

Somatic Symptom and Quality of Life of Married Women Residing Temporary Away from Husband

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Abstract:

Mental health disorders are actually much more prevalent than is apparent on the surface. Such disorders do not contribute significantly to mortality; they have a serious bearing on the quality of life of the affected persons and their families. Serious conditions of mental disorder require hospitalization and treatment under trained supervision. The finding shows that quality of life of the women staying away from husband was assessed by using WHO Quality of life (BREF). Data in table 3 shows that the obtained mean and standard deviation of quality of life is highest in Domain 4. The mean and standard deviation score obtained for the domain 4 that is environmental domain was 19.56 ± 2.13 . This shows that quality of life of married women residing temporarily away from husband is highest in environmental domain. Lowest mean and standard deviation score obtained for domain 3 that is social relationship domain was 9.63 ± 2.13 and that there exist a negative correlation (-0.273) between Somatic symptoms and Quality of life. This shows that women residing temporarily away from husband have manifest Somatic symptoms which decreases the quality of life.

Keywords: Somatic Symptom, Quality Of Life, Married Women.

INTRODUCTION

Women have a higher incidence of psychiatric disorder that has prominent somatic symptoms. Somatization may be related to underlying psychiatric disorders that occur more often in women. Urban female residents were more likely to experience somatization than their rural counter parts. Being older, separated, widowed or divorced was related to having more somatic complaints. Less educated women also had more somatic complaints. The connection between the —mind and bodyll has been hypnotized and described for centuries. The term psycho somatic describes condition in which a psychological state contributes to the development of physical illnesses. The exact aetiology is not known; probably multiple factors are at work, which include contributions by genetic and environmental factors and some defects in neurophysiologic function like information processing. Somatoform disorders are characterized by physical symptoms suggesting medical disease, but without demonstrable organic pathology or known pathophysiological mechanism to account for them. somatization refers to all those mechanism by which anxiety is translated into physical illness and bodily complaints. The symptoms are identified as pain, gastrointestinal symptoms, sexual symptoms & symptoms suggestive of a neurological condition.

OBJECTIVES

1. To assess the level of somatic symptoms among married women as measured by Scale for Assessment of Somatic Symptoms (SASS).
2. To assess the quality of life among married women residing away from husband as measured by WHO quality of life scale (BREF).
3. To find a correlation between somatic symptoms with quality of life among married women.
4. To find an association of somatic symptoms with selected demographic variables.
5. To find an association of quality of life with selected demographic variables.

METHODOLOGY

The research design used for the study was descriptive correlation research design with one group pre-test design. The study was conducted among married women residing temporary away from husband for more than six month who were study at selected area Bhopal. The analysis, interpretation and discussion of data collected from 100 married women residing temporarily away from husband for more than 6 month subjects through purposive sampling technique, married women residing temporarily away from husband at selected area Bhopal (MP). Descriptive and inferential statistics were adopted for the analysis and interpretation of the data.

FINDINGS AND DISCUSSION

Section-I: Description of demographic variables

In accordance with 100 samples, it is observed that:-

- ❖ Highest percentage (32%) of samples are in the age group of 26-30, whereas (8%) of women are above 40years.
- ❖ Highest percentage (63%) of samples is belong to Christian religion whereas the least percentage (1%) belongs to other religion.
- ❖ Highest percentage (38%) of samples is graduates whereas the least percentage (3%) of women had primary education.
- ❖ Highest percentage (43%) of women is house wives whereas the least percentage (4%) of women had business.
- ❖ Highest percentage (62%) of women has income above Rs15,000 whereas the least percentage (7%) of women have less than Rs10,000.
- ❖ Highest (66%) of women belong to nuclear family whereas least percentage (4%) belong to extended families.
- ❖ Highest percentage (80%) of women received support from by family members whereas the least percentage (1%) from no one.
- ❖ Highest percentage (48%) of women married more than five yrs whereas least percentage (11%) was married since one year.
- ❖ Highest percentage (52%) of the husband makes the decision whereas the least percentage (3%) of the decisions was done by others.
- ❖ Highest percentage (28%) of women is staying away from husband for more than 5years whereas least percentage (9%) of women was staying away for 2-3 years.
- ❖ All the samples (100%) of the husbands are staying away from their wives for the purpose of employment.

- ❖ Highest percentage (52%) of women stays with her in-laws whereas least percentage (48%) of women do not with in-laws.
- ❖ Highest percentage (36%) of women had two children whereas (5%) of women have more than had three children.
- ❖ Highest percentage (35%) of women had the habit of gardening whereas the least percentage (1%) was usage of mobiles as their hobby.
- ❖ Highest percentage (46%) of the husbands comes every year to visit their home (17%) come once in six months.

Section- II: Assessment of level of somatic symptoms and quality of life of married women residing temporarily away from husband.

Data was shows that the obtained mean and standard deviation of Somatic symptoms was highest in subscale A (pain related symptom). The mean and standard deviation obtained is 4.870 ± 2.654 . This shows that Pain related symptoms are manifested highest among married women residing temporarily away from husband in comparison to the other symptoms.

Findings shows that the obtained mean and standard deviation of quality of life is highest in Domain 4 (environmental domain). The mean and standard deviation score obtained for the domain 4 that is environmental domain was 27.03 ± 4.356 . This shows that quality of life of married women residing temporarily away from husband is highest in environmental domain.

there exist a negative correlation (-0.273) between Somatic symptoms and Quality of life. This shows that women residing temporarily away from husband have manifested Somatic symptoms and thus quality of life decreases. Thus the null hypothesis (H₀₁) was rejected and H₁ was accepted. So it was found that there is a significant relationship between quality of life and somatic symptoms of married women residing temporarily away from husband.

Section- III: Chi-square analysis to find out association between somatic symptoms and quality of life of married women residing temporarily away from husband.

The present study revealed that there is a significant association between age and somatic symptoms of married women residing temporarily away from husband and There is no significant association of quality of life with selected demographic variables like age, religion, education, occupation, monthly income, type of family, social support, duration of married life, decision maker in the family and duration of staying away from husband. These findings were supported by a study to examine the on Influence of demographic variable on quality of life among Women in Ibadan Metropolis, there was significant influence of marital status on quality of life at ($F_{4/595} = 13.324, P < 0.05$) and income. Presence or number of children in the home and township, gender, age and education had no significant influence on quality of life of women

CONCLUSION

Nursing curriculum plays an important role in the preparation of future nurses. A curriculum incorporating the recent trends and demands in the changing society needs to upgrade. Nurses play a major role in promoting the health of the people. The learning experience of the student nurses should give more emphasis to special risk population in different care settings and included in syllabus during clinical.

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