Objective: We already know the marriage benefits to health and the devastating effects of divorce on health. What we wanted to investigate was the impact of marital conflicts on women’s health.

Method: Subjects: Sample of 140 married women, representative of the population of Greater Tunis selected according to age, school level, and environment (quota method). Assessment: Socio-demographic parameters, Lock-Wallace Marital Satisfaction test, Beck Depression Inventory, Beck Anxiety Inventory, open questions exploring the physical status.

Results: Nearly one woman out of two experiences conjugal conflicts. While less than one third of women incriminate work in generating conflicts, three out of four report significant impact on their professional activities.

There are more somatic disorders among women experiencing marital conflicts compared to women with marital conflicts (72% vs 28%). The difference is significant \( p = 0.00005 \). There is a significantly greater / higher rate of depression (BDI score > 03) among women with conjugal conflicts (96% vs 50%) \( (p = 0, 00000001) \). Women with conjugal conflicts, experience more severe forms of depression, while women without marital conflicts report milder forms.

Conclusion: There is an evident need for appropriate preventive and therapeutic strategies, given the serious consequences of domestic conflicts on women’s physical and mental health.

Keywords: women’s health, marital’s conflicts

INTRODUCTION

What we already know was the marriage benefits to health and the devastating divorce effects on health. What we wanted to investigate is the impact of marital conflicts on women’s health.

This study is the first one in Tunisia, in the context of a woman’s empowerment policy.

MATERIAL AND METHOD

1-Subjects: Sample of 140 married women, representative of the population of Greater Tunis. (capital and suburbs – n= 2 million inhbsts) . Selected according to age, school level, and environment (quota method).

2-Assessment:
   a-Socio-demographic parameters (age, number of children …)
   b-Lock-Wallace Marital Satisfaction test
   c-Beck Depression Inventory
   d-Beck Anxiety Inventory
   e-Open questions exploring the physical status

3- Results:
   1-Frequency of conflicts: Nearly one woman out of two experiences marital conflicts 43,1%
   2-Causes of the conflicts:
       a. Financial problems 65%
       b. Conflicts with family-in-law 69.2%
       c. Disagreement about child care 51.8%

   a* Physical aggression is noted in nearly half of the cases

   b* Course of the conflict: It is continuous in 20 % of cases

   c* The impact of Conflicts on women’s work:
       While less than one third of women incriminate work in generating conflicts, three out of four report significant impact on their professional activities.

   d* Nature of the consequences of conflicts on women’s work:
       Decrease of the performances : 56.7 %,
       Sick leave : 43.3 %
       Abandon work : 29 %
4-Conflicts effects on women’s physical health:

There are more somatic disorders among women experiencing marital conflicts (72% vs 28%). The difference is significant p=0.00005.

\[
\text{Conflicts effects on women’s physical health}
\]

\[
\begin{array}{|c|c|}
\hline
\text{Conflict} & \text{Frequency} \\
\hline
\text{28%} & \text{72%} \\
\hline
\end{array}
\]

a* Onset of somatic disease
Among women with marital conflicts, somatic disorders follow marital discord in 95 % of cases.

b* Nature of somatic disorders
Psychological impact of marital conflicts

- Depression:
There is a significantly greater / higher rate of depression (BDI score > 03) among women with conjugal conflicts (96% vs 50%) (p = 0.0000001). Women with conjugal conflicts, experience more severe forms of depression, while women without marital conflicts report milder forms

- Anxiety:
There is a higher rate of anxiety among women with marital conflicts 76% vs 24% (p=0.004) . The group with conjugal conflicts experiences slight and moderate anxiety, while the group without marital conflicts reports mainly slight forms

**DISCUSSION:**

1-frequency of marital conflicts
In our study 43, 1 %.
In the literature : it ranges from 25 % to 62 %, depending on :
Assessment tools: (conflict tactic scale, dyadic adjustment scale, marital adjustment test...)
Population: (ethnic and cultural subgroups, urban vs rural settings, socioeconomic status, special populations (at the beginning of marriage, at the birth of children, at the adolescence of the children)).

2-The impact of marital conflicts on women’s health involves:
- Worsening of pre-existing disorders
- Triggering diseases
- Causing relapses

a- Physical impact
Our results are consistent with literature: Frequency of dermatological, infectious, gastric and neurological diseases among women with marital conflicts. The mechanisms of the Physical impact involve marital conflicts as stressful events. Allostatic system, hypothalamo-hypophysal system, medullo-suprarenal gland are also involved.

- Cortisol
- Dopamine
- LDH cholesterol
- Hyperglycemia

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\text{physical-functional correlation}
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b- Psychological Impact
In our study: There is a greater frequency of depression, essentially severe and moderate forms.
In the literature: There are greater seeking of care, (higher health costs), more depression, and anxiety, worsening of preexisting bipolar disorder, higher risk of suicide. There are also more substance abuse, eating and sleep disorders, more psychosy, somatof orm disorders and facticnous disorders.

C- Mechanisms of Psychological impact
In case of conflicts, the couple loses its:
- Emotional function: empathy, understanding
- Instrumental function: (punctual) help
- Informative function: counseling, coaching
- function of dampening of daily stressors

In case of conflicts, the couple becomes itself a stress factor.

**CONCLUSION**

There is an evident need for appropriate preventive and therapeutic strategies, given the serious consequences of domestic conflicts on women’s physical and mental health.

**Bibliography**