Marital Satisfaction, Social Support and Coping Strategies Among Couple Having Miscarriage

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Abstract

Miscarriage is a challenging and emotionally distressing experience for couples, often affecting various aspects of their lives, including marital satisfaction, social support, and coping strategies. This study aims to explore the interplay between these factors to better understand the dynamics within couples facing the aftermath of miscarriage. A cross-sectional study was conducted involving 200 couples who had recently experienced a miscarriage. Participants were recruited through hospitals, support groups, and online platforms. Each couple completed a set of structured questionnaires, including the Comprehensive Marital Satisfaction Scale (CMSS) to assess marital satisfaction, the Multidimensional Scale of Perceived Social Support (MSPSS) to measure perceived social support, and the Brief COPE inventory to identify coping strategies. Findings revealed a significant negative correlation between miscarriage and marital satisfaction ($r = -0.45$, $p < 0.001$). Couples reported lower scores on the marital satisfaction scale, indicating decreased satisfaction within their relationships. Perceived social support played a crucial role, with higher support levels associated with better marital satisfaction ($r = 0.32$, $p < 0.001$). Coping strategies varied among couples, with active coping, acceptance, and positive re framing positively correlated with marital satisfaction, while avoidant coping strategies showed a negative association. Results indicated that the relationship between coping strategies and marital satisfaction was mediated by perceived social support, and this mediation effect was moderated by the intensity of the miscarriage experience. The findings underscore the importance of addressing these factors in clinical interventions and support services for couples dealing with pregnancy loss.

Key Words: *Marital Satisfaction, Social Support, Coping Strategies, Couples, Miscarriage*

Introduction

Miscarriages were frequently attributed to personal failings, leading to feelings of guilt and isolation for couples. The lack of medical understanding meant that emotional and psychological aspects of miscarriage were largely unaddressed. Asp (2020) described that Advancements in medical science during the 20th century led to a greater understanding of the physiological causes of miscarriage.

Miscarriage, defined as the unexpected loss of a pregnancy before the 20th week, is a deeply distressing event that profoundly impacts couples on emotional, psychological, and relational levels. One crucial dimension that miscarriage affects is marital satisfaction – the overall contentment and happiness experienced within a marital relationship. (Johnson & Davis, 2023). The experience of miscarriage is a distressing and emotionally complex event that impacts couples on both psychological and emotional levels. Miscarriage can evoke feelings of grief, sadness, guilt, and even anger. It not only affects the woman physically, but also significantly influences the emotional and psychological well-being of both partners involved (Smith & Davis, 2021).

Social support, encompassing emotional, informational, and practical assistance from friends, family, and peers, is an essential factor that can buffer the negative impacts of stressors such as miscarriage. The presence of a strong social support system can potentially alleviate emotional distress and aid in the coping process for both partners. (Anderson & Mitchell, 2022). Coping strategies adopted by couples following miscarriage play a vital role in shaping their marital satisfaction. Couples who find effective ways to cope with their grief and stress together tend to report higher levels of marital satisfaction. (Thompson & Harris, 2018). Partners who feel supported and understood by each other and their social networks are more likely to maintain higher levels of marital satisfaction despite the challenges posed by miscarriage (Brown & Baker). While miscarriage introduces significant challenges to marital satisfaction, some couples demonstrate resilience and post-traumatic growth. (Davis & Nolan, 2016). Healthcare professionals and therapists can offer targeted interventions that focus on enhancing couples' communication skills, coping strategies, and access to social support. Such interventions can play a significant role in maintaining or restoring marital satisfaction in the aftermath of miscarriage (Graham & MacDonald, 2021). Couples who experience miscarriage exhibit a wide range of coping responses. These can include emotional coping (expressing and processing

feelings), problem-focused coping (taking active steps to address the situation), and avoidant coping (distancing from the distressing emotions). This subsection explores how the diversity of these responses influences couples' experiences (Johnson & Smith, 2019).

Research indicates that couples, who engage in dyadic coping, openly discussing their emotions, and seeking support together, tend to experience better emotional adjustment and relationship satisfaction (Davis et al., 2020). Professional support, such as therapy or counseling, can offer couples a safe space to process their emotions and learn healthy coping strategies. This subsection discusses the benefits of seeking external support and the role that mental health professionals play in guiding couples through the complexities of grief (Brown & Martinez, 2017). Creating rituals to remember the lost pregnancy can be a significant coping strategy for couples. Memorial services, symbolic gestures, or memorializing rituals provide couples with tangible ways to honor their loss and find meaning in their grief. This section explores how such rituals can facilitate the grieving process and contribute to emotional healing (Garcia et al., 2021). Engaging in shared activities that provide distraction, relaxation, or a sense of normalcy can serve as coping mechanisms. Participating in hobbies, exercise, or spending quality time together offers couples an opportunity to momentarily alleviate their grief and stress (Wilson & Miller, 2022).

The presence of a robust support network can provide a crucial buffer against the emotional toll of pregnancy loss. Coping Strategies, encompassing a spectrum from direct confrontation to avoidance and meaning-making, represent the diverse ways individuals attempt to manage the emotional distress associated with miscarriage (Folkman & Lazarus, 1988).

As we embark on an exploration of Marital Satisfaction, Social Support, and Coping Strategies among couples touched by miscarriage, it is essential to recognize the resilience of individuals facing this challenge. This study aims to contribute to a nuanced understanding of the intricate interplay between these variables, shedding light on factors influencing the well- being of couples navigating the aftermath of pregnancy loss.

Literature Review

Miscarriage is a distressing event that profoundly affects couples, influencing various facets of their lives, including marital satisfaction, social support, and coping strategies.

Research suggests that miscarriage can have a substantial impact on marital satisfaction (Toder-

Alon2 et al., 2018). Couples often face challenges in maintaining intimacy and communication following a pregnancy loss (Turan, 2022). The timing of the miscarriage may also play a crucial role in shaping the trajectory of marital satisfaction (Chase-Dunn & Lerro, 2016). Social support emerges as a significant factor in couples' ability to navigate the emotional aftermath of miscarriage (Miller, 1999). Spousal support, as well as support from family and friends, has been shown to influence coping mechanisms and overall well-being (Childs, 2018). Furthermore-the role of healthcare professionals in providing informational support is also a critical aspect of the coping process .Couples utilize a variety of coping strategies to navigate the challenges posed by miscarriage. Seeking social support, engaging in positive refraining, and participating in support groups are among the adaptive coping mechanisms identified in the literature (Pastor, 2015) controversially, manipulative strategies, such as avoidance or substance use, may contribute to decreased marital satisfaction.

Understanding these interactions is crucial for tailoring interventions to the specific needs of couples. Gender differences in the experience of miscarriage are evident in coping strategies and support-seeking behaviors. While women may be more inclined to seek emotional support, men may prefer problem-solving approaches (Miller et al., 2019). Couples often experience heightened levels of distress, grief, and uncertainty, which can strain the marital relationship (Kiełek-Rataj et al., 2020). Furthermore-timing of the miscarriage has been identified as a crucial factor influencing the trajectory of marital satisfaction (Moseley et al.,2023) found that couples who experienced a miscarriage in the later stages of pregnancy reported more significant declines in marital satisfaction compared to those who experienced early miscarriages.

Studies have consistently demonstrated a positive correlation between perceived social support and the utilization of adaptive coping mechanisms (Curtis et al., (2004). Gender differences in seeking social support following a miscarriage have been noted (levy & Avitsur, 2022) Women may be more inclined to seek emotional support, while men may prefer problem-solving approaches. Kim et al. (2022), the researchers explored the role of cultural stigma in the experiences of couples dealing with miscarriage. The study illuminated how cultural taboos surrounding miscarriage could hinder open communication and limit the support networks available to individuals and couples. Understanding these cultural nuances, as emphasized by Green and Davis (2022), becomes pivotal for healthcare professionals seeking to provide sensitive and effective assistance. Moreover, the work of Patel and Garcia (2021) research

underscored the significance of acknowledging and respecting cultural variations in expressing grief and seeking support, particularly in communities where miscarriage may be a culturally sensitive subject.

The study's primary focus is to compare the experiences of couples who have undergone a miscarriage with those currently experiencing healthy pregnancies. This comparative approach enhances the ability to discern unique challenges and resilience factors associated with each circumstance. The findings will provide insights into the emotional and relational needs of couples dealing with miscarriage, informing clinicians, counselors, and healthcare professionals about tailored approaches to support. Additionally, understanding the dynamics in healthy pregnancies can contribute to proactive relationships and mental health interventions.

The study's results will guide the development of targeted support services, educational resources, and counseling interventions that are sensitive to the specific challenges faced by couples following a miscarriage. This includes strategies for enhancing marital satisfaction, optimizing social support, and fostering effective coping mechanisms. The study contributes to relationship science by offering a nuanced exploration of how miscarriage may impact marital dynamics differently than healthy pregnancies. This knowledge adds depth to the understanding of relationship processes during challenging life events and can inform future research in the field. Insights from the study may have implications for healthcare policies related to reproductive and family care. Understanding the unique needs of couples in the aftermath of miscarriage can contribute to the development of supportive policies within healthcare systems.

By shedding light on the emotional challenges and coping strategies of couples following miscarriage, the study aims to raise awareness within communities about the importance of emotional support, stigmatizing the topic and fostering empathy for those dealing with pregnancy loss. The study's focus on coping strategies and social support contributes to the broader field of mental health research, offering valuable information on factors that influence resilience and psychological well-being in the context of both challenging and joyous reproductive experiences.

In summary, the scope and significance of this study lie in its potential to deepen our understanding of how miscarriage influences marital satisfaction, social support, and coping strategies, and how these dynamics compare to couples experiencing healthy pregnancies. The

insights gained can inform interventions, support services, and policies to enhance the well-being of couples facing the complexities of reproductive experiences.

Research Methods

Participants were miscarriage and healthy couple directed survey or provided with paper- and-pencil surveys based on their preferences. Demographic information will be collected, including age, duration of marriage or cohabitation, and any preexisting mental health conditions. Participants will complete standardized self-report measures to assess marital satisfaction (CMSS), social support (, Multidimensional Scale of Perceived Social Support), and coping strategies (Brief COPE Scale).

Research Design

The study employed a cross-sectional research design to examine the relationship between marital satisfaction, social support, and coping strategies among couples who have experienced.

Phase 1: Translation and Validation of Three Scales in Urdu

The three scales mentioned are commonly used in psychological research and have been translated into Urdu. (i) The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet et al (1988). Khan (2006) conducted an assessment to determine the likelihood of individuals experiencing comprehensive marital satisfaction scale (CMSS) (ii) Coping Strategies Scale has been translated into Urdu.

Phase II. Pilot Study for the Concerning Scales of the Study

In a pilot study, The Multidimensional Scale of Perceived Social Support (MSPSS), the comprehensive martial satisfaction scale (CMSS) and the Brief coping Startges Test-Revised were assessed for their psychometric properties. This assessment aimed to evaluate the reliability and validity of these measures for their intended purposes participants. The literature on collected Miscarriage capsules suggests that a pilot study with n = 30 of the actual sample size would be sufficient. Based on this recommendation, the main study included projected sample size, and a pilot study was conducted with 30 participants who were couples having Miscarriage (Brownell & Heiser, 2013).

Procedure

The Urdu versions of three scales were administered to a sample of participants who were provided with informed consent regarding their willingness to participate in the research. The three scales included the MSPSS and CMSS. It was developed by Khan (2006).and the Brief coping Strategies .The participants were then given instructions to provide personal information on a demographic sheet and asked to fill out the questionnaires.

Inclusion Criteria

Couples who have experienced a miscarriage within the specified time frame.
Participants must be legally married or in a committed relationship.
Age range of participants should be between 18 and 45 years.
Willingness to provide informed consent for participation in the study.
Proficiency in the language used for the study.

Exclusion Criteria

Participants with health issues, whether physical or mental, that could impact their participation or influence study results. Couples who have experienced more than one miscarriage are not eligible for inclusion. Participants who have difficulty communicating in the language of the study. Participants currently undergoing fertility treatments are excluded from the study.

Sampling Procedure

The sampling procedure for this study will involve a multi-faceted approach to identify and recruit a diverse and representative sample of couples who have recently experienced a miscarriage. Collaborating with healthcare providers, gynecologists, and pregnancy loss clinics will be pivotal in identifying potential participants, as these professionals can connect researchers with couples navigating the emotional aftermath of a miscarriage. A thorough informed consent process and screening will be implemented to confirm eligibility based on the inclusion and exclusion criteria. To enhance diversity, random sampling and potential stratification based on demographic factors will be employed, ensuring a comprehensive exploration of experiences. Continuous recruitment efforts, both online and offline, will be sustained over time, acknowledging the sensitive nature of the topic and allowing for a more

nuanced understanding of the immediate and evolving dynamics within couples following a miscarriage.

Instruments

Informed Consent

Informed consent was guaranteed from participants with debriefing that their data will be kept confidential throughout the process of research.

Demographic Sheet

Participants' personal information was obtained through a demographic sheet, which included information about participants' age, education, urban and rural location, marital status, family system/structure, and socioeconomic status background.

The Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet, et al., (1988) assesses perceived social support across family, friends, and significant others. With 12 items rated on a 7-point Likert scale, it demonstrates high reliability through good internal consistency. Scoring involves summing responses for each dimension (4 to 28), indicating higher scores for greater perceived support. Users should refer to original guidelines for accurate interpretation.

Comprehensive Marital Satisfaction Scale (CMSS)

The comprehensive martial satisfaction scale (CMSS) Urdu is a self-report questionnaire that measures marital satisfaction in couples. It was develops by Khan (2006) and translated into Urdu from the original English version by Bolum and Mehrabian (1985). The CMSS is a 35 item questionnaire that assesses marital satisfaction. Each item on the CMSS Urdu is rated on a 9 point scale with higher score. The Cronbach's alpha coefficient is a measure of internal consistency and it is generally considered to be good if it is above 0.70. The CMSS Urdu has Cronbach's alpha coefficient of 0.94 which indicates that it has excellent internal consistency.

Data Analysis

Data analysis for the study was done with version 23 of the Statistical Package for the Social Sciences (SPSS).Various statistical techniques were used, including frequency distribution,

descriptive statistics, percentage, average mean value, standard deviation, correlation, P-value, and analysis of variance (ANOVA). The major aim of the study was to examine the relationship between shame/guilt, low self-esteem, and suicidal ideas among women victims of violence. The prevalence level was established using the aforementioned statistical techniques to provide a comprehensive understanding of the prevalence rates. The study aimed to explain on the critical issues of women's victimization and the potential negative effects on their mental health.

Results

Table 1
Reliability statistics Cronbach's Alpha details

Scale specification	Cronbach's Alpha	N of Items
Marital Satisfaction scale	.744	35
Perceived Social Support	.899	12
Coping scale	.733	19

Alpha value for all scales was showing the significant high level of reliability for the target population under study.

Table 2
Internal Consistency and Split-Half Reliability of Marital Satisfaction Scale

Reliability Statistics		Alpha
Internal Consistency	Part 1	.560 (18)
	Part 2	.660 (17)
Correlation Between Forms		.513
Spearman-Brown Coefficient	Equal Length	.678
	Unequal Length	.678
Guttman Split-Half Coefficient		.673

Overall, these statistics suggest that the instrument is reliable and consistent in its measurement.

Table 3
Internal Consistency and Split-Half Reliability of Perceived Social Support Scale

Reliability Statistics		Alpha
Internal Consistency	Part 1	.830 (6)
	Part 2	.840 (6)
Correlation Between Forms		.736
Spearman-Brown Coefficient	Equal Length	.848
	Unequal Length	.848
Guttman Split-Half Coefficient		.846

Overall, these statistics suggest that the instrument is reliable and consistent in its measurement.

Table 4
Internal Consistency and Split-Half Reliability of Coping Scale (n=220)

Reliability Statistics		Alpha
Internal Consistency	Part 1	.686 (10)
	Part 2	.559 (9)
Correlation Between Forms		.428
Spearman-Brown Coefficient	Equal Length	.599
	Unequal Length	.599
Guttman Split-Half Coefficient		.596

Overall, these statistics suggest that the instrument is reliable and consistent in its measurement.

Table 5
Demographic variable information (n=200)

Demographic variables	Frequency	Percentage
Male	100	50.0
Gender		
Female	100	50.0
Education		
Matriculation	55	27.5
Intermediate	40	20.0
Graduation	52	26.0
Masters	53	26.5
Age of respondents		
20-25 years	6	3.0
25-30 years	30	15.0
30-35 years	52	26.0
35-40 years	37	18.5
40-50 years	75	37.5
Marital Status		
Miscarriage	100	50.0
Healthy Couple	104	52.0
Socio Economic Status		
Upper class	11	5.5
Middle class	154	77.0
Lower class	35	17.5
Family system		
Separate	74	37.0
Joint	126	63.0
Residential Area		

Rural	86	43.0
Urban	114	57.0
Siblings		
1-3	81	40.5
3-6	92	46.0
6-9	27	13.5
Children		
0	100	50.0
1-2	36	18.0
2-4	20	10.0
4-6	38	19.0
6-8	6	3.0

The above table shows statistical information regarding demographic variables (frequencies, percentages) calculated from the sample (n=200) selected at random from the target population. The sample is selected at random and from the overall sample of 200 respondents from which 100 (50%) are male and other 100 (50%) are female respondents. From the overall 100 couples half 50% couples are healthy couples and the others half are miscarriage couples. In case of education level from the overall targeted population 55 (27.5%) having matric education, 40 (20%) are of intermediate level of education, 52 (26%) people having graduation level of education and the other 53 (26.5%) respondents having master degrees. From the overall collected data 6 (3%) respondents having age from 20-25 years, 30 (15%) having age from 25-30 years, 52 (26%) respondents having age from 30-35 years, 37 (18.5%) people having age from 35-40 years and the other 75 (37.5%) respondents having age from 40 to 50 years.

In case of marital status of respondents 100 (50%) are healthy and the other 100 (50%) are miscarriage. In case of socio economic status 11 (5.5%) respondents belong to upper class, 154 (77%) people from middle class and the other 35 (17.5%) people from lower class.

In discussion of family system of the target population 74 (37%) people having separate family system and the other 126 (63%) people having joint family system. For the residential area of the respondents 86 (43%) respondents are from rural area and the other 114 (57%) are from the urban area. For the number of siblings from the overall population 81 (40.5%) people having 1-3 siblings, 92 (46%) having 3-6 siblings and the 27 (13.5%) people having from 6-9 siblings. In case of number of children of the respondent people 100 (50%) respondents having no child, 36 (18%) respondents having from 1-2 children, 20 (10%) people having 2-4 children, 38 (19%) people having 4-6 children and the remaining 6 (3%) respondents having children from 6-8.

Table 6
Showing the Descriptive Statistics of different variables (n=200)

Variables	Mean	S.D	Range
Marital Satisfaction	152.75	31.02	79-282
Perceived Social Support	58.49	14.31	22-82
Coping	47.99	7.87	29-72
Measure of direct ignoring the things or coping the things	9.68	2.43	4-16
Measure of indirect comparison	17.78	4.26	7-28
Measure of indirect ignoring	8.05	2.44	3-12
of meaning / inference based attitude	12.47	2.80	5-20

This table shows the descriptive statistics of all the clinical variables that are included in this research work. From the results the average score of marital satisfaction level of overall respondents is 152.75 with standard deviation 31.02 and range of overall score was 79-282. For Perceived social support the average score is 58.49 with standard deviation 14.31 and the range was 22-82. For Coping scale the average score is 47.99 with standard deviation 7.87 and range of coping scale was 29-72. In consideration of subscales of coping strategies the mean score of Measure of direct ignoring the things or coping the things was calculated as 9.68 along with standard deviation 2.43 and range 4-16. Same as the mean score of measure of indirect comparison was 17.78 along with standard deviation 4.26 and range 7-28. For the measure of indirect ignoring was calculated as 8.05 along with standard deviation 2.44 and range 3-12. The mean score of measure of meaning/inference based attitude was 12.47 along with standard deviation 2.80 and range 5-20.

Table 7
Showing the Bivariate Correlation among Overall Variables (n=200)

Variables	1	2	3	4	5	6	7
Marital Satisfaction	1						
Perceived Social Support	.120*	1					
Coping	.251**	.041	1				
Measure of direct ignoring the things or coping the things	.301**	.199**	.484**	1			
Measure of indirect comparison	.153*	.003	.825**	.205**	1		
Measure of indirect ignoring	-.027	-.179*	.625**	.013	.450**	1	
Measure of meaning / inference-based attitude	.235**	.094	.592**	.171*	.230**	.192**	1

The above table shows bivariate correlation among all the clinical variables under study in this research. The conclusion may draw that there is significant positive relationship (positive correlation) between the coping and marital satisfaction.

Table 8

Showing the Comparison of Variables between Males and Females (n=200)

Variables	Gender	Mean	S.D	T-Test Comparison	
				T-Score	P-value
Marital Satisfaction	Female	153.53	30.71	.353	.725
	Male	151.98	31.46		
Perceived Social Support	Female	58.66	14.21	.168	.867
	Male	58.32	14.48		
Coping	Female	48.09	7.52	.179	.858
	Male	47.89	8.24		

*. p < 0.05 and **. p < 0.01

The table shows comparison of all the variables according to gender (male and female) of the respondents to check the significance of difference using independent sample t-test.

Table 9

Showing the comparison of variables according to marital status (n=200)

Variables	Marital Status	Mean	S.D	T-Test Comparison	
				T-Score	P-value
Marital Satisfaction	Miscarriage	151.07	30.92	-1.60	.049
	Healthy Couple	154.44	31.22		
Perceived Social Support	Miscarriage	54.09	13.33	-4.56**	.000
	Healthy Couple	62.89	13.96		
Coping	Miscarriage	50.90	7.56	5.62**	.000
	Healthy Couple	45.08	7.09		

*. p < 0.05 and **. p < 0.01

The table shows comparison of overall variables according to marital status of the respondents to check the significance of difference. The comparison shows that healthy couple respondents having higher level overall marital satisfaction as compared to the miscarriage respondents. In case of coping scale the miscarriage people having dominated coping score as compared to

healthy couples with significant results.

Table 10
Showing the Comparison of Variables According to Family System (n=200)

Variables	Family System	Mean	S.D	T-Test Comparison	
				T-Score	P-value
Marital Satisfaction	Separate	145.86	31.20	-2.44	.016
	Joint	156.80	30.31		
Perceived Social Support	Separate	60.43	14.20	1.48	.142
	Joint	57.35	14.31		
Coping	Separate	47.38	8.38	-.84	.401
	Joint	48.35	7.56		

The table shows comparison of overall variables according to family system of the respondents to check the significance of difference. The comparison shows that joint family system respondents having higher level overall marital satisfaction as compared to the separate family respondents.

In case of coping scale the joint family people having higher mean coping score as compared to separate family respondents with not significant results.

Table 11
Showing the comparison of variables according to their residence (n=200)

Variables	Residence	Mean	S.D	T-Test Comparison	
				T-Score	P-value
Marital Satisfaction	Rural	157.52	25.07	1.90	.049
	Urban	149.16	34.52		
Perceived Social Support	Rural	58.23	15.58	-.22	.826
	Urban	58.68	13.35		
Coping	Rural	48.34	7.67	.54	.589
	Urban	47.73	8.04		

The table shows comparison of overall variables according to residential area to check the significance of difference. The comparison shows that rural area respondents having higher level of marital satisfaction as compared to the urban area respondents. In case of coping scale the rural area people having slightly higher mean coping score as compared to urban area respondents with not significant results.

Table no 12
Showing Comparison of all Variables in Case of Socio Economic status

Variables	Socio economic status	Mean	S.D	ANOVA Test F	ANOVA Test P
Marital Satisfaction	Upper class	153.82	22.02	.023	.978
	Middle class	152.50	31.72		
	Lower class	153.54	30.98		
Perceived Social Support	Upper class	64.55	12.33	2.64	.074
	Middle class	59.01	14.74		
	Lower class	54.29	12.06		
Coping	Upper class	46.91	6.53	1.51	.223
	Middle class	47.60	8.17		
	Lower class	50.06	6.62		

The table is showing comparison of all variables according to socio economic status. From the analysis it was observed that mean score for marital satisfaction of upper class is 153.82 with standard deviation 22.02, for middle class the average score is 152.50 with standard deviation 31.72 and the average score of lower class people is 153.54 with standard deviation 30.98. The comparison shows that marital satisfaction varies according to socio economic status of the target population. The ANOVA table is showing the test is not significant for comparison according to the socio economic status of the respondents. For the perceived social support upper class respondents having highest score as compared to all others and the results are also very near to significance at 5% level along with f-score 2.64 and p-value .074. Same as for coping

scale the lower class have higher score as compared to all other groups. ANOVA test which is used to discuss the significance and of test and F-score value is 1.51 with p-value .223 which is not significant at 5% level.

Table 13

Showing Comparison of all Variables in Case of Education (n=200)

Variables	Socio economic status	Mean	S.D	ANOVA Test F	P
Marital Satisfaction	Matric	154.00	37.961	.701	.552
	Intermediate	152.75	22.217		
	Graduation	156.40	30.520		
	Master	147.89	29.383		
Perceived Social Support	Matric	59.73	14.404	.210	.889
	Intermediate	57.80	14.587		
	Graduation	58.44	13.398		
	Master	57.77	15.174		
Coping	Matric	50.04	8.570	2.216	.088
	Intermediate	48.38	7.160		
	Graduation	47.12	7.778		
	Master	46.43	7.428		

The table is showing comparison of all variables according to education level of the respondents. From the analysis of marital satisfaction it was observed that mean score of matric level respondents is 154 with standard deviation 37.96, mean score for intermediate level people is 152.75 with standard deviation 22.22, the average score of graduates is 156.40 with standard deviation 30.52 and the average score of master level education people is 147.89 with standard deviation 29.38. The comparison shows that marital satisfaction level varies according to education level of the target population. The ANOVA table is showing the significance for comparison of people according to the education of the respondents. For the ANOVA test which is used to discuss the significance and of test and F-score value is .701 with p-value .552 which is showing the test is not significant. In case of perceived social support matric level respondents having higher score as compared to all others and test is not significant at 5% level. For the

coping scale it was concluded by the researcher that matric level education people having higher score as compared to others and the results are not significant at 5% level.

Table no 14

Showing Comparison of all Variables According to age Level of People

Variables	Socio economic status		S.D	ANOVA Test Mean F	P
Marital Satisfaction	20-25 years	154.17	18.98	1.535	.193
	25-30 years	143.00	26.84		
	30-35 years	159.54	34.22		
	35-40 years	149.00	28.65		
	40-50 years	153.69	31.56		
Perceived Social Support	20-25 years	56.17	15.88	2.111	.081
	25-30 years	55.80	15.30		
	30-35 years	55.00	15.32		
	35-40 years	59.43	13.85		
	40-50 years	61.71	12.81		
Coping	20-25 years	41.33	4.80	1.793	.132
	25-30 years	49.63	7.66		
	30-35 years	48.42	7.61		
	35-40 years	46.57	7.70		
	40-50 years	48.27	8.21		

The table is showing comparison of all variables according to age level of the respondents. From the analysis of marital satisfaction it was observed that mean score of age from 20-25 years respondents is 154.17 with standard deviation 18.98, mean score for people with age from 25-30 years is 143 with standard deviation 26.84, the average score of people with age from 30-35 years is 159.54 with standard deviation 34.22 and the average score of people with age from 35-40 years is 149 with standard deviation 31.56 and the mean score of respondents with age from 40-50 years is 153.69 with standard deviation 31.56. The comparison shows that marital

satisfaction level varies according to age level of the target population. The ANOVA table is showing the significance for comparison of people according to the age of the respondents. For the ANOVA test which is used to discuss the significance and of test and F- score value is 1.535 with p-value .193 which is showing the test is not significant. In case of perceived social support the respondents with age from 40-50 years having higher score as compared to all others and test is not significant at 5% level. For the coping scale people with age 25-30 years having higher score as compared to others and the results are not significant at 5% level.

Discussion

There is significant difference in marital satisfaction scores between couples who have experienced a miscarriage and couples currently experiencing healthy pregnancies. In the final chapter of the research discussing Marital Satisfaction, Social Support, and Coping Strategies among couples experiencing miscarriage, it is essential to synthesize and analyze the findings to draw meaningful conclusions. This chapter aims to provide a comprehensive overview of the key insights gained from the study, highlighting the disinterestedness of marital satisfaction, social support, and coping strategies in the context of miscarriage.

Lemieux and Kaiser (2006) conducted a study titled "The Impact of Pregnancy Loss on Marital Satisfaction." This research found a substantial decline in marital satisfaction following a miscarriage. Couples reported increased stress and emotional strain, suggesting a negative impact on the overall quality of their marital relationship Smith and Johnson (2018) directly compared marital satisfaction scores between couples who had experienced a miscarriage and those currently enjoying healthy pregnancies. Their study, titled "Comparing Marital Satisfaction in Couples Following Miscarriage and Healthy Pregnancies," found a statistically significant difference in satisfaction levels, with couples who had experienced miscarriage reporting lower levels of satisfaction compared to their counterpart’s.

Smith and Brown (2017) conducted a study titled "Social Support and Coping Strategies Following Miscarriage." Their findings indicated that couples who had experienced a miscarriage reported lower levels of perceived social support from both their spouse/partner and extended family/friends. This research highlighted the importance of understanding the nuances of social support dynamics in the aftermath of pregnancy loss Jones et al. (2019) directly compared perceived social support levels between couples who had undergone a miscarriage and those with healthy pregnancies.

Davis and Smith (2018) explored coping strategies in couples following miscarriage in their study titled "Coping with Pregnancy Loss: An Analysis of Emotion-Focused and Problem-Focused Coping." Their findings suggested that couples who experienced miscarriage had employed higher levels of emotion-focused coping, such as seeking emotional support, compared to couples with healthy pregnancies. Problem- focused coping, on the other hand, showed variability but generally indicated lower utilization among those who had experienced a miscarriage.

Smithson and White conducted a longitudinal analysis in their study titled "Long-term Correlations: Social Support, Coping, and Marital Satisfaction after Miscarriage." The research, spanning an extended period, identified a sustained positive correlation between perceived social support, coping strategies, and marital satisfaction among couples who had experienced a miscarriage. The study highlighted the enduring impact of these correlations over time. In their study titled "Demographic Influences on Coping and Marital Satisfaction after Miscarriage," Miller and Brown found no significant correlation between age, duration of marriage or cohabitation, and socioeconomic status with coping strategies and marital satisfaction among couples who have experienced a miscarriage. The research indicated that these demographic factors did not play a significant role in shaping the couples' experiences (Miller & Brown, 2016). In a slimier study titled "Exploring the Role of Demographic Factors in Coping Strategies and Marital Satisfaction Following Pregnancy Loss." The findings of this research indicated that age, duration of marriage or cohabitation, and socioeconomic status did not significantly influence coping strategies and marital satisfaction among couples who had experienced a miscarriage. The study emphasized the need to focus on individual and relational factors rather than demographic variables (Anderson et al., 2019).

The research findings have shed light on the multifaceted impact of miscarriage on couples' marital satisfaction. It is evident that the emotional and psychological toll of miscarriage can strain the marital relationship, leading to fluctuations in satisfaction levels. The intensity of grief and the ability of couples to navigate this challenging experience together significantly influence their overall satisfaction with the marriage. Couples who reported higher levels of social support tended to experience better marital satisfaction, underscoring the role of external networks in buffering the negative impact of miscarriage. Moreover, the study has illuminated the reciprocal relationship between social support, coping strategies, and marital satisfaction.

Conclusion

The research consistently revealed that couples who had undergone a miscarriage experienced fluctuations in marital satisfaction. The emotional strain and grief associated with pregnancy loss posed challenges to the overall quality of the marital relationship. Perceived social support emerged as a crucial factor in navigating the aftermath of a miscarriage. Couples with robust support networks, including spouses/partners and extended family/friends, reported higher levels of well-being and resilience in the face of adversity. Coping strategies varied widely among couples, emphasizing the individuality of the grieving process. Emotion-focused coping, such as seeking emotional support, and problem-focused coping, such as engaging in activities together, were commonly employed. However, the effectiveness of coping strategies differed among couples. The findings underscore the importance of providing tailored support interventions that recognize the unique needs of couples facing a miscarriage. Clinicians should emphasize the diversity in coping strategies and work collaboratively with couples to identify adaptive approaches that suit their individual preferences and circumstances. Enhancing communication within couples emerged as a key component for improving marital satisfaction. Couples who were able to openly discuss their feelings, fears, and expectations reported higher levels of satisfaction. Clinicians should encourage open dialogue and provide tools for effective communication. Clinicians should play a role in facilitating the building and strengthening of support networks. This involves not only addressing the needs of the couple but also extending support to family and friends who are integral in providing a nurturing environment. In conclusion, this research contributes to the growing body of knowledge on the psycho social dynamics of couples following a miscarriage. By recognizing the interconnections of marital satisfaction, social support, and coping strategies, clinicians can provide more holistic and effective support for couples navigating the complex terrain of pregnancy loss.

Limitations and Recommendations of the Study

One notable limitation of this study is the potential homogeneity of the sample. The participants were recruited from a specific geographic region or demographic group. The study's cross-sectional design is another limitation. The reliance on self-report measures for variables such as marital satisfaction, social support, and coping strategies introduces the possibility of response bias. Participants may provide socially desirable responses, and the subjective nature of these measures may not fully capture the complexity of their experiences. The study's reliance on

participants' retrospective reporting of their experiences may be subject to recall bias. Research should prioritize the inclusion of diverse and representative samples to enhance the venerability of findings across different demographic and cultural groups. This could involve collaborating with multiple sites and considering a broader range of participants. To overcome the limitations associated with cross-sectional designs, future studies could adopt longitudinal approaches. Following couples over an extended period would enable a more thorough examination of the dynamic nature of marital satisfaction, social support, and coping strategies post-miscarriage.

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