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Gender Differences on Marital Satisfaction and Social Relations among Diabetic Patients

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Abstract- The present study was carried out to analyze the gender differences among diabetic patients on marital satisfaction and social relations. Total 200 diabetic patients (100 males and 100 females), were selected by using convenient sampling method and were approached from different private and public hospitals from Faisalabad, Pakistan. Comprehensive Marital Satisfaction Scale (Blum & Mehrabian, 1999) with its adapted and translated (Urdu) version by Khan, 2006 was administered to participants for the identification of their marital satisfaction, whereas Provision of Social Relation (PSR) scale by (Turner, Frankel, & Levin, 1983) with the Urdu translated version (Ayub, 2004) was used to determine social relations of the respondents. The results showed that there was significant difference on the basis of gender on marital satisfaction. Moreover it was indicated from the results that the male diabetic patients showed more marital satisfaction as compared to the female diabetic patients. Results also revealed a significant gender based difference of social relations among the participants.

Keywords- marital satisfaction, social relations

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1. Introduction

Diabetes mellitus is one of the very fast growing diseases with its serious chronic nature. It is a complicated and life threatening disease with various other health complications. According to an estimate, the number of disease victims in 2010 was counted to be 285 million around the world which will increase in the forth coming years if prophylactic measures would be missing in this regard (Kaul et al., 2012). The disease is commonly called as "diabetes" and it occurs when pancreatic cells remain unable to produce insulin. Resultantly the produced blood glucose does not penetrate into the body cells and the cells remain deficient in the required energy. The complications appear in the form of physical and psychological expressions among the patients, the former mentioned are hypertension and cardiac problems and the latter mentioned are depression, anxiety, fatigue and decline in performance.Among diabetic patients insulin disorder can lead to death, the restriction of the hormone among such person is related with the consequences of higher rates of neuropathy and foot diseases and other problems (Goebel-Fabbri et al. 2008).

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The causes of diabetes mellitus are ambiguous; but it is considered that both genetic (that conceded from families to families) and environmental factors are involved. In Type I diabetes, the defensive system (body's system against infection) is supposed to elicit by a virus or any other microbe that damagedinsulin producing pancreatic cells. Type II diabetes, dealt withfactors of obesity, age, and family history. In this type, produced insulin made the cells to become resistant and therefore it works ineffectively. Symptoms can gradually begin so that a patient may unfamiliar to that he or she has it. Initial symptoms are indolence, urination, and severe thirstiness. Additional symptoms includequickloss of weight; slow wound healing, gum infection, infections of urinary tract, and blurry vision. It’s not rare in case of type 2 diabetes when a patientgoes to a doctor for checkup of other health concern but diagnosed with unidentified diabetes (Polonsky, 2012).

Common psychological dilemma in diabetic patients is anxiety and depression. Multiple medical, psychological and sexual dysfunctions are caused by diabetes. A well-recognized complication of diabetes is impaired sexual function resulting in a problematic marital life which consequently effects not only the patient’s social life but has its impact on supposes of the patients also (Ryan, 1997).

Sexual function is a most important part of patient’s life quality and subjective well- being. Data indicates that sexual problems are prevalent and harmfully affect the mood, well-being, and interpersonal functioning of the person(DeBusk, Drory, Goldstein, &Jackson2000). Chronic diseases like diabetes with their complications may affect marital health of the couples, leading to dissatisfaction with the marriage and marital relationship. Therefore psychotherapy, sex therapy, and couple therapy would play a vital part of treatment in diabetic patients(Ahmadi,

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Ranjebar-Shayan, &Raiisi 2007).

Despite the importance and high prevalence of sexual dysfunction, most sufferers do not seek help, either due to feelings of embarrassment or because they do not view it as a medical problem (Zemishlany&Weizman, 2008).Marriage is the legal and social union of members of usually two opposite sex. Marital satisfaction leads the couples toward the full utilization of their potentials within the society. Marital relationship satisfaction is the degree to which partners in marriages have their consensus about different aspects of their marital life relations (Snyder, 1979).

Marital satisfaction can be assessed by the apparent advantage and marriage costs of a person. As the costs increase, the level of satisfaction about the marriage and marriage partner decreases. Alternately, if the supposed benefits exceeds than the cost; level of marriage and marriage partner satisfaction increased. Thinking pattern and attribution regarding one's spouse's behavior determine whether a spouse's behavior is beneficial or costly. If one's spouse attributes costly behavior then the marital satisfaction is less and more marital discord, whereas attributing spouse's negative behavior to environmental circumstances enhances marital satisfaction and lessen discords (Stone & Shackelford, 2007).

Societal relations are diverse that arises between social classes, groups, and nations. Within these groups their socio-economical and cultural activities also shared. An individual in their social relations represents their community.Socio-relations are dialectical interactions in which distinct relations directly linked with their psychology, sympathies, moral, antipathies and cultural activities. These interactions determine the personal essentiality for each other. It is hypotheticallyunsafe to rectify the socio-personal relations to categorize the persons according to their nature of relationship(Marx &Soch, 2010).

Diabetes is a physical condition but having diagnosed with diabetes can lead toward several other psychological and physical comorbidities. Physical comorbidities may include hypertension, heart problems, fatigue, stroke, blurred vision, amputation, hypoglycemia and death, whereas psychological comorbidities may be stress, low self-esteem, external locus of control, anxiety and depression. But the nature of the diseases (either physical or psychological) caused by diabetes usually differ on the bases of age and gender of the diabetic patient. As far as depression is concerned, it is a very common condition in a chronic illness such as diabetes and it even worsen the disease by the low compliance to treatment and medicine and by the violence of the roles of healthy life-style. To examine the association between diabetes and depression among different genders and different age groups, Zhaoa, Chena, Lina, and Sigalb (2006) conducted a cross-sectional study. They analyzed the data from 53072 persons with the age range of 20-64 years. Data was taken from National Population Health Survey which was conducted in Canada in 1996-1997. Depression was defined by the Composite International diagnostic Interview Short-form (CIDI-SF). The individuals, who were diagnosed by a health care professional, were considered as diabetic patients. Multiple regression analysis was used and the results indicated that the dominance of diabetes was higher in aged adults rather than in younger ones. Whereas people aged 20-39 had higher rate of depression than people aged 40-64 years. It was also revealed that younger diabetic women with the age range of 20-39 years were much depressed than those diabetic women who were from 40 to 64 years. Same was the case with men. Overall it was concluded from the analysis that diabetes was significantly associated with depression, particularly in younger adults regardless of their gender. Handy income is related with high occurrence rate of diabetes and other complication related to the disease. The association may be direct or indirect.

Marital satisfaction not only has an impact on an individual's social life and social status but it also an important aspect to deal with any disease and to keep on track while the management of that disease. Adherence to treatment is a very crucial factor in the management of diabetes. It is important to know about the strategies of behavior change and ways of agreement about treatment and factors which can contribute to health care behavioral aspects. Trief, Ploutz-Snyder, Britton, and Weinstock (2004) conducted a cross sectional study to find out association between quality of marriage, such as intimacy, closeness and compromises with the personally perceived adherence to different domains of diabetes for this purpose, they took seventy-eight individuals who were taken insulin and both of the measures of marriage quality and personally perceived agreement to treatment was administered to them. Two years later, they again took the sixty participants from the previous seventy- eight and both of the measures were re-administered to them. Demographic information was gathered from charts and previous measures. Regression analysis showed that both of the factors of marital quality had an impact on self-care dietary control which was dependent on adjustment and intimacy in marriage, just as the way it depended on exercise and doctors' advises. It was concluded from the above mentioned research that if we want to improve the behavior related to personal care, we should focus on the spouses of individuals and keep their marital life in mind.

Parents and family play a vital role in adolescent's life, the importance increases if adolescent is suffering from some chronic disease. In the case of type 1 diabetes mellitus, the question was that whether there was any correlation of family function variables and metabolic control among adolescents. The McMaster Family Assessment Device (FAD) calculated family performance; the Youth Self-Report Form (YSR) calculatedadults' behavior. It was concluded from the study that older adults perceived and reported more family functioning problems. Older adults who reported greater family dysfunction and also behavioral tribulations were significantly high levelHb (A1C) level. Eldest persons with high level of problems were significantly coupled with high level ofHb (A1C) (Leonard, Jang, Savik, &Plumbo, 2005).

Social support may be of different forms and may be received from different sources such as family, friends, partners and colleagues, all are the important traditional sources of social supports for an individual. But currently a new source of social support is emerged, which is called internet based social support. It is a known fact that social support received from traditional sources which have been discussed above has a very significant impact on a person's life. It becomes more important if social support is provided to a patient suffering from a chronic disease. But the questions arose whether the internet-based social support was as much important as other traditional supports moreover it was also a query whether these interventions were able to change participants' perception of support (Barrera et al., 2002).

To find out the answers of these questions in 2002, Barrera et al., took a randomized experiment of 160 adults with Type II diabetes patients those were the internet users to access for the information about: (a) diabetes, (b) a personal self programmed management strategy, and (c) a social support intrusion. After 3 months, individuals in type II support conditions reported significant increase in disease measures. Age of participantwas significantly change the social support, but interference effects were still significant whether age is considered or not.

To find out the role of family and social support and to explore the relationship between the characteristics of families which contribute to the disease management and care for self in Hispanic and European- American (EA) patients with type 2 diabetes, Fisher et al., (2000) conducted a research on 74 Hispanic and 113 European –American patients with type 2 diabetes. The sample was approached from managed care settings and assessed on three different aspects of family life i.e. structure of the family, views of the world in the eyes of family and management of emotions within the family. Moreover five areas of disease management were also assessed which were biological, general health, expression of emotions, quality of life and behavior. Sex was the most important demographic variable. While results of the study revealed that both gender and all of the three domains of family life were related to the management of the disease. For European-Americans gender, view point about the world and management of emotions within the family were related to diseases management in the case of a chronic disease. Cohesiveness was achieved by good diet and exercise and by better communication; good score on family interaction and social support caused healthy management.

There is a difference on the basis of gender among the participants on social relations and social support. As in 1991, Shumaker and Hill investigated gender differences in social support and health. On the basis of numerous contributing elements (i.e role of caregiver, underlying system of social support and health and disease and death rate), gender based variations in social support and health was observed. Lesser the support from the society the greater the chances of mortality among the females

2. METHODOLOGY:

2.1. Sample

The study was designed to investigate the marital satisfaction and social relations among the diabetic patients. Total sample size was 200 diagnosed patients of diabetes in which 100 males and 100 females were intentionally chosen for observing change in the responses with the gender difference. The sample was selected by adopting convenient sampling method, as the sample was selected on the condition that whatever the sampling unit is available easily would be taken.

2.2.Inclusion Criteria

All the diabetic patients (seen in Hospitals and private clinics of district Faisalabad, Pakistan) ranging from 35-50 years of age regardless of the type of the disease, who had married (and not living separately from their spouse) for at least five years were considered as population of the current study.

2.3. Instruments

Well-structured questioners were precisely administered to collect data.

2.4.Comprehensive Marital Satisfaction Scale (CMSS).

In the present researchComprehensive Marital Satisfaction Scale (Blum & Mehrabian, 1999) with its adapted and translated version was used for the identification of marital satisfaction among the respondents. The scale had total of 35 items in which 18 were positively worded and 17 were negatively worded. Total score was obtained by subtracting the sum of negatively worded items from the sum of the positively worded items.

2.5. Provision of Social Relation (PSR).

On the other hand Provision of Social Relation (PSR) scale (Turner, Frankel & Levin 1983) was used to determine social relations of the respondents. It was reduced to the 15 items and only two items were used for reversed scoring in this way the final score was determined. The t-test was used to compare the groups i.e. male and female. The association between the variables was measured with the help of Pearson's Product Moment Correlation.

2.6. Procedure

Once the eligibility of the respondents was testified according to the age and marriage life duration, it underwent the next step. Selection of the respondent from the respective hospitals followed a very delicate procedure in which most important part was to take the informed consent of the respondent after explaining them the research objectives and assuring the confidentiality of the collected data.

3. Results

Table 1- Percentage of demographic characteristics of the participants. N=200

Variables	N	Percentage
Gender of the participants		
Male	100	50%
Female	100	50%

The Table 1 shows that male and female patients were selected with the equal proportion.

Table 2-Gender difference among male and female diabetic patients on marital satisfaction. N= 200

Diabetic patients	M	SD	df	t	p-value
Male (n=100)	91.7800	12.79250	198	25.305	0.000
Female (n=100)	49.7500	10.59386			

Table 3 shows a significant difference between male and female diabetic patients on marital satisfaction scale $p< 0.001$

Table 3-Gender differences among male and female diabetic patients on social relations. N=200

Diabetic patients	M	SD	df	T	p-value
Male (n=100)	51.7900	8.02055	198	25.732	0.000
Female (n=100)	26.550	5.64680			

Table 3 shows a significant difference among male and female diabetic patients on social relations $p < 0.001$

4. Discussion

Chronic disease such as diabetes, is the most pervasive, costly and incurable disease of all health problems throughout the world in 21st century. In the United States there are approximately 23.6 million people who have diabetes.(American Diabetes Association, 2009).

Health issues especially of chronic one have an impact on marital life of an individual. Meanwhile different marital variables have the capacity to cause several health problems and issues. This assumption suggests that there is a reciprocal interaction between marital variables and health issues. Bonnie and Gayla in 1992 reviewed the facts about the three types of marriage variables that are marital status, marital compromise, and marital interaction and health problems i.e., etiology and course as well as the health complications on marriage. Results suggest that enough proof exists for researchers on exploring specific justification. Interpersonal, intrapersonal, psychological, and physiological variables based model is devised, that proposed as an outline for investigation and verification

The present study was conducted to find out gender based variation among diabetic patients in their marital satisfaction and social relations. It was assumed that a significant gender difference would exist among diabetic patients on marital satisfaction. The findings suggest that that there is a significant difference between male and female diabetic patients on marital satisfaction. Furthermore analysis of the results revealed that there is a gender based difference between male and female patients and males are more satisfied with their marriage as compared to female diabetic patients.

There might be several reasons for this finding. Pakistan is a male dominating society where males have several advantages over female. As far as marital life is concerned males have to face fewer responsibilities as compared to females. In most of the cases they just have financial burden and all other responsibilities for example managing home, nursing for the children and keeping social ties strong etc are usually the responsibilities of a female in this culture. This may create an extra burden over female. Whenever we talk about dealing with chronic illness, female patients are less satisfied with their marriages because due to their disease they usually are not able to come up to the expectation of their family members which can lead them to dissatisfaction and distress. On the other hand in our culture when a man suffers from any disease he usually receives extra care form his spouse and family members which leads him towards more satisfaction with his marital and social life.

The above mentioned results are also supported by the work of Nadia and Shahid (2011). They not only found a gender difference between male and female participants but they also explored the factors which were highlighted by male and female respondents separately as the components of a satisfied marital relationship.

The results of the study were important as the previous researchers concluded that the management of the disease was directly influenced by the marital relations and their satisfaction (Beverly et al., 2008). This management was problematic in the marital dissatisfaction case but on the other hand, if there were found the marital compromises it would lead to less diabetic distress as supported by Trief et al. (2002).

As far as the gender differences among diabetic patients regarding their social relations are concerned, itis clear by the table No. 3 that male and female diabetic patients have significantly different score on social relations scale. Results also revealed male diabetic patients have good social relations as compared to female diabetic patients the results are also supported by the work of Teresa, Burton, Carol, Gayle and Lene (2013) who explored that social relations have an impact of biological system and there are gender difference between male and females on the experience of social relations.

There are several factors which contribute to this significant genderdifference of social relations between both of the genders. Culture and society plays a crucial role for the establishment of social relations among the

individuals in society. Pakistan, where males have more opportunities, less responsibilities and lower expectations from society than females, feel less burdened than their female counterparts. They have the chances to establish and maintain a good relationship either with family, friends and colleagues. In the context of current research a good and healthy relationship can lead a married person toward more satisfied married life despite the fact that he is suffering from a chronic disease. This finding is also supported by the work of Debra, Meichu, James, Kristine and Ellen(1996) whose work revealed gender differences in relationship between male and female respondents. They also pointed out the gender specific relations for male and female while facing a stressed relationship.

Gender difference in social relations of male and female diabetic patients is also evident from the role of Caregiver, Male diabetics are enjoying more healthy social relations because of the good and active care providing to them by their spouses usually in our culture males are given more importance than females and whenever a male is diagnosed with a chronic disease, a general pattern of response in our culture is that he is given extra care by his family members, all the house hold burdens are usually taken off from him and he became more satisfied with his life than even before. This is one of the reasons that male diabetic patients have healthy relations than female patients. This is also supported by the work of Shumaker and Hill (1991). But most of the time, in the case of females the scenario is totally different. Despite their disease they have to manage their household responsibilities, take care of their children and even husbands and have to face different psychological burdens.

5. Conclusion

The present study was conducted to assess the gender differences of marital satisfaction and social relations among diabetic patients. As diabetes is one of the most widely spread diseases all around the world. It not only has several biological complications but it also has an impact on individual family life and social relations. Keeping in view the above mentioned assumption two hundred diabetic patients, having equal number of male and female participants were studied whose age range was 30-50 years and had been married from at least 5 years. Three main hypotheses were formulated for the study. Results were established SPSS version 19 by using Pearson`s product moment correlation and independent sample t-test.

Results revealed a significant gender wise difference on both of the measures (Marital satisfaction and social relation),those are male diabetic patients were more satisfied with their marriages and were enjoying good social relations as compared to female diabetic patients.

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