Research Paper

Marital Adjustment, Life Satisfaction and Mental Health of Santal Community as Related to Selected Demographic Variables

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ABSTRACT

The present research focused on exploring the status of marital adjustment, life satisfaction and mental health of Santal community of Bangladesh and its relation with some selected demographic variables, e.g. age, age at marriage, duration of marriage, family size and monthly income. A total of 200 couples were selected randomly from different areas of Naogaon District of Bangladesh. To collect the information, Dyadic Adjustment Scale (Spanier's, 1976), Satisfaction with Life Scale (Diener et al., 1985), and General Health Questionnaire (GHQ-12) (Goldberg, 1972) were administered on the respondents. Results shown that marital adjustment, life satisfaction and mental health status of Santals was found to be very low. Results revealed a significant ($p < 0.05$) positive correlation among marital adjustment, life satisfaction and mental health of Santals community. Results also revealed that different demographic variables were strongly related to marital adjustment, life satisfaction and mental health of Santals communities. This study concluded that marital adjustment, life satisfaction and mental health level of Santals were not satisfactory, which requires special attempts to implement effective plans to improve the status of Santal communities.

Keywords: *Tribal, Santal, Marital adjustment, Life satisfaction, Mental health, Demographic variables*

During the course of life, human beings struggle for happiness in various circles of life - personal, social, economic, marital and work, and also have to adjust to various roles,

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environmental demands and pressures. A strong family relationship is developed through marriage, a commitment with love and responsibility for peace and happiness. It is the union between families and is an important event in the life of every person, irrespective of caste, creed, religion, or social status (Jaisri and Joseph, 2014). Marital satisfaction is one of the most important determinative factors of healthy function in family (Greef, 2000), in which there is an overall feeling of happiness and satisfaction between husband and wife with their marriage (Hossain et al., 2017; Jaisri and Joseph, 2014). This occurs through their response to satisfaction rate from marital relationship (Kaplan and Maddux, 2002; Korja et al., 2016). A good marriage not only produces a satisfied life but it also generates a sense of well-being. Life satisfaction is the cognitive component of subjective well-being (Mmartikainen, 2008), which related to better physical, and mental health, stability, and other outcomes that are considered positive in nature (Jaisri and Joseph, 2014; Beutell, 2006). Health is a state of complete physical, mental, and social well-being and not merely the absence of diseases or infirmity (WHO, 2001; Hossain et al., 2018). Mental health has been reported to as an important factor influencing an individual's various behaviors, activities, happiness and performance, while mental stress is a crucial for mental health problems which arise due to various conditions (Chenganakkattil et al., 2017). Improved levels of life satisfaction might give rise to better health in the future. The protective effects of marriage for physical and mental well-being are widely documented (Carr and Springer, 2010). However, recent research shows that these effects are conditional upon the quality of the marriage; problematic marriages take an emotional toll, whereas high-quality marriages provide benefits, especially for women and older adults (Carr et al., 2004; Proulx et al., 2007; Umberson et al., 2006). The ethnic minorities especially Santals are one of the oldest tribes in Bangladesh, living below poverty line. Their rights and demands have been progressively neglected in policy discourses. The problems relate to various aspects of tribal societies include social, economic, educational, health, religion, land, law and order situation, self-centered tendency and so on. Many of these problems cannot be well-understood due-to lack of necessary and adequate information. According to previous literatures, marital adjustment, life satisfaction and mental health have long been the focus of investigation and research in the west and western countries (Arshad et al., 2005; Kiran and Dheerja, 2004; Sahu and Singh, 2014; Goel and Narang, 2012; Hasnain et al., 2011; Alder, 2010; Jose and Alfons, 2007; White and Myers, 2006). Very few researches was conducted on marital adjustment, life satisfaction and mental health of tribal especially 'Santal', which produced inconsistent results. Therefore, the current study aimed to examine the status of marital adjustment, life satisfaction and mental health of Santal peoples of Bangladesh in relation to different demographic variables.

METHODS

Study Area and Sample Size

This qualitative study employed a survey design to inspect the status of marital adjustment, life satisfaction and mental health of Santal people in relation to selected demographic variables. This study was conducted in different villages of Rajshahi and Dinajpur region,

where most of the Santal municipal live. A total of 200 married Santal peoples comprising 100 males and 100 females were selected for this study.

Tools Used

1. Dyadic Adjustment Scale (DAS)

The Bengali version of the Dyadic Adjustment Scale was used to measure the marital adjustment (IIyas, 2001; Spanier, 1976). It is a 32-item questionnaire, in which total score is generated by summing up the scores of individual items and it ranges from 0 to 151. Three items (item no. 23, 29, and 30) were dropped from the Bengali version because, these items might offend the respondents and reduce their response rate (IIyas, 2001). Thus, the Bangla version of the DAS includes 29 items and the possible maximum score is 145 and minimum is 0. Higher score indicates the more marital adjustment and vice-versa.

2. Satisfaction with Life Scale (SWLS)

The Bengali version of Satisfaction with Life Scale (SWLS), adapted by Ilyas (IIyas, 2001), was used to measure the life satisfaction of the participants. The SWLS was originally developed by Diener *et al.* (1985) to measure global cognitive judgments of one's life satisfaction. It is a five-item measure in which each item is rated on a 7-point Liker type scale ranging from 1 (strongly disagree) to 7 (strongly agree). Thus an individual's life satisfaction score can range from 5 to 35 with a higher score reflecting greater life satisfaction.

3. General Health Questionnaire (GHQ)

The Bengali version of General Health Questionnaire (GHQ-12), adapted by Sarker and Rahman (1989), was used to measure mental health of the participants. GHQ-12, originally developed by Goldberg (1972), which was derived from 60 items in the original version. The answering pattern of the original GHQ-12 was 'less than usual' or 'more than usual' format. But, in Bengali version this scoring system had to be changed because of its linguistic difficulties. Sarker and Rahman (1989) adapted new Likert type scoring system in which true-keyed items (all positively worded items) of their questionnaire weights of 0, 1, 2 and 3 were assigned for 'not at all', 'somewhat', 'to a considerable extent', and 'to a great extent', respectively. The scoring for the false-keyed items was reversed. So, the possible range of score is 0-36. Higher score is the indication of better mental health.

Data Collection Procedure

Data were collected on subjects (married santal males and females) individually. The ethical standard of the research were considered - the participants were given brief description about the research objectives and insured that the information will be kept confidential. For this, proper interactionand rapport was tried to establish so as to increase the posibility of genuine responses. Then subjects were asked different questions according to the questionnaires and thier responses were recorded.

Statistical Analysis

The obtained data were compiled and analysed according to the objectives of the research. Descriptive Statistics, t-test and Pearson Product Moment Correlation were used to find out the statistical significance of the data through SPSS (version 20) Software.

RESULTS

The level of marital adjustment, life satisfaction and mental health of Santal peoples are presented in Fig. 1.
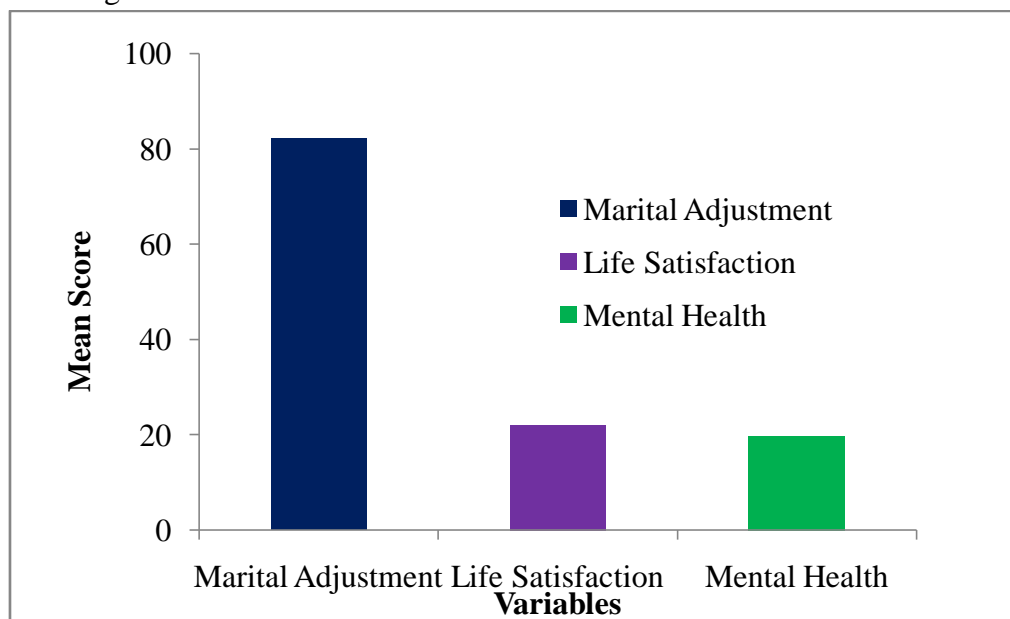

Figure 1: Mean score of marital adjustment, life satisfaction and mental health of Santal people.

To see the variation of marital adjustment, life satisfaction and mental health level, the age of Santals were divided into different categories as (0-20), (21-30), (31-40), (41-50), (51-60) and (61-70) years and the results are presented in Fig. 2.
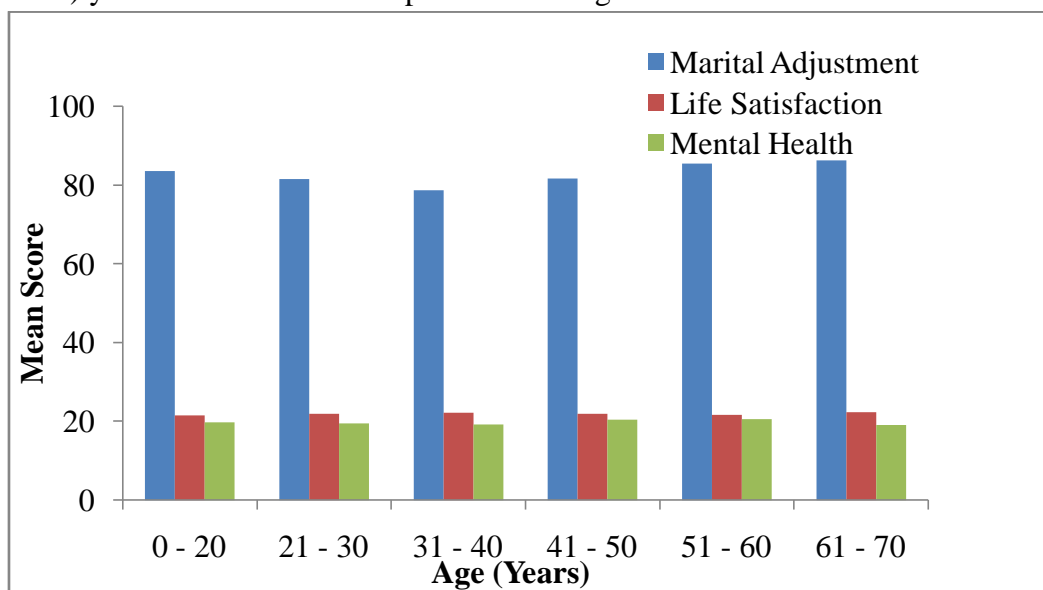

Figure 2: Mean difference among marital adjustment, life satisfaction and mental health of the Santals based on age.

The family size of Santals were separated into different ranges as (2-4), (5-6), (7-8) and (9-10) numbers to see the variation of marital adjustment, life satisfaction and mental health level and the results are presented in Fig. 3.
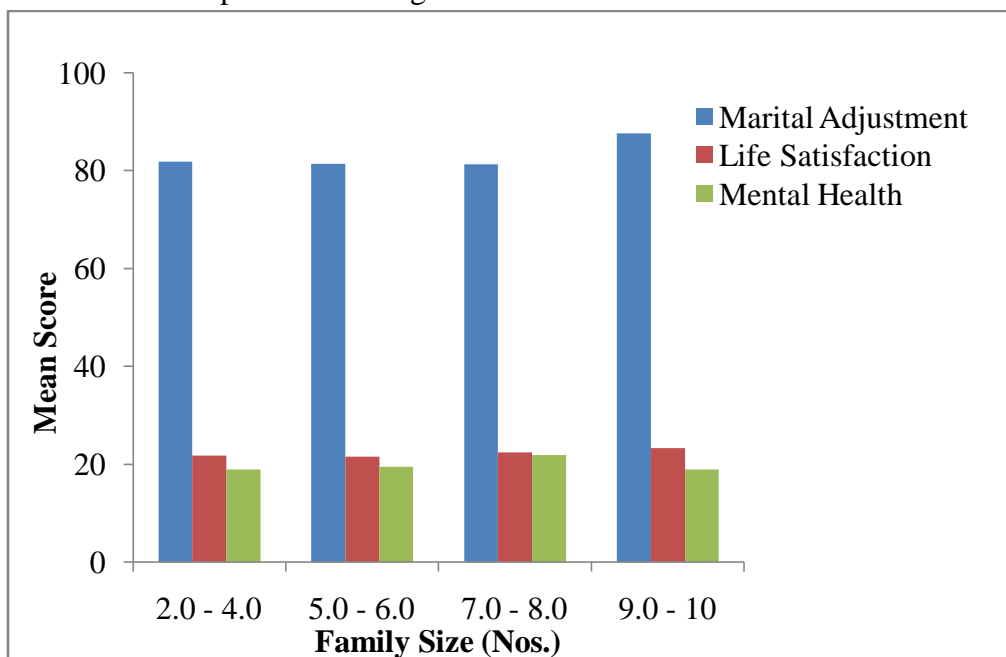

Figure 3: Mean difference among marital adjustment, life satisfaction and mental health of the Santals based on family size.

The age at marriage of Santals were separated as - (10-15), (16-20), (21-25), (26-30), and (31-35) years to see the variation of marital adjustment, life satisfaction and mental health level and the findings are showed in Fig. 4.
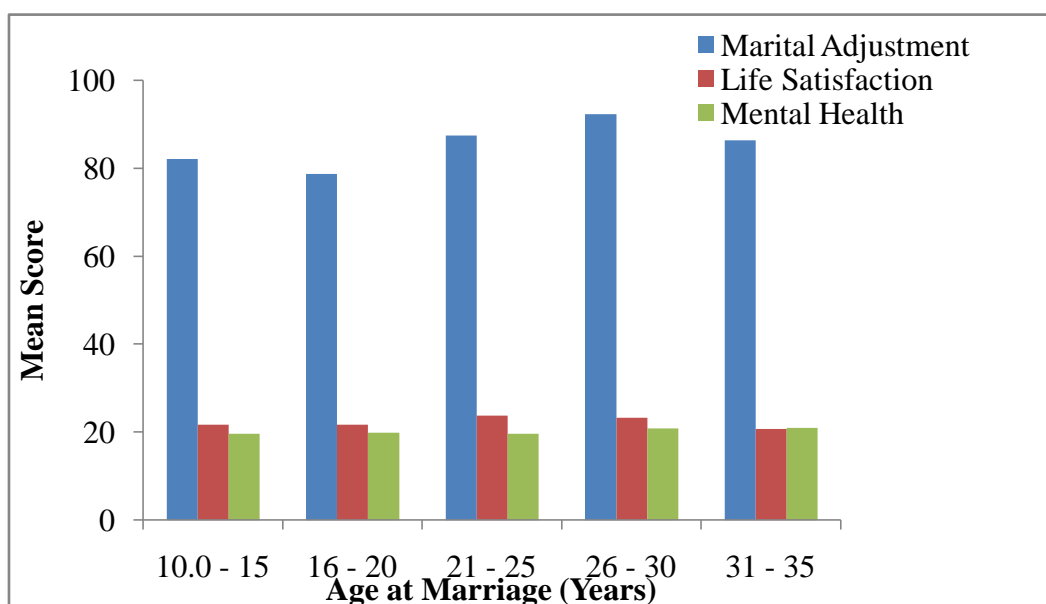

Figure 4: Mean difference among marital adjustment, life satisfaction and mental health of the Santals based on age at marriage.

The duration of marriage of Santals were divided into different ranges as, (0-10), (11-20), (21-30), (31-40), (41-50) and (51-60) years to see the variation of marital adjustment, life satisfaction and mental health level and the results are presented in Fig. 5.
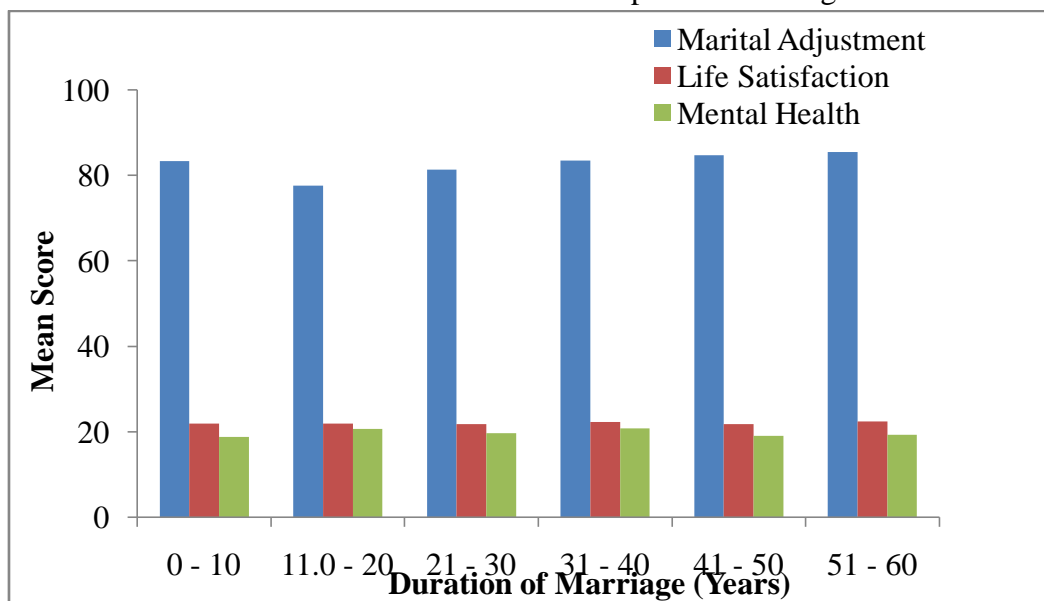

Figure 5: Mean difference among marital adjustment, life satisfaction and mental health of the Santals based on duration of marriage.

The monthly incomes of Santals were divided into different ranges as, (1000-3000), (3100-5000), (5100-7000), (7100-9000) and (9100-12000) Tk. to see the variation of marital adjustment, life satisfaction and mental health level and outcome is given in Fig. 6.
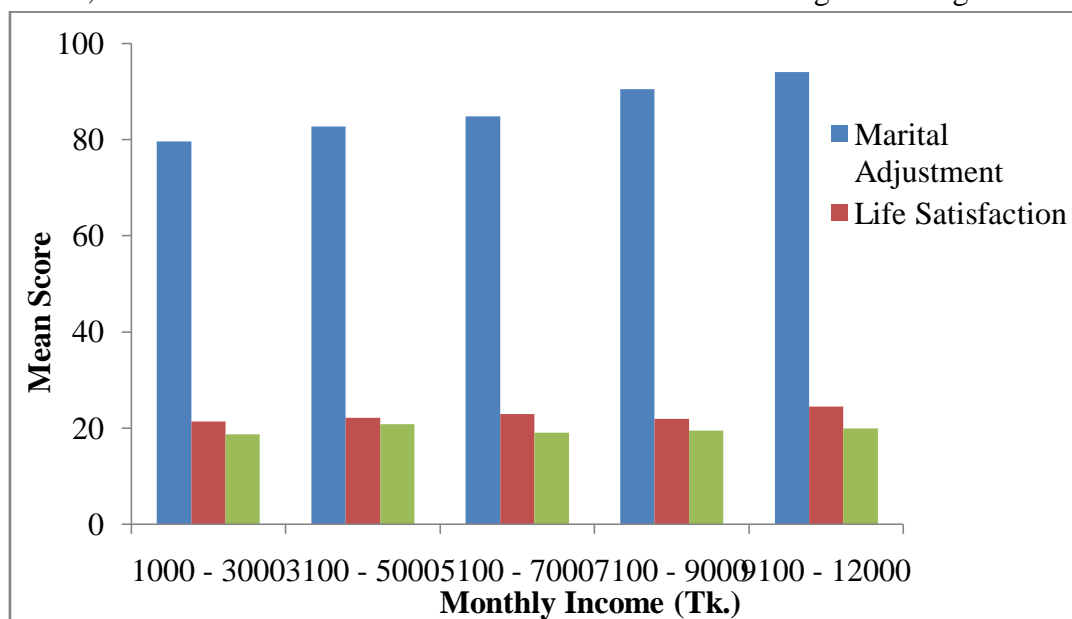

Figure 6: Mean difference among marital adjustment, life satisfaction and mental health of the Santals based on monthly income.

The results of correlation analysis among marital adjustment, life satisfaction and mental health of Santals people is showed in Table 2.

The results presented in Table 3 shows the correlation of marital adjustment, life satisfaction and mental health with some selected demographic variable.

DISCUSSION

The level of marital adjustment, life satisfaction and mental health of Santal peoples are presented in Fig. 1. The mean score of marital adjustment, life satisfaction and mental health of Santal peoples was found as 82.10, 22.01 and 19.78, respectively. The results presented in Table 1 shows that the mean scores of marital adjustment, life satisfaction and mental health of Santal males are significantly higher than that of females. These findings are comparable to the findings of our previous study (Hossain et al., 2017).

The results presented in Fig. 2 indicates that marital adjustment was highest at older age (61-70 years) than middle age (31-40 years). Fig. 2 also indicates that highest life satisfaction was observed in the age ranging from (61-70) years and lowest at 0 to 20 years. Mental health score was found to be the highest in the age ranging from (51-60) years and lowest in the age ranged from 61 to 70 years (Fig. 2).

Marital adjustment was found to be the highest at large family ranging from (9-10 Nos.) and lowest at family size of 7-8 nos. Fig. 3 also indicates that the highest life satisfaction score was observed in family size ranged from 9 to 10, which was lowest when the family size of 5 to 6. Mental health score was highest in family size ranging from 7 to 8 and lowest in 9 to 10 (Fig. 3). It was found that gender, educational attainment, number of children and health condition were significant contributors to marital satisfaction (Guo and Huang, 2005). The results of the present research also partially supported by reports of Dacey & Travers, who found that marital satisfaction is high in joint families as compare to nucleus families (Daccy and Travers, 2004).

Fig. 4 reveals that higher marital adjustment was found in the age at marriage ranging from (26-30) years and lowest at 16 to 20 years. Fig. 4 also point out that maximum life satisfaction was observed in the age at marriage ranging from (21-25) years and lowest between 31 to 35 years. Mental health score was highest in the age at marriage ranging from (31-35) years and lowest at 10 to 15 years.

It is seen in Fig. 5 that marital adjustment was highest ($\bar{x} = 85.51$) in duration of marriage ranging from (51 – 60) years and lowest ($\bar{x} = 77.67$) in ranged from 11 to 20 years. Fig. 5 also indicates that highest life satisfaction ($\bar{x} = 22.50$) was observed in duration of marriage ranging from (51 - 60) years and lowest ($\bar{x} = 21.80$) from (41 - 50) years. Fig. 5 also shows that mental health score was highest ($\bar{x} = 20.83$) in duration of marriage ranging from (31 – 40) years and lowest ($\bar{x} = 18.85$) ranged from 0 to 10 years. The present study found that the

longer the duration of marriage, the more satisfied the individual was with his or her marriage, which corroborated the findings of Zainah et al. (2012). They found that married couples with ten years and above in their length of marriage may have passed the stage of adjustment and adaptation and will experience less psychological problems and distress.

Marital adjustment was found to be the highest ($\bar{x}$ = 94.0) in monthly income ranging from (9100 – 12000) and lowest ($\bar{x}$ = 79.56) in ranged from 1000 to 3000, while the highest life satisfaction ($\bar{x}$ = 24.50) was observed in monthly income ranged from (9100 – 12000) and lowest ($\bar{x}$ = 21.40) ranged 1000 to 3000 (Fig. 6). It is also indicated in Fig. 6 that mental health score was the highest ($\bar{x}$ = 20.86) in monthly income ranging from 3100 to 5000 and lowest ($\bar{x}$ = 18.73) ranged from 1000 to 3000.In terms of the effect of income on marital satisfaction, individuals with high income were more satisfied in life than those with low income. The findings are supported by the research that reported income as one of the demographic factors that affect marital satisfaction (Pimentel, 2000).

The correlation analysis (Table 2) among marital adjustment, life satisfaction and mental health of Santals people shows that marital adjustment was significantly correlated with life satisfaction (r = 0.244, p < 0.01) and mental health (r = 0.277, p < 0.01). This finding is partially consistent with the findings of previous researchers (Fatima et al., 2015; Arshad, 2014). They found that marital adjustment is positively correlated with life satisfaction. Again, it is reported stated that marital adjustment is positively correlated with mental health (Bahar and Banafsheh, 2015).Table 2 also indicates that life satisfaction of Santal people significantly correlated with mental health (r = 0.201, p < 0.01). The results presented in Table 3 shows the correlation of marital adjustment, life satisfaction and mental health with some selected demographic variable. It was observed in Table 3 that marital adjustment of Santal people was significantly positively correlated with age (r = 0161, p < 0.05), age at marriage (r = 0.253, p < 0.01), and monthly income (r = 0.216, p < 0.01), whereas marital adjustment was found to have positive correlation with family size (r = 0.056, p > 0.05) and duration of marriage (r = 0.074, p > 0.05) but non-significant. Life satisfaction of Santal people was found to be significant and positively correlated with age at marriage (r = 0.154, p < 0.05) and monthly income (r = 0.229, p < 0.01), while age (r = 0.062, p > 0.05), family size (r = 0.110, p > 0.05) and duration of marriage (r = 0.010, p > 0.05) positively correlated but non-significant (Table 3). In addition, the mental health of Santal people was positively correlated with age (r = 0.045, p > 0.05), family size (r = 0.125, p > 0.05), age at marriage (r = 0.032, p > 0.05), duration of marriage (r = 0.034, p > 0.05) and monthly income (r = 0.080, p > 0.05) but non-significant (Table 3). Results of the present study agrees with the earlier finding of comparable research that pointed to that duration of marriage is positively associated with marital satisfaction (Bali et al., 2010; Bookwala et al., 2005). The variation in the level of marital adjustment, life satisfaction and mental health of Santals may be due to various reasons. The quality of a marriage is affected by multiple factors, both internal and external to the family. The impact of duration of on a marriage is one such prominent factor. A number of personal variables are also responsible for causing mental depression like age,

gender, education, marital status, socio- economic status, and interaction patterns (Hossain et al., 2017, 2018). Moreover, most of the Santals were workers and lived under poverty. Their income level was so low that they could not fulfill their basic needs. On the contrary, the living condition of tribal was not well enough and they couldn't fulfill their maximum needs. Besides, steps taken by the government of Bangladesh for the betterment of the social status of Santals as well as other ethnic minorities are insufficient than the requirements.

CONCLUSION

This study has thrown the light of an important area of research on psychological status of 'Santal' communities of Bangladesh. Results of this study clearly indicates that marital adjustment, life satisfaction and mental health status of tribal peoples, especially Santals are very low. Therefore, it is recommended that government and non-governmental organization should endeavor to boost effective strategies to improve the status of Santal communities as well as well as others ethnic minorities and indigenous people live in Bangladesh. This study paved the ways for further research on Santals as well as other ethnic minorities of Bangladesh.

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Table 1: Comparison of mean difference on marital adjustment, life satisfaction and mental health of Santal males.

Variables	Community	N	Mean	SD	*df*	*t*
Marital Adjustment	Male	100	84.25	8.57	198	3.09**
	Female	100	79.95	10.94		
Life Satisfaction	Male	100	22.47	2.10	198	3.03**
	Female	100	21.55	2.18		
Mental Health	Male	100	20.88	3.84	198	3.85**
	Female	100	18.69	4.18		

** Significant ($P < 0.01$)

Table 2: Correlation among marital adjustment, life satisfaction and mental health of Santal people (N = 200).

Variables	Marital Adjustment	Life Satisfaction	Mental Health
Marital Adjustment			
Life Satisfaction	0.244**		
Mental Health	0.277**	0.201**	

** Correlation is significant (P < 0.01)

Table 3: Correlation among marital adjustment, life satisfaction and mental health with selected demographic variables of Santal people (N = 200).

Variables	Marital Adjustment			Life Satisfaction			Mental Health		
	r	*P*	*Sig.*	*r*	*P*	*Sig.*	*r*	*P*	*Sig.*
Age	0.161	0.023	*	0.062	0.385	NS	0.045	0.526	NS
Family Size	0.056	0.429	NS	0.110	0.120	NS	0.125	0.077	NS
Age at Marriage	0.253	0.001	**	0.154	0.029	*	0.032	0.651	NS
Duration of Marriage	0.074	0.295	NS	0.010	0.888	NS	0.034	0.637	NS
Monthly Income	0.216	0.002	**	0.229	0.001	**	0.080	0.260	NS

NS –Not-significant (P > 0.05); * Significant (P < 0.05); ** Significant (P < 0.01)