

A Comparative study of Marital adjustment and Depression among working Civil Hospital Male & Female Staff.

Dr.Ashok Mate

ABSTRACT

The sense of one's identity or self is an important dimension of individual's personality giving each one of us unique individuality. female and depression is holding a relationship of much interest over the last two decades. As more and more female enter the work force, they are increasingly exposed not only of the same work environment as men, but also to unique pressure created by multiple roles and conflicting expectations. The main purpose of the research was to find out the difference in marital adjustment and depression of working male and working female. The total sample consisted of 200 working male and working female (working married Male = 100, working married women = 100). The Marital Adjustment Questionnaire and Depression Scale were used for collection of data. Obtained data treated with the help of Mean, SDs, t and Correlation statistical techniques. Results indicated that employment status affect significantly on depression of married women. Besides it, there was negative correlation found between marital adjustment and depression of working and non-working married women. Key Words: Marital Adjustment, Depression, Married Women, Working male and Working female.

INTRODUCTION

One of the most important relationships between a male and female is marriage. It involves emotional and legal commitment that is quite important in any adult life. Marital adjustment as 'the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other.

The current low rates of marriage and remarriage and the high incidence of divorce in the United States are the bases of deep concern about the future of marriage and the family. Some have used these data to argue the demise of the family in American Society (Popenoe 1993). Others see such changes as normal shifts and adjustments to societal changes (Barich and Bielby 1996). Whatever the forecast, there is no question that the institution of marriage is currently less stable than it has been in previous generations. This article explores the nature of modern marriage and considers some of the reasons for its vulnerability.

Marriage can be conceptualized in three ways: as an institution (a set of patterned, repeated, expected behaviors and relationships that are organized and endure over time); as rite or ritual (whereby the married status is achieved); and as a process (a phenomenon marked by gradual changes that lead to ultimate dissolution through separation, divorce, or death). In the discussion that follows we examine each of these conceptualizations of marriage, giving the greatest attention to marriage as a process.

Depression

Depression in a spouse is an issue that most couples will face at some point in their marriage. Depression is a normal and natural response to loss or grief, whether a death, separation from a loved one, job loss, loss of physical health, or relocation. Marital distress and relationship conflict also contribute to depression. Symptoms of depression include feelings of sadness, hopelessness, helplessness, anxiety, irritability, agitation, fatigue, low energy, and a reduced activity level are common, and there is also withdrawal from social contact and loss of interest in previously enjoyed activities. There may be changes in appetite, weight or sleep patterns, memory problems or difficulty concentrating. Everyone occasionally feels blue or sad. But these feelings are usually short-lived and pass within a couple of days. When you have depression, it interferes with daily life and causes pain for both you and those who care about you. Depression is a common but serious illness. Many people with a depressive illness never seek treatment. But the majority, even those with the most severe depression, can get better with treatment. Medications, psychotherapies, and other methods can effectively treat people with depression.

There are several forms of depressive disorders.

- A. Major depression** - severe symptoms that interfere with your ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person's lifetime, but more often, a person has several episodes.
- B. Persistent depressive disorder** - depressed mood that lasts for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years.

Some forms of depression are slightly different, or they may develop under unique circumstances. They include:

- **Psychotic depression**, which occurs when a person has severe depression plus some form of psychosis, such as having disturbing false beliefs or a break with reality (delusions), or hearing or seeing upsetting things that others cannot hear or see (hallucinations).
- **Postpartum depression**, which is much more serious than the "baby blues" that many women experience after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth.
- **Seasonal affective disorder (SAD)**, which is characterized by the onset of depression during the winter months, when there is less natural sunlight. The depression generally lifts during spring and summer. SAD may be effectively treated with light therapy, but nearly half of those with SAD do not get better with light therapy alone. Antidepressant medication and psychotherapy can reduce SAD symptoms, either alone or in combination with light therapy.

Bipolar disorder, also called manic-depressive illness, is not as common as major depression or persistent depressive disorder. Bipolar disorder is characterized by cycling mood changes—from extreme highs (e.g., mania) to extreme lows (e.g., depression).

What are the signs and symptoms of depression?

People with depressive illnesses do not all experience the same symptoms. The severity, frequency, and duration of symptoms vary depending on the individual and his or her particular illness.

❖ **Signs and symptoms include:**

- Persistent sad, anxious, or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.

OBJECTIVES

There are three main objectives studied in this paper:

1. To measure the marital adjustment of working Male and working Female.
2. To assess the depression of working male and working female.
3. To know the relationship between marital adjustment and depression of married working Male and working female.

HYPOTHESIS

The above aims enable us to formulate following hypothesis:-

1. Employment status (working Male and working Female) will affect significantly on marital adjustment of married Female.
2. There will be significant difference in the depression of working Male and working married Female.

3.Marital adjustment will affect significantly the depression of working Male and working married Female.

METHODOLOGY

DESIGN

A survey research design was used for the study to assess the marital adjustment and depression of working male and working female in Beed.

SAMPLE

The sample of 200 married Civil Hospital Staff (100 working male and 100 working female) was taken for this research from Beed. Convenient random sampling was used for this study.

INSTRUMENTS

1)Marital Adjustment Questionnaire (MAQ) in its final form consists of 25 highly discriminating 'Yes-No' types of items. Personality qualities, emotional factors, sexual satisfaction, marital role and responsibility factors, in-law relationship, attitudes towards family planning and children, interpersonal relationship and economic, religious and social factors are the areas included. In the initial form of the questionnaire there were 57 positively worded and 7 negatively worded items. All these items were scored "1" or '0' depending on the direction of the Marital Adjustment score for the subject. The total Marital Adjustment score varied from 0 to 64, showing lowest to the highest Marital Adjustment. 120 Twenty five items with discrimination values of 0.19 or above were 'finally selected for the questionnaire.

2)Depression Scale:Depression scale developed by S. Krug and Laughlin 1978, consisting of 40 statements each with 3 alternative answers. The un-correlated row score based on 36 items is a measure of depression involving the anxiety component. The correlated row score base on 40 items is to be used when one needs to increase the discriminatory power of the test especially with respect to anxiety. The present investigator aim being only to obtain a maximally valid and reliable estimate of general depression level and not deferential diagnosis, the uncorrected row score based on 36 items is used in the present study. The scale is particularly for adult. The reliability of scale is 0.94 and validity is 0.88. the scale is constructed in English, Later on this scale were translated in Hindi and Marathi language by experts psychologist for the propose of data collection.

STATISTICAL ANALYSIS

The collected data were classified and tabulated in accordance with the objectives to arrive at the meaningful and relevant inferences by using arithmetic mean, standard deviation, t–test and correlation.

RESULTS AND INTERPRETATION

Table 1: Means, Standard Deviations and t-value of Working male and Working female on Marital Adjustment.

Employment Status	N	Mean	S.D	t
Working	100	19.1300	3.93602	1.118
Working	100	18.2900	4.491431	

Table 2: Means, Standard Deviations and t-value of Working male and Working female on Depression.

Employment Status	N	Mean	S.D	t
Working	100	15.18	7.11	2.11
Working	100	18.21	10.36	

Table 3: Correlation Matrix of Scores Depression and Marital Adjustment. (N=200)

	Marital Adjustment
Depression	-.496

The comparison of scores of working male and working married female on marital adjustment is performed in the table 1, which shows that there is non-significant difference between working male and working married female and their marital adjustment ($t=1.118$, $d.f=198$, $p=n.s$). This finding do not support our hypotheses that working married male and working married female differ from each other on marital adjustment.

The analysis of depression scores of subjects (Table-2) shows that there is significant difference between working male and working married female ($t=2.11$, $d.f=198$, $p<.05$). The results show that working married male have to face more depression as compared to working female. It indicates that working female are more depressed in their daily life and in home task than those female who are employed. Hence, these findings support our hypotheses.

Results presented in the table 3 indicate that there is highly significant correlation between the two measures. The table suggests the correlation of Marital Adjustment and Depression is $r=-.50$, ($**p<.01$). It indicates that if depression is high in married male then their married life will be suffered and vice-versa. Our hypothesis regarding this relationship is supported.

DISCUSSION

This research was undertaken to investigate the marital adjustment and depression among working and non-working married women. The study hypothesized that “Employment status (working male and working female) will affect significantly on marital adjustment of married male” and findings reject the stated hypothesis. Working and working female did not find significant difference on the variable of marital adjustment.

CONCLUSION

Thus, it can be concluded from the above discussion that there are differences in the working male and working female. The findings of the study indicate that working married female have to face more difficulties in their lives like they experienced more depression as compared to working married male. It concludes that on some aspects working married female cannot contribute significantly for the well being of their family and it leads to lower marital adjustment. While measuring relationship among both the variables (marital adjustment and depression), it was found that they both are negatively correlated with each other.

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