



Research Article

# Marital Satisfaction and Marital Coping Style adopted by Working and Non-working Pregnant Women attending Antenatal Outpatient Department in Sikkim

Nazung Lepcha<sup>1</sup>, Barkha Devi<sup>2</sup>, Prerna Karki<sup>3</sup>

<sup>1</sup>Assistant Lecturer, <sup>2</sup>Associate Professor, <sup>3</sup>Assistant Professor, Sikkim Manipal College of Nursing, Sikkim Manipal University, Gangtok, Sikkim, India.

DOI: <https://doi.org/10.24321/2455.9318.202105>

## I N F O

### Corresponding Author:

Barkha Devi, Sikkim Manipal College of Nursing, Sikkim Manipal University, Gangtok, Sikkim, India.

### E-mail Id:

barkhadevi2@gmail.com

### Orcid Id:

<https://orcid.org/0000-0001-8926-3867>

### How to cite this article:

Lepcha N, Devi B, Karki P. Marital Satisfaction and Marital Coping Style adopted by Working and Non-working Pregnant Women attending Antenatal Outpatient Department in Sikkim. Int J Nurs Midwif Res. 2021;8(1):22-30.

Date of Submission: 2021-03-03

Date of Acceptance: 2021-03-18

## A B S T R A C T

**Background & Aim:** Being healthy in the period of pregnancy is crucial for women in the workplace. So it is important to pay attention to the safety and health of working pregnant women there. Marital satisfaction is one of the main characteristics of psychological health and one of the factors which can affect it, is occupation. The aim of this study was to compare marital satisfaction and marital coping style between working and non-working pregnant women.

**Material & Method:** This is a descriptive comparative study with a sample size of 240 working and non-working pregnant women selected through purposive sampling technique and attending antenatal outpatient departments of government and private hospitals. Data were collected through Enrich marital satisfaction scale and Bowman marital coping inventory.

**Results:** The marital satisfaction for working pregnant women was 165.1317.49 (government hospital) and 173.03 whereas for non-working it was 164.3815.91 and 169.7613 in government and private hospitals and the difference between the two groups was not statistically significant ( $p > 0.05$ ). Statistically significant differences were noted among the working and non-working pregnant women in terms of adopting coping style in the government hospital ( $p < 0.05$ ).

**Conclusion:** Results of this study show that working had positive effects on marital satisfaction and the decline in marital satisfaction of pregnant non-working women is due to low educational qualification of self and spouse and low family monthly income. Thus, marital counselling, as an important part of prenatal care, would be an effective step to enhance the mental health of pregnant women, and is hence recommended.

**Keywords:** Marital Satisfaction, Marital Coping Style, Pregnant Women, Working Women, Non-Working Women

## Introduction

Relationships begin with an optimum level of hope regarding the persistence of intimacy and the warmth of love, unfortunately, over the course of life, when the test of time brings changes in the person, and their physical and emotional responses, breaches in the expected intimacy would start to occur.<sup>1,2,3</sup> The challenges begin to rise against the stability. The concept of marital satisfaction, thus, gets strayed, and the consequences are marital disharmony. Pregnancy affects the women's marital life as a result of the physical, emotional, and social changes associated with it. During pregnancy and the transition to parenthood, there is a decrease in emotional intimacy and marital satisfaction between married couples.<sup>4,5,6</sup>

In India, marital satisfaction is correlated with the involvement of women in the employment sector and their dual role.<sup>7</sup>

Velmurugan KS and Maheswari K conducted descriptive research on marital satisfaction of women working in southern railways, Tiruchirappalli. It showed that 56 women working in southern railways, Tiruchirappalli had moderate level of marital satisfaction.<sup>8</sup>

Stress in pregnancy is common and impacts negatively on women, infants and families.<sup>9</sup> Pregnancy and breastfeeding are factors that lead to special situations for females in the workplace and marital satisfaction is an index of psychological health that is affected by working. In other words, mood changes and pregnant women requirements at home and workplace can cause some problems for them.<sup>10,11</sup> Safieh J et al.<sup>10</sup> conducted a descriptive, cross-sectional study to assess marital satisfaction of 239 working and non-working pregnant women referred to the Gynaecology Clinic of Jahrom, Iran. Among working pregnant women, the total marital satisfaction was found to be  $44.60 + 10.51$  and among non-working women, it was found to be  $48.25 + 9.47$ . The difference between these two was statistically significant ( $p = 0.03$ ).<sup>12</sup>

The coping strategies often are known as a mediator between stress and diseases. Effective and ineffective coping styles can significantly determine the variance of marital satisfaction variables, psychological well-being, and psychological distress.<sup>13</sup> Bélanger C et al.<sup>14</sup> conducted a study to investigate the relationship between self-esteem, specific coping strategies and marital adjustment among 216 subjects from 108 couples. The participants had completed the Rosenberg Self-Esteem Scale, the Dyadic Adjustment Scale, and the Ways of Coping Checklist. The study revealed a relationship between self-esteem, specific coping strategies, and marital adjustment in men and women.

Women account for about half of our country's population;

their activities and efforts, whether at home or at work, result in many roles for them, despite the fact that society's growth and development are dependent on family health, particularly mental health.

## Material and Method

Non-experimental survey approach with descriptive comparative research design was used to quantify the comparison of marital satisfaction and marital coping style adopted by working and non-working pregnant women attending antenatal outpatient departments of government and private hospitals of Sikkim. The study was conducted in Gangtok, East Sikkim in one government hospital and one private hospital in 2019.

Purposive sampling technique was used to select the sample in each group. 240 married pregnant women were included in the study where 120 pregnant women (60 working pregnant women and 60 non-working pregnant women) were from a government hospital and 120 pregnant women (60 working pregnant women and 60 non-working pregnant women) were from a private hospital. The included participants were in the first, second, and third trimester, within the age group of 19 to 45 years, attending antenatal outpatient department for receiving the routine pregnancy care, primi and multi-gravida, married for more than one year, currently living with spouse successfully, and with singleton pregnancy based on obstetric record. Pregnant working and non-working women with psychological disorders, diagnosed depression, experience of divorce and husband's death, history of hypertension, diabetes, and underlying clinical diseases, history of infertility during their reproductive period, along with single mothers/ separated from husband/ widows and those who had attended any marital counselling were excluded from the study.

The data were collected through interviewing technique. Two standardised tools and one predesigned structured tool were used to measure marital satisfaction and marital coping style adopted by working and non-working pregnant women for which validity and reliability were established. Permission was taken from the hospital authority of both hospitals. Tool I consisted of three sections: Section I consisted of background information in relation to age, religion, marital status, educational status of husband and wife, occupational status of husband and wife, habitat, type of family, income per month, source of income, and participation in any marital counselling session, Section II consisted of obstetric characteristics of the pregnant women in relation to the type of pregnancy, trimester of pregnancy, presence/ availability of supportive persons during pregnancy and interaction with supportive person, parity, number of children, age of last child, history of miscarriage, history of any previous pregnancy complication, medical insurance, family history of mental illness, past/ present

history of mental illness, healthcare system preferred, and any history of substance abuse during pregnancy, and Section III consisted of marital life profile in relation to age at marriage (husband and wife), type of marriage, duration of marriage, decision of marriage, number of marriages, and satisfaction with the marital life, age difference between the couples, and decision maker in the family.

Tool II consisted of a questionnaire for assessing the marital satisfaction of the pregnant working and non-working women through standardised Evaluation and Nurturing Relationship Issues, Communication and Happiness (ENRICH) tool. It consists of 44 questions from four domains, i.e., Idealistic Distortion, Marital Satisfaction, Communication, and Conflict Resolution. The reliability of the tool was checked by Cronbach's Alpha test ( $r = 0.799$ ) whereas Tool II is a standardised Bowman Marital Coping Style Inventory which consisted of 54 questions from the domains of conflict, positive approach, avoidance, introspective self-blame and self-interest. The reliability of the tool was checked by Cronbach's Alpha test ( $r = 0.76$ ). After taking prior permission from the author of the tools, the tool was sent for translation into Hindi and Nepali languages by experts and back translation into English language by another expert for establishing the language validity of the tools.

Ethical permission was taken from the Institutional Review Committee of Sikkim Manipal University. Written consent was obtained from the respondents prior to the administration of the questionnaire. The data were analysed using IBM SPSS statistics 16 windows (SPSS Inc.,

Chicago, USA). Various statistical analyses were performed to analyse the data. The Chi-square analysis was used to determine the degree of association and independent t and ANOVA tests were used to compare the difference in marital satisfaction and marital coping style adopted by pregnant working and non-working women. Statistical difference was considered significant if the p-value was less than 0.05 at 95% confidence level.

## Results

### Section I: Findings related to Sociodemographic Characteristics of Working and Non-working Pregnant Women

Table 1 indicates that pregnant women attending the antenatal OPD were in the age group of 19-30 years. 100% of the working and non-working pregnant women of government and private hospitals were married. The majority of the working pregnant women of the private hospital (50%) had government service as occupation, 43% of working pregnant women of the government hospital had worked in private service, and all the non-working pregnant women of both groups were homemakers. The pregnant women of both the hospitals lived almost equally in rural and urban areas. The monthly income of majority (58%) of the non-working pregnant women of the government hospital was in the range of INR 10,000-20,000 and that of most (58%) of the pregnant women of the private hospital was in the range of INR 35,001-50,001. All (100%) pregnant women of both hospitals did not attend any marital counselling.

**Table 1. Distribution of Working and Non-working Pregnant Women in terms of their sociodemographic Characteristics**

N = 240,  $n_1 = 120 (60 + 60)$ ,  $n_2 = 120 (60 + 60)$

S. No.	Demographic Variables	Government				Private			
		Working (n = 60)		Non-working (n = 60)		Working (n = 60)		Non-working (n = 60)	
		f	%	f	%	f	%	f	%
1.	<b>Age (in years)</b>								
	19-30	42	70	43	72	32	53	44	73
	31-40	18	30	16	27	28	47	16	27
	41-45	0	0	1	2	0	0	0	0
2.	<b>Religion</b>								
	Hindu	39	65	31	52	32	53	41	68
	Christian	9	15	4	7	10	17	12	20
	Muslim	0	0	1	2	1	2	0	0
	Buddhist	12	20	24	40	17	28	7	12
	Others	0	0	0	0	0	0	0	0
3.	<b>Educational qualification</b>								
	Post-graduate and above	7	12	1	2	19	32	5	8

	Graduate	6	10	8	13	17	28	9	15
	Secondary school	20	33	9	15	14	23	20	33
	Primary school	27	45	38	63	10	17	26	43
	No formal education	0	0	4	7	0	0	0	0
4.	<b>Occupation</b>								
	Government service	22	37	0	0	30	50	0	0
	Private service	26	43	0	0	24	40	0	0
	Self employed	12	20	0	0	6	10	0	0
	Homemaker	0	0	60	100	0	0	60	100
5.	<b>Type of family</b>								
	Joint family	26	43	32	53	37	62	32	53
	Nuclear family	34	57	28	47	22	37	28	47
	Extended family	0	0	0	0	1	2	0	0
6.	<b>Type of habitat</b>								
	Urban	34	57	29	48	32	53	30	50
	Rural	26	43	31	52	28	47	30	50
7.	<b>Monthly income (INR)</b>								
	< 10,000	3	5	14	23	0	0	2	3
	10,001-20,000	20	33	35	58	7	12	17	28
	20,001-35,000	30	50	11	18	23	38	35	58
	35,001-50,000	7	12	0	0	20	33	6	10
	> 50,00	0	0	0	0	10	17	0	0
8.	<b>Main source of income</b>								
	Husband	0	0	59	98	0	0	54	90
	Self	0	0	0	0	0	0	1	2
	Both	57	95	0	0	59	98	0	0
	Others	3	5	1	2	1	2	5	8
9.	<b>Attended any marital counselling</b>								
	Yes	0	0	0	0	0	0	0	0
	No	60	100	60	100	60	100	60	100

## Section II: Findings related to Difference in Marital Satisfaction among Working and Non-working Pregnant Women

Figure 1 depicts that 35% of the non-working pregnant women had higher marital satisfaction in the government hospital, whereas in the private hospital, 60% of the working pregnant women had higher satisfaction and 40% of non-working pregnant women had higher marital satisfaction. In the case of marital satisfaction score, 68% of the working pregnant women and 65% of the non-working women in the government hospital had moderate marital satisfaction, and in the private hospital, 47% of the working women and 40% of the non-working women had moderate marital satisfaction.

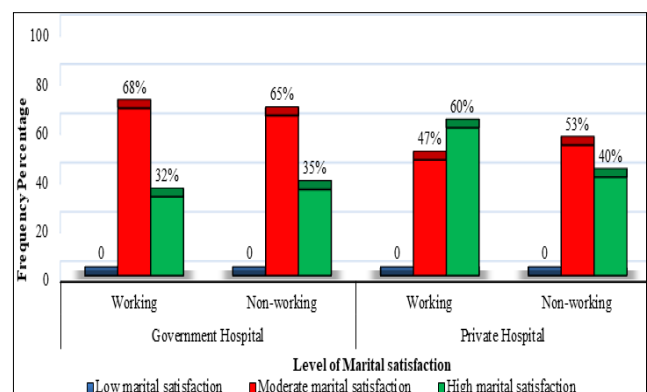


Figure 1. Level of Marital Satisfaction Score among Working and Non-working Pregnant Women

**Table 2. ANOVA with F Ratio of Four Different Groups of Working and Non-working Pregnant Women on Marital Satisfaction in Government and Private Hospitals**

N = 240, n<sub>1</sub> = 120 (60 + 60), n<sub>2</sub> = 120 (60 + 60)

Pregnant Women	Marital Satisfaction	Sum of Squares	df	Mean Square	F	Sig.
Government working Government non-working Private working Private non-working	Between groups	2983.7125	3	994.57	4.01	0.008* (p < 0.05)
	Within groups	58525.78333	236	247.99		
	Total	61509.49583	239			

\* p = 0.05

**Table 3. Comparison of Difference in Marital Satisfaction among Pregnant Women in Government and Private Hospitals**

N = 240, n<sub>1</sub> = 120 (60 + 60), n<sub>2</sub> = 120 (60 + 60)

Pregnant Women	Government Hospital		Private Hospital		df	t	Sig. (2-tailed)
	Mean	Std error mean	Mean	Std error mean			
Working	165.1317.49	2.25	173.03	2.0415136	118	2.59	0.01 (p < 0.05)
Non-working	164.38 15.91	2.05	169.7613.51	1.744137341	118	1.99	0.04 (p < 0.05)
t (df)	t = 0.24 (118), 0.80 (p > 0.05)		t = 1.21 (118), 0.22 (p > 0.05)				

**Table 4. Difference in Domain-wise Mean Marital Satisfaction Scores among Working and Non-working Pregnant Women in Government and Private Hospitals**

N = 240, n<sub>1</sub> = 120 (60 + 60), n<sub>2</sub> = 120 (60 + 60)

Domain		Sum of Squares	df	Mean Square	F	Sig.
Idealistic distortion	Between groups	440.367	3	146.789	3.490	0.016 (p < 0.05)
	Within groups	9926.633	236	42.062		
	Total	10367.000	239			
Conflict resolution	Between groups	79.313	3	26.438	1.232	0.299 (p > 0.05)
	Within groups	5066.150	236	21.467		
	Total	5145.463	239			
Communication	Between groups	247.917	3	82.639	2.918	0.035 (p < 0.05)
	Within groups	6682.733	236	28.317		
	Total	6930.650	239			
Marital satisfaction	Between groups	230.233	3	76.744	3.186	0.025 (p < 0.05)
	Within groups	5685.500	236	24.091		
	Total	5915.733	239			

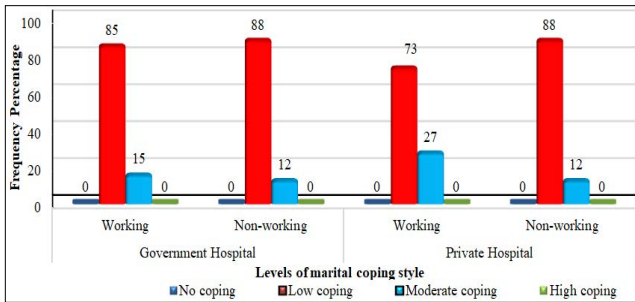
The F ratio of 4.01 was significant at 0.05 level indicating that there was a significant difference in marital satisfaction between working and non-working pregnant women of government and private hospitals as shown in Table 2.

No significant difference was noted when the working and non-working pregnant women from the same hospital were compared which indicates that within the group there was no difference in the marital satisfaction (p > 0.05) but between the groups, a significant difference was

noted as is evident by the t value shown in Table 3. There was a significant difference in Idealistic distortion (0.016, p < 0.05), Communication (0.035, p < 0.05) and Marital satisfaction domain of Marital Satisfaction scale as is evident by the calculated F-value (0.025, p < 0.05) of working and non-working pregnant women of government and private hospitals. There was no significant difference in the Conflict Resolution domain as is evident by the calculated F-value (0.299, p > 0.05) shown in Table 4.

**Section III: Findings related to Difference in Marital Coping Style adopted by Working and Non-working Pregnant Women**

According to the findings related to the government hospital, 85% of the working and 88% of the non-working women had adopted low marital coping style whereas, in the private hospital, 73% of working and 88% of non-working pregnant women adopted low marital coping style (Figure 2).



**Figure 2. Level of Marital Coping Style Score among Working and Non-working Pregnant Women**

The calculated F value of 2.207 was not significant at 0.05 level indicating that there was no significant difference in the marital coping style adopted by working and non-working pregnant women of government and private hospitals as shown in Table 5. When working and non-working pregnant women from government hospitals were compared, no significant differences were found, indicating that there were no differences in their marital coping style (0.84,  $p > 0.05$ ) as illustrated by the t value. However, there was a significant difference in the marital coping style adopted by working and non-working pregnant women from private hospitals, as indicated by the calculated t-value (0.02,  $p < 0.05$ ) shown in Table 6. Since the level of education of pregnant women in a government hospital is lower than that of pregnant women in a private hospital, the mean of the Conflict domain was higher for working and non-working women in the government hospital as compared to the private hospital, indicating that pregnant women in the government hospital used conflict coping style more because of economic problems or because they could not judge and solve their marital problems properly as shown in Table 7.

**Table 5. ANOVA Difference in Marital Coping Style between Working and Non-working Pregnant Women in Government and Private Hospitals**

N = 240,  $n_1 = 120$  (60 + 60),  $n_2 = 120$

Pregnant Women	Marital Coping Style	Sum of Squares	df	Mean Square	F	Sig.
Government working Government non-working	Between groups	1546.646	3	515.54	2.207	0.087 ( $p > 0.05$ )
	Within groups	55121.52	236	233.56		
Private working Private non-working	Total	56668.16	239			

**Table 6. Comparison of Difference in Marital Coping Style among Pregnant Women in Government and Private Hospitals**

N = 240,  $n_1 = 120$  (60 + 60),  $n_2 = 120$

Pregnant Women	Government Hospital		Private Hospital		df	t	Sig. (2-tailed)
	Mean	Std error mean	Mean	Std error mean			
Working	116.7	14.52	122	17.18	118	1.82	0.07 ( $p > 0.05$ )
Non-working	117.21 ± 13.69	1.76	115.23	2.00	118	0.74	0.45 ( $p > 0.05$ )
t (df)	0.20 (118), 0.84 ( $p > 0.05$ )		2.26 (118), 0.02 ( $p < 0.05$ )				

**Table 7. Difference in Domainwise Mean Marital Coping Style Scores among Working and Non-working Pregnant Women in Government and Private Hospitals**

N = 240,  $n_1 = 120$  (60 + 60),  $n_2 = 120$

Domain	Groups	Sum of Squares	df	Mean Square	F	Sig.
Conflict	Between groups	128.012	3	42.671	0.988	0.399
	Within groups	10195.883	236	43.203		
	Total	10323.896	239			
Introspective self-blame	Between groups	152.983	3	50.994	1.405	0.242
	Within groups	8567.000	236	36.301		
	Total	8719.983	239			

Positive approach	Between groups	154.767	3	51.589	2.766	0.043
	Within groups	4402.233	236	18.654		
	Total	4557.000	239			
Self-interest	Between groups	531.750	3	177.250	9.049	0.000
	Within groups	4622.900	236	19.589		
	Total	5154.650	239			
Avoidance	Between groups	70.983	3	23.661	1.998	0.115
	Within groups	2794.200	236	11.840		
	Total	2865.183	239			

**Table 8. Relationship between Marital Satisfaction and Marital Coping Style adopted by Working and Non-working Pregnant Women attending Government and Private Hospital**

N = 240, n<sub>1</sub> = 120 (60 + 60), n<sub>2</sub> = 120 (60 + 60)

Hospital	Group	Variables	Mean	r-value	t- test
Government hospital	Working pregnant women	Marital satisfaction	165.13	-0.282*	0.029 (p < 0.05)
		Marital coping style	116.70		
	Non-working pregnant women	Marital satisfaction	164.38	-0.241	0.063 (p > 0.05)
		Marital coping style	117.22		
Private hospital	Working pregnant women	Marital satisfaction	173.03	-0.284*	0.028 (p < 0.05)
		Marital coping style	122		
	Non-working pregnant women	Marital satisfaction	169.77	-0.483**	0.000 (p < 0.01)
		Marital coping style	115.23		

\* p = 0.05, \*\* p = 0.00

#### Section IV: Findings related to Relationship between Marital Satisfaction and Marital Coping Style adopted by Working and Non-working Pregnant Women

In the government hospital, the working (r = -0.282) and non-working (r = -0.241) pregnant women had a negative relationship between marital satisfaction and marital coping style. In the private hospital, a negative relationship was found between marital satisfaction and marital coping style (r = -0.284) adopted by working pregnant women and a moderate negative relationship (r = -0.483) was found between marital satisfaction and marital coping style adopted by non-working pregnant women. Hence, it was inferred that as marital satisfaction increases, the level of coping decreases among working and non-working pregnant women as shown in Table 8.

#### Discussion

##### Discussion in Relation to Difference in Marital Satisfaction among Working and Non-working Pregnant Women

The present study showed that majority of the working (68%) and non-working (65%) pregnant women of the government hospital had moderate marital satisfaction. The data also revealed that most of the working pregnant

women (60%) of the private hospital had high marital satisfaction. The findings are similar to the results of a study by Angusamy A et al.<sup>15</sup> where marital satisfaction was found in women with better occupational status, higher education level, and in those holding higher positions. The findings of the study are in contrast with the findings of the study conducted by Chandrakant J<sup>16</sup>, where they revealed that the employed subjects had lower marital satisfaction as compared to the housewives. The result contradicts the findings of the study conducted by El-Salam Belal GA et al.<sup>17</sup> that indicate that a wife's job had mostly negative effects on marital satisfaction (i.e., the mean score of marital satisfaction was higher among housewives than employed women).

##### Discussion in Relation to Difference in Marital Coping Style adopted by Working and Non-working Women

According to the findings, 85% of working and 88% of non-working pregnant women in the government hospital had adopted a low marital coping style, whereas 73% of working and 88% of non-working pregnant women in the private hospital had adopted a low marital coping style, indicating that there was no significant difference in the marital coping style used by working and non-working pregnant women in both hospitals. The findings are similar

to a study conducted by Chandrakant J<sup>16</sup> which showed no difference in the marital coping style adopted by working and non-working married women in their married life. A study by Thapa S<sup>18</sup> also showed that the working women and non-working women were coping moderately and had no significant difference in their coping strategies.

### **Discussion Related to Difference in Domainwise Mean Marital Satisfaction Scores**

The present study also showed that domain wise, there was a difference in marital satisfaction of working and non-working pregnant women of government and private hospitals. There was a difference in Idealistic distortion, Communication and Marital satisfaction domain score but there was no significant difference in the Conflict Resolution domain which is similar to the findings of the study conducted by Safieh J et al.<sup>12</sup> which revealed a significant difference between the working and non-working groups regarding Conflict resolution, Communication, and Idealistic distortion domains ( $p < 0.05$ ). However, no significant difference was found between the two groups regarding the domain of Marital satisfaction.

### **Discussion related to Difference in Domainwise Mean Marital Coping Style**

The present study revealed no significant difference in the Conflict, Introspective self-blame, and Avoidance domains of Marital coping style scores of working and non-working pregnant women of government and private hospitals and a significant difference in the Positive approach domain of Government non-working and private working pregnant women and also in the Self-interest domain of Marital Coping style scores of government working with private working and non-working pregnant women. The findings of the study conducted by Chandrakant J<sup>16</sup> showed that both working and non-working women had equal levels of marital coping style in their life. So, there is no significant difference in the marital coping style of working and non-working women.

### **Discussion related to Relationship between Marital Satisfaction and Marital Coping Style**

In the present study, the pregnant women working in the government hospital and non-working women had a negative relationship between marital satisfaction and the adopted marital coping style. In the private hospital, a negative relationship was found between marital satisfaction and marital coping style adopted by working pregnant women and a moderate negative relationship was found between marital satisfaction and marital coping style adopted by non-working pregnant women. The findings are contradictory with the study conducted by Jalil N et al.<sup>19</sup> where the relationship between scores of problem-focused coping style and marital satisfaction showed that there

is a positive and significant (with level 0.01) relationship between problem-focused coping style and marital satisfaction. So, an increase in problem-focused coping style scores results in an increase in marital satisfaction.

### **Discussion in relation to Association between Marital Satisfaction Level and Marital Coping Style adopted by Working and Non-working Pregnant Women**

The present study showed that there was a significant association between the educational qualification of pregnant women, educational qualification of spouse, duration of marriage, and marital coping style adopted by working pregnant women of the government hospital. The findings are similar to the study conducted by Richter J et al.<sup>20</sup> that showed a significant association between the reported stressful event and the husband's educational level among working women. The current study also discovered a link between age, spouse's occupation, and non-working pregnant women's marital coping style in the government hospital, as well as a substantial link between monthly income and non-working pregnant women's marital coping style in the private hospital. On the other hand, according to the findings of a study conducted by Thapa S,<sup>18</sup> coping strategies are associated with religion and family monthly income solely among working women, but coping strategies are associated with education, religion, and family monthly income in non-working women.

### **Conclusion**

Marital satisfaction is an essential element for successful family life. The women use the coping strategies to solve, tolerate, reduce, or manage any stressful event of marital life. The results of this study showed that marital satisfaction is higher among working women irrespective of the type of hospital they attended as compared to the non-working pregnant women. However, both working and non-working pregnant women of both hospitals had adopted low marital coping strategies. Based on the findings of the present study, the following recommendations have been made:

- A study can be conducted among the spouse of pregnant women to assess marital satisfaction
- The study can be replicated on a larger sample of the urban population in different hospitals of Sikkim
- Further studies can be done to compare marital satisfaction and marital coping style adopted by women of different professions
- A study can be conducted to know the effectiveness of marital counselling on marital satisfaction and marital coping style among pregnant women

### **Acknowledgement**

The researcher thanks all the participants of the study for their kind cooperation.



**Funding:** None

**Conflict of Interest:** None

## References

1. Sahu K, Singh D. Mental health and marital adjustment of working and non-working married women. *Int J Adv Educ Social Sci.* 2014;2(2):24-8. [Google Scholar]
2. Khaleghian R, Khoshnevis E, Vatankhah H. Effectiveness of teaching coping styles on marital satisfaction, self-efficacy and psychological wellbeing of couples. *Int J Life Sci Pharma Res.* 2017;7(4):39-46. [Google Scholar]
3. Isanejad O, Amani A, Azizi A, Azimifar S. The relationship between personality factors, self-control and marital coping strategies with marital conflict. *Int J Behav Sci.* 2016;10(1):19-25. [Google Scholar]
4. Vaghela KJ. A comparative study of marital adjustment among employed and unemployed married women of urban and rural area. *Int J Indian Psychol.* 2014;2(1). [Google Scholar]
5. Ozcan H, Ustundag MF, Yilmaz M, Aydinoglu U, Ersoy AO, Eyi EG. The relationships between prenatal attachment, basic personality traits, styles of coping with stress, depression, and anxiety, and marital adjustment among women in the third trimester of pregnancy. *Eurasian J Med.* 2019;51(3):232-6. [PubMed] [Google Scholar]
6. Alipour Z, Kazemi A, Kheirabadi G, Eslami AA. Marital communication skills training to promote marital satisfaction and psychological health during pregnancy: a couple focused approach. *Reprod Health.* 2020;17(1):23. [PubMed] [Google Scholar]
7. Lu J, Wang X. Changing patterns of marriage and divorce in today's China. In: Attané I, Gu B, editors. *Analysing China's population: social change in a new demographic era.* London: Springer; 2014;37-49. [Google Scholar]
8. Velmurugan KS, Maheswari K. A study on marital satisfaction of women working in southern railways Tiruchirappalli. *Int J Sci Res Manag.* 2017 Oct;5(10):7200-5.
9. Gupta G, Nafis N. Does marital adjustment and psychological wellbeing differences in working and non-working female? *Int J Indian Psychol.* 2014;1(3). [Google Scholar]
10. Dommaraju P. Divorce and Separation in India. *Popul Dev Rev.* 2016;42(2):195-223. [Google Scholar]
11. Schoebi D, Karney BR, Bradbury TN. Stability and change in the first 10 years of marriage: does commitment confer benefits beyond the effects of satisfaction? *J Pers Soc Psychol.* 2012;102(4):729-42. [PubMed] [Google Scholar]
12. Jamali S, Kalani N, Javadpour S, Jahromi AR, Mosallanekhad Z, Pishgar Z. Comparison of marital satisfaction in working and non-working pregnant women. *IIOAB J.* 2016;7(1):332-8. [Google Scholar]
13. Hayes J, Schimel J, Arndt J, Faucher EH. A theoretical and empirical review of the death-thought accessibility concept in terror management research. *Psychol Bull.* 2010;136(5):699-739. [Google Scholar]
14. Belanger C, Di Schiavi MF, Sabourin S, Dugal C, El Baalbaki G, Lussier Y. Self-esteem, coping efforts and marital adjustment. *Eur J Psychol.* 2014;10(4):660-71.
15. Angusamy A, Kuppusamy J, Anantharaman RN. A study on marital satisfaction among Malaysian women. *Int J Stud Child Women Eld Disabl.* 2017;1:85-9.
16. Chandrakant J. Marital coping style among working and non-working women. *Int J Manag Soc Sci.* 2015;3(6):57-64. [Google Scholar]
17. El-Salam Belal GA, Gaheen MA. Factors affecting marital satisfaction among primigravida women in Tanta City, Egypt. *IOSR J Nurs Health Sci.* 2016;5(6):71-8.
18. Thapa S. A comparative study to assess the level of stress and coping strategies among married working and non-working women residing in selected urban areas of Dehradun, Uttarakhand. *J Med Sci Clin Res.* 2019;7(11):989-95.
19. Jalil N, Vida RN, Alireza MT. The relationship between coping style and marital satisfaction. *Appl Math Eng Manag Tech.* 2014;2(5):50-5.
20. Richter J, Rostami A, Ghazinour M. Marital satisfaction, coping, and social support in female medical staff members in Tehran University hospitals. *Interpersona Int J Pers Relat.* 2014;8(1):115-27. [Google Scholar]