.8	1190.0	-2.36	.22	.009**
Intellectual closeness	150.2	130.8	1024.5	-3.27	.31	.001**
Life satisfaction	20.2	21.1	1112.1	-2.13	.25	.003**

Note. r = Biserial rank correlation as a measure of effect size. All results achieved statistical significance.
**$p < .01$. ***$p < .001$.

Correlations between well-being, marital closeness, and life satisfaction

In the group of women using the natural method of fertility control (NPR) (Table 5), significant positive correlations were found between all well-being factors and marital closeness and life satisfaction. The strongest correlations were observed between emotional closeness and self-acceptance (*rho* = .61, $p < .001$) and emotional closeness and environmental mastery (*rho* = .58, $p < .001$). The weakest correlations were observed for positive relationships with others' intellectual closeness (*rho* = .22, $p < .05$) and behavioral closeness (*rho* = .24, $p < .05$). Furthermore, life satisfaction correlates positively with all dimensions of marital closeness. Their relationship is positive and weak.

Table 5
Spearman's rank correlations between well-being, marital closeness, and life satisfaction in the group of women using the natural method of fertility control (NPR) and contraception (NA)

Variable	NPR			NA		
	BE	BD	BI	BE	BD	BI
Autonomy	.41**	.38**	.34**	.19	.21	.23*
Mastery of the environment	.58***	.56***	.55***	.48***	.47***	.44***
Personal development	.52***	.46***	.47***	.35**	.26*	.27*
Positive relationships	.32**	.24*	.22*	.38**	.40**	.28*
Purpose in life	.53***	.49***	.48***	.50***	.52***	.45***
Self-acceptance	.61***	.57***	.52***	.42**	.43***	.38**
Life satisfaction	.27*	.25*	.24*	.20	.31*	.26*

Note. BE = Emotional closeness; BD = Behavioral closeness; BI = Intellectual closeness.
*$p < .05$. **$p < .01$. ***$p < .001$.

In the group of women using contraception (NA) (Table 5), significant positive correlations were also found across many factors between well-being factors, marital closeness, and life satisfaction. No significant associations were found between emotional or behavioral closeness and autonomy, or between emotional closeness and life satisfaction. The strongest correlations in the group of women using contraception were observed between behavioral closeness and purpose in life ($rho = .52, p < .001$) and emotional closeness and purpose in life ($rho = .50, p < .001$). The weakest correlations were observed between intellectual closeness and autonomy (rho = .23, $p < .05$) and behavioral closeness and personal development ($rho = .26, p < .05$).

Comparison of correlation patterns between groups reveals differences not so much in the direction of the relationships, but in their strength. This suggests that in the group of women using natural fertility control methods, the relationship between many factors of psychological well-being, life satisfaction, and marital closeness is stronger.

Regression Analysis Results

To analyze the relationships between dimensions of psychological well-being and marital closeness, and life satisfaction, a series of linear regression models were performed using the insertion method. Analyses were conducted separately for the group of women using natural methods of fertility control and methods of contraception. Predictors in each model were the dimensions of psychological well-being: autonomy, mastery of the environment, personal development, positive relationships with others, purpose in life, and self-acceptance. The dependent variables were emotional closeness, behavioral closeness, intellectual closeness, and life satisfaction, respectively. Analyses were performed in IBM SPSS Statistics 31. The level of statistical significance was set at the classic threshold of $\alpha = .05$. Results are presented in Tables 6–9.

The first regression model examined whether dimensions of psychological well-being predicted the level of emotional closeness depending on the method of fertility control used by women. The results of the analysis are presented in Table 6. In the group of women using contraception, the resulting regression model proved statistically significant and explained 27.5% of the variance in emotional closeness. Analysis of individual predictors revealed that personal development and self-acceptance were significant positive predictors of emotional closeness. This means that, when controlling for other dimensions of well-being, higher levels of personal development and self-acceptance were associated with higher levels of emotional closeness. The other dimensions of well-being were not significant predictors of this variable.

Table 6
Well-being as a predictor of emotional closeness depending on the method of fertility control used by women in the linear regression

Predictor	*b*	*SE*	Beta	*t*	*p*
Using method of contraception: $\boldsymbol{F(6,52) = 4.66, p < .001, R^2_{adj.} = .275}$					
(Constant)	36.69	17.29		2.12	**.039**
Autonomy	0.12	0.25	.07	0.46	.647
Mastery of the environment	-0.41	0.37	-.24	-1.10	.275
Personal development	1.01	0.37	.46	2.72	**.009**
Positive relationships	-0.30	0.31	-.18	-0.99	.328
Purpose in life	-0.21	0.36	-.12	-0.59	.555
Self-acceptance	0.92	0.41	.57	2.24	**.030**
Natural methods of fertility control: $\boldsymbol{F(6,47) = 7.99, p < .001, R^2_{adj.} = .442}$					
(Constant)	62.44	24.38		2.56	**.014**
Autonomy	-1.37	.36	-.57	-3.82	**<.001**
Mastery of the environment	0.38	.43	.22	0.89	.378
Personal development	0.16	.46	.05	0.34	.733
Positive relationships	-0.10	.34	-.05	-0.28	.781
Purpose in life	0.71	.50	.36	1.43	.160
Self-acceptance	0.76	.47	.45	1.64	.109

Note. *b* = unstandardized regression coefficient; *SE* = standard error; Beta = standardized regression coefficient; *t* = Student's t-test result; *F* = result of analysis of variance; *p* = probability of the test statistic; $R^2_{adj.}$ = adjusted *R*-squared.
Statistically significant results are marked in bold.

In the group of women using natural methods of fertility control, the regression model was also statistically significant, explaining 44.2% of the variance in emotional closeness. Autonomy was the only significant predictor, and this relationship was negative. This means that, when controlling for other aspects of well-being, higher levels of autonomy were associated with lower levels of emotional closeness. The remaining predictors did not reach statistical significance. In both groups, dimensions of well-being significantly predicted the level of emotional closeness, but the pattern of predictors was different. Among women using contraception, personal development and self-acceptance were significant, whereas among women using natural methods of fertility control, only autonomy was significant, and it was negatively associated with emotional closeness.

Next, a regression analysis was performed with behavioral closeness as the dependent variable. The analysis aimed to determine whether the level of this form of closeness could be predicted by dimensions of psychological well-being

in both groups of women compared. The results are presented in Table 7. In the group of women using contraception, the entire regression model was statistically significant and explained 23.3% of the variance in behavioral closeness. Despite the significance of the entire model, none of the analyzed dimensions of well-being reached statistical significance as an independent predictor. This means that the combined system of variables predicted the level of behavioral closeness, but no single dimension of well-being could be identified that would have a clear, independent contribution to explaining this variable.

Table 7
Well-being as a predictor of behavioral closeness depending on the method of fertility control used by women in the linear regression

Predictor	*b*	*SE*	Beta	*t*	*p*
Using method of contraception: $\boldsymbol{F(6,52) = 3.93, p = .003, R^2_{adj.} = .233}$					
(Constant)	11.92	3.60		3.31	**.002**
Autonomy	0.04	0.05	.13	0.83	.410
Mastery of the environment	-0.03	0.08	-.09	-0.40	.689
Personal development	0.10	0.08	.23	1.34	.185
Positive relationships	-0.11	0.06	-.32	-1.70	.095
Purpose in life	0.06	0.08	.18	0.86	.392
Self-acceptance	0.14	0.09	.42	1.63	.110
Natural methods of fertility control: $\boldsymbol{F(6,47) = 4.38, p = .001, R^2_{adj.} = .277}$					
(Constant)	14.39	4.69		3.07	**.004**
Autonomy	-0.17	0.07	-.42	-2.47	**.017**
Mastery of the environment	0.03	0.08	.09	0.32	.754
Personal development	0.04	0.09	.08	0.50	.620
Positive relationships	0.05	0.07	.15	0.79	.431
Purpose in life	0.17	0.10	.51	1.76	.085
Self-acceptance	0.01	0.09	.04	0.14	.887

Note. *b* = unstandardized regression coefficient; *SE* = standard error; Beta = standardized regression coefficient; *t* = Student's t-test result; *F* = result of analysis of variance; *p* = probability of the test statistic; $R^2_{adj.}$ = adjusted *R*-squared.
Statistically significant results are marked in bold.

In the group of women using natural methods of fertility control, the regression model was also statistically significant, explaining 27.7% of the variance in behavioral closeness. Autonomy proved to be a significant predictor, with higher levels of autonomy associated with lower levels of behavioral closeness. The remaining aspects of well-being were not significant predictors of this form of closeness. The obtained results indicate that the dimensions of well-being, as a set of variables,

predicted behavioral closeness in both groups of women. At the same time, only in the group of women using natural methods of fertility control did autonomy emerge as a significant predictor. Its relationship with behavioral closeness was negative.

Table 8
Well-being as a predictor of intellectual closeness depending on the method of fertility control used by women in the linear regression

Predictor	*b*	*SE*	Beta	*t*	*p*
Using method of contraception: $\boldsymbol{F(6,52) = 4.11, p = .002, R^2_{adj.} = .243}$					
(Constant)	74.65	18.32		4.08	**<.001**
Autonomy	-0.01	0.26	-.01	-0.05	.962
Mastery of the environment	0.14	0.39	.08	0.35	.731
Personal development	1.07	0.39	.47	2.73	**.009**
Positive relationships	-0.28	0.32	-.16	-0.88	.383
Purpose in life	-0.14	0.38	-.07	-0.37	.715
Self-acceptance	0.43	0.43	.26	0.99	.329
Natural methods of fertility control: $\boldsymbol{F(6,47) = 5.82, p < .001, R^2_{adj.} = .353}$					
(Constant)	95.92	33.22		2.89	**.006**
Autonomy	-1.43	0.49	-.47	-2.93	**.005**
Mastery of the environment	0.35	0.58	.16	0.59	.556
Personal development	-0.08	0.62	-.02	-0.13	.896
Positive relationships	-0.27	0.47	-.11	-0.58	.566
Purpose in life	1.10	0.68	.44	1.62	.111
Self-acceptance	0.88	0.63	.41	1.39	.170

Note. *b* = unstandardized regression coefficient; *SE* = standard error; Beta = standardized regression coefficient; *t* = Student's t-test result; *F* = result of analysis of variance; *p* = probability of the test statistic; $R^2_{adj.}$ = adjusted *R*-squared.

Statistically significant results are marked in bold.

The third regression analysis examined whether dimensions of psychological well-being predicted the level of intellectual closeness. Models were calculated separately for women using contraception and natural methods of fertility control. The results are presented in Table 8. In the group of women using contraception, the regression model was statistically significant and explained 24.3% of the variance in intellectual closeness. Among the analyzed dimensions of well-being, personal development was a significant positive predictor. This means that a higher level of personal development was associated with a higher level of intellectual closeness when controlling for other dimensions of well-being. The remaining variables were not significant predictors of intellectual closeness.

In the group of women using natural methods of fertility control, the resulting model also achieved statistical significance and explained 35.3% of the variance in the dependent variable. Autonomy was a significant predictor of intellectual closeness, with higher levels of autonomy associated with lower levels of this form of closeness. Other dimensions of well-being did not reach statistical significance. The results indicate that intellectual closeness was predicted by different aspects of well-being depending on the group. Among women using contraception, personal development was a significant predictor, whereas among women using natural methods of fertility control, autonomy was a significant predictor, with a negative relationship with intellectual closeness.

Table 9
Well-being as a predictor of life satisfaction depending on the method of fertility control used by women in the linear regression

Predictor	*b*	*SE*	Beta	*t*	*p*
Using method of contraception: $\boldsymbol{F(6,52) = 2.25, p = .053, R^2_{adj.} = .114}$					
(Constant)	21.75	4.19		5.19	**<.001**
Autonomy	-0.08	0.06	-.23	-1.36	.181
Mastery of the environment	0.05	0.09	.12	0.51	.614
Personal development	-0.06	0.09	-.13	-0.70	.489
Positive relationships	-0.01	0.07	-.03	-0.13	.898
Purpose in life	0.01	0.09	.02	0.10	.918
Self-acceptance	0.18	0.10	.51	1.83	.072
Natural methods of fertility control: $\boldsymbol{F(6,47) = 15.17, p < .001, R^2_{adj.} = .616}$					
(Constant)	9.14	4.26		2.15	**.037**
Autonomy	0.05	0.06	.11	0.85	.398
Mastery of the environment	-0.02	0.08	-.06	-0.28	.780
Personal development	-0.15	0.08	-.23	-1.94	.059
Positive relationships	0.01	0.06	.03	0.24	.813
Purpose in life	0.16	0.09	.38	1.81	.076
Self-acceptance	0.19	0.08	.54	2.39	**.021**

Note. b = unstandardized regression coefficient; *SE* = standard error; Beta = standardized regression coefficient; t = Student's t-test result; F = result of analysis of variance; p = probability of the test statistic; $R^2_{adj.}$ = adjusted R-squared.
Statistically significant results are marked in bold.

The final regression analysis focused on predicting life satisfaction based on dimensions of psychological well-being. Models were run separately for the group of women using contraception and natural methods of fertility control. The results are presented in Table 9. In the group of women using contraception control, the

regression model did not reach statistical significance, although the result was close to the assumed significance threshold. The model explained 11.4% of the variance in life satisfaction. None of the analyzed dimensions of well-being were significant predictors of the dependent variable. This means that in this group, it was not confirmed that the dimensions of psychological well-being entered simultaneously into the model significantly predicted the level of life satisfaction.

In the group of women using natural methods of fertility control, the regression model was statistically significant and explained 61.6% of the variance in life satisfaction. Self-acceptance proved to be a significant positive predictor. This means that, when controlling for other dimensions of well-being, higher levels of self-acceptance were associated with higher levels of life satisfaction. The remaining predictors did not reach statistical significance. Psychological well-being significantly predicted life satisfaction only in the group of women using natural methods of fertility control. Self-acceptance was crucial in this group. Among women using contraception, a similar model was not statistically significant, indicating a weaker role of psychological well-being in this group.

Discussion

This study aimed to determine the extent to which birth control methods differentiate married women in terms of psychological well-being, marital closeness, and life satisfaction, and to examine the relationships between these constructs in the context of the method used. The results are discussed below in relation to the hypotheses, existing theories, and previous empirical research.

Comparative analysis using the Mann-Whitney *U* test did not confirm the first hypothesis, which predicted higher levels of psychological well-being in the dimensions of self-acceptance and positive relationships with others in women using a natural method of fertility control. Although mean scores were slightly higher in this group on most dimensions, the differences did not reach statistical significance, and the effect sizes were negligible. This result can be interpreted in several ways. First, psychological well-being – as an individual construct by definition, shaped by numerous personality, biographical, and environmental factors – may be relatively resistant to the influence of a single behavioral variable, such as the method of birth control. Second, the lack of statistical significance may be due to the limited sample size ($n = 59$), which may not have provided sufficient statistical power to detect small effects. Third, unaccounted-for intragroup differences – such as duration of method use, specific method type, or worldview – may have obscured the differences between the groups. The risk of social acceptance bias should also be considered in a self-report-based tool, particularly in the area

of intimate topics. The observed trend corresponds with the results of Fehring and Lawrence (1994) and Komorowska-Pudło and Rawicka (2020), who indicated higher levels of self-acceptance and bond quality in women using natural methods of conception, although in those studies, these differences reached statistical significance.

The second hypothesis, which predicted higher levels of marital closeness in women using the natural method of fertility, was fully confirmed. Across all dimensions of closeness – emotional, behavioral, and intellectual – women using natural methods of fertility control achieved significantly higher scores, with effect sizes ranging from small to medium (Cohen, 1988). These results can be interpreted in the context of the specific nature of natural methods, which require ongoing cooperation, shared responsibility, and dialogue between spouses. According to Ryś (2024), the involvement of both partners strengthens the bond and supports healthy interdependence. The obtained results are consistent with previous studies by Jankowska (2014), VandeVusse et al. (2003), and Unseld et al. (2017). However, interpretation should be cautious. The cross-sectional nature of the study does not allow for a definitive conclusion as to whether the use of the natural method of fertility control leads to higher closeness or whether couples with higher initial closeness are more likely to use natural methods. It is also possible that a third variable – e.g., religiosity or value systems – could influence both the choice of method and the quality of the relationship. The issue of self-selection is a fundamental limitation of these results and requires consideration in future research.

Correlation analysis supported the third hypothesis, indicating stronger associations between dimensions of marital intimacy and well-being among women using natural fertility control than among women using contraception. For example, stronger associations between emotional intimacy and self-acceptance (*rho* = .61 vs. .42) and environmental mastery (*rho* = .58 vs. .48) in the natural fertility control group suggest that experiencing understanding and emotional support in the reproductive sphere promotes positive self-perception and builds a sense of life competence. The present results are consistent with the hypothesis, although differences between correlations were not formally tested. Managing fertility naturally requires daily collaboration and dialogue, which may contribute to a sense of efficacy – a characteristic of the environmental mastery dimension. These results are consistent with a broader tradition of research linking intimacy to well-being (Fehring & Lawrence, 1994; Proulx et al., 2007). In the group of women using contraception, where correlations were significant but weaker, emotional closeness may not translate into the same degree of personal integration and sense of control, which may be the result of a more individualized style of making decisions regarding reproduction.

A similar pattern was observed for intellectual and behavioral closeness. Shared planning, reflection, and decision-making regarding fertility management create a context of partner engagement that fosters a deeper sense of meaning in life and agency. As Keyes (2002) emphasizes, close, committed relationships foster a sense of meaning in life and higher levels of self-acceptance. It is worth emphasizing, however, that differences between correlation coefficients were not formally tested statistically (e.g., using Fisher's exact test for differences between correlations), which limits conclusions regarding these hypotheses.

Hypothesis four, which predicted a negative relationship between emotional closeness and autonomy in the group of women using contraception, was not supported. A weak, positive, nonsignificant correlation was found between these variables in this group, whereas in the group using the natural method of fertility control, the relationship was positive and significant ($rho = .41$, $p < .01$). The results suggest that in relationships based on partnership and mutual commitment, emotional closeness coexists with autonomy rather than precluding it. This is consistent with attachment theory, in which a secure attachment style enables the integration of closeness with individuality (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). Autonomy, understood as acting in accordance with one's beliefs, and emotional closeness, understood as empathetic presence, may be integrated in relationships based on support rather than control (Ryff & Singer, 2008).

Hypothesis five, which suggests that in the lives of women using natural methods of fertility control, psychological well-being is a stronger predictor of marital closeness and life satisfaction than in women using the method of conception, was confirmed. All regression models indicate that in the lives of women using natural methods of fertility control, psychological well-being explains from 27.7% to 44.2% of the variance in marital closeness, and in the regression models for women using contraception, from 23.3% to 27.5%. In the lives of women using natural methods of fertility control, psychological well-being explains 61.6% of the variance in life satisfaction, and for women using contraception, 11.4%.

In the regression models for women using natural methods of fertility control, autonomy was a common explanatory variable, while emotional closeness and intellectual closeness were explained. In the group of women using contraception, the explanatory variable was personal development, and the dependent variable was emotional and behavioral closeness. This suggests that in couples using natural methods of fertility control, a woman's personal sense of happiness and life satisfaction is a key, direct building block of her closeness with her partner. In couples using contraception, closeness is influenced by more external factors, and psychological well-being is less important. The tool used to examine psychological well-being examines the objective dimension of this construct (Ryff, 2013). Whether couples using contraception draw on different sources of well-being is, however, an

open question that the present data cannot address and should be tested directly in future studies. Lower determination coefficients in the group of women using contraception suggest that closeness in these relationships is built by additional relational mechanisms, exceeding individual psychological resources. Natural methods of fertility control initially require cooperation, discussion about fertility, and acceptance of the cycle (VandeVusse et al., 2003). This promotes deeper communication and emotional engagement, which means a woman's well-being has a stronger impact on the quality of the relationship. Contraceptive methods often remove the burden of discussing fertility from a couple, which can lead to less intimacy, and consequently, a woman's psychological well-being is less strongly linked to her marital relationship.

As indicated by previous and current research, birth control methods may be a factor influencing marital relationship quality, psychological well-being, and life satisfaction. Natural fertility control can be viewed not only as an alternative to contraception but also as a tool for building deep, supportive relationships and individual psychological maturity (Montoya & Bos, 2017). The pattern of these results is internally consistent and suggests that the fertility control method is not a direct predictor of well-being, but rather a contextual factor that modifies the mechanisms of building closeness in a relationship.

Limitations and Directions for Further Research

The present study has several limitations that should be considered when interpreting its findings. First, the use of purposive sampling restricts the generalizability of the results. The predominant share of women with higher education (90.3%) and in sacramental marriages (95.6%) indicates that the sample is not representative of the broader population of married Polish women, and likely overrepresents a religiously and educationally homogeneous segment. Second, only women's perspectives were considered, which is a notable limitation given that marital intimacy is inherently a dyadic construct; examining it from the standpoint of a single partner only partially captures the phenomenon and precludes the identification of partner and interaction effects. Third, the data were derived from self-report questionnaires, which may have introduced social desirability bias, particularly in relation to intimate topics. The pronounced left-skewed distributions on the closeness scale – especially in the group using natural fertility regulation, where median scores approached the maximum – indicate a ceiling effect that restricted the variance available for analysis and likely attenuated the observed correlations. The moderate reliability of the Spouses' Closeness Scale ($\alpha = .74$) further constrains the precision of these estimates. Fourth, several theoretically

relevant variables were neither measured nor controlled for, most notably religiosity, length of marriage, number of children, and quality of sexual life. Religiosity is a particularly consequential omission: the choice of fertility regulation method is closely intertwined with worldview and value orientation in the Polish context, and it cannot be ruled out that the observed group differences in marital closeness reflect underlying axiological commitments rather than the method itself. Causal language regarding the role of natural fertility regulation should therefore be interpreted with caution; the present design supports descriptive, not causal, conclusions. Fifth, the statistical strategy carries several limitations. The different types of methods were not differentiated within groups, and no correction for multiple comparisons was applied despite several dozen significance tests being conducted, which inflates the risk of Type I error. Group sizes ($n = 59$ and $n = 54$) afforded power sufficient only for medium-to-large effects, which may explain why the Mann–Whitney comparisons of psychological well-being yielded no significant results despite consistent directional trends. Furthermore, between-group comparisons of correlation strength and explained variance (R^2) were made descriptively rather than inferentially; conclusions about whether well-being is a stronger predictor in one group than the other should be tested formally – for example, through Fisher's r-to-z transformation or, preferably, a single moderated regression on the pooled sample with method group as a moderator. Sixth, in the regression models predicting closeness in the natural-method group, autonomy emerged as a negative predictor despite showing a positive zero-order correlation with closeness. This sign reversal is characteristic of suppression or shared variance among predictors; multicollinearity diagnostics (e.g., VIF, tolerance) were not reported and should be examined and disclosed in subsequent analyses.

These limitations point to several directions for future research. A longitudinal design would enable the tracking of changes in bonding, well-being, and closeness across the family life cycle, capturing the dynamics of change and identifying factors that foster or hinder the development of these psychological variables. Subsequent studies should incorporate the perspectives of both spouses – ideally through dyadic analyses such as the Actor – Partner Interdependence Model (APIM) – measure religiosity and value orientation as covariates or moderators, control for length of marriage, number of children, and sexual quality, and differentiate the types of methods used within each group. They should also be designed with an a priori power analysis targeting larger and more balanced samples, and apply formal statistical tests for between-group comparisons (e.g., Fisher's r-to-z, moderated regression). Complementing quantitative measurement with qualitative methods and developing instruments sensitive to the physiological (cyclicality and phases of the cycle), emotional, and axiological contexts of fertility regulation would more adequately reflect the lived experiences of women using different methods.

Conclusion and Practical Implications

This study provides new empirical evidence regarding the relationship between fertility control methods and psychological well-being, marital closeness, and life satisfaction among married Polish women. The results indicate that although birth control methods do not significantly influence psychological well-being, they do significantly influence marital closeness across all dimensions. Women using the natural method of fertility control achieve higher levels of emotional, intellectual, and behavioral closeness. Stronger correlations between well-being and closeness were found in the group using the natural method of fertility control, suggesting that psychological resources and relationship quality are mutually reinforcing under conditions of conscious engagement in reproductive processes.

The natural method of fertility control, as a method requiring cooperation, dialogue, and shared responsibility, can serve not only as a tool for fertility management but also as a mechanism supporting the development of a deep and stable bond. It should be emphasized, however, that the choice of birth control method is not merely a technical, medical, or ideological matter; it also has a psychological dimension that truly impacts the quality of life of the individual and the marital relationship.

In a practical context, these results can form the basis for several recommendations. First, it is advisable to develop educational programs aimed at young couples, taking into account the psychological dimension of birth control methods and their potential impact on the quality of their relationships. Second, it is advisable to incorporate knowledge about the psychological aspects of birth control methods into the training of family counselors, psychologists, and psychotherapists. Third, it seems justified to conduct informational and educational campaigns presenting natural contraceptive methods as modern methods that can support not only fertility management but also the quality of the marital bond. These recommendations should be formulated with caution due to the limitations of this study.

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