

Original Article

Marital Dissatisfaction among Married Depressed Women: A Cross Sectional Study in a University Hospital of Bangladesh

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Abstract:

Background: Marital dissatisfaction is prevailing in the family and is negatively affecting the couples as well as the society. Women are more vulnerable to develop depression when they are maritally dissatisfied.

Materials & Methods: This cross-sectional observational study was conducted into the outpatient department (OPD) of psychiatry, Bangladesh Medical University (BMU), Dhaka from July '18 to December '18 to identify the proportion of marital dissatisfaction among married depressed women and to determine the association of socio demographic variables with marital dissatisfaction. Total 150 adult (18 years or more) married depressed women were taken for this study.

Results: In this study, 74% married depressed women were dissatisfied in their marital life, the age group 20-30 years having the highest dissatisfaction rate (52.25%), education has a significant and positive association with satisfaction, house wives were mostly dissatisfied (88.29%), marital duration had the strongest association with marital quality. Dissatisfaction rate was higher in settle than affair marriage, the respondents in nuclear family having the higher dissatisfaction rate than those in extended and joined family, women who had problem solving skill experiences more satisfaction than those who were not capable of problem solving.

Conclusion: This can be concluded that the marital dissatisfaction is common among married depressed women.

Keywords: Marital dissatisfaction, Depression, Satisfaction, Women.

Introduction:

One of the most important relationship between a man and women is marriage. It involves emotional and legal

commitment that is very important in any adult life. Moreover, selecting a partner and entering into a marital

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contract is considered both maturational milestone and personal achievement. People marry for many reasons; like love, happiness, companionship, and the desire to

have children, physical attraction or desire to escape from an unhappy situation. Marriage is a commitment with love and responsibility for peace, happiness and development of strong family relationships.

All the marriages are aimed at happiness and healthy living. Most couples may filled with expectations will be realistic while others unrealistic. This is due to complex nature of marriage. Marriage may confer health benefits for people; previous studies have shown that married people often have less risky behavior.¹

A perceived low degree of adjustment or unhappiness with a relationship may be defined as dissatisfaction.² Dissatisfaction may arise in any relationship. Among this, marital dissatisfaction and its outcome probably most enduring. Marital dissatisfaction perhaps pervades our society from higher to lower class and has negative impact in our life. It is almost a salient topic but plays an important role in our everyday life.

Marital dissatisfaction arises from multiple factors like handling family finances, matters of recreation, religious matters, demonstration of affection, ways of dealing with parents or in laws, making major decisions.³ Other such as amount of time spent together, household tasks, leisure time interests, sexual satisfaction.⁴ Attachment style (demand withdrawal, avoidance, and ambivalent attachment), personality traits (neuroticism, extraversion, constraint) and childhood trauma may lead to marital dissatisfaction.^{5,6}

The etiology of depression is multifactorial.⁷ Emerging data demonstrate that interpersonal process play a role in the development, maintenance and exacerbation of depression.⁸ Weissman's epidemiological study revealed that men and women who report marital dysfunction are 25 times more likely to be depressed than their satisfied counterparts.⁹ Among clinical samples presenting with marital problems, 50% have found to suffer from a combination of both marital dissatisfaction and depressive symptoms.¹⁰ Furthermore 22% of dissatisfied wives have been found to meet diagnostic criteria for major depressive episode, compared with 8% of non-dissatisfied wives.¹¹ Herr, Hammen, & Brennan found that, those classified as currently depressed also reported significantly lower marital satisfaction.¹² Evidence also suggests that the relationship between depression and marital satisfaction may be bi-directional. Greater marital quality is associated with less depression.¹³

Marital dissatisfaction has been associated with increased risk of relapse in depression.¹⁴ Furthermore, marital problems have been associated with poor prognosis to existing treatments for depression.¹⁵ Thus marital dissatisfaction is associated with the occurrence, course, and treatment outcome of depression. However, not all individuals experiencing also experience an increase in depressive symptoms. Women tend to self-blame when things go wrong and base their self-esteem on their relationships with others.¹⁶

Major depressive disorder (MDD) is a serious and pervasive health problem Worldwide.¹⁷ According to WHO and NIMH, Bangladesh 4.6% adult Bangladeshi population suffer from MDD, among them 64.2% are women.¹⁸ The results of numerous studies suggest that people tend to be both healthier and happier when they are married.¹⁹ The etiological significance of the association between marital dissatisfaction and depression, however, has been debated. Some theorists proposed marital dissatisfaction is causally related to onset, maintenance and relapse of depression.^{14,20} This study will give some information regarding various causes behind women's depression and marital dissatisfaction.

Materials and Methods:

This cross-sectional observational study was conducted into the outpatient department (OPD) of psychiatry, Bangladesh Medical University (BMU), Dhaka, from July'18 to December'18. Total 150 adult (18 years or more) married depressed women was taken for this research. The sampling technique was purposive and consecutive. Married depressed women were selected from outpatient department (OPD), diagnosis was confirmed by psychiatrist according to clinical version of SCID-I and subsequently assigned by DSM-IV (Diagnostic and Statistical manual of mental disorder, fourth edition). Marital dissatisfaction was defined as perceived low degree of adjustment or unhappiness with a relationship. A nuclear family means a group of people who are united by ties of partnership and parenthood and consisting of a pair of adults and their socially recognized children. Joint family denotes a family in which members of a unilineal descent group (a group in which descent through either the female or the male line is emphasized) live together with their spouses and offering in one homestead and under the authority of one of the members.

Extended family means a family structure that includes not just the parents and their children (the nuclear family), but also other close relatives living together or maintaining strong, regular contact. These relatives can include: grandparents, uncles and aunts, cousins, in-laws, sometimes even close relatives from the same lineage or household cluster. Affair marriage (commonly known as love marriage), is a type of marriage where the man and woman choose each other based on personal affection, romantic involvement, or a pre-existing relationship, usually without major involvement or selection by families. Settle marriage (more appropriately called arranged marriage)-is a marriage in which families, parents, or guardians choose the spouses, considering factors such as family background, religion, economic status, and social compatibility.

Investigator was read the DAS (Dyadic Adjustment Scale) to every study subjects and subsequently it was filled up. Data was compiled in a master chart and was entered into computer for statistical analysis using computer based software, statistical package for social science (SPSS) version 15. The result was presented in tables in proportion. Z test of proportion was done to analyze the data. Level of significance was 0.05.

Results:

Total 150 married depressed women were recruited in this study. Among 150 respondents 111 (74%) were dissatisfied. Further analysis were done among these dissatisfied women.

Table 1 shows that the DAS score of the respondents. Among 150 respondents 111(74%) respondents got less than 92 score on DAS scale and 39 (26%) respondents got more than 92 score. This results indicate that 74% married depressed women were dissatisfied in their marital life.

Table 1: Distribution of patients according to DAS score (N=150)

DAS score	Number of patients (%)	p-value*
<92 (Dissatisfied)	111 (74%)	<0.001
>92 (Satisfied)	39 (26%)	

* Z test of proportion was done to analyze the data. Level of significance was 0.05. N: number of patients, DAS: Dyadic adjustment scale.

Table 2 shows age distribution with their dissatisfaction rate. The table also shows that the age group 20-30 years having the highest dissatisfaction rate (52.25%), as the age increase the dissatisfaction rate was also decreasing.

Table 2: Distribution of patients according to age and their dissatisfaction rate (n=111)

Age	Number of patients (%)	p-value*
20-30	58 (52.25%)	0.968
31-40	40 (36.04%)	
41-50	12(10.81%)	
51-60	1(0.90%)	

* Z test of proportion was done to analyze the data. Level of significance was 0.05.

n: number of dissatisfied women.

Table 3 shows education has a significant and positive association with satisfaction.

Table 3: Distribution of patients according to educational status and rate of dissatisfaction (n=111)

Education	Number of patients (%)	p-value*
Illiterate	2 (1.80%)	0.925
Primary	52 (46.85%)	
SSC	28 (25.23%)	
HSC	8 (7.21%)	
Graduate	12 (10.81%)	
Above	9 (8.11%)	

* Z test of proportion was done to analyze the data. Level of significance was 0.05.

n: number of dissatisfied women.

Table 4 shows occupational status of the respondents and their dissatisfaction rate. The results show that house wives were mostly dissatisfied (88.29%).

Table 4: Distribution of patients according to occupation and marital dissatisfaction (n=111)

Occupation	Number of patients (%)	p-value*
House wife	98 (88.29%)	0.477
Student	4 (3.60%)	
Service	6 (25.23%)	
Trading	1 (5.41%)	
Nurse	0 (0%)	
Others	2 (1.80%)	

* Z test of proportion was done to analyze the data. Level of significance was 0.05.

n: number of dissatisfied women.

The table 5 shows that the monthly income of the respondents influence their Satisfaction on marriage. The monthly income of the respondents give an equivocal impression about their dissatisfaction and satisfaction rate.

Table 5: Distribution of patients according to monthly income and their marital satisfaction and dissatisfaction (N=150)

Monthly income (Taka)	Dissatisfaction (%)	Satisfaction (%)	p-value*
5000-10000	108 (97.30%)	37 (94.87%)	0.968
10001-20000	2 (1.80%)	1 (2.56%)	
20001-30000	0 (0%)	1 (2.56%)	
30001-40000	1 (0.90%)	0 (0%)	

* Z test of proportion was done to analyze the data. Level of significance was 0.05.

N: number of patients.

Table 6 shows that duration of marriage influences the satisfaction in marriage. As the duration of marriage increases the satisfaction rate also increases. But there is a decrease of marital satisfaction at the duration of marriage between 15 to 20 years. This result indicate other variable(s) may be responsible.

Table 6: Distribution of patients according to duration of marriage and overall satisfaction and dissatisfaction (N=150)

Duration (Year)	Dissatisfaction (%)	Satisfaction (%)	p-value*
5-15	26 (23.42%)	8 (20.51%)	0.968
5-10	25 (22.52%)	9 (23.08%)	
10-15	19 (17.12%)	7 (17.95%)	
15-20	23 (20.72%)	3 (7.69%)	
>20	18 (16.22%)	12 (30.77%)	

* Z test of proportion was done to analyze the data. Level of significance was 0.05.

N: number of patients.

Results in Table 7 shows that the dissatisfaction rate is higher in settle than affair marriage.

Table 7: Distribution of patients according to type of marriage and dissatisfaction (n=111)

Type of marriage	Number of patients (%)	p-value*
Affair	29 (26.13%)	0.389
Settle	82 (73.87%)	

* Z test of proportion was done to analyze the data. Level of significance was 0.05.

n: number of dissatisfied women.

Results in Table 8 shows the respondents in nuclear family having the higher dissatisfaction rate than those in extended and joined family (P = 0.004).

Table 8: Distribution of patients according to type of family and dissatisfaction (n=111)

Type of family	Number of patients (%)	p-value*
Nuclear	72 (64.86%)	0.004
Joined	31 (27.93%)	
Extended	8 (7.29%)	

* Z test of proportion was done to analyze the data. Level of significance was 0.05.

n: number of dissatisfied women.

Results in Table 9 shows women who have problem solving skill experiences more satisfaction than those who are not capable of problem solving (P=0.001).

Table 9: Distribution of patients according to problem solving skill of the respondents and their marital satisfaction and dissatisfaction (N=150)

Problem solving skill	Dissatisfaction (%)	Satisfaction (%)	p-value*
Yes	14 (12.61%)	20 (51.28%)	0.001
No	97 (87.39%)	19 (48.72%)	

* Z test of proportion was done to analyze the data. Level of significance was 0.05.

N: number of patients.

Discussion:

This research was undertaken to investigate whether marital dissatisfaction is common among depressed women. The findings of the study partially supported the

hypothesis. This is consistent with past research, which suggest there is strong link between depression and marital dissatisfaction²¹. But rate of dissatisfaction is inconsistent with the Canadian study (the dissatisfaction rate of the current study was 74%, whereas the dissatisfaction rate in Canadian sample was 41.9%).²² This discrepancy may be due to western and non-western context of marital dissatisfaction and depression.

Results of the study shows, 74% married depressed women are dissatisfied in their marriage. Marital duration has the strongest association with marital quality. Those who have been married longer have greater satisfaction and fewer problems and disagreements. Results indicate that as the age of the depressed women increases there is gradual fall of dissatisfaction, which is consistent with the findings of increases the duration of marriage and decreasing the dissatisfaction. This findings are consistent with prior study.²³ This may be due to the acceptance of many problems in marital relationship by limiting the expectations, establishment of the child but one interesting finding is there, an increase in marital dissatisfaction at the duration of marriage between 15 to 20 years. This may indicate other variable(s) may be responsible for this. Hansen reported in his study of 952 southern California participants that he found a positive correlation between courtship period and marital satisfaction and a negative correlation between courtship period and incidences of divorce.²⁴ Schoen made studies on the relation between age and marital adjustment which show that marital adjustment is low when the partners marry at a very young age, that is, when the man is under the age 20 and women is under the age 18.²⁵ The study suggest that, in their immaturity, they tend to romanticize marriage and are less well prepared for the responsibilities of marriage than those who marry later. Though, the results of this study regarding duration of marriage and marital satisfaction is not significant. The monthly income of the respondents give an equivocal impression about their dissatisfaction and satisfaction rate. Lacy made a study to test the hypothesis that there is a curvilinear relationship between income and the dimension of marital quality.²⁶ The study made by Quddus reported that higher the monthly income, better the adjustment of husband to the absence of their wives.²⁷ But this is not true in the case of wives; the monthly income of the husband is not significantly related to the adjustment of

their wives in the absence of their husbands. Lacy made a study to test the hypothesis that there is a curvilinear relationship between income and the dimension of marital quality.²⁶ The current study shows insignificant correlation between marital quality and income. Education has a strong and consistent association with marital quality, indicating that the greater the education the greater the marital quality. Education has a significant and positive association with satisfaction. This may be due to acquiring problem solving skills as the educational level rises. But previous research regarding educational level and marital dissatisfaction shows different results. Research has shown that women with more education have less stable marriages.²⁸ However, Heaton found that a higher education level could potentially predict marital satisfaction.²⁹ But the current study indicates insignificant results about educational levels and marital quality. Results indicate that the dissatisfaction rate is higher in settle than affair marriage. However, the arranged married persons were found to have higher marital satisfaction score than either the love married or compassionate married.³⁰ We identified significant association between social relations and depression. Findings of this study show that marital dissatisfaction is lower in extended family and in those who has a good interaction with family members, this findings consistent with Coyne's interactional theory of depression.³¹ An underdeveloped social network cannot handle the pressure of an individual looking for support, and a negatively framed social network can actually reinforce thoughts of hopelessness, failure, and being worthless. Without this support, it is more likely for that individual to develop symptoms of depression.³² Findings indicate those having more problem solving skills experiencing less marital dissatisfaction, this findings may have some therapeutic implications to treat depressed patients. Relationships are a way to help prevent loved ones from falling into a deeper depression.³³ Our study results also support this hypothesis.

Conclusion:

This can be concluded that the marital dissatisfaction is common among depressed women which is consistent with the findings of prior western research but there are differences in dissatisfaction rate between western context and Bangladeshi context, thus supporting the continued investigation into association between marital dissatisfaction and depression among women and the course and treatment of depressive disorders.

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Conflict of interest: There is no conflict of interest.

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