

TO IDENTIFY THE RELATIONSHIP OF MARITAL SATISFACTION WITH MIGRAINE-RELATED DISABILITY AND MIGRAINE-RELATED QUALITY OF LIFE

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Abstract

Background & Method: This observational study was conducted Amaltas Institute of Medical Sciences, Dewas, M.P. The study was approved by the institutional ethical committee. Female patients presenting to the outpatient department of Neurology with headaches were screened for migraine by one of the investigators.

Result: Marital satisfaction was inversely related with migraine-related disability, thereby meaning, higher marital satisfaction was associated with lesser migraine-related disability ($p < 0.001$). This was consistent with the results reported previously that migraines caused significant disability and impacted the division of household work, the ability to attend social and leisure functions, and the likelihood of partner arguments, thus, negatively impacting relationship with spouse/partner.

Conclusion: We concluded that MSSM may serve as a reference in future research and clinical practice. It may be used as an objective tool to assess marital satisfaction and also to determine the longitudinal, dynamic, and probable causal relationship of marital satisfaction and its various domains with migraine-related disability and quality of life. Also, future studies may be done on larger cohorts of other cultures.

Keywords: Female Migraineurs, Marital Satisfaction, Migraine, disability & quality of life.

Introduction

Migraine is more prominent in women in all cultures worldwide and as migraine frequency increases, the negative impact on relationships also increases.^[1] Marital dissatisfaction is more common in women than men, in the general population, and also in females with chronic pain.^[2]

The patients were grouped as per age (≤ 30 years and > 30 years), religion (Hindu or others), educational qualification (up to high school/less and more than high school), area of residence (urban or rural), occupation (home-maker or working), involvement in self-chosen occupation (liberty to choose to be either a home-maker or an earning member), duration of marriage (≤ 2 years and > 2 years), presence of children, parity (≤ 2 or > 2), type of marriage (arranged or self-choice) and type of family (nuclear or joint)^[3].

Material & Method

This observational study was conducted Amaltas Institute of Medical Sciences, Dewas, M.P. The minimum sample size required for the study was found to be 225 from August 2018 to September 2020.

Inclusion Criteria

All consenting married females with migraine (meeting ICHD-3 criteria) [11] aged ≥ 18 years.

Exclusion Criteria

Patients with secondary headaches, divorced/ separated/ widowed females, females with same-sex marriages or females diagnosed/treated for a psychiatric illness, particularly depression in the past.

Methodology

The study was approved by the institutional ethical committee. Female patients presenting to the outpatient department of Neurology with headaches were screened for migraine by one of the investigators {NG} and patients were enrolled in the study as per the inclusion and exclusion criteria. Written informed consent was taken in the vernacular language. Data was filled in the approved research proforma. Socio-demographic data recorded included age, religion, level of education, duration of the marriage, number and gender of children, area of residence, occupation, choice of occupation, type of marriage, and type of family. Further, four questionnaires were presented to each patient by the investigators.

Results

Table 1: Comparison of Migraine- Related Quality of Life of Females with Marital Satisfaction and Females with Marital Dissatisfaction

Parameter	Group of females	Scatter	p-value
		Mean \pm SD	
Score of 1	Satisfied	15.93 \pm 4.85	p<0.001
	Dissatisfied	28.03 \pm 3.84	
Score of 2	Satisfied	6.15 \pm 2.25	
	Dissatisfied	11.94 \pm 2.28	
Score of 3	Satisfied	4.46 \pm 1.73	
	Dissatisfied	8.04 \pm 1.72	
Total Score	Satisfied	26.53 \pm 8.26	
	Dissatisfied	48.02 \pm 6.78	

The mean differences are highly significant at the 0.001 level of significance.

Table 2: Relationship of marital quality (satisfaction/dissatisfaction) with their quality of life

Parameter	Spearman's rho	1: Restrictive	2: Role Preventive	3: Emotion Function	Total Score
(Satisfied/ Dissatisfied)	ρ	0.79	0.79	0.74	0.77
	p<0.001				

Correlation is highly/strongly significant at the 0.001 level (2-tailed) of significance. [LOS-Level of Significance]

Our results showed that marital satisfaction was inversely related with migraine-related disability, thereby meaning, higher marital satisfaction was associated with lesser migraine-related disability (p<0.001). This was consistent with the results reported previously that migraines caused significant disability and impacted the division of household work, the ability to attend social and leisure functions, and the likelihood of partner arguments, thus, negatively impacting relationship with spouse/partner^[1].

Discussion

Economic status has shown cross-cultural differences in marital satisfaction.^[4] Though on one hand financial distress may lead to disagreements and stress in married life,^[5] it may, on the other hand, bring out positive aspects of relationship quality like affection, love, and satisfaction.^[30] In our study, the jobs/finances domain showed a significant difference in FMS and FMD (p<0.001). This underlines the fact that in Asian Indian society, financial issues are a common source of conflict in interpersonal, marital, and family relationships, and appropriate employment and income are important issues in establishing, maintaining, and increasing marital satisfaction.^[3]

Previous literature suggests an unpredictable relationship between marital satisfaction and level of education. An

American study in 2002 reported lower marital dissolution in more educated women, whereas a study from the Netherlands found higher marital disharmony in highly educated females.^[6] In our Indian cohort, we found a non-significant association between marital satisfaction and level of education of the female. This could be because of a referral bias to our tertiary care center, as 88% of the females in our cohort were educated up to high-school or less.

We found that the females who were employed in their 'chosen role' – whether homemaker or working, were highly likely to be satisfied in their marriage. Although, it is noteworthy that our results did not show any correlation between occupation or marital satisfaction.

We also found that FMS had a significantly better migraine-related quality of life than FMD (p<0.001) as seen in the comparison of the average scores. Similar findings between the migraine-related quality of life and marital satisfaction have been reported previously.^[7] Thus, again highlighting the negative impact of marital dissatisfaction on patients' health and well-being.^[8]

Conclusion

We concluded that MSSM may serve as a reference in future research and clinical practice. It may be used as an objective tool to assess marital satisfaction and also to determine the longitudinal, dynamic, and probable causal relationship of marital satisfaction and its various domains with migraine-related disability and quality of life. Also, future studies may be done on larger cohorts of other cultures.

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