

Marital disharmony in Pakistani women: A doctor's roleZameen Qamar,¹ Syed Sami Haider,² Gulrayz Ahmed,³ Muhammad Danish Saleem⁴

Madam, studies have shown that a healthy marriage reduces the risk of depression in women and alcohol abuse in men and that happily married people have a longer life span.¹ On the other hand, unhealthy or less satisfying marriages can lead to depression, alcohol abuse, smoking and increased mortality.¹

Our encounters with patients during clinical rotations made us aware of a common problem of unhappy or troubled marriages which were having a direct psychological and physical impact on the patients. Indeed marital disharmony is reported as a common problem in our country.² Women seem to bear the brunt of an unhealthy marriage in our society and many other countries of the developing world. Lack of understanding, male dominance, domestic violence and financial issues play a pivotal role in disturbing a married life, leading to damaging effects in the development of psychological bond which is essential for stability of marriage.² A burdensome and problematic relationship can have short and long term negative impacts on one's mind and body and dissolution or being single is better for mental health rather than being in a disturbing relationship.³

However in our society marriage counseling is a rarity and often disregarded. Being single or a getting a divorce is also a socially unacceptable idea for a woman. In addition married women have to worry about the future of their

children and what impact the dissolution of marriage will have on her life and family and so she forfeits and endures, further adding on to subversion of her psychological and physical health.

Research suggests that people with marriage problems approach general practitioners (GP) more than any other professionals.⁴ Especially in our country the GP or gynecologist may be the only person the women would open up to. The doctor should keep marital disharmony in mind when a married woman presents with recurring medical problems that are often minor in nature. He/she should play a role in the prevention and the alleviation of relationship distress by providing anticipatory counseling.⁴ It is important for the GP to become involved with caring, support and appropriate counseling of both the partners and even their children and other family members. Lastly it is also the duty of the general practitioners and gynecologists to make the women more aware of their social rights and guide them to appropriate support groups.

References

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