FAMILY ENVIRONMENT IN RELATION TO MENTAL HEALTH AND MARITAL ADJUSTMENT AMONG RURAL WOMEN OF PUNJAB

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Voice of Research
Volume 4, Issue 3
December 2015
ISSN 2277-7733

Abstract

The objective of the present study was to see the role of family environment in mental health and marital adjustment among rural women. It was hypothesized that cohesiveness and expressiveness in the family would be positively correlated with general health and marital adjustment of women whereas conflicting family environment would be negatively correlated with general health and marital adjustment of women. For this purpose 122 married females in the age range 30-45 years were assessed on Family Environment Scale (FES, Form-R; Moos & Moos, 1986); General Health Questionnaire (GHQ; D.P. Goldberg & V. F. Hiller, 1979) and Marriage Adjustment Inventory (MAI; C. G. Deshpande, 1997). Obtained scores were subjected to correlational analysis. Findings of the study suggest that cohesiveness and expressiveness in family lead to the good psychological or mental health of the rural females whereas conflicting family environment had negative impact on general health of females. It was also revealed that females from cohesive and expressive family environment had better adjustment in their families while conflict becomes hurdle in the better adjustment with the spouse and other family members. Overall findings were in line with the hypotheses formulated.

Keywords: *Family Environment, Marital Adjustment, General or Mental Health.*

Family is a valuable setting where the members in a group are tied emotionally, share their feelings of commitment, togetherness and act as a support system for each other. These feelings of connectedness with each other are vital for building healthy relations within and outside the family. Healthy relationships are the foundation for healthy environment that assures the feelings of security and protection among all the members in the family; and further fortifies them from social evils and problems. It also develops the abilities such as self-esteem, self-efficacy, confidence and the capacity to deal with the adversities of life. On the other hand, poor family environment reflects in unhealthy relationships of family members, parental hostility and inconsistencies. This all gives rise to psychological problems such as anxiety, stress, depression and many others (Sharma et al., 2008). Overall well-being and healthy functioning of the members in the family depends on the sound mental health of the women as they are possessed with the caring and nurturing responsibilities of their families. They act as a binder in harmonizing the relationships and provide social and emotional support to their loved ones. Researches indicate that women are core originator of a congenial, peaceful and lovely relationship among the members of the family (Oyerinde, 2001). In cultural context, they are socialized to give priority to family welfare and to take the nurturing responsibilities for their close ones (Verbrugge, 1983). They are considered as those home-makers and also the strong pillar of their families who undertake the responsibility of inculcating the traditional and modern values in bringing up and socializing their children. Intimacy, love, support and secure attachment with family members provide mental peace and satisfaction to them. This in turn promotes the functioning of all members in the family. Thus, a healthy environment in the family contributes to the sound mental health of women.

In the changing scenario of present world, every woman, whether working or non-working, urban or rural, young or old, has to play similar roles in maintaining the healthy functioning of her family with or without any favourable conditions. Other than, taking care and nurturing their families, women have other multiple roles which determine their ability to become more efficient (Beutell & Greenhaus, 1983). Women, in rural and urban areas of developing countries such as in India, contribute in the form of economic support to their husbands. Furthermore, they also contribute through their social emotional and cultural roles for prosperity of their families as well as the society. But in some rural areas, specifically in Punjab, their efficiency to play the multiple roles is underrated. They are even deprived of taking decisions or putting suggestions in any family matter. They also lack control over their own earned money; and harassed and abused by their husbands and other family members which gives rise to the domestic violence (Agarwal, 1994).

In spite of these negative practices in the rural families, there is another evil i.e. the drug abuse by husband or son that passively affects the health of woman being wife or mother of the substance user. They are blamed of being responsible for their substance use as they hide these issues from other members in the family and not getting the timely treatment for the drug abuser. In a survey by Health Department of Punjab, the highest consumption of alcohol was found in Punjab only and more than 40% youth, about 48% farmers and labourers were found drug addicted which may contribute in 70% household problems (Misra, 1998). These evils in the family develop the feelings of guilt, depression, anxiety, isolation, frequent suicidal thoughts or insomnia (McBride, 1990) which further disrupts the psychological functioning of family members (Weiss, 1972). In addition to this, other factors such as financial hardships and lesser

opportunities to get education, to go out for jobs and to express their emotions (Rao et al., 2003) also make the rural women more distressed due to which they suffer from poorer mental as well as physical health status (Simon, 2002).

World Health Organisation (2013) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". It has also been stated that good mental health of the individual indicates her or his ability to think rationally, effective decision-making and to work productively (Baron & Byrne, 2000). A mentally healthy individual or group can promote subjective well-being, optimal development and use of intellectual abilities by interacting and building strong relationships with others within as well as outside the family. S/he also becomes more able to handle the life's inevitable challenges; and develops a sense of contentment, a zest for living (Waldron & Jacobs, 1989), the ability to laugh (Bhargva, 2008) and deals with stress effectively (Singh & Singh, 2005). The negative social, personal, and occupational circumstances affect the health of the individual and give rise to mental malfunctioning. In women, those who lack medical assistance to cure physical illness; have unpleasant feelings of fear and apprehensions (Joshi & Tomar, 2006); less access to avail the educational, financial and health care resources (Holzer et al., 1998); face poverty and unemployment and also lack intimacy in the relationship with their spouse (Wolf, 1987; Belle, 1990), suffer from various mental health problems such as insomnia, depression, and negative emotionality (Patel et al., 1999). This affects their ability to play a healthy role in the development of their family.

Research evidence indicates that a healthy environment in the family does not have an impact on the individual's health only rather on the better adjustment in relationships with the family members also (Qadir et al., 2005; Niaz, 2004). A family provides a web of relationship to support each other and for this, the web demands enormous adjustment of two pillars i.e. husband and wife. In the present scenario, the healthy functioning of nuclear families depends on the good marital adjustment between both the spouses. According to Spanier (1976) marital adjustment can be conceptualized as a process and the outcome which is determined by the amount of troublesome dyadic differences, interpersonal tensions and personal anxieties, dyadic satisfaction, cohesion and consensus on matters of importance to dyadic functioning of both the husband and wife. As marital adjustment brings the effective and healthy functioning of every member in the family, specifically on the women's part, this makes her to acquire certain level of mental maturity and psychological strength to tackle the responsibilities of their marital life independently and efficiently. But marital adjustment among women seems complex when they undergo transformation to accommodate the changes in their in-laws' family (Kerns & Turk, 1985). They are supposed to make adjustments simultaneously with their spouses, total new environment, new household and other members of the family. If one side, marital adjustment of women depends on the successful and peaceful marital relationships with their husbands as well as with other members of family, on the other hand, conflicts and tensions in the families lead them to possess marital maladjustment (Fonseca, 1966). In Punjab's rural areas various factors such as interpersonal conflict, educational and occupational differences between both spouses lead to psychological disturbances and maladjustment in married life among women (Joshi, 1999). Consequently, this marital maladjustment enhances the severity of divorce, suicide, separation; conflicts throughout the life etc. (Singh, 2005).

Thus, it can be observed that unhealthy functioning of the member in the family disturbs the environment of family and has a negative impact on the well-being and adjustment of the women who nurture their families and relationships as a core responsibility. Keeping these adverse consequences of the interactive factors in mind, the present study was designed to study the role of family environment in mental health and marital adjustment among rural women.

Hypotheses

On the basis of review of literature the following hypotheses were formulated: Cohesiveness and expressiveness in the family would be positively correlated with general health of women. Conflicting family environment would be negatively correlated with general health of women. Cohesiveness and expressiveness in the family would be positively correlated whereas conflicting family environment would be negatively correlated with marital adjustment.

Sample

A total of 122 married non-working females in the age range of 30-45 years were taken from various villages of Punjab. All of them were living in the joint families. The educational qualification of each participant was matriculation and above.

Tools

Following measures were used:

Family Environment Scale (FES; Form-R) *by Moos & Moos (1986)*: The scale was used to measure the family climate. It comprises of 10 subscales which assess the three domains or dimensions viz., the relationship dimension, personal-growth dimension and system maintenance dimension. The relationship dimension is assessed by 3 subscales – cohesion (Coh), expressiveness (Exp) and conflict (Con), the personal-growth dimension is assessed by 5 sub-scales – independence (Ind), achievement orientation (AO) Intellectual-Cultural Orientation (ICO), Active-Recreational Orientation (ARO) and moral-religious emphasis (MRE); and the system-maintenance dimension is assessed by 2 Sub-scales - Organization (Org) and Control (Ctl). The scale consists of 90 items i.e. 9 items per each subscale. The scale measures the respondents' perceptions of emphasis placed on different dimensions of family climate. Each item in the scale has two responses (true or false) against it. Correct response according to the scoring sheet is given '1' mark. The high scores reflect a good family

environment. The test-retest reliabilities are all in the acceptable range varying from a low of 0.68 to a high of 0.86. Internal consistency is also satisfactory, ranging from .61 to .78. For the present study only the relationship dimension was considered for further statistical analysis.

General Health Questionnaire (GHQ) *by D. P. Goldberg& V. F. Hiller (1979)*: The scale was used to measure the general health status of women. It consists of 4 dimensions: Somatic symptoms (SS), Anxiety and Insomnia (AI), Social Dysfunction (Social Dys), Severe Depression (Severe Dep). Every dimension comprises of 7 items with 4 responses (0, 0, 1, and 1 respectively) against each. Though the questionnaire assesses the negative aspects of health, the lower scores show a good mental as well as physical health of the individual. The reliability of the scale varies on its dimensions i.e. 0.32 for somatic symptoms, 0.67 for anxiety and insomnia, 0.73 for social dysfunction and 0.76 for severe depression.

Marriage Adjustment Inventory (MAI) *by C.G. Deshpande (1997)*: The MAI is a 25 items' inventory measuring the marital adjustment. 15 items are with rated statements on a 5-point likert scale and the remaining 10 items are to be checked by the subject on 5-point likert scale of agreement – disagreement. Responses ranges from 25 to 125 and norms suggests that best adjustment would be low on scores and worst would be high on scores. The reliability of the inventory is 0.83 and validity is 0.49.

Design and Procedure

To achieve the objectives of the research, 140 females were approached from the rural areas of Bathinda and Muktsar in Punjab. All females were married and ranged from 35 to 45 years. A good rapport was built with the participants. The participants were contacted individually at their homes. To collect the data three questionnaires (Family Environment Scale, General Health Questionnaire and Marital Adjustment Inventory) were administered individually. Before administration a rapport was built with them and the instructions for each test were given as per their respective manuals. Though the participant being rural women hesitated in answering some personal questions yet they were made comfortable and frank to respond by providing a friendly environment to them. After collecting the data, it was scored according to the scoring directions provided in the respective manuals. Out of 140, eighteen were listed out as they did not respond to maximum items in the questionnaires. Finally, the scores of 122 females were considered for further correlational analysis.

Results and Discussion

Table 1 - Correlation Coefficient of Family Environment with General Health and Marital Adjustment (n = 122)

Variables	Family Environment		
	Cohesion	Expressiveness	Conflict
Somatic Symptoms	-.33**	-.34**	0.15
Anxiety	-.34**	-.36**	.30**
Social Dysfunction	-.34**	-.36**	.31**
Severe Depression	-.23*	-.32**	.28**
General Health (Total Score)	-.37**	-.41**	.31**
Marital Adjustment	-.33**	-.24*	.31**

** $p < 0.01$; *$p < 0.05$ level

Results in Table 1 show a significant negative relationship of cohesion with somatic symptoms ($r = -.33$; $p < 0.01$); anxiety ($r = -.34$; $p < 0.01$); social dysfunction ($r = -.34$; $p < 0.01$); severe depression ($r = -.23$; $p < 0.01$) and overall general health ($r = -.37$; $p < 0.01$). The obtained results depicted that lower scores on the domains of general health and higher scores on family cohesiveness reflects the good health of the females. Therefore, the negative association signifies that families, wherein the cohesiveness has been found, were having a healthy functioning of the female members. The females in this kind of environment found to have a sound physical and mental health. It means that cohesion in family environment leads to a good health. Various researches also supported that cohesion in family enhances the capacity to deal with stressful situations (Baer, 2002), increases the protective effects to overcome the depressive symptoms and to be psychologically healthy (Herman et al., 2007). Similarly, the negative association of cohesion with marital adjustment ($r = -.33$; $p < 0.01$) among women reveals that healthy relationships and support from other members in the family provide a better adjustment with the relationships. The findings get support from previous researches (Ray and Jackson, 1997; Chipperfield & Havens, 2001) that indicate family cohesion as a significant determinant in enhancement of overall marital adjustment of women i.e. with the spouse as well as with other members of family. Moreover, cohesive family environment caters the social, emotional and material needs of the women which enhance their physical as well as psychological well-being. This further helps them to achieve their day-to-day tasks to nurture their families satisfactorily.

Furthermore, in Table I, expressiveness in family environment was depicted to possess a significant negative correlation with somatic symptoms ($r = -.34$; $p < 0.01$); anxiety ($r = -.36$; $p < 0.01$); social dysfunction ($r = -.36$; $p < 0.01$); severe depression ($r = -.32$; $p < 0.01$) and overall general health ($r = -.41$; $p < 0.01$). This association also reflect the lower scores on domains of general health and higher score on expressiveness and the obtained results indicate that if the females are being given the opportunity to express their emotions, they feel like to have less negative affects as they can express themselves as well as resolve their problems in a good manner. Researches also indicated that expression of both negative or positive emotions and feelings in the family alters communications and helps in sustaining relationships (Olson et al., 1983; Russo, 1985) which further decrease the negative psychological as well as physical symptoms among women (Weisman et al., 1974). Moreover, the adverse aspects of health such as depression, anxiety, aggression, insomnia, insecurity also reduced by experiencing the expression of their feelings of sadness or happiness

openly (Calhoun & Tedeschi, 2001). In addition to this, expressiveness was found to be significantly and negatively associated with marital adjustment ($r = -.24$; $p < 0.05$) among women which means that sharing emotions with spouse and other family members add relaxation to their distress feelings which contribute in their healthy functioning. This finding gets support from previous researches (Spanier, 1976; Hood, 1983) which have shown that interpersonal interaction and expression of interests increase the understanding of each other's emotions and needs. Consequently, a better adjustment among couples occurs. Therefore, it can be observed that more shared feelings, expressing the ideas in decisions taken by the husbands and accepting each other's view points or expressions leads to a good marital adjustment among women.

On the other hand, positive association of conflict dimension of family environment with components of general health i.e. anxiety ($r = .30$; $p < 0.01$), social dysfunction ($r = .31$; $p < 0.01$), severe depression ($r = .28$; $p < 0.01$) and general health ($r = .31$; $p < 0.01$) reveals that the conflicting behaviour of family members results in various psychological or physical health problems in women. Empirical evidences provide support to the present finding and stated that conflict in family environment contribute 85% in possessing negative emotionality and anxiety disorders among women (Chauhan, 2006). Other past studies (Fromuth, 1986; Harter, Alexander & Neimeyer, 1988; Johnson et al., 2001) revealed that interpersonal misunderstanding and distress situations hamper the women's ability to tackle adverse circumstances in their lives which further leads to develop unpleasant feelings of loneliness and depression, psychological maladjustment and social dysfunction. Result of the present study also depicted a significant positive relationship between conflict and marital adjustment ($r = .31$; $p < 0.01$) which shows that conflict ridden family environment give rise to the disability of marital adjustment in the family among women. Various research studies (Vanfossen, 1986; Aneshensel, 1986; Nathawat & Mathur, 1993) reported that less supportive behaviours and conflict with partners as well as with other members in the family results in greater marital stress and role conflict in women. This causes maladjustment among them. So, on the basis of previous researches and present findings it can be inferred that conflict in family environment adds more to the negative emotions, poor mental as well as physical health and poor marital adjustment among females.

Thus, it can be concluded that the closeness and expression in family boost psychological well-being of the members within the family. In this type of family environment, healthy adjustment of married women influences the psycho-social functioning of all the family members. This in turn provides opportunities for growth and learning.

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