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ADULTHOOD'S MARITAL ADJUSTMENT AND SUICIDAL IDEATION

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ABSTRACT

The present study attempted an empirical investigation to the marital adjustment and suicidal ideation of adulthood. In order to collect data, participants were selected purposively; a total 108 respondents were selected. Out of these 108 respondents, 54 were of single family and 54 were of joint family. In the 54 single families, 27 were of rural areas and 27 were of urban areas. And in the 54 joint families, 27 were of rural areas and 27 were of urban areas. Again each group consisted of 9 early adulthood, 9 middle adulthood and 9 late adulthood. Their age ranges were from 17 to 60 above years. The Bangla version of "Dyadic Adjustment Scale (DAS) (Ilyas 2001)" and "Suicidal ideation scale (Uddin and Hossain 2007)" were used to measure marital adjustment and suicidal ideation. The data were analyzed using mean, standard deviation; t-value, one- way analysis of variance (ANOVA) and Pearson product moment correlation. The findings of the present study showed that mean of marital adjustment of late adulthood shows more marital adjustment than middle and early adulthood ($F = 68.98$, $df = 2$, $p < 0.00$); mean of marital adjustment of joint family was more than single family ($F = 14.24$, $df = 1$, $p < 0.00$); mean of marital adjustment of rural areas was more than urban areas ($F = 12.23$, $df = 1$, $p < 0.00$). On the other hand, early adulthood was more suicidal ideation than middle and late adulthood ($F = 19.49$, $df = 2$, $p < 0.00$); single family was more suicidal ideation than joint family ($F = 6.08$, $df = 1$, $p < 0.01$); But residence had no significant on suicidal ideation. Result also showed negative correlation ($r = -0.32$, $p<0.01$) between marital adjustment and suicidal ideation of adults.

Key Words: *Marital adjustment, suicidal Ideation, Adulthood.*

INTRODUCTION

Marriage is paramount important in society to solve our social, cultural, personal and sexual problems. It is an ancient practice, although its meaning may have changed through time and space. The word 'marriage' means only a legal union between one man and one woman as husband and wife, and the word 'spouse' refers only to a person of the opposite sex who is a husband or wife. Marital adjustment has long been a trendy topic in studies of the family, most likely because the idea is supposed to be narrowly associated to the stability of any marriage (Hashmi *et al.* 2007).

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Suicide is death resulting from an intentional, self-inflicted act. Suicidal behavior comprises both suicide and acts of self-harm that do not have a fatal outcome. Emile Durkheim, a French sociologist, published his book *Suicide* (*Le Suicide*) in 1897 and defined the four different types of suicide named Egoistic, Fatalistic, Anomic, and Altruistic. Suicidal ideation is considered to be part of a continuum that culminates in suicide attempts and committed suicides. Suicidal ideation, defined as having thoughts of engaging in behavior intended to end one's life, warrants greater research attention not only because it is a well established precursor to suicide attempts (e.g., Reinherz *et al.* 1995; Lewinsohn *et al.* 1994).

Adulthood is the timeframe of growth when physical maturation has been attained and specific biological, mental, cultural, individual characteristics, and various other developments concerned with have taken place. Adulthood is socially defined, with expectations about appropriate behaviors and facing up to responsibilities. There are 3 stages of adulthood. Starting post-adolescence, named the period is a. Early Adulthood (17-40); b. Middle adulthood (40-60) and c. Late adulthood (above 60).

Rao (2017) researched on marital adjustment and depression among couples as relation family structure and gender. Their sample size was 26 participants whose age ranges were 25-60 years. They concluded that marital adjustment is better in nuclear family than joint family and aged people has more marital adjustment than young people. But in gender, women and men have to face more problems in their married life. Vaghela (2014) researched on a comparative study of marital adjustment among employed and unemployed married women of urban and rural area. The sample of the present study consisted of 120 married women and their range between 23 – 38 years. They concluded that employed women of urban area are better in their marital adjustment than unemployed women of urban area and employed married women of rural area are better in their marital adjustment than unemployed married women of rural area. Fatima (2014) studied on Marital Adjustment among Urban and Rural Women. She found that urban women have good marital adjustment and rural women have poor marital adjustment. She also concluded that marital adjustment was better in women having short married life of 5-10 years than above 15 years and marital adjustment was better those belonging to higher socio-economic status than middle and lower socio-economic status. Akhani *et al.* (1999) conducted a research on marital adjustment and life satisfaction among the women of early and late marriage. The research showed that the financial position of the family played an important part in deciding the level of marital adjustment as the women of high earnings shows more life satisfaction than the women of low earnings.

Alpass and Neville (2005) investigated on suicidal ideation in older New Zealand males (1991-2000). They reported that suicidal ideation was related to income, stress, loneliness, hopelessness, depression and negative affect, but was unrelated to age, self-reported health, or social support. Whisman and Uebelacker (2006) worked on impairment and distress associated with relationship discord in a national sample of married or cohabiting adults. He examined the clinical importance of relationship discord, finding that individuals in discordant relationships are more likely to report suicide ideation. Sethi *et al.*

(1978) researched on psychosocial factors and personality characteristics in cases of attempted suicide. They found that people of nuclear family showed more suicidal attempt than joint family. Xu *et al.* (2015) researched on prevalence and influence factors of suicidal Ideation among females and males in Northwestern urban China: a population based Epidemiological study. The prevalence of 12-month suicidal ideation was 4.29 %; there was significant difference between males and females (5.04 % and 3.62 %). Several risk factors for suicidal ideation were confirmed, including being unmarried, having depression, feeling hopeless.

Marriage is an interdependent relationship between husband and wife. By marriage couple shares his/her physical, social, financial needs and express their emotions. It is also a catharsis process. Marital adjustment depends on different issues such as age, monthly income, profession, gender, residence, family type, peer pressure, children expectation, proper rearing of child, physical health, educational qualification etc. Proper marital adjustment makes a romantic relationship between husband and wife. There will be in suicidal tendency if the marital adjustment is not in harmony. When anyone represses one's emotion about his/her partner, it turns into apex stage of frustration and creates depression, anxiety, suicidal tendency so forth mental health problems. Therefore, disharmony of psychological adjustment, self esteem, self acceptance also influences on proper mental health, and marital adjustment. Some of the cases, it may lead to suicidal tendency and in zenith stage attempts suicide. Most of the studies in this area have been done in western culture, but in Bangladesh there are very few studies. Now, the findings of the present study will be helpful to understand about marital adjustment, suicidal ideation of adulthood. The study would have some applied values and the study would give new theoretical knowledge about marital adjustment, suicidal ideation of adulthood. Therefore, it will help us to provide such information which is very essential for mental health worker (psychologist, sociologist, counselor, clinical psychologist) and policy maker to provide intervention program and make an effective step to facilitate their development.

With respect to the rationale of the study, the main objective of the present study was to investigate the relationship between marital adjustment and suicidal ideation among the adulthood. Other objectives are; a. To investigate whether marital adjustment varies as a function of age of stages, family types and residences. b. To see whether suicidal ideation varies as a function of age of stages, family types and residences.

MATERIALS AND METHODS

Participants

In order to collect data, participants were selected purposively in Chittagong district in Bangladesh; a total 108 respondents were selected. Among 108 respondents 54 were single family and 54 were joint family. In the 54 single families, 27 were rural areas and 27 were urban areas. And in the 54 joint families, 27 were rural areas and 27 were urban areas. Again each group consisted of 9early adulthood, 9middle adulthood and 9late adulthood. Their age ranges were from 17 to 60 above years. However, all the respondents of this study were spouse. All the respondents were physically and mentally well.

Measuring Instruments

In the following research two questionnaires were used.

Bangla version of the Dyadic Adjustment Scale (DAS)

The Bangla version of Spanier's (1976) Dyadic Adjustment Scale (DAS) were used to measure marital adjustment. The original scale is a 32-item questionnaire which measures four aspects of relationship, dyadic satisfaction (item number: 16-23, 31, 32), dyadic cohesion (item number: 24- 28), dyadic consensus (item number: 1-3, 5, 7-15), and affectional expression (item number: 4, 6, 29, 30). Most of the items are Likert type, but there are only 2 items of yes-no format. For example, for ratings of agreement, 0=always disagree and = 5 always agree, for ratings of frequency, 0= all the time and 5= never, for dichotomous ratings, 0= yes and 1= no. Total score is generated by summing up the scores of individual items and it ranges from o to ii. Higher score reflects higher level of marital adjustment. The original DAS has shown good reliability (Cronbach's alpha 0.96). Construct validity data indicate that the DAS discriminates well between divorced and currently married samples, and also highly the Locke-Wallace Marital Adjustment Test (Taft *et al.* 2005). In the original scale there were three items (item no. 23, 29, and 30) that ask about the frequency of kissing, differences for being too tired for sex and for not showing love. These items were dropped from the Bangla version of the scale because it was assumed that these items might offend the respondents and reduce their response rate (Ilyas 2001). Thus the Bangla version of DAS includes 29 items. The correlation between the responses of the same respondents in English and Bangla version DAS was found to be 0.78 (Ilyas 2001). Thus the reliability of the Bangla version of the full CERQ was found to be 0.78.

Suicidal Ideation Questionnaire

Suicidal Ideation Questionnaire (Beck *et al.* 1979) was adapted in Bangla by Uddin and Hosain (2007). The SSI was designed to quantify the intensity of current conscious suicidal intent by scaling various dimensions of self-destructive thoughts or wishes. Suicidal ideation also encompasses "suicidal threats" that have been expressed in overt behavior or verbalized to others. The scale consists of 19 self-report items. Each item consists of three alternative statements graded in intensity from 0 to 2.The total score is computed by adding the individual item scores. Thus, the possible range of scores is 0-38. The alpha co-efficient (0.89) indicated internal consistency of the scale. Alpha was calculated on a sample of 90 patients (Beck *et al.* 1974). The inter rater reliability co-efficient was 0.83 ($p<0.001$).The high score of the scale is 38 and low score is 0. High score means the higher rate of suicidal ideation and low score means the lower rate of suicidal ideation. The English and Bangla version were given to 10 judges (expert in both English and Bangla) by the researchers for checking correctness of translation. Some changes in the translation were made according to suggestions of judges. For assessing test-retest reliability Bangla version of the scale was administered on the 30 respondents

with a gap of seven days. Significant correlation between the scores of two administrations ($r=0.995$, $p<0.01$) indicates test-retest reliability of the scale. Cronbach alpha (<x= 0.998) for Bangla version indicated higher internal consistency of the scale. This scale assumed to be valid (face validity).

Design

A cross-sectional survey research design was followed for conducting present study.

Procedure

Data were collected individually from each respondent. Respondents were told that the sole purpose of the investigation was academic and their response would be kept confidential. Before administration of the questionnaire, necessary rapport was established with respondents. Then, the marital adjustment scale and suicidal ideation scale were administered to respondents and requested a silent reading at the instruction provided with the scale before starting to answer. They were also requested not to omit any item in the scale and they were encouraged to answer all the items by telling that, there is no right or wrong answer to any item. All possible clarifications were made to the problems if faced by the respondents. There was no time limit for the respondents to answer all the items of the scale. After completing of their tasks, the answered questionnaires were collected from them. Finally, they were given thanks for their sincere co-operation.

RESULTS AND DISCUSSION

The data were analyzed by Pearson Product Moment Correlation and F-test. All statistical analyses were carried out using the statistical program SPSS version 16.0 for Windows.

TABLE 1: DESCRIPTIVE STATISTICS OF MARITAL ADJUSTMENT SCORES ACCORDING TO AGE OF STAGES, TYPES OF FAMILY AND RESIDENCES.

	Types of Family		Residences		
Age of Stages	Single Family	Joint Family	Rural	Urban	Total
Early adulthood	M = 49.35	M = 60.68	M = 57.33	M = 53.33	M = 55.33
	SD = 16.60	SD = 12.56	SD = 15.67	SD = 15.49	SD = 15.49
Middle adulthood	M = 72.61	M = 76.56	M = 78.61	M = 70.56	M = 74.58
	SD = 10.51	SD = 8.75	SD = 10.28	SD = 7.44	SD = 9.74
Late adulthood	M = 82.37	M = 92.24	M = 93.06	M = 81.00	M = 87.03
	SD = 11.13	SD = 13.64	SD = 12.44	SD = 11.21	SD = 13.78
Total	M = 68.72	M = 75.91	M = 76.33	M = 68.30	M = 72.31
	SD = 18.78	SD = 17.40	SD = 19.54	SD = 16.36	SD = 18.38

Table 1 indicates that mean marital adjustment score of early adulthood was 55.33 (SD = 15.49), middle adulthood was 74.58 (SD = 9.74) and late adulthood was 87.03 (SD = 13.78); mean marital adjustment score of single family was 68.72 (SD = 18.78) and joint family was 75.91 (SD =17.40); and mean marital adjustment score of rural areas was 76.33 (SD =19.54) and urban areas was 68.30 (SD =16.36). To determine whether the differences

observed between the means in Table 2 were statistically significant, two-way analysis of variance (ANOVA) was computed.

TABLE 2: SUMMARY OF THE ANALYSIS OF VARIANCE OF MARITAL ADJUSTMENT ACCORDING TO AGE OF STAGES, TYPES OF FAMILY AND RESIDENCES.

Sources of Variables	SS	df	MS	F	Sig.
Age of Stages	19092.73	2	9546.36	68.98	0.00
Types of Family	1971.12	1	1971.12	14.24	0.00
Residences	1691.87	1	1691.87	12.23	0.00
Age of Stages* Types of Family	288.88	2	144.44	1.04	0.35
Age of Stages* Residences	404.51	2	202.26	1.46	0.24
Types of Family * Residences	23.38	1	23.38	0.17	0.68
Age of Stages* Types of Family * Residences	201.08	2	100.54	0.73	0.489
Error	13285.29	96	138.39		
Total	600934.00	108			

Table 2 shows that age of stages had significant effect on marital adjustment ($F = 68.98$, $df = 2$, $p < 0.00$); types of family had significant effect on marital adjustment ($F = 14.24$, $df = 1$, $p < 0.00$); and residences had significant effect on marital adjustment ($F = 12.23$, $df = 1$, $p < 0.00$). Late adulthood had more marital adjustment than middle and early adulthood; people of joint family had more marital adjustment than single family and rural people had more marital adjustment than urban people. The result also shows no significant interaction effect between age of stages and types of family; age of stages and residences; types of family and residences. And finally the result indicates that no significant interaction effect among age of stages, types of family and residences.

TABLE 3: DESCRIPTIVE STATISTICS OF SUICIDAL IDEATION SCORES ACCORDING TO AGE OF STAGES, TYPES OF FAMILY AND RESIDENCES.

	Types of Family		Residences		
Age of Stages	Single Family	Joint Family	Rural	Urban	Total
Early adulthood	M = 8.65	M = 5.68	M = 8.06	M = 6.11	M = 7.08
	SD = 7.20	SD = 6.13	SD = 7.20	SD = 6.28	SD = 6.73
Middle adulthood	M = 4.22	M = 2.33	M = 3.39	M = 3.17	M = 3.28
	SD = 3.65	SD = 1.94	SD = 4.03	SD = 1.65	SD = 3.04
Late adulthood	M = 1.42	M = 0.29	M = 0.83	M = 0.94	M = 0.89
	SD = 1.68	SD = 0.85	SD = 1.09	SD = 1.76	SD = 1.45
Total	M = 4.63	M = 2.87	M = 4.09	M = 3.41	M = 3.75
	SD = 5.46	SD = 4.39	SD = 5.60	SD = 4.67	SD = 5.00

Table 3 indicates that mean suicidal ideation score of early adulthood was 7.08 (SD = 6.73), middle adulthood was 3.28 (SD = 3.04) and late adulthood was 0.89 (SD = 1.45);

mean suicidal ideation score of single family was 4.63 (SD = 5.46) and joint family was 2.87 (SD = 4.39); and mean suicidal ideation score of rural areas was 4.09 (SD = 5.60) and urban areas was 3.41 (SD = 4.67). To determine whether the differences observed between the means in Table 4 were statistically significant, two-way analysis of variance (ANOVA) was computed.

TABLE 4: SUMMARY OF THE ANALYSIS OF VARIANCE OF SUICIDAL IDEATION ACCORDING TO AGE OF STAGES, TYPES OF FAMILY AND RESIDENCES.

Sources of Variables	SS	df	MS	F	Sig.
Age of Stages	710.81	2	355.40	19.49	0.00
Types of Family	110.91	1	110.91	6.08	0.01
Residences	12.00	1	12.00	0.66	0.42
Age of Stages* Types of Family	16.87	2	8.43	0.46	0.63
Age of Stages* Residences	23.75	2	11.88	0.65	0.52
Types of Family * Residences	3.10	1	3.10	0.17	0.68
Age of Stages* Types of Family * Residences	64.70	2	32.35	1.77	0.17
Error	1750.64	96	18.24		
Total	4203.00	108			

Table 4 shows that stages of adulthood had significant effect on suicidal ideation ($F = 19.49$, $df = 2$, $p < 0.00$); types of family had significant effect on suicidal ideation ($F = 6.08$, $df = 1$, $p < 0.01$); and residences had no significant effect on suicidal ideation ($F = 0.66$, $df = 1$, $p < 0.42$). Early adulthood had more suicidal ideation than middle and late adulthood; people of single family had more suicidal ideation than joint family. The result also shows no significant interaction effect between age of stages and types of family; age of stages and residences; types of family and residences. And finally the result indicates that no significant interaction effect among stages of adulthood, types of family and residence.

TABLE 5: PEARSON'S CORELLATION BETWEEN MARITAL ADJUSTMENT AND SUICIDAL IDEATION SCORES OF ADULTHOOD.

Variables	N	Correlation Coefficient (r)
Marital Adjustment		
Suicidal Ideation	108	-0.32**

**Significant at the 0.01 level (two-tailed)

Table 5 shows that a negative correlation ($r = -0.32$) was found between marital adjustment and suicidal ideation of adults with an alpha level of $p < 0.01$. That means the increase of marital adjustment, suicidal ideation decreases.

The present study has focused on marital adjustment and suicidal ideation of adulthood. The first objective of the present study was to investigate whether marital adjustment varies as a function of age of stages. The results indicate that mean of early

adulthood was 55.33 (SD = 15.49), mean of middle adulthood was 74.58 (SD = 9.74) and mean of late adulthood was 87.03 (SD = 13.78). The results revealed that there is a significant difference ($df = 2$, $F = 68.98$, $p < 0.05$) in marital adjustment according to age of stages. That is age of stages has significant effect on marital adjustment. Late adulthood has more marital adjustment than middle and early adulthood. There are many opportunities for older married couples to enjoy their lives together and to grow closer. For example, the experiences of retirement and increased travel and leisure time may be richer if shared. In addition, spouses provide extraordinary companionship and support when health and mobility decline and partner needs assistance. Married couples with vital relationships are most likely to experience continued, positive interactions within marriage. Those who enjoy spending time together and can confide in each other usually maintain a close and giving relationship as they age. However, those couples who are unsatisfied in the earlier years of their marriage tend to have a negative experience in later life. Their relationships are difficult, their communication conflictual and unrewarding. For this reasons the late adulthood's marital adjustments were better than early and middle adulthoods.

The first objective of the present study was to investigate whether marital adjustment varies as a function of family types. The result indicates that mean of single family was 68.72 (SD = 18.78) and mean of joint family was 75.91 (SD = 17.40) .The results revealed that there is a significant difference ($df = 1$, $F = 14.24$, $p < 0.05$) in marital adjustment according to family types. That is family types has significant effect on marital adjustment. Joint family has more marital adjustment than single family. Joint family is made up of the couples, grandfather, grandmother, brothers and sisters. For this reason when a couple faces a problem they try to solve it together. They also share their emotions with each other. In Bangladesh perspective most of the joint family lead to each members income. So they have no financial crisis. For this reasons the joint family's marital adjustments were better than single family. The first objective of the present study was to investigate whether marital adjustment varies as a function of residences. The result indicates that mean of rural adult people was 76.33 (SD = 19.54) and mean of urban adult people was 68.30 (SD = 16.36). The results revealed that there is a significant difference ($df = 1$, $F = 12.23$, $p<0.05$) in marital adjustment according to residence. That is residence has significant effect on marital adjustment. Rural adult people have more marital adjustment than urban adult people. In the urban areas most of the families are nuclear family. The Urban people reported less adjusted of marital life. The rural people have more exposure and interaction with the men and women. The intimacy may arise while continuing interaction. It seems that foremost source of this covetous issue might be the insecurity and fear of being abandoned by one of the partner due to extra marital relationship, excessive flow of money, poverty that push away the people to leave sedentary mode of life and to adopt nomadic way, mismatch of thoughts, emotions and behavior, and values of life, over involvement, much or less care, violation of customary practices, eating and sleeping habits, pro-social attitude, less mindfulness and more money mindedness; selfishness, performing job and business outside the native place may results

in jealous that may hamper their marital relationship in general and personal development in particular.

The second objective of the present study was to investigate whether suicidal ideation varies as a function of age of stages. The result indicates that mean of early adulthood was 7.08 (SD = 6.73), mean of middle adulthood was 3.28 (SD = 3.04) and mean of late adulthood was 0.89 (SD = 1.45). The results revealed that there is a significant difference ($df = 2$, $F = 19.49$, $p < 0.05$) in suicidal ideation according to age of stage. That is age of stage has significant effect on suicidal ideation. Early adulthood has more suicidal ideation than middle and late adulthood. Suicidal thoughts, suicide planning, and suicide attempts are all significantly higher among those aged 18 to 29 than among adults aged 30 and older (CDC 2012). Kessler *et al.* (1999) found an increased risk of all three suicidal behaviors in individuals who were female, in their mid twenties, had been previously married, were born into a more recent cohort as opposed to an earlier cohort, and had a lower level of education. Prior research has also shown that mental health problems are a risk factor for suicidal behavior. Among these assessed disorders were mood disorders, anxiety disorders, substance use disorders, conduct disorder, adult antisocial behavior, antisocial personality disorder, and non affective psychosis, of which mood disorders had a markedly higher association with suicide ideation and attempt than other disorders (Kessler *et al.* 1999). Additionally, the second objective of the study included investigation of whether suicidal ideation varies as a function of family types. The result indicates that mean of single family was 4.63 (SD = 5.46) and mean of joint family was 2.87 (SD = 4.39). The results also revealed that there is a significant difference ($df = 1$, $F = 6.08$, $p < 0.05$) in suicidal ideation according to family types. That is family type has significant effect on suicidal ideation. Single family has more suicidal ideation than joint family. Here couples don't share their some emotions and feelings with each others. Then they are relatively more affected by anxiety, stress, depression and other mental disorders than joint family. They also feel loneliness and hopelessness. Schotte and Clum (1987) suggested that hopelessness may decrease one's ability to find solutions to interpersonal problems or even decrease one's belief that there is a potential solution to an interpersonal problem. Hopelessness may interfere with one's ability to see future improvement in one's relationship/marriage, or, in severe circumstances, in one's future ability to escape an emotionally or physically abusive relationship/marriage. All these predictors associated with suicidal ideation. The second objective of the present study was also to investigate whether suicidal ideation varies as a function of residence. The result indicates that mean of rural areas was 4.09 (SD = 5.60) and mean of urban areas was 3.41 (SD = 4.67). The results revealed that there is no significance difference between rural and urban areas according to suicidal ideation.

The main objective of the present study is the relationship between marital adjustment and Suicidal Ideation. Generally marriage is the relationship that exists between a husband and a wife. Marriage is the state of being of the opposite sex as husband or wife in a consensual and contractual relationship recognized by law. Marital adjustment depends on various factors. In a good marital adjustment, the couples can lead a harmonious life,

they are more co-operative with each other, they can share their emotions, and they also have a commitment and sympathy with each other. But in the modern eras the rapid growth of population, Urbanization, Industrialization and the heavily dependence of technology have a great impact on human life. They are more busy and fastidious about their daily activities which have a great impact on marital adjustment. In the recent research (Szanto *et al.* 2002) has found that some urban communities might be more likely to experience suicidal ideation than in the rural areas. Factors are associated with marital disharmony, social support and various negative health factors such as multiple physical illnesses, pain, subjective perception of poor health, impaired physical functioning, sleep disturbance, and depressive symptoms were associated with thoughts of suicide. For this reason, when there is a harmonious marital adjustment between the two couples then the suicidal ideation will be decreased and the discord marital adjustment between the two couples increase the tendency of suicidal ideation.

This study may have important recommendations; community health providers are more likely to identify those who need special care in order to avoid developmental and psychological problems. So, they can help them to cope up with their problems through proper counseling and guidance services arrangements; future research should develop and establishing official system to address the married person problems in the community and enhancing social support services. Considering the fact that psychosocial management is an important component of psychiatric care and called for a need to establish a National Policy; ensure that the government protects the most vulnerable person and provide essential services.

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