

Marital Discordance: A Cross-Sectional Analysis of the Impact of Psychiatric Disorders on Marital Status among Patients in South Kerala

Dhanya Dharman^{1*}, Lal Prasanth M L²

Professor, Department of Pharmacy Practice, Dr Moopens College of Pharmacy, Naseera Nagar, Meppadi, Wayanad, Kerala.

(ORCID: 0000-0002-3428-1379)

Principal, Dr Moopens College of Pharmacy, Naseera Nagar, Meppadi, Wayanad, Kerala.

(ORCID:0009-0007-7895-0531)

****Corresponding Author***

Email Id: dhanyadharman07@gmail.com

ABSTRACT

About 14.4 percent of the population aged 18 and above in the state has suffered a psychic disorder once in their lifetime, according to the latest State Mental Health Survey report. The survey was conducted by IMHANS under the guidance of experts from the National Institute for Mental Health and Neuro Science (NIMHANS), the key player in the national survey. Like other psychiatric related disability, Severe psychiatric illness results in disruption of behavior and may result in disability and inability to function satisfactorily and meet the obligations of marriage. This study was conducted in a tertiary care psychiatric setting in South Kerala. Based on the inclusion and exclusion criteria, 442 samples were selected. Out of these 442 samples, it was found that the majority of divorces occurred in bipolar (n=38%) and schizophrenic patients (n=38%), followed by psychosis (13%), schizoaffective disorder (3.6%), schizophrenia with psychosis (3.6%), and other conditions (3.6%), and all psychiatric diseases have equal importance in marital life and quality of life.

Keywords: NIMHANS, IMHANS, Schizophrenia, Bipolar Disorder

INTRODUCTION

About 14.4 percent of the population aged 18 and above in the state has suffered a psychic disorder once in their lifetime, according to the latest State Mental Health Survey report. The survey was conducted by IMHANS under the guidance of experts from the National Institute for Mental Health and Neuro Science (NIMHANS), the key player in the national survey. Though Kerala has a better healthcare system, about 11.36 percent of the total population is affected by mental disorders, including schizophrenia and other depressive disorders. According to the report, the prevalence of severe mental disorders in the state is 0.44 percent. 1.The impact of mental disorder affects the social and family life of an individual, and the society didn't accept the individual if he/she was completely cured from the disease. that will lead to the social withdrawal of persons and that may create problems in family life also.

In all cultures, psychiatric disease is a major problem in marital life. That leads to an increase in the prevalence of divorces and unmarried persons in society. When psychiatric illness is taken into consideration, it has a substantial role along with other factors in causing/worsening or relapsing the illness. It also acts as a protective factor not only against psychiatric illness but also for the global well-being of the family and healthy growth of the

children. There is evidence suggesting higher rates of marital discord, separation, and divorce in patients with psychiatric illness.

Major psychiatric illnesses commonly associated with marital pathology are personality disorders or traits of dependence, passiveness, aggression, immaturity, histrionicism, paranoia, and obsession; depression; phobias; schizophrenia; affective disorder; and substance dependence.

METHODOLOGY

A hospital-based cross-sectional observational study was undertaken in the mental hospital. The patients were screened for psychiatric illness based on ICD-10 for two fixed days in a week, barring public holidays. Subjects and their accompanying family members were interviewed for collecting his or her demographic details, social history, family history, and medical and medication history. And also, case records were reviewed. A psychiatrist was available for consultation in the event. Patients who were known substance abusers, at risk of suicide, or terminally ill were not included in the study. The Kuppuswamy socioeconomic scale was used for classifying the patients based on socioeconomic status. Collected data were summated and were entered into the Microsoft Excel sheet and analyzed using the Statistical Package for the Social Sciences (SPSS). The data were presented in the form of frequency, percentage, and mean $\pm$ standard deviation. A chi-square test was performed. $P < 0.05$ is considered statistically significant. The results were presented in the form of text, tables, and figures.

RESULT AND DISCUSSION.

Among 442 psychiatric patients enrolled for the study based on inclusion and exclusion criteria. Out of these 442 patients, 43.4% (192) patients were diagnosed as bipolar disease, 31% (137) patients were diagnosed as schizophrenia, 11.5% (51) patients were diagnosed with psychosis, 5.2% (23) were schizoaffective patients, 4.1% (18) were diagnosed as both schizophrenia and psychosis and 4.8% (21) were diagnosed as other psychiatric conditions.

Table 1: Gender wise distribution of Psychiatric Patients

Gender	Bipolar Mood disorder		Schizophrenia		Psychosis		Schizo affective		Schizophrenia and psychosis		Others	
	f	%	f	%	f	%	f	%	f	%	f	%
Male	75	39.1	66	48.2	20	39.2	10	43.5	3	16.7	7	33.3
Female	117	60.9	71	51.8	31	60.8	13	56.5	15	83.3	14	66.7
Total	192	100	137	100	51	100	23	100	18	100	21	100

The gender wise distribution revealed that, regardless of diagnosis, the majority of patients fell under the female category. In 192 patients, 39.1% (75) were male and 60.9% were female. 137 schizophrenic patients: 48.2% (n=66) were male and 51.8% (n=71) were female. 51 psychosis patients: 39.2% were male and 60.8% were female. 43.5% of schizoaffective males and 56.5% of females were identified from 23 patients. Furthermore, 18 were diagnosed with both schizophrenia and psychosis (male = 16.7%, female = 83.3%), and 21 were diagnosed with other psychiatric conditions (male = 33.3%, female = 66.7%). Here the data revealed that female genders are more prone to developing psychiatric illness.

Table 2: Differential Diagnosis with Marital Status and Gender

Diagnosis	Marital status	Gender				Total	χ^2 value	P value
Bipolar disorder		Male		Female			7.869	0.049*
		f	%	f	%			
		Unmarried	23	12	52			
	Married	39	20.3	54	28.1	93		
	Divorced	10	5.2	11	5.7	21		
	Widow /widower	3	1.6	0	0	3		
Schizophrenia	Unmarried	18	13.1	26	19	44	11.11	0.025*
	Married	28	20.4	36	26.3	64		
	Divorced	14	10.2	7	5.1	21		
	Widow	6	4.4	2	1.5	8		
Psychosis	Unmarried	7	13.7	15	29.4	22	9.70	0.046*
	Married	6	11.8	14	27.5	20		
	Divorced	6	11.8	1	2	7		
	Widow	1	2	1	2	2		
Schizoaffective	Unmarried	1	4.3	7	30.4	8	6.29	0.043*
	Married	7	30.4	6	26.1	13		
	Divorced	2	8.7	0	0	2		
Schizo+ Psychosis	Unmarried	1	5.6	7	38.9	8	0.9	0.638**
	Married	2	11.1	6	33.3	8		
	Divorced	0	0	2	11.1	2		
Other Mental Illness	Unmarried	4	19	6	28.6	10	1.2	0.549**
	Married	3	14.3	6	28.6	9		
	Divorced	0	0	2	9.5	2		

Out of 192 bipolar disorder patients, 12% male (23) patients were unmarried, followed by 20.3% (n=39) married, 5.2% (n=10) divorced, and 1.6% (n=3) were widowers. In the case of female genders 27.1% (n=52) were unmarried followed by 28.1% (n=54) were married, and 5.7% (n=11) were divorced. The p-value was found to be significant in this association. Out of 137 schizophrenia patients, 13.1% of male (18) patients were unmarried, followed by 20.4% (n=28) married, 10.2% (n=14) divorced, and 4.4% (n=6) were widowers.

In the case of female genders, 19% (n=26) were unmarried, followed by 26.3% (n=36) who were married, 5.1% (n=7) who were divorced, and 1.5% (n=2) who were widows. The p value was found to be significant in this association.

Out of 51 psychosis patients, 13.7% of male (7) patients were unmarried, followed by 11.8% (n=6) married, 11.8% (n=6) divorced, and 2% (n=1) were widowers. In the case of female genders, 29.4% (n=15) were unmarried, followed by 27.5% (n=14) who were married, 2% (n=1) who were divorced, and 2% (n=1) who were widows. The p-value was found to be significant in this association.

Out of 23 schizoaffective patients, 4.3% of male (1) patients were unmarried, followed by 30.4% (n=7) married and 8.7% (n=2) divorced. In the case of female genders, 30.4% (n=7) were unmarried, followed by 26.1% (n=6) who were married, and no divorced persons were found in this condition. The p-value was found to be significant in this association.

Out of 18 schizophrenias with psychosis patients, 5.6% of male (1) patients were unmarried and 11.1% (n=2) married, and there was no divorced males and widower. In the case of female genders, 38.9% (n=7) were unmarried, followed by 33.3% (n=6) who were married and 11.1% (n=2) divorced persons were found in this condition. The p-value was found to be not significant in this association.

Out of 21 patients, 19% of male (n=4) patients were unmarried, followed by 14.3% (n=3) married, and there was no divorced or widowed. In the case of female genders 28.6% (n=6) were unmarried followed by 28.6 % (n=6) were married and 9.5% (n=2) were divorced persons were found in this condition. The p-value was found to be not significant in this association.

It was found that the majority of divorces occurred in bipolar (n=38%) and schizophrenic patients (n=38%), followed by psychosis (13%), schizoaffective disorder (3.6%), schizophrenia with psychosis (3.6%), and other conditions (3.6%). Based on this result, it was confirmed that both bipolar disorder and schizophrenia equally affect the patient's personal life. But it was observed that a higher unmarried rate was observed in female bipolar, schizophrenic, psychotic, and schizoaffective patients. Furthermore, the divorce rate was highly observed with male schizophrenic, psychotic, and schizoaffective patients.

Table 3: Association of marital status and age

Marital status	Age									χ^2 value	p value
	≤ 20	21-30	31-40	41-50	51-60	61-70	> 70	Total	Percentage		
Unmarried	10	70	47	22	17	1	0	167	37.78	158.796	<0.001*
Married	0	14	55	75	48	11	4	207	46.83		
Divorced	0	14	19	17	4	1	0	55	12.44		
Widow	0	0	2	6	2	0	3	13	2.94		
Total	10	98	123	120	71	13	7	442			

The majority of persons remain either unmarried in their marital age or got divorced. It was found that 47 persons remain unmarried during the ages of 21-30, followed by 31-40 years (n=47) and 41-50 years (n=22). The majority of divorces due to psychiatric illness happened during the ages of 21-30 years (n=14), followed by 31-40 years (n=19) and 41-50 years (n=17) of age. This will negatively affect the person's quality of life. This will also reflect the public's attitude towards the psychiatric illness. The p-value was found significant. Some rural populations still now believed that marriage is a mode of treatment for psychiatric illness. So, the relatives do not disclose the mental illness due to the fear of rejection.

A situation of mistrust and suspicion is created in the family as well as the social circle if the relapse occurs after marriage. The mistrust and suspicion towards spouses and their families increase the divorce rate after marriage. At the same time, a new onset of mental illness after childbirth or after several years of marriage is considered more favorably and does not always result in separation/divorce. And also, psychiatric illness has a strong family history, and the majority of the common people were aware of the same; that will also increase the prevalence of unmarried psychiatric patients regardless of their diagnosis.

CONCLUSION

The institution of marriage has both a beneficial and a detrimental influence on mental health and is the cornerstone of social harmony and order. Commitment and lifetime obligations are part of marriage. Severe mental illness causes behavioral disturbance, incapacity, and an inability to operate well and fulfill marital responsibilities. Divorces and being single might occasionally make mental illness worse. Compared to individuals with other diagnoses, those with psychiatric illnesses are more likely to stay unmarried and single. This is especially true for patients who are men. Men often marry between the ages of 25 and 35 after completing their schooling and landing a job, so even little changes in their social and personal lives will be noticed by others. Men are therefore more likely than women to be diagnosed with a psychotic episode, or to be detected early in life. It's crucial to keep in mind that prompt identification and sensible medication treatment can increase a person's desire to continue their education, have a successful profession, get married, and maintain a greater level of functioning in their marriage.

Acknowledgement: NIL

Funding: Nil

Conflict of interest: Nil

REFERENCES

- 1) <https://www.newindianexpress.com/states/kerala/2017/nov/05/kerala-mental-health-report-1136-percent-people-in-the-state-of-unsound-mind-1692356.html>.
- 2) Dominian J. Marriage and psychiatric illness. *Br Med J* 2 (1979): 854-855.
- 3) Lodge, Amy C. and Umberson, Debra 2014. *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*. p. 1471.
- 4) Xue-jie Li, Jing-hua Wu, et al, The influence of marital status on the social dysfunction of schizophrenia patients in community, *International Journal of Nursing Sciences*, Volume 2, Issue 2, 2015, Pages 149-152.
- 5) William A. Rushing, Marital Status and Mental Disorder: Evidence in Favor of a Behavioral Model, *Social Forces*, Volume 58, Issue 2, December 1979, Pages 540–556, <https://doi.org/10.1093/sf/58.2.540>
- 6) Wafaa Menawi, Taghreed Najem, Aziza Khalil, Jiyana Suleiman, Areej Dabas, Rasmiyya Amer Abdullah, Noor Shareef, Taghreed Khraiweh, Self-rated health and psychological health among hypertensive patients in Palestine, *Health Psychology Open*, 10.1177/2055102920973258, 7, 2, (205510292097325), (2020).
- 7) Lavik NJ. Marital status in psychiatric patients. *Acta Psychiatr Scand*. 1982 Jan;65(1):15-28. doi: 10.1111/j.1600-0447.1982.tb00817.x. PMID: 7187172.
- 8) Emovon, A. C. (1976). The relationship between marital status and mental illness. *Mental Health & Society*, 3(1-2), 10–21.

- 9) Afifi, Tracie & Cox, Brian & Enns, Murray. (2006). Mental health profiles among married, never-married, and separated/divorced mothers in a nationally representative sample. *Social psychiatry and psychiatric epidemiology*. 41. 122-9. 10.1007/s00127-005-0005-3.