

# A Gender Based Comparison of Depression Between Married and Unmarried Young Adults

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## **Abstract**

*The aim of present research was to find out the differences of depression level between married and unmarried young adults as well as their gender based comparison. After detailed literature review it was assumed that: (1) Married and unmarried young males and females will score different on the measure of depression. Sample of 108 participants including 52 married (27 males; 27 females) and 52 unmarried (27 males & 27 females) were utilized. Their age range was between 19 to 35 years and mean ages for married males ( $\bar{x}$ =26.93;  $SD$ =4.531) and married females ( $\bar{x}$ =27.63;  $SD$ =4.877) and for unmarried males ( $\bar{x}$ =27.59;  $SD$ =4.245) and unmarried females ( $\bar{x}$ =26.81;  $SD$ =4.608). The educational level of all participants was at least 12<sup>th</sup> grade. Siddiqi Shah Depression Scale (Siddiqui & Shah, 1997) was administered to assess level of depression. Results indicated married peoples ( $\bar{x}$  =21.24) scored lower on depression as compare to unmarried people ( $\bar{x}$ =27.19). lower mean scores were found in married males ( $\bar{x}$ =17.41) as compare to married females ( $\bar{x}$ =25.07) and unmarried females ( $\bar{x}$ =24.41) as compare to unmarried males ( $\bar{x}$ =29.96). It might be concluded that among young adults it is likely that married life lowers the depression among young males but cause an increase among young females.*

## **Introduction**

Marriage is defined as a lawful union that naturally occurs between a man and a woman. This interpersonal union is characteristically of an intimate and sexual nature that carries along with it legislative, community, and religious appreciation (Kisler, 2009), and therefore this type of recognition frequently grants a variety of social, religious, and legal benefits; rights; and responsibilities to people who marry (Budgeon, 2009; Robles, 2009). Marriage is a most important human

relationship for most adults, which offers benefits like increased earning potential, resources for moving up a family, and gratifying needs for security and belonging. Married individuals frequently report greater life satisfaction and happiness and have a lower possibility of clinical depression as compare to their unmarried counterparts (Acitelli, 2009; Robles, 2009). However, one study found that, being married and unable to confide in the spouse (either husband or wife) was associated with a 25-fold increase in the risk of depression (Weissman, 1987)

World wide depression is consistently found as the 2<sup>nd</sup> most incapacitating mental disorder (Jacquot & Knack, 2009) and like common cold of emotional problems (Whiffen, 2002), that places a great burden on society. Major depressive disorder (MDD) is characterized by dysphoric mood and/or loss of interest or pleasure in all or nearly all activities, plus at least four other symptoms (i.e., sleep problems, appetite disturbance, fatigue, psychomotor agitation or retardation, feelings of worthlessness or guilt, difficulty concentrating or making decisions, recurrent thoughts of death or suicide), that occur during most of the day, nearly every day, for at least two weeks and with significant impairment in social or occupational functioning (DSM-IV-TR, 2000).

Epidemiological data indicate the different patterns and clusters of both psychological and psychiatric illnesses among women as compared to men (Niaz, 2006). Clinical depression has a larger sex difference, with about twice as many women as men diagnosed with major depression (Twenge, 2007). Community-based epidemiological and clinical studies using self-reports and informant reports consistently reveal a greater prevalence of major depression among women (Jacquot & Knack, 2009). The experience of depression is also different for women and men. Women report higher levels of anxiety, sleep troubles, and physical problems; additionally, they develop the disorder earlier, experience more chronic and recurrent depression, and suffer greater severity and increased functional impairment than men do. Contrastingly, men are more likely to ignore depressive symptoms, engage in more enjoyable activities, suppress depressive moods and thoughts, or abuse substances to escape depression. Although women attempt suicide three times more

frequently, men are more likely to complete the act (Jacquot & Knack, 2009). Worldwide, countless researches have also pointed out that underprivileged economic and unconstructive social factor, along with out of control violence against women and entrapment by society, lead to exhaustion, fear, hopelessness, and depression in women (Niaz, 2006).

Several research findings indicates that married people score low on depression as compare to unmarried and men score low as compared to women (Ali & Toner, 1996; Markides & Farrell, 1985; Wu & DeMaris, 1996). Lifetime prevalence rates of MDD differ by gender, with 21.3 percent reported for women and 12.7 percent for men (Garber & Morris, 2008). These differences are approximately the same regardless of the method used to measure depression, the definition of depression, or whether the study participants are selected from a community or clinical setting (Whiffen, 2002).

Morbidity of mental illness among women in South Asian countries usually related to poverty, domestic isolation, and powerlessness (Niaz, 2006; Nurbala et al. 2001) In a community-based study in rural West Bengal, 61 percent of the study population had a mental health problem. Women had significantly higher prevalence rate (77.6 percent) than men (42.4 percent). Depression was the single most important problem, affecting 70.4 percent of all women and 37.6 percent of all men (Nandi, Banerjee, and Mukherjee 1997). A study in the Hindu Kush Mountains of the Northwest Frontier Province of Pakistan (Mumford, 1996) showed prevalence of depression and anxiety in 46 percent of women compared to 15 percent of men. A study carried out in rural Punjab showed 25 % men and 66% women suffered from depression and anxiety disorder (Mumford, Saeed, et al. 1997).

In Pakistan, the presence of depression was closely associated with financial hardship, numerous children, low level of education and poor living conditions. Naeem et al. (1990) identified two factors for depression in women: family conflicts and marital conflicts. The male to female ratio for depression in this study was 1:2. Recently, Niaz, Hassan, Husain, Siddiqui (2004) conducted a study to evaluate the frequency of psychiatric disorders in a private clinic. The ratio of female to male patients was 2:1. Higher percentages of female patients

were diagnosed with psychotic disorders (14.3 percent), mood disorders (37.4 percent) and conversion disorders (0.85 percent). The significant factors associated with depression among women were marital conflicts, conflict with in-laws, financial dependency, lack of meaningful job, and stress of responsibilities at home and at work. According Ahlberg, (2006), recent United Kingdom data do in fact show higher rates of depression among men of Afro-Caribbean and Pakistani origin as compared to the women or the majority population (Ahlberg, 2006).

In a research Bernard (1982) reported that married men were found less likely to show serious symptoms of psychological distress, and mental health impairments than never married men. Similarly married women generally fared better than the unmarried. Overall, then, marriage seemed to have a beneficial effect both for women and for men. In her findings married women did not fare as well as men. Married women were more likely to have felt that they were about to have a nervous breakdown; more likely to experience psychological and physical anxiety (nervousness and insomnia, headaches, and heart palpitations); and showed more phobic reactions, more depression, and more passivity than married men. Finally comparison of the well-being of men and women who had never married showed that never-married men were more likely to show health impairments than never-married women. They were more depressed and passive, showed more anxiety and antisocial tendencies, and were more likely to have felt they were about to have a nervous breakdown and to experience psychological anxiety. Marriage, it seems, is good for both women and men, but better for men.

On the basis of above mentioned literature following hypothesis were formulated; Married and unmarried young males and females will score different on the measure of depression.

## **Mehodology**

### ***Sample***

The samples for present study were taken from Karachi city only. The convenient samples of adults (i.e. students, teacher, non-teaching staffs and paramedical staffs) were taken from different educational

organizations in Sindh. A sample of 108 participants further divided in two groups including 52 married (27 males; 27 females) and 52 unmarried (27 males & 27 females) young adults. Age range of subject was 19 to 35 years and mean age for married males ( $\bar{x}$  =26.93; SD=4.531) and married females ( $\bar{x}$  =27.63; SD=4.877) and for unmarried males ( $\bar{x}$  =27.59; SD=4.245) and unmarried females ( $\bar{x}$  =26.81; SD=4.608). The educational level of all participants was at least 12<sup>th</sup> grade and maximum was Masters. They all belongs to different socioeconomic status as determined by family incomes, among them 20.4% belong to lower socioeconomic status, 42.6% belonged to middle socioeconomic status, and 37% belonged to upper socioeconomic status. The 54.6% of samples belonged to joint family structures and 45.4% were from nuclear family.

## **Measures**

### ***Demographic Sheet***

It was developed to get personal information of the subjects regarding their age, marital status, education, socioeconomic status, income, family structure, birth order, and number of siblings.

### ***Siddiqui Shah Depression Scale (SSDS)***

An endogenous 4-point likert type self-report measure that assesses subjective experience of depression. SSDS comprised of thirty six statements, and possible ranges of response are from “never (score=0)” to “all the time (score=3)”. The minimum possible score is 36 and the maximum can 144. The higher score indicates higher depression. Siddiqui & Shah (1997) reported that SSDS is has sound psychometric properties and can be used with clinical and community samples to measure depression.

## **Procedure**

To collect data first of all, different educational organizations in Sindh were approached. The authorities of the organizations were briefed about the purpose of study and then to get permission from them the letter of consent were provided. After getting permissions from authorities samples were approached conveniently and individually

briefed the purpose of study and ethical rights and obligations to participate in research as volunteer subject. Then examiner asked them to sign consent form and participate in this study. The participants who showed agreement for participation requested, first to respond on Demographic form, and then Siddiqui Shah Depression Scale was individually administered to the subjects in standard manner to rate their subjective experience of depression. Individuals were informed to withdraw his participation at any time if he feels discomfort to respond scale items.

### **Ethical Consideration**

All the participants were informed about research purpose and researcher carefully followed the basic principles related to ethics, i.e., subject's should remain dignified and their rights must be respected, examinee's competence, accountability, and honesty.

### **Statistical Analysis**

Descriptive Statistics and t-test was calculated by Statistical Package for Social Sciences (SPSS, V12.0) to calculate the significance of differences in the level depression between groups.

### **Results**

**Table 1: Demographic characteristics including Socioeconomic Status, Family Structure and Birth order of sample**

Variable		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Socioeconomic Status</b>	<b>Lower</b>	22	20.4	20.4	20.4
	<b>Middle</b>	46	42.6	42.6	63.0
	<b>Upper</b>	40	37.0	37.0	100.0
<b>Family Structure</b>	<b>Joint</b>	59	54.6	54.6	54.6
	<b>Nuclear</b>	49	45.4	45.4	100.0
<b>Birth order</b>	<b>First</b>	28	25.9	25.9	25.9
	<b>Middle</b>	66	61.1	61.1	87.0
	<b>Last</b>	14	13.0	13.0	100.0

**Table 2: Descriptive statistics of Age ranges across married and unmarried young adults**

Age		N	Mean	Minimum	Maximum	Std. Deviation
Married	Male	27	26.93	19	35	4.531
	Female	27	27.63	20	35	4.877
	Total	54	27.28	19	35	4.676
Unmarried	Male	27	27.59	20	35	4.245
	Female	27	26.81	19	33	4.608
	Total	54	27.20	19	35	4.406
Grand Total		108	27.25	19	36	4.539

**Table 3: Descriptive statistics of depression level across married and unmarried young adults**

Depression			N	Mean	Std. Deviation	Std. Error Mean
	Married	Male	27	17.41	18.333	3.528
		Female	27	25.07	11.242	2.163
		Total	54	21.24	15.551	2.116
	Unmarried	Male	27	29.96	16.325	3.142
		Female	27	24.41	14.481	2.787
		Total	54	27.19	15.539	2.115

**Table 4: Differences of depression level between married and married young adults**

Young Adults		t	df	Sig.	MD	Std. ED	95% Confidence Interval of the Difference	
							Lower	Upper
Depression	Married	-1.987	106	.050	-5.944	2.992	-11.876	-.013
	Unmarried							

**Table 5: Differences of depression level between married Males and married Females**

Married		t	df	Sig.	MD	Std. ED	95% Confidence Interval of the Difference	
							Lower	Upper
Depression	Males	-1.852	52	.070	-7.667	4.139	-15.972	.638
	Females							

**Table 6: Differences of depression level between unmarried Males and Unmarried Females**

Unmarried		t	df	Sig.	MD	Std. ED	95% Confidence Interval of the Difference	
							Lower	Upper
Depression	Males	1.323	52	.192	5.556	4.200	-2.872	13.983
	Female							

**Table 7: Differences of depression level between married and Unmarried Males**

Males		t	df	Sig.	MD	Std. ED	95% Confidence Interval of the Difference	
							Lower	Upper
Depression	Married	-2.658	52	.010	-12.556	4.724	-22.035	-3.076
	Unmarried							



**Table 8: Differences of depression level between married and Unmarried Females**

Females		t	df	Sig.	MD	Std. ED	95% Confidence Interval of the Difference	
Depression	Married	.189	52	.851	.667	3.528	Lower	Upper
	Unmarried						-6.413	7.746

### Discussion

Results are consistent with formulated hypothesis and indicates significant mean difference of depression scores ( $t = -1.987$ ;  $df = 106$ ;  $p < .5$ ; table 7) between married ( $\bar{x} = 21.24$ ; Table 3) and unmarried ( $\bar{x} = 27.19$ ; Table 3) young adults. Traditional roles of husband and wife are defined to reflect different societal expectations of men and women. In heterosexual relationships, women more often take responsibility for domestic chores and caring responsibilities even when working full-time. Women also tend to take responsibility for the emotional labor required to keep a relationship going. Men, on the other hand, generally are expected to behave more instrumentally rather than emotionally and to perform the role of “primary breadwinner.” Marriage, therefore, is viewed by some as problematic because it legalizes and socially sanctions a relationship based upon gender inequality and the exploitation of women (Budgeon, 2009). Wives in Muslim communities are not encouraged in decision making and have no right to strive for equality (Goodwin, 2009).

Further analysis of formulated hypothesis indicates that there is a difference in means of depression scores between married males ( $\bar{x} = 17.41$ ; table 3) and married females ( $\bar{x} = 25.07$ ; table 3) but this difference is statistically insignificant ( $t = -1.852$ ;  $df = 52$ ;  $p > .5$ ; table 5). This finding is consistent with previous findings (Ensel, 1982). However, on the basis of findings it can be concluded that being married appears to be associated with a lower risk of depressive symptoms in men, but not in women (John & Montgomery, 2009). Marriage is more beneficial for mental health of men in comparison to

women (Earle, Smith, Harris, & Longino, 1997). In past Wu & DeMaris (1996) investigated the effects of stress-producing conditions on married and unmarried men and women. They establish that strains of chronic nature significantly influence on depression when studies to compare genders. Hardship related to economic status and other strains related to family significantly leads women to experience higher distress.

Analysis further indicates that there is a difference in means of depression scores between unmarried males ( $\bar{x}$  = 29.96; Table 3) and unmarried females ( $\bar{x}$  = 24.41; Table 3) but this difference is statistically insignificant ( $t$  = 1.323;  $df$  = 52;  $p$  > .5; table 6). Bebbington's (1996) review of the adult depression literature emphasized the link between gender role enactment and depression. He pointed out that the majority of studies find married men and single women to have the highest levels of emotional wellbeing. Thus, being married per se may be a risk factor for women. However, being married is almost completely confounded with having children because most married women have children as well. The risk of suffering by depression is high among women those are married and rearing young children, however some societies such as Mediterranean countries and the rural Amish, where homemaking is highly valued and married women have low prevalence of depression (Whiffen, 2002).

Analysis further indicates difference of depression mean scores ( $t$  = -2.658;  $df$  = 52;  $p$  < .5; table 7) between married ( $\bar{x}$  = 17.41; Table 3) and unmarried males ( $\bar{x}$  = 29.96; Table 3). These findings are consistent with studies that found higher depressive symptoms in unmarried persons (Inaba, Thoits, Ueno, Gove, Evenson, & Sloan, 2005). Marriage seems to protect men from depression, one view is that because women are better sources of social support, a married man usually has at least one supportive person in his life (Thase, & Lang, 2004). It was also found that there is a difference in means of depression scores between married females ( $\bar{x}$  = 25.07; Table 3) and unmarried females ( $\bar{x}$  = 24.41; Table 3) but this difference is statistically insignificant ( $t$  = .189;  $df$  = 52;  $p$  > .5; table 8). These findings are consistent with previous research (John & Montgomery, 2009).

**Conclusion**

Marriage in general seems protective to depression as compare to unmarried status that reflected by less depressive symptoms in married peoples as compare to unmarried peoples; however this protection only related to males. On the other hand married females appeared to have more depressive symptoms as compare to married males as well as unmarried females. On the basis of such findings one can conclude that having married is a risk factor to depression for many women. Unmarried males seem to develop more depressive symptoms as compare to married males and married and unmarried females. Among young adults marriage help males to control over emotions but to females lost of emotional control. On the other hand unmarried status seems risk factor to depression for males but not for females.

**Implications**

Marriage is an important beneficial as well as risk factor mental health. Finding from this study will be helpful for mental health professionals, family counselors, social workers, and marital counselors/therapists, to view married and unmarried peoples separately as well as to understand importance of gender independently when dealing with emotional disturbance such as depression.

**Limitations**

There are several short comings of the present study. First was use of self report measure. Second sample size that was small for this population and possibly interfered in statistical significance of differences. Convenient sampling method was used for data collection that might affect results. This study primarily conducted on young adult (ages 19-35) that's why generalization of results should be limited. An important limitation of the current study was the use of cross-sectional design.

**Recommendations**

Replication of this research with large data across different age fellows seems necessary. A longitudinal research design will be more helpful to get conclusive results that would investigate variations in the level of depression with stressful life events and the measurement of role of

social support during that period would be crucial. Future researches those will design to analyze depression level with reference to marital status should also focus on quality of marital life and satisfaction with marital status as well as quality of sex life.

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