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Is Marital Status a Risk Factor for Mental Disorders? A Case Study

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Abstract

In this article, we have studied whether marital status contributes to the occurrence and early onset of mental disorders. Moreover, the impact of mental disorder on present marital status and the simultaneous association of several socio-demographic factors on an affected marital status caused by the disorder were also studied. Data were collected from patients suffering from mental disorders aged 21 years through 60 years. Marital status and the occurrence of mental disorders are independent for both genders. An early-onset age of the disorder for both genders, especially for males is found, male patients have an early onset of 1.6 years compared to females. For both genders, the association between a strained marital life before the occurrence of the disorder and the age of onset of the disorder has been significant. After marriage, male patients suffered from mental disorders earlier than their female counterparts. Consequently, the impact of the disorder on present marital status is very worrying with some negative outcomes. The disorder is significantly affecting all categories of marital status. An affected married life is closely associated with disease severity- those with declining illness status and those of younger ages more often reported an affected married life. Among the separated/divorced, 96.6% admit that they are separated/divorced because of the disorder. Male patients were 3.8 times more likely to undergo separation/divorce than females. Although disease severity is the most significant causal factor for affected marital status, simultaneously, some other socio-demographic factors are also found closely associated with the affected status.

Keywords: Affected marital status, age of onset, impact of mental disorders, present illness status.

1. Introduction

Marital status is well recognized as a key social variable associated with both the mental health and physical health of a person (Willitts et al. 2004). Generally, married people are happier or more satisfied with their life. They have a more optimistic attitude, longer life expectancy, and lower death rates in comparison to the single or unmarried people, and hence can protect themselves from physical illness and poor mental health (Bierman et al. 2006, Frech and Williams 2007, Gove et al. 1990, Stewart-Brown et al. 2015, Stutzer and Frey 2004, Wadsworth 2014, Zella 2017). Several studies established that marriage is more beneficial for the mental health of males than females (Gove and

Tudor 1973, Kiecolt-Glaser and Newton 2001). In a collaborative research study with WHO over 10 countries, including India, the United States of America, Japan, and Nigeria, it is found that married men experienced a significant delay (1-2 years) in the onset of Schizophrenia kind of disorders compared to unmarried men (Jablensky et al. 1992). In fact, in some other studies, unmarried individuals of young ages were found to report higher levels of depression, anxiety, mood disorders, adjustment problems, and other forms of psychological distress (Adamczyk and Segrin 2015, Braithwaite et al. 2010). In a gender-wise comparison, Gove (1972) introduced his influential sex-role theory of mental illness and urged that married women have higher rates of mental illness than married men. Generally, women marry earlier than men, that is, men and women have different age distribution of marriage (Gove 1972). But Gove urged that this age difference is not a cause for higher rates of mental disorders for women. In the same study, it is found that unmarried men have more chances of suffering from mental disorders than unmarried women. However, overall unmarried men and women have a higher chance of suffering from mental disorders than married men and women.

Sometimes negative association between marital life and mental health is also seen, as marriage may be stressful for some people (Gove and Shin 1989, Mina 2019). Major mental- health disorders may be the cause of marital conflicts (Nambi 2005). Negative events in marital life, such as misunderstanding, suspicion, disloyal to the spouse, the discovery of extramarital affair, impotence, not having children, problem from children (Nambi 2005), bearing more number children, the lack of desired sexual relationship, the lack of proper emotional relationship, huge age difference, frequent violence with spouse (Golding 1999) etc., may sometimes result in enormous marital strain. Research has shown that this marital strain is a high-risk factor for mental disorders for both males and females (Whisman and Bruce 1999) but that females are more likely to experience marital strain than males. (Almeida and Kessler 1998). This makes gender differences in marital strain a plausible contributory factor to the higher rates of mental disorders among married females relative to married males, but it does not clarify whether gender differences in the prevalence of mental disorders are greater among the married than the unmarried. Marital strains sometimes lead to separation and divorce too. Evidence suggests that mental distress is more prevalent among separated, divorced, and unmarried individuals than compared to married individuals (Wojcik et al. 2019).

In the case of separated/ divorced couples, the symptoms of mental health decline may become noticeable during their married life, as the couple experiences conflict and unhappiness before separation or divorce (Booth and Amato 1991, Perkins et al. 2016, Wade and Pevalin 2004). However, while recovering from the stress, mental health may come back to normal or the ongoing stresses that separated/ divorced people may experience (such as financial burden, loss of social support, and the responsibility of single parenthood) may contribute to long-term poorer mental health (Barrett 2000). Widowhood not only involves the end of a marriage but the death of a life partner, thus invoking high levels of distress. Studies have found that mental health declines at the time of widowhood (Wade and Pevalin 2004), and widowed women have worse mental health outcomes than men, as women found to have higher levels of depression, mainly due to the greater length of widowhood or because they are more likely to experience ongoing financial strains (Li 2016, Perkins et al. 2016, Umberson et al. 1992).

The impacts of mental disorders on marital status are manifold. Divorce has been established as an adverse social consequence of mental disorders (Breslau et al. 2011, Butterworth and Rodgers 2008). Mental disorders are a cause of marital strain (Rosand et al. 2012), as living with a spouse who has a mental illness can create problems in the existing relationship (Sharma et al. 2015). Sometimes, remaining unmarried maybe a major cause of the disorder.

But, instead of blaming the disorder, there may be some other socio-demographic factors that may simultaneously influence the present marital status of a patient. For example, marital status may be affected by employment status, economic status, household size, and so many other factors. Several earlier studies revealed that socio demographic and economic factors, such as, gender, age, religion, education, employment, economic condition, social support, etc., play a vital role in the marital status of a person (Guo and Huang 2005, Johnson and Booth 1990, Maciver and Dimkpa 2012, Steinmetz, et al. 1990). The negative effect of these factors may some times, lead to marital strain, and may even influence a person to stay as unmarried.

The objective of this study is threefold: First is to investigate whether marital status contributes to the occurrence and early onset of mental disorders. The second is to examine the impact of mental disorder on present marital status and the third is to study the simultaneous association of several socio-demographic factors on an affected marital status caused by the disorder.

2. Materials and Methods

2.1. Data collection

A survey was conducted at Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam, India, the only central institute of mental health care in the entire North and North-East India. Data are primary and descriptive cross-sectional types. The study population comprised of male and female patients suffering from mental disorders. As the study relates to marital status, employment status, etc., therefore only the adult patients aged 21-60 years were included. For the data collection process, a schedule was designed, and for information on the socio-economic condition, social support, and present illness status, some standard schedules were used (Kocalevent et al. 2018, Mangal 2014, Ustun 2010). Whether a selected patient had mental disorders or not was identified using criteria from the Diagnostic and Statistical Manual of mental Disorders (DSM-IV, 2000) and International Statistical Classification of Diseases and Related Health problem (ICD).

2.2. Sample size calculation

The minimum sample size was calculated using the Sample Size Calculator of Australian Bureau of Statistics, National Statistical Service (Australian Bureau of Statistics 2015), which uses the formula, $n \geq \frac{p(1-p)}{[SE(p)]^2}$, where p stands for proportion. We have considered confidence level 95%, confidence interval 0.025, standard error 0.01276. When the proportion is not available then it is assumed to be 0.5. Accordingly, the sample size obtained was 1535. Thus, for our survey, initially, we have considered the sample size to be 1600. A total of 1600 patients were interviewed out of which 34 patients were found out of the range of the age group 21-60 years. Finally, the size of the sample was 1566 of which 806 are male and 760 are female.

2.3. Data analysis

Collected data for the study were mostly qualitative. As such, for comparison of categorical nominal data with categorical nominal, the chi-square test is used, while for categorical ordinal data with categorical ordinal, Kruskal's gamma test is used. For comparing continuous variables with categorical nominal, the Mann-Whitney-U statistic is applied. The modeling of the impact of mental disorders on present marital status is done using the binary logistic regression model.

Table 1 Marital status gender and age on the onset of the disorder

Variables	Male (N = 806)	Female (N = 766)
Marital status on the onset of the disorder		
Ever married	277 (34.4%)	499 (65.7%)
Unmarried	269 (33.4%)	108 (14.2%)
Minor/Student	260 (32.3%)	153 (20.1%)
	($\chi^2 = .538, df = 2, p = .764$)	($\chi^2 = 361.345, df = 2, p = .000$)
	($\chi^2 = .538, df = 2, p = .764$)	
Age of onset of the disorder (in years)		
Less than 20	214 (26.6%)	196 (25.8%)
20-30	334 (41.4%)	252 (33.2%)
30-40	171 (21.2%)	201 (26.4%)
40-50	64 (7.9%)	85 (11.2%)
50-60	23 (2.9%)	26 (3.4%)
	Mean = 26.5, sd = 9.6	Mean = 28.1, sd = 10.5
	($U = 282611.5, p = .000$)	

3. Analysis and Results

3.1. Marital status, gender and age of onset of the disorder

The majority of the Patients had a very early age of onset of the disorder (Table 1). Male patients were 1.48 times more likely to suffer from the disorder at age below 30 than females (Odds ratio = 1.48). The gender and the age of onset of the disorder were found significantly different (Mann-Whitney U = 282611.5; p = 0.004). Besides, Table 1 and the odds ratio indicate that male patients had an early onset of the disorder than females.

3.2. Classification of marital status

A large proportion of ever married female patients compared to males (Table 1) is the simple reason that in India, females get married much earlier than males. This is evident from census reports, as the difference of average ages at the marriage in 2001 census was 4.4 years (male: 22.6 years, female: 18.2 years) and in 2011 census, it was 4.3 years (male: 23.5 years, female: 19.2 years) (Census 2011). Compared to males, the proportion of separated/divorced and widowed was higher for female patients. Male patients were equally distributed in the three categories of marital status, i.e., for them, marital status on the onset of the disorder and the occurrence of mental disorders were insignificant ($\chi^2 = .538, df = 2, p = .764$). But for females, these two were not equally distributed and were found significant for them ($\chi^2 = 361.345, df = 2, p = .000$). The risk of an ever married female suffering from the disorder is 0.66. In other words, females who were Ever married on the onset of the disorder had a risk of almost two times (1.94) as high as those who were unmarried or minor/student to suffer from the disorder. This indicates that for female patients, being married, separated/divorced, or widowed at the onset of the disorder is a high-risk factor for the occurrence of the disorder.

3.2.1 Marital status-ever married

To study the impact of married life on the occurrence of mental disorders, the Ever married patients were asked whether they had any marital strain (Golding 1999, Nambi 2005) with the spouse

in their conjugal life. For male patients, the proportions of agreeing and denying a strained married life were equal ($\chi^2 = .015, df = 1, p = .901$), but the same proportions were unequal for female patients ($\chi^2 = 2.834, df = 1, p = .009$).

Marital strain and age of onset of the disorder: A strain married life was 15.1% more often for Ever married male patients with onset age less than 40 years than those with onset age 40 years or more, while the same was 14.5% more often for Ever married female patients with onset age less than 40 years than those with onset age 40 years or more. The odds of having a strained marriage life with onset age less than 40 years for ever married male and female patients were respectively 1.85 times and 1.82 times the odds of not having a strained married life.

Having or not having a strained marital life before the occurrence of the disorder and the age of onset of the disorder were found significant for both ever married male and female patients, as well as for all ever married patients. (male: Mann-Whitney $U = 6792.5$, $p = .006$; female: Mann-Whitney $U = 22494.0$, $p = .000$; overall: Mann-Whitney $U = 54706.5$, $p = .000$). The frequency interpretation and odds ratios indicate that Ever married patients with early-onset age generally complained about strained married life (Table 2).

Table 2 Age of onset of the disorder

Variables	Male		Female	
	Yes	No	Yes	No
Age of onset of the Disorder (in years) and marital strain				
Less than 30	44 (34.1%)	30 (22.9%)	106 (47.5%)	87 (33.5%)
30-40	55 (42.6%)	54 (41.2%)	82 (36.8%)	107 (41.2%)
40-50	25 (19.4%)	30 (22.9%)	29 (13.0%)	47 (18.1%)
50-60	5 (3.9%)	17 (13.0%)	6 (2.7%)	19 (7.3%)
	($U = 6792.5, p = .006$)		($U = 22494.0, p = .000$)	
Difference between Age of onset of the disorder and age at marriage (in years)				
Less than 8	117 (42.4%)		181 (36.3%)	
8-16	99 (35.9%)		99 (19.8%)	
16-24	35 (12.7%)		116 (23.3%)	
24 and above	25 (9.0%)		103 (20.6%)	
	Mean = 10.2, sd = 8.2		Mean = 13.9, sd = 10.2	
	($U = 21915.0, p = .000$)			
Age difference with spouse (in years)				
Less than 4	45 (16.2%)		58 (11.6%)	
4-8	112 (40.0%)		145 (29.1%)	
8-12	81 (29.2%)		205 (41.1%)	
12-16	30 (10.8%)		43 (8.6%)	
16 and above	9 (3.3%)		48 (9.6%)	
	Mean = 7.3, sd= 4.0		Mean = 9.0, sd = 5.4	
	($U = 57239.5, p = .000$)			

Age at marriage: The majority of ever married patients got married at a very early age. 48.5% of male patients got married before 25 years of age; while for females, 62.1% of them got married

before age 20 years. The average ages at the marriage of the ever married male and female patients were 25.2 years and 18.9 years, respectively, with respective median ages 25.26 years and 18.84 years.

The association between age at marriage and age of onset of the disorder is found significant for male patients, while the same is insignificant for female patients (male: Kruskal's gamma =.410, p = .000; female: Kruskal's gamma = –.046, p = 0.499). For male patients, the association is positive and moderate; those who had early marriage also had an early onset age of the disorder.

Difference between age at marriage and age of onset of the disorder: As the span of married life increased, the proportion of male patients suffering from it gradually decreased. In other words, for male patients, the chance of suffering from the disorder decreases as the length of married life increases. But females had a uniform risk of suffering from it until 28 years of married life. On average, male patients were suffering from the disorder at an early period of married life compared to female patients and the difference was significant (Mann-Whitney U = 21915.0; p = .000)

Age difference with spouse: For both male and female patients, the age difference with spouse was significant (Mann-Whitney U = 57239.5; p = .000).

3.2.2 Marital status-unmarried

The average ages of unmarried male and female patients on the onset of the disorder were 26.8 years and 25.5 years respectively. It shows that majority of the unmarried patients were young adults; who had adequate ages still left for marriage. As such it cannot be established that being unable to marry at a proper age had caused the disorder.

3.2.3 Marital status- minor/student

Those who were minors or students at the onset of the disorder were the most unfortunates to have suffered from the disorder at such an early age of their life. The average ages of the male and female patients who were minor/students on the onset of the disorder are 16.9 years and 16.1 years, respectively.

3.3. Impact of mental disorders on marital status

The consequences of mental disorders are manifold. Individuals with mental disorders are exposed to a decreased quality of life, educational difficulties, poor marital life, lowered productivity and poverty, social problems, vulnerability to abuse, and additional health problems. This section studies the impact of the disorder on the marital status of the patients.

3.3.1 Present marital status

Nearly half (50.5%) of the patients were unmarried or minor/student at the onset of the disorder (male: 65.6%, female: 34.3%). Among them 31.3% got married following the occurrence of the disorder (male: 36.3%, female: 24.9%) of which, 25.7% are still married (male: 30.4%, female: 16.1%) while 5.3% have been separated/ divorced (male: 5.7%, female: 4.6%). A majority of 68.7% of patients (male: 63.7%, female: 78.9%) who were unmarried or minor/students at the onset of the disorder is still unmarried. Of those who got married following the occurrence of the disorder, 44.3% of males and 63.6% of females got married within four years from the onset of the disorder. The average difference for males and females is respectively 5.38 years (sd: 5.07 years) and 4.29 years (sd: 4.05 years).

3.3.2 Impact of the disorder on married patients

Among the married patients, a high proportion of 57.9% of patients (male: 59.5%, female: 56.4%) reported that the Disorder has been affecting their married life. For both genders, patients' approval and denial for an affected married life caused by the disorder are significantly different (male: $\chi^2 = 96.005, df = 1, p = .000$; female: $\chi^2 = 94.488, df = 1, p = .000$; overall: $\chi^2 = 388.285, df = 1, p = .000$).

Present age and an affected married life caused by the disorder: Patients of both genders, those of young ages generally report an affected married life caused by the disorder. Male and female patients of age less than 40 years are respectively 1.57 times and 3.38 times more likely to have an affected married life caused by the disorder.

For both the genders there are significant difference between the age and affected or unaffected married life caused by the disorder (male: Mann-Whitney U = 14169.0, p = .003; female: Mann-Whitney U = 15194.5, p = .000; overall: Mann-Whitney U = 60795.0, p = .000).

Affected married life and present illness status: When comparing the affected married life with the Present illness status, it is found that as the Present illness status declines, the proportion of patients with an affected married life inclines (Table 3).

The disorder has been affecting married life 31.2% more often (male: 38.2%, female: 25.5%) for illness status severe decline than for mild decline. Similarly, it has been affecting 12.6% more often (male: 16.6%, female: 7.4%) for illness status Moderate decline than for mild decline. Thus, the disorder has been affecting the married life more often on those with Present illness status Severe decline, followed by those with moderate decline.

For both genders, the association between present illness status and an affected married life caused by the disorder are highly significant (male: Kuskal's gamma = –.486; p = .000; female: Kuskal's gamma = –.279; p = .000; overall: Kuskal's gamma = –.371, p = .000). The association is moderate for male patients (|Gamma|> .30) and is poor for females (|Gamma|< .30). The negative values of gamma mean that those with declining illness status more often reported an affected married life.

3.3.3 Impact of the disorder on separated/divorced patients

Among the A total of 57 (7.1%) male patients have been separated /divorced after the occurrence of the disorder, of which 94.7% reported that they have been separated/divorced because of the disorder. Similarly, for females, all of the 30 separated/ divorced patients (3.9%) also reported the same (Table 3).

3.3.4 Impact of the disorder on unmarried patients

The agreement for being unmarried due to the disorder is 29.3% more often for illness status moderate decline than for mild decline (male: 27.7%; female: 27.2%). The same agreement increases to 49.8% more often for illness status Severe decline than for Mild decline (male: 53.7%; female: 37.1%). Thus, for both genders, the agreement for being unmarried is more often for patients with illness status severe decline followed by those with moderate decline.

The association between present illness status and patients' response whether they are unmarried because of the disorder is significant. (male: Kruskal's gamma = –.578; p = .000; female: Kruskal's gamma = –.558; p = .000; overall: Kruskal's gamma = –.564; p = .000). For both genders, a moderate tendency exists between the present illness status and the patient's report on being unmarried because of the disorder. The negative values of gamma indicate a negative association.

Table 3 Present marital status

Variables	Male	Female
Present marital status		
Married	395 (49.0%)	443 (58.3%)
Separated/Divorced	66 (8.2%)	62 (8.2%)
Widowed	8 (1.0%)	49 (6.4%)
Unmarried	337 (41.8%)	206 (27.1%)
An affected married life caused by the disorder		
Yes	235 (59.5%)	250 (56.4%)
No	151 (38.2%)	190 (42.9%)
	$\chi^2 = 96.01,\ p = .000$	$\chi^2 = 94.49,\ p = .000$
	$\chi^2 = 1.400,\ df = 1,\ p = .2$	
Present age and an affected married life caused by the disorder		
Less than 30	42 (68.9%)	84 (71.8%)
30-40	87 (62.6%)	107 (64.1%)
40-50	73 (60.8%)	42 (38.9%)
50 and above	33 (44.0%)	17 (33.3%)
	$U = 14169.0,\ p = .003$	$U = 15194.5,\ p = .000$
	$U = 60795.0,\ p = .000$	
Present illness status and an affected married life caused by the disorder		
Mild decline	105 (49.8%)	117 (50.7%)
Moderate decline	88 (66.4%)	87 (58.1%)
Severe decline	46 (88.0%)	48 (76.2%)
	Gamma = –.486, p = .000	Gamma = –.279, p= .000
	Gamma = –.371, p = .000	
Whether the disorder caused separation/divorce		
Yes	54 (94.7%)	30 (100.0%)
No	3 (5.3%)	0 (0.0%)
Whether unmarried because of the disorder		
Yes	189 (56.1%)	171 (83.0%)
No	137 (40.7%)	35 (17.0%)
No response	11 (3.2%)	0 (0.0%)
An affected present marital status caused by the disorder		
Yes	478 (62.2%)	451 (66.7%)
No	291 (37.8%)	225 (33.3%)
	$\chi^2 = 3.255,\ p = .071$	

3.3.5 An affected present marital status caused by the disorder

Finally, combining married, separated/divorced, and unmarried patients, the present marital status and patients' report about an affected marital status caused by the disorder is calculated (Table 3). widowed patients and those, who have been separated before the occurrence of the disorder and did not get married thereafter, are discarded. 23 (1.5%) patients did not respond and they are considered as missing.

Almost two-thirds (64.3%) of patients (male: 62.2%, female: 66.7%) reported that their present marital status has been affected by the disorder. For females, the proportion of patients agreeing on an affected marital status by the disorder is higher by 4.5%. The gender and patient's analysis of an affected marital status caused by the disorder is insignificant ($\chi^2 = 3.255,\ df = 2,\ p = .071$). In other words, it has an equal effect on the marital status of both genders.

3.4. Modeling of the impact of the disorder on present marital status

The disease severity measured by present illness status is the most significant causal factor distressing the socio-demographic factors associated with the patients. The impact of the disorder mainly depends upon the present illness status. However, instead of blaming the present illness status, there may be some other socio-demographic factors that may simultaneously influence an individual variable. For example, marital status may be affected by employment status, economic status, household size, and so many other factors. As such, it is important to measure the impact of the disorder along with some other socio-demographic factors on present marital status.

Table 4 Factors (for at least one gender) significantly associated with marital status

Sl. No.	Factors	Gender	Statistic	p-value
1	Present age	Male	$U = 66.9435$	.382
		Female	$U = 29729.5$	.000**
2	Religion	Male	$\chi^2 = 9.974;\ df = 1$	.002**
		Female	$\chi^2 = 6.134;\ df = 1$	.013*
3	Residential area	Male	$\chi^2 = 2.504;\ df = 1$	.071
		Female	$\chi^2 = 7.499;\ df = 1$	.006**
4	Literacy status	Male	$\chi^2 = 3.355;\ df = 1$	.067
		Female	$\chi^2 = 14.565;\ df = 1$	.000**
5	Present employment status	Male	$\chi^2 = 30.661;\ df = 2$	.000**
		Female	$\chi^2 = 51.209;\ df = 3$	.000**
6	Nature of dependency	Male	$\chi^2 = 21.707;\ df = 2$	.000**
		Female	$\chi^2 = 52.032;\ df = 2$	.000**
7	Present socio-economic class	Male	$\chi^2 = 6.587;\ df = 2$	.037*
	of the household	Female	$\chi^2 = 1.541;\ df = 2$	.463
8	Monthly per capitaincome	Male	$U = 59688.5$	.000**
		Female	$U = 45528.0$	.000**
9	Present illness status	Male	$\chi^2 = 88.145;\ df = 2$	.000**
		Female	$\chi^2 = 44.931;\ df = 2$	.000**
10	Present social support	Male	$\chi^2 = 21.709;\ df = 2$	.000**
		Female	$\chi^2 = 68.357;\ df = 2$	.000**

3.4.1 Model for an affected marital status

As the response variable is binary and the impact factors are categorical and continuous, the binary logistic regression is proposed as a model to predict the response variables (Agresti 2002).

Several factors have been tested for their possible association with an affected marital status. Table 4 represents the factors found significantly associated with at least one gender. Finally, the predictors-gender (GEN), present age (AGE), residential area (RES), religion (REL), literacy status (LIT), present employment status (PES), present illness status (PIS), involvement in domestic works (INV), present per capita income (PER) and present social support (PSS) are included giving the best fitting model for an affected marital status.

Table 5 gives the estimated parameters of the fitted model. A test of the full model against a constant-only model was statistically significant, indicating that the final model with a set of predictors gives a significant improvement over the intercept-only model. ($\chi^2 = 244.352$, $df = 15$, $p = .000$).

Again, the value of G = –2log-likelihood is 1590.944, and the p-value for this test is $P(\chi^2(15) > 1590.944) < .01$; implying that the model fits good and at least one coefficient in the model is different from zero.

Table 5 Parameter estimates for affected marital status caused by the disorder

Predictors	Estimate	SE	Wald	Sig	95% CI		e^{β}
					Lower	Upper	
GEN (Male)	–.729	.212	11.787	.001**	.318	.731	.482
PIS			50.023	.000**			
PIS (Severe)	1.918	.272	49.868	.000**	3.996	11.585	6.804
PIS (Moderate)	.606	.159	14.586	.000**	1.343	2.501	1.833
AGE	–.029	.007	17.620	.000**	.958	.985	.971
REL (Islam)	–.291	.140	4.331	.037*	.569	.983	.748
RES (Rural)	–.222	.144	2.911	.087	.605	.978	.801
LIT (Literate)	–.213	.156	1.872	.171	.596	1.096	.808
PES			26.975	.000**			
PES(House worker)	–1.067	.255	17.478	.000**	.209	.567	.344
PES (Terminate)	–.314	.206	2.310	.129	.488	1.095	.731
PES (Unemployed)	.020	.229	.008	.929	.651	1.599	1.021
INV			4.149	.126			
INV (No)	.065	.219	.087	.768	.694	1.640	1.067
INV (Partial)	.347	.179	3.774	.052	.997	2.008	1.415
PER	–1.221	.153	11.497	.000**	1.621	4.020	2.289
PSS			26.654	.000**			
PSS (Poor)	1.474	.618	5.684	.017**	1.300	14.668	4.366
PSS (Moderate)	.852	.618	1.898	.168	.698	7.878	2.314
Constant	.896	.699	1.642	.200			2.149

Along with present illness status, gender, present age, religion, monthly per capita income and probably Present employment status and Present social support are significant factors for an affected marital status caused by the disorder. Place of residence, literacy status, and nature of involvement in domestic works are insignificant (Table 5).

Among the individual-level variables, female patients are 2.07 times more likely to report an affected marital status than male patients are (Odds ratio $= 1/0.482 = 2.07$). Again, Hindus are 1.34 times more likely to report an affected marital status than Muslims are (Odds ratio $= 1/0.748 = 1.34$). Interestingly, presently employed patients have more chance to have an affected marital status than those who are house workers or who have been terminated/withdrawn from employment. Again, if the monthly per capita income is decreased by Rs. 1000, a patient is 2.289 times more likely to report an affected marital status. Further, patients receiving poor and moderate social support are more likely to have an affected marital status than those receiving strong social support (Odds ratio: 4.366 and 2.344).

The above discussion clears that, although disease severity (present illness status) is the most significant factor for affected marital status, there are some other socio-demographic factors closely associated with the patients and influencing simultaneously their present marital status. Being a female, being a Hindu, present age, being employed, reduced household income, and declined social support are some other contributory factors associated with affected marital status.

4. Discussion

Mental health problems have become a major public health issue all over the world. Several studies reviewed the age of onset of different types of mental disorders (Burke et al. 1990, Kessler et al. 2007, McGorry et al. 2011, Vaingankar et al. 2013) but this study combined all categories of mental disorders to get a common onset age. Male patients are found to have an early onset of 1.6 years compared to females. A very early onset age for both genders, especially for males is frightening and as such, it is a subject of serious concern to identify the causes behind the early onset.

From this study, it is found that, for males, marital status has not at all any association with the occurrence of the disorder. For females, when examined categorically, because of a large proportion of Ever married patients, statistical analysis signifies it as a high-risk factor. But this may be because of the simple reason that females get married much earlier than males. Not having any association becomes more distinct when the possession of marital strain was examined. When studied categorically, for both genders, the marital strain could not be established as a risk factor. For males, there was an almost equal proportion of patients agreeing or denying having a strained married life. Remarkably, although a large proportion of females were ever married, the proportion agreeing a strain married life was significantly less than the proportion denying it. On the other hand, for both gender, patients with early-onset ages generally complained about strained married life. For males, those with an early age of marriage have an early onset age of the disorder. But for females, there is no such association. On average, male patients suffered from the disorder at an early period of married life compared to females and the difference was significant. The majority of the unmarried patients were young adults; who had an adequate age still left for marriage. As such it cannot be established that being unable to marry at a proper age has caused the disorder. Those who were minors or students on the onset of the disorder are the most unfortunates to have suffered from the disorder at such an early age in their life.

The impact of the disorder on present marital status is very worrying with some negative outcomes. The disorder is found to significantly affect all categories of marital status. At present, more than half (53.5%) of the patients are married (male: 49.0%, female: 58.3%). But among them, a high proportion of 57.9% of patients (male: 59.5%, female: 56.4%) reported that the disorder has been affecting their married life. The affected married life is found associated with two factors. First, patients of young ages generally reported an affected married life caused by the disorder, as 54.9% of males and 76.4% of females are of age less than 40 years. Secondly, as the present illness status

declines, the proportion of patients with an affected married life inclines. Those with declining illness status more often reported an affected married life. 7.1% of male and 3.9% of female patients have been separated /divorced after the occurrence of the disorder, and it is found that the prime cause of separation/ divorce is the disorder. The rate of separation/divorce is more often for male patients than females, as males are nearly 4 times more likely to undergo separation/ divorce than females. Among the unmarried patients, 56.1% of them said that they are unmarried because of the disorder, while among females, a majority of 83.0% admit the same. For both genders, a moderate tendency exists between the present illness status and the patient's report on being unmarried because of the disorder.

Combining married, separated/ divorced, and unmarried patients, the present marital status and patients' report about an affected marital status caused by the disorder is calculated. Almost two-thirds (64.3%) of patients (male: 62.2%, female: 66.7%) reported that their present marital status has been affected by the disorder.

One of the major findings of this study is that, although disease severity is the most significant causal factor distressing the present marital status of the patients, it is not alone to blame, some other socio-demographic factors are found to have a simultaneous influence on present marital status.

Declaration of Competing Interest

The authors declare that they have no conflict of interest.

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