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Psychological Status in Relation to Marital Adjustment : Correlational Study

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

(هُوَ الَّذِي خَلَقَكُمْ مِنْ نَفْسٍ وَاحِدَةٍ وَجَعَلَ مِنْهَا نَرُوجَهَا لِيَسْكُنَ
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الْحَمْدُ

اللَّهُ كَرِيمٌ الْغَيْثُ الْعَالِمُ سَلِيلُ الْعُلَمَاءِ وَسَيِّدُ سَيِّدِي بِعِزِّ اللَّهِ تَعَالَى

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Abstract

Psychological health especially after childbirth, may affect marital adjustment which mainly affect the mother, and have an impact on the father. However, unlike research in developed countries , there are no studies that attempt to assess the relationship between these aspects or that concentrate on the psychological condition that the parents could experience in Iraq.

The study aimed to investigate the effect of psychological status on marital adjustment concerning first parenthood.

A descriptive study design and non-probability purposive sample of 300 first-time parents represent the sample was conducted at the community based population, primary health care centers in Baghdad city, which was selected to confirm its objectives through the period December 2021 to May 2023.

A questionnaire was used consisting of three sections, which are social , personal and demographic information, a scale (DASS21) is used to measure stress, anxiety and depression, and finally a scale that measures marital adjustment, which included marital agreement, marital satisfaction, marital cohesion and emotional expression.

Results of the study indicated that majority of the study sample was female, their age is ranged between (19-24) year's old, age at marriage (18-23), Husband/Wife age at marriage (24-28) , the majority of their level of education is bachelor degree , Unemployed housewife for mothers and governmental employee among fathers, housewife, urban residency sufficient monthly income and extended family type. Results of the study revealed that Psychological status among parents were moderate to good psychological adjustment and study revealed a high statistically significant association between effect of psychological Status on marital adjustment.

The study recommends to necessity of improving the educational aspects of parents about the psychological effects and it's negatively impacts on their marital relationships.

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List of Abbreviations

Abbreviation	Definition
%	Percentage
<	Less than
>	Greater than
ANOVA	Repeated Measure analysis of variance
APA	American Psychological Association
et al	Etalia (others)
F	Frequency
F	F- statistics
ICD	International classification of diseases
H.S	Highly Significant
Max	Maximum
Min	Minimum
MS	Mean of Score
NICE	National Institute for Health and Care Excellence
NMHC	National Mental Health Commission
P	probability value
PP	Postpartum psychosis
PPA	Post-partum anxiety
PPD	Post-partum depression
PhD	Doctor of Philosophy
R	Correlation
S	Significant
SD	Standard Deviation
UPMC	University of Pittsburgh Medical Center
WHO	World Health Organization
\bar{X}	Mean
Σ	Summation

Chapter One

Introduction

Introduction

1.1. Introduction

For many parents, becoming parents is an exciting and happy moment. However, adding a newborn or adopted child to an already demanding schedule can add stress. Parents may worry about money and job security in addition to raising a child, especially in a household with two earners.(Samios *et al.*, 2022)

A paid parental leave policy is increasingly necessary as more women join the workforce and as more households have two earners. A mother, not a father, takes time off from work at the time of childbirth to recuperate from childbirth and care for a newborn during maternity leave, which is a more precise term. (Parfitt *et al.*, 2014)

Family leave refers to time off from work taken to take care of a newborn, an old or ill family member, and is a broader word that includes both parental and maternity leave. Parental leave as a transition to parenthood will be the main topic of this article. People go through a number of transitions and adjustments in their circumstances as they enter middle adulthood. (Lucas *et al.*,2017)

The shift to parenthood, which encompasses numerous physical, psychological, and social changes in the parents' lives, is a normal transition in early middle adulthood. (Gulzar & Najam *et al.*,2022)

These new parents go through a period of transformation in their lives, which is accompanied by more responsibility and stress . (Sara *et al.*,2021)

The truth about relationships is that no matter whether they have children or not, all couples go through challenging times together. In fact, according to certain studies, couples with children and those without children are both subject to negative changes over the course of a similar amount of time. 1995. Cowan et al. Couples do, however, vary in the amount of change they go through. The transition to parenthood so seems to accelerate and magnify the changes that already exist. (Hepi et al., 2020)

Fewer studies have concentrated on the relational predictors of maternal mental health and well-being, despite a growing body of evidence that shows how important maternal mental health and well-being are to children's behavioral and emotional outcomes. Social support from a partner and, most crucially, dads' active involvement in childcare duties.

Predictors of maternal mental health and well-being, despite a growing body of evidence that shows how important maternal mental health and well-being are to children's behavioral and emotional outcomes.(Mulyadi & Putri, 2022)

Mothers' mental health and wellbeing appear to be significantly predicted by partner social support and, more critically, fathers' active involvement in childcare duties. In addition, new study raises the possibility that certain aspects of mothers' interactions with their partners may help to explain the connection between paternal engagement and mothers' mental health and wellbeing. (O'Connor *et al.*, 2019)

Accordingly ,proposed the hypothesis in the current study that mothers' satisfaction with their partnership , operationalized as dyadic adjustment and parenting alliance, mediates the relationship between

mothers' perceptions of paternal involvement and two dimensions of maternal mental health and well-being: depression and stress in parenting. (Chaudhry & Shabbir, 2018).

Numerous studies have emphasized the link between partner support and women's anxiety and depression throughout pregnancy as well as after giving birth. However, the father's responsibilities go beyond only helping the mother. Paternal involvement (engagement in parenting responsibilities) conceptions have recently been investigated in connection to mothers' mental health and wellbeing. For instance, it has been found that maternal parenting stress and father engagement have strong negative relationships. But little research has been done on how much moms' opinions of father engagement contribute to their mental health and wellbeing. (Lu & Patel, 2018)

It has been demonstrated that changes in a couple's lives after becoming parents have an impact on a number of aspects of their marriage, such as marital satisfaction, which in turn helps to explain the mental health and well-being of mothers. For instance (Brown *et al.*, 2012) shown that late-pregnancy women's levels of dyadic satisfaction were a strong predictor of their depression and anxiety levels 4-6 months postpartum, with higher levels of dyadic satisfaction being associated with better results. Thus, it is crucial to take into account the quality of the marital relationship in order to better comprehend what may explain mother mental health and well-being. (Luk *et al.*, 2017)

Parenthood isn't always linked to less marital pleasure in relationships. The relationship between the mother and father in their capacity as parents, or more specifically, their co-parenting partnership,

appears to assist the continuation of a positive marriage relationship. (Shorey & Chan,2020)

A co-parenting alliance is characterized by the ways in which parents assist or hinder one another in their parental responsibilities. According to the study, women's perceptions of their co-parenting alliance at six months of age indicated how well they would rate the quality of their partnership at three years of age. (Spence & Williams,2022)

Don and colleagues found that maternal relationship satisfaction at 9 months of age was significantly predicted by mothers' opinions of the cooperating alliance as expressed by them when their infants were 4 months old. The co-parenting partnership has also been linked to the health of mothers.(Demontigny *et al.*,2020)

In most countries, the experience of parenthood is regarded as being crucial to each person's sense of self and to their overall life goals. There are many reasons to want children, including to give and receive love, as a sign of the couple's unity, to add meaning or value to one's life, for the children's enjoyment or pleasure, to uphold the family name, to conform to peer pressure, to give in to family pressure, to pass on one's genes to the next generation, or even for the financial benefits that children can provide, such as assistance in old age or government assistance.(Francine *et al.*,2020)

The transition to parenthood is a significant and crucial period in people's life, impacting their psychological wellbeing in a variety of ways. High levels of stress resulting from a new parental role are one example. Being a parent is a huge and difficult life event that can be accompanied by a great deal of distress.(Tianyi *etal.*,2022)

The self-efficacy and self-esteem of new parents are weakened as a result of their self-doubts about their parenting abilities and feeling

overburdened by the seemingly endless responsibilities that come with the parenting role. Additionally, these kinds of parenting difficulty appear to be linked to symptoms that are more widespread. the first month following birth, which includes melancholy, worry, and stress. (Dong *et al.*,2022)

Identity, affect, representations, and complicated cognitive and behavioral changes that call for reorganizing objectives, routines, and duties in order to attain a new sense of self and socio-relational adaptations are all examples of psychological alterations. (Martini, 2015).

Depression history of physical or sexual abuse, unintended or unwanted pregnancies, stressful life events, intimate partner violence, a strained marital relationship, a lack of social support, and pregnancy complications are all risk factors that can be used to determine a person's risk for perinatal depression. Additionally, having children while still a teenager, having low socioeconomic position, and lacking social support have all been linked to an increased risk of perinatal depression following birth . (Zoe *et al.*,2021)

There are several interventions that have been proposed to prevent prenatal depression, but there is no technique of prevention that is universally accepted. As a result, there is probably a lot of variation in clinical practice. Although there are risk factors for prenatal depression and there are interventions that may help prevent perinatal depression, greater research is needed to determine the efficacy of these interventions and the subpopulations that stand to gain the most .(O'Connor *et al.*, 2019).

Active paternal engagement is a major factor in the father's wellbeing. The transition to parenthood places psychosocial demands on

the man, especially for first-time fathers. Goodman emphasized, for instance, that there is a connection between maternal postnatal mental health issues, such as postpartum depression, and the father of the infant suffering higher despair and stress. (Skari *et al.*, 2022).

The extensive literature linking changed in marriage to the transition to parenthood can be divided into two basic perspectives. In the first, it is believed that becoming a parent causes a change in the marriage. Most couples are anticipated to go through a qualitative change in their relationship that is quite abrupt, unfavorable in character, relatively significant, and likely to last a lifetime .(Shelby *et al.*,2021)

This perspective assumes that having a kid affects marital functioning in all areas, empirical studies that take this viewpoint traditionally have not leaned heavily on control groups or stringent eligibility standards for the populations under study. (Seyed *et al.*,2021)

Practitioners who share this perspective have also stressed the importance of intervening therapeutically with couples to aid them in navigating this crucial shift. According to the second viewpoint, becoming a parent is a crucial but temporary step in the growth of marriages and families. Depending o how well each couple can adjust to these new problems, the birth of the kid may temporarily impact the quality of their marriage to differing degrees. It is anticipated that changes in the marriage connection will be quantitative rather than qualitative . (Perri *et al.*, 2021).

The available study does allow for unambiguous discrimination between these two viewpoints, despite the importance of determining which of these two perspectives offers a more accurate portrayal of marriage over the transition to motherhood for couples and mental health specialists. (Darwin *et al.*, 2017)

Acknowledging the roles of uncontrolled sources of variability in research designs, establishing and utilizing control groups, and timing of data collecting around the child's arrival, as well as by presenting, progress can be achieved in understanding the transition to parenthood. Millions of couples make the transition to parenthood every year, and further research into this topic is necessary since changes to the marital system could have an impact on children's well-being and parent-child connections. (Lopez *et al.*, 2018)

Several sources of heterogeneity were left unregulated in the early, pioneering investigations of the adjustment to motherhood. For instance, several studies included couples expecting their first child as well as those having their second or third kid. (Prenoveau *etal.*,2017)

The possibility that these changes could be confused with those brought on by the addition of a later child to the family, this approach limits the ability to identify changes in marital satisfaction directly connected to the transition to parenting. Second, remarried spouses were included in the samples of various studies. (Björn & Matthias, 2019) .

Impact on transition to parenthood studies than first marriages since they are known to be less stable than first marriages and may involve children from the first marriage. This variation, along with the variations in marital satisfaction that go along with it, may make it more difficult to distinguish between the relationship consequences of couples who experience the transition to motherhood relatively early in their marriages against those who experience it later. (Newkirk *etal.*,2017)

According to attachment theory, having a baby is a strong experience that should activate the attachment system and any associated behavioral systems, such as caregiving behavior. Being a mother involves a new mental organization that is tailored to the realities of raising a child. Antenatal attachment has been defined

as the formation of a bond between the mother and her unborn child. created the term "parent-to-infant attachment" to describe the bond of affection or feeling a parent has for their child. Therefore, it appears that the protection of the fetal, as demonstrated by the mother's attitude toward the fetus of knowing about, being with, safeguarding, satisfying needs, and avoiding loss, is a major element of the construct. Recent arguments have argued that this link, which entails taking care of needs and offering protection, is representative of the caregiving system rather than the attachment system. Antenatal attachment to the fetus is linked to a number of maternal traits during pregnancy, including attachment type and the strength of one's relationship with their spouse. Studies have revealed connections between antenatal attachment and postpartum family and parental functioning, including the degree of mother-infant interaction and child attachment. (Walsh *et al.*, 2014).

Transition to parenthood may lead to changes in the marital relationship of parents (Darwiche *et al.*, 2015), specifically regarding dyadic adjustment, a construct characterized by dyadic cohesion ,troublesome dyadic differences, consensus on important issues related to dyadic functioning and dyadic satisfaction. (Alexandra *et al.*,2021)..

1.2. Importance of the Study

Women are more likely than men to experience depression and anxiety. Depression was predicted to be more common in women (5.1%) than in males (3.6%) in 2015, with a global incidence of 4.4 percent (WHO, 2017). The incidence of anxiety disorders is also estimated to be 3.6% worldwide, with women being more likely than males to have them (4.6%) (WHO,

2017). Perinatal depression and anxiety are two crucial areas of focus in women's mental health research, not only because of their implications on the mother's welfare during a crucial time in her life, but also because of their repercussions for her unborn child.

During the postpartum period, the WHO has recommended universal screening of mothers for mood disorders, although there is no particular recommendation for screening during pregnancy (WHO, 2013). According to British Columbian provincial recommendations, moms should have at least two depression screenings, the first one between 28 and 32 weeks of pregnancy and the second one right after delivery. The "Mother First" approach from Saskatchewan suggests perinatal screening for both depression and anxiety beginning at 28 to 34 weeks of pregnancy, followed by in-hospital screening during delivery, then 2 to 3 weeks later, and finally when mothers come into contact with the health services during the immunization of their children. (Bruce *et al.*, 2012). Mothers who screen positive for anxiety or depression should be offered appropriate treatment. However, the 5 guidelines and recommendations for follow-up screening with home visits or by telephone and suggestions on who should be engaged to provide these services are not consistent across Canada (Glaser *et al.*, 2016).

World Health Organization declared that one in four individuals will develop a mental or behavioral disorder during their lifetime, and that 20–40% of women in developing countries experience depression during pregnancy or after childbirth. Family changes may lead to increased vulnerability to psychological distress (WHO, 2015).

In the first year after giving birth, mental and psychological health, particularly depression, anxiety, and stress, which primarily affect the mother but also have an impact on the father, and how it affects marital compatibility, are important because they have an impact on the wellbeing of the parents. (Delicate *et al.*, 2018).

Research in industrialized nations, there are no studies that attempt to assess the relationship between these aspects or that concentrate on the psychological condition that the father and mother could experience in Iraq.

Primiparous parents go through this challenging, life change during the first year after the birth of a child. Relationship functioning declines for many new parents, as is widely known. Primiparous parents may also experience additional problems in their romantic relationship in addition to the difficulty of adjusting to a new kid and new parental tasks. They frequently feel more tension. (O'Connor *et al.*, 2017)

Some people experience these personal and interpersonal stresses as the "new normal," and they never fully recover. Therefore, it is crucial to continue looking into the factors that influence dyadic adjustment during this dangerous time in order to define important factors that could support struggling primiparous couples and uncover their potential processes. (Feinberg *et al.*, 2016)

In order for healthcare professionals to support new fathers throughout the first year after delivery, it is essential to comprehend the father's point of view. Nurses and perinatal educators provide young parents with extensive education. during the entire pregnancy and the time following delivery. These

specialists need to be aware of their new duties in order to successfully assist couples in getting ready for their wedding. New mothers and fathers experience distinct, even difficult, first-time interactions.(DeMontigny *et al.*,2020)

The current study uses the first of the couple's psychological state and marital compatibility first, the parental psyche in baseline will be used, along with a set of additional variables, to predict marital satisfaction .Basically individuals Second, a series of statistical interactions will be test to assess whether .Certain characteristics of parents calm the relationship between spouses Satisfaction and parental status. Finally, researcher will test whether the changes in parental status between the first and second waves will be tested to see whether they predicts a subsequent change in marital satisfaction. The current study will also take a sociological approach through questions about religious, economic, and recreational compatibility more for understanding marital satisfaction. This will fill in the gaps in the literature in previous studies for marital satisfaction after first birth.

1.3.Statement of the Research:

Psychological Status in relation to Marital Adjustment :Correlational Study

1.4.Objectives of the Study

1. Identifying the level of psychological status (Stress, Anxiety and Depression) for parents .
2. Assessing the level of Marital adjustment among first parents.
3. Identifying the effect of psychological status (Stress, Anxiety and Depression) on marital adjustment concerning first parenthood
4. Comparing the level of psychological status and marital adjustment between mothers and fathers.
5. Finding out the association between psychological status (Stress, Anxiety and Depression) for parents with socio-demographical data (age, gender, age at marriage, educational level , residency, occupational, monthly income, family type and ownership of the residential).
6. Finding out the association between marital Adjustment for parents with socio-demographical data (age, gender, age at marriage, educational level , residency, occupational, monthly income, family type and ownership of the residential).

1.5. Research Question

Is there a relationship of the psychological state represented by (Stress, Anxiety and depression) on Marital Adjustment .

1.6. Research Hypotheses:

1. Null hypothesis:

There is no a relationship between the psychological state and marital Adjustment.

2. Alternative hypothesis:

There is directional or non-directional a positive or negative relationship between the psychological state and marital adjustment.

1.7. Definition of Terms

1.7.2. Psychological Status

1.7.2.a. Theoretical Definition :

Psychology a mental situation in which the characteristics of a state, albeit the state itself may be dynamic, are largely constant; a manic state (American Psychological Association, 2022).

1.7.2.b. Operational Definition :

Psychological status of someone who is functioning at a satisfactory level of emotional and behavioral adjustment. mental status for parents after first birth where depression, anxiety and stress will be measured from all mental disorders of the new parents.

1.7.3: Marital Adjustment

1.7.3. a. Theoretical Definition

the integration of a couple with different personality traits in a union in order to complement each other to achieve happiness and common goals. (ClinMed International Library *et al.*,2018)

1.7.3.b. Operational Definition:

As measured for parents after the first child of the first marriage, marital adjustment is a relationship that has observable effects on the frequency of problematic conflicts between spouses,

interpersonal tensions, personal anxiety, marital satisfaction, cohesion integrity, and cooperation around significant issues.

Chapter Two

Review of Literature

Review of Literature

This chapter presents almost all-available and relevant literature review that will provide a comprehensive overview of the current literature and research that has been reported regarding psychological status and marital adjustment during first parenthood.

2.1. Overview of Psychological Status:-

The transition to parenthood is a stage of family development that can have an impact on marital pleasure. Furthermore, the transition to motherhood is experienced differently by men and women. Material, physical, and emotional resources, among other things, have an impact on the quality of first-time parents' interactions. With the birth of their first child, spouses enter the parental subsystem and take on the role of parents, affecting the kid's life and serving as careers, educators, planners, and managers throughout their lives. (Khodabakhshi , 2019). The birth of a child necessitates a quick shift in the parents' and family's lifestyles, plans, and roles. Parents who are unable to adapt to the new circumstances may experience stress, worry, and psychiatric disorders as a result of changes in the mother's hormones, which can also impair the marital connection owing to the changing obstacles. (Lawrence *et al.*, 2017). During such a change, the majority of first-time parents report marital dissatisfaction. (Kohn *et al.*, 2012).

During the postpartum period, about 85% of women experience some type of mood disturbance. For most the symptoms are mild and short-lived; however, 10 to 15% of women develop more significant symptoms

of depression or anxiety. Postpartum psychiatric illness is typically divided into three categories: postpartum blue, postpartum depression and postpartum psychosis. It may be useful to conceptualize these disorders as existing along a continuum, where postpartum blues is the mildest and postpartum psychosis the most severe form of postpartum psychiatric illness.

The variables related to psychological states used in this study are stress ,anxiety and depression.

2.1.1.Stress :-

Life's wear and strain on the body is referred to as stress. It occurs when a person finds it difficult to deal with life's challenges, issues, and objectives. Each person reacts to stress in their own unique way; one person may flourish in a situation that causes severe discomfort for another (Elizabeth, 2022). Another way to define stress is how a person reacts when he feels pressed or threatened. It usually occurs when a person is confronted with a circumstance that he does not appear to be able to manage or control. A tiny amount of tension can sometimes help us finish things and feel more stimulated. However, when stress persists over an extended period of time or becomes severe and manifests as worry, it can become a serious condition. Stress can have a negative impact on both physical and mental health in some circumstances. (Sheila L. 2020)

The early postpartum period is a critical period where maternal stress may impact the health and emotional development of the newborn. A recent study found that a high number of postpartum stressful events was associated with lower cortisol response in the infant and that lower stress reactivity in the infant

was associated with higher externalizing symptoms at 12 months of age. In addition, maternal stress in the early postpartum period has been found to be associated with excessive crying, feeding problems, and sleep problems in infants. Stress in the early postpartum period may also impact the mother's health, including greater postpartum weight retention. (Khodabakhshi, 2019)

2.1.1.a. Signs and Symptoms of Stress

Stress in this study related to parental stress can be caused by a mismatch between parents' perceptions of available resources for meeting the needs of parenthood and the perceived demands of the parenting role. Parental stress has a number of antecedents. Parenting stress was defined as a set of challenges in adjusting to the position of parent, reflecting parents' conscious perceptions of their child, their relationship with their child, and themselves as parents. Parental stress is a factor that influences parenting behavior and a determinant of dysfunctional parenting (Mazzeschi *et al.*, 2015).

For first-time parents, the postpartum period is a time of great transformation. New parents must often adjust to taking full responsibility for a new life and must also shift their entire lifestyle in comparison to before the kid was born. This is how stress develops. Parenthood is a significant life transformation that has a significant financial, social-emotional, and physical influence on everyday functioning. Mental health disorders are more common throughout child-rearing years, especially among women, who bear the physical stress and in most societies bear the majority of child-rearing responsibilities. Transitioning to motherhood is accompanied with a variety of biological and psychosocial

challenges (e.g. pregnancy, childbirth, and child care, career, etc.) during a relatively short period of time. Changes in employment and job breaks) can all add to a woman's sensitivity to mental illness. (Thapar *et al.*, 2012) .

Parental mental health illnesses are known to increase the risk of developmental difficulties in their children, and parental mental health disorders are known to increase the risk of developmental problems in their children (Stein *et al.*, 2014). However, there are still a few unanswered questions to begin with, it's unknown how the transition to parenting affects diagnoses other than depression, which has been the focus of most research and intervention to yet. Second, the association's mission is to it's unclear, and for many parents, mental health issues may exist prior to becoming parents. To answer this question, a longitudinal study of the change in mental health from before the kid is born until many years later is required. Finally, comparing the effects of motherhood on mothers and fathers distinguishes the physical toll (which only affects mothers) from socio emotional and economical changes (which affect both parents to variable degrees) and shared confounding. There is little, if any, longitudinal research on dads or studies that compare mothers and fathers. (Patton *et al.*, 2015)

2.1.2. Anxiety

Anxiety is a distressing feeling of dread that occurs as a result of acute or continuous stress. An uncomfortable feeling of tension, trepidation, and uneasiness, as well as a diffuse feeling of dread or unexplainable discomfort, is referred to as anxiety. Generalized anxiety disorder (GAD) is defined by persistent and excessive anxiety and worry about different domains that the individual finds difficult to regulate, according to the DSM-5. In addition, the person has physical symptoms

such as restlessness or feeling tense or on edge; being easily tired; problems concentrating or going blank; impatience; muscle tension; and sleep disturbance. Post-partum anxiety (PPA), also known as GAD 'with post-partum onset,' is more common than postpartum depression PPD and also more common than anxiety in the general population, with a prevalence of >30% in the month following delivery. Post-partum anxiety (PPA) over an extended period of time raises the chance of PPD. (Sheila L. 2020) .

The mother's anxiousness can alter her attitude toward the baby, reducing her willingness to touch, talk to, and care for the baby. Anxiety can be triggered by changes in certain neurotransmitters, Serotonin, dopamine, and gamma aminobutyric acid are some of the chemicals that can cause depression. A review study found that maternal PPA is linked to PPD and behavioral difficulties in children and adolescents. Anxiety is treated similarly pharmacologically, with tricyclic antidepressants, selective serotonin reuptake inhibitors, and benzodiazepines specifically for anxiety; however, information on the safety of these drugs during the postpartum period and for developing newborns is limited. As a result, physicians and healthcare providers are cautious about prescribing medicines to new moms while they are breastfeeding. As a result, in order to alleviate or prevent PPD and PPA, relevant interventions, such as lifestyle adjustment, must be addressed. (Fovzieh *et al.*, 2018).

2.1.2.a. Factors that Contribute to Postpartum Anxiety:

Postpartum anxiety can have a variety of causes. Several variables, according to doctors, may be due to:

- ❖ **Hormone changes:** The abrupt drop in hormones after birth can affect mothers mood or cause patient to overreact to stress.
- ❖ **Sleep deprivation:** Caring for newborns can be a 24-hour job that leaves patient exhausted.

- ❖ Responsibilities: the patient may experience overwhelming sentiments of needing to protect and care for her new baby.
- ❖ Stressful occurrences: Certain milestones or events in the life of the patient baby may cause anxiety. For example, nursing difficulties, a difficult pregnancy, or a tense birth.
- ❖ Risk factors for postpartum anxiety: Health issues and previous experiences may raise mothers chances of getting anxiety.

2.1.2.b. Signs and Symptoms of Anxiety:-

Excessive fear or worry is the most common sign of anxiety disorders. Anxiety problems can make breathing, sleeping, staying motionless, and concentrating difficult. Symptoms of postpartum anxiety include:

Physical Symptoms :-

Sleep disturbances, heart palpitations or an increased heart rate, nausea or stomach discomfort ,shortness of breath or inability to breathe ,hunger loss it's difficult for mother to sit motionless and tight muscles. (Sheila L. 2020)

Emotional Symptoms:-

Inability to relax or maintain composure , fast-paced thoughts, particularly regarding worst-case scenarios ,being preoccupied with unfounded concerns or implausible events ,concentration problems or forgetfulness, irritability and angry or scared feelings.(Ahmed *etal.*,2020)

Behavioral Symptoms:-

Avoiding particular individuals, activities, or places, Being too cautious in non-threatening situations, Checking things multiple times and being in charge. (Dan ,2022) .

2.1.2.d. The Treatments for Postpartum Anxiety

Although postpartum anxiety is generally less researched than its relative postpartum depression, at least one in five women are thought to have postpartum anxiety. That treatments for anxiety disorders, including Obsessive Compulsive Disorder, work quite well, including cognitive behavioral therapy. Medication can be beneficial for certain women and is more successful when used in conjunction with counseling. Benzodiazepines are quickly acting anti-anxiety drugs that are frequently used while waiting for an SSRI to take action. Selective serotonin reuptake inhibitors (SSRIs) are typically the first-line medications (and the best studied pharmacological class) for anxiety disorders.

In addition to being the ideal diet for an infant, breastfeeding also strengthens their immune systems, may help avoid obesity in maturity, and offers comfort and security. Breastfeeding has advantages for the mother as well since it releases prolactin and oxytocin, or the "love and cuddle hormones," which aid in the bonding process and promote relaxation in the mother. It's critical to be aware that all psychiatric drugs are excreted in breast milk before deciding whether to start taking one. Based on the severity of the mother's condition, her desire for a medicine, her prior responses, as well as characteristics specific to the mother's baby, such as medical illness or infancy, the mother's doctor can assist the mother in weighing the risks and advantages of pharmaceuticals.

The non-pharmacological methods are effective in reducing postpartum anxiety. Hug the infant a lot. Oxytocin is released as a result, which can reduce anxiety. Maximize time in bed. Mother partner should wake up with the infant every three hours (or every 45 minutes) to feed. During the first few months, it could be necessary to sleep in different

rooms or divide up the baby-care duties into shifts. Aim for at least one undisturbed four-hour sleep period, and exercise caution while consuming caffeine. Invest time on motherly relationships. Even though a mother may feel as though she doesn't have the time, interacting with other mothers—even online—can greatly reduce a mother's concerns and provide emotional validation. Mother probably isn't the only one who worries excessively.

Boost the mother's exercise regimen. Physical activity is one of the most effective anti-anxiety techniques, despite the physical toll that pregnancy, birth, and milk production have on the mother's body. Yoga and other activities that include breathing exercises may be especially beneficial gradually wean. To minimize abrupt hormonal changes, attempt to wean the mother gently where possible if she is still breastfeeding. A village is frequently needed to care for a newborn. Ask a friend or family member to assist with home duties if the mother is feeding the infant. The proverb sleep when the baby sleeps refers to when a mother would prefer to do her laundry. Give yourself a break as a mother, too; after all, you just had a baby. Anxiety after giving birth is common, and it frequently goes away over time. (Stephanie 2021).

2.1.3. Depression.

Postpartum depression is a complicated mix of physical, mental, and behavioral changes that some women experience after having baby. PPD is a type of serious depression that occurs within four weeks following birth, according to the DSM-5, a guidebook used to identify mental disorders. Postpartum depression is a dangerous condition that affects roughly (10%) of new mothers. (Pillitteri, 2020). Some believe this disorder is underdiagnosed and undertreated, particularly because depression in women peaks around the 25–44 age group in the general

population. The symptoms are similar to those of depression, with the addition of an inability to care for the child. The majority of women who have postpartum depression have already experienced a mental health issue, such as depression. For fear of being labeled a lousy mother, the new mother may hide the symptoms. Because depression can start during pregnancy, this condition is sometimes referred to as depression with peripartum onset. To be given this diagnosis, the symptoms must appear within 6 months of delivery and last at least 2 weeks. Denial of the infant, inability to care for the infant, and even thoughts of harming the infant, as well as suicide thoughts or deeds in rare, extreme situations, can all result from depression. (Gorman & Linda M., 2014).

The intensity of the depression, as well as the amount of time between birth and beginning, are used to diagnose postpartum depression. After delivery, the chemical changes include a rapid reduction in hormones. The precise relationship between this decline and depression is still unknown. The levels of estrogen and progesterone, on the other hand, are well-known. During pregnancy, female reproductive hormones increase threefold. Then, following birth, they plummet. The levels of these hormones return to pre-pregnancy levels three days after a woman delivers birth. In addition to these biological changes, having a baby causes social and psychological changes that increase the risk of depression. (Pillitteri, 2020)

After giving birth, most new mothers endure the "baby blues." After delivery, about one out of every ten of these women will experience a more severe and long-lasting depression. Within the first 12 months after delivery, about 1 in 1,000 women develops a more serious disorder called postpartum psychosis, which includes several physiological and emotional symptoms. It is believed that 20 to 40 percent of women in low-income

nations suffer from depression during pregnancy or after giving birth. Post-Partum Depression has a wide range of prevalence, affecting 8–50 percent of postnatal mothers in different countries. The disparities in reported PPD prevalence have been ascribed to variances in health-seeking behavior and trans-cultural differences in interpreting symptoms. (Michael *et.al.*,2020)

According to the World Health Organization, one out of every four people may acquire a mental or behavioral disease during their lifetime, and 20–40 percent of women in developing countries will have depression during pregnancy or after childbirth. (WHO, 2021.).

In the Eastern Mediterranean Region (EMR), the estimated average prevalence of prenatal mental disorders is 15–36 percent. Two women who suffer from mental illness during pregnancy, particularly depression or psychosis, will be unable to care for their children, leading to child neglect and future developmental and behavioral issues. (Dina *et.al.*,2021).

Postpartum depression symptoms are mental health disorders that affect new mothers 1–2 months after birth, with an incidence rate ranging from (0%) to (40%) depending on nationality, screening period, and measurement instruments. (Jin *et. al.*, 2016). PPD is a serious and frequent mood disorder that develops within a few weeks of birth and poses serious dangers to the maternal, infant, and family's well-being. The onset of depression during this vital period impairs mothers' ability to notice and respond sensitively to their infants' cues, thwarting the developing maternal-infant relationship. When PPD is not recognized or treated properly, it can lead to a prolonged depressive episode with potentially harmful consequences for the entire family. (Qiongai *et. al.*, 2020).

2.1.3.a. Factors that Contribute to Postpartum Depression:

Physical and emotional issues may contribute:

- ❖ **Hormones.** After a mother gives birth, estrogen and progesterone levels drop dramatically. Other thyroid hormones may also drop dramatically, making her feel weary, sluggish, and melancholy. (ACOG, 2018).
- ❖ **Sleep deprivation.** When a woman is sleep deprived and overburdened, she may have difficulty dealing with even little issues.
- ❖ **Anxiety.** Mothers may be concerned about their abilities to care for their newborns. (Ali *etal.*, 2016)
- ❖ **Self-image.** Mother may lose her attractiveness, battle with her identity, or believe she has lost control of her life. Postpartum depression can be caused by any of these factors. (Bigelow *etal.*, 2018)
- ❖ A history of depression before or during pregnancy Age at the time of pregnancy (the mother are, the better mother odds) Uncertainty about the pregnancy.
- ❖ Children are (the more mother have, the more likely mother are to be depressed in a later pregnancy)
- ❖ Mood disorders run in the family
- ❖ Going through a traumatic incident, such as a job loss or a health problem. (Farber *etal.*, 2018)
- ❖ Having a child with special needs or a health condition.
- ❖ Having twins or triplets ,social support is scarce. (Gopalakrishnan, 2022)
- ❖ Living on own and conflict in marriage (GHDx ., 2021)

2.1.3.b. Postpartum Blues (Third Day Syndrome or Transient Depressive) :

The postpartum blues (also known as transient depressive symptoms) are a common reaction to the dramatic changes that occur soon after childbirth. Around (70%) of new mothers are affected. The decline in estrogen and progesterone levels after birth is regarded to be the main cause. The greater the hormonal shift, the more likely mother are to have postpartum blues, which can lead to serious depression after delivery. (Pillitteri, 2020)

Postpartum tiredness and stress, as well as early postpartum tasks, are further difficulties. Tears, mood swings, worry, and a sense of being overwhelmed are all signs of depression. Symptoms often peak on the fourth or fifth day after birth and fade by the tenth. The condition is frequently self-limiting and has nothing to do with psychopathology or the mother's capacity to care for the newborn. (Evans *et.al.*, 2018).

There is no need for psychiatric treatment for postpartum blues. Families should be informed about the frequency of this temporary syndrome during the prenatal period. This problem may usually be resolved in a matter of days with emotional support, compassion, and rest. If the blues last longer than two weeks, there is evidence of acute anxiety about the baby, agitation, thoughts of inadequacy, and feeling overwhelmed the majority of the time. A greater amount of intervention is required. This could indicate that the postpartum blues have progressed to postpartum depression. (Jin *et al.*, 2016).

2.1.3.e. Treatment of Postpartum Depression:

It's crucial to receive treatment for depression throughout pregnancy. Better outcomes for women and their unborn children may result from more knowledge and comprehension. Peripartum depression can be treated similarly to other forms of depression using psychotherapy (talk therapy), medication, dietary changes, social support, or a combination of these. The dangers and advantages of medication should be discussed with a doctor by women who are pregnant or nursing. (Newkirk *et al.*, 2017)

The likelihood of birth abnormalities occurring to an unborn child is generally low. The choice should be taken after carefully weighing the potential risks and benefits of treatment vs. no treatment for the mother's, the unborn child's, and/or the nursing newborn's or infant's health. (Rodriguez *et al.*, 2018).

When the depression or anxiety is mild, psychotherapy without medication is advised as the first line of treatment, according to American Psychological Association's guidelines for treating women with major depressive disorder who are pregnant or nursing. Antidepressant medication should be taken into consideration as the primary treatment for women who have moderate to severe depression or anxiety. (Felix, 2020)

Psychotherapeutic and Psychosocial Interventions

Due to the absence of pharmaceutical exposure, some postpartum depressed women prefer non-pharmacological therapies. The research that is currently available supports the use of psychological treatments, particularly interpersonal therapy, cognitive-behavioral therapy, and psychodynamic therapy as well as psychosocial interventions like nondirective counseling, despite the dearth of studies that have

systematically examined the role of non pharmacologic treatment modalities for postpartum depression. The efficacy of various kinds of psychological therapies did not differ, according to a recent meta-analysis. There is little information on the efficacy of alternative non pharmacological therapies, such as acupuncture, exercise, phototherapy, and massage. (Seyed *etal.*, 2021)

Family and friend support, attending a moms' support group, healthy eating, and exercise can all be beneficial. Another recommendation for coping with peripartum depression is to get as much rest as you can (sleep when baby does) and schedule time to go out or see friends.(Topham *etal.*,2022)

2.1.4. The Difference between Postpartum Anxiety and Postpartum Depression.

If a mother has postpartum depression, she may feel unhappy all the time, cry a lot, and feel that she can't take care of herself or her kid. Mother may struggle to find delight in child or believe she is incapable of becoming a parent. Excessive concern, not sadness, is linked to postpartum anxiety. Postpartum anxiety is when a mother feels panicked or overwhelmed with fearful thoughts after giving birth. (Bass & Wade,2019)

Many of the symptoms of postpartum depression, such as sleep disturbances, heart palpitations, and fear, are also symptoms of postpartum anxiety. Postpartum depression is frequently accompanied with symptoms of postpartum anxiety. Not everyone who suffers from postpartum anxiety is also depressed. It's critical to talk to the nurses about all of the mother's symptoms and feelings so that they can assist her. (Lewis et. al., 2017) .

Postpartum posttraumatic stress disorder P-PTSD different from PPD .Because P-PTSD is often not included in the standard screening for postpartum mood disturbances, and because many women with P-PTSD also exhibit signs of depression, many are misdiagnosed as having PPD. Though the conditions overlap and PPD can exacerbate P-PTSD (or vice versa), they are quite different. P-PTSD happens as the result of a trauma or perceived trauma, while PPD happens because of hormonal changes in a woman's body after delivery. It's important that woman and the medical professionals woman turn to for help are able to distinguish between the two so that can seek the most effective treatment plan.(Karin & Stacey , 2022)

2.1.5. Nursing Management:-

Nurses must be alert in sensing the current psychological state of the patient too. They must provide a precise data of the patient's well-being to give way to a more accurate care plan for a woman with postpartum depression. (Ali ,2016)

Nursing Assessment

- Assess the woman's psychological health even before the delivery.
- Assess her history of illnesses to determine if she needs any counseling prior to her delivery to avoid postpartum depression.(Vander *etal.*,2015)

Nursing Diagnosis

- Impaired parenting related to the inability to perform activities of daily living secondary to postpartum depression.(Sheila,2022)

Nursing Interventions

- Assist the woman in planning for her daily activities, such as her nutrition program, exercise, and sleep.

- Recommend support groups to the woman so she can have a system where she can share her feelings.
- Advise the woman to take some time for herself every day so she can have a break from her regular baby care.
- Encourage the woman to keep in touch with her social circle as they can also serve as her support system.
- 1 to 2 days following delivery, the taking-in phase begins.
- Because the mother is passive for two to three days, this is a time of reflection for her.
- The mother becomes reliant on her healthcare provider or support person in decision-making and performing daily activities during this phase.
- This reliance is primarily caused by physical pain from hemorrhoids or post-partum pains, the uncertainty of how she would properly care for the newborn, and the extreme exhaustion experienced after childbirth.
- This phase is a perfect time for the mother to recover her strength and concentrate on her new role.
- At this phase, It will be a great help for the mother's adjustment if someone will encourage her to talk about her labor and birth experiences and how she will incorporate those experiences into her new life.
- This phase starts 2 to 4 days following the delivery.
- In this phase, the mother tries to act on her own and make a decision without the need to rely on others.
- The mother begins to actively take care of the newborn instead of herself.
- This is the perfect time to teach the mother how to properly take care of the newborn and let the mother do it afterward.

- The mother is still in need of motivation and support in this phase because she might still feel the lack of knowledge about taking care of her child.
- In this phase, allow the mother to gently settle into her new role while she is still in the healthcare facility, as making decisions concerning the wellbeing of the newborn is a tough part of parenthood.
- During the letting go phase, the woman embraces her new role as a mother.
- Postpartum depression usually appears on this phase.
- For a smooth transition to this phase, the relationship must be re-adjusted.(Spence *etal.*,2022)

Evaluation

- The patient engages more in social activities.
- The patient can express her feelings and insecurities.
- The patient can perform her activities of daily living.
- The patient recognizes the importance of counseling and regularly attends one.

The psychological health of a mother has as much impact as well as her physical health. Her well-being must also be ensured because she is the number caregiver of the infant, and the bonding between mother and child would only be possible if both of them are in a state of good holistic health.(Domínguez *et al.*, 2021)

2.2.Postpartum Depression and Perinatal Mood Disorders in the DSM5:-

Making news headlines, in May 2013 the American Psychiatric Association (APA) released the fifth edition of the Diagnostic and

Statistical Manual of Mental Disorders (DSM-5). A task force comprised of 13 work-groups: each comprised of a chair and work group members who were key experts in psychiatric treatment, research and epidemiology. The DSM, which has been called “the bible of diagnostic criteria” for mental health professionals and researchers, is used to determine whether a cluster of symptoms is recognized as a disorder, according to the APA. This recognition can have substantial practical consequences, for example whether or not treatment is reimbursed by insurance or in determining outcomes in court cases. As an organization devoted to the emotional well-being and mental health of pregnant and postpartum women, Postpartum Support International is keenly interested in psychiatric diagnostic developments during pregnancy and the postpartum period. The purpose of this article is to describe recent changes in the DSM-5 that pertain to pregnant and postpartum women. However, for individuals who may not be familiar with prior versions of DSM, it may be challenging to understand the significance of recent changes. The following very brief history provides this background as a framework.

Major Depressive Disorder with postpartum onset was not recognized in the DSM until the publication of the DSM-IV in 1994. As in prior editions, the definition and criteria for Major Depressive Disorder also continued to evolve: The essential feature is a period of at least 2 weeks during which there is either depressed mood or loss of interest or pleasure in nearly all activities. In children and adolescents, the mood may be irritable rather than sad. The individual must also experience at least four additional symptoms drawn from a list that includes: changes in appetite or weight, sleep and psychomotor activity, decreased energy, feelings of worthlessness or guilt, difficulty thinking, concentrating or making decisions, or recurrent thoughts of death or suicidal ideation, plans or attempts. To count toward a Major Depressive Episode symptoms must

either be newly present or must have clearly worsened compared with the person's pre episode status. The symptoms must persist for most of the day nearly every day for at least 2 consecutive weeks. The episode must be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning. The diagnostic criteria for Major Depressive Disorder.(O'Hara *et al.*, 2013)

The current psychiatric nosology has not classified postpartum psychosis (PP) as a distinct entity. Classification of puerperal illnesses as discrete nosological entities has been debatable for more than 30 years. Some school of thought regard PP as the postpartum presentation of an underlying disorder within the bipolar spectrum while others consider it purely as a distinct nosological entity. (Halter *et al.*, 2013)

Diagnostic and Statistical Manual of Mental Disorders, text Revision (DSM-IV-TR) and the ICD-10 classification of mental and behavioral disorders: Clinical description and diagnostic guidelines, have classified postpartum mental disorders differently. DSM-IV-TR allows psychiatrists to use the "with postpartum onset" specifies to brief psychotic disorder or to a current or most recent major depressive, manic, or mixed episode with psychotic features in major depressive disorder or Bipolar Disorder, if onset occurred within 4 weeks postpartum. In the International Classification Diseases -10, mental illnesses associated with puerperium are coded according to the presenting psychiatric disorder; a second code (e.g., 099.3) denotes association with the puerperium. In some cases, the ICD-10 allows for a special code, F53 when there is insufficient information for classification, or there are "special additional features." F53 can only be used if the disorder occurs within 6 weeks of delivery .DSM-V has replaced the specified "with postpartum onset" for depressive and

bipolar disorders with the specified “with peripartum onset.” The “with peripartum onset” specified is used if the onset of mood symptoms occurs during pregnancy or within the 4 weeks following delivery. However, postpartum psychiatric disorders may manifest weeks beyond the 1st month or 6 weeks after delivery. Hence, the utility of DSM-V specifies and the ICD-10 special code in the classification of puerperal disorders is limited. On the surface, postpartum depression (PPD) looks much like other forms of depression. New mothers struggling with it often withdraw from family and friends, lose their appetites, and of course, feel sad and irritable much of the time. However, many people and clinicians have underestimated the uniqueness of mood and emotional disorders that arise during pregnancy or shortly after giving birth. Psychologists explore the neurobiology of postpartum depression and anxiety. (WHO,2018)

PPD is now listed as “perinatal depression,” a subset of major depression, in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the text which sets industry standards for diagnosing mental conditions. Postpartum anxiety isn’t included at all in the DSM-5, even though 1 in 7 new mothers are affected by it. Postpartum anxiety is estimated to be just as prevalent as PPD, even though it receives far less attention in the literature. Many of these mothers aren’t depressed, so their condition remains largely unaddressed.

Postpartum mood disorders not only affect mothers but also their infants. New mothers experiencing postpartum anxiety or depression are more likely to snap at their infants and may have trouble forming a bond. “The depressed mothers can be more intrusive or irritated by their infants, but they can also be more detached or withdrawn, and this is also seen with anxiety postpartum. (Bkmitrovic *et al.*,2013)

Those early interactions can have a long-term impact on infants' health. Children of depressed mothers have higher medical claims than do children of healthy women because they bear a higher burden of illness, use health care services more frequently, and have more medical office and emergency department visits than do children of non-depressed mothers. Still, despite affecting nearly 1 in 10 women, PPD and postpartum anxiety are still treated as extensions of major depression and generalized anxiety disorder, respectively. The experience of postpartum depression can be further complicated by the fact that women are expected to enthusiastically embrace their new motherhood. Many women with postpartum mood disorders don't feel that they can discuss the issues and feelings they're having openly. (Seth *et al.*, 2016)

2.3.1.a. Transition to Fatherhood

Pregnancy was reported to be the most challenging period for the father's psychological restructuring of self, and labor and birth to be the most emotional events, according to assessments of men's psychological transition to fatherhood research. (Baldwin *et al.*, 2018)

Some of the most prominent elements of men's positive psychological shift into their new parenting identity were described as follows: "Becoming a father provided men a new identity, making them feel like they were fulfilling their duty as males, with an awareness of changed goals, responsibilities, and broadened vision; nonetheless, they were concerned about being a good father and getting it right. (Kotelchuck, 2021).

The noblest calling in life is fatherhood. To express this shift, he prefers to use the psychological term generativity, which was coined by Dr. Erik Erikson (1950) and defined as "forming and directing the next

generation, with a capacity for love and a sense of hope about mankind successfully fostering the next generation.

Early father-focused studies used a pathologic approach to parenthood, concentrating on the psychological issues that men faced and the maladaptive ways in which they responded. As a result, dads were rarely given the chance to give detailed, personal accounts of their experiences. (Darwin *et al.*, 2017)

Despite a shift in society's attitude toward fathers, their involvement throughout pregnancy appears to remain underappreciated. They are regarded as someone who is mostly present to provide support to the mother. Models of antenatal healthcare that primarily focus on the expectant mother's physical health requirements while marginalizing or altogether ignoring those of the prospective father have spread this systemic mentality. Nonetheless, prospective men are expected to play an active role throughout the pregnancy and birth process by healthcare professionals and society as a whole. Men indicate that becoming a parent does not always meet their expectations, despite the fact that they can see this moment in their lives as a beneficial one that helps them make the transition to fatherhood. This finding has been linked to health professionals' lack of awareness of expectant fathers' requirements, a lack of information transmission, a scarcity of male role models, and a lack of recognition of the importance of their participation during the pregnant time by health professionals. (Lekander & Ljotsson 2016)

Pregnancy is portrayed as an extension of an ongoing developmental continuum for both men and women in nursing, sociology, and psychology literature, and it constitutes a significant transitional moment in the life cycle. Recent study has focused on how people

negotiate this period of transition and the elements that influence it (Chin, Hall & Daiches, 2011). It is well acknowledged that the pregnant stage of a man or woman's life cycle can present numerous problems and anxieties, with some researchers claiming that the pregnancy stage can be more stressful for first-time fathers than the postnatal period. The results of such research found that first-time fathers had a 10% greater rate of depression than the overall male population in their meta-analysis. (Paulson *et. al.*, 2010)

2.2.1.a. Psychological Transition to Fatherhood

New fathers may be anxious or depressed, but they may be hesitant to talk about it. According to studies, one out of every ten fathers suffers from postpartum depression and anxiety. Their signs and symptoms are gradually being recognized, diagnosed, and treated. A mother recently told The New York Times about her husband's postpartum depression, and health care experts are asking physicians to check fathers as well as women for postpartum depression during well-child visits.(McMullan *et.al.*, 2018)

According to new research, up to one-quarter of fathers may suffer from postpartum depression, which remains undiagnosed. A recent study looked at the most recent research in order to better understand how it impacts guys.(Darick ,2022).

According to a meta-analysis of research published in 2019, the largest risk of depression for expectant fathers occurred during the first trimester. The study also found that when the baby was 3- to 6-months-old , men were more likely to experience postpartum depression. (O'Connor ,2019)

According to new research, up to one-quarter of fathers may suffer from postpartum depression, which remains undiagnosed. A recent study looked at the most recent research in order to better understand how

it impacts guys. Postpartum depression may wreak havoc on marriages and families. It can even have an impact on a child's development and growth.(Cox,2021)

Men receive the same treatment as women: antidepressant medication and/or counseling. The source of a man's depression may be the focus of treatment. Being a parent can be overwhelming for some people, and they may wonder if they are up to the role. Dads' confidence and depression may be boosted by teaching parenting skills.(Genesconi & Tallandini, 2014)

2.2.1.b.Causes of anxiety and depression in fathers

- ❖ Symptoms of obsessive-compulsive disorder
- ❖ Hormones: Research has revealed that dads endure hormonal changes during and after their partner's pregnancy, specifically testosterone reductions.
- ❖ Partner's depression: Up to half of men with depressed partners show signs of depression as well.
- ❖ Feeling cut off from mom and baby: Dads want to be a part of the newborn experience, but they often feel like they're on the outside looking in. It's possible that moms aren't aware that they're excluding dad from newborn care. Or they may be so preoccupied with connecting with the infant that they fail to notice that dad also wants time with the child. (Mills ., 2015)
- ❖ Any history of depression or other mental disease, whether personal or familial, increases the chance of prenatal or postpartum depression.
- ❖ Adapting to parenthood on a psychological level: Being a parent necessitates a wide range of coping abilities. For both parents and children, this can be daunting.

- ❖ Sleep deprivation: Most new parents underestimate the impact of sleep deprivation in the development of anxiety and depression symptoms. Having premature infant, financial stress, relationship problems, recent loss or trauma, and a lack of social support for parenting, such as not having parental leave at work, are all factors that may contribute to paternal postpartum depression.
- ❖ A history of depression or anxiety is required.
- ❖ Having a partner with a mental illness.
- ❖ There is a lack of social support.
- ❖ Concerns about money.
- ❖ Age — males in their forties and fifties are more likely to be affected.
- ❖ Discord in the home. (Domschke , 2018)

2.2.1.c. Signs and Symptoms of Anxiety and Depression in

Fathers:

Men and women have the same symptoms of postpartum depression. However, because men are more likely to hide their emotions, it may not be as clear. Furthermore, postpartum depression in men might develop later, typically after his partner has already experienced it.

(Everett , 2015)

- ❖ Children with more physical and mental health difficulties have a higher chance of behavioral problems in preschool.
- ❖ Family and marriage connections that aren't working
- ❖ The stakes are great, but when we detect pregnancy and postpartum depression and anxiety in any parent, treatment and support are available.

- ❖ Men, like women, can be depressed at any time, including before the birth of a child.
- ❖ Less focus on the health and well-being of the newborn and fewer well-check visits
- ❖ Anger, outbreaks of rage, or aggressive behavior
- ❖ A rise in impulsive or risky conduct, such as the use of substances like alcohol or prescription pharmaceuticals
- ❖ Irritability
- ❖ There is a lack of motivation.
- ❖ Headaches, muscle aches, stomach or digestive problems are examples of physical symptoms.
- ❖ A lack of concentration
- ❖ Suicidal ideation
- ❖ Withdrawing from relationships
- ❖ Putting either a lot more or a lot less effort Men experience anxiety during and after pregnancy as well. According to a study published in (Indriyani *et al.*, 2021) one out of every ten men suffers from pregnancy and postpartum anxiety. Men have anxiety at a rate of 14.3 percent in the overall population, which is around 9% lower than women.
(Edwards *et al.*, 2020).

2.4. Marital Adjustment :

Marriage is one of the most popular institutions found among human beings. Although historically marriage can be traced only to a few thousand years in the past, many sociologists agree that in one form or another marriage had always existed in human society. Traditionally there are five kinds of man-woman relationship on which marriage and family life are based. They are promiscuity, group marriage, polyandry, polygamy,

and monogamy. Promiscuity refers to sex relations without regard to any rule, regulations, age, and marital status and blood ties. Group marriage is many men marrying many women without differential ties binding any single couple. Polyandry refers to one woman married to several men and polygamy, one man to several women. Monogamy is the one to one marital relationship which is widely practiced today all over the cultures. By the very fact that human beings are bisexual in nature, the complementary male-female relationship is mutually enriching. Although there is a growing trend for a single life, single parenting and same-sex marriages among a small minority of the population, this does not shake the foundations of marriage. (Janetius , 2019)

Marriage as a social institution constitutes the fundamental and basic community of humanity. Two individuals differing in sex are mutually attracted by a mysterious force of instinct and love and commit freely and totally to each other to form a creative dynamic unit; a micro-community called family. Stephens (1971) defines marriage as, a socially legitimate sexual union, begun with a public announcement and undertaken with some idea of permanence; it is assumed with a more or less explicit marriage contract, which spells out the reciprocal rights and obligations between the spouses and future children. These definitions bring out a few basic components that constitute a marriage, namely, social integration of persons, commitment, and public acknowledgment, the assumption of performance, procreation, reciprocal rights and obligations. Marriage is, therefore, more than physical attraction, biological union and social integration; it involves total commitment, total self-donation of one another and taking responsibilities that lead to mutual well-being . Landis (1975) cites the following factors in the beginning and development of any love relationship that leads to marriage. Physical attraction ,Satisfaction of certain personality needs like: Someone to understand; to respect the ideals

to appreciate what one wishes to achieve; to understand the moods to help one make decisions; to stimulate the ambition; to give self-confidence to look at, to appreciate and admire; to back in difficulties; to relieve the loneliness, Sharing together the special interests and cares and same life goals (Pietromonaco *et al.*,2022)

Marriage is a complex phenomenon in today's changing society. People marry for various reasons. Besides sex and sexual attraction which are primary considerations, love, economic security, companionship, protection, emotional security, escape from loneliness and unhappy home situation, the adventure of common interests, and children are the few other reasons that may constitute a person's disposition for marriage. Some psychologists talk about homogamy in marriage. They argue that people unconsciously tend to fall in love and marry those who gratify their needs. (Şafak *et al.*, 2022)

Present day changes in the values and social consciousness influence the traditional understanding of marriage and family. Today all over the world, there is a modern trend that considers marriage and family life as a non-essential element in fulfillment and maintenance of human life. Single parenting, test tube babies and other scientific inventions to the brim of cloning are part of human life and evolution that moves the society towards a new understanding of family ethics. Carl Rogers (1972) sees the present day changes in marriage as a positive trend towards greater freedom of the spouses. Because, the emotional, psychological, intellectual and the physical needs of the partners are given higher priority over mere permanence as understood by traditional marriages. The purpose of marriage and family in the preservation of species as understood traditionally is debated by some sociologists today. Animals have no family and yet they survive and safeguard their species. (Deliktas *et al.*, 2022)

Today, all over the world, the influences of western culture, the diffusion of mass media, increasing population, industrialization and urbanization have changed people's way of life. New sexual ethics and sexual permissiveness affect the segments of marriage and family. The adherence to traditional moral values, patriarchal family system, and the idea of having many children have slowly vanished from the scene. Instead, separation and desertion, premarital sex, abortion, illegitimacy, prostitution, marital unfaithfulness have crept into the social system. These influence the relationships of the couples and their marital adjustment, although the main function of the family has not changed. (Avidor *et al.*, 2022)

Years back, once couples were married, they had to live with each other whether they were well matched or not. This is true even today in societies where traditional values are respected. According to a recent survey in India, 81% of the marriages are arranged marriages where there is no place for dating and courtship, 94% of the marriages are very successful and the divorce rate is very less. However, the globalization and women entering into jobs and having economic autonomy and the vanishing social stigma on divorced people creates changes in the traditional concept of marriage. It calls for a long period of engagement and understanding before marriage. Therefore, dating, courtship, and the period of engagement, if taken seriously, play a vital role in the success and failure of any marriage. The lengthier period the couples know each other before marriage, the happier their marriages. It is a proven fact that short acquaintance, hasty marriage, and unhappiness in marriage or a hasty divorce, go together; those who had been acquainted for three years or more before marriage found happiness in marriage. Another proven fact is that couples who got along well during the engagement period get along best in marriage too. Studies done in the developed countries show that it is not the length of dating and courtship that guarantees success in marriage, rather it is the

depth and intensity of courtship. In short, a lengthy period of deep preparation for marriage is important and essential for any successful marriage. (Unal *et al.*, 2022)

Marital Adjustment: Marital adjustment can be defined as the mental state among couples in which there is an overall feeling of happiness and satisfaction with their marriage. It, therefore, calls for experiencing a satisfactory relationship between spouses characterized by mutual concern, care, understanding, and acceptance. All the marriages are aimed at happiness in one or another way. Most couples become married filled up with expectations. Some of the expectations will be realistic while others are unrealistic. This is due to the complex nature of marriage and each individual is as complex as a universe. Therefore, in marriage two universes come together. Happiness, satisfaction, and fulfillment of expectations are possible only by mutual adjustments that lead to a common concept of marriage. Carl Rogers (1972) views this concept of marriage as the basis of many marital adjustments. He speaks about two main concepts of marriage: ...for some it (marriage) is a romantic box...a tight fence, limiting freedom, ... roomy comfortable box.... a magic box, resolving the difficulties in their relationship...'. for some, 'it is an exciting exploration of new avenues... each is given freedom and encouragement to develop full potential. If both parties perceive accurately and understand clearly their concept of marriage, things go smoothly and good understanding takes place. When there are differences in their concept and perception, problems are likely to occur. (Avidor *et al.*, 2022)

The major role transition between couples in values, attitudes, and beliefs when they start living together is one of the major causes of marital adjustment issues. Spouses enter marriage relationship with different beliefs about happiness and they differ in their expectations of happiness

too. Therefore, mutual communication and sharing are the backbones for adjustment in marriage. Studies conducted among married couples show a high level of marital adjustment among those who communicated well. There is a positive correlation between communication and adjustment. Couples, who communicated more regularly, adjusted themselves better to interpersonal and situation problems while others find it difficult. Communication is the life-breath of love, awareness of each other's feelings, needs, problems, and expectations. (Şafak *et al.*, 2022)

Marital adjustment is a lifelong process, although in the early days of marriage one has to give serious considerations. Understanding the individual trait of the spouse is an ongoing process in marriage because even if two people know each other before or at the time of marriage, there is a possibility that people change during the life cycle. Marital adjustment, therefore, calls for a maturity that accepts and understands growth and development in the spouse. If this growth is not experienced and realized fully, a death in a marital relationship is inevitable. The psychologist explains that the death of a relationship between couples is not an instantaneous rather a slow process. It is like undetected cancer that kills silently and softly. (Abbas *et al.*, 2019)

Psychologists identify three kinds of involvement in a marriage relationship: minimum, limited and maximum. Minimum involvement is seen in the traditional marriages that are aimed at safeguarding the structures to serve utilitarian ends. Limited interpersonal involvement in marriage gives reasonable comfort and security to the couples. Maximum involvement gives the couple a sense of satisfaction and confidence in the relationship. To have maximum involvement, the couple has to grow in their understanding of each other and adjust in different factors that affect the core of the family life. Although different psychologists identify

different areas that need adjustment, some common areas identified by psychologists would be religion, social life, mutual friends and recreation, in-laws, money, sex, children and parenting, personality and developmental issues, family roles, and values. Conflicts are foreseen in all these above-mentioned areas in marital relationships. Most of the problems in marriages can be classified into three categories. They are unequal growth patterns among couples, family and cultural background, sex role stereotyping. (Unal *et al.*, 2022)

Studies also show that the age of marriage is an important factor in marital stability. Family and marriage counselors see a rise in marital instability among couples who marry early. This is due to a lack of preparation for the marital role. They also argue that the late age marriage has similar consequences due to the well-developed role performance during single living that gives less room for adjustment. (Mutlu *et al.*,2018)

2.5.a. Marital Adjustment Relationship with First Parenthood:

Many studies in other literature domains make use of dyadic data. Most notably, much empirical evidence demonstrates that stress is a dyadic phenomenon. Other study founded relationship stress perceived by one partner was associated with one's own marital quality report, as well as the perceived marital quality of the other partner. In another study, when mothers reported greater stress during pregnancy, their partner were more likely to experience a deeper decline of marital adjustment during post-partum, but father's stress did not have the same association (Don & Mickelson, 2014).

Considering that stress is a dyadic phenomenon in romantic relationships, researcher expect that the stress perceived by one partner would be associated with the marital adjustment of the other partner, or at least to find a unilateral link (e.g., childbearing mother's perceived stress would be associated with her partner's marital adjustment). Also, considering that a relationship is a mutual context where inter influences are omnipresent, it would be interesting to explore if conditional negative regard perceived by one partner is associated with the stress perceived by the other partner. (Jones *et al.*, 2015).

Researchers have emphasized the need to examine the relationships among the predictors of parenting stress to develop more comprehensive theoretical models .Furthermore, no studies have examined the association between postnatal and maternal prenatal characteristics exclusively with samples of first-time mothers. The relevance of studies conducted with nulliparous women arises from research showing that first-time mothers have more difficulties coping with life changes than Multiple births women do. The transition from the known reality to a new reality that characterizes the experience of the transition to motherhood in nulliparous mothers brings profound changes affecting the reorganization of the self and of the infant's representations together with transformations in the relationship with one's partner. The mother's own attachment pattern is considered a powerful predictor of future parenting. The attachment pattern reflects early experiences of handling distress. A secure attachment pattern has been associated with the ability to cope with distress and to adjust to the tasks of parenthood. (Newkirk *et. al.*, 2017).

Lionetti *et al.*, (2015)found that in the postnatal period attachment state of mind, along with the current experience between partners, contributed to their adjustment to the task of parenting in terms of parenting stress.

Inquiries into the association between parenthood and relationship satisfaction have shown that the declines in relationship satisfaction after childbirth are more pronounced for new mothers than for new fathers. Evidence suggests that women experience parenthood as a greater source of relationship conflict than men, as mothers are often more involved in childrearing and suffer more from parenting strain than fathers (Pazzagli *et al.*, 2015)

Other studies point to gender-specific coping strategies in stressful situations and after crucial life events: Whereas mothers often increase their efforts at parenting in response to adjustment difficulties, men do the opposite. These different coping strategies might affect how individuals respond to the transition to parenthood and (subsequent) relationship conflicts. In all, these findings suggest that relationship conflict mediates and moderates the relationship between parenthood and relationship satisfaction for men and women differently. In the following sections. (Jia *et al.*, 2016)

The transition to parenthood usually demands a reorganization of family relationships and responsibilities and initiates negotiation processes that are often accompanied by frictions and conflicts between partners. Parents may not only experience an increase in conflict but also engage in different conflict behavior than before they became parents. Indeed, various studies have shown that new parents make less use of constructive conflict behavior and report increasing levels of withdrawal and other negative conflict strategies (Castellano *et al.*, 2014).

The stress associated with the birth of a new baby affects both members of a couple, as do changes to the sexual relationship. Thus, dyadic approaches to coping with stress (i.e., coping strategies that involve both

partners) may be particularly important for couples' sexual distress in the postpartum period. One such dyadic approach is common dyadic coping, a form of coping that is relevant to couples experiencing a shared stressor. common dyadic coping is distinct from general partner support in that it reflects a shared effort to cope, as opposed to unidirectional support provided from one partner to the other. According to the Systemic Transactional Model, Common Dyadic Coping is defined as a process whereby couples facing a stressor that affects both members of the couple engage in joint efforts to re-establish the well-being of both members of the couple individually and of the relationship as a whole. The transactional nature of the Systemic Transactional Model highlights the interdependence between partners' stress and coping processes (Brandão *et al.*, 2020).

In contrast with the large attention this construct has received in the close relationships' literature, only a few studies have investigated dyadic coping behaviors during the transition to parenthood. Available evidence to date has recognized how dyadic coping is associated with dyadic adjustment highlighted that common dyadic coping efforts are crucial in the postpartum, as demonstrated by the fact that lower scores of common dyadic coping at 6 weeks postpartum predicted higher levels of parenting stress and lower levels of parental confidence at 6–9 months postpartum. Molgora *et al.*, (2019) found that common dyadic coping was associated with couple adjustment both in women and men during the third trimester of pregnancy. These studies underscore the crucial role of common dyadic coping for couple adjustment for the perinatal period, confirming findings of numerous previous studies on couples facing other stressors. Only one contribution (Rauch *et al.*, 2019) investigated dyadic coping across the transition to parenthood: the longitudinal study by Rauch *etal.*, 2019 found that positive relationship behaviors decreased in both mothers and fathers during the postpartum. The study also illustrated

patterns of influence among new parents, with males' negative dyadic coping predicting their own relationship satisfaction, and their supportive dyadic coping behaviors being associated with new mothers' relationship satisfaction. These findings have shown the presence of gender-related predictors on the quality of couple relationship during the transition to parenthood. (Alves *et al.*, 2019)

Some studies have focused on the association between dyadic coping and individual functioning in couples facing a chronic disease as well as in couples dealing with non-medical stressors, reporting a negative association between levels of anxiety and depression, and positive dyadic coping strategies for both patients and their partners (Regan *et al.*, 2014). Common dyadic coping has been associated with lower levels of depression among couples facing cancer. Other studies suggested that couple functioning is crucial for health specifically, positive couple relationship seems to be a protective factor for psychological well-being, whereas negative couple relationship is associated with poor mental health outcomes, regardless of health condition and socio-demographic variables. The impact of couple functioning on psychological health was found for both men and women, although important gender differences were detected. In particular, couple relationship characterized by closeness, confidence, and emotional support has been found to be protective for women's outcomes, whereas high levels of emotional closeness might be a risk factor for psychological distress for men who tend to be more focused on autonomy, self-sufficiency, and independence. (Falconier & Kuhn, 2019)

2.5.b.Marital Adjustment Relationship with Psychological Status:

Depression and anxiety are common and disabling conditions . Strong research evidence indicates that women experience depression and anxiety more than men. There is paucity of research in the field of mental health in Pakistan. However, the few studies that have been conducted have repeatedly reported that women have disproportionately higher rates of depression and anxiety compared to other developing countries. Relationship and adjustment problems with husband and in-laws have been associated with attempted suicide as well as common mental disorder. One study examining marital dissatisfaction and its relation to mental health reiterated the high rates of common mental disorder among married women and attributed it to the women's perceived dissatisfaction from their marriage. (Li *et al.*,2015)

Marital relation is one of the most frequently studied phenomena in the field of family and relationships. Continued importance is placed upon the quality of marital relationship due to its impact on individual and family wellbeing. Over the years the quality of marital relationship has been investigated as satisfaction , adjustment, adaptation and/or happiness .Sometimes these terms have been used interchangeably and sometimes as complimentary elements of marital relationship quality .(Meier *et. al.*, 2020).

Marital satisfaction and marital adjustment have been used interchangeably in research. Although, there is no universally accepted definition of these constructs, their association with mental health and wellbeing is well documented. In the absence of universally agreed upon definition of these concepts researchers are often motivated to use these

terms according to their own interpretation of the concept. Therefore, operationalizing variables becomes difficult leading to ambiguity in definition and affecting the validity of interpretations. Hence, distinct and specific definitions are needed for accurate measurement which would help to compare and examine these concepts cross culturally. (Qadir ,2013)

(DeShong *et al.*, 2022) ,who study specific negative affect, the physiological concomitants associated with those affects, or both tend to focus on anger and depression. The role of depression has been examined largely through self-report questionnaires and clinical interviews. The results of this literature strongly support bidirectional relationship between depression and marital quality. (Meltzer-Brody *etal.*,2017)

The role of anxiety in marital quality has gone largely untested in couples research. This absence is notable considering that the cognitive-behavioral theory of marital functioning. Identified anxiety specifically as one of four negative emotions believed to play an important role in marital distress. They suggested that not only can anxiety disrupt marital functioning, but poor marital functioning may elicit symptoms of anxiety. Despite this theoretical assertion, the treatment protocol lacks specific guidelines for treating heightened anxiety in marriage. This likely reflects the lack of empirical information on the role of anxious affect in marital functioning. (Wang *etal.*,2014)

Although these studies highlight the negative impact of anxiety disorders on marital functioning, they do no address the association between the more common, subclinical experience of state anxiety and marital functioning. It remains to be seen whether self-reports of cognitive and physiological arousal symptoms associated with state anxiety are related to marital quality. State anxiety may influence the processing of

day-to-day marital events and partner behaviors in a way that contributes to deteriorating sentiment. For example, neutral spouse behaviors may be interpreted as negative by a spouse who is experiencing tension and nervousness and is unable to relax. Processing neutral behaviors as negative would likely increase the probability of a negative behavior in response, thus affecting the quality of the interaction. (Samios *et al.*, 2015) The first step in testing such a process is to establish a predictive relationship between state anxiety and change in marital quality over time (Dehle *etal.*,2012).

2.6. History about this Study:-

Since the 1950s, there has been an expanding body of writing on the adjustment to motherhood. Researchers typically refer to the period between the third trimester of pregnancy and roughly the first child's second birthday as the transition-to-parenthood phase. The arrival of a child can bring a couple happiness and contentment, but it can also have detrimental effects on a marriage. (Sweeney & Macbeth, 2016)

The majority of study on this period of transition has discovered that the birth of a couple's first child has an impact on many other areas of the marital relationship, including marital adjustment. According to Feldman and Nash, "between the periods of expectation and parenting, one of the most profound shifts in the family life cycle, experienced by more than 80% of all adults.(Vander *etal.*, 2017)

Psychological requirements of autonomy, competence, and relatedness are met by a romantic partner, it is linked to greater levels of individual and relational well-being (Deci & Ryan, 2014).

Psychological demands in close partnerships. Conditional negative regard is one of these impeding behaviors and is also a subtype of poor communication. One's relatedness and autonomy requirements are pitted against one another in this situation. Since they are the two most crucial requirements for healthy relationships and attachment factors, this is especially harmful (Doss & Rhoades, 2017).

Stresses the importance of intervening therapeutically with couples to aid them in navigating this crucial shift. According to the second viewpoint, becoming a parent is a crucial but temporary step in the growth of marriages and families. (Ahmad *et al.*, 2019)

Marriage connection is anticipated that changes in the will be quantitative rather than qualitative (Cowan & Cowan, 1988; Cox *et al.*, 1999). Interventions based on this viewpoint are likely to prioritize education and prevention in order to help couples prepare for the potential changes that parenthood may bring about in their marriages. (Perri *et al.*, 2021).

Different assumptions regarding the fundamental nature of marital change throughout the transition to motherhood are represented by these two viewpoints, and these assumptions could influence decisions about sampling, research design, and intervention. (Qadir *et al.*, 2013)

Acknowledging the roles of uncontrolled sources of variability in research designs, establishing and utilizing control groups, and timing of data collecting around the child's arrival, as well as by presenting, progress can be achieved in understanding the transition to parenthood. Millions of couples make the transition to parenthood every year, and further research into this topic is necessary since changes to the marital system could have

an impact on children's well-being and parent-child connections. (Lopez et al., 2018)

Several sources of heterogeneity were left unregulated in the early, pioneering investigations of the adjustment to motherhood. For instance, several studies included couples expecting their first child as well as those having their second or third kid. (Prenoveau *etal.*,2017)

The possibility that these changes could be confused with those brought on by the addition of a later child to the family, this approach limits the ability to identify changes in marital satisfaction directly connected to the transition to parenting. Second, remarried spouses were included in the samples of various studies. (Björn & Matthias, 2019) .

Impact on transition to parenthood studies than first marriages since they are known to be less stable than first marriages and may involve children from the first marriage. This variation, along with the variations in marital satisfaction that go along with it, may make it more difficult to distinguish between the relationship consequences of couples who experience the transition to motherhood relatively early in their marriages against those who experience it later. (Newkirk *etal.*,2017)

According to attachment theory, having a baby is a strong experience that should activate the attachment system and any associated behavioral systems, such as caregiving behavior. Being a mother involves a new mental organization that is tailored to the realities of raising a child. Antenatal attachment has been defined as the formation of a bond between the mother and her unborn child. created the term "parent-to-infant attachment" to describe the bond of affection or feeling a parent has for their child. (Delicate *etal.*,2018)

The protection of the fetal, as demonstrated by the mother's attitude toward the fetus of knowing about, being with, safeguarding, satisfying needs, and avoiding loss, is a major element of the construct. Recent arguments have argued that this link, which entails taking care of needs and offering protection, is representative of the caregiving system rather than the attachment system. (Black *et al.*, 2016)

Antenatal attachment to the fetus is linked to a number of maternal traits during pregnancy, including attachment type and the strength of one's relationship with their spouse. Studies have revealed connections between antenatal attachment and postpartum family and parental functioning, including the degree of mother-infant interaction and child attachment. (Al-Muhaish *et al.*, 2018).

Transition to parenthood may lead to changes in the marital relationship of parents (Spanier, 1979; Hazan and Shaver, 1994; Darwiche *et al.*, 2015), specifically regarding dyadic adjustment, a construct characterized by dyadic cohesion (DAS-DC), troublesome dyadic differences, consensus on important issues related to dyadic functioning and dyadic satisfaction (DAS-DS). Current literature points to the bidirectional correlation between symptoms of depression and dyadic adjustment. After the child's birth, parents may experience a decrease in dyadic adjustment (Mitnick *et al.*, 2015).

Dyadic adjustment may be strongly associated with parenting stress (Mazzeschi *et al.*, 2015). The lack of partner support, lower dyadic adjustment, and the presence of conflict

within the couple can also predict post-natal depressive and anxious symptoms (Alexandra *et al.*,2021).

2.7.Theories about Research Subject:-

Bowen Theory:-

Dr. Murray Bowen established a notion of the family as a living, natural system because he saw the family as a component of the larger picture. He tried to be consistent with the other life sciences. The intent of Bowen's theory is to apply to all people in general, not only those who suffer from mental diseases. It is intended to look at broad trends in society and systems as a whole, not only in family systems.(Rominov *et al.*,2016)

Natural systems theory is a lens through which to see mankind in particular and creation in general. Bowen argued that we share more similarities with other protoplasmic species than we ever recognize. There is a persistent anxiousness that comes with being alive. It shows up in many species, families, or cultures, and the level of chronic anxiety that particular families display varies. The togetherness force and the "individuality" force are the two main forces. They are at odds: There are two powerful opposing forces in partnerships. (Molgora *et al.*, 2019).

Even if not all families get along well, they all rely on one another in some way. The other members will be impacted, either positively or negatively, by what occurs to one individual. Someone may experience a range of emotions at home, from happiness and security to fear and anxiety. According to Bowen's theory, a family's ability to function had an impact on each member's physical, mental, and social health; hence, just because one family member was exhibiting symptoms of a disease, that person did not necessarily require medical attention.(Berg *et al.*,2016)

The eight interconnected elements that make up Dr. Bowen's systems theory serve as its cornerstone.

Triangles relationships that involve at least three emotionally connected individuals. When person have those three persons, person have the basis for how the relationships between two of them might influence the third. Triangles can become tense and transfer that tension to adjacent triangles. Within a single triangle, patterns can also alter. (Crowe *et al.*,2018)

Differentiation of Self the foundation of Bowen's notion of "differentiation of self" is a person's capacity to think independently while still keeping links with others. The urge to be a separate self and the need to be linked to others must be balanced as part of this. (Bigelow *et al.*, 2018).

Nuclear family emotional systems one spouse's dysfunction, one or more children's disabilities, marital conflict, and emotional distance are the four fundamental relationship patterns where issues can arise in a family. (Devine *et al.*, 2016)

Family projection process reliant a mother becomes on their relationships with their family. developmental delays can result from an excessively focused focus and multigenerational transmission process We are prone to have families that are emotionally similar to the ones we were born into. (Rauch *et al.*,2020)

Emotional cut-off: to create emotional distance in order to ease family problems. According to Bowen's idea, this may allow a problem to go dormant but does not fix it. .(Stephanie ,2022)

Sibling position childhood sibling relationships have an impact on key personality traits. The oldest sibling is typically regarded as the most mature and responsible, while the mother is perceived as the most reckless. (This may seem the most familiar.) (Doss & Rhoades,2017).

Societal emotional process each idea is supposed to mirror how society behaves on a behavioral level and is applicable to nonfamily groups like employment and social organizations. The family unit is then impacted by societal expectations, whether they pertain to people of a particular gender identity, sexual orientation, race, class, or creed. A family may pass down coping skills for dealing with such discrimination. (Nadia,2022).

2.8.Previous Studies Related:-

First study: (Dong and other,2022) titled as' Mother's Parenting Stress and Marital Satisfaction During the Parenting Period: Examining the Role of Depression, Solitude, and Time Alone'. This study examines the mechanism of maternal parenting stress on marital satisfaction based on the Vulnerability-Stress-Adaptation Model (VSAM), and draws on the needs theory to explore the role of alone time in marital relationships under different solitude preferences. The marital satisfaction Scale, Self-rating Depression Scale (SDS), Parenting Stress Scale (PSS), Preference for Solitude Scale (PSS), and alone time scale were used to conduct a questionnaire survey of 1,387 Chinese mothers in their parenting stage. The results found that: (1) in the overall group and the high and low solitude preference level group, depression plays a significant mediating role between parenting stress and marital satisfaction. (2) For mothers who prefer solitude, alone time can reduce the positive impact of parenting stress on depression, and but it cannot alleviate the negative impact of parenting stress and depression on marital satisfaction. (3) In the low solitude preference level group, alone time can aggravate the positive

impact of parenting stress on depression and the negative impact of parenting stress on marital satisfaction.

Second study: (Sara Molgora and other,2021) titled as' The Role of Dyadic Coping for the Individual and Relational Well-Being of Couples During the Transition to Parenthood'. Becoming parents represents a potentially stressful transition, which may negatively affect the individual and relational well-being of both partners. Limited literature has investigated the role of dyadic coping during the transition to parenthood. This work explored partners' differences in dyadic coping, anxiety, depression, and couple adjustment during pregnancy and 3 months postpartum. Furthermore, through Actor–Partner Interdependence Model analyses, the relationship between common dyadic coping and wellbeing was investigated. Women reported higher levels of depression at both times and men presented higher levels of anxiety in the postpartum. For women, higher scores on couple adjustment were predicted by their own and their partner's common dyadic coping. For men, higher scores on anxiety were associated with elevated common dyadic coping. Results highlight gender-related predictors on postpartum well-being and support the need to assess individual and relational outcomes across the transition to parenthood to better understand the role of dyadic coping behaviors

Third study: (PERRI and other,2021) titled as' Common Dyadic Coping and Sexual Distress in New Parent Couples during the Transition to Parenthood'.New parents experience significant disruption to their sexual relationships such as lower desire and sexual frequency relative to pre pregnancy . Little is known about the sexual distress new parents feel related to these changes, how sexual distress evolves over time, or how coping with stress relates to this distress. New parent couples who engage

in more adaptive, joint coping with mutual stressors—common dyadic coping—may be better able to manage distress related to their sexuality and thus, experience less sexual distress at 3-months postpartum and experience more marked improvement over time. In 99 firsttime parent couples, researchers examined the link between common dyadic coping measured at 3-months postpartum and trajectories of sexual distress across 3, 6, and 12-months postpartum. Analyses used dyadic latent growth curve modeling informed by the actor–partner interdependence model. Mothers’ sexual distress at 3-months postpartum was clinically elevated and higher than their partner’s. Mothers’ sexual distress declined significantly over time, whereas partners’ sexual distress remained low and stable. An individual’s higher perceptions of common dyadic coping was significantly associated with their own (but not their partner’s) lower sexual distress at 3-months postpartum. No significant associations were found between common dyadic coping and change in sexual distress over time. How new parents jointly cope with stressors early in the postpartum period may lessen the distress they have about their sexuality at a time when most couples have just resumed sexual activity. Results identify common dyadic coping as a possible novel target for interventions aimed at helping couples manage sexual distress during the transition to parenthood.

Forth study: (Alexandra Cournoyer and other, 2021), titled as ' Conditional regard, stress, and dyadic adjustment in primiparous couples: A dyadic analysis perspective' . This study examined the relationship between perceived conditional negative regard (i.e. a behavior that thwarts basic psychological needs), stress, and dyadic adjustment during the transition to parenthood. Primiparous couples (144) were recruited to fill out an online questionnaire when their babies were 6-months and 12-months. Path analysis with an Actor-Partner Interdependence Mediation

Model was conducted. Results show that for each partner (actor effects), stress mediated the link between perceived conditional negative regard, and later dyadic adjustment. For the partner effects, while stress did not play a mediating role between these variables, other partner effects were found. Each primiparous parent's perceived conditional negative regard was associated with the other parent's later dyadic adjustment. However, when examining longitudinal changes in stress and dyadic adjustment over time controlling for respective no significant associations were found. Overall, the findings shed light on the dyadic associations of conditional negative regard, and the mechanisms through which it is negatively tied with dyadic adjustment during the transition to parenthood.

Fifth study: (Francine deMontigny and other,2020) titled as' Perceived Paternal Involvement, Relationship Satisfaction, Mothers' Mental Health and Parenting Stress; The aim of this study was to determine whether the contribution of perceived paternal involvement to account for mothers' depression and parental stress was mediated by relationship factors such as parenting alliance and dyadic adjustment. Mothers reported on their perceptions of paternal involvement with childcare responsibilities, dyadic adjustment, parenting alliance, parenting stress, and depression. Multi-sample path modeling analyses were conducted. Results revealed that perceived paternal involvement was positively related to both dyadic adjustment and parental alliance, that parenting alliance was negatively related to all three subscales of parenting stress and mothers' depression but that dyadic adjustment was negatively related to parenting distress (one subscale of parenting stress) and mothers' depression. Results from the multi-sample analyses indicated that the pattern of relationships was the same in the two groups, but that the model was not invariant. The most

notable difference was that parenting alliance did not significantly account for depression in the mothers of children.

Chapter Three

Methodology

Methodology

This chapter presents the research design that is used in this study. It includes the sample selection, instruments construction, pilot study, methods of data collection, and data analysis.

3.1. Design of the Study:

A descriptive study design was conducted at the community based population, primary health care centers in Baghdad City, which was selected to confirm its objectives through the period December 2021 to May 2023.

3.2. Administrative Arrangements:

The administrative arrangements and ethical confirmation was fundamental and decisive part of research work, which include:

1. The initial agreement was obtained from the University of Babylon/ College of Nursing/ Higher studies committee after protocol presentation.
2. Scientific research and ethical committee at College of Nursing has approved the study and its objectives.
3. A formal requisition was sent to the Babylon Education Directorate for the agreement.
4. An official arrangement was attained from the department of developing and training/branch of studies and educational researches.
5. An approval was obtained from the Ministry of Health in accordance with by agreement between the University of Babylon/ College of Nursing, and initial permission was obtainal from Ministry of Health/Alkarkh Health Directorate / Baghdad, and Al-Russufa Health Directorate/ Baghdad (Appendix A) ,as well as from all MOH health sectors which were the settings of the study. (Appendix A)

3.3. Ethical Considerations of the Study:

- a. Approval of the ethical committee in the college of nursing /university of Babylon.
- b. Consent of the participants after explaining the purposes of the study to them and telling them that the data are used only for research and they are free to accept or refuse the participation in this study.
- c. All the information obtained from participant was kept trusted and confidential .

3.4. Setting of the Study:-

The current study was conducted at five governmental primary health care centers in Baghdad city distributed between Al-Karkh and Al-Rusafa Health Directorates . Each of them included 10 sectors one of these Directorate it was taken from Al-Karkh, Al-Kadhimiya sector, and Al-Rusafa, Al-Shaab sector was randomly selected for each sector, according to the number that was determined by officials which covers the number of the sample examined in this study. And only one was taken out of every five primary health care centers, and since the Kadhimiya sector includes 15 primary health care centers, three centers were taken from the sector, While two primary health care centers were taken from the Al-Shaab sector, as it includes 10 primary care centers. In regard to Al- Karkh, Al-Kadhimiya sector was taken, from which three primary health care centers were selected randomly, namely Al-Zahraa primary health care center, Bashir Al-Jazaery primary health care center and Al-Dulai primary health care center. As for Al- Rusafa, Al Shaab sector was chosen, from which two primary health care centers were selected randomly, namely Al-Shaab primary health care center and Hay Al-Basateen primary health care center.

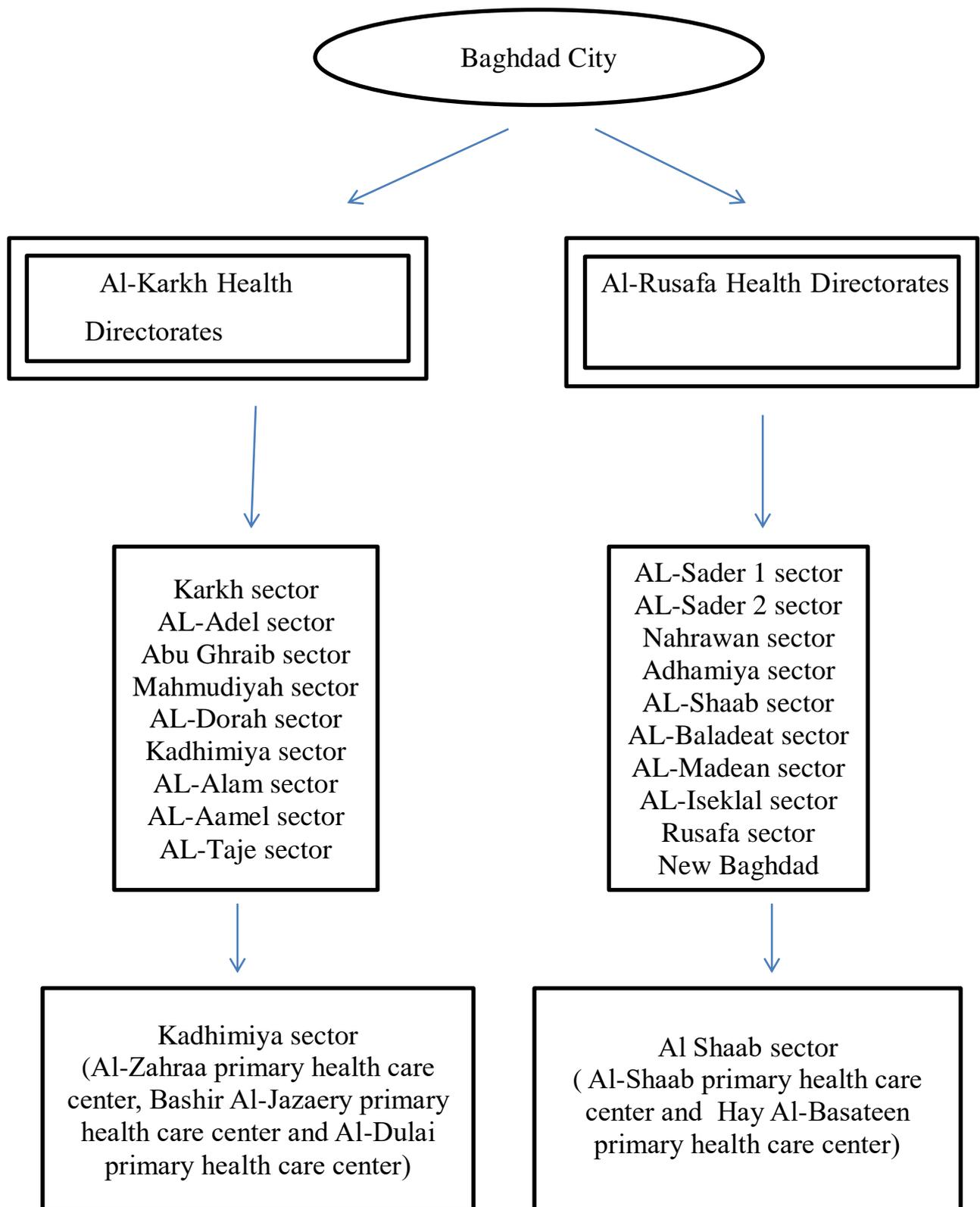


Figure (3-1): Show primary health care centers selection

3.5. The Sample Size of the Study:

Sample Size

The sample size estimation was done by using an equation of a cross-sectional study for the purpose of determination the number of sample to be recruited for the study as follows: $n = \frac{z^2 \times pq}{d^2}$ (Charan and Biswas, 2013).

Where by:

n: sample size

z: refers to confidence level that is 95%, so that, the z= 1.96

p: refers to estimated proportion of expressed outcome according to previous studies if exist as used in current study or according to probability rule of 50%= 50%. According to the previous studies, the estimated proportion was determined as 23%

q: mean (1-p)

d: refers to the level of significance or desired precision, which is 0.05

$$n = \frac{(1.96)^2 \times 0.23(1 - 0.23)}{(0.05)^2} = 272$$

The required number of sample is 272, the researcher recruit 300 participants to cover the required sample size in case of exclusion of unwilling questionnaire.

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The required number of sample is 272, the researcher recruit 300 participants to cover the required sample size in case of exclusion of unwilling questionnaire.

A non-probability purposive sampling of 300 first-time parents. It included 200 mothers and 100 fathers. Relying on previous studies, where there are no statistics on the number of births for the first time, according to the Statistics Book of the Ministry of Health 2022.

Table (3-1) Show the Number of Parents from each Health Centers.

Primary Health center name	mothers no.	Fathers no.	total
Al-Zahraa Health Center	41	15	56
Bashir Al-Jazaery Health Center	40	24	64
Dulai Health Center	34	16	50
AlShaab Health Center	42	20	62
Hee Al-Basateen health center.	43	25	68
Total	200	100	300

3.5.a. Criteria for Including the Sample:

- Mothers for the first time parents.
- Dads for the first time parents.
- Parents do not suffer from previous mental illness
- After a one week from the birth of the first child to the age of one year.
- The newborn child must be alive.

3.5.b. Criteria of Excluding from the Sample:

Parents of children with congenital anomalies or disabilities and Down syndrome.

3.6 The Study Instrument:

The questionnaire has been designed and constructed by the investigator after reviewing related literatures and previous studies ,and used standard questionnaire after modification according to experts.

The questionnaire is used as means of data collection .It is consists of sex main parts, which includes the following: (Appendix B)

Part 1: Socio Demographic Characteristics The socio demographic data , consist of different items that include general information about parents such as:(age, Gender, Age at time of marriage, educational level, occupation, residency , Family type , economic Status.

Part 2:

The second part is related to the psychological Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The

depression scale assesses three subscale scores for depression, anxiety, and tension/stress. Of the items to measure the Anxiety (2 + 4 + 7 + 9 + 15 + 19 + 20),while the Depression (3 + 5 + 10 + 13 + 16 + 17 + 21) and measure to Stress (1 + 6 + 8 + 11 + 12 + 14 +18). The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and International Classification Diseases.

The Depression Anxiety and Stress Scales (DASS21) empirical analyses in both non-clinical and clinical samples, have shown that conventionally regarded core symptoms of depression, such as sleep disturbance, changes in appetite, weight change, and loss of libido, are weak markers for the syndrome of depression. The DASS 21 was selected in the present study for a number of reasons: its ability to identify these three negative emotional states as separate phenomena, its 'capacity to identify comorbidity of these negative emotional states, the fact that it does not include the potential confounding factors for which other depression-severity scales have been criticized, and its ability to identify mild symptoms of each negative affective state, in order to more fully identify women who might be distressed. (Lovibond *et al.*,2011).

Part 3:- The third part is related to Marital adjustment from Dyadic Adjustment Scale (DAS) is a 31-item divided into 4 sections, each part is used to examine a specific topic in the marital relationship, which is as follows rating instrument response by either one or both partners in a

relationship. Respondents are asked to rate each of the items on a Likert-type scale choosing the most suitable response options. Respondents are also asked to indicate the extent of agreement or disagreement between the individual and his/her partner for each item. DAS includes the following four subscales:

1. Marital Agreement .This part contains questions that discuss agreement between spouses in all respects and included 15 questions about it, as follows (family finances, Matters of recreation, Religious matters, Demonstrations of affection, Friends, Sex relations, Conventuality correct or proper behavior, Philosophy of life, Ways of dealing with parents or in-laws, Amount of time spent together, Making major decisions, Household tasks, Leisure time interests and activities and Career decisions). The answer is given on a triple Likert scale.

2. Marital Satisfaction. This part contains questions that discuss satisfaction between spouses in all respects and included 9 questions about it, as follows (discuss divorce or separation, Leaving the house after the fight, Things are going on between husbands, Partner trust, The presence of regret in the marital relationship, fight between husbands, nervous nature, kissing and feel marital happiness). The answer is given on a triple Likert scale.

3. Marital Cohesion: This part contains questions that discuss cohesion between spouses in all respects and included 5 questions about it, as follows (outside interests, exchange of ideas , Laugh together , Calmly discuss and Work together on a project).The answer is on a six-point Likert scale Divide the exact time period.

4. Emotional Expression: This part contains questions that discuss emotional expression between spouses in all respects and included 2 questions about it, as follows (tired for sex and showing love) The answer is yes or no.

(Spanier, 1983).

3.7: Rating and Scoring:

The items have been rated and scored according to the following patterns:

1. The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD. Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows :

For stress Normal= 0-7, Mild= 8 – 9; Moderate= 10 – 12; Severe= 13 – 16, Extremely severe= 17+

For anxiety Normal= 0-3, Mild= 4 – 5; Moderate= 6 – 7; Severe= 8 – 9, Extremely severe= 10+

For depression Normal= 0-4, Mild= 5 – 6; Moderate= 7 – 10; Severe= 11 – 13, Extremely severe= 14+

2. The third part is related to Marital adjustment from Dyadic Adjustment Scale (DAS) is a 31-item divided into 4 sections. According to the Likert scale and the various types of Likert:

a. Three point likert scales is used for rating Marital agreement the items as always disagree, frequently agree, and always agree. The three point type likert scale is scored as (1) for always disagree, (2) for frequently agree, and (3) for always disagree in all items.

b. Three point likert scales is used for rating Marital Satisfaction the items as never, occasionally, and all the time. The three point type likert scale is scored as (1) for all the time, (2) for occasionally, and (3) for

never in (1,2,5,6,7,) items ,while in (3,4,8,9) items the values were reversed and became as follows: The three point type likert scale is scored as (1) for never, (2) for occasionally, and (3) for all the time.

c. Six point likert scales is used for rating Marital cohesion the items as never, less than once a month, once or twice a month, once or twice a week , once a day, and more often in all items.. The six point type likert scale is scored as (1) for never, (2) for less than once a month, (3) for once or twice a month, (4) for once or twice a week , (5) for once a day, and (6) for more often in all items.

d. Two point likert scales is used for rating emotional expression the items as yes and no. The two point type likert scale is scored as (0) for yes, and (1) for no in all items.

3.8. Validity of the Study

The questionnaire validated through exposure of the tool to (20) expert, from different fields, with no less than (12) years of experience in investigating the specificity, validity and adequacy of the questionnaire to assess the concept of interest, all of their recommendations have been taken into account. They are (8) faculty members from the College of Nursing University of Babylon, (8) faculty members from the College of Nursing University of Baghdad, (2) faculty member from College Madenat Alelem, (1) faculty member from Al- Kufa University, (1) faculty member from King's College London, Changes and modification performed according to the advises and opinion of the expert in order to reach the proper degree of understanding, clearness, and relevance questionnaire to facilitate data

collection for carrying out the study objectives.(Appendix B).

Results indicate that the majority of experts have agreed that questionnaire is appropriately designed and developed to measure the phenomena underlying the study.

Experts' suggestions have been taken into consideration, and modification are carried out to construct instrument to be fitting tools for conducting this study.

3.9. Pilot Study:

A pilot study was conducted on (30) parents who were founded in the community based population and attending the primary health care center (Bashir Al-Jazaery) . They were excluded from original sample of the study. It was conducted from the period of August 2nd to 25th 2022

The purposes of pilot study are:

1. To identify the barriers that may be encountered during the study process.
2. To measure the reliability of the questionnaire.
3. To settle on the time adequacy for the data collection.
4. To obtain the clarity and the relevancy of the questionnaire.

3.10. Reliability of the Questionnaire:

In research, reliability is defined as “the extent to which measurements are repeatable when different people perform the measurement on different occasion, under different condition, supposedly with alternative instruments which measure the construct or skill” (Drost, 2011). Reliability can also be defined as “the degree to which the measure of a construct is consistent or dependable” (Edwin, 2019).

The internal consistency type of reliability was determined in current study; internal consistency reliability measures the consistency between different items of the instrument. Edwin stated that “It measures the consistency within the instrument and questions on how well a set of items measures a particular characteristic of the test. Single items within a test are correlated to estimate the coefficient of reliability”. (Edwin, 2019)

The internal consistency between items was determined by using Cronbach's alpha coefficient which calculated through application of Statistical Package for Social Science Program (IBM SPSS) version 26.0 as referred in (Table: 3-2) on a sample of (30) participants.

Table (3-2) Reliability Analysis of the Instruments (N= 30)

Scales	No. of Items	Cronbach's alpha	Evaluation of Internal Consistency
Psychological status	21	0.932	Excellent
Marital agreement	15	0.900	Excellent
Marital satisfaction	9	0.771	Accepted
Marital cohesion	5	0.885	Very good
Emotional expression	2	0.762	Accepted

The reliability analysis in this table shows excellent evaluation among scales of psychological status and marital agreement (0.932 and 0.900), shows accepted for marital satisfaction scale (0.771) and emotional expression scale (0.762), and shows very good for marital cohesion scale (0.885); the findings mean that the questionnaires had adequate level of internal consistency and equivalence measurability.

3.10. Data Collection

The data collection was carried out through the period of 26 August and 25 November 2022. The data was collected after obtaining the permission from the directorate of colleges. The data was collected by (self-report) and used the interview method for the sample that neither read nor write . The questionnaire was administered personally by the researcher to the parents . The researcher met of the participants inside the health center,

the research objectives were explained to them and how to fill out the questionnaire and the participants were also informed that the data would be treated strictly confidential for research purposes only, then filled by the parents after obtain their agreement to participate in the study to maintain the ethical consideration and respect autonomy of the participants. During the process of completion of the questionnaire any difficulties understanding in items of the questionnaire was explained to participants to ensure obtaining proper answer, the participants need approximately (15 - 20) minutes to complete all items of the questionnaire.

3.11. Statistical Data Analysis :

The data were analyzed and interpreted through use of the application of Statistical Package for Social Sciences (SPSS), version 26.0.

3.12.a. Descriptive Statistical Tests

- **Frequency (F):** In statistics the frequency of an event is the number of times the event occurred in an experiment or study (Kenny & Keeping, 2022). It was used to describe the sociodemographic characteristics of parents as well as their level of psychological status and Marital adjustment.

The percentages (%) was calculated according to the following formula:

$$\% = \frac{F}{\text{sample}} \times 100$$

- **Percentage (%):** a number or rate that is expressed as a certain number of parts of something divided into 100 parts (Merriam-Webster, 2022). It was used to describe the sociodemographic characteristics of parents as well as their level of psychological status and Marital adjustment.

- **Mean of Score (M.S):** The arithmetic mean is the sum of the individual values in a data set divided by the number of values in the data set (Friis &

Chernick, 2003). It was used to determine the levels of parents' level of psychological status and Marital adjustment.

Statistical tables include (mean of score (M.S.), and standard deviation (SD).

$$\text{mean of score , MS} = \frac{\sum s_i * f_i}{\sum f_i}$$

Where S_i is the score (i) index, f_i is the frequency of (i) responding.

- **Standard Deviation:** is a measure that is used to quantify the amount of variation or dispersion of a set of data values (Bland & Altman, 1996). It was used to determine the levels of parents' level of psychological status and Marital adjustment.

$$s = \sqrt{\frac{\sum (X - \bar{x})^2}{n - 1}}$$

X - The Value in the data distribution

\bar{x} - The Sample Mean

n - Total Number of Observations

3.12.b. Inferential Statistical Tests

- **Cronbach Alpha (α):** Cronbach's alpha coefficient measures the internal consistency, or reliability, of a set of survey items. Use this statistic to help determine whether a collection of items consistently measures the same characteristic. Cronbach's alpha quantifies the level of agreement on a standardized 0 to 1 scale. Higher values indicate higher agreement between items (Polit & Hungler, 2013). It was used to estimate the internal consistency of the study instrument.

$$\alpha = \frac{n}{n-1} \left(1 - \frac{\sum s^2 (X_i)}{s^2 (Y)} \right)$$

n refers to the number of scale items

$s^2 (X_i)$ refers to the variance associated with item

$s^2 (Y)$ refers to the variance associated with the observed total scores.

-Independent t-test: The independent t-test, also called the two sample t-test, independent-samples t-test or student's t-test, is an inferential statistical test that determines whether there is a statistically significant difference between the means in two unrelated groups (Leard Statistics, 2019). It was used for determine the significant differences in psychological status and Marital adjustment with regard to parenthood.

In this test, we compare the means of two different samples.

Mathematical Formula:

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}}$$

\bar{X}_1, \bar{X}_2 : Sample Mean

n_1, n_2 : Sample Size

s^2 : estimator of common variance such that

$$s^2 = \frac{\Sigma(x - \bar{X}_1)^2 + \Sigma(x - \bar{X}_2)^2}{(n_1 - 1) + (n_2 - 1)}, \text{ where}$$

$(n_1 - 1) + (n_2 - 1)$: degree of freedom

- Spearman's rank correlation coefficient: The measure of the strength of the correlation for the measurable and non-measurable features that can be and set in the form of a correlation series. Spearman's coefficient has similar properties as Pearson's linear correlation coefficient, since it shows

the force (absolute value) and the direction (sign) of the correlation of the two features of the analyzed population. The value of this coefficient is in the closed interval $[-1, 1]$. And the closer to the ends of this range, the stronger the correlation between the features (Borowski, 2022). It was used to determine the relationship between parents' psychological status and Marital adjustment with their demographic variables.

$$\rho = 1 - \frac{6 \sum d_i^2}{n(n^2 - 1)}$$

ρ = Spearman's rank correlation coefficient

d_i = difference between the two ranks of each observation

n = number of observations

Linear Regression: A simple linear regression model establishes the relationship between the independent variable and dependent variable as a straight line. Simple linear regression model serves two purposes: It describes the linear dependence of one variable on another; it can predict values of one variable from values of another based on historical relationship between independent and dependent variable (Mbaskool, 2019). It used to determine the effect of psychological status on Marital adjustment.

$$Y_i = \beta_0 + \beta_1 X_i + \varepsilon_i$$

Diagram illustrating the components of the simple linear regression equation:

- Y_i : Dependent Variable
- β_0 : Population Y intercept
- β_1 : Population Slope Coefficient
- X_i : Independent Variable
- ε_i : Random Error term

The equation is structured as follows:

- The term $\beta_0 + \beta_1 X_i$ is labeled as the **Linear component**.
- The term ε_i is labeled as the **Random Error component**.

Chapter Four

Results and Findings of Study

Chapter Four

Results of the Study

Table (4-1): Distribution of Studied Sample according to Socio-demographic Characteristics

List	Characteristics	f	%	
1	Age	13 – 18 year	31	10.3
		19 – 24 year	123	41
		25 – 30 year	106	35.4
		31 – 36 year	36	12
		37 ≤ year	4	1.3
		Total	300	100
2	Parenthood	Mother	200	66.7
		Father	100	33.3
		Total	300	100
3	Age at marriage	12 – 17 year	33	11
		18 – 23 year	128	42.7
		24 – 29 year	101	33.7
		30 – 35 year	34	11.3
		36 ≤ year	4	1.3
		Total	300	100
4	Husband/Wife age at marriage	13 – 18 year	27	9
		19 – 23 year	71	23.7
		24 – 28 year	123	41
		29 – 33 year	57	19
		34 – 38 year	16	5.3
		39 ≤ year	6	2
		Total	300	100

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

This table shows that average age for parents is 25 ± 5 years in which the highest percentage of parents associated with age group of 25-30 years among 35.4% of them.

The parenthood refers that 66.7% of them are mothers and 33.3% of them are fathers.

The age at marriage for participants is refers to average age of 23.5 year and the highest percentage is 42.7% that refer to age group 19-23 year. For subject's husband or wife, the average age at marriage refers to 26 ± 5 year and the highest percentage is 41% that refer to age group 24-28 year.

Table (4-2): Distribution of Sample According to their Level of Education

Level of education	Mother		Father	
	f	%	f	%
Illiterate	10	3.3	16	5.3
Educated	39	13	30	10
Elementary school	24	8	41	13.7
Middle school	38	12.7	60	20
High school	45	15	31	10.3
Institute	42	14	39	13
College	99	33	77	25.7
Postgraduate	3	1	6	2
Total	300	100	300	100

f: Frequency, %: Percentage

This table presents the level of education; findings refer that the highest percentage of mothers is 33% who are graduated with bachelor degree which is the same among fathers who are reported with high percentage of 25.7%.

Table (4-3): Distribution of Sample According to their Occupational Status

Occupation	Mother		Father	
	f	%	f	%
Governmental employee	109	36.3	132	44
Unemployed (housewife/student)	177	59	11	3.7
Self-employment	14	4.7	157	52.3
Total	300	100	300	100

f: Frequency, %: Percentage

This table indicates that 59% of mothers are housewives and 36.3% are governmental employee. Among fathers, 52.3% are self-employed and 44% are governmental employee.

Table (4-4): Distribution of Sample according to Residency, Income, Family type, and Ownership

List	Characteristics	f	%	
1	Residency	Urban	237	79
		Rural	38	12.7
		Other	25	8.3
		Total	300	100
2	Monthly income (Iraqi dinars)	Less than 300000	51	17
		301000 – 600000	62	20.7
		601000 – 900000	64	21.4
		901000 – 1200000	70	23.3
		1201000 – 1500000	31	10.3
		1501000 or more	22	7.3
		Total	300	100

3	Family type	Extended	155	51.7
		Nuclear	145	48.3
		Total	300	100
4	House ownership	Property	136	45.3
		Rental	81	27
		Joint	83	27.7
		Total	300	100

f: Frequency, %: Percentage

This table shows that 79% of parents are resident at urban areas with monthly income of 901000 – 1200000 Iraqi dinars as reported by highest percentage of 23.3%.

Regarding family type, 51.7% of parents reported they are living in extended families. 45.3% of them have their own property house.

Tests of Normality

Normality tests are used to determine if a data set is well-modeled by a normal distribution and to compute how likely it is for a random variable underlying the data set to be normally distributed. The two well-known tests of normality, namely, the Kolmogorov–Smirnov test and the Shapiro–Wilk test are most widely used methods to test the normality of the data.

Table (4-5): Test of Normality:

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	Df	Sig.
Dyadic	.081	300	.051	.977	300	.229
Stress	.096	300	.060	.969	300	.164
Anxiety	.121	300	.098	.966	300	.210
Depression	.135	300	.052	.940	300	.186

a. Lilliefors Significance Correction

This table indicates that data are normally distributed as indicated by insignificant difference in Kolmogorov-Smirnov and Shapiro-Wilk Tests.

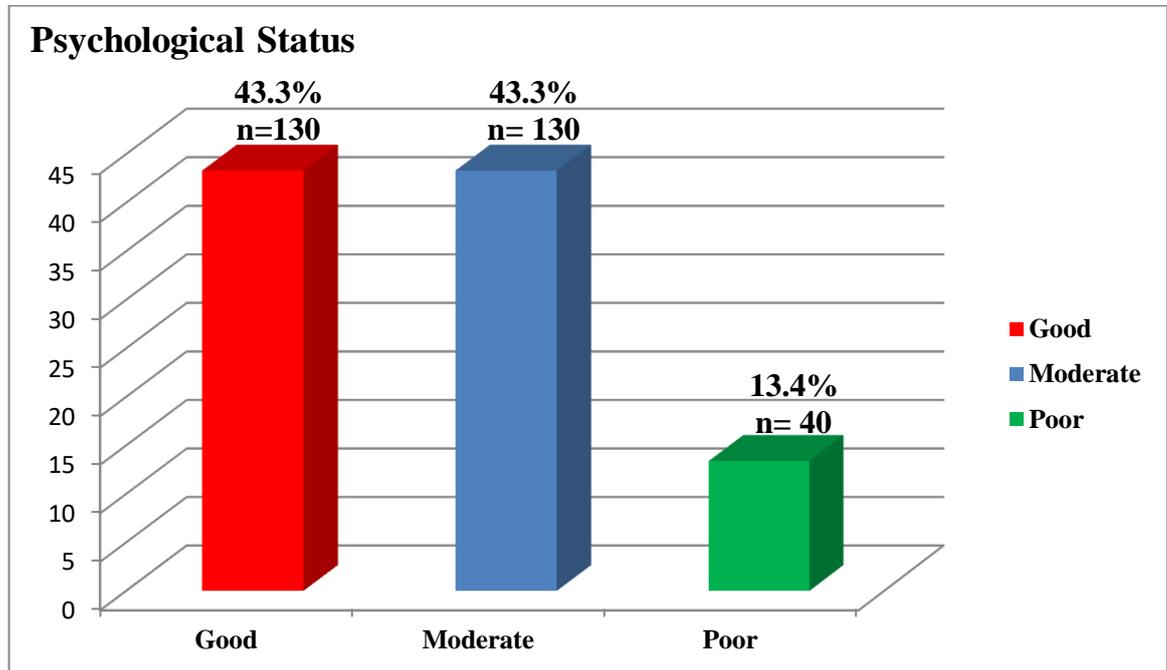


Figure (4-1): Levels of Psychological Status among Parents (N=300)

This figure shows that 43.3% of parents show good psychological status and the same proportion show moderate level.

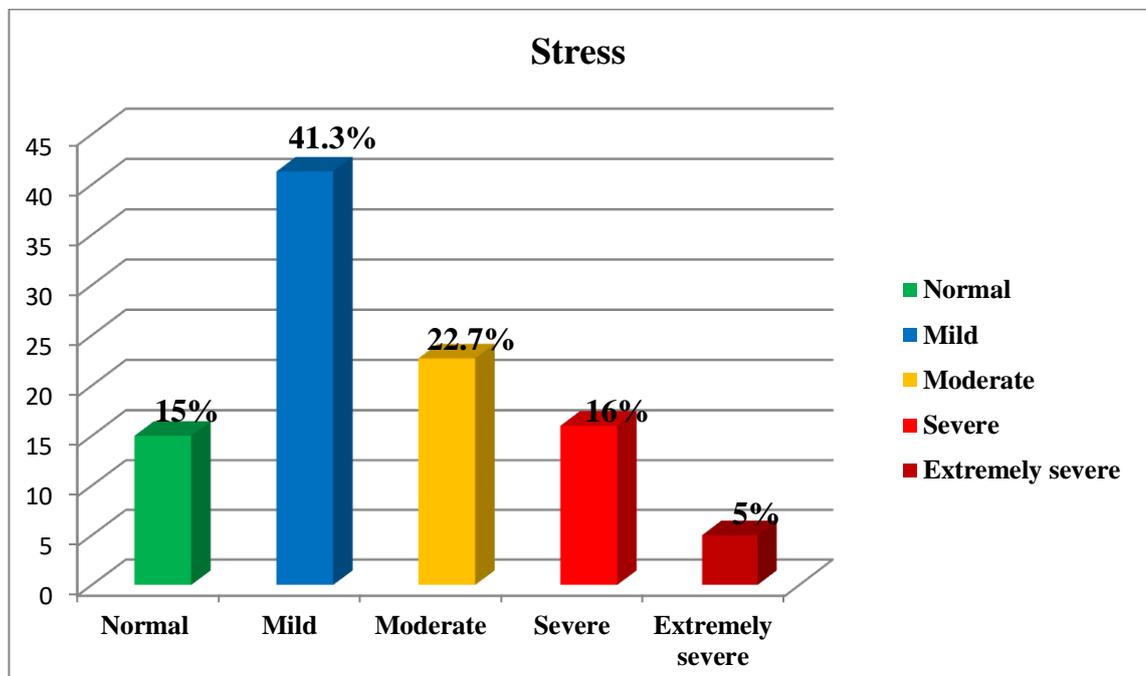


Figure (4-2): Levels of Stress among Parents (N= 300)

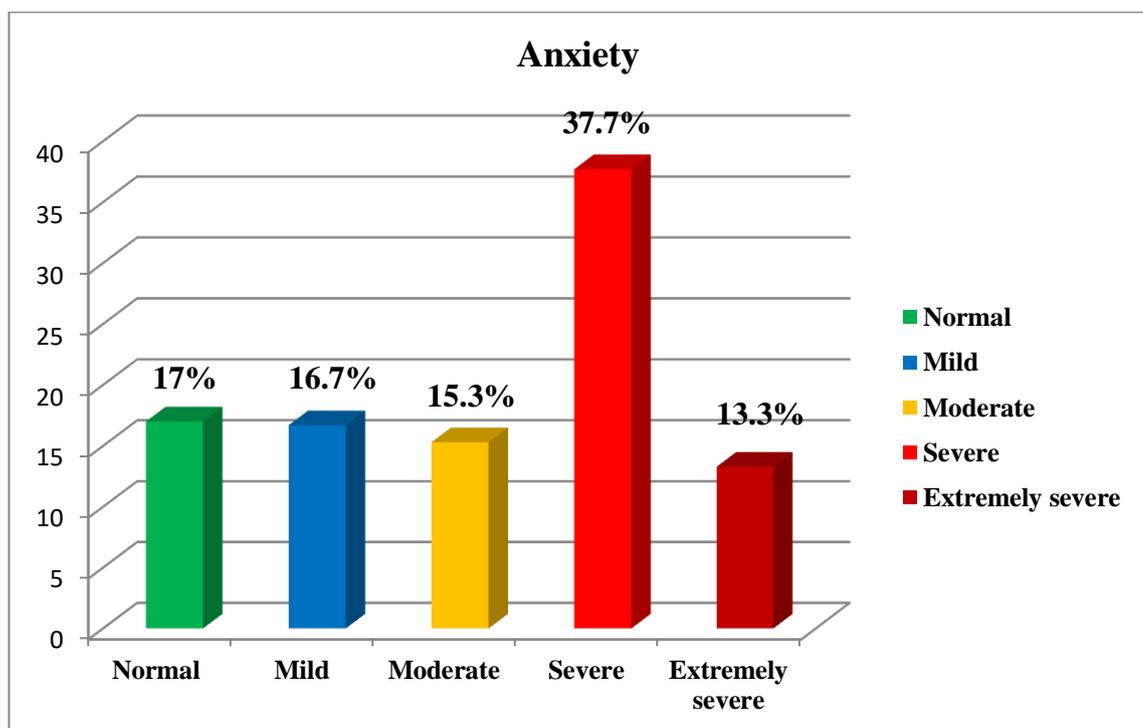
This figure shows that 41.3% of parents are with mild level of stress.

Table (4-6): Assessment the Level of Stress among Parents (N=300)

No	Stress	Mean	Assess.
1	I found myself getting upset by quite trivial things	1.61	Moderate
2	I tended to over-react to situations	1.36	Moderate
3	I found it difficult to relax	1.67	Moderate
4	I found myself getting upset rather easily	1.46	Moderate
5	I felt that I was using a lot of nervous energy	1.58	Moderate
6	I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)	1.28	Moderate
7	I felt that I was rather touchy	1.33	Moderate

No: Number, , Assess: Assessment
 Mild= 0-1, Moderate= 1.1-2, Severe= 2.1-3

This table presents the items of psychological status related to stress; the mean score of items are showing moderate among all items related to stress scale.

**Figure (4-3): Levels of Anxiety among Parents (N= 300)**

This figure shows that 37.3% of parents are seen with severe level of anxiety.

Table (4-7): Assessment the Level of Anxiety among Parents (N=300)

No	Anxiety	Mean	Assess.
1	I was aware of dryness of my mouth	1.30	Moderate
2	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	1.16	Moderate
3	I had a feeling of shakiness (eg, legs going to give way)	.87	Mild
4	I found myself in situations that made me so anxious about losing control	1.52	Moderate
5	I had a feeling of faintness	1.09	Moderate
6	I perspired noticeably and heart palpitation in the absence of high temperatures or physical exertion	1.24	Moderate
7	I felt scared without any good reason	1.26	Moderate

No: Number, , Assess: Assessment
Mild= 0-1, Moderate= 1.1-2, Severe= 2.1-3

This table presents the items of psychological status related to anxiety scale; the mean scores are showing moderate among all items except item 2 that show mild which is “*I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)*”

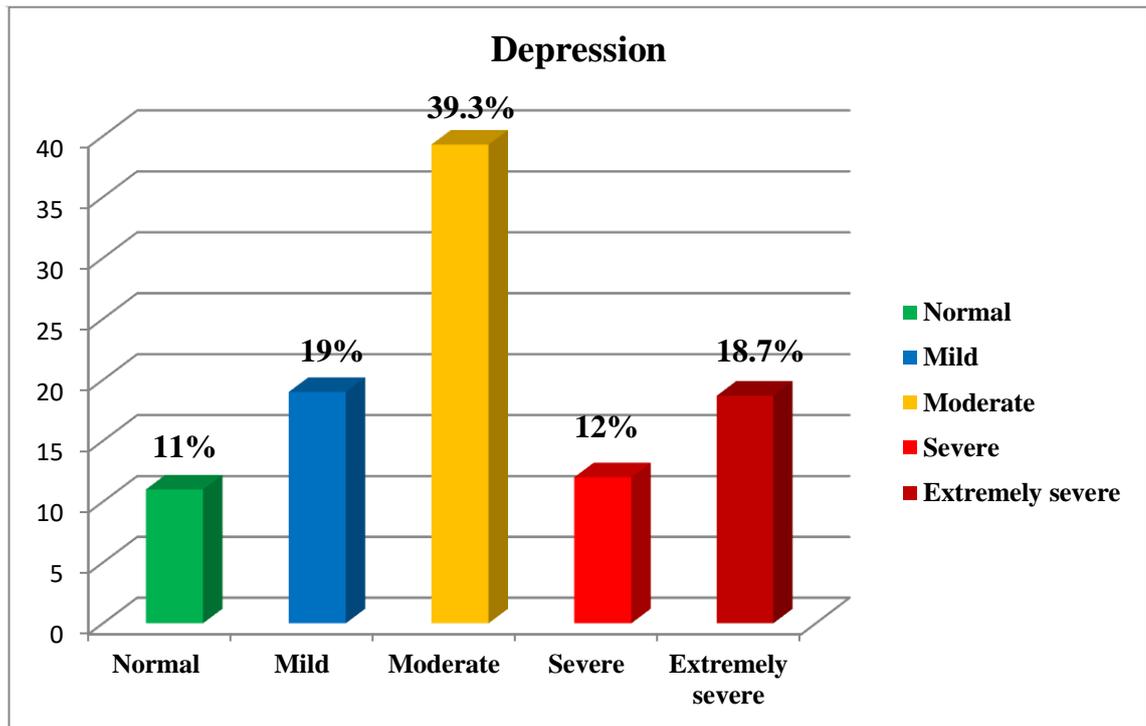


Figure (4-4): Levels of Depression among Parents (N= 300)

This figure shows that 39.3% of parents are seen with moderate level of depression.

Table (4-8): Assessment the Level of Depression among Parents (N=300)

No	Depression	Mean	Assess.
1	I couldn't seem to experience any positive feeling at all	.96	Mild
2	I just couldn't seem to get going	1.25	Moderate
3	I felt that I had nothing to look forward to	1.10	Moderate
4	I felt sad and depressed	1.33	Moderate
5	I felt that I had lost interest in just about everything	1.07	Moderate
6	I felt I wasn't worth much as a person	1.00	Mild
7	I felt that life wasn't worthwhile	.77	Mild

No: Number, Assess: Assessment
Mild= 0-1, Moderate= 1.1-2, Severe= 2.1-3

This table presents the items of psychological status related to depression; the mean scores indicate moderate among all items except

items number 1, 6, and 17 that show mild level, which are (I couldn't seem to experience any positive feeling at all; I felt I wasn't worth much as a person; and I felt that life wasn't worthwhile).

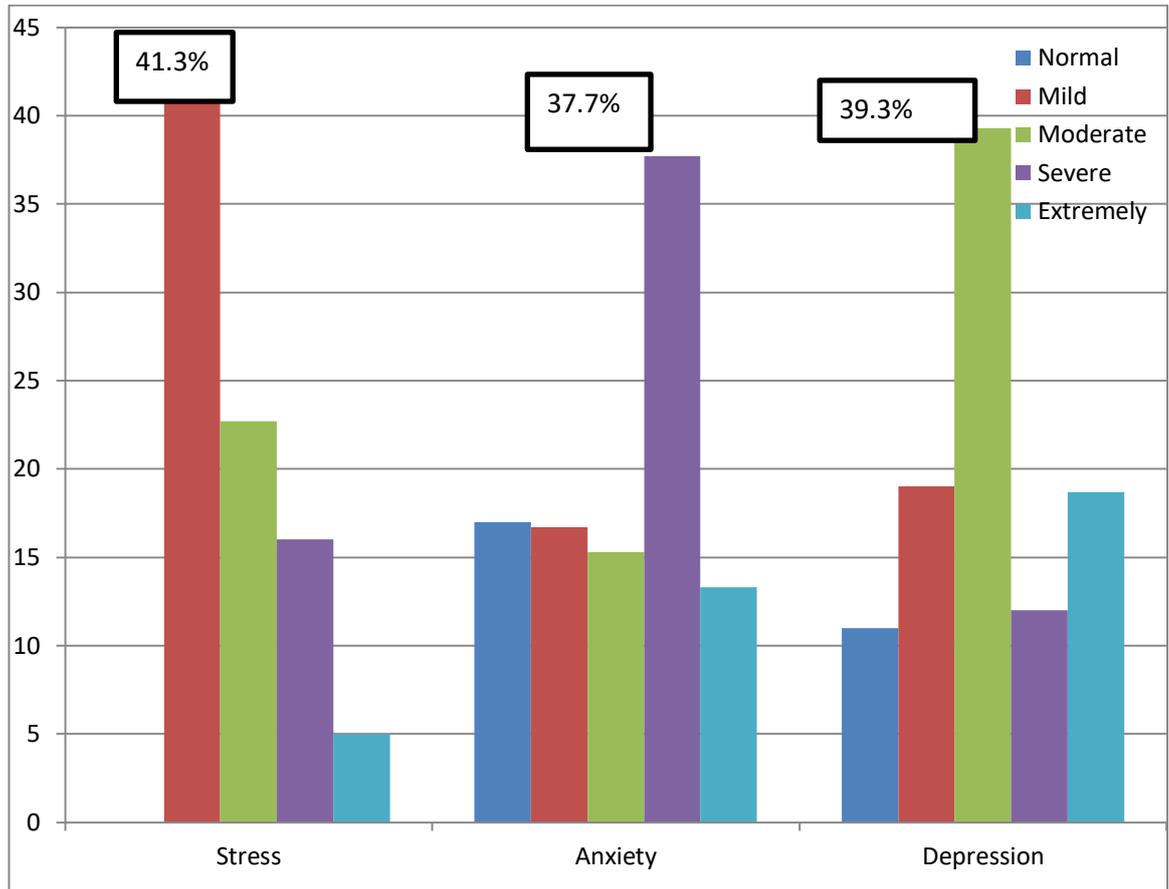


Figure (4- 5): Levels of Psychological Levels among Parents

This figure shows that parents have mild stress level (41.3%), severe anxiety level (37.3%), and moderate depression level (39.3%).

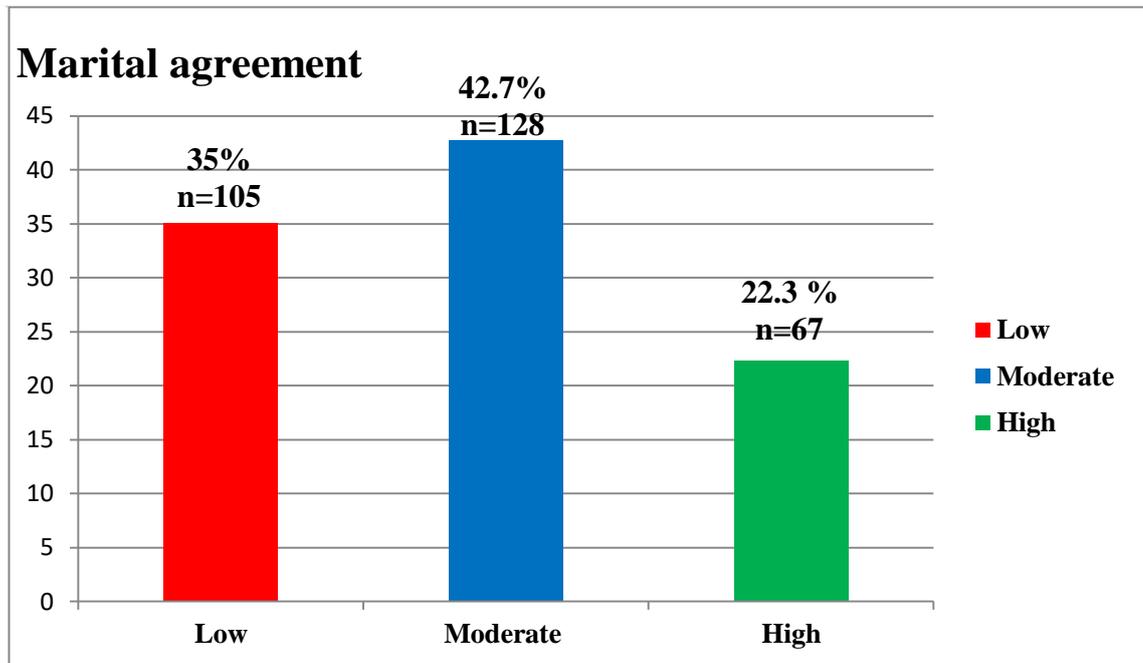


Figure (4-6): Marital Agreement among Parents (N=300)

This figure shows that 42.7% of parents show moderate level of marital agreement.

Table (4-9): Assessment the Level of Marital Agreement among Parents (N=300)

No	Marital Agreement	Mean	Assess.
1	Do you agree with the husband in managing the family budge?	1.96	Moderate
2	Do you agree with the husband in the field of leisure and recreation ?	1.88	Moderate
3	Do you agree on religious matters with the husband in terms of faith and belie?	2.10	Moderate
4	Do you always agree to spend romantic time together	2.11	Moderate
5	Do you agree with the husband on the way he treats his friends??	1.97	Moderate
6	Do you agree with the husband in choosing the sexual relationship between you?	2.09	Moderate
7	Conventionality (correct or proper behavior)?	1.93	Moderate
8	Do you agree with the husband in his philosophy and vision of aspects of life?	1.86	Moderate
9	Do you agree with the husband in the way he treats your family?	1.90	Moderate
10	Do you agree with the husband in his appreciation of family matters?	1.91	Moderate
11	Do you agree or are you satisfied with the amount of time you spend together?	1.93	Moderate

12	Do you agree with the husband in choosing decisions?	1.79	Moderate
13	Do you participate with the husband in business, especially at home?	1.70	Moderate
14	Do you agree with the husband on how to spend free time together, such as doing activities, traveling, shopping, and others?	1.62	Low
15	Do you agree with the husband in terms of his job or his own business ?	1.92	Moderate

No: Number, , Assess: Assessment
 Low= 1-1.66, Moderate= 1.67-2.33, High= 2.34-3

This table presents the items of marital agreement; the mean scores indicate moderate among all items except item number 14 that is low which is (*Leisure time interests and activities*).

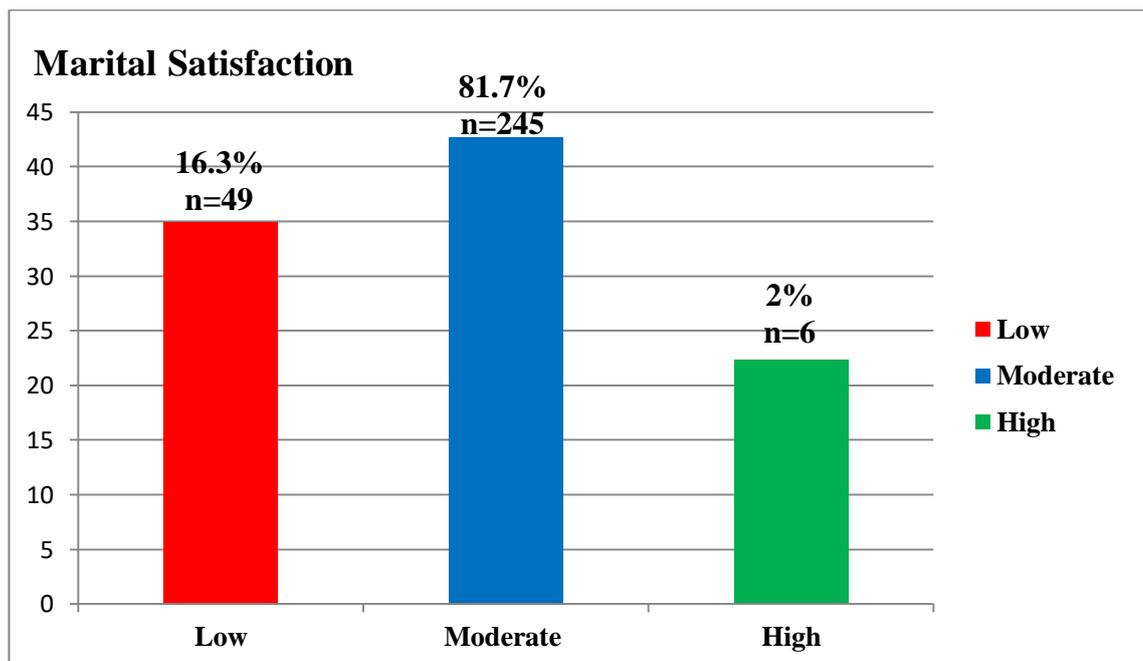


Figure (4-7): Marital Satisfaction among Parents (N=300)

This figure shows that 81.7% of parents show moderate level of marital satisfaction.

Table (4-10): Assessment the Level of Marital Satisfaction among Parents (N=300)

No	Marital Satisfaction	Mean	Assess.
1	How often do you discuss or have you considered divorce, separation, or terminating your relationship?	1.44	Low
2	How often do you or your mate leave the house after a fight?	1.63	Low
3	Do you see that things between you and your husband are going well ?	2.15	Moderate
4	Do you confide in your mate?	1.81	Moderate
5	Do you ever regret that you married? (or lived together)	1.68	Moderate
6	Do you quarrel with your husband?	2.01	Moderate
7	Do you nerves and get angry at your husband?	2.07	Moderate
8	Do you kiss your mate?	2.28	Moderate
9	Do you feel marital happiness?	2.13	Moderate

No: Number, SD: Standard Deviation, Assess: Assessment
 Low= 1-1.66, Moderate= 1.67-2.33, High= 2.34-3

This table presents the items of marital satisfaction; the mean scores indicate moderate among all items except items number 1 (*How often do you discuss or have you considered divorce, separation, or terminating your relationship?*) and 2 (*How often do you or your mate leave the house after a fight?*) that are low level.

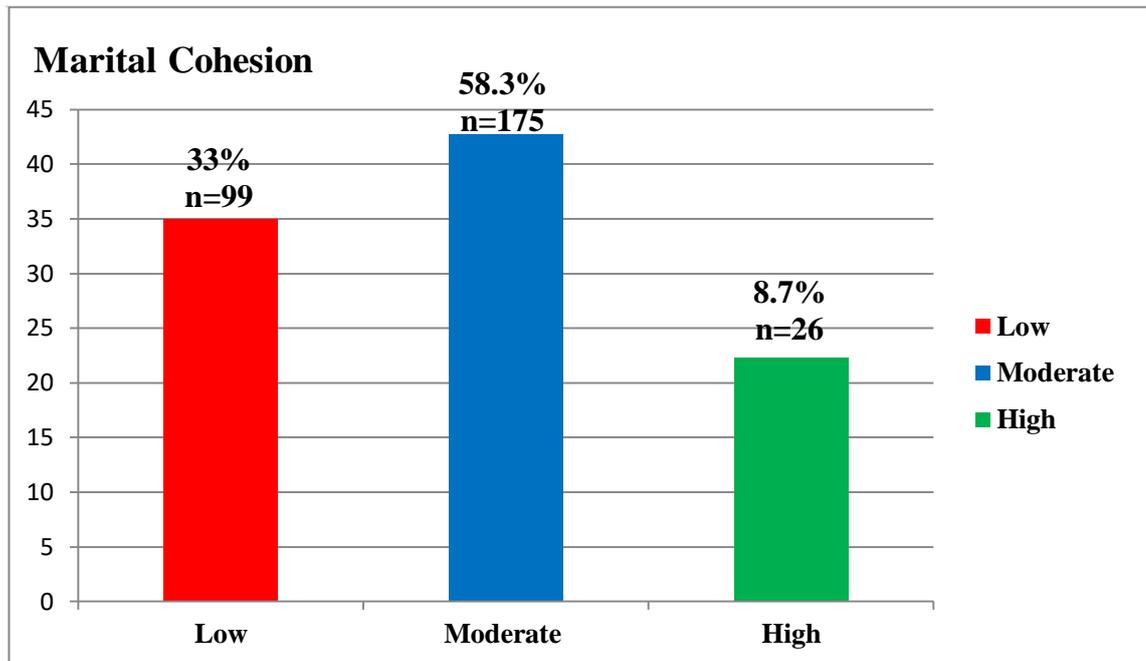


Figure (4-8): Marital Cohesion among Parents (N=300)

This figure shows that 58.3% of parents show moderate level of marital cohesion.

Table (4-11): Assessment the Level of Marital Cohesion among Parents (N=300)

No	Marital Cohesion	Mean	Assess.
1	Do you and your mate engage in outside interests together?	2.06	Low
2	Have a stimulating exchange of ideas	3.85	Moderate
3	Laugh together	3.99	Moderate
4	Calmly discuss something	3.56	Moderate
5	Work together on a project	1.79	Low

No: Number ,Assess: Assessment
 Low= 1-2.66, Moderate= 2.67-4.33, High= 4.34-6

This table presents the items of marital cohesion; the mean scores indicate moderate among all items except items number 1 (*Do you and your mate engage in outside interests together?*) and 5 (*Work together on a project*) that are low level.

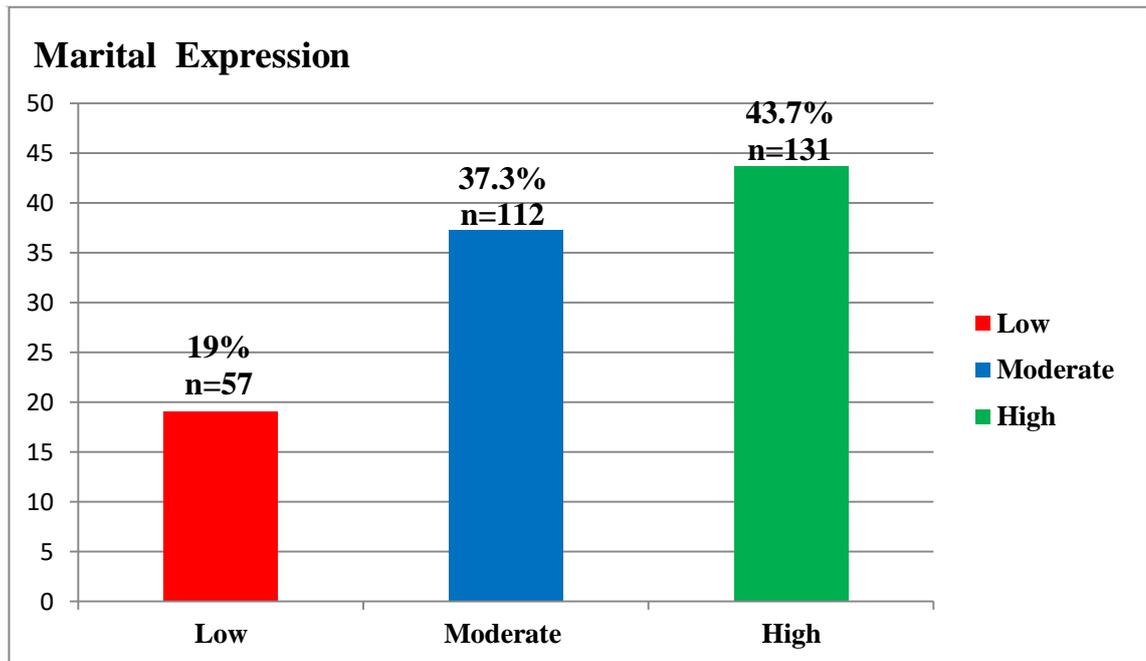


Figure (4-9): Emotional Expression among Parents (N=300)

This figure shows that 43.7% of parents show high level of emotional expression.

Table (4-12): Assessment the Level of Emotional Expression among Parents (N=300)

No	Emotional Expression	Mean	Assess.
1	Being too tired for sex.	.61	Moderate
2	Not showing love.	.64	Moderate

No: Number, Assess: Assessment
 Low= 0-0.33, Moderate= 0.34-0.67, High= 0.68-1

This table presents the items of emotional expression; the mean scores indicate moderate among both items.

Table (4-13): Regression Analysis for Measuring Effect of Psychological Status on Marital Adjustment (N=300)

Psychological Status	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Marital Adjustment					
Marital Agreement	-.283	.029	-.496	-9.851	.001
Marital Satisfaction	.017	.008	.122	2.125	.034
Marital Cohesion	-.166	.021	-.302	-5.467	.001
Emotional Expression	-.020	.003	-.359	-6.648	.001

a. Dependent variable: Marital adjustment

This table indicates that psychological status has high effect on marital adjustment related to marital agreement, marital cohesion, and emotional expression evidenced by significant differences at p-value= .001 and also has effect on marital satisfaction evidenced by significant difference at p-value= .034.

Table (4-14): Regression Analysis for Measuring Effect of Stress on Marital Adjustment (N=300)

Stress	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Marital adjustment					
Marital Agreement	-.606	.100	-.355	-.6564	.001
Marital Satisfaction	.026	.027	.056	.973	.331
Marital Cohesion	-.211	.071	-.170	-2.980	.003
Emotional Expression	-.061	.010	-.335	-6.129	.001

a. Dependent variable: Marital adjustment

This table indicates that stress has high effect on marital adjustment related to marital agreement, marital cohesion, and emotional expression evidenced by significant differences at p-value= .001, .003, and .001.

Table (4-15): Regression Analysis for Measuring Effect of Anxiety on Marital Adjustment (N=300)

Anxiety	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Marital adjustment					
Marital Agreement	-.764	.085	-.462	-8.980	.001
Marital Satisfaction	.079	.024	.190	3.333	.001
Marital Cohesion	-.336	.061	-.302	-5.469	.001
Emotional Expression	-.048	.009	-.294	-5.304	.001

a. Dependent variable: Marital adjustment

This table reveals that anxiety has high effect on marital adjustment related to sub-scales of marital agreement, marital satisfaction, marital cohesion, and emotional expression evidenced by significant differences at p-value= .001, .001, .001, and .001.

Table (4-16): Regression Analysis for Measuring Effect of Depression on Marital Adjustment (N=300)

Depression	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Marital Adjustment					
Marital Agreement	-.709	.072	-.497	-9.878	.001
Marital Satisfaction	.029	.021	.081	1.396	.164
Marital Cohesion	-.319	.052	-.332	-6.078	.001
Emotional Expression	-.047	.008	-.332	-6.075	.001

a. Dependent variable: Marital adjustment

This table indicates that depression has high effect on marital adjustment related to marital agreement, marital cohesion, and emotional expression evidenced by significant differences at p-value= .001, .001, and .001.

Table (4-17): Differences Between Mothers and Fathers with Psychological Status .(N=300)

Psychological Status \ Parenthood		M	SD	t	df	p ≤ 0.05	Sig
Stress	Mother	10.03	4.107	6.756	298	.001	H.S
	Father	6.83	3.312				
Anxiety	Mother	9.40	4.658	7.067	298	.001	H.S
	Father	5.70	3.398				
Depression	Mother	9.19	5.306	8.783	298	.001	H.S
	Father	4.19	3.483				

M: Mean, SD: Standard deviation, t: t-test, df: Degree of freedom, Sig: Significance, p: Probability value, N.S: Not significant, S: Significant, H.S: High significant

This table indicates that there are high significant differences in stress, anxiety, and depression with regard to mothers at p-value= .001 respectively.

Table (4-18): Differences between Mothers and Fathers with Marital Adjustment (N=300).

Marital Adjustment \ Parenthood		M	SD	t	df	p ≤ 0.05	Sig
Marital Agreement	Mother	27.89	7.823	-2.534	298	.012	S
	Father	30.24	7.038				
Marital Satisfaction	Mother	17.15	1.858	-.661	298	.509	N.S
	Father	17.30	2.028				
Marital Cohesion	Mother	15.01	4.761	-1.136	298	.257	N.S
	Father	15.72	5.821				
Emotional Expression	Mother	1.17	.749	-2.682	298	.008	S
	Father	1.41	.740				

M: Mean, SD: Standard deviation, t: t-test, df: Degree of freedom, Sig: Significance, p: Probability value, N.S: Not significant, S: Significant, H.S: High significant

This table reveals that there is significant difference in marital agreement with regard to fathers at $p\text{-value} = .012$ and there is significant difference in emotional expression with regard to fathers at $p\text{-value} = .008$.

Table (4-19): Association among Psychological Status with Parents' Socio-demographic Characteristics (N=300)

Variables	Psychological Status				Correlation	
	Poor	Moderate	Good	Total		
Age	13 – 18 year	6	13	12	31	$rs = .279$ (weak positive) $P\text{-value} = .001$ $Sig = H.S$
	19 – 24 year	51	55	17	123	
	25 – 30 year	48	48	10	106	
	31 – 36 year	21	14	1	36	
	37 ≤ year	4	0	0	4	
	Total	130	130	40	300	
Parenthood	Mother	64	96	40	200	$rs = .452$ (moderate positive) $P\text{-value} = .001$ $Sig = H.S$
	Father	66	34	0	100	
	Total	130	130	40	300	
Age at marriage	12 – 17 year	7	14	12	33	$rs = .295$ (weak positive) $P\text{-value} = .001$ $Sig = H.S$
	18 – 23 year	53	56	19	128	
	24 – 29 year	45	48	8	101	
	30 – 35 year	21	12	1	34	
	36 ≤ year	4	0	0	4	
	Total	130	130	40	300	
Husband/Wife age at marriage	13 – 18 year	13	11	3	27	$rs = .119$ (weak positive) $P\text{-value} = .039$ $Sig = S$
	19 – 23 year	40	24	7	71	
	24 – 28 year	44	67	12	123	
	29 – 33 year	23	18	16	57	
	34 – 38 year	6	8	2	16	
	39 ≤ year	4	2	0	6	
	Total	130	130	40	300	
Mother's level of education	Illiterate	0	8	2	10	$rs = .276$ (weak positive) $P\text{-value} = .001$ $Sig = H.S$
	Educated	12	12	15	39	
	Elementary school	7	13	4	24	
	Middle school	12	19	7	38	
	High school	25	17	3	45	
	Institute	22	18	2	42	
	College	49	43	7	99	
	Postgraduate	3	0	0	3	
	Total	130	130	40	300	

Table (4-19): Continued

Variables	Psychological Status				Correlation	
	Poor	Moderate	Good	Total		
Father's level of education	Illiterate	4	4	8	16	<i>r s</i> = .271(weak positive) P-value= .001 Sig= H.S
	Educated	7	17	6	30	
	Elementary school	14	22	5	41	
	Middle school	27	21	12	60	
	High school	11	18	2	31	
	Institute	24	12	3	39	
	College	39	34	4	77	
	Postgraduate	4	2	0	6	
Total	130	130	40	300		
Mother's occupation	Governmental employee	64	40	5	109	<i>r s</i> = .330 (moderate positive) P-value= .001 Sig= H.S
	Unemployed (housewife/student)	65	79	33	177	
	Self-employment	1	11	2	14	
	Total	130	130	40	300	
Father's occupation	Governmental employee	80	41	11	132	<i>r s</i> = .237 (weak positive) P-value= .001 Sig= H.S
	Unemployed (housewife/student)	0	7	4	11	
	Self-employment	50	82	25	157	
	Total	130	130	40	300	
Residency	Urban	111	94	32	237	<i>r s</i> = .101 (weak positive) P-value= .081 Sig= N.S
	Rural	9	25	4	38	
	Other	10	11	4	25	
	Total	130	130	40	300	
Monthly income (Iraqi dinars)	Less than 300000	12	25	14	51	<i>r s</i> = .292 (weak positive) P-value= .001 Sig= H.S
	301000 – 600000	17	34	11	62	
	601000 – 900000	37	22	5	64	
	901000 – 1200000	34	29	7	70	
	1201000 – 1500000	15	13	3	31	
	1501000 or more	15	7	0	22	
Total	130	130	40	300		
Family type	Extended	54	82	19	155	<i>r s</i> = .113 (weak positive) P-value= .051 Sig= N.S
	Nuclear	76	48	21	145	
	Total	130	130	40	300	
House ownership	Property	68	51	17	136	<i>r s</i> = .123 (weak positive) P-value= .033 Sig= S
	Rental	28	41	12	81	
	Joint	34	38	11	83	
	Total	130	130	40	300	

r s = Spearman correlation coefficient, P = Probability, Sig = Significance, N.S = Not significant, S = Significant, H.S = High significant

This table presents the association among psychological status and parents' socio-demographic variables; the findings indicate significant relationships among psychological status with age (p-value= .001), parenthood (p-value= .001), age at marriage (p-value= .001), husband/wife age at marriage (p-value= .039), mother's education (p-value= .001), father's education (p-value= .001), mother's occupation (p-value= .001), father's occupation (p-value= .001), monthly income, and house ownership (p-value= .033).

Table (4-20): Association among Marital Adjustment with Parents' Socio-demographic Characteristics (N=300)

Variables		Marital Adjustment			Correlation
		N	Mean	SD	
Age	13 – 18 year	31	52.84	7.034	<i>rs</i> = .266 (weak positive) P-value= .001 Sig= H.S
	19 – 24 year	123	62.07	11.969	
	25 – 30 year	106	63.37	11.764	
	31 – 36 year	36	68.42	11.041	
	37 ≤ year	4	63.75	7.411	
	Total	300	62.36	11.877	
Parenthood	Mother	200	61.21	11.606	<i>rs</i> = .124 (weak positive) P-value= .032 Sig= S
	Father	100	64.67	12.134	
	Total	300	62.36	11.877	
Age at marriage	12 – 17 year	33	52.91	6.816	<i>rs</i> = .271 (weak positive) P-value= .001 Sig= H.S
	18 – 23 year	128	62.27	11.697	
	24 – 29 year	101	63.20	12.103	
	30 – 35 year	34	69.21	10.851	
	36 ≤ year	4	63.75	7.411	
	Total	300	62.36	11.877	
Husband/Wife age at marriage	13 – 18 year	27	55.04	10.275	<i>rs</i> = .190 (weak positive) P-value= .001 Sig= H.S
	19 – 23 year	71	61.24	11.328	
	24 – 28 year	123	63.87	11.939	
	29 – 33 year	57	60.77	11.810	
	34 – 38 year	16	69.25	8.699	
	39 ≤ year	6	74.33	10.367	
	Total	300	62.36	11.877	
Mother's level of education	Illiterate	10	59.50	13.705	<i>rs</i> = .417 (moderate positive) P-value= .001 Sig= H.S
	Educated	39	53.41	9.147	
	Elementary school	24	53.46	9.668	
	Middle school	38	56.50	9.574	
	High school	45	66.89	11.338	
	Institute	42	65.64	10.959	
	College	99	67.20	10.614	
	Postgraduate	3	60.00	3.464	
	Total	300	62.36	11.877	
Father's level of education	Illiterate	16	45.69	7.125	<i>rs</i> = .441 (moderate positive) P-value= .001 Sig= H.S
	Educated	30	57.33	10.787	
	Elementary school	41	57.56	10.322	
	Middle school	60	62.80	10.224	
	High school	31	63.03	9.464	
	Institute	39	62.72	13.332	
	College	77	68.84	10.413	
	Postgraduate	6	71.33	2.582	
	Total	300	62.36	11.877	

Table (4-20): Continued

Variables		Marital Adjustment			Correlation
		N	Mean	SD	
Mother's occupation	Governmental employee	109	68.84	10.182	<i>rs</i> = .383 (moderate positive) P-value= .001 Sig= H.S
	Unemployed (housewife/student)	177	58.41	10.990	
	Self-employment	14	61.79	13.532	
	Total	300	62.36	11.877	
Father's occupation	Governmental employee	132	66.33	11.691	<i>rs</i> = .257 (weak positive) P-value= .001 Sig= H.S
	Unemployed (housewife/student)	11	54.09	15.681	
	Self-employment	157	59.61	10.681	
	Total	300	62.36	11.877	
Residency	Urban	237	64.20	11.126	<i>rs</i> = .306 (moderate positive) P-value= .001 Sig= H.S
	Rural	38	54.34	12.794	
	Other	25	57.12	11.148	
	Total	300	62.36	11.877	
Monthly income (Iraqi dinars)	Less than 300000	51	55.63	11.465	<i>rs</i> = .315 (moderate positive) P-value= .001 Sig= H.S
	301000 – 600000	62	59.03	10.814	
	601000 – 900000	64	64.70	12.104	
	901000 – 1200000	70	65.20	11.329	
	1201000 – 1500000	31	65.35	10.058	
	1501000 or more	22	67.27	11.196	
	Total	300	62.36	11.877	
Family type	Extended	155	61.00	11.841	<i>rs</i> = .119 (weak positive) P-value= .039 Sig= S
	Nuclear	145	63.81	11.784	
	Total	300	62.36	11.877	
House ownership	Property	136	63.45	11.253	<i>rs</i> = .104 (weak positive) P-value= .071 Sig= N.S
	Rental	81	62.63	11.827	
	Joint	83	60.31	12.775	
	Total	300	62.36	11.877	

r = Spearman correlation coefficient, P= Probability, Sig= Significance, N.S= Not significant, S= Significant, H.S= High significant

This table presents the association among marital adjustment and parents' socio-demographic variables; the findings indicate significant relationships among marital adjustment with age (p-value= .001), parenthood (p-value= .032), age at marriage (p-value= .001), husband/wife age at marriage (p-value= .039), mother's education (p-value= .001),

father's education (p-value= .001), mother's occupation (p-value= .001), father's occupation (p-value= .001), residency (p-value= .001), monthly income (p-value= .001), and family type (p-value= .039).

Chapter Five

Discussion of the Study Results

Chapter Five

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Discussion of the Study Results

With the assistance of the available linked studies, this chapter gives a methodically structured interpretation and rationally deduced discussion of the results.

5.1. The Socio-demographic Characteristic of the Parents.

A. Age

The results of the study indicate that the highest percentage 41% of parents are at age group (19-24) years old . This result agrees with the findings of (Luca, *et al.*, 2017) they found that (40%) of the participants' ranged from 20 to more than 35 years old, the aim of this study is to investigate the relationships between parenting stress, mental health (depressive and anxiety symptoms), and dyadic adjustment among first-time parents ,furthermore these result disagree with the findings of (Somyeh, *et al.*,study 2021) who found that (49%) of mothers at the age group (26-37 years) in Tahrán, Iran that was the target to identify psychological challenges to transition to parenthood in first-time parents. Also disagree with (Perri *et al.*,2021) who found that the majority of both mothers and fathers half (50%) are at age group(29-33) years old between 99 parent couples in Halifax, Canada to known about the sexual distress new parents feel related to these changes, how sexual distress evolves over time, or how coping with stress relates to this distress.

B. Age at Marriage

The results of the study indicate that 42.7% of parents with in (18-23) years old . This result agrees with the findings of the Iraqi Central Statistical Organization for the year 2020, it stated that the average age at marriage for males 20-24 and for females 20-21.(CSO,2020). This age is common in Iraq, and it is the good age for childbirth and fertilization

C. Levels of Parents Education

According to levels of education the result shows that both mothers and fathers are having bachelor degree with percentage of 33% and 25.7% respectively. The percentage of learners with a bachelor's degree is a good percentage that reflects the change in the education rate due to the interest in education and the large number of universities.

This result supported by the findings of (Yvonne, *et al.*, 2021) they found that (56.6%) of mothers are bachelor degree. Also the result agrees with the findings of (Somayeh. *et al.*, 2021) as they found mothers and fathers with bachelor degree in Tahrán ,Iran ,whereas these result disagree with the findings of (Luca, *et al.*, 2017) who found that educational qualification of the fathers, (47%) of the parents are having diploma followed by bachelor degree (26%) However, in terms of the mother's educational qualification, it corresponds to a percentage (34 %) in Edinburgh, Italy.

D. Parents Occupation

The result shows that the majority of mothers(59%) are housewives, (52.3%) of fathers' are self-employed. On the other hand, the percentage of Iraqi women's participation in state institutions represents half of the total number, according to what was monitored by the Training Department at

the National Center of the Ministry of Planning, according to its latest statistics. Although the percentage of women in Iraqi society is approximately 49 percent of the total population, their opportunities in the labor market are still small, as the percentage of working Iraqi women does not exceed 15 percent of about twenty million Iraqi women, whereas 85 percent of them are victims of objective factors. Their role in society in general and the labor market in particular is limited.

This result advocated with the findings of (Francesca , 2014) they found that (12%) of her sample are Housewife in Italy, this study addresses open questions about the short-term declining trajectories of partners' satisfaction with their relationship following the birth of the first child . This result also agrees with the findings of (Bjorn and Matthias, *et al.*, 2019) as they found that 53% of the mothers are housewives and 56% of father are employed in Germany to assess Relationship Satisfaction Across the Transition to Parenthood: The Impact of Conflict Behavior,

E. Residency: This result shows that 79% of parents are residents at urban areas. These results agree with the Iraqi Central Statistical Organization for the year 2022 for the city of Baghdad, where it found that the urban population is more than seven million people, and the rural population is only one million. In addition, there is no such variable in previous studies related to the topic of the research.

E. Monthly income of Parents:

According to the parents' monthly income, the result shows that 901,000-1,200,000 Iraqi dinars and in US dollars approximately equal to(\$ 600-800) recorded the highest rate (23.3%). These results are in agreement with the Central Statistical Organization for the year 2021,

which indicated a decrease in the level of per capita income to more than (30%) from 2019 and below.

This result is inconsistent with the results of (Perry et al., 2021) who found that (68%) of his studied sample monthly income are (more \$80,000) in Canada this examined common Dyadic Coping and Sexual Distress in New Parent Couples during the Transition to Parenthood.

F. Family type

Regarding to family type the result shows (51.7%) of parents reported that they are living as extended families. This is due to the influence of customs and traditions in the tribal society, as well as due to the high cost of housing and even obtaining a house for rent, which the community constantly faces.

g. House Ownership :- According to House ownership 45.3% of them have their own property house. This is due to the fact that the sample means that the home of the large family in which they live with the husband's family is their property, especially since the majority of the housing, as we mentioned, is with the extended family.

5.2.PART 2: Psychological Status among Parents:-

Concerning the results of the psychological state, the results were shown as follows moderate to good psychological status (M=25.92) in which 43.3% associated with good level and 43.35 associated with moderate level That is, more than two-thirds of the sample .

The results of moderate intensity for the psychological state as a whole came for reasons including that it is for both parents in general. Most

of the studies are similar to the results. This proves that there is a change in the psychological state after childbirth for both parents.

These results are consistent with (Yvonne *et al.*, 2021) who found that more than 50% motherhood status has a moderate psychological status in Holland this study to assess the impact of motherhood on the course of women's psychological wellbeing. Also, the study (Ylva and Susan, 2017) conducted in London , United Kingdom of State this studied to examine the transition to parenthood and mental health in first-time parents in detail and explore any differences in this transition in the context of parental gender and postpartum mental health. which reported that a quarter of men and women are in agreement they suffer from psychological problems, meaning that more than three quarters of their psychological condition is somewhat stable ,whereas the study (Luca *et al.*,2017) in differs, which found that more than two-thirds of the psychological state is low by more than 70 percent in Edinburgh, Italy this examined in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. The same applies to the study (Kwok Hong, 2018) which found that the psychological state is not good, it reached its peak for mothers, at a rate of more than 50 percent in Australia ,this assessed psychological outcomes transition to motherhood .

5.2.A. Stress among Parents:-

A results of stress for both parents that the highest percentage is mild and by (41%) That is, by much less than half, and the number of separation of fathers from mothers was made to measure stress which found that mothers suffer from stress much more than fathers.

The results were identical to most studies on the same subject. This proves that there is stress that affects the psychological state, but not as severe as that described by the scale.

This study agrees with (Sara *et al.* , 2021) that found that the percentage of stress was mild with more than 75% of the sample for parents during the transition to the stage of paternity in Milan , Italy this studied the role of dyadic coping for the individual and relational well-being of couples during the transition to parenthood . This study corresponds to the study (Claudia *et al.*, 2015) who found that more than (60%) most mothers suffer from mild stress in Italy this study was to investigate the role of mothers' attachment style, maternal prenatal attachment to the fetus and dyadic adjustment during postpartum. Also, the study (luca *et al.*, 2017) which reported (58%) of parents suffer from mild stress in Italy to studies In the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. The same applies to the study (Kwok Hong, 2018) which found that the mothers suffer from mild stress for more than three-quarters of the mothers participating in the study in Australia , this assessed psychological outcomes transition to motherhood. Also, the study (Francine *et al.*, 2020) which reported (45%) of mothers suffer from mild stress in Canada, this studied perceived paternal involvement, relationship satisfaction, mothers' mental health and parenting stress ,whereas this result is contradicted with (Laura *et al.*,2016) who found that (85%) of parents have normal stress in Italy , established link between parenting stress, postnatal depression, and anxiety, no study has yet investigated this link in first-time parental couples.

5.2.B. Anxiety among Parents:-

Findings related to anxiety show that parents are associated with a severe level of anxiety with 37.7% of them showing a severe of anxiety. The percentage that determined that anxiety is severe is a percentage that is somewhat equal with the rest of the percentages and very close, especially since the results of all the paragraphs that included anxiety have moderate results.

These results are consistent with (Luca *et al.*, 2017) who found that (31%) from parents has a severe of anxiety in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. The results are also consistent with (laura *et al.*,2016) Where it was found that (61.3%) of mothers suffer from severe anxiety and (74.6%) of fathers suffer from severe anxiety as well in Italy , established link between parenting stress, postnatal depression, and anxiety, no study has yet investigated this link in first-time parental couples ,whereas this finding contrasts with (Ylva and Susan , 2017) who found that 21% of women and 8% of men suffer from severe anxiety in London , United Kingdom of State this studied to examine the transition to parenthood and mental health in first-time parents in detail and explore any differences in this transition in the context of parental gender and postpartum mental health. Also these result disagree with the findings of (Parfitt & Ayers, 2014) who found that 15% in the whole sample, but particularly reduced for men (8%) in London, England ,this assessed the Transition to Parenthood and Mental Health in First Time Parents.

5.2.C. Depression among parents:-

The study revealed that (39.3%) have a moderate level of depression, this percentage constitutes approximately one third of the study sample. These results are considered balanced in terms of percentages with other degrees and a moderate percentage of depression.

These results agree with (Ylva and Susan , 2017) who found that also shows that the prevalence of moderate to severe depression was the postpartum (33.3%) of parents in London , United Kingdom of State this studied to examine the transition to parenthood and mental health in first-time parents in detail and explore any differences in this transition in the context of parental gender and postpartum mental health . Also, The results are consistent with (Francine *et al.*, 2020) Where it was found that (50%) of parents suffer from moderate depression in Canada, this studied perceived paternal involvement, relationship satisfaction, mothers' mental health and parenting stress, whereas these results disagree with (Luca *et al.*, 2017) who found that parents have mild depression with a rate of more than(70%) in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child .Also, Contrary to the study (Laura *et al.*, 2016) found that depression is normal (63%) for mothers and (84%) for fathers in Italy , established link between parenting stress, postnatal depression, and anxiety, no study has yet investigated this link in first-time parental couples.

5.3. Marital adjustment

5.3.A. Marital Agreement among Parents:-

The results indicate that 42.7% of parents show moderate marital agreement. This difference is due to the different countries, societies, health, psychological and educational care provided during pregnancy, which directly affects the relationship of marital agreement between new parents .

The results are consistent with (Luca *et al.*, 2017) where it was found that (53%) of parents have a moderate marriage agreement, that is, not good or excellent and at the same time not bad in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child . Also, This study corresponds to the study (Alexandra *et al.*, 2021) who found that more than (50%) have moderate marital agreement in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents. This study agrees with (Claudia *et al* .,2015) that found that the percentage of marital agreement was moderate with more than 70% of the sample for parents during the transition to the stage of paternity in Italy, this study was to investigate the role of mothers' attachment style, maternal prenatal attachment to the fetus and dyadic adjustment during postpartum ,whereas this study disagree with (Sara *et al* ., 2021) that found that the percentage of marital agreement was good with more than 60% of the sample for parents during the transition to the stage of paternity in Milan, Italy, this studied role of dyadic coping for the individual and relational well-being of couples during the transition to parenthood. Also, The study (Francine *et al.*, 2020) also differed with the

current study, where it was found that the percentage of marital agreement is rather good, no more than three quarters of the sample in Canada, this studied Perceived Paternal Involvement, Relationship Satisfaction, Mothers' Mental Health and Parenting Stress.

5. 3. B. Marital Satisfaction among Parents:-

The current study indicates that marital satisfaction is moderately by more than three quarters of the sample about 81.7% of parents during the transition to parenthood. Researcher note that there is no significant discrepancy between the results of the current study with other studies in countries, and this means that the results are more expressive.

This study agree with the study (Alexandra *et al.*, 2021) who found that more than (54%) have moderate marital Satisfaction during first parenthood in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents. The results are consistent with (Luca *et al.*, 2017) where it was found that (70%) of parents have a moderate marital satisfaction that is not good in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. Also, (Francine *et al.*, 2020) study shares the same results, as it found that marital satisfaction through first paternity is also moderate, at a rate of more than 80 percent in Canada, this studied perceived paternal involvement, relationship satisfaction, mothers' mental health and parenting stress. Also, This study agrees with (Claudia *et al.* ,2015) that found that the percentage of marital satisfaction was moderate with more than 65% of the sample for parents during the transition to the stage of paternity in Italy, this study was to investigate the role of mothers' attachment style,

maternal prenatal attachment to the fetus and dyadic adjustment during postpartum, whereas a study (Sara *et al.* , 2021) contradicted the research study, where it found that there is good marital satisfaction with a percentage more than the average of the study sample, that is, more than 50 percent for husbands during the transition to first parenthood in Milan, Italy, this studied role of dyadic coping for the individual and relational well-being of couples during the transition to parenthood. Also, This study disagree with (Hepi *et al.* , 2020) Which found that marital satisfaction is somewhat good for the majority of the study sample among new parents in Indonesia ,this studied relationship between parental marital quality and psychological well-being.

5.3.C. Marital Cohesion among Parents:-

The results show that 58.3% of parents show moderate marital cohesion, which is more than half of the sample. The results of the current study are more expressive because there is no appreciable difference between them and those of previous studies conducted in various nations.

This study corresponds to the study (Alexandra *et al.*, 2021) who found that more than 60% have moderate marital cohesion in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents . Also, (Francine *et al.*, 2020) The results of these are same results as the current study, where it found that marital cohesion is moderate among parents who have the first parenthood , at a rate close to half of the studied sample in Canada, this studied Perceived Paternal Involvement, Relationship Satisfaction, Mothers' Mental Health and Parenting Stress. Also, The results are consistent with (Luca *et al.*, 2017) where it was found that (45%) of parents have a moderate marital cohesion

in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. Also, The results of this study concur with those of (Claudia *et al.*, 2015), who discovered that the percentage of marital cohesion was moderate with more than 76% of the sample for parents throughout the transition to the stage of paternity in Italy, this study was to investigate the role of mothers' attachment style, maternal prenatal attachment to the fetus and dyadic adjustment during postpartum, ,whereas a study (Sara *et al.*, 2021) indicated that there is good marital cohesion with a percentage higher than the average of the study sample, that is, more than 50% for parents during the transition to first parenthood, this study was in conflict with the research study, in Milan, Italy, this studied role of dyadic coping for the individual and relational well-being of couples during the transition to parenthood . Additionally, this study disagrees with (Hepi *et al.*, 2020), which indicated that for the majority of the study sample among new parents, marital cohesion is moderately good in Indonesia ,this studied relationship between parental marital quality and psychological well-being.

5.3 .D. Emotional Expression among Parents:-

According to these findings, 43.7% of parents express their emotions strongly. The main reason for this difference is the nature of society and how it views emotional and sexual relationships, as gender does not necessarily express the strength of the relationship, especially since the societal culture views it as a duty. Finally, this ratio compared to other ratios is very close, but these are statistical relative differences .

A study (Sara *et al.*, 2021) supports the research study by concluding that couples transitioning to first parenting exhibit positive emotional

expression in a percentage higher than the average of the study sample, or in more than 50% of cases in Milan, Italy, this studied role of dyadic coping for the individual and relational well-being of couples during the transition to parenthood. Additionally, this research supports the findings of (Hepi *et al.*, 2020), who discovered that the majority of the study sample of new parenthood communicate their emotions in a reasonably and more than good in Indonesia ,this studied relationship between parental marital quality and psychological well-being ,whereas the study (Alexandra *et al.*, 2021) found that more than 47% of participants exhibit moderate emotional expression, this study contradicts that finding in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents . Additionally, (Francine *et al.*, 2020) These findings conflict with those of the current study, which indicated that parents who are first-time parents exhibit moderate emotional expression at a rate that is close to 63% of the population under study in Canada, this studied Perceived Paternal Involvement, Relationship Satisfaction, Mothers' Mental Health and Parenting Stress. Additionally, the findings conflict with those of (Luca *et al.*, 2017), which revealed that (40%) of parents express emotions in a moderate way in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. Additionally, the findings of this study differ from those of (Claudia *et al.*, 2015), who found that the percentage of emotional expression for parents throughout the transition to the stage of paternity was moderate with more than 82% of the sample in Italy, this study was to investigate the role of mothers' attachment style, maternal prenatal attachment to the fetus and dyadic adjustment during postpartum.

5.4.Effect of Psychological Status on Marital Adjustment:

The findings show that psychological status has a significant impact on marital adjustment related to marital agreement, cohesion, and emotional expression, as shown by significant differences at p-values of.001 and.034, respectively. Additionally, psychological status has an impact on marital satisfaction, as shown by a significant difference at p-values of.001 and.034. The study proves that there is an effect of the psychological state on marital adjustment, especially since most studies support this, which means that marital problems are related to some kind of psychological, non-cognitive pressure on the parents because of the new responsibilities.

In agreement with the study (Parfit & Ayers, 2014) more than three quarters of the study sample reported parents that there is a statistically significant effect that psychological problems affect the marital adjustment in London, England ,this assessed the transition to parenthood and mental health in first time parents. Also, This study agrees with (Claudia *et al* .,2015) that found that a statistically significant effect that psychological status on the marital adjustment in Italy, this study was to investigate the role of mothers' attachment style, maternal prenatal attachment to the fetus and dyadic adjustment during postpartum .Also, The findings are in line with those of (Luca *et al.*, 2017), which discovered a statistically significant association between parenting psychological status and marital adjustment throughout the transition to parenthood in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. Also, study (Sara *et al.*, 2021) agrees with the research study by concluding a statistically significant association between parenting

psychological status on marital adjustment during first parenthood in Milan, Italy, this studied role of dyadic coping for the individual and relational well-being of couples during the transition to parenthood. The research study's conclusion that there is a statistically significant correlation between parenting psychological status on marital adjustment during first parenthood is consisted by a study (Hepi *et al.*, 2020) in Indonesia ,this studied relationship between parental marital quality and psychological well-being , whereas the study (Alexandra *et al.*, 2021) indicated that there was no significant relationship between parenting psychological status and marital adjustment throughout the transition to parenthood in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents, which is at odds with the current study. Also, That conclusion is refuted by the study (Francine *et al.*, 2020), which revealed no significant between marital adjustment and parenting psychological status throughout the transition to parenthood in Canada, this studied perceived paternal involvement, relationship satisfaction, mothers' mental health and parenting stress.

5.4.a. Effect of Stress on Marital Adjustment:-

The findings indicate that stress has a high significant impact on marital adjustment in terms of marital agreement, marital cohesion, and emotional expression as shown by significant differences at p-values of.001,.003, and.001. Most of the studies may be similar to the current study in the results, but there are differences with some of the few studies that belong to developed countries in their educational health system, including providing continuous counseling and advice on three stages before pregnancy, during pregnancy and after pregnancy.

These results consisted with results by (Björn & Matthias ,2019) who found that stress has a high significant impact on marital adjustment in terms of marital agreement, marital cohesion, and emotional expression in Bielefeld, Germany this studied relationship satisfaction across the transition to parenthood. Also, These results agree with (Ylva and Susan , 2017) who found that also shows that the stress has a high significant impact on marital adjustment in terms of marital agreement, marital cohesion, and emotional expression at p-values of .052** . Also, the results are consistent with those of (Luca *et al.*, 2017) who found that stress full mediation effect on and marital adjustment with its branches marital agreement, marital cohesion, and emotional expression in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child . The stress has a high significant impact on marital adjustment in terms of marital agreement, marital cohesion, and emotional expression, according to a study by (Parfitt, & Ayers, 2014) that was included in the current study in London, England ,this assessed the transition to parenthood and mental health in first time parents . Also, The research study's conclusion that there is a statistically significant correlation between parenting stress on marital adjustment in terms of marital agreement, marital coherence, and emotional expressiveness during first parenthood is consisted by a study (Hepi *et al.* 2020) in Indonesia ,this studied relationship between parental marital quality and psychological well-being ,,whereas this study conflicts with one that concluded that stress had no discernible impact on marital adjustment in terms of marital agreement, marital coherence, and emotional expressiveness (Alexandra *et al.*, 2021) in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents. Also, The study (Francine *et*

al., 2020) contradicts that assertion because it found no connection between marital adjustment and parenting stress during transition to parenthood in Canada, this studied Perceived Paternal Involvement, Relationship Satisfaction, Mothers' Mental Health and Parenting Stress.

5.4. b. Effect of Anxiety on Marital Adjustment:-

According to these findings, anxiety significantly affects marital adjustment related to sub-scales of marital agreement, marital satisfaction, marital cohesion, and emotional expression evidenced by significant differences at p -value= .001, .001, .001, and .001. There are differences with some of the few studies that belong to developed countries in their educational health system, including the provision of continuous counseling and advice on three stages before pregnancy, during pregnancy, and after pregnancy, even though most of the studies may be similar to the current study in the results.

These results consisted with results by (Hepi *et al.*,2020) who found that anxiety has a high significant effect on marital adjustment in terms of marital agreement, marital satisfaction, marital cohesion, and emotional expression in Indonesia ,this studied relationship between parental marital quality and psychological well-being. Also, These results agree with (Björn & Matthias ,2019) who found that shows that the anxiety has a high significant effect on marital adjustment in terms of marital agreement, marital satisfaction, marital cohesion, and emotional expression in Bielefeld, Germany this studied relationship satisfaction across the transition to parenthood . Also, the results are consistent with those of (Luca *et al.*, 2017) who found that anxiety effect on and marital adjustment with its branches marital agreement, marital satisfaction, marital cohesion,

and emotional expression in Italy, to studies In the 1st year of the postpartum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. The anxiety has a high significant effect on marital adjustment in terms of marital agreement, marital satisfaction, marital cohesion, and emotional expression, according to a study by (Ylva and Susan , 2017) that was included in the current study in London , United Kingdom of State this studied to examine the transition to parenthood and mental health in first-time parents in detail and explore any differences in this transition in the context of parental gender and postpartum mental health. Also, The research study's conclusion that there is a statistically significant correlation between parenting anxiety on marital adjustment in terms of marital agreement, marital satisfaction, marital coherence, and emotional expressiveness during first parenthood is consisted by a study (Parfitt & Ayers, 2014) in London, England ,this assessed the transition to parenthood and mental health in first time parents ,whereas this study contrasts with another, which found that anxiety had no appreciable impact on marital adjustment in terms of marital agreement, marital satisfaction, marital coherence, or emotional expressiveness (Alexandra *et al.*, 2021) in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents, which is at odds with the current study. Additionally, the study (Francine *et al.*, 2020) refutes the idea that parenting anxiety has no discernible effect on marital adjustment in terms of marital agreement, marital satisfaction, marital coherence, and emotional expressiveness during first parenthood in Canada, this studied Perceived Paternal Involvement, Relationship Satisfaction, Mothers' Mental Health and Parenting Stress.

5.4.c. Effect of Depression on Marital Adjustment:-

According to these findings, depression has a significant impact on marital adjustment linked to marital agreement, marital cohesion, and emotional expression as shown by significant differences at p-values of .001, .001, and .001. Although most of the studies may be similar to the current study in the results, there are differences with some of the few studies that belong to developed countries in their educational health system, including providing continuous advice and advice on three stages before pregnancy, during pregnancy and after pregnancy, which makes there is cooperation from the husband and alleviation of the severity of the psychological change that the mother faces from natural postpartum depression.

These findings were complemented by those of (Hepi *et al.*, 2020) who discovered that depression had a highly substantial impact on marital adjustment in terms of marital agreement, marital coherence, and emotional expressiveness in Indonesia, this studied relationship between parental marital quality and psychological well-being. Furthermore, these findings support the findings of (Björn & Matthias 2019), who discovered that depression has a high significant impact on marital adjustment in terms of marital agreement, marital coherence, and emotional expressiveness in Bielefeld, Germany this studied relationship satisfaction across the transition to parenthood. Additionally, the findings are in line with those of (Luca *et al.*, 2017), who discovered that depression has an impact on marital adjustment, including its sub-branches of marital agreement, marital cohesion, and emotional expression in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child.

According to a study by (Ylva and Susan, 2017) that was incorporated in the current study, the depression has a highly substantial impact on marital adjustment in terms of marital agreement, marital satisfaction, marital cohesion, and emotional expression in London , United Kingdom of States this studied to examine the transition to parenthood and mental health in first-time parents in detail and explore any differences in this transition in the context of parental gender and postpartum mental health. Also, According to the research study's findings, there is a statistically significant relationship between parental depression and marital adjustment in terms of marital agreement, marital coherence, and emotional expressiveness during the first parenting (Parfitt &Ayers. 2014) in London, England ,this assessed the transition to parenthood and mental health in first time parents, ,whereas a different study, which indicated that depression had little to no effect on marital adjustment in terms of marital agreement, marital coherence, or emotional expressiveness, is in contrast to this study (Alexandra *et al.*, 2021) in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents, which is at odds with the current study. The research (Francine *et al.*, 2020) also disproves the notion that parenting depression has no significant impact on marital adjustment in terms of marital agreement, marital coherence, and emotional expressiveness during first parenthood in Canada, this studied Perceived Paternal Involvement, Relationship Satisfaction, Mothers' Mental Health and Parenting Stress.

5.5. Level of Psychological Status between Mothers and Fathers regard to Parenthood .

This results shows that there are high significant differences in stress, anxiety, and depression with regard to mothers at p-value=

.001.respectively. This means, then, that there are large individual gender-dependent differences in the psychological state between fathers and mothers, and how they are affected psychologically after childbirth. These results proved that fathers go through similar psychological changes and experiences that mothers go through, but mothers experience higher rates than fathers, and the percentages vary according to the health system and the extent of parental care before and during pregnancy.

(Ylva and Susan, 2017) The results of this study are very similar to the current study, which found that mothers are affected by psychological state more than fathers, although there was an influence for fathers as well, but less in London , United Kingdom of States this studied to examine the transition to parenthood and mental health in first-time parents in detail and explore any differences in this transition in the context of parental gender and postpartum mental health . Additionally, the findings are in line with those of (Luca *et al.*, 2017) who found that the mothers suffer from a change in the psychological state and stress during the transition to first parenthood more than the fathers, despite the presence of the psychological state of the fathers in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. Additionally, Despite the presence of the fathers' psychological status, the study (Alexandra *et al.*, 2021) indicated that mothers experience a change in psychological state and stress during the transition to first parenthood more than men this is in agreement with the case study in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents . Also, this research supports the findings of (Björn & Matthias ,2019), who discovered that the moms are more

likely than males to undergo a shift in psychological state during the transition to first parenting in Bielefeld, Germany this studied relationship satisfaction across the transition to parenthood. Contrasted and agreed by (Sara *et al.*, 2021) a study with the current study, where it was found mothers reported higher levels of depression, fathers showed higher levels of anxiety in the first parenthood in Milan, Italy, this studied role of dyadic coping for the individual and relational well-being of couples during the transition to parenthood.

5.6. Level of Marital Adjustment between Mothers and Fathers regard to Parenthood .

The results show that there is a significant difference in marital agreement with respect to fathers at $p\text{-value} = .012$ and there is a significant difference in emotional expression with respect to fathers at $p\text{-value} = .008$.

In Iraqi society, most of the burdens of the child, if not all, are usually placed on the mother, as well as the great hormonal change that changes the psyche more than the father affects, which makes the responsibility increase, and therefore it is natural that the wife is not completely satisfied, her satisfaction is average or without knowing that the differences are not great between the mother And the father in terms of marital adjustment .

The study by (Luca *et al.*, 2017) means almost coincides with the current study, as it found that there are statistical differences between fathers and mothers in marital agreement and emotional expression, and there are no statistically significant differences in terms of marital satisfaction and marital cohesion in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child. The results of

this study also corroborate those of (Francine *et al.*, 2020), who discovered statistical disparities between fathers and mothers in the categories of marital adjustment—marital agreement, emotional expression, marital satisfaction, and marital cohesion—among them in Canada, this studied perceived paternal involvement, relationship satisfaction, mothers' mental health and parenting Stress. Additionally, these findings support (Björn & Matthias, 2019) who discovered statistical variations in emotional expression and marital agreement between fathers and mothers in Bielefeld, Germany this studied relationship satisfaction across the transition to parenthood. A study (Sara *et al.*, 2021) that came to the same conclusion as the research study on the parts of marital adjustment—marriage agreement, emotional expression, marital satisfaction, and marital cohesion—found a statistically significant association between fathers and mothers in Milan, Italy, this studied role of dyadic coping for the individual and relational well-being of couples during the transition to parenthood. Furthermore, the results of this study are consistent with those of (Claudia *et al.*, 2015) who discovered statistical disparities between fathers and mothers in the categories of marital adjustment, which include marital agreement, emotional expression, marital satisfaction, and marital cohesion in Italy, this study was to investigate the role of mothers' attachment style, maternal prenatal attachment to the fetus and dyadic adjustment during postpartum, ,whereas a study (Alexandra *et al.*, 2021) by contrasted with the current study, as it found that there are no statistical differences between fathers and mothers in terms of marital adjustment sections, which are marital agreement, emotional expression, marital satisfaction and marital cohesion in Canada, this study aimed to identify psychological challenges to transition to parenthood in first-time parents.

5.7. Association among Psychological Status with Parents' Socio-demographic Characteristics

This results presents the association among psychological status and parents' socio-demographic variables; the findings indicate significant relationships among psychological status with (age, parenthood, age at marriage, husband/wife age at marriage, mother's education, father's education, mother's occupation, father's occupation, monthly income, and house ownership). These high differences are a satisfactory result, as age, academic level, and other variables are the dividing line between parents and their psychological and moral readiness.

The research by (Björn & Matthias, 2019) is almost comparable to the current study because it discovered statistical differences between parental socio-demographic characteristics and psychological status in Bielefeld, Germany this studied relationship satisfaction across the transition to parenthood. Additionally, this study concurs with a recent study that found statistical differences between parents' socio-demographic characteristics and psychological status (Francesca, 2014) in Italy, this study addresses open questions about the short-term declining trajectories of partners' satisfaction with their relationship following the birth of the first child . Additionally, the findings of this study are in line with those of (Claudia *et al.*, 2015) who found statistical differences between parents' socio-demographic characteristics and psychological status in Italy, this study was to investigate the role of mothers' attachment style, maternal prenatal attachment to the fetus and dyadic adjustment during postpartum, ,whereas a study (Luca *et al.*, 2017) disagreed with the present study since it discovered no statistically significant differences between parents' socio-demographic characteristics and psychological status in Italy, to studied In

the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child.

5.8. Association among Marital Adjustment with Parents' Socio-demographic Characteristics.

This results shows the association among marital adjustment and parents' socio-demographic variables; the findings indicate significant relationships among marital adjustment with (age, parenthood, age at marriage, husband/wife age at marriage, mother's education, father's education, mother's occupation, father's occupation, residency, monthly income and family type). Marital conditioning is greatly affected by demographic variables, especially since the research dealt with very different levels of parents in terms of variables, and this was reflected in the results to be more credible and clear.

The research of (Björn & Matthias, 2019) is almost comparable to the current study because it found statistical differences between parental socio-demographic traits and marital adjustment in Bielefeld, Germany this studied relationship satisfaction across the transition to parenthood. The results of this study are also consistent with those of (Claudia *et al.*, 2015), who discovered statistical differences between parents' socio-demographic traits and marital adjustment in Italy, this study was to investigate the role of mothers' attachment style, maternal prenatal attachment to the fetus and dyadic adjustment during postpartum. Additionally, this study supports a prior study that discovered statistical disparities between marital adjustment and parents' socio-demographic variables by (Francesca, 2014) in Italy, this study addresses open questions about the short-term declining

trajectories of partners' satisfaction with their relationship following the birth of the first child, whereas in contrast to the current study (Luca *et al.*, 2017) found no statistically significant differences between parents' socio demographic traits and marital adjustment in Italy, to studied in the 1st year of the post-partum period, parenting stress, mental health, and dyadic adjustment are important for the wellbeing of both parents and the child.

Chapter Six

Conclusion and Recommendations

Chapter six

Conclusions & Recommendations

6.1. Conclusions

According to findings and discussion of the study findings, it can be concluded that:

6.1.1. The majority of the study sample was female, Most of the ages ranged from the age of youth, as well as their age at marriage, , bachelor degree , Unemployed housewife for mother and governmental employee among fathers, housewife, urban residency , sufficient monthly income and extended family type.

6.1.2. Psychological status it is divided into three parts with different results (Stress among parents it is mild level, Anxiety among parents it was moderate level and Depression among parents it was moderate level).

6.1.3. Marital Agreement among parents it is moderate level.

6.1.4. Marital Satisfaction among parents it is moderate level.

6.1.5. Marital Cohesion among Parents it is moderate level.

6.1.6. Emotional Expression of Adjustment among Parents it is high level.

6.1.7. Effects of psychological Status is on marital adjustment. In detail, the results were as follows:-

-Stress has high effect on marital adjustment related to marital agreement, marital cohesion, and emotional expression

-Anxiety has high effect on marital adjustment related to sub-scales of marital agreement, marital satisfaction, marital cohesion, and emotional expression.

-Depression has high effect on marital adjustment related to marital agreement, marital cohesion, and emotional expression.

6.1.8. There are high significant association in stress, anxiety, and depression with regard to mothers at p-value= .001 respectively, more than fathers.

6.1.9. There are significant association in marital agreement with regard to fathers at p-value= .012 and there is significant difference in emotional expression with regard to fathers it means that fathers are more than mothers in marital adjustment.

6.1.10. There are Significant association among psychological status with most parents' socio-demographic characteristics.

6.1.11. There are Significant association among marital adjustment with most parents' socio-demographic characteristics.

Recommendations:

Based on the previous results of the study, the researcher has recommends that:

1. Recommendations to the Ministry of Health:-

- a. The necessity of improving the awareness of parents about the psychological effects and its negatively impacts on their marital relationships.
- b. Develop programs to inform fathers about what their wives go through and how to distinguish normal psychological fluctuations from pathological ones in order to avoid the development of the disease and the impact of the marital relationship or harm to the child.
- c. Future research need to be focus on examining additional psychological variables and dimensions that may mediate the connection between parental stress and marital adjustment during the transition to parenthood.
- d. Sustaining fallow-up of health personal in all women's consulting clinics, it is to give the psychological aspect great importance during pregnancy for pregnant women, by referring them to a psychological consultant if they suffer from any psychological disorders that are likely to develop into more severe postpartum conditions.
- e. Distributing of prepared educational materials about effect of psychological status on marital adjustment concerning first parenthood to all new clients in all women 's consulting clinics.

2. Recommendations to the parents (clients).

- a. Establishing support group from the community to educate and share in the follow-up process of parents about effect of psychological status on marital adjustment.
- b. Increasing the use of mass media for educating the parents about effect of psychological status on marital adjustment.

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Appendix A

Administrative Agreements



جمهورية العراق
وزارة الصحة
دائرة صحة بغداد / الكرخ
مركز التدريب والتنمية البشرية
العدد :
التاريخ : ٢٠٢٢ / ١ / ٢٩

الى / قطاع الكاظمية للرعاية الصحية الاولى
م/ تسهيل مهمة

تحية طيبة

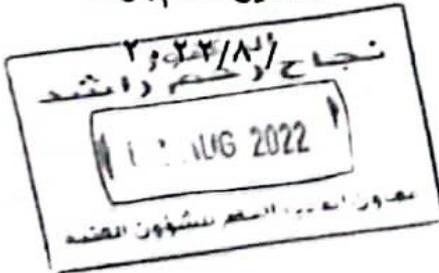
حصلت موافقة دائرتنا على تسهيل مهمة الباحثة انعام عبد الكريم عباس حسن (بحث دكتوراه - كلية التمريض)
لاكمال بحثها العلمي و الموسوم Effect of psychological status on marital adjustment concerning first parenthood
و حسب الضوابط والامكانيات المتاحة دون تحمل دائرتنا اي تبعات مادية مع التأكيد على ضرورة استحصال موافقة المرضى لملى استمارة الاستبيان .

لاتخاذ مايلزم ... مع الاحترام

الطبيب الاختصاص

سعد كامل رحيم

المدير العام/ وكالة



نسخة منه الى:
- وزارة التعليم العالي والبحث العلمي / جامعة بابل / كلية التمريض كتابكم ذي العدد ٢٣٩٧ في ٢٠٢٢/٧/٧ ... مع الاحترام .
- قسم المسحة العامة للعلم ... مع الاحترام
- مركز التدريب والتنمية البشرية/ مع الأوليات لطفاً .



جمهورية العراق
وزارة الصحة / البيئة
دائرة صحة بغداد / الكرخ
قطاع الكاظمية للرعاية الصحية الأولية
شعبة إدارة الموارد البشرية

العدد ١١٤٦٤
التاريخ ١١ / ٨ / ٢٠٢٢

إلى // مركز صحي الزهراء لصحة الأسرة
مركز صحي الدولي

مركز صحي الشهيد بشير الجزائري

م // تسهيل مهمة

تحية طيبة .

اشارة الى كتاب مركز التدريب والتنمية البشرية ذي العدد ٤٠٣٩٥ فـ ٢٠٢٢/٨/٢

حصلت موافقة دائرتنا على تسهيل مهمة الباحثة انعام عبد الكريم عباس حسن (بحث دكتوراه كلية التمريض)

لغرض اكمال بحثه العلمي والموسوم Effect of psychological status on marital adjustment

concerning first parenthood وحسب الضوابط والامكانيات المتاحة دون تحمل دائرتنا اي تبعات مادية مع

التأكد على ضرورة استحصال موافقة المرضى لمضى استمارة الاستبيان في مراكزكم الصحية العاملة بنظام

مع الاحترام

المرفقات

نسخة من كتاب المركز اعلاه

التكثيرة
الدكتور
احلاص يونس محمد

مدير قطاع الكاظمية للرعاية الصحية الأولية

٢٠٢٢/٨/

٢٠٢٢/٨/

يتم اجراء اللازم والتبليغ حسب
الصواب ولا مانع لدينا .

الدكتور
صبر عمام باسم
مدير مركز صحي الزهراء لصحة الأسرة

٢٠٢٢/٨/١١

نسخه منه الى //

. دائرة صحة بغداد / الكرخ / مركز التدريب والتنمية البشرية كتابكم انفا' ... مع الاحترام

شعبة إدارة الموارد البشرية

الأرشيف. الملاك، التدريب والتطوير

جمهورية العراق
وزارة الصحة / البيئة
دائرة صحة بغداد / الكرخ
قطاع الكاظمية للرعاية الصحية الأولية
مركز صحي الزهراء لصحة الأسرة
الصادرة
المعد:
التاريخ: ٢٠ / / ٢٠٢٢

حسنين ٢٠٢٢/٨/١١



تحية طيبة .

اشارة الى كتاب مركز التدريب والتنمية البشرية ذي العدد ٤٠٣٩٥ ف ٢٠٢٢/٨/٢

حصلت موافقة دائرتنا على تسهيل مهمة الباحثة انعام عبد الكريم عباس حسن (بحث دكتوراه كلية التمريض)

لغرض اكمال بحثه العلمي والموسوم Effect of psychological status on marital adjustment

concerning first parenthood وحسب الضوابط والامكانيات المتاحة دون تحمل دائرتنا اي تبعات مادية مع

التأكد على ضرورة استحصال موافقة المرضى لملئ استمارة الاستبيان في مراكزكم الصحية العاملة بنظام

مع الاحترام

المرفقات

نسخة من كتاب المركز اعلاه

التصوير
الدكتور
اخلاص يونس محمد

مدير قطاع الكاظمية للرعاية الصحية الأولية
٢٠٢٢/٨/

المستخلص
ابكر ضياري محسن
مدير مركز صحي الدولي

الموارد البشرية
بضرورة الالتزام لعناؤهم القابل

نسخه منه الى //

. دائرة صحة بغداد / الكرخ / مركز التدريب والتنمية البشرية كتابكم انفا ... مع الاحترام

شعبة إدارة الموارد البشرية

الأرشيف .الملاك، التدريب والتطوير

حسين ٢٠٢٢/٨/١١

جمهورية العراق
وزارة الصحة / البيئة
دائرة صحة بغداد / الكرخ
قطاع الكاظمية للرعاية الصحية الأولية
شعبة إدارة الموارد البشرية
العدد ١١٤٦٢
التاريخ ٢٠٢٢/٨/١١



جمهورية العراق
وزارة الصحة / البيئة
دائرة صحة بغداد / الكرخ
قطاع الكاظمية للرعاية الصحية الأولية
مكتب المدير / المصادر
العدد ٢٠١١
التاريخ ٢٠١١

إلى // مركز صحي الزهراء لصحة الأسرة
مركز صحي الدولي

مركز صحي الشهيد بشير الجزائري

م // تسهيل مهمة

تحية طيبة .

إشارة الى كتاب مركز التدريب والتنمية البشرية ذي العدد ٤٠٣٩٥ فـ ٢٠٢٢/٨/٢
حصلت موافقة دائرتنا على تسهيل مهمة الباحثة انعام عبد الكريم عباس حسن (بحث دكتوراه كلية التمريض)

Effect of psychological status on marital adjustment والموسوم

concerning first parenthood وحسب الضوابط والامكانيات المتاحة دون تحمل دائرتنا اي تبعات مادية مع

التأكد على ضرورة استحصال موافقة المرضى لملى استمارة الاستبيان في مراكزكم الصحية العاملة بنظام

مع الاحترام

المرفقات

نسخة من كتاب المركز اعلاه

التصوير
مدير قطاع الكاظمية للرعاية الصحية الأولية
اخلاص يونس محمد

مدير قطاع الكاظمية للرعاية الصحية الأولية

٢٠٢٢/٨/١١

جمهورية العراق
وزارة الصحة / البيئة
دائرة صحة بغداد / الكرخ
قطاع الكاظمية للرعاية الصحية الأولية
شعبة إدارة الموارد البشرية
العدد ٢٠١١
التاريخ ٢٠١١

الموافق
تسهيل مهمة

نسخه منه الى //

. دائرة صحة بغداد / الكرخ / مركز التدريب والتنمية البشرية كتابكم اتقا' ... مع الاحترام

شعبة إدارة الموارد البشرية

الأرشيف، الملاك، التدريب والتطوير

حسنيين ٢٠٢٢/٨/١١

جمهورية العراق



جمهورية العراق
محافظة بغداد
دائرة صحة بغداد / الرصافة
مركز التدريب والتنمية البشرية
العدد : ١٧٧٩
التاريخ : ٢٠٢٢/٧/٢٦

لأجل عراق اخضر مستدام سنعمل معا لترشيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث

إلى / قطاع الرعاية الصحية الأولية في الشعب م / تسهيل مهمة

تحية طيبة :-

كتاب وزارة التعليم العالي و البحث العلمي / جامعة بابل / كلية التمريض / لجنة الدراسات العليا المرقم ٢٣٩٨ في ٢٠٢٢/٧/٧، يرجى تسهيل مهمة طالبة الدكتوراه (أنعام عبد الكريم عباس حسن) لغرض جمع عينة البحث الموسوم (تأثير الحالة النفسية على التوافق الزوجي فيما يتعلق بالابوه الاولي)، لاتخاذ ما يلزم لتسهيل مهمتها وتزويدها بما يلزم وحسب الضوابط وسياقات العمل وان لا تتحمل وزارة الصحة أية تبعات مالية للتفضل بالإطلاع وأجراء اللازم .
... مع التقدير ...

الدكتور
علاء كاظم صالح
ع/المدير العام

الطبيبة الاستشارية

ايمان احمد الرهيمي

مديرة مركز التدريب والتنمية البشرية

٢٠٢٢ / ٧ / ٢٦

الدكتورة الاستشارية

إيمان أحمد الرهيمي
مديرة مركز التدريب والتنمية البشرية



نسخة منه إلى:

- مركز التدريب والتنمية البشرية / شعبة إدارة البحوث والمعرفة / وحدة إدارة البحوث / اضبارة تسهيل مهمة .
* حسب كتاب وزارة الصحة / البيئة / دائرة التخطيط وتنمية الموارد / قسم التخطيط المالي المرقم ٦٠٦٢١ في ٢٠٢١/١٠/١٣ الفقرة (٢) المتضمنة عدم استيفاء أجور كتاب تسهيل مهمة كون الموما إليها طالبة دراسات عليا ومنتسبة في وزارة الصحة حسب الأمر الوزاري المتضمن منحها الإجازة الدراسية المرقم ١٢٤٣٢ في ٢٠٢٠/١٢/٢٠ .



جمهورية العراق
محافظة بغداد
دائرة صحة بغداد / الرصافة
قطاع الرعاية الصحية الأولية في الشعب
التاريخ: ٢٠٢٢ / ٨ / ٧
العدد: ١٦٥٣

إلى / مركز صحي الشعب الأول
م. ص البساتين
م/تسهيل مهمة

تحية طيبة...

يرجى تسهيل مهمة طالبة الدكتوراه (انعام عبدالكريم عباس) احد طلاب جامعة بابل/ كلية التمريض/ قسم إدارة أعمال /المرحلة الرابعة لغرض إتمام متطلبات مشروع بحثها (تأثير الحالة النفسية على التوافق الزوجي فيما يتعلق بالابوة الأولى

للتفضل بالاطلاع وإجراء اللازم مع التقدير...

الدكتور
علي حسون إسماعيل
مدير قطاع الشعب
٢٠٢٢ / ٨ / ٧

محافظة بغداد / دائرة صحة بغداد / الرصافة
قطاع الرعاية الصحية الأولية في الشعب
مركز الرعاية الصحية الأولية في الشعب الأول
العدد: ١٦٥٣
التاريخ: ٢٠٢٢ / ٨ / ٧

الدكتور
حامد حسين عبيد

محافظة بغداد / دائرة صحة بغداد / الرصافة
قطاع الرعاية الصحية الأولية في الشعب



جمهورية العراق
محافظة بغداد
دائرة صحة بغداد / الرصافة
قطاع الرعاية الصحية الأولية في الشعب
مركز صحي حي البساتين
التاريخ: ٢٠٢٢ / ٨ / ٧
العدد: ١٢٤٢

الى / قطاع الشعب
م/تسهيل مهمة

تحية طيبة -
كتابكم المرقم (١٦٥٣) في ٢٠٢٢/ ٨/٧ والتضمن تسهيل مهمة طالبة الدكتوراه (انعام عبد الكريم عباس) في مركزنا
الصحي حي البساتين لغرض اتمام متطلبات البحث

الدكتورة
د. بشرى مصطفى جعفر
مدير م.ص.حي البساتين
٢٠٢٢/ ٨ / ٧



University of Babylon
College of Nursing
Research Ethics Committee



جامعة بابل
كلية التمريض
لجنة اخلاقيات البحث العلمي

Issue No:

Date: / /2022

Approval Letter

To,
INAM ABDULKAREEM ABBAS

The Research Ethics committee at the University of Babylon, College of Nursing, has reviewed and discussed your application to conduct the research study entitled "Effect of Psychological Status on Marital Adjustment Concerning First Parenthood"

The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent.

Committee Decision.

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study; any revision in the protocol and participant informed consent.


Prof. Dr. Salma K. Jehad
Chair Committee
College of Nursing
Research Ethical Committee

5/7/2022



Appendix B

Questionnaire

Appendix B Questionnaire in English Language

Psychological Status in Relation to Marital Adjustment : Correlational Study

الحالة النفسية وعلاقتها مع التوافق الزوجي: دراسة ارتباطية

PART 1: Socio-Demographic and Personality Characteristics

1-Age years

2- Gender : female male

3-Age at time of marriage:

Your age at marriage years

Husband/wife age at marriage years

4-Educational level:

<u>For Mother</u>	<u>For Father</u>
Illiterate <input type="text"/>	Illiterate <input type="text"/>
Educated <input type="text"/>	Educated <input type="text"/>
Graduated from elementary school <input type="text"/>	Graduated from elementary school <input type="text"/>
Graduated from middle school <input type="text"/>	Graduated from middle school <input type="text"/>
Graduated from high school <input type="text"/>	Graduated from high school <input type="text"/>
Institute graduate <input type="text"/>	Institute graduate <input type="text"/>
College graduate <input type="text"/>	College graduate <input type="text"/>
Postgraduate graduate <input type="text"/>	Postgraduate graduate <input type="text"/>

Appendix B Questionnaire in English Language

5. Residency:

Urban

Rural

Other

6 .Mother's job:

Employee government Unemployed (housewife/student)

Retired Self-employment

7.Father s job:

Employee government Unemployed or student

Self-employment retired

8. Family monthly income (in Iraqi dinars)

less than 3000,00 301.00 - 6000.00 601.00 -9000.00

901.000 - 1.200.000 10.201.000---1.5000.000

1,501,000 or more

9. Family type:

Extended

Nuclear

10.Ownership of the residential unit:

Property

Rental

Joint

Appendix B Questionnaire in English Language

PART 2: Psychological Status

You recently had a baby, so I would like to know how you are feeling now. Please underline one of the answers that most accurately expresses how you have been feeling in the past few days

No	Items	Never	Sometime s	Often	Almost Always
1	I found myself getting upset by quite trivial things				
2	I was aware of dryness of my mouth				
3	I couldn't seem to experience any positive feeling at all				
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of (physical exertion				
5	I just couldn't seem to get going				
6	I tended to over-react to situations				
7	I had a feeling of shakiness (eg, legs going to give (way				
8	I found it difficult to relax				
9	I found myself in situations that made me so anxious about losing control				
10	I felt that I had nothing to look forward to				
11	I found myself getting upset rather easily				
12	I felt that I was using a lot of nervous energy				
13	I felt sad and depressed				
14	I found myself getting impatient when I was delayed in any way				
15	I had a feeling of faintness				
16	I felt that I had lost interest in just about everything				
17	I felt I wasn't worth much as a person				
18	I felt that I was rather touchy				
19	I perspired noticeably and heart palpitation in the absence of high temperatures or physical exertion				
20	I felt scared without any good reason				
21	I felt that life wasn't worthwhile				

Appendix B Questionnaire in English Language

PART 3: Dyadic Adjustment

Marital agreement

Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

No.	Items	Always Disagree	Frequently Disagree	Always Agree
1	Do you agree with the husband in managing the family budget?			
2	Do you agree with the husband in the field of leisure and recreation ?			
3	Do you agree on religious matters with the husband in terms of faith and belief?			
4	Do you always agree to spend romantic time together			
5	Do you agree with the husband on the way he treats his friends?			
6	Do you agree with the husband in choosing the sexual relationship between you?			
7	Conventionality (correct or proper behavior)?			
8	Do you agree with the husband in his philosophy and vision of aspects of life?			
9	Do you agree with the husband in the way he treats your family?			
10	Do you agree with the husband in his appreciation of family matters?			
11	Do you agree or are you satisfied with the amount of time you spend together?			
12	Do you agree with the husband in choosing decisions?			
13	Do you participate with the husband in business, especially at home?			
14	Do you agree with the husband on how to spend free time together, such as doing activities, traveling, shopping, and others?			
15	Do you agree with the husband in terms of his job or his own business ?			

Appendix B Questionnaire in English Language

Marital satisfaction

No.	Items	Never	Occasionally	All the time
1	How often do you discuss or have you considered divorce, separation, or terminating your relationship?			
2	How often do you or your mate leave the house after a fight?			
3	Do you see that things between you and your husband are going well ?			
4	Do you confide in your mate?			
5	Do you ever regret that you married? (or lived together)			
6	Do you quarrel with your husband?			
7	Do you nerves and get angry at your husband?			
8	Do you kiss your mate?			
9	Do you feel marital happiness ?			

Marital cohesion:

How often would you say the following events occur between you and your mate?

No.	Items	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
1	Do you and your mate engage in outside interests together?						
2	Have a stimulating exchange of ideas						
3	Laugh together						
4	Calmly discuss something						
5	Work together on a project						

Appendix B Questionnaire in English Language

Emotional expression

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no)

No.	Items	Yes	No
1	Being too tired for sex.		
2	Not showing love.		

الحالة النفسية وعلاقتها مع التوافق الزوجي: دراسة ارتباطية

اقوم ببحث دكتوراة في صحة النفسية والعقلية حيث اود التعرف على الحالة النفسية والتوافق الزوجي كل ما شعرت به خلال الستة اشهر الاولى بعد الولادة للام والاب معا

بناءا عليه امل من جنابكم الكريم الاجابة على الاسئلة الموجودة في الاستمارة مع الاشارة الى مساهمتكم في الاجابة عليها سيساعد الباحث في التوصل الى النتائج العلمية المرجوة لافتين انتباهكم الى ان المعلومات التي ستدلون بها تستعمل لاغراض البحث العلمي فقط. وبالتالي نرجوا منكم الاجابة بدقة

الجزء الأول:الخصائص الديموغرافية الاجتماعية والشخصية

- 1- العمر 23 سنة
- 2- الجنس انثى ذكر
- 3- عمرك عند الزواج سنة عمر الزوج /زوجة عند الزواج
- 4- المستوى التعليمي:
- | | |
|---|---|
| <p>المستوى التعليمي للأب</p> <ul style="list-style-type: none"> • لا تقرأ وتكتب <input type="text"/> • تقرأ وتكتب <input type="text"/> • خريج الدراسة الابتدائية <input type="text"/> • خريج الدراسة المتوسطة <input type="text"/> • خريج الدراسة الإعدادية <input type="text"/> • خريج معهد <input type="text"/> • خريج بكالوريوس فما فوق <input type="text"/> • خريج دراسات عليا <input type="text"/> | <p>المستوى التعليمي للأم</p> <ul style="list-style-type: none"> • لا تقرأ وتكتب <input type="text"/> • تقرأ وتكتب <input type="text"/> • خريجة الدراسة الابتدائية <input type="text"/> • خريجة الدراسة المتوسطة <input type="text"/> • خريجة الدراسة الإعدادية <input type="text"/> • خريجة معهد <input type="text"/> • خريجة بكالوريوس فما فوق <input type="text"/> • خريجة دراسات عليا <input type="text"/> |
|---|---|

5- السكن:

- الحضر الريف أخرى

6- المهنة الأم :

- موظفة حكومية لاتعمل (ربة البيت /طالبة) أعمال حرة متقاعدة

7. مهنة الأب :

- موظف حكومي لايعمل أو طالب أعمال حرة متقاعد

8- الدخل الشهري للأسرة (بالدينار العراقي)

- | | | |
|----------------------|-------------------|----------------------|
| <input type="text"/> | أقل من 3000,00 | <input type="text"/> |
| <input type="text"/> | 3000,00-6000,00 | <input type="text"/> |
| <input type="text"/> | 601,000—901,000 | <input type="text"/> |
| <input type="text"/> | 1,501,000 أو أكثر | <input type="text"/> |

9. نوع الأسرة

- مفردة ممتدة

10. ملكيه الوحده السكنيه: ملك ايجار مشترك

الجزء الثاني: الحالة النفسية

قد رزقت بطفل مؤخرًا، ولذلك أود أن أعرف كيف تشعر الآن. يُرجى وضع خط تحت واحدة من الاجابات التي تعبر بطريقة أدق عن كيفية شعورك في الايام الماضية:

ت	الفقرات	لاينطبق	ينطبق قليلا من الاوقات	ينطبق معظم الاوقات	ينطبق كثيرا جدا بكل الاوقات
1	أجد نفسي منزوع من أشياء تافه جدا				
2	شعرت بجفاف في فمي				
3	لا يوجد لدي الاحساس بمشاعر ايجابية على الاطلاق				
4	شعرت بصعوبة في التنفس شدة التنفس السريع، اللهثان بدون القيام بجهود جسدي				
5	وجدت صعوبة في أخذ المبادرة بعمل الأشياء				
6	كنت أميل إلى ردة فعل مفرطة للظروف والأحداث				
7	شعرت برجفة (باليدين مثلا)				
8	أجد صعوبة بالاسترخاء				
9	وجدت نفسي في مواقف جعلتني قلق على فقدان السيطرة				
10	شعرت بأن ليس لدي أي شيء أتطلع إليه				
11	شعرت بانني مضطرب ومنزعج بسهولة				
12	شعرت بأنني أستهلك الكثير من الطاقة العصبية (شعرت بأنني أستهلك الكثير من قدرتي على تحمل التوتر العصبي)				
13	شعرت بالحزن والأكتئاب				
14	كنت لا أستطيع تحمل أي شيء يحول بيني وبين ما أريد في القيام به				
15	كان عندي شعور بالضعف				
16	فقدت الشعور بالحماس لأي شيء				
17	شعرت بأن قيمتي قليلة كشخص				
18	شعرت بأنني أميل إلى الغيظ بسرعة				
19	تعرفت بشكل ملحوظ وخفقان قلب بدون ارتفاع درجة حرارة او مجهود بدني				
20	شعرت بالخوف بدون أي سبب وجيه				
21	شعرت بأن الحياة ليس لها معنى				

الجزء ثالث: التوافق الزوجي

حدد بالتقريب درجة التوافق بينك وبين زوجك في المجالات التالية

الاتفاق الزوجي

ت	الفقرات	لا تتفق دائماً	تتفق أحياناً	تتفق دائماً
1	هل تتفق مع الزوج في تسيير ميزانية الأسرة			
2	هل تتفق مع الزوج في المجال الخاص بالترفيه و الاستجمام			
3	هل تتفق في الامور الدينية مع الزوج من ناحية الايمان والعقيدة			
4	هل تتفق دائماً على قضاء وقت رومانسي معا			
5	هل تتفق مع الزوج على طريقة معاملته لأصدقائه			
6	هل تتفق مع الزوج في اختيار العلاقة الجنسية فيما بينكم			
7	مجاراة الأعراف و التقاليد العامة			
8	هل تتفق الزوج في فلسفته ورؤيته لجوانب الحياة			
9	هل تتفق مع الزوج في طريقة معاملته لأسرتك			
10	هل تتفق مع الزوج في تقديره للأمور الخاصة بالعائلة			
11	هل تتفق او انت راضي بمقدار الوقت الذي تقضيه معا			
12	هل تتفق مع الزوج في اختيار القرارات			
13	هل تشترك مع الزوج في الاعمال خاصة في المنزل			
14	هل تتفق مع الزوج في كيفية قضاء وقت الفراغ معا مثل ممارسة أنشطة او السفر او التسوق وغيرها			
15	هل تتفق مع الزوج من حيث وظيفته أو عمله الخاص			

الرضا الزوجي

ت	الفقرات	ابدأ	احياناً	دائماً
1	كم مرة ناقشت أو فكرت في الطلاق؟			
2	كم مرة حدثت و أن تركت (او زوجك) البيت اثر شجار بينكما؟			
3	هل ترى ان الأمور بينك و بين زوجك تسيير بشكل جيد؟			
4	هل تطلع زوجك على أسرارك الخاصة؟			
5	هل تشعر بالندم على زواجك؟			
6	هل تتشاجر مع زوجك؟			
7	هل تقلق و تثور أعصابك مع زوجك؟			
8	هل تقبل زوجك؟			
9	هل تشعر بالسعادة الزوجية؟			

التماسك الزوجي

كم مرة تقول الأحداث التالية حدثت بينك وبين زوجك؟

ت	الفقرات	أبدأ	أقل من مرة في الشهر	مرة او مرتين في الشهر	مرة او مرتين في الاسبوع	مرة في اليوم	اكثر من ذلك
1	هل تشترك مع زوجك في نشاط خارج المنزل؟						
2	هل تشترك مع زوجك في حوار؟						
3	هل تضحك و تمزح مع زوجك؟						
4	هل تشترك مع زوجك في نقاش فكري هادئ؟						
5	هل تشترك مع زوجك في مشروع عملي؟						

التعبير العاطفي

هذه بعض الامور التي يتفق عليها الازواج او يختلفون احيانا. حدد إن كانت العبارات التالية من بين مشاكلك مع زوجك في الأسابيع القليلة الماضية

ت	الفقرات	نعم	لا
1	إرهاق و عدم استعداد لممارسة العلاقة الجنسية		
2	عدم إظهار الحب و المشاعر العاطفية		

Appendix C

Panel of Experts

الاختصاص الدقيق	مكان العمل	سنوات الخبرة	اللقب	اسم الخبير	ت
تمريض الصحة النفسية والعقلية	جامعة بابل / كلية التمريض	45	أستاذ	د. سجاد هاشم محمد	1.
تمريض الصحة النفسية والعقلية	جامعة بابل / كلية التمريض	45	أستاذ	د. عبد المهدي عبد الرضا حسن	2.
تمريض صحة المجتمع	جامعة بغداد/كلية التمريض	41	أستاذ	د. اركان بهلول ناجي	3.
تمريض اطفال	جامعة بابل / كلية التمريض	40	أستاذ	د. عفيفة رضا عزيز	4.
تمريض الصحة النفسية والعقلية	كلية مدينة العلم الجامعة	40	أستاذ	د. انتصار عبد الغني	5.
تمريض صحة المجتمع	جامعة بابل / كلية التمريض	38	استاذ	د.امين عجيل ياسر	6.
تمريض صحة المجتمع	جامعة بابل / كلية التمريض	37	أستاذ	د. سلمى كاظم جهاد	7.
تمريض اطفال	جامعة بابل /كلية التمريض	36	استاذ	د. نهاد محمد قاسم	8.
تمريض صحة المجتمع	جامعة بغداد/كلية التمريض	28	استاذ	د.هالة سعدي عبد الواحد	9.
تمريض صحة المجتمع	جامعة بغداد /كلية التمريض	25	أستاذ	د.وسام جبار قاسم	10.
تمريض بالغيث	جامعة بابل / كلية التمريض	23	استاذ	د.شذى سعدي محمد	11.
امراض المناعة وضمان الجودة	الجامعة الملكية البريطانية	20	أستاذ	د. منذر حسين الكاظمي	12.
طب الاسرة	جامعة بغداد/ طب الكندي	20	استاذ	د.ثامر كاظم يوسف	13.
تمريض الصحة النفسية والعقلية	جامعة بغداد/كلية التمريض	30	أستاذ مساعد	د. كريم رشك ساجت	14.
تمريض صحة الام والوليد	جامعة بابل /كلية التمريض	20	استاذ مساعد	د.وفاء احمد امين	15.
تمريض صحة المجتمع	جامعة بغداد /كلية التمريض	20	استاذ مساعد	د.رعد كريم فرج	16.
تمريض اطفال	جامعة بغداد / كلية التمريض	17	استاذ مساعد	د.عذراء حسين شوق	17.
تمريض الصحة النفسية والعقلية	جامعة الكوفة / كلية التمريض	16	أستاذ مساعد	د. حيدر عبد الحمزة الحدراوي	18.
تمريض الصحة النفسية والعقلية	جامعة بغداد / كلية التمريض	15	أستاذ مساعد	د. حسن علي حسين	19.
تمريض الصحة النفسية والعقلية	جامعة بغداد / كلية التمريض	14	أستاذ مساعد	د. قحطان قاسم محمد	20.

Appendix D

Linguist Certification

Ministry of Higher Education and Scientific Research
 University of Babylon
 college of Basic Education

وزارة التعليم العالي والبحث العلمي
 جامعة بابل
 كلية التربية الاساسية

Ref. No. / المرجع
 Date / التاريخ

٥٥٧٥
 ٢٠٢٣/٥/١٨

جامعة بابل / كلية التربية
 العدد / ١٤٤٧
 التاريخ / ٥ / ١٥ / ٢٠٢٣

المدرسة / كلية التربية
 السيد / د. فiras Sleem Al-Jawadi

الم / تقويم لغوي

تهديكم اطيب التحيات ...

كتابكم ذو العدد ١٦٢٥ في ٢٠٢٣/٥/٣ نعيد اليكم اطروحة طالمة الدراسات العليا / الدكتوراه
 (انعام عبد الكريم عباس حسن) الموسومة بـ (تأثير الحالة النفسية في ما يتعلق بالابوة الاولى على
 التوافق الزوجي) بعد تقويمها لغوياً واسلوبياً من قبل (م.د. كاظم محمد موسى) وهي صالحة للمناقشة
 بعد الاخذ بالملاحظات المثبتة على متنها.

... مع الاحترام ...

المرفات /
 - رسالة الماجستير
 - اقرار المقوم اللغوي.

أ.د. فراس سليم جياوي
 معاون العميد للشؤون العلمية
 ٢٠٢٣/٥/١٨

م.د. كاظم محمد موسى
 ٥١١٥

سخة منه الى /
 - مكتب السيد العميد المحترم ... للتفضل بالاطلاع مع الاحترام
 - م.د. كاظم محمد موسى.
 الشؤون العلمية.
 الصادرة

زينب //

٠٧٢٣٠٠٣٥٧٤٤ وطني
 ٠٧٦٠١٢٨٨٥٦٦ امنية

مكتب العميد ١١٨٤
 معاون العلمي ١١٨٨
 معاون الاداري ١١٨٩

- جامعة بابل
 ٠٠٩٦٤٧٢٣٠٠٣٥١

babylon.edu.iq

الخلاصة

الصحة النفسية وخاصة بعد الولادة قد تؤثر على التوافق الزوجي الذي بدوره يؤثر على رفاهية الوالدين ومع ذلك على عكس الأبحاث في الدول المتقدمة لا توجد دراسات تحاول تقييم العلاقة بين هذه الجوانب أو تركز على الحالة النفسية التي يمكن أن يمر بها الوالدين وخصوصا الآباء في العراق.

تهدف الدراسة إلى معرفة العلاقة الحالة النفسية (الاجهاد والقلق والاكتئاب) مع التوافق الزوجي.

أجريت دراسة وصفية على العينة ، ومراكز الرعاية الصحية ومراكز الرعاية الصحية الأولية في مدينة بغداد وكانت مدة الدراسة في الفترة الممتدة من كانون الأول 2021 إلى أيار 2023.

قد تم اختيار عينة غرضيه غير احتمالية شملت 300 من الوالدين لأول مرة وضمت 200 أم و 100 أب.

تم استخدام استمارة استبنايه تتكوم من ثلاثة أقسام وهي المعلومات الديموغرافية الاجتماعية والشخصية ومقياس (DASS21) لقياس الاجهاد والقلق والاكتئاب واخيرا مقياس يقيس التوافق الزوجي الذي تضمن الاتفاق الزوجي والرضا الزوجي و التماسك الزوجي والتعبير العاطفي .

أشارت نتائج الدراسة إلى أن غالبية عينة الدراسة من الإناث و فنتهن العمرية ما بين (19-24) سنة و سن الزواج (18-23) و كان سن الزوج / الزوجة عند الزواج (24-28) والمستوى التعليمي للغالبية درجة البكالوريوس كما ان اغلب الامهات ربات منزل واغلب الآباء موظفين حكوميين والإقامة الحضرية واخيرا مستوى الدخل الشهري الذي كان كافٍ ونوع الأسرة الممتدة.

أظهرت النتائج أن الحالة النفسية لدى الوالدين متوسطة إلى جيدة من التكيف النفسي. تم تقسيمها إلى ثلاثة أجزاء بنتائج مختلفة (الاجهاد عند الوالدين كان خفيف المستوى ، القلق لدى الوالدين كان مستواه متوسط ، الاكتئاب لدى الوالدين كان بمستوى متوسط). كما أظهرت النتائج ان مستوى التوافق الزوجي والرضا الزوجي والتماسك الزوجي لدى الوالدين متوسط وأخيرا كان التعبير العاطفي بين الآباء على مستوى عالٍ.

توصي الدراسة بضرورة تحسين الجوانب التربوية للوالدين حول الآثار النفسية وتأثيرها السلبي على علاقاتهم الزوجية.



وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التمريض

الحالة النفسية وعلاقتها مع التوافق الزوجي: دراسة ارتباطية



2023م آب

1445هـ محرم