MARITAL ADJUSTMENT AS PREDICTOR OF PSYCHOLOGICAL PROBLEMS AMONG PREGNANT WOMEN

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Abstract:

To determine the relationship between marital adjustment and psychological problems among pregnant women. This correlational study was conducted at the maternity home and gynecology departments of public and private hospitals (Aziz Fatima Hospital, Mian Trust hospital), Faisalabad, Pakistan. The study comprised of pregnant women who were selected using purposive sampling technique. Comprehensive Marital Satisfaction Scale and Depression, Anxiety, Stress scale (DASS) were administered to measure Marital Satisfaction and psychological problems among pregnant women. 100 participants selected and analyzed statistically, findings reported a significant negative relationship among marital adjustment, depression and anxiety at (p<.05 & p<.01). Moreover significant differences were also seen at the level of demographic variable (age) on marital adjustment, but on Depression and anxiety differences were non-significant. The study focused on marital adjustment and psychological problems among pregnant women. 100 pregnant women were selected and analyzed statistically. Findings indicated that there is a negative correlation between marital adjustment and depression and anxiety and significant differences were also found on age of the women as per said variables.

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Key Words: Marital Adjustment, Psychological Problems, & Pregnant women.

INTRODUCTION

It has been observed that pregnancy is a sensitive issue and has always been important among researchers in the developing countries including Pakistan. A lots of work has been done on this important issue of pregnancy with reference to the different psychological problems but this study focused on marital adjustment in relation to psychological problems like depression and anxiety in pregnant women.

Psychological problems may cause distress during pregnancy and have adverse effects on the emotional and physical health of women (Bergink et al, 2011). Studies have shown that pregnancy and post delivery period is a difficult time for many spouses, often resulting by dissatisfaction in marital relations (Doss, Rhoades, Stanley & Markman, 2009). Several changes throughout physical, emotional and interpersonal aspects such as changing sleep patterns, hormonal changes, intimate relationship problem and exhaustion cause considerably to the existence of depression during pregnancy and post delivery period (O’Hara, 2009).

There are research which explained some factors which cause to increase the tendency of depressive symptoms during pregnancy which shows significant association with all these factors like as Parental anxiety, Depressive symptoms and distress intimate relationship (Lancaster et al, 2010).

Research of pregnancy proved that women who showed excessive symptoms of depression and anxiety during pregnancy, their biological mechanism tends to be stiff with the situation and are diagnosed with mood and anxiety disorders (Alder et al, 2007). There is high tendency of depression among those women who experienced unplanned pregnancy (Golbasi et al, 2010). Factors like age, physical and mental changes, history of miscarriages and social and economic changes badly affect women’s mental health during the period of pregnancy, as rate of depression in women between the ages of twenty-five to thirty-five seems to be very high (Kartal & Şimşek, 2017).

METHODOLOGY

Sample:

This study was conducted at the public and private hospitals (Raphaile, Aziz Fatima, Mian Trust hospital), Faisalabad, Pakistan, and comprised of 100 pregnant women who were selected using purposive sampling technique.

Research Design:

Correlational research design used in this study.

Inclusion criteria:

Only pregnant women age ranged 19 to 40 were included as sample and women with any other disease and disorder were excluded in the present study.
Instruments:

The selected sample was administered the Comprehensive Marital Satisfaction Scale (CMSS), and Depression, Anxiety, Stress scale (DASS) (Lovibond and Lovibond, 1995) to measure Marital Satisfaction, Depression and Anxiety. These Urdu translated scales are acceptable on Pakistani population for their validity and reliability as inner reliability coefficient is .815 and .94 respectively (Blum and Mehrabian, 1999).

Procedure:

After finalizing topic the initial approval was taken from all relevant boards. Then permission was taken from authors to use the instrument for data collection. Participants were assured regarding confidentiality of information and its restricted use for research only. As the study was based on correlational design so the data analysis was done through SPSS 20 version using Pearson’s r to find out relationship among variables and age was taken as demographic variable to compare the groups in this article so the Independent sample t-test was applied to see the group differences.

RESULT

The results indicated significant correlation between marital adjustment, depression and anxiety on (p<.05; p<.01). Moreover no significant difference found at the age level with Depression and Anxiety (p>.05). Result also shows that there is significant difference between age groups with marital adjustment. Surprisingly marital adjustment more prevalent among 19 to 28 age group (M= 22.3; 16.9). Results are shown in following tables.

Table 1. Inter-correlations among variables, N=100.

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Marital Adjustment</td>
<td>19.7</td>
<td>29.2</td>
<td>-</td>
<td>-.252*</td>
<td>-.223*</td>
</tr>
<tr>
<td>2 Depression</td>
<td>7.0</td>
<td>5.7</td>
<td>-</td>
<td></td>
<td>.713**</td>
</tr>
<tr>
<td>3 Anxiety</td>
<td>10.5</td>
<td>5.2</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note; *p<.05, **p<.01

Table 2: Mean differences and t-values between different Age groups of pregnant women(n=100)

<table>
<thead>
<tr>
<th>Age of Pregnant women</th>
<th>Age Group</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>LL</th>
<th>UL</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Adjustment</td>
<td>19-28</td>
<td>22.3</td>
<td>25.2</td>
<td>98</td>
<td>.36</td>
<td>-6.25</td>
<td>16.99</td>
<td>0.183</td>
</tr>
<tr>
<td></td>
<td>29-38</td>
<td>16.9</td>
<td>33.1</td>
<td></td>
<td>.36</td>
<td>-6.25</td>
<td>16.99</td>
<td>0.183</td>
</tr>
<tr>
<td></td>
<td>19-28</td>
<td>7.0</td>
<td>6.3</td>
<td>98</td>
<td>.04</td>
<td>-2.2</td>
<td>02.3</td>
<td>0.112</td>
</tr>
</tbody>
</table>
DISCUSSION:

Marital satisfaction is significantly related to high level of anxiety (Gourounti, Anagnostopoulos & Sandall, 2004).

Symptoms of depression and anxiety were associated with relationship adjustment in concurrent analyses; more overdepression also seems to be a significant predictor of subsequent relationship adjustment when symptoms of depression and anxiety examined simultaneously in women during pregnancy and the postpartum period (Whisman, Davila & Goodman, 2011).

According to Marmon(….) the findings of our study also showed that there is a significant connection between marital adjustment, depression and anxiety among pregnant women as the values of r indicated in table No. 1 r = -.252* for marital satisfaction and depression, r = -.223* for marital satisfaction and anxiety and r = .713** for depression and anxiety. Which means women having high level of marital satisfaction shows low level of depression and anxiety; on the other hand women showing high level of anxiety also show high level of depression. Similarly Marmon, also reported poor marital adjustment has significant relationship (p<.001) with anxiety.

Studies reported the anxiety and depression the risk factors during pregnancy, depression (or, in some studies, poor global mental health) during pregnancy is associated with poor relationship with the partner (Lancaster et al, 2010) (Morse, Buist & Durkin, 2000).

During the period of pregnancy and postpartum Stress and depression are the one of the salient correlate of relationship adjustment (Whisman, Davila & Goodman, 2011).

Women who experience stress and depression during pregnancy or postpartum are at increased risk for intimate relationship distress along with other factors such as, substance abuse, preeclampsia, premature birth, under-utilization of prenatal health care, problems with breastfeeding, sleep difficulties, and thoughts of harming their infants (Carter, Grigoriadis & Ross, 2010) (Cheng & Pickler, 2009) (Paulson, Dauber & Leiferman, 2006) (Hillerer, Neumann & Slattery, 2012) (McCourt et al, 2007).  

Our findings are also in line with another study in which Hospital Anxiety and Depression Scale was administered on 357 pregnant women to find out antenatal anxiety, depression and demographic and psychosocial hazards. More than one half fifty-four percent and even more than one third thirty-seven percent of the women experienced antenatal anxiety and depressive symptoms. Anxiety was more common than depression. A mixed-effects representation explained that both situations had a nonlinear changing track significant level less than .05 on both. Antenatal anxiety and major depression are common and severe issues with altering programs (Farr, Bitsko, Hayes & Dietz, 2010).
No significant difference at age level with Depression and Anxiety were found among pregnant women but on the other hand significant difference was revealed between age groups with marital adjustment. Surprisingly marital adjustment was more prevalent among 19 to 28 age group (M= 22.3; 16.9). Results of another study by (Madhavanprabhakaran, D’Souza & Nairy, 2015) found that the marital adjustment was highly significant among younger and matured mothers, which is significantly supporting the results of current study.

However a number of demographic factor like age and other variables were significantly reported regarding marital and sexual satisfaction among pregnant women (Batool & Khalid, 2012).

Longer duration of marriage, education, unwanted and earlier stage of pregnancy (Ferreira et al, 2012), low family income (Mirandaet al, 2011) (Sargin et al, 2013), aging spouse, history of abortion, health problems in previous pregnancies and woman’s stress are reported predictors of sexual dysfunction during pregnancy (Johnson, 2011). The impact of age on sexual function is controversial (Hanafy, Srour & Mostafa, 2014).

CONCLUSION
The results indicated that there is a negative correlation between marital adjustment, depression and anxiety. There is significant difference between demographic variable (age), marital adjustment, but no significant differences found on depression, and anxiety among pregnant women.

REFERENCES


