

MARRIAGE AND GENDER IN SCHIZOPHRENIA

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ABSTRACT

This paper reports a study of marital rates in a group of the first-break schizophrenia patient followed up over 10 years and examines the various factors related to marriage. A high rate, 70% of the patients married and 80% of the marriages were intact at follow up. Less men got married and more women had broken marriages especially if they were childless. A relapsing course of illness was associated with a "never married" state, and occupational stability in men seemed to determine their getting married after the onset of illness.

Key words : schizophrenia, marriage rate, gender differences

Mental disorders and problems in marriage are closely linked though there is a controversy about the sequence (Briscoe and Smith, 1973). The personal, familial and social factors could often be at a disadvantage to the psychiatric patient more than in normals leading to difficulties in marrying or sustaining a marriage. A number of studies have reported a relationship between mental illness and marital problems (Kreitman, 1968; Agarwal, 1971; Mayamma and Sathyavathi, 1985; Batra and Gautam, 1995).

In schizophrenia, there is a severe degree of disturbance in the persons functioning in terms of clinical symptoms, psychological and social deficits which could be expected to hinder the person from entering and managing social roles, especially marital role. The percentage of schizophrenia patients getting married has been shown to be much lower than normals or those with other psychiatric disorders (Odegard, 1980; Saugstad, 1989; Hafner et al., 1991; Ritsner et al., 1992; Nanko & Moridaira, 1993; Lane et al., 1995). This low marital rate has been seen specifically in male patients. The observers have attributed the low marital rates to poor premorbid adjustment impairing development of heterosexual relationships, early age of onset of illness, clinical symptoms and social/occupational disability arising due to the illness.

The majority of studies on marriage in schizophrenia focussed more on the relationship of marital

status to the course and outcome of the disorder (Seeman, 1986; ICMR, 1988; Leon, 1989; Thara & Rajkumar, 1992). There are very few studies on actual marital rates and factors related to it. Moreover the information available is from the west where the sociocultural factors related to marriage are quite different from that in countries like India. Very often psychiatrists are faced with the situation of having to advise regarding marriage of the schizophrenic patient. The answers are unclear as there is little research data to base counselling on this important issue.

This paper presents data on this issue by observing the rates of marriage occurring in a group of defined schizophrenic patients prospectively followed up over 10 years. The paper looks into various factors that are associated with the prospect of getting married and examines gender differences in these issues.

MATERIAL AND METHOD

The study group was formed by 76 patients with first break schizophrenia diagnosed as per modified Feighner's criteria (duration of at least 3 months) who were included in the multi centre study on Factors Associated with Course and Outcome of Schizophrenia in 1981 - 1982 (ICMR, 1988). Of the 96 patients who were included for the original study, only 76 completed follow-up for ten years and this paper confines itself to this group. The patients were taken

from the outpatient department of Government General Hospital, Madras and were a consecutive sample of patients who fulfilled the diagnostic criteria. There were 40 males and 36 females who did not differ from each other as to age, education, type of family, family history of illness, socio economic status, age of onset, type of onset, subtype of illness and course of illness. The details of the sample are given elsewhere (Thara & Joseph, 1995).

This paper describes the marital status at inclusion, during and after the ten years of follow-up. Throughout this period, the group was assessed by the same researcher (RT). The initial assessment included Present State Examination (PSE, ninth edition : Wing et al., 1971) and Personal and Psychiatric History Schedule (PPHS; ICMR, 1988) which were repeated at the end of every year. Patients were assessed at monthly intervals using the Interim Followup Schedule (IFS; ICMR, 1988). The marital status at the end of 10 years of follow up was categorized into 5 groups :

- Group 1** Unmarried throughout the study period.
- Group 2** Single at inclusion, married after inclusion and remained married at end of followup.
- Group 3** Married after inclusion, but separated/divorced later.
- Group 4** Married before inclusion and remained married.
- Group 5** Married before inclusion but separated/divorced during follow-up period.

Temporary separations and marital conflicts/disharmony were not taken into account. For purposes of analysis the study group was divided into those who 'never married' (Group 1) and those who 'ever married' (Groups 2, 3, 4, 5). The association of these two groups with various sociodemographic and clinical variables assessed on the PPHS and PSE at inclusion was examined. Differences between the male and the female patients on all these variables were also assessed.

RESULTS

The number of patients in each of the 5 groups formed according to their marital status at the end of 10 years is given in Table 1. The summary of com-

parisons made between the 'ever married' and 'never married' and sex differences among them is given in Tables 2 and 3. At inclusion more females (n=15) than males (n=12) were married. This difference however was not statistically significant. It was seen that a further 14 males and 12 females got married after inclusion.

TABLE 1
MARITAL STATUS : 10 YEAR FOLLOW-UP

MARITAL STATUS	MALE	FEMALE	TOTAL
Group 1 Remaining unmarried	15	8	23 (30%)
Group 2 Married after inclusion : Intact marriage	14	11	25 (33%)
Group 3 Married after inclusion : Broken marriage	0	1	1 (1%)
Group 4 Married before inclusion : Intact marriage	9	10	19 (25%)
Group 5 Married before inclusion : Broken marriage	3	5	8 (11%)
TOTAL	40	36	76 (100)

TABLE 2
EVER MARRIED VS NEVER MARRIED

VARIABLE	EVER MARRIED (n=53)		NEVER MARRIED (n=23)		TEST OF SIGNIFICANCE
	n	%	n	%	
On Set < 20 Years of Age	19	36	11	48	$\chi^2 = 0.96, NS$
Males Employed at Inclusion	18	34	12	52	$\chi^2 = 1.53, NS$
Relapsing Course	42	79	23	100	FISHER'S 2-TAIL $p < .007$

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TABLE 3
GENDER DIFFERENCES

VARIABLE	MALE (n = 40)		FEMALE (n = 36)		TOTAL (n=76)	SIGNIFI- CANCE	
	n	%	n	%			
Married at Inclusion	12	30	15	42	27	36	NS
Married During Followup	14	35	12	33	26	34	NS
Broken Marriages	3	7	6	17	9	12	NS
Intact Marriages	23	57	21	58	44	58	NS
Onset Before 20 Years of Age	6	15	13	36	19	25	NS
Relapsing Course	18	45	24	66	42	55	NS

The marriages were seen to occur throughout the follow up period (fig. 1). Six men got married in the 3rd & 4th year of follow-up, while the number of women getting married was fairly uniform throughout the follow-up period. The overall marital rate in the study group was 69.7% (N=53).

FIG-1

MARRIAGES DURING FOLLOWUP

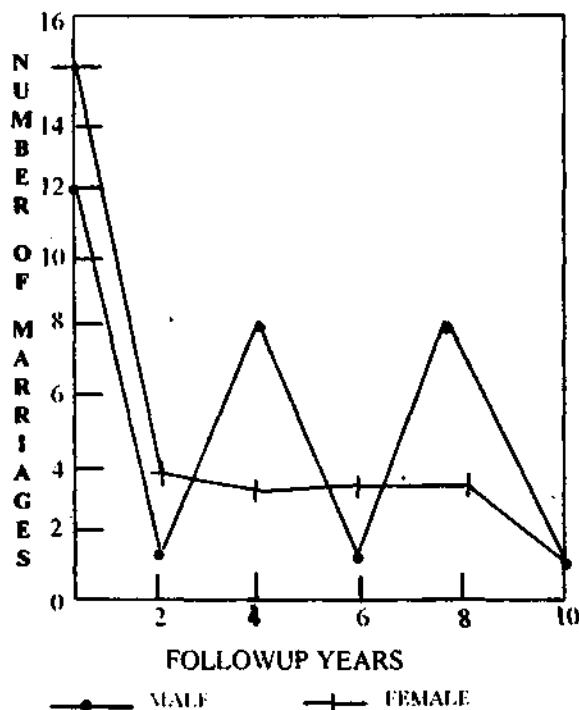
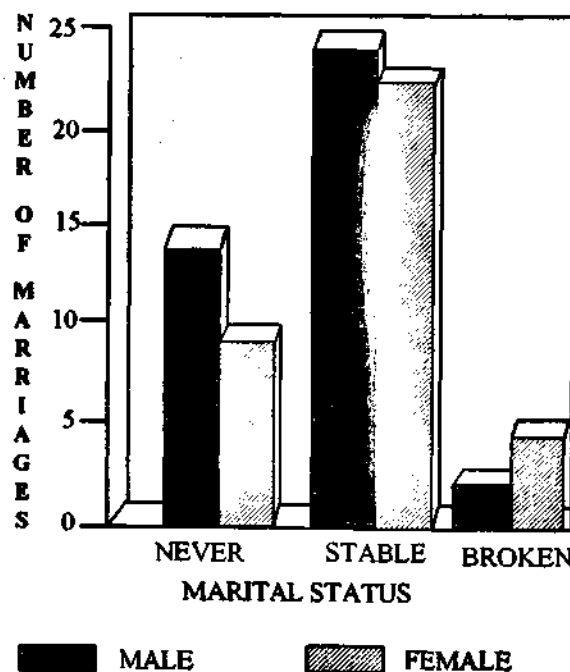


FIG - 2

MARITAL STATUS - SEX DIFFERENCES



All the 23 who were unmarried at the end of 10 years were below 40 years of age. Nine of the 53 marriages ended in separation, six in women and three in men. Looking further into this aspect it was seen that only 4 out of the 9, whose marriages broke up had children compared to 34 out of 44 whose marriage was intact (X^2 [Yates correction] = 5.22, $p < .02$).

Plotting the male-female differences in the marital status on a graph (fig. 2), it is seen that a lesser number of males with schizophrenia got married, but once they did so, they seem to have fairly stable marriages. Breakdown and separation were seen more often in female patients.

The 'never married' and 'ever married' were compared on sociodemographic and clinical variables. There was no significant difference between the groups as to the age, education, socioeconomic status and residence location. The occupational status at inclusion was analysed only for the males as most of the females (27 out of 36) were housewives.

At inclusion, the marital rate in employed males was not significantly different from the unemployed (Table 2).

Among the clinical variables there was no difference between the two groups as to the type of onset of illness (acute/insidious) and duration of illness (more than one year) at inclusion. The rate of marriage in those with onset of illness before 20 years of marriage was nearly equal to those with later onset ($X^2 = 0.96$) with no sex differences ($X^2 = 1.53$). The various PSE clinical syndromes (ICMR, 1988) at inclusion were not any different between the never and ever married groups. Considering the subtypes (ICD-9, WHO, 1978) it was seen that those with Paranoid and Acute Undifferentiated syndromes had more often married (above 75%) compared to 40 to 60% of those with other subtypes (hebephrenic, catatonic, residual) and there was no sex difference in this regard.

The course of illness, however, was seen to have a significant relation to getting married. All the 13 patients who were in remission since episode of inclusion had got married and had intact marriages. On the other hand, 23 patients (out of 63) who had one or more relapses/continuous illness during follow up remained unmarried (Fisher's two tailed test, $p < .007$). This pattern was the same in both sexes.

DISCUSSION

The study showed that a substantial number of patients of schizophrenia, nearly 70% of them, got married within 10 years of their first break of illness. All the 23 subjects remaining unmarried at the end of the followup period were below 40 years of age with prospects of getting married still alive. This rate of marriage is far above that reported from the west (eg. 38.6% by Lane et al., 1991). Almost half the total number of marriages had taken place after inclusion ($n=27$). This disputes the opinion that once the disease began the chances of marriage came down even if the disease is at an early stage (Hafner et al., 1991). Two factors seem to play an important role in "getting married after inclusion". One is the deterrent effect of a relapsing course of illness on getting married. The other factor operating in men alone is the stability in occupation. All the 14 men who got married after the onset of illness had not only im-

proved, but had a stable work performance. This is specially relevant in this sample which is predominantly drawn from the lower and middle socio-economic groups.

The role of the socio-cultural environment where the need to get married could override other considerations is also important. Discussing marriage in India, Kapadia (1972) indicated that marriage for a common man in the predominantly Hindu Indian society was often aimed at fulfilling one's social and religious duties ('dharma') rather than for other purposes. The difference in marital rate between the sexes, though not significant, reflects similar trends seen elsewhere (Saugstad, 1989; Nanko and Mordeira, 1993; Lane et al., 1995). In the study population the male-female differences in rate of marriage was negligible, except at inclusion, when more female than male patients had been married. The mean age of males and females being equal, this indicates that more females got married at a younger age than males.

It is interesting to note that very few of the socio-demographic and clinical factors studied had any relationship to the prospect of ever getting married. The case was no different when comparing the sexes. The variables studied were those known to be associated with and predictive of other clinical and social outcome parameters (WHO, 1979; Bland, 1982; Thara and Rajkumar, 1992). Insidious onset and longer duration of illness (more than year in this study) did not reduce the chance of marriage. Most importantly, the age of onset of illness seemed to have no effect on rate of marriage in both sexes. Thus the attribution to lower rate of marriage in the male schizophrenic patient to early onset of the disease (Salokangas & Stengard, 1990; Hafner et al., 1991) does not hold good to explain our observation. It is probable that those patients with early onset of illness recover early enough to get married within 10 years of onset. This is illustrated in fig. 1 which shows that marriages occurred throughout the 10 year period, at a rather steady rate.

While 65% of the males got married, 75% of the women did so. The lower rate in males could reflect the generally unfavourable course and outcome of schizophrenia observed in males (Seeman, 1986; Liff et al., 1992; Thara and Rajkumar, 1992). A di-

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agnosis of chronic undifferentiated and hebephrenic types was associated with a lower rate of marriage, understandably so because of the nature of symptoms and poorer general outcome in such cases. However the low rate of marriage of patients with catatonic syndrome is not explainable as this subtype is expected to be associated with better clinical recovery. The only clinical variable significantly associated with marital status was the course of the illness. A continuous/relapsing course related to low marital rate in both sexes. Hence only this factor could really be of any value in predicting marital status in the long term schizophrenia.

This high percentage, nearly 85% of intact marriages is nearly equal in both sexes (fig. 2). Marriages in women more often ended in separation which was more often if the couple was childless. However, an intact marriage need not necessarily reflect a harmonious marriage. The presence of a child could place some obligation on the couple to stay together and in its absence the marriage could break-down easily.

CONCLUSION

This study of marital status in patients with schizophrenia shows that the overall rate of marrying and intact marriages were high in Indian patients. Males were seen to marry less often, but once they did so had less of broken marriages. A continuous/relapsing course of illness seem to reduce the prospect of getting married in both sexes. It is seen that breaking of marriage, when it occurs, did so more commonly if the wife was ill and childless. The high rates of marriage and intact marriage, more marriages breaking when wife was sick all seem to reflect the socio-cultural attitudes and practices regarding marriage in the predominately Hindu Indian society more than any illness or patient related variables.

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