ORIGINAL ARTICLE

Marital Adjustment in Patients of Depression Under Going Treatment at an Outpatient Clinic of Tertiary Care Hospital

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ABSTRACT

Background: Depression is projected to become the 2nd worldwide leading cause of disability by 2020. Marriage is one of the principal facets when it comes to interpersonal context of Depression. There is evidence supporting bidirectional casual effect between Depression and marital satisfaction. However the phenomenon of marital adjustment and its related variable has not been given much attention in the Pakistan.

Aim of the study: The primary objective is to determine the frequency of marital adjustment by using validated Urdu version of Kansas Marital Satisfaction Scale in patients with Depression, who are under treatment at Psychiatry outpatient clinics at tertiary care hospital in Karachi.

Method: Patient presenting in outpatient clinic and diagnosed with Depression for at least last 6 months according to ICD-10 criteria by Consultant psychiatrist, who were aged between 15-65 were included. Patients who had documented co morbid of substance use or any unstable serious general medical condition were excluded. The severity of Depression was evaluated by using Urdu validated Hamilton Depression Rating Scale. Marital adjustment is determined by using Urdu validated version of Kansas Marital Satisfaction Scale.

Result: Only 8.6% were well adjusted in their marital life, and all were females; most of them were living in nuclear setting, unemployed, severely depressed, educated above intermediate, aged above 30 years, and had duration of illness more than 12 months. The association of marital adjustment and severity of Depression is insignificant. It further revealed to have insubstantial difference on KANSAS scale between both genders. The odd ratio of duration of illness was 7.6, which indicated that the longer the duration of illness, the more positively it is interrelated to the marital adjustment. Being employedand above 30 years of age wereinversely related to marital satisfaction with odd ratio of 6.1 and 5.4 respectively. However, the correlation between other independent variables and marital adjustment were insignificant in both genders.

Conclusion: This study confirms the presence of high frequency i.e. 91.4% of marital dissatisfaction in Depression in both male and females, irrespective of their severity of Depression. No substantial difference was established between both the genders based on KANSAS score. Longer duration of illness, unemployment, and above 30 age have protective effect on quality of marital life.

Key words: Marital adjustment, Depression, KANSAS scale for marital satisfaction, Hamilton Depression Rating scale

INTRODUCTION

Depression is a common psychiatric disorder characterized by depressed mood, loss of interest and reduced energy leading to increased fatigability and diminished activity. Other common symptoms are impaired concentration and attention, reduced self-esteem and self-confidence, ideas of guilt and unworthiness, bleak and pessimistic views of the future, ideas or acts of self-harm or suicide, disturbed sleep and diminished appetite.[1] It is one of the top ten disease to generate most Disability Adjusted Life Years (DALYs).[2] Major depression is projected to become the second worldwide leading cause of disability by 2020 (second to ischemic heart disease).[3] The mean overall prevalence of anxiety and depressive disorders in the community population of Pakistan is 34% (range 29-66% for women and 10-33% for men).[4]

Marriage can be a boon or a bane. Mean age of marriage is 24.4 for males and 17.4 for females in Pakistan; in particular Karachi.[5] It is a major life event, causing stress score of 55 in adults and 100 in non-adults according to Holmes and Rahe.[6]

Marital adjustment is "the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other."[7]

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Six factors of marital adjustment are defined as religion, social life, mutual friends, in laws, money and sex.[8] Marital role comprises cultural expectation as a set of attitudes and behaviors a spouse is expired to demonstrate in content of marriage.[9]

The studies on relationship between marriage and mental illness are not conclusive as to which is the cart and which is the horse, i.e., it is not certain whether marital discords cause the mental illness, or psychiatric illness causes marital dissatisfaction. Of all the other disorders; Depression has been the most common and strongly related to marital adjustment.[10] Marriage seems to confer a great protective advantage on men than women.[10] Literature review suggests that Depression prior to marriage leads to total of 1.2-2.1% of divorce.[11] Psychiatric illness in general shows poor adjustment of 73.3% in study done in India recently.[12]

However the phenomenon of marital adjustment and its related variable has not been given much attention in the Pakistan, which is Muslim dominated country. The cultural norms demand that individuals get married at a young age. Few studies are done locally to address factors that play the part in marital adjustment. Depression in married women is associated with younger age at marriage, lack of autonomy in marriage decisions, marital rape and domestic abuse by in-laws.[13] The highly educated working and non-working married women are well adjusted in their marriage.[14] Contrarily; Depression and low income are inversely related to marriage.[15]

Previous studies on correlation of Depression with marital adjustment have targeted married females alone at the exclusion of studying married men. In this study, marital adjustment in males will be studied, which has not been done in previous local studies to best of my knowledge.

OBJECTIVES

The primary objective is to determine the frequency of marital adjustment by using validated Urdu version of Kansas Marital Satisfaction Scale[16] in patients with Depression, both male and female, who are under treatment at Psychiatry outpatient clinics at tertiary care hospital in Karachi. The subsidiary benefit is to examine gender differences in the martial adjustment in depressed psychiatric outpatients.

HYPOTHESIS

The hypothesis of this study was that marital dissatisfaction is prevalent in patients of Depression. The higher the degree of Depression, the less will be marital adjustment.

METHODOLOGY

Design of the study

This study is across sectional, psychiatric clinic based study.

Site of the study

The study was conducted at outpatients' psychiatric service of Aga Khan University Hospital, Karachi, Pakistan. A sample of both male and female patients of Depression, based on ICD-10 criteria, was drawn.

Selection

Non-probability purposive sampling technique was used. A sample size of 93; keeping 95% confidence interval and absolute precision equivalent to 0.09 (p= 26.7%), to determine frequency of marital adjustment; was recruited.

Ethical consideration

Ethical Review Committee of Aga Khan University Hospital approved the proposal. Thereafter, study was conducted, taking in consideration the confidentiality as a prime concern through out the process. The study was conducted in controlled clinical setting. Personal information was kept to primary investigator. Only member of the research coordinating committee had access to collected statistical data. Informed consent was taken and was assured to use it for only for research purpose. For anticipated apprehension in participants about possible outcome and gained knowledge during the proceedings, was attended by proper counseling and reassurance of principle goal of investigation. Participant held the autonomy to either participate or withdraw in the process. It was ensured that irrespective of participant decision, benefit and clinical care provided would not be biased. The conclusive result was communicated to interested participants.

PROCEDURE

The patient was recruited on the following basis:

Inclusion Criteria

1. Patient who has been diagnosed of Depression according to ICD 10 criteria
2. Consenting married males and females aged between 15 to 45 years.

Exclusion Criteria

1. Depression with co morbid substance use
2. Depression with co morbid unstable/serious general medical condition.

Patients who were diagnosed for Depressive disorder at Psychiatry outpatient clinic at Aga Khan University Hospital fulfilling the selection criteria (above) were

enrolled. Patients were requested to complete questionnaire, which included patient's demographics (age, sex, family type, education, employment and duration of illness).

The severity of Depression was evaluated by using Urdu Validated Hamilton Depression Rating Scale. Validated Urdu version[17] contains 20 items, the higher the score the higher the severity, i.e., (Mild 10-13, Moderate 13-17, severe >17).

Marital adjustment was determined by using Urdu validated version of Kansas Marital Satisfaction Scale.[16] This includes 3 items concerning patient's marital adjustment. Each item on the KANSAS has a possible score ranging from one to seven. Scores of 17 or more indicate a high degree of satisfaction while score of less than 16 indicates low degree of satisfaction.

Statistical Analysis

The data was recorded and transferred on Statistical Package for Social Science (SPSS) version 19. The results were tabulated, grouped and statistically analyzed using the following tests:

- Descriptive statistics were reported as means and frequencies.
- Univariate and Multivariate logistic regression was used to detect whether there is significant association between categorical variables. Confounders were adjusted.
- Only the variables having P value less than 0.25 were put in the final model.

RESULT

Among 93 cases, there were 43 males (46.2%) and 50 females (53.8%). The mean age of the patients was 35.39 ± 11.54 years, ranging from 16 to 64. The mean duration of illness was 11.88 ± 4.921, ranging from 6-36 months.

91.4% had marital dissatisfaction, falling in category as 16.1% had mild, 18.3 % had moderate, and 36.3% had severe Depression. 61.3% were employed, 48.4% were educated above intermediate, 64.5% had duration of illness less than 12 months, 51.6% were above 30 years and 58.1% belonged to nuclear setting. 46.2% were male versus 45.2% female who weren't adjusted to their marital life. It further revealed to have insubstantial difference on KANSAS scale between both genders.

Only 8.6% were well adjusted in their marital life, and all were females. Most of them were living in nuclear setting, unemployed, and severely depressed; above intermediate, aged above 30 years, and had duration of illness more than 12 months. The association of marital adjustment and severity of Depression is insignificant. The duration of illness turned out to have odd ratio of 7.2, which disclosed that the longer the duration of illness, the more positively it is interrelated to the marital adjustment. Being employed and above 30 years of age are inversely related to marital satisfaction with odd ratio of 6.1 and 5.4 respectively. There was no gender variation in outcome of employment and duration of illness in proportion to marital adjustment. However, the association between other independent variables and marital adjustment were insignificant in both genders.

Table 1: Descriptive statistics

Variable	Adjusted N (percentage)	Unadjusted N (percentage)
Gender		
Male	0 (0.0)	43 (46.2)
Female	8 (8.6)	42 (45.2)
Occupation		
Employed	02 (2.2)	57 (61.3)
Unemployed	06 (6.5)	28 (30.1)
Education		
Intermediate or below	04 (4.3)	40 (43.0)
Above intermediate	04 (4.3)	45 (48.4)
Duration of illness		
12 months or less	02 (2.2)	60 (64.5)
More than 12 months	06 (6.5)	25 (26.9)
Age		
30 years or below	01 (1.1)	37 (39.8)
Above 30	07 (7.5)	48 (51.6)
Family type		
Joint	02 (2.2)	31 (33.3)
Nuclear	06 (6.5)	54 (58.1)
Degree of depression (HAM-D)		
Normal	01 (1.1)	19 (20.4)
Mild	01 (1.1)	15 (16.1)
Moderate	01 (1.1)	17 (18.3)
Severe	05 (5.4)	34 (36.3)

Table 2: Variable related adjustments

Variable	Univariate		Multivariate	
	Odd ratio	95% confidence interval	Odd ratio	95% confidence interval
Duration of Illness				
Above 12 months	7.2	1.4 to 38.1	7.2	1.2 to 41.8
12 months or below	1		1	
Occupation				
Unemployed	6.1	1.2 to 32.2	7.4	1.2 to 43.4
Employed	1		1	
Age in years				
Above 30	5.4	0.6 to 45.8	6.4	0.7 to 60.5
30 or less	1		1	

DISCUSSION

It's been established in the west that married individuals have lower rate of Depression and higher level of well-

being and life satisfaction. It has been associated that marriage and mental heath may reflect selection effects, with mentally healthy individual more likely to get married. The recent studies suggest that marriage has equal benefit for both genders,[20] contradicting the early research. No study was done in Pakistan to determine frequency of marital adjustment in context of severity of Depression. In our study, 91.4% marital dissatisfaction is estimated regardless of degree of Depression; which is at variance with our hypothesis. These findings are comparable to study done by Vibha P. et al in India on marital dissatisfaction in psychiatric disorders in general.[12] It can be argued that cultural similitude can be one of the factors to have narrowly same findings in contrast to findings in the west, which reported to have its protective effect on Depression.

However, the subsidiary finding of our study indicates that there is no gender variation in terms of our primary outcome of marital dissatisfaction in Depression. This is rebutting to what's been insinuated by William K. that marriage is favorable event in both genders.[20] Such a contrasting outcome across the culture makes it debatable to study this domain, taking in consideration the cultural and sub-cultural psychosocial facets, which may affect the result as a confounder. It is worth noticing that severity of illness is insignificantly associated to outcome in both genders. The cognitive explanation of Depression is incompatible to this finding since more is an individual cognitively distorted, more it affects its interpersonal capacity. That put forward yet another out look that either confounders have an impact or mere stigma related to mental illness adds on marital distress.

It came across discernibly that duration of illness plays a protective effect on marital satisfaction, the longer it is, the better it turns to individual mental health. It can one way cite evidence to support the idea that probable longer duration of relationship along with illness helps understanding mentally distress spouse. Sheree J. Gibb et al study findings are reconcilable in terms of attesting low Depression rate in long-term relationship.[21] Therefore, lowers the rate of marital dissatisfaction.

It is well established that being in job has a positive relationship with marital adjustment. Interestingly, our study indicated that all the martially adjusted females weren't benefited from economical resources. It is opposite to finding of S. Farhana Kazmi and colleagues in her recent paper that workingwomen are inclined to term better with spouse in comparison to non-working women.[15]

Marriage at early age is considered culturally appropriate at our part of the globe. However, our study has shown that increasing age has positive association with marital satisfaction, irrespective of other factors. It is also replicated in the study of Ali FA et al that early marriages make individual susceptible to Depression.

Strength of the Study

This study has addressed a very sensitive contextual factor of our culture, where marriage is considered as fundamental liability irrespective of state of psychological health of an individual. On the contrary, the ignominy of mental illness adds on to it since it has been established in the study that marital dissatisfaction comes by in the discourse notwithstanding the level of severity of Depression. Increasing age, unemployment and duration of illness are significantly associated with martial satisfaction. Nevertheless, other independent factors have insignificant association with marital adjustment in the study, but shows interdependence to both gender separately. The confounders were adjusted through logistic regression. It provides a way forward to develop further research strategies on the screening of quality of marital life and to propose guidelines cross culturally.

Limitation

Due to purposive sampling strategy implicated onlyat one setting, Aga Khan University Hospital, the generalizability of this study is debatable. Based on our hypothesis, sample size was adequate. However the broader setting and sample size would have been prolific, given the sensitivity of the content. Marriage is a precarious matter in our society. There is a strong possibility that pertinent details might have fallen short in one sit in on interview. The study design used has its own limitation, as it doesn't establish grounds to impart causation between dependent variables.

Clinical Implication

The inflated frequency of marital dissatisfaction in both gender in Depression divulged in this study draw attention to take detail account of marital life in our day to day clinical practice, irrespective of the level of Depression. However, there may be a lot of contextual factors, independently of both genders, which adds on to its significance. Altogether it should be part and parcel of the routine clinical interview so that it can bring to the point to curtail its adjuvant effect on an individual's over all mental health. It will be helpful to spot the matter early and timely managed it.

Research Implication

This study should also be replicated in public sector hospitals, to analyze the divergence of findings from different set of population. It is not well established that what precedes what in context of Depression and marital dissatisfaction despite a lot of disparate research done globally in this area. However, the strong association

between the two reported in our study, emphasizes the need to define guidelines to properly take in account of quality of marital life in mentally ill individuals and revise bio-psychosocial model of management of married depressed patients. To make it effective, it should be researched locally about risk factors, including cultural factors, and its practical implementation in limited resources of our society. Besides, this study has highlighted the gender variation of marital dissatisfaction in Depression, which had not been studied locally in the past. This may be considered as underpinning study for further thorough research of gender disparity of independent and cultural factors affecting the marital life of depressed patients.

CONCLUSION

Marriage is a touchstone event of human life. It put across great concern for clinically depressed individuals and mental health professionals. Marital dissatisfaction may lead to over all poor quality of life. This study confirms the presence of high frequency i.e., 91.4% of marital dissatisfaction in Depression in both male and females, irrespective of their severity of Depression. No substantial difference was established between both the genders based on KANSAS score. Longer duration of illness has a protective effect on quality of marital life. No significant correlation was found between marital adjustment and other independent variables, such as age, education, employment, and family type. Strategy should be reinforced in the clinical settings to screen patient suffering from Depression for marital adjustment.

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