

Effect of Psychological Status on Marital Adjustment Concerning First Parenthood

Inaam Abdulkareem Abas¹, Muna Abdulwahab khaleel²

¹ Ph.D. Student, University of Babylon, College of Nursing, Iraq

² Prof. Dr., Nursing Department, Al-Mustaqbal University College, 51001 Hillah, Babil, Iraq

E-mail: Muna.Khalil@uomus.edu.iq

Abstract:

The first year after birth has an impact on mental and psychological health, especially depression, anxiety and stress, which mainly affect the mother, but also have an impact on the father and also affect marital compatibility. To measure the effect of psychological status (Stress, Anxiety and Depression) on marital adjustment concerning first parenthood. A descriptive cross-sectional study design was conducted at the community based population, primary health care centers in Baghdad city during the period extending from 15th September 2022 to 26 th December 2022. Most of participants parents are experiencing mild stress ($M \pm SD = 8.69 \pm 4.140$), parents are associated with a severe level of anxiety with 37.7% of them showing a severe of anxiety and revealed that (39.3%) have a moderate level of depression, this percentage constitutes approximately one third of the studies sample. The findings indicate that stress has a high significant impact on Marital adjustment as shown by significant differences at p-values of .001, .003, and .001. This study recommends educating parents about the psychological effects and their negative impact on their marital relation.

Keywords: Effect, Psychological status, Marital Adjustment

1. Introduction

For many parents, becoming parents is an exciting and happy moment. However, adding a newborn or adopted child to an already demanding schedule can add stress. Parents may worry about money and job security in addition to raising a child, especially in a household with two earners. A paid parental leave policy is increasingly necessary as more women join the workforce and as more households have two earners. Parental leave is the term used to describe a mother's or father's time off from work during a child's birth or adoption. A mother, not a father, takes time off from work at the time of childbirth to recuperate from childbirth and care for a newborn during maternity leave, which is a more precise term. Family leave refers to time off from work taken to take care of a newborn, an old or ill family member, and is a broader word that includes both parental and maternity leave. Parental leave as a transition to parenthood will be the main topic of this article. People go through a number of transitions and adjustments in their circumstances as they enter middle adulthood. The shift to parenthood, which encompasses numerous physical, psychological, and social changes in the parents' lives, is a normal transition in early middle adulthood.(1)

In order for healthcare professionals to support new fathers throughout the first year after delivery, it is essential to comprehend the father's point of view. Nurses and perinatal educators provide young parents with extensive education. during the entire pregnancy and the time following delivery. These specialists need to be aware of their new duties in order to successfully assist couples in getting ready for their wedding. New mothers and fathers experience distinct, even difficult, first-time

interactions.(10)

This study was taken based on the research priorities within the plan of the Iraqi Ministry of Health, and it is part of research in the field of psychiatry, subject No. 115, which provides for the study of the psychological state of pregnant women as shown in the annexes.

Objectives

1. To measure the level of psychological status (Stress, Anxiety and Depression) for parents .
2. To measure the effect of psychological status (Stress, Anxiety and Depression) on marital adjustment concerning first parenthood

2. Methodology

A descriptive cross-sectional study design was conducted at the community based population, primary health care centers in Baghdad city during the period extending from 15th September to 2022 to 26th December 2022. The study was conducted at five governmental primary health centers in Baghdad city distributed between Karkh and Rusafa health Directorate . Where the Kadhimiya sector was taken, from which three health centers were selected: Al-Zahraa Health Center, Bashir Al-Jazaery Health Center and Al-Dulai Health Center. As for Rusafa, the Al Shaab sector was chosen, from which two health centers were chosen, namely the AlShaab Health Center and the Hee Al-Basateen health center.

A non-probability purposive sample of 300 first-time parents. It included 200 mothers and 100 fathers. Relying on previous studies, where there are no statistics on the number of births for the first time, according to the Statistics Book of the Ministry of Health 2022.

The first part is related to the psychological Three self-report scales called the Depression, Anxiety, and Stress Scale - 21 Items (DASS-21) are used to measure the emotional states of depression, anxiety, and stress. The three DASS-21 scales each have seven items that are broken down into subscales with related material. Three subscale scores for depression, anxiety, and tension/stress are evaluated by the depression scale. The elements to assess stress are (1 + 6 + 8 + 11 + 12 + 14 + 18), depression are (2 + 4 + 7 + 9 + 15 + 19 + 20), and anxiety are (3 + 5 + 10 + 13 + 16 + 17 + 21). The dimensional rather than categorical conceptualization of psychological pathology is the foundation of the DASS-21. The premise upon which the DASS-21 was developed (and which was supported by the research results) is that the variations in depression, anxiety, and stress experienced by normal people and clinical populations are, in essence, differences of degree. The assignment of patients to distinct diagnostic categories proposed in classificatory systems like the DSM and ICD is therefore not directly affected by the DASS-21.

The second part is related to Marital adjustment from Marital Adjustment Scale (DAS) is a 31-item divided into 4 sections, each part is used to examine a specific topic in the marital relationship, which is as follows rating instrument response by either one person in a relationship, or both. Each item is rated on a Likert-type scale, with the best response possibilities being selected by the respondents. Additionally, respondents are asked to rate how much they and their significant other agree or disagree with each topic. The following four subscales are part of DAS: Marital Agreement. This part contains questions that discuss agreement between spouses in all respects and included 15 questions about it, Marital Satisfaction. This part contains questions that discuss satisfaction between spouses in all respects and included 9 questions about it, Marital Cohesion: This part contains questions that discuss cohesion between spouses in all respects and included 5 questions about it,

Emotional Expression: This part contains questions that discuss emotional expression between spouses in all respects and included 2 questions about it.

Validity obtained by 20 experts, while reliability obtained by using statistical interclass correlation coefficient (0.932), which is statistically Excellent, statistical analysis of the data performed by using statistics package program for social sciences (SPSS version 26).

Ethical consideration

The best way for nurses to behave in all interactions with patients, the patients' families, and coworkers will depend on their professional ethics. ethical guidelines that the researcher adheres to when performing nursing research in order to protect peoples' rights and wellbeing. All parents who took part in the study gave their formal agreement after being briefed on its goals and significance.

Data Collection

Between September 15, 2022, and December 26, 2022, data was collected. After receiving approval from the college directorate, the data was gathered. The information was gathered by (self-report) and used the interview method for the sample that neither read nor write. The questionnaire was administered personally by the researcher to the parents. The researcher met of the participants inside the health center, the research objectives were explained to them and how to fill out the questionnaire and the participants were also informed that the data would be treated strictly confidential for research purposes only, then filled by the parents after obtain their agreement to participate in the study to maintain the ethical consideration and respect autonomy of the participants. During the process of completion of the questionnaire any difficulties understanding in items of the questionnaire was explained to participants to ensure obtaining proper answer, the questionnaire can be finished by the participants in between 15 and 20 minutes

3. Results

Table 1: Assessment of Stress among Parents (N=300)

| Stress | f | % | M | SD |
|------------------|-----|------|------|-------|
| Normal | 45 | 15 | 8.69 | 4.140 |
| Mild | 124 | 41.3 | | |
| Moderate | 68 | 22.7 | | |
| Severe | 48 | 16 | | |
| Extremely severe | 15 | 5 | | |
| Total | 300 | 100 | | |

f: Frequency, %: Percentage, M: Mean for total score, SD: Standard Deviation
Normal= 0-7, Mild= 8 – 9; Moderate= 10 – 12; Severe= 13 – 16, Extremely severe= 17+

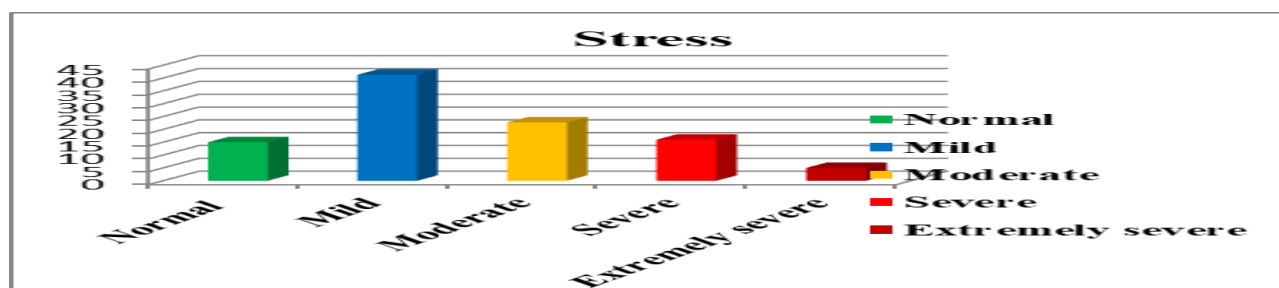
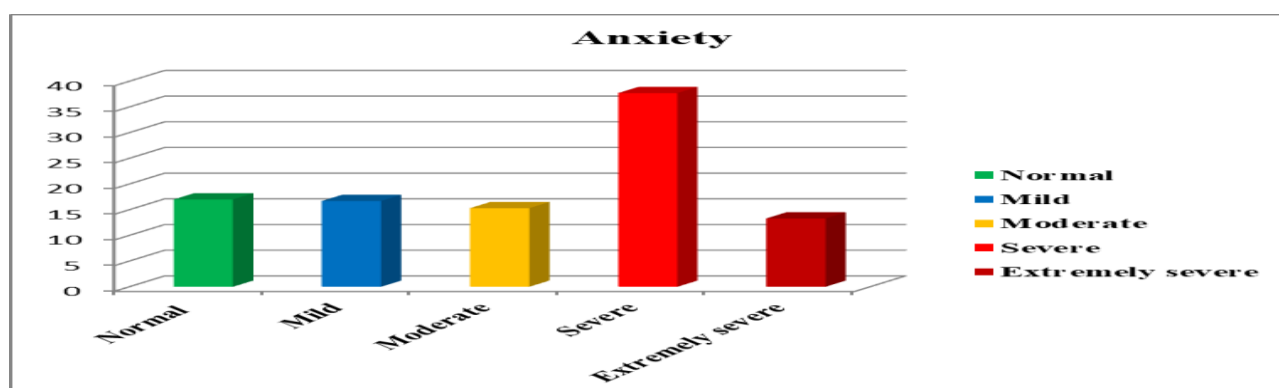


Figure (1): Levels of Stress among Parents (N= 300)

Table (2): Assessment the Level of Stress among Parents (N=300)

| No | Stress | Mean | SD | Assess. |
|---|--|------|-------|----------|
| 1 | I found myself getting upset by quite trivial things | 1.61 | .920 | Moderate |
| 2 | I tended to over-react to situations | 1.36 | .990 | Moderate |
| 3 | I found it difficult to relax | 1.67 | .980 | Moderate |
| 4 | I found myself getting upset rather easily | 1.46 | .975 | Moderate |
| 5 | I felt that I was using a lot of nervous energy | 1.58 | .913 | Moderate |
| 6 | I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting) | 1.28 | 1.047 | Moderate |
| 7 | I felt that I was rather touchy | 1.33 | 1.054 | Moderate |
| No: Number, SD: Standard Deviation, Assess: Assessment Mild= 0-1, Moderate= 1.1-2, Severe= 2.1-3 | | | | |

*Figure (2): Levels of Anxiety among Parents (N= 300)***Table (3): Assessment the Level of Anxiety among Parents (N=300)**

| No | Anxiety | Mean | SD | Assess. |
|---|--|------|-------|----------|
| 1 | I was aware of dryness of my mouth | 1.30 | 1.026 | Moderate |
| 2 | I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) | 1.16 | 1.067 | Moderate |
| 3 | I had a feeling of shakiness (eg, legs going to give way) | .87 | 1.000 | Mild |
| 4 | I found myself in situations that made me so anxious I was most relieved when they ended | 1.52 | .996 | Moderate |
| 5 | I had a feeling of faintness | 1.09 | .995 | Moderate |
| 6 | I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion | 1.24 | .972 | Moderate |
| 7 | I felt scared without any good reason | 1.26 | 1.012 | Moderate |
| Number, SD: Standard Deviation, Assess: Assessment Mild= 0-1, Moderate= 1.1-2, Severe= 2.1-3 | | | | |

Table (4): Assessment the Level of Depression among Parents (N=300)

| No | Depression | Mean | SD | Assess. |
|---|---|------|-------|----------|
| 1 | I couldn't seem to experience any positive feeling at all | .96 | 1.037 | Mild |
| 2 | I just couldn't seem to get going | 1.25 | 1.037 | Moderate |
| 3 | I felt that I had nothing to look forward to | 1.10 | 1.087 | Moderate |
| 4 | I felt sad and depressed | 1.33 | 1.031 | Moderate |
| 5 | I felt that I had lost interest in just about everything | 1.07 | 1.012 | Moderate |
| 6 | I felt I wasn't worth much as a person | 1.00 | 1.012 | Mild |
| 7 | I felt that life wasn't worthwhile | .77 | 1.019 | Mild |
| No: Number, SD: Standard Deviation, Assess: Assessment Mild= 0-1, Moderate= 1.1-2, Severe= 2.1-3 | | | | |

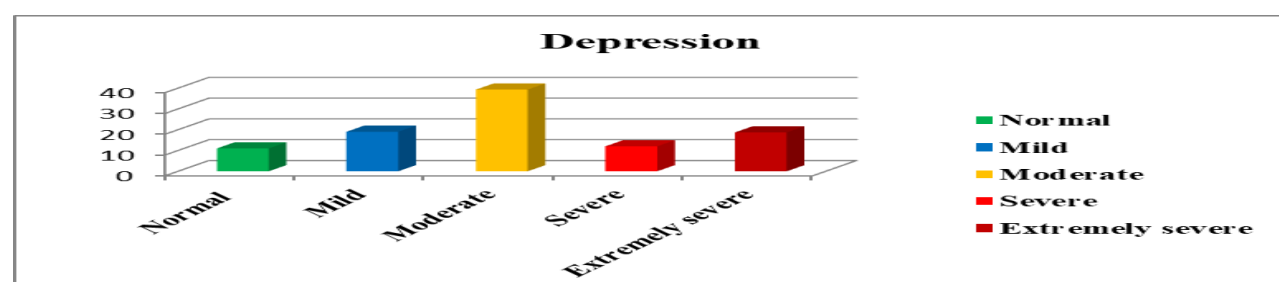
*Figure (3): Levels of Depression among Parents (N= 300)*

Table (5): Regression Analysis for Measuring Effect of Stress on Marital Adjustment (N=300)

| Stress Maritaladjustment | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|--------------------------|-----------------------------|------------|---------------------------|--------|------|
| | B | Std. Error | Beta | | |
| Marital Agreement | -.606 | .100 | -.355 | -.6564 | .001 |
| Marital Satisfaction | .026 | .027 | .056 | .973 | .331 |
| Marital Cohesion | -.211 | .071 | -.170 | -2.980 | .003 |
| Emotional Expression | -.061 | .010 | -.335 | -6.129 | .001 |

Dependent variable: Marital adjustment

Table (6): Regression Analysis for Measuring Effect of Anxiety on Marital Adjustment (N=300)

| Anxiety Maritaladjustment | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---------------------------|-----------------------------|------------|---------------------------|--------|------|
| | B | Std. Error | Beta | | |
| Marital Agreement | -.764 | .085 | -.462 | -8.980 | .001 |
| Marital Satisfaction | .079 | .024 | .190 | 3.333 | .001 |
| Marital Cohesion | -.336 | .061 | -.302 | -5.469 | .001 |
| Emotional Expression | -.048 | .009 | -.294 | -5.304 | .001 |

Dependent variable: Marital adjustment

Table (7): Regression Analysis for Measuring Effect of Depression on Marital Adjustment (N=300)

| Depression MaritalAdjustment | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|------------------------------|-----------------------------|------------|---------------------------|--------|------|
| | B | Std. Error | Beta | | |
| Marital Agreement | -.709 | .072 | -.497 | -9.878 | .001 |
| Marital Satisfaction | .029 | .021 | .081 | 1.396 | .164 |
| Marital Cohesion | -.319 | .052 | -.332 | -6.078 | .001 |
| Emotional Expression | -.047 | .008 | -.332 | -6.075 | .001 |

Dependent variable: Marital adjustment

Table (8): Independent Sample Test for Marital Adjustment with regard to Parenthood (N=300)

| Parenthood Marital Adjustment | | M | SD | t | df | p≤ 0.05 | Sig |
|-------------------------------|--------|-------|-------|--------|-----|---------|-----|
| Marital Agreement | Mother | 27.89 | 7.823 | -2.534 | 298 | .012 | S |
| | Father | 30.24 | 7.038 | | | | |
| Marital Satisfaction | Mother | 17.15 | 1.858 | -.661 | 298 | .509 | N.S |
| | Father | 17.30 | 2.028 | | | | |
| Marital Cohesion | Mother | 15.01 | 4.761 | -1.136 | 298 | .257 | N.S |
| | Father | 15.72 | 5.821 | | | | |
| Emotional Expression | Mother | 1.17 | .749 | -2.682 | 298 | .008 | S |
| | Father | 1.41 | .740 | | | | |

M: Mean, SD: Standard deviation, t: t-test, df: Degree of freedom, Sig: Significance, p: Probability value, N.S: Not significant, S: Significant, H.S: High significant

4. Discussion

Table (1) indicates that parents are experiencing mild stress ($M \pm SD = 8.69 \pm 4.140$) in which 41.3% of them are associated with mild level of stress. This result agree with (12) that found that the percentage of stress was mild with more than 75% of the sample for parents during the transition to the stage of paternity.

Table (3) Findings related to anxiety show that parents are associated with a severe level of anxiety with 37.7% of them showing a severe of anxiety. These results are consistent with (9) who found that (31%) from parents has a severe of anxiety

Table (4) The study revealed that (39.3%) have a moderate level of depression, this percentage constitutes approximately one third of the study sample. These results agree with (11) who found that also shows that the prevalence of moderate to severe depression was the postpartum (33.3%) of parents.

Table (5) The findings indicate that stress has a high significant impact on Maritaladjustment in terms of marital agreement, marital cohesion, and emotional expression as shown by significant differences at p-values of .001, .003, and .001. these results consisted with results by (2) who found that stress has a high significant impact on Maritaladjustment in terms of marital agreement, marital cohesion, and emotional expression.

Table (5) According to these findings, anxiety significantly affects marital adjustment related to sub-scales of marital agreement, marital satisfaction, marital cohesion, and emotional expression evidenced by significant differences at p-value= .001, .001, .001, and .001. These results consisted with results by (6) who found that anxiety has a high significant effect on marital adjustment in terms of marital agreement, marital satisfaction, marital cohesion, and emotional expression.

Table (6) According to these findings, depression has a significant impact on marital adjustment linked to marital agreement, marital cohesion, and emotional

expression as shown by significant differences at p-values of .001, .001, and .001. These findings were complemented by those of (6), who discovered that depression had a highly substantial impact on marital adjustment in terms of marital agreement, marital coherence, and emotional expressiveness.

Table (7) The findings show that psychological status has a significant impact on marital adjustment related to marital agreement, cohesion, and emotional expression, as shown by significant differences at p-values of .001 and .034, respectively. Additionally, psychological status has an impact on marital satisfaction, as shown by a significant difference at p-values of .001 and .034. In agreement with the study (11), more than three quarters of the study sample reported parents that there is a statistically significant effect that psychological problems affect the marital adjustment.

5. Conclusions

1. High significant differences in stress, anxiety, and depression with regard to mothers at p-value = .001. High statistically significant differences in stress, anxiety and depression with regard to mothers at p value = .001, respectively, more than fathers.

2. High significant differences in the effect of psychological Status on marital adjustment. In detail, the results were as follows:-

Stress has high effect on marital adjustment related to marital agreement, marital cohesion, and emotional expression

Anxiety has high effect on marital adjustment related to sub-scales of marital agreement, marital satisfaction, marital cohesion, and emotional expression.

-Depression has high effect on marital adjustment related to marital agreement, marital cohesion, and emotional expression.

6. Recommendations

The necessity of improving the educational aspects of parents about the psychological effects and it's negatively impacts on their marital relationships. Interventions need to be directed at improving the couple's relationship, preventing postpartum sleep deprivation, and dealing with parents' feelings of parental unworthiness and hostility toward their child.

References

- (1) Alexandra, C., Laurin, J. C., Daspe, M. È., Laniel, S., & Huppé, A. S. (2021). Conditional regard, stress, and Maritaladjustment in primiparous couples: A Maritalanalysis perspective. *Journal of Social and Personal Relationships*, 38(5), 1472-1494.
- (2) Bjorn H., & Pollmann-Schult, M. (2020). Relationship satisfaction across the transition to parenthood: The impact of conflict behavior. *Journal of Family Issues*, 41(3), 383-411.
- (3) Cláudia C, Bárbara F, (2015). Breastfeeding and depression: A systematic review of the literature. *J Affect Disord*; 171:142-54. <https://doi.org/10.1016/j.jad.2014.09.022>
- (4) DeMontigny F, Gervais C, Pierce T, & Lavigne G, (2020). Perceived Paternal Involvement, Relationship Satisfaction, Mothers' Mental Health and Parenting Stress: A Multi-Sample Path Analysis. *Frontiers in Psychiatry*, 11, 578682.
- (5) Francine D., Gervais, C., Pierce, T., & Lavigne, G. (2020). Perceived paternal involvement, relationship satisfaction, Mothers' mental health and parenting stress: A multi-sample path analysis. *Frontiers in Psychiatry*, 11, 578682.
- (6) Hepi W, Fitri K & Resnia Novitasari (2020). Parental marital quality and adolescent psychological well-being: A meta-analysis, , *Cogent Psychology*, 7: 1819005.
- (7) Kwok ,H., Dimmock, J., Guelfi, K. J., Nguyen, T., Gucciardi, D., & Jackson, B. (2019). Stress, depressive symptoms, and maternal self-efficacy in first-time mothers: Modelling and predicting change across the first six months of motherhood. *Applied Psychology: Health and Well-Being*, 11(1), 126-147.
- (8) Laura,V., Rollè, L., Agostini, F., Sechi, C., Fenaroli, V., Molgora, S., ... & Tambelli, R. (2016). Perinatal parenting stress, anxiety, and depression outcomes in first-time mothers and fathers: a 3-to 6-months postpartum follow-up study. *Frontiers in psychology*, 7, 938.
- (9) Luca R, Prino, L. E., Sechi, C., Vismara, L., Neri, E., Polizzi, C., ... & Brustia, P. (2017). Parenting stress, mental health, Maritaladjustment: A structural equation model. *Frontiers in psychology*, 8, 839.
- (10) O'Connor, E., et al. (2019). "Interventions to prevent perinatal depression: evidence report and systematic review for the US Preventive Services Task Force." *Jama* 321(6): 588-601
- (11) Parfitt, Y & Ayers, Susan. (2014). Transition to parenthood and mental health in first-time parents. *Infant Mental Health Journal*. 35. 10.1002/imhj.21443.
- (12) Sara M, Chiara A, & Emanuela S, (2021). The Role of MaritalCoping for the Individual and Relational Well-Being of Couples During the Transition to Parenthood .*Journal of Family Issues*,. doi:10.1177/0192513x211022394
- (13) Yvonne k. J., van Beeck, E., Cijssouw, A., & van Gils, Y. (2021). The impact of motherhood on the course of women's psychological wellbeing. *Journal of Affective Disorders Reports*, 6, 100216.