

Burden and Marital Satisfaction among the Spouses of Persons with Depression

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ABSTRACT

Depression is a very common psychiatric disorder. The burden on the spouse of a depressed individual is considered to be a multi-dimensional problem and is seen in the context of its emotional, psychological, physical and economic consequences. The depressed individual's aversive interpersonal behaviours may lead spouses to experience depression and problems in marital adjustment. **Aim:** To study and compare the burden and marital satisfaction among male and female spouses of patients suffering from depression. **Materials & Methods:** Spouses of patients were inducted from those attending the Department of Psychiatry of Government Medical College and Hospital (GMCH), Chandigarh, India with their partners. A total of 60 spouses of patients with ICD-10 diagnosis of depression fulfilling inclusion and exclusion criteria were recruited for the study. Consecutive sampling was used for data collection. Participants were divided into two groups i.e. Male and Female. Zarit Burden Interview and Marital Satisfaction Scale were used to assess the burden and marital satisfaction respectively. **Results:** There was no significant difference in burden and marital satisfaction between the two genders which means both the groups are equally vulnerable and prone to develop psychiatric problems like stress, anxiety, depression. **Conclusion:** Considering the findings, both groups have an equal need to cater to care giving and related responsibilities. The study can be useful in implementing programs to help the spouses and cater the needs of care giving, to handle the burden productively associated with the care giving of their depressed partners, to strengthen their coping and to have a better marital life.

Keywords: Depression, burden, marital satisfaction

INTRODUCTION

Depression is a major contributor to the global burden of disease and affects people in all communities across the world. Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These symptoms can become chronic or recurrent and can lead to substantial impairment in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost one million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every

day. For every completed suicide, there are 20 or more who attempt to end life.^[1] Depression can start at any age and statistically, it affects more women than men. In western society, the average age of onset is the late thirties. Risk factors for depression include lack of a partner, marital difficulties, maladaptive coping strategies, family violence, increased life stress, substance abuse.^[2]

While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males. In fact, depression is the leading cause of disease burden for women in both high-income and low- and middle-income

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countries.^[3] The burden on the spouse of a depressed individual is considered to be a multi-dimensional problem and is seen in the context of its emotional, psychological, physical and economic consequences. The spouses of depression experience significant distress, social withdrawal and changes in social or occupational roles.^[4] Idstad, Ask & Tambs observed that the spouses of persons with depression reported higher levels of symptoms of anxiety and depression and lower levels of subjective well-being compared to the other population. This observation may support earlier studies which found that spouses of depressed individuals are at risk of developing depression themselves.^[5] Spouses living with a depressed partner report significantly more distress than comparable population norms.^[6]

The depressed individual's aversive interpersonal behaviours may lead spouses to experience depression, problems in marital adjustment and to counterattack, to escape from or avoid the depressed individual, or to get involved in doing something else.^[7] When concerned about marital satisfaction it is nothing but the amount of pleasure, enjoyment, quality, time a partner has for his/her partner. Once a couple is able to get all the domains then it can be said that their marital satisfaction is good and vice-versa. When one partner is unable to fulfil the demand of his/her partner then gradually their marital satisfaction suffers and it may lead to unwanted consequences.^[8]

A study examined the association between depression and marital adjustment in married in-patients with major depression as compared to normal controls and found that the marriages of the depressed couples were significantly worse in all areas of functioning than were those of the normal.^[9]

Aim: To study and compare the burden and marital satisfaction among male and female spouses of patients suffering from depression.

MATERIALS AND METHODS

A total of 60 spouses (equal number of males and females) of patients with ICD-10 diagnosis of depression fulfilling following inclusion and exclusion criteria were recruited for the study from the Department of Psychiatry, the Govt. Medical College and

Hospital, Chandigarh. The consecutive sampling method was used for data collection. Those spouses who have given consent, between the age group of 25-55 years and co-habiting with the depressed patients were included and Spouses having a chronic mental illness, major medical, surgical or neurological disorders with a history of substance abuse to were excluded. Instruments used for the present study were:

Socio-demographic Profile Sheet: This tool was adopted from the socio-demographic sheet routinely used in the Department of Psychiatry. It was used to elicit the background information like; age, gender, education, occupation, domicile and income of the patient.

Zarit Burden Interview:^[10] It assesses the severity of the burden on the caregivers. The scale consists of 22 negatively phrased questions/items each with a 5-point Likert scale. It is widely used as a measure to assess caregiver burden. The inter-rater reliability for the scale appears to be acceptable. Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0-88, where 0-21 indicates little or no burden, 21-40 mild to moderate burden, 41-60 moderate to severe burden and 61-88 severe burden.

Marital Satisfaction Scale:^[11] Marital satisfaction was measured using the marital satisfaction scale. The scale measures the social, emotional, interpersonal and sexual sources of satisfaction in marriage. It consists of 30 questions. Higher the score indicates higher the marital satisfaction. The authors reported adequate reliability and validity for the scale. The scale's reliability on the pilot study was found to be 0.741. Items are scored as 0, 1 and 2. The maximum possible score on the scale is 60 and higher scores imply greater marital satisfaction.

Statistical analysis was done with the help of the Statistical Package for Social Sciences (SPSS) 20.0 version.

RESULTS

Socio-demographic profile of spouses

Table 1 shows the mean age for male spouses were 42.80 ± 1.47 years. The mean age for female spouses were 36.56 ± 1.49 years. The t value was found to be 2.973 ($p=0.004$) which

is statistically significant. It was noted that among the majority (36.66%) of male spouses of patients with depression were graduate while among the majority (36.66%) of female spouses, were in the education range V-VIII. Among males, in occupation, majority 43.33% were private employees while among females, majority 63.33% were housewives. Among males, there was a predominance of urban domicile i.e. 53.33%. Among females majority, 60% belonged to a rural area. 46.6%-the majority of the males were in the income range of 20000-40000. Among females majority, 63.33% had no income being housewives. Chi-square analysis shows there is a statistically significant difference in the occupation and income of males and females (p-value 0.00).

Table 1 Socio-demographic profile of spouses

Variable	Male f (%)/ mean±SD N = 30	Female f (%)/ mean±SD N = 30	X ² /t	P
Age	42.80 ± 1.47	36.56 ± 1.49	2.973	0.004**
Education				
V-VIII	7 (23.33)	11(36.66)	2.66	0.44
IX-XII	10 (33.33)	8 (26.66)		
Graduation	11(36.66)	7 (23.33)		
Post Graduation	2 (6.66)	4 (14.33)		
Occupation				
Govt. Employee	9 (30)	3 (10)	31.99	0.00**
Pvt. Employee	13 (43.33)	8(26.66)		
Farmers	8 (26.66)	00		
Housewife	00	19(63.33)		
Domicile				
Urban	16(53.33)	12 (40)	1.07	0.30
Rural	14(46.66)	18 (60)		
Income				
Nil	00	19(63.33)	30.79	0.00**
<20,000	6 (20)	5 (16.66)		
20,000-40,000	14(46.66)	5 (16.66)		
40,000-60,000	8 (26.66)	1 (3.33)		
>60,000	2 (6.66)	00		

Table 2 shows the t-test analysis of burden among male and female spouses. The mean for burden scores among males is 21.66, while among the female spouses mean is found to be 20.93. No statistically significant difference in the burden scores has been found between the two groups (p=0.78).

Table 2 Comparison of Burden between genders

Gender	N	Mean	SD	t	P
Male	30	21.66	10.286	0.28	0.781
Female	30	20.93	10.003		

Table 3 shows the t-test analysis of marital satisfaction among male and female spouses. The mean for marital satisfaction scores among males is 37.93, while among the female spouses mean is found to be 37.70. No statistically significant difference in the marital satisfaction scores has been found between the two groups (p=0.94)

Table 3 Comparison of Marital Satisfaction

Gender	N	Mean	SD	t	P
Male	30	37.93	12.86	0.071	0.944
Female	30	37.70	12.61		

Table 4 shows the correlation between Burden and Marital Satisfaction in the spouses of patients suffering from depression. A significant negative correlation has been found between burden and marital satisfaction.

Table 4 Correlation of Burden & Marital Satisfaction

	Burden	Marital
Burden	1	-0.466**
Marital Satisfaction	-0.466**	1

** Significant at 0.01 (2 -tailed)

DISCUSSION

The present study was conducted to study Burden and Marital Satisfaction among spouses of persons suffering from depression. The study included the spouses of persons suffering from depression between the age group of 25 to 55 years who presented in the psychiatry OPD. Approval from the research and ethics committee of the Institute for the study was taken and the study was carried out on 60 spouses of individuals diagnosed with depression as per ICD-10 after taking informed consent.

The present study was a comparative and prospective in nature. In this study, there was no statistically significant difference in male and female spouses across socio-demographic characteristics such as education, domicile and family type. However, there was a statistically significant difference in the occupation and income of males and females. As shown in Table 1, 30 participants were male and 30 were female. The mean age for male spouses

were 42.80 ± 1.47 whereas the mean age for female spouses was 36.56 ± 1.49 . These findings are also in keeping with the Indian tradition where the age of wife is generally a few years less than the male. No significant difference in the present study was found among the socio-demographic characteristics of education and domicile. However, significant differences were found in occupation and income. The difference is also supported by a report. According to Korn Ferry Hay Group, women globally earn 17.6 per cent less than men and figure for India stands higher at 18.8 per cent.^[12] Although the study was conducted in the city with more than 90 per cent urban population, only 53.33% males and 40% females were from the urban background while 46.66% males and 60% females were from a rural background. It means that the institute where the study was conducted caters to patients from neighbouring states where the rural population is higher than the urban population. P value is 0.30 which is not statistically significant. Some studies have pointed out that better education standards, higher income and more social support had a negative correlation with the caregiver burden.^[13]

In the present study, there is no statistically significant difference in burden among male and female spouses. However, not many findings could be found for the studies on spouses of depression. One study says men, seem to suffer from depression just as often as women.^[14] Meta-analysis integrates results from 229 studies on gender differences in caregiver psychological and physical health, care giving stressors and social resources. The higher number of earlier studies found that women were having a greater amount of burden when their husbands suffer from depression whereas male spouses get less burdened when their wives suffer from depression. One of the strong reasons might be the financial dependency the females have on their male partners, considering the scenario in most of the parts of the region.^[15]

Studies also found that until about the age of 30 years, men and women are fairly similar in their level of marital strain; however, after about the of age 40 years, the baseline level of marital strain is higher for women than men, and women continue to experience a steady increase in marital strain, whereas men

experience relative stability in their already-low levels of marital strain.^[16]

The problem of decreased sexual satisfaction is present both during remissions and acute episodes, but in the latter case, the scale of the issue discussed is much more pressing. The level of sexual satisfaction experienced by the spouses of patients with mania is lower compared to the partners of depressive subjects.^[17]

A significant negative correlation has been found between burden and marital satisfaction.

With psychological well-being comprised, spouses are likely to cope less efficiently, thereby adversely affecting their social and functional roles as a mother, sister, homemaker etc., as well as impacting the family harmony.^[18] Research on caregiver burden noted that spouses of depressed persons reported higher levels of symptoms of anxiety and depression and lower levels of subjective well-being. Studies have pointed out that during a remission period some factors bound to the illness might exist and affect patients and their caregivers (e.g. social exclusion, change of the roles, relapses of anxiety).^[19]

As suggested by the above discussion very little literature is available which support the findings of the present study that there is no significant difference between male and female spouses on the variables of burden and marital satisfaction. Most of the literature contradicts the findings of the present study, one possible reason might be that it was difficult to assess such variables, which needs psychotherapeutic satisfaction, in such a short span of time.

Although, all precautions were taken to make the study methodologically strong, however, still some of the limitations could not be avoided due to the time constraints as it was a part of thesis protocol where clinical and academic responsibilities are equally important and pressing.

Limitation: The sample was too small to generalize the findings. The severity of the burden of spouses' partner was not taken into account which could have led to statistical bias. Variables like personality traits, social-emotional adjustment were not controlled which might affect burden and marital satisfaction among the spouses.

CONCLUSION

The study can be useful in implementing programs, to help the spouses cater the needs of care giving, to handle the burden productively associated with the care giving of their depressed partners, to strengthen their coping and to have a better marital life. In the present study finding there were no significant differences were found between the male and female spouses on the burden and marital satisfaction which means both the groups are equally vulnerable and prone to develop psychiatric problems like stress, anxiety, depression. Considering the findings, both the groups need equal help and to cater the needs of care giving and related responsibilities.

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