

MARITAL SATISFACTION AND WOMEN'S HEALTH

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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

There is a higher rate of anxiety among women with marital conflicts 76% vs 24% ($p=0,004$)

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.

Keys word : 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 inhbits) . 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%

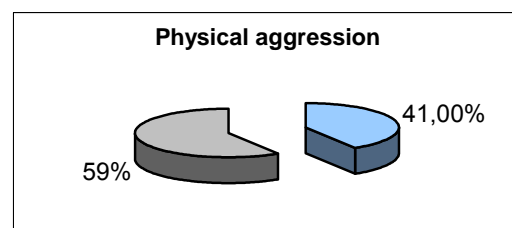
2-Causes of the conflicts:

Financial problems	85%
Conflicts with family-in-law	69,2%
Disagreement about child care	51,8%

Jealousy	28,5%
Women's work	26,5%
Sharing housework	23,2%
Sexuality	17,9%

3-Characteristic of the Conflict::

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.

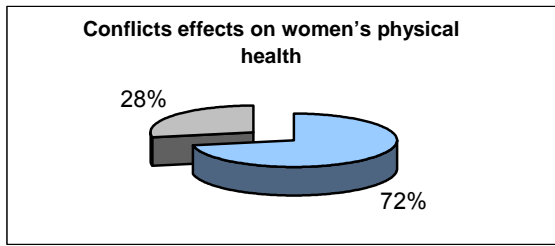
While less than one third of women incriminate work in generating conflicts, three out of four report significant impact on their professional activities.

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 $p=0,00005$.



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 → immuno-suppression → infection
- Catecholamine → High blood pressure
- LDH cholesterol → cardiovascular risks
- Hyperglycemia → diabetes

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 psychosis, somatoform disorders and factitious 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**

- 1-Conflicts conjugaux et santé de la femme, Ellouze F, Thèse de medecine. Tunis 2003.
- 2-Allilaire JF, Hygiene mentale de la vie sexuelle. Editions Techniques-Encycl Méd Chir (Paris-France), Psychitrie,37-960-E10-11,1979.
- 5-Bird CE. Gender, household labor, and psychol distress:the impact of the amout and division of houdework. J Health Soc Behav. 1999 Mar;40(1):32-45.
- 6-Reid J, Hardy M. Multiple roles and well-being among midlife women: testing role strain and role enhancement theories. J Gerontol B Psychol Sci Soc Sci. 1999 Nov;54(6):S329-38.
- 7- Augustine J, Kposowa M. Marital status and suicide in the national longitudinal mortality study. J Epidemic Community health 2000;54:254-261
- 8-Benazon NR, Coyne JC. Living with a depressed spouse. J Fam Psychol. 2000 Mar 14(1):71-9.
- 9-Birtchnell J. Negative modes of relating, marital quality and depression. Britch journal of psychiatry, 1991 Autumn;158 (1) :648-657.
- 10-Boisvert JM, Ladouceur R, Beaudry, M, and al. Perception of marital problems and their prevention by Quebec young adults, Journal of genetic psychology. 1995 Mar 156(1):33-44.
- 11-Brown PC, Smith TW, Benjamin LS. Perceptions of dominance predict blood pressure reactivity during marital interactions. Ann Behav Med. 1998 Fall;20(4):286-93.
- 12-Brummett Bh, Barefoot JC, Feaganes JR, and al. Hostility in marital dyads: associations with depressive symptoms. J Behav-Med.2000 Feb; 23(1):95-105.
- 13-Kielcolt Glaser JK, Glaser R, Cacioppo JT. Marital conflict in older adults: endocrinological and immunological correlates. Psychosom Med. 1997 Jul-Aug;59(4):339-49.
- 14-Kielcolt Glaser JK, Glase R, Cacioppo JT. Marital stress: immunologic, neuroendocrine, and autonomic correlates. Ann N Y Acad Sci. 1998 May1; 840:656-63.
- 15-Kielcolt-Glaser JK, Fisher LD. Marital quality, marital disruption and immune function. Psychosom med, vol.49, N°1(jan/feb.1987), 13-34.
- 16-Backer B, Helmers K, O'Kelly B and al. Marital cohesion and ambulatory blood pressure in early hypertension. Am J Hypertens 1999 Feb;12(2 Pt 1):227-30.
- 17-Burman B. Marital relationships and health problems. Psychological Bull 1992, 122, 39-63.
- 18-Burman B, Margolin G. Analsis of association between marital relationships and healh. Psychol bull, 1992, 122, 63-74.
- 19-Mbassa M, Sylla. O. La conjugopathi au Sénégal une plainte angoisse de la féminité. Med. Trop. 1996 ; 56bis :423-429