

A STUDY OF COPING STRATEGIES EXPERIENCED BY BAHRAINI
MARRIED COUPLES WHEN FACED WITH LIFE STRAINS IN
MARITAL AND PARENTAL ROLES

by

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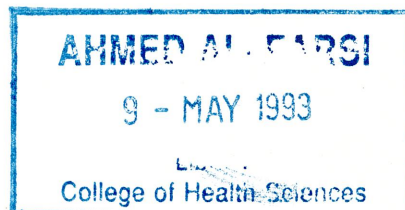
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DEDICATION

To my husband Anwar and my
children Fawaz and Faten.

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The purpose of this study was to investigate the coping strategies experienced by Bahraini couples when they are faced with life strains in marital and parental roles. A representative random sample was selected consisting of 25 Bahraini married couples, who met the criteria for inclusion in the study.

Important and relevant role strains and coping strategies were identified. There were few statistically significant differences, however, when husbands and wives were compared. The outcome of this study directs the attention of health care providers to the socio-psychological needs of their clients, as well as their physical needs. The implication is that there is a vital need for health care providers to assess, plan, implement and evaluate their clients' health and social needs, with a focus on health education and health promotion.

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Introduction

Stress is a phenomenon that all individuals face in their day to day lives. Health care providers face both their own stresses and those of their clients. Nurses, as health care providers, respond to clients' stressful situations in hospitals, health centers, and at home.

Perceptions of stress and the styles of coping with it vary from person to person. There is no specific or best way to cope with any given situation. What is useful to one individual may be inappropriate for another. The nature of the stressor, the state of development of the individual, the social and the cultural environments, and the physical and interpersonal resources available, all influence the style and effectiveness of coping strategies.

Stress and necessary coping strategies emerge in many aspects of family life. Marriage relationships and parenting are only two of these many areas of potential stress. Marriage in Bahrain is based on mutual understanding between the married individuals, but each one still experiences his/her share of conflict and frustration when confronting stress. Many traditional coping practices are used as married couples seek support from their parents, grandparents, or neighbors. The social network is tightly knit, and the Bahraini couples use these practices because other people in the same culture utilized them before because of the influence of a mother, grandmother, or significant other.

The parental role in Bahraini culture is considered to be one of the most important roles that married couples experience in their lives. Parents are respected by their children who look to them as a source of guidance.

Parents are also judged in the society by how they brought-up their children and how successful their children are in their chosen life.

Marital and parental conflicts are important in Bahraini society, and nurses are frequently called upon to address such problems in their clinical practices. Unfortunately, not all doctors or nurses in Bahrain are prepared to meet the mental health needs of their clients. Understanding the strains experienced by these couples and their coping strategies would help in preparing health care providers. To date, no systematic study has been conducted in Bahrain to investigate Bahraini married couples' experience in marital and parental role strains and coping strategies.

Review of Literature

Theoretical Framework

Every couple has customs and practices unique to the culture of their country as well as their own relationship. Couples may use a variety of coping techniques to deal with different role issues. Coping techniques may also be influenced by culture.

The conceptualization of coping that has been used in this study falls within the cognitive phenomenological theory of psychological stress developed by Lazarus and his colleagues (Folkman, 1979; Lazarus, 1966; Lazarus & Launier, 1978). Lazarus (1966) has defined two processes (appraisal and coping) that mediate the relationship between psychological stress and coping. Appraisal "is the cognitive process through which an event is evaluated with respect to what is at stake (primary appraisal) and what coping resources and options are available (secondary appraisal)" (Lazarus, 1966, p. 223). Coping "is defined as the cognitive and behavioral efforts to master, tolerate, or reduce external and internal demands and conflicts among them" (Lazarus, 1966, p. 223). Such coping efforts serve two main functions: the management or alteration of the person, environment or relationship that is the source of stress (problem-focused coping) and the regulation of stressful emotions (emotion-focused coping). These functions of coping are also recognized by George (1974), Murphy (1974), and Pearlin and Schoolers (1978a), White (1974).

Stress and Coping.

Folkman and Lazarus (1980), analyzed the ways 100 men and women in the U. S. coped with the stressful events of daily living during one year. It was revealed that men used more problem-focused coping than women in work settings. However, there were no gender differences in the use of emotion-focused coping. Men and women coped quite similarly.

Pearlin and Schoolers (1978a) reported that individuals' coping interventions are most effective when dealing with problems within the close interpersonal role areas of marriage and child-rearing. Individuals are also effective when dealing with the more impersonal problems found in occupation.

Developmental life stages include various stressful events that can precipitate marital and parental problems. Couples frequently have unrealistic expectations when starting the marital relationship. Differences in individuals' maturity levels may create stress. In addition, there are areas of conflict in marital role including problems with extended family members or friends, careers and religion. There are additional areas of conflict and stress in the parental role, including distribution of responsibilities, parental relationships, use of leisure time, and management of finances. Parenting young children increases significantly the number of symptoms of mental stress exhibited by both husbands and wives who are employed outside the home (Thoits, 1986). Parenting teenagers can also be stressful (Committee on Public Education, 1973; Davitz & Davitz, 1982; Friedman, 1975; Galinsky, 1981; LeShan, 1965; McBride, 1976; and Managhan, 1983).

Mothers feel responsible for the continuing success and happiness of their children, and are often blamed when anything goes wrong in their children's lives (Caplan, Hall, & McCorguodale, 1985). Those who are employed outside the home must also deal with the stresses associated with their occupational role (Riesch, 1984; Woods, 1985). One sample of employed Black women found that their greatest difficulties revolved around taking care of household chores and finding time to spend with family (Katz & Piotrkowski, 1983).

The study by Pearlin and Schoolers (1978a) dealt with social coping issues, first by specifying some of the life-circumstances that people find problematic, next by identifying an array of coping mechanisms people use in attempting to deal with these problems and assessing the efficacy of the coping mechanisms so identified. Finally, linkages between the social characteristics of people and their coping behavior were examined. Results indicated that self-reliance was more effective in reducing stress than the seeking of help and advice from others in the two areas in which it is possible to observe its effects (i.e., marriage and parenthood). In marriage, coping responses are considerably more important in blocking stress than are other resources.

There are two limitations to the study by Pearlin and Schoolers (1978a). First, most of the analysis was based on questions that asked how the respondents usually coped with general sources of stress, not how they actually coped with specific situations. The second limitation of the study was its concern with persistent life strains, (i.e. enduring, unresolved problems that have potential for arousing threat). Subjects were not asked

about stresses they had resolved or were successful in overcoming. As a result, a large domain of coping responses, those effective in changing the situation out of which the stressful experience arose, were ignored (Lazarus, 1980).

Pearlin and Schoolers (1978a) stated that there is a pronounced imbalance between the sexes in their possession and use of effective coping strategies. Men more often possess psychological attributes or employ responses that inhibit stressful outcomes of life problems. The imbalance that exists between the sexes in the distribution of efficacious coping is completely absent with regard to age. In coping with marital problems, the older couples are more disposed to self reliance (less often seeking advice) and more likely to engage in a controlled reflection of marital problems, both of which help to limit stress (Pearlin & Schoolers, 1978a).

Islamic Parenting and Marriage.

In Islamic beliefs, women have the freedom to choose either to play the traditional role of a mother and work at home or have multiple roles. The difficulty is that cultural and social constraints affect women who work outside the home. Parenting roles are sensitive not only to the experience of the individual man and woman, but also to both the individual-to-family fit, and the family-to-community fit.

Marriage customs in Bahrain are unique to the culture of that country with several different kinds of marriage identified: arranged marriage, marriage of cousins, marriage of couples who have not met before consummation, marriage of a couple who have met before consummation, forced marriage, and more recently those who are educated

and are marrying later, usually in their mid 20s. Although dating in the American sense of the term is unknown, sometimes, young couples meet at college or at work, and express their preferences for marriage which would have not been possible even ten years ago.

Ramazani (1985) reported that laws pertaining to marriage, divorce, and inheritance are governed by Sharia law. In Bahrain, among the Sunni population, the Maliki rite or school predominates; among the Shi'i population, it is the Ja'afari rite. The latter is perceived as being more liberal and the Maliki as more conservative. Under the Maliki rite, a man can divorce his wife by repudiating her three times in front of a Mulla or court-appointed religious leader. After the requisite three month waiting period (Al-'idda) has passed, the divorce becomes final. That couple may not remarry unless the wife has since married and divorced another man. A woman can obtain a divorce only under certain conditions: if a man disappears or is absent for a long period of time (from 1-4 years); if he is impotent; if he causes his wife mental or physical anguish; or for non-support. "Under both Maliki and Ja'afari law it is possible to insert a conditional clause in a marriage contract specifying a mutually agreed upon condition of the marriage so long as such condition is not in violation of the nature of marriage" (Ramazani, 1985, p. 269).

Ramazani (1985) also reported that the father's consent is necessary for a marriage to take place. There is currently no minimum age for marriage. In the villages, girls get married at a very young age (a minimum age may be set at 16 for girls and 18 for boys).

Culture and religion influence various forms of social behavior in Bahraini life. One of the functions of the culture and religion is to reinforce social control in a society and also touch on the special content of morals, beliefs, and practices and on individuals' social effects.

Significance.

Nurses have frequent and extended contacts with families and couples during all life stages. These life stages include various stressful events that can precipitate marital and parental problems. By establishing a relationship with the entire family unit, nurses can observe the couples' relationship and functioning over time. Nurses can approach marital and parental crises and difficulties in much the same way they deal with physical problems, offering a wellness and health maintenance perspective aimed at preventing both biomedical and psychological problems.

Many common presenting symptoms seen in primary care settings may actually reflect underlying marital discord and other psychosocial issues. Clients often seek help for non-specific ailments such as backaches, headaches, and other pain syndromes, or symptoms suggesting anxiety or depression. Chaleby (1988) stated that the Saudi patients, especially females who are stressed in marriage, are prone to depressive disorders, anxiety and somatization disorders.

The goal of this study was, therefore, to identify some of the daily life strains and the coping strategies that Bahraini married couples use, with a view to enable the health care providers to direct their health teaching and counseling to enhance their clients coping skills.

Purpose of the Study

The purpose of this study was to investigate selected daily problems that healthy Bahraini married couples were facing and describe how they attempted to deal with these problems. The results of such a study will be helpful in developing nursing strategies to guide in the decision to use brief counseling techniques or to refer for marital or family psychotherapy. Brief counseling techniques are most appropriate for use with "healthy" couples who have experienced transitions related to life-cycle changes and other social problems.

Martin (1988) reported that nurse practitioners' primary care education and experience render them well-suited to prevent or manage many marital difficulties. Basic skills such as anticipatory guidance, patient-education and support are already part of the nurse practitioner's clinical repertoire. These skills provide a strong foundation in which to build the more sophisticated strategies of short-term counseling techniques. It is the core of the nurse's role to provide care based on individual, family and community needs, taking into account the client's needs as a whole person.

Chaleby (1988), in a prospective study of traditional Arabian marriages and mental health in a group of outpatient Saudis, found that an unhappy marriage can affect mental health at more than one level. Patients with psychosomatic disorders characteristically reported incompatibility in intimacy, socializing and initiative. A statistically significant incidence of marital discord among Saudi patients, if the partners have never met before their wedding night, was also noted. This is more likely to be reported by

females. Polygamy is also an important source of stress especially in women, and these women tend to suffer from anxiety and dysthymic disorders.

Research Questions

What are the coping strategies Bahraini married couples employ in dealing with the strains they experience in their marital and parental roles?

1. What are the types of role strains that Bahraini married couples experience in their daily life?
2. What are the coping strategies that Bahraini married couples use to cope with marital and parental role strains?
3. Do Bahraini husbands and wives have differences or have similarities in coping strategies in dealing with different types of strains within marital and parental roles?
4. What are some of the sociodemographic variables that may influence the choice of coping strategy (e.g: age, educational level)?

Definition of Terms

Coping Strategies: Behaviors that protect people from being psychologically harmed by problematic social experiences, a behavior that importantly mediates the impact that societies have on their members (Antonovsky, 1979).

- Life Strains: "Problems that are frequently outstanding in the experiences of people in their roles as marriage partners, economic managers, parents, and workers." (Pearlin & Schoolers, 1978a, p. 4).
- Bahraini Women: Bahraini healthy married females (18-59 years of age).
- Bahraini Men: Bahraini healthy married males (18-59 years of age).
- Marriage: "The institution whereby men and women are joined in a special kind of social and legal dependence..." (Webster's Dictionary, 1991)
- Parenthood: "The position, function or standing of a parent." (Webster's Dictionary, 1991)

Methodology

Research Design

A descriptive study has been used to identify the coping strategies used by Bahraini married couples when faced with life strains in marital and parental roles. This was an ex-post facto design using the in-depth interview approach to allow respondents to express their views and roles as well as the individual's abilities in coping when faced with life strains.

Setting and Sample

The study was conducted in the State of Bahrain. The state of Bahrain is composed of six major islands. The main island, which is also the capital, is called Manama. The total population is 473,300 out of which 32% are expatriates. The crude birth rate is 29.6 per 1000 population. The majority of the inhabitants (78%) live in urban areas. The literacy rate is 73% (census, 1988). Out of 314,000 (Bahraini population), 157,800 are males and 156,200 are females. Arabic is the official language although English is widely spoken.

A representative random sample of a total 50 Bahraini men and women citizens was used. The sample was randomly selected through the Directorate of Statistics of the State of Bahrain focusing on the two major regions of the Manama Island which geographically represents the nature of the Bahraini community. These regions are called Muharraq and Isa Town (see Appendix A). Information was drawn from available records in the Central Statistics Organization, such as population census, addresses, and commercial units, which were already programmed in the computer. The

25 couples were randomly selected out of 773 addresses identified as Bahraini citizens residing in these two regions. Additional sampling criteria for selection of the study participants were: a) a couple, both of whom were citizens of Bahrain; b) between the ages of 18-59; c) parents of at least one child; d) married between one and thirty years; and e) monogamous marriage.

Instrumentation

The marriage and parental instruments designed by Pearlin and Schoolers (1978a) have been adapted for use in this study (see Appendices B & C) . Permission has been given to use the instrument by one of the investigators (see Appendix E). Both instruments were adapted from the original tool to use as an interview guide to obtain several distinct types of information. First, the researcher asked people about potential life strains, conflicts, frustrations, and threats that are commonly experienced in major social role areas. Second, the interview included a number of questions about the coping repertoires people employ in dealing with the strains they experience in marital and parental roles. And third, there were inquiries into the emotional stresses that people feel and the extent to which they experience symptoms of depression and anxiety. In addition, specific demographic data were added to the instrument at the end of the interview (see Appendix D).

The instrument was developed by Pearlin and Schoolers (1978a) and tested for reliability and construct validity. The strains that were included in their study were identified from themes that surfaced repeatedly during relatively unstructured interviews with over 100 subjects. Standardized

questions about these strains were gradually developed, tested, and included in the final interview schedule.

Questions concerning coping responses were developed in the same manner as those dealing with the role strains, through open-ended exploratory interviews. People were asked not only to identify the problems they faced, but also to describe how they attempted to deal with them (Pearlin & Schoolers, 1978a). The instruments were translated into Arabic by the investigator. A second independent person was asked to translate the Arabic version to English in order to test for consistency. Validity of the interview guide was tested in a pilot interview with two Bahraini couples not included in the study sample. The pilot interviews revealed that the investigator had difficulty in determining the coping strategies in relation to type of marriages. In order to gain indepth information in this area, the investigator added question A2 in the Marital Coping Scale Section (see Appendix B).

Data Collection

Permission to conduct this study was obtained from the Institutional Review Board at The University of Texas Medical Branch (see Appendix F). Gaining access to sites and participants had official permission from The Bahraini Ministry of Health (see Appendix G). Permission of the participants to be in the study was gained using oral consent (see Appendix H). Anonymity of the participants and confidentiality of their responses were maintained through out the study. No names or addresses were attached to the interviews. Husbands and wives were interviewed separately. No spouse listened to the spouse's responses. The marital and

parental instruments by Pearlin and Schoolers (1978a) were used to interview all Bahraini couples who met the eligibility criteria, and agreed to participate.

Intensive, face to face interviewing with an interview guide (see Appendices B, C, & D) was used to answer the research questions. The validity of this study was dependent on the ability of the participants to explain their views. The investigator was a woman from the same culture which provided an additional measure for obtaining valid data. The investigator planned for her role by dressing traditionally and simply and providing interviewees with the information that she was married and had children. It was felt by the investigator that this disclosure of information helped the interviewees to more freely express their opinions and experiences about coping strategies.

The interviews were conducted separately for husband and wife of the same family. The interviews were conducted over a period of 45 days as the investigator maintained a schedule appointments given by the interviewees. Interviews ranged in length from 60 to 120 minutes, with the mean of 70 minutes. Demographic data about the participants were usually requested at the end of the interview. However, when the interviewees initiated the discussion pertaining to demographics at the beginning or middle of the interview, the interviewer collected the data at that time.

Forty-four (88%) of the interviews were conducted at the participants' homes. The setting ranged from the living room to the front yard, and seating included sofas and Arabic mats. Five (10%) of the interviews were conducted at the health center, in a closed room which had

two chairs. Only one (2%) was conducted in a public library, in a closed office which had two chairs. In forty-four (88%) of the interviewing situations, young children were present during one time or another. During three (6%) of the interviewing situations, adult neighbors or relatives were present during one time or another. In one instance, the participant's husband was present during the initial phase of the interview. The interviewer requested him to leave and come back later. In two situations, where neighbors were visiting, the interviewer began the interview with general questions until the neighbors left. Both approaches were effective.

At the end of the interviews, participants were generally pleased about discussing the subject and made such remarks as "This is the first time we have talked about these matters" or "We need to see you again" or to the extent that "It is important to discuss these matters". Participants conveyed hospitality by offering the interviewer Arabic coffee or some other drinks or asked her to stay for lunch or dinner. Many of the participants asked for advice and information about coping strategies that would be helpful for them. Participants discussed their personal matters in regard to role strains and the difficulties they faced in overcoming them. Information and advice were provided at the end of the interviews and a few participants were referred to their physicians or to the community health nurses.

Data Analysis Procedures

The investigator coded the participants' responses on the pre-coded questionnaire for computer analysis. The data were analyzed using the

SPSS statistical package. Demographic characteristics of the respondents were reported as frequency tables, means, medians, and modes, with measures of distribution such as standard deviations or ranges as appropriate to the variables. A t-test was used to determine the differences between husbands' and wives' coping responses in relation to their marital and parental roles. The significance level was set at the 0.05 level. A correlation coefficient test was used to identify the relationship between the social background characteristics and the coping strategies practiced by the Bahraini couples in dealing with marital role strains, the significance level was also set at the 0.05 level.

Results

The research findings presented in this chapter are organized according to the original research questions. The first section represents a description of the sample. The second section contains the information about the marital strains and coping that are experienced by the Bahraini couples. The third section presents the information about the parental role strains and coping that is experienced by the Bahraini couples. The fourth section comprises the comparisons between husbands and wives in coping strategies in dealing with different types of strains within marital and parental roles. The fifth section contains the correlations between the demographic variables and the coping strategies that are used by the Bahraini couples.

Description of Study Sample

All of the 25 couples were Bahraini citizens who were married and had lived together for at least one year. The respondents' ages ranged from 24 to 59 years with a mean of 38 years (SD 6.577). The wives' ages ranged from 27 to 59 years with a mean of 42 years (SD 7.410), and husbands' ages ranged from 24 to 50 years with a mean of 35 years (SD 5.944). Wives were generally older than their husbands with an average difference of seven years. This is not a common practice in Bahrain. The age at the time of marriage for all participants ranged from 17 to 35 years with a mean of 25 years (SD 4.625). This is considered an appropriate age to get married in Bahrain. The years of current marriage of the 25 couples ranged from one to 30 years with the mean of 17 years (SD 6.968).

Education

The education of the husbands ranged from less than a year to 14 years of schooling with a mean of ten years (SD 3.434). The educational attainment of the wives ranged from three to 16 years, also with a mean of ten years of schooling. Table I illustrates the level of educational attainment of Bahraini couples. Four husbands (16%) were illiterate, and two husbands (8%) could only read the religious book (Qura'an). Only one wife (4%) could not read or write.

TABLE I
Educational Attainment of Bahraini Couples (n = 25)

Educational Attainment	Years	Husband		Wife	
		n	%	n	%
No Schooling		1	4	--	-
Primary Schooling	1-6 yrs	4	16	6	24
Intermediate Schooling	7-9 yrs	3	12	5	20
Secondary Schooling	10-12 yrs	16	64	10	40
Undergraduate	13-16 yrs	1	4	4	16
Graduate/Masters	17-18 yrs	--	--	--	--
TOTAL		25	100	25	100

Occupation

Table II illustrates the kind of occupation in which the participants were engaged. Seventeen wives (68%) were housewives and did not work outside the house. Eight (32%) were actually employed outside their houses on a part-time basis. Twenty-three husbands (92%) were employed or involved in a business. Only two men (8%) were unemployed.

TABLE II
Couples' Occupation (n = 50)

Occupation	Wife		Husband	
	n	%	n	%
Management	2	8	7	28
Skilled	1	4	9	36
Unskilled	--	--	1	4
Professional	5	20	5	20
Own Business	--	--	1	4
Unemployed	17	68	2	8
TOTAL	25	100	25	100

Family Structure

Fifteen couples (60%) lived in their own houses or family houses without paying rent; ten couples (40%) lived in rental houses. Nineteen of the 25 couples (76%) lived in nuclear families and six (24%) lived in extended families. The number of household members ranged from five to

11 with a mean of seven members. The national norm is seven members per family in Bahrain (State of Bahrain, Cabinet Affairs, Directorate of Statistics, 1983). The age of the youngest child of all 25 couples ranged from two months to 19 years with a mean of five years.

Marital Background

The marital coping scale developed by Pearlin and Schoolers (1978a) was used to obtain several types of information about the marital relationship of the couples. It included questions dealing with marital strains that are experienced and the coping strategies that couples employ in dealing with the strains they experience in their marital roles.

All the couples were in their first marriage and were living together. Thirteen (52%) were married traditionally (according to Bahraini custom) while six couples (24%) were married after falling in love prior to their marriage and only one couple (4%) was married as a result of a family relationship (cousin). The remaining five couples (20%) were married by knowing each other before consummation. Fourteen participants (28%) thought they got married at a younger age than most of their peers, and 27 participants (54%) thought that they got married at the appropriate age. Only nine (18%) thought that they were older than most of their peers at the time of their marriage.

In response to the question, whether getting married changed their lives, 44 participants (88%) stated that they thought and felt that being married changed their lives very much. Only four participants (8%) felt being married changed their life somewhat and two (4%) did not answer.

When asked whether marriage was considered as an important step in an individual's life, 39 participants (78 %) described feeling pleased or excited about getting married. Seven participants (14 %) felt somewhat or only a little pleased about getting married. Only four participants (8 %) reported being without any extraordinary state of feeling regarding their marriage. Forty six participants (92 %) felt marriage changed the way they felt about themselves. The change in feelings included more self-respect in the family and society (86 %). The majority of the participants (92 %) also stated a feeling of increased wisdom in the way they think or deal with society. A majority of the participants (53 %) felt that by having been married they became more capable, less disappointed, more responsible and more in control of their life.

Nine participants (18 %) felt that their married life was better than others or somewhat better than others while 23 participants (46 %) felt that their married life was about the same when compared to others. Only three participants (6 %) reported problems and felt that their marriage was worse compared to most of the other people.

Most participants (88 %) felt that their married life was getting better, three participants (6 %) felt it had stayed about the same while three participants (6 %) felt their married life was getting worse as time had passed. Twenty five participants (50 %) were found to have thought of a problem(s) during the week prior to their interview with only eight participants (16 %) who had not thought of a problem(s) in their marriage in the previous week.

Marital Role Strains

The marital role strains and coping instrument was developed by Pearlin and Schoolers (1978a). The score for each identified role strain in the instrument is compiled from the responses to a number of related questions (See Appendix I). These related questions comprise subscales for marital and parental role strains.

Participants perceived marital role strains as life strains that had the potential for stress. They defined role strains as every day life problems that people experienced in their roles as marriage partners. Table III illustrates a comparison of the strains that Bahraini married couples experienced in their roles using the original subscales developed by Pearlin and Schoolers (1978a).

TABLE III
Comparison of Marital Strains (n = 50)

Strains	Husband		Wife		p
	mean	SD	mean	SD	
Non-acceptance by Spouse	15.714	2.831	16.44	3.59	.457
Non-reciprocity in Give & Take	10.32	2.897	7.44	2.38	.001
Frustration of Role Expectation	6.095	1.868	5.92	2.08	.767

The only role strain that was statistically significant for this sample was non-reciprocity in give and take. The comparison between husbands and wives was significantly different at $p = .001$ level. The results of the subscale questions for this role strain are illustrated in Table IV.

TABLE IV
Subscale: Non-Reciprocity (n = 50)

Question	Husband				Wife			
	Strongly Agree		Strongly Disagree		Strongly Agree		Strongly Disagree	
	n	%	n	%	n	%	n	%
My (husband/wife) insists on having (his/her) own way	10	40	2	8	3	12	14	56
My (husband/wife) expects more from me than (he/she) is willing to give	10	40	4	16	--	--	13	52
My (husband/wife) usually acts as if (he/she) was the only important person in the family	7	28	5	20	2	8	12	48
Generally I give into more to my (husband/wife) wishes than (he/she) gives into mine	3	12	13	52	1	4	11	44

It was revealed from the interviews that ten husbands (40%) responded that their wives insisted on having their own way, where only three wives (12%) responded in the same way. It is also worth noting that ten husbands (40%) responded that their wives expect more from them than

they are willing to give. No wives agreed to this statement and 13 (52%) strongly disagreed.

The other defined role strains, "non-acceptance by spouse" and "frustrations of role expectations," were not statistically significant. Like the other role strain, these subscales were based on a number of related questions (See Appendix I).

It is interesting to note, however, the responses to the marital strain question about what an individual felt about his/her spouse as a good sexual partner. Nine husbands (36%) strongly agreed that the spouse was good sexual partner while fourteen wives (56%) reported the same. However, 11 husbands (44%) and ten wives (40%) somewhat agreed or somewhat disagreed. Five husbands (20%) and one wife (4%) totally disagreed with this statement.

Marital Coping Responses

Marital coping responses identified some of the things that participants did to deal with the strains they experienced in their marital roles. First, participants were asked if they had looked for assistance or tried to talk to anyone about their marital problems. Forty two participants (84%) answered "yes", they had. However, when asked to whom they had talked, a variety of responses were given. A list of people were presented to the participants asking them to identify the source of help they had chosen. Table V illustrates the source of help that the participants chose.

TABLE V
Selected Helping Personnel (n = 50)

Helping Personnel	Husband		Wife	
	n	%	n	%
Spouse	5	20	10	40
Parents	4	16	7	28
Clergy	4	16	--	--
Relatives	1	4	5	20
Lawyer	1	4	--	--
Friend	3	12	2	8

The investigator further explored the use of these individuals by asking about the type of service received. Table VI illustrates the participants' responses. After talking to the individual, 38 participants (76%) felt very much or somewhat better and that they had been helped in some way.

TABLE VI
Responses Received From Helping Personnel (n = 50)

Responses	YES		NO	
	n	%	n	%
Just listen to me	2	4	41	82
Asked me questions	4	8	39	78
Told me who else to see	12	24	31	62
Showed me a new way to look at things	5	10	38	76
Took me to someone for action	2	4	41	82
Took some action	9	18	34	68
Suggested what action to take	40	80	3	6

To find out the reasons why participants had not looked for outside help regarding their marital problems, they were offered a list of possible reasons for not seeking help. Table VII illustrates their reasons for deciding not to approach outsiders.

TABLE VII
Reasons For Not Approaching Outside Sources

Reasons	TRUE		NOT TRUE	
	n	%	n	%
You could handle it yourself	29	58	21	62
Felt no one could help	11	22	37	74
Felt no one would be interested	4	8	45	90
Did not know anyone who would help	6	12	42	84
It was too personal	49	98	1	2
It took too much effort to look for some advice or assistance	20	40	30	60

To answer the research questions "Do Bahraini husbands and wives have differences or similarities in coping strategies in relation to their marital roles?", a t-test was used to compare husbands' and wives' responses based on the factors developed in the Pearlin and Schoolers' instruments. The score for each coping response was composed of a number of items related to each coping method (see Appendix I). Table VIII illustrates the comparison of husbands' and wives' coping responses.

TABLE VIII
Comparison of Marital Coping Responses (n = 50)

Coping Responses	Husband		Wife		p
	mean	SD	mean	SD	
Controlled Reflect-iveness vs. Emotional Discharge	8.916	2.244	9.44	2.18	.412
Positive Comparison	9.791	1.56	9.08	1.80	.147
Self Assertion vs. Passive Forbearance	7.68	1.676	8.88	2.10	.031
Selective Ignoring	12.958	2.881	14.44	3.33	.103

The only marital coping response which was statistically significant in this study sample was self assertion vs. passive forbearance ($t=2.23$; $df=48$; $p=0.031$). The responses to the subscale questions for this role strategy are illustrated in Table IX. In general, most of the married couples adjusted their lives by doing things to avoid difficulties and by settling differences between them. When asked specifically what day-to-day methods they used to avoid difficulties, the participants responded with various coping strategies. Some of the more common methods included: yelling or shouting, keeping out of the spouses' way, sitting and talking, comparing own marriage with others and keeping away from spouse for awhile.

TABLE IX
Self Assertion vs. Passive Forbearance (n = 50)

Coping Responses	Never		Once A While		Fairly Often		Very Often	
	n	%	n	%	n	%	n	%
Keep away from your spouse for a while	10	20	5	10	13	26	22	44
Give in more than half way	19	38	2	6	17	34	12	24
Just keep hurt feelings to yourself	9	18	6	12	16	32	19	38

Finally, the majority of the participants (80%) in this study stated that health is God given, and whatever the causes of problems, they believe in God and have to rely on God's decision. The participants were finally asked to evaluate their general feelings toward marital roles and coping strategies among couples after realizing all the pleasures and problems that go into daily life of Bahraini couples. Table X illustrates the participants' responses.

TABLE X
General Feelings Towards Marital Roles (n = 50)

General Feelings	Very Much		Somewhat		Only a Little		Not at All	
	n	%	n	%	n	%	n	%
Bothered or Upset	26	52	17	34	3	6	3	6
Contented	35	70	12	24	2	4	1	2
Bored	12	24	26	52	7	14	5	10
Frustrated	4	8	33	66	6	12	5	10
Relaxed	34	68	10	20	1	2	1	2
Unhappy	9	18	24	48	12	24	2	4
Worried	10	20	32	64	3	6	2	4
Neglected	1	2	31	62	7	14	11	22

Parental Strains and Coping

The parental strains and coping scale developed by Pearlin and Schoolers (1978a) was adapted in this study to obtain certain types of information about the parental roles and parental strains experienced by the

Bahraini couples. The coping strategies that couples employed in dealing with strains they experience in their parental roles were also explored. Each role strain in the instrument is compiled from the responses to a number of related questions (see Appendix F).

Parental Role Strains

Participants perceived parental role strains as on-going day-to-day strains that had minor effects on their roles as parents. They defined parental role strains as problems that are frequently experienced in their roles as parents and accepted them as time passed. In response to the research question "Do Bahraini husbands and wives have differences or similarities in coping strategies in dealing with different types of strains with parental roles?". Table XI illustrates the comparison of strains that Bahraini married couples experienced in their parental roles. The comparison was analyzed using a t-test.

TABLE XI
Comparison of Parental Role Strains (n = 50)

Strains	Husband		Wife		p
	mean	SD	mean	SD	
Deviation from parental standard of behavior	12.181	2.788	11.454	3.447	.446
Non-conformity to parental aspiration and values	8.181	1.918	7.952	2.578	.741
Disregard of parental status	2.272	.550	2.500	.859	.302

None of the three parental role strains identified by Pearlin and Schoolers (1978a) were statistically significant for this sample of Bahraini husbands and wives.

Parental Coping Responses

Parental coping responses represent some of the things that participants did to deal with the parental strains they experienced with children specifically age 16 to 21 years old. Based on the instrument developed by Pearlin and Schoolers (1978a), there were several major coping responses used by the parent in the original study. These included: Selective Ignoring, Self Reliance vs. Advice Seeking, Positive Comparison, Non-punitiveness vs. Reliance on Discipline, and Exercise of Potency vs. Helpless Resignation. For this study of Bahraini couples, only two coping responses could be evaluated. Three of the coping responses Ignoring, Self Reliance vs. Advice Seeking, Non-punitiveness vs. Reliance on Discipline, and Exercise of Potency vs. Helpless Resignation were not evaluated for this sample. Items in the instrument's subscales for these coping responses were culturally inappropriate for the sample population. In order to assess the extent to which parents used different strategies to deal with parental situations, the questionnaire included a situation which parents normally faced when they found some trouble in their child(ren)'s behavior. Questions included in each subscale of the parental coping strategies are listed in Appendix I.

In the response to the question "Do Bahraini husbands and wives have differences or similarities in coping strategies' in relation to their parental roles with children ages 16-21 years?", a t-test was used to

compare their responses. Table XII illustrates the results. Neither of the two coping responses was statistically significant for this sample.

TABLE XII
Comparison of Parental Coping Responses (n = 50)

Comparison of Coping Responses	Husband		Wife		p
	mean	SD	mean	SD	
Selective Ignoring	9.32	2.376	10.12	2.297	.232
Positive Comparisons	10.08	2.326	10.815	2.787	.283

As part of the questioning for the positive comparison coping method, the couples in the study group were asked to compare their experiences as a parent with others who had had children at about the same age. They were asked to tell if they had less problems or more. The responses are shown in Table XIV.

TABLE XIV
Comparing Couples Responses (n = 50)

Sex	Fewer Problems		About the Same		More Problem	
	n	%	n	%	n	%
Husbands	1	4	11	44	13	52
Wives	1	4	9	36	15	60

The above table shows that both husbands and wives believed their lives had more problems than the other parents. Thirteen husbands (52%) believed they had experienced more problems and 15 wives (60%) thought that they had more problems when compared to others.

Other Coping Responses.

In this study, the majority of the participants reported religious practice as one of their fundamental sources of coping. They also stated that they handle the daily problems through various coping activities. For wives, they engaged themselves in housework, visited friends, shopped, and, the most interesting response, attended the health center not necessarily for a physical complaint, but for socialization and interaction with others. For husbands, their main coping responses were visiting friends, camping, and watching television. Participants added that religious practices such as prayer and reading the Holy Book (Qura'an) were used in situations when they felt unable to cope with extraordinary problems. Since Muslims strongly believe in God, they refer to their sufferings as God given and believe he is the only one who can solve their problems. They tended to engage in religious practices on a temporary basis. Responses indicated that these types of coping strategies were used to minimize the discomforts at specific times, but not for relieving their stressful situations that remained for longer periods.

In general, people used these kinds of coping strategies based on their beliefs and values. Therefore, these respondents were able to create a strategy for manageable suffering, a strategy that worked naturally such as not to worry because time itself will solve problems; avoid confrontation;

take the bad with the good; or just relax. The participants were asked to evaluate their general feelings towards the acceptance of their coping strategies after realizing all the pleasures and problems that goes into their daily life. Most of the participants responded that these coping mechanisms helped to avoid difficulties, but do not completely or permanently eliminate the conflicts, frustrations, and other life strains they encountered.

Coping Strategies and Demographic Variables.

Social background characteristics and the marital coping strategies practiced by the Bahraini couples were compared using correlation coefficients to identify any relationships. In this study, only age and education were compared to marital coping strategies.

Age was compared to coping strategies as age, particularly for women, is influential in the selectin of a marriage partner. For Bahraini couples, women are generally selected who are younger than the husband. In this sample, there were no statistical relationships with age and marital coping responses.

Education is an indicator of social status for Bahraini individuals. This study showed that the patterns of coping differed among women related to their educational backgrounds. In this sample, educational level of wives was statistically correlated with the scores for two coping responses, passive forbearance vs. self assertion ($r = -.570$, $p = .003$) and selective ignoring ($r = -.539$ $p = .005$) (see Table XV). More education was negatively correlated with these coping responses.

TABLE XIV
Correlation Coefficients for Background Characteristics Compared With
Marital Coping Responses (n = 50)

Marital Coping Responses	Husband		Wife	
	Age	Education	Age	Education
Emotional Discharge	.0750	-.0673	.1161	-.0709
Positive Comparisons	.0793	-.0272	.0956	-.2101
Negotiation	.1927	-.0418	.0430	-.1060
Self-Assertion vs. Passive Forbearance	-.0184	-.1978	.0563	-.5704*
Selective Ignoring	-.2814	-.2122	.0168	-.5393**

* = $p = .003$

** = $p = .005$

Discussion

This study focused on identifying the coping strategies used by Bahraini married couples when faced with life strains in their marital and parental roles. The underlying assumption of this study was that couples expressed their feelings and opinions in relation to coping interventions in the two major areas of the close interpersonal role of marriage and child-rearing. Therefore, the results of this study are based on the couples' responses to the role strains they experienced and coping strategies they used.

The generalizability of the findings from this exploratory study are limited due to the sample size ($n=50$), and because the couples were not particularly eager to express their feelings and opinions in an open way due to the educational and cultural bias of the sample. However, the characteristics of the study sample are described thoroughly in the Methodology and the Results sections to provide a clear picture of the couples' responses and their concerns. This was the first ever study in the Middle East region which explored Bahraini couples' coping strategies when they deal with life strains in marital and parental roles. It describes the similarities and differences in perceptions and practices between husbands and wives.

The investigator's purpose for this study was to inform the readers, particularly Bahraini citizens and professional health care providers, about what Bahraini couples do or fail to do in dealing with their daily life strains. At the same time, there are important personal and social problems

which have been examined in marriage and parental roles, as well as the similarities and differences of their coping behaviors.

In highlighting the major findings of the study, the discussion focuses primarily on the couples' coping strategies that they used within a given role area. Finally, the discussion includes the implications of the study for nursing practice, education, and research.

Description of Study Sample

Analysis of the demographic data indicates that participants included 25 Bahraini couples, who were married and had lived together for at least one year. It is important to mention that the wives were generally older than the husbands for this sample. This is not a common practice in Bahrain. The National Statistics for Bahrain indicates a six year age difference between husband and wife, with the husband usually older than the wife.

The major reasons for this finding are most likely today's changing trends, including females' contribution to national economy and sharing in a rising cost of living. This encourages females to attain higher education in order to acquire better status which results in the females getting married at a later age. Also the men have no objection to marrying an older wife, and they prefer to marry educated and working women. However, it depends on a mutual understanding and feeling of both partners. The majority of the couples in the sample were married at an appropriate age in Bahrain which is 25 years.

Another finding from this study was that wives were more educated than the husbands. Just a decade ago females had no opportunity to go out

of their homes alone. The only way of leaving their houses was to go for school. Their recreational facilities were very limited which diverted their interest into two directions: a) to study, and b) to learn cooking or other household activities. Due to their wealth, most selected further study.

It is important to note that the incidence of illiteracy in this sample is lower than the national average. The illiteracy incidence among Bahraini females is 41 % and among males is 21 %, according to the 1980 population census based on a survey of Bahraini households.

The majority of females were housewives and did not work outside the home. Nationally, Bahraini women comprise 19 % of the total Bahraini labor force, according to the 1981 census (State of Bahrain, Cabinet Affairs, Directorate of Statistics, 1983). The majority of the wives in this sample preferred to remain at home even if they had the opportunity to work due to their educational background. Bahraini culture used to encourage women to stay at home and take care of their families, especially in extended families where the grandparents have influence in ruling the family.

The majority of the husbands' occupations in this study were skilled jobs. Because Bahrain lacks the facilities for higher education for all of its citizens, only higher grade students get enrolled for higher professional studies. On the other hand, the Ministry of Labour and Social Affairs is directing its efforts to fulfill the skilled jobs with Bahrainis. At present these jobs are occupied by foreign labourers. Thus, there are plenty of opportunities to learn skills of any kind; however, a secondary level of school is considered as basic education.

The majority of the couples lived in their own houses or family houses without paying rent. Most of the couples lived in nuclear families. The recent changes in the economic structure of the country has had an effect on the family structure in Bahrain which caused the move from extended to nuclear families. The number of household members in this study equals the national norm which is seven members per family in Bahrain.

Marital Strains and Coping

All 50 participants were couples in their first marriage and living together. More than half of the Bahraini couples in this sample were married traditionally where parents select the best wife for their son and vice versa. These kind of marriages are very common and are called arranged marriages. There is some indication of changing trends as nearly one fourth of the couples in this sample were married by falling in love prior to their marriage. However, this is still not very common in Bahrain. Marrying relatives (cousins) is an accepted custom in Bahrain, but this data analysis showed only one couple who were related to each other.

The majority of the participants (88%) stated that they very much thought and felt being married had changed their lives. Being married, they felt more responsible, were serious about married life and felt committed towards their spouses and family. In addition, they had started to plan for their future in order to have a better life for themselves and their families. Though the responses of the participants on married life varied among husbands and wives, most of the wives felt that they had become more committed and responsible while husbands stated that they

had lost their freedom and become more or less confined to the house. As a result they felt less active than they used to be in outside activities.

The majority of the participants (92%) felt that marriage changed the way they felt about themselves. In Bahraini culture, society considers the married individual as more wise and he/she can represent the family in the society. Even their opinions are taken more seriously on any important matter. Most of the couples (86%) felt that their own married life had gotten better as the time passed. These findings may have reflected the type of marriage they had experienced. As was indicated earlier, the majority of the couples were married based on their parents decision which means the couples were strange to each other prior to their consummation. They started to know each other only after their marriage, and it took time to get adjusted.

It was not anticipated that almost half of the participants (50%) were found to have thought of problems in their married life during the week prior to their interview. This finding does potentially indicate the existence of problems experienced by the couples. Normally these problems are considered internal problems and people hesitate to disclose them to others.

The participants perceived marital role strains as life strains that have the potential for stress. Role strains are defined as everyday life problems that people experienced in their roles as marriage partners. In this study, marital role strains encompassed a number of responses that participants commonly perceived and experienced in their life. The interest in this study focused on continuous social strains that couples encountered in major role areas. Participants were asked potential life strains such as

conflicts, frustrations, and threats experienced. The participants reported a variety of experiences and three types of marital role strains were identified: 1) non-acceptance by spouse, 2) non-reciprocity in give and take, and 3) frustration of role expectation.

The data analysis revealed that there are statistically significant differences between husbands and wives in "non-reciprocity in give and take". Nearly half of the husbands (40%) felt that their wives insisted on having their own way while more than half of the wives (56%) disagreed. It is quite interesting to note that most husbands perceived that their wives were dominant or pretend to have a dominant character. This is against the cultural framework where men are supposed to have the dominant character. The wives in this study did not agree with this. The majority of this sample of wives were more educated than their husbands and some of them were working wives. These reasons were consistent with the wives' responses in perceiving their husbands as not as dominant as they were supposed to be according to the culture.

The data analysis revealed that there were no significant differences between husbands and wives in the area of non-acceptance by spouse. However, the study revealed an incredulous finding that is not only important, but a sensitive and crucial issue for this sample. This is in relation to the husbands' or wives' opinions in recognizing their spouses as a good sexual partner. It was very interesting to note, as a professional health care provider, that nearly one fourth of the husbands strongly disagreed that their wives were a good sexual partner. There were an additional five husbands (20%) who somewhat disagreed about their wives

being good sexual partners. This illustrates that the husbands have raised a very sensitive subject and their concern about not having good sexual relations with their wives. In general, participants individually explained to the investigator their personal dissatisfaction and the difficulty in raising this issue, even with their wives. They also emphasized that this area of health issues should be looked into by the health care providers while assessing the individual's needs, especially in a tradition bound culture like Bahrain. Respondents expressed their appreciation as this was the first time someone had paid attention to this subject and recognized its importance.

Traditional Practices Utilized to Cope with Marital Role Strains

In following the general cultural practices, the Bahraini couples, especially women, sought help and advice in dealing with life strains from their parents, grandparents, close relatives, and close neighbors. The women in extended families mostly approached an older member of the family while the husband was the most appropriate person for a woman in the nuclear family. Professional health care providers can respect these beliefs and practices when they interact with couples. The findings in this study show the importance of the social network in counseling couples and referral patterns to be used to help Bahraini couples.

The majority of the participants (86%) took the initiative to seek help, regardless of their approach to selecting a person, which in most cases turned out to be spouses. The couples felt the necessity of seeking help in dealing with their marital problems. The only negative finding was that none of the participants approached professionals in seeking help or

advice. Health care providers were neglected even for psychological aspects of health such as having peace of mind and resolving social conflicts. The data examined the responses of the participants with regards to the service they had received from their approached person. Most of the participants (76%) felt very much or somewhat better and that they had been helped in some way.

When the participants were asked why they had not looked for outside help to consult with regarding their marital problems, almost all of the participants (98%) felt that the problems were too personal. More than half (58%) believed that they could handle these problems by themselves; less than half (40%) of the participants felt that it took too much effort to look for advice or assistance.

In summary, Bahrain is a small place where people usually keep their problems to themselves and try to solve them by themselves so no information would spread from one person to another. If they had to seek help, they mostly contacted relatives. Due to the fact that they keep their problems secret they do not attempt to seek help and often cannot rely on anyone else. Professional health care providers should very carefully assess these issues. The women interviewed had negative views of the health care providers during their visits to the health centers. Out of 25 wives who paid visits to the center, five (20%) reported that they were not advised by the physician. One reported:

I repeatedly visited my physician complaining of abdominal pain. She just prescribed me some medication for pain and sent me back home. Finally the physician asked me not to come back to her and I have to see a psychiatrist. I felt mad at her, and I saw another physician for second advise. Finally I was diagnosed having peptic ulcer in addition to my problems at home.

Marital Coping Strategies

Couples were asked to identify strategies they had used to deal with their marital role strains. A variety of marital coping mechanisms that were reported by the participants. In this study, five coping responses were identified. These included:.

- Controlled Reflectiveness vs. Emotional Discharge;
- Positive Comparison;
- Negotiation;
- Self Assertion vs. Passive Forbearance; and
- Selective Ignoring.

The only coping strategy score that was significantly different between husbands and wives was self assertion vs. passive forbearance. This may reflect the cultural relationship of husbands and wives. Wives are expected to be more passive while husbands are to be the more assertive partner.

The data analysis also revealed some strategies couples used to avoid difficulties or to settle differences between themselves. Nearly half of the husbands (48%) did avoid their wives and kept out of her way for awhile, while less than half of the wives (40%) practiced the same. It is also very interesting to note that nearly half of the husbands (48%) reported they did not give in enough towards their spouses, while nearly half of the wives (48%) felt they had given in more than half way towards their husbands. Another important finding is that the majority of the wives (60%) kept hurt feelings to themselves and hadn't shared these with anyone else.

Parental Strains

All twenty five married couples had children. Their children's ages ranged from two months to 19 years. The participants perceived parental role strains as on-going day-to-day strains that had minor effects on their roles as parents. Participants were asked about various potential life strains such as difficulties, conflicts, and differences among couples who had children of various age groups.

According to the selected questions identified by the investigator, there were many responses which were frequently stated by the participants. Although much data related to all children, parental strains and coping responses focused on children 16 - 21 years. There were three types of parental role strains explored including:

- Deviations from Parental Standards of Behavior;
- Non-conformity to Parental Aspirations and Values; and
- Disregard of Parental Status.

The data analysis revealed that there were no significant differences between husbands and wives in any of the parental role strains.

Parental Coping Responses with Children Ages 16-21 Years

Couples were asked to identify strategies they used to deal with their parental role strains. In this study three coping responses were included.

These were:

- Selective Ignoring;
- Self Reliance vs. Advice Seeking; and
- Positive Comparison.

None of the parents' coping strategies were statistically significant when the responses of husbands and wives were compared. It is possible that the sample size was not large enough to distinguish such differences. It is also possible that culturally influenced parental roles suggest that husbands and wives should not be different. The more dominant husband may influence the coping strategies of both partners.

Recommendations

The following recommendations are made for further research, clinical practice, and education related to this study.

Recommendation for further research.

1. Further research should be conducted using a larger sample size to identify the coping strategies that Bahraini couples experience in dealing with marital and parental role strains.
2. Further research is needed to study the coping strategies that Bahraini couples use in dealing with other role strains such as occupational and economic strains.
3. A study is needed to determine the knowledge and attitude of Bahraini health care providers toward their client's role strains and the coping mechanisms they use.
4. Further study should be done to compare Bahraini couples' coping strategies that they used in dealing with marital and parental roles strains, against any other couples in the Middle East regions.
5. An instrument should be developed which is reflective of the religious, social, and cultural influences of the Middle East region.

Recommendation for practice and education.

1. It is important that Bahraini health care providers give attention to the socio-psychological needs of their clients, as well as their physical needs. Health care providers should plan interventions which focus on the promotion of health of their clients by recognizing the source of role strains before they act towards modifying it.
2. Community health nurses and family physicians need to provide simple and clear information to their clients on the sources of stress and identification of stress management techniques.
3. Health care providers need to encourage their clients to approach the providers if there are any personal or social strains and try to deal with them.
4. Couples who attend health care centers, should be given enough time to explore their problems and concerns with their health care providers.
5. Health officials should arrange for a family physician, a nurse, a social worker, or other health professionals who can provide counseling to Bahraini couples who need help within interpersonal role areas in marriage and parenthood. This recommendation was also suggested by 98% of the interviewees.
6. Health officials should plan and implement inservice education sessions for health care providers in relation to interviewing skills and counseling techniques.

7. Health care providers should be encouraged to assess parents' needs in relation to their childrens' behavioral problems in any age group and assist them in these situations.

8. Nurses, physicians, nurse educators, and health educators should be trained and encouraged to provide health education to clients concerning human sexuality in simple, clear, and understandable terms.

9. Health care providers should involve their clients in the decision-making process regarding health promotion and self-care such as preventing role strains that lead to stressful situations and coping with these strains if present.

10. Health care providers within the health centers, health clinics, and hospitals should work closely and coordinate with each other to assess, plan, implement, and evaluate their clients' health and social problems.

11. Health care providers should work with families as well as with the individual clients, especially when teaching about socio-psychological aspects of health promotion. The majority of the couples in this study sought help from their spouses, relations, and close neighbors first for advice in matters of marriage and parenting.

Summary

This study explored role strains and coping responses among 25 randomly selected Bahraini couples. In response to the research questions, the Bahraini husbands and wives expressed a variety of marital and parental role strains in their relationship. They identified various coping responses that were used to deal with role strains. In this study, the majority of Bahraini couples had experienced problems being partners and parents.

Strains included perceptions about their roles, perceived problems in the role, dominance, sexual relations and advise seeking. In relation to coping, they did their best to handle strains by themselves. It was also revealed that the Bahraini couples would seek limited helping resources that were available to them, especially in relation to marital roles.

Most of the couples expressed their concern in relation to their personal life and felt matters were too personal for outside assistance. They preferred to be self-reliant rather than seeking help from outside sources. The majority of the couples acknowledged their spouses as the first major source of help. The second choice of helping persons were parents followed by other relatives.

This study also showed that most of the couples adjusted their lives by use of avoidance mechanisms. Wives were reported as being passive and less assertive. In response to the research question regarding comparison of husbands and wives, none of the parental role strains were statistically significant; however, there was a statistically significant difference in the score for the marital role strain of "non-reciprocity in give and take". None of the comparisons of parental coping responses were significantly different.

The study has numerous implications that are important for all Bahraini citizens, but especially important for the education and practice of health care professionals in Bahrain.

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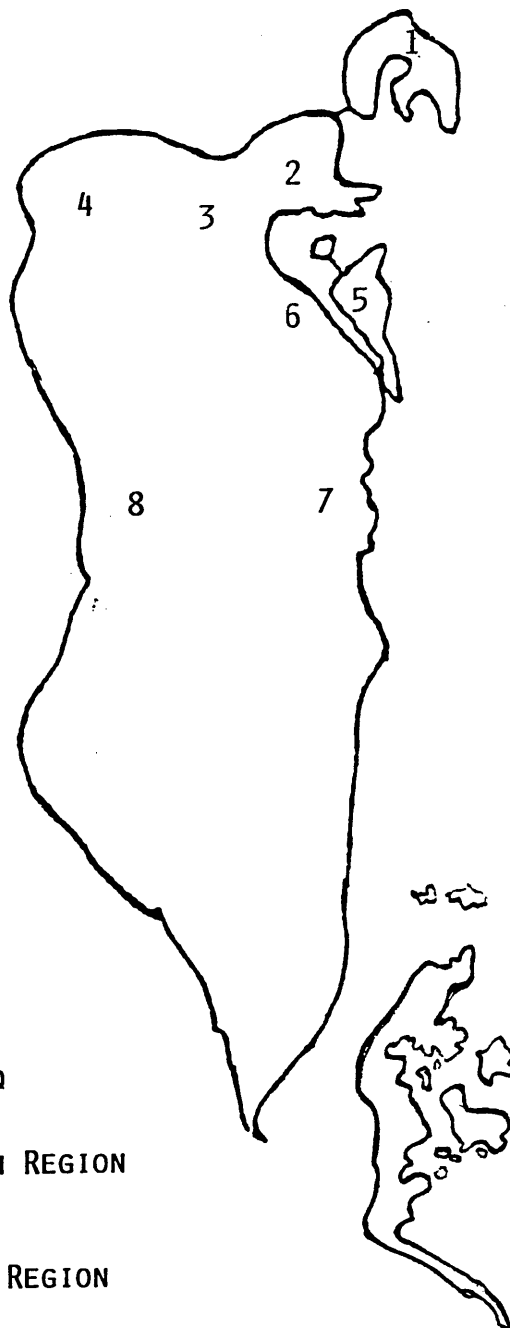
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APPENDICES

Appendix A
Map of Bahrain



REGIONS:

- (1) MUHARRAQ
- (2) MANAMA
- (3) JIDHAFS
- (4) NORTHERN REGION
- (5) SITRA
- (6) ISATOWN
- (7) RIFFA
- (8) WESTERN REGION

Appendix B
Marital Coping Scale
Interview Guide and Revised Instrument Adapted from Pearlin and
Schoolers (1978a) (English Translation)

Sequence # _____

Coping Strategies Experienced by Bahraini Married Couples
When Faced With Life Strains in Marriage and Parenthood

Conducted by
Khadija Mahmood Kahtanie

I want to thank you for agreeing to take part in this study. This is a study to find out the daily problems that healthy Bahraini men and women face and what they do to deal with these problems. There are no right or wrong answers to the questions. Please ask if you do not understand a word or a question. I am interested in your opinions and experiences. You are free to withdraw from participation in this study at any time.

Appendix B (Con't)

Marital Coping Scale

Interview Guide and Revised Instrument Adapted from Pearlin and

Schoolers (1978a) (English Translation)

A. Marriage

- A1 Is this your first marriage?
 Yes....Go to A2 1
 No 2
- A2 Was your marriage:
 Traditional..... 1
 Cousins 2
 Consummation..... 3
 Forced marriage..... 4
 Love marriage 5
- A3 How long have you been married? _____ years
- A4 Are you living with your husband/wife now?
 Yes....(if married more than 4 years go to
 A9.....Otherwise go to A4)
- A5 You have said that you got married during the last 4 years.
 Did you get married at about the same age as most people you
 known tend to get married, were you younger than most, or
 were you older than most people getting married?
 Younger..... 1
 Same age..... 2
 Older 3
- A6 During the last week, how often have you thought about
 being married?
 Most of the time 4
 Often 3
 Occasionally..... 2
 Not at all..... 1
- A7 How much has getting married changed your life?
 Very much..... 4
 Somewhat..... 3
 Only a little (Go to A7) 2
 Not at all (Go to A7) 1

Appendix B (Con't)

- A8 A. In what ways has your life changed?
How pleased or excited did you feel about getting married?

A great deal 4
Somewhat..... 3
Only a little..... 2
Not at all..... 1

- A9 Has getting married changed the way that you feel about yourself?

Yes..... 1
No (Go to A9) 2

A. Do you feel you have more or less respect for yourself as a result of your marriage, or didn't your getting married have any effect on your self respect?

More self respect..... 3
No effect..... 2
Less self respect..... 1

B. Do you feel you have become more or less wise as a result of your marriage, or didn't getting married have any effect on how wise you feel?

More wise 3
No effect..... 2
Less wise 1

How about on how (read C - H) you feel?

	More	No Effect	Less
C. Distant from other people?	1	2	3
D. Capable?	3	2	1
E. Disappointed in life?	1	2	3
F. Responsible?	3	2	1
G. Dependent?	1	2	3
H. In control of your life?	3	2	1

Appendix B (Con't)

For ALL Married Responses

A10 All things considered, how would you compare your marriage to that of most other people like yourself? Would you say that your marriage is:

Much better than most.....	5
Somewhat better.....	4
About the same	3
Not quite as good as most	2
Much worse than most	1

A11 Judging from your personal experiences, would you say that your marriage gets better with time, that it stays about the same, or that it gets less good with time?

Gets better	3
Stays about the same.....	2
Gets less good	1

A12 During the last week, how often do you find yourself thinking over any problems in your marriage? Is it:

Very often	4
Fairly often.....	3
Once in awhile.....	2
Never or almost never.....	1

(Don't read) (Has no problems) 0

A13 I'd like you to tell me from experience how strongly you agree or disagree with these statements. (Read A)
Do you (Read Codes) (Read B-D)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
A. My (husband/ wife) insists on having (his/her) own way.	1	2	3	4
B. My (husband/wife) expects more from me than (he/she) is willing to give	1	2	3	4

Appendix B (Con't)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
C. My (husband/wife) usually acts as if (he/she) were the only important person in the family.	1	2	3	4
D. Generally, I give in more to my (husband's/ wife's) wishes than (he/she) gives in to mine.	1	2	3	4

A14 My (husband/wife) is someone who (Read A-F)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
A. I can really talk with about things that are important to me.	1	2	3	4
B. Who is affectionate towards me.	1	2	3	4
C. Who is a good sexual partner	1	2	3	4
D. Who is helpful and supportive	1	2	3	4
E. Who is a good decision maker	1	2	3	4
F. Who appreciates the job I do as a (wage earner/ housekeeper)	1	2	3	4

Appendix B (Con't)

A15 How strongly do you agree or disagree with these statements?
(Read A - D)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
A. My (husband/wife) seems to bring out the best in me.	1	2	3	4
B. My (husband/wife) appreciates me just as I am.	1	2	3	4
C. My marriage doesn't give me enough opportunity to become the sort of person I'd like to be.	4	3	2	1
D. I can't completely be myself around my (husband/ wife)	4	3	2	1

Interviewer: Add the other starred responses. _____

A16 How troubled are you about things like (Repeat several of
clients starred responses)?

Very much.....	4
Somewhat.....	3
Only a little.....	2
Not at all.....	1

Appendix B (Con't)

- A. Did you try to get any advice or assistance or talk to any one about these things?

Yes..... 1
 No Go to A16 2

- B. Who did you talk to? (Put "X" in spaces next to persons client mentions).
 (Probe: Anyone else?) Who was the first person you talked to? (Circle client mentioned)

☐ Spouse	☐ Neighbor	☐ Welfare	☐ Self-help groups
☐ Parent	☐ Co-worker	☐ Clergy	☐ Financial Advisor
☐ Child	☐ Doctor	☐ Therapist	☐ Political Advisor
☐ Relative	☐ Nurse	☐ Lawyer	
☐ Friend	☐ Teacher	☐ Police	
☐ Clubs	☐ Social Worker		
☐ Other (Specify _____)		☐ Unemployment counselor	

- C. Which of these things happened when you talked with (him/her/them)? (Circle "1" if yes "0" if No)

	YES	NO
Just listened to me	1	0
Asked me questions		
Told me who else to see	1	0
Showed me a new way to look at things	1	0
Took me to see someone who could take action	1	0
Took some action about the matter	1	0
Suggested what action to take	1	0

- D. How much better did (that/those things) make you feel?

Very much..... 4
 Somewhat..... 3
 Only a little..... 2
 Not at all..... 1

GO TO A17

- A17 Here are some reasons people have for not seeking advice or assistance when they are bothered by something. Could you tell me whether they were true for you in this case? (Read items)

Appendix B (Con't)

		True	Not True
A.	You could handle it yourself	1	2
B.	You felt no one else would be able to help you	1	2
C.	You felt no one else would be interested in helping you	1	2
D.	You didn't know anyone you could talk to about it	1	2
E.	It was too personal	1	2
F.	It took too much effort to look for advice or assistance	1	2

A18 Here are some things some married couples do to avoid difficulties or to settle differences between themselves. How often do you (Read A - M and Codes)

How often do you:

		Never	Once in a while	Fairly Often	Very Often
A.	Try to ignore difficulties by looking only at good things?	1	2	3	4
B.	Appreciate your own marriage more after seeing what other marriages are like?	1	2	3	4
C.	Yell or shout to let off steam?	1	2	3	4
D.	Keep out of your (husband's/wife's way for awhile?	1	2	3	4
E.	Give in more than half way?	1	2	3	4
F.	Sit down and talk things out?	1	2	3	4
G.	Keep so busy you don't have time to think?	1	2	3	4

Appendix B (Con't)

		Never	Once in a while	Fairly Often	Very Often
H.	Tell yourself the difficulties are not important?	1	2	3	4
I.	Try to overlook your (husband's/wife's) faults and pay attention to only good points?	1	2	3	4
J.	Wait for time to remedy the difficulty?	1	2	3	4
K.	Just keep hurt feelings to yourself?	1	2	3	4
L.	Try to find a fair compromise?	1	2	3	4
M.	Engage in religious practices? (Prayers)	1	2	3	4

A19 Think now of all the pleasures and problems that go into daily life with your (husband/wife). When you think of these things, how (Read A) do you feel? (Read Codes)

		Very	Somewhat	Only a Little	Not at all
A.	Bothered or upset?	4	3	2	1
B.	Contented?	4	3	2	1
D.	Bored	4	3	2	1
E.	Frustrated	4	3	2	1
F.	Relaxed	4	3	2	1
G.	Unhappy	4	3	2	1
H.	Worried	4	3	2	1
I.	Neglected	4	3	2	1

Appendix C

Parental Coping

Interview Guide and Revised Instrument Adapted from Pearlin & Schoolers
(1978a) - (English Translation)

B. Parenting

B1 How many children do you have? _____

If the husband/wife has had other marriages:

B2 How many children do you have from the previous marriages?

B3 Are the children living with you?

Yes..... 1
No (Record where they live)

B4 Could you start with the oldest and tell me their sex and their age at their last birthday?

(RECORD IN CHART BELOW)

AGE	SEX		FOSTER OR STEP	
	M	F		
_____	1	2	1	2
_____	1	2	1	2
_____	1	2	1	2
_____	1	2	1	2
_____	1	2	1	2
_____	1	2	1	2
_____	1	2	1	2
_____	1	2	1	2
_____	1	2	1	2
_____	1	2	1	2

B5 You've (started/added to) your family during the last 4 years.
How much as that changed your life?

Very much..... 4
Somewhat..... 3
Only a little Go to B 2
Not at all Go to B..... 1

A. In what ways has your life changed?

Appendix C (Con't)

- B. (Does your child/do any of your children) have any special kinds of health problems or conditions?

No Go to B13 1
 Yes..... 2

- C. What is it?

- D. How serious a problem is this to you? (READ)

Very serious..... 4
 Somewhat serious 3
 Slightly serious 2
 Not at all serious 1

- B6 Has having (this child/these children) changed the way you feel about yourself?

Yes..... 1
 No (Go to B7)..... 2

- A. Do you feel you have become more or less wise as a result of (this child's/these children's) birth(s), or didn't (this child/these children) have any effect on how wise you feel?

More wise 3
 No effect..... 2
 Less wise 1

How about on how (READ B-G) you feel?

		MORE	NO EFFECT	LESS
B.	Dependent	1	2	3
C.	Capable	3	2	1
D.	Disappointed in life	1	2	3
E.	Responsible	3	2	1
F.	Distant from other people	1	2	3
G.	In control of your life	3	2	1

Appendix C Con't

- H. Do you feel you have more or less self-respect as a result of (this child/these children's) birth(s), or didn't (this child/these children) have any effect on your self-respect?
- More self-respect..... 3
 No effect..... 2
 Less self-respect..... 1
- B7 During the past week, how often have you thought about having had (this child/these children)?
- Most of the time..... 4
 Often 3
 Occasionally..... 2
 Not at all 1
- B8 Was there anything about having (a child/these children) that troubled you?
- No....Go to B10.....1
 Yes...ASK
- How much were you troubled? Would you say (READ)
- Only a little.....2
 Somewhat.....3
 Very much.....4
- A. Did you try to get any advice or assistance or talk to anyone about these things?
- Yes.....1
 No Got to B9.....2
- B. Who did you talk to? (PUT "X" IN SPACES NEXT TO PERSONS CLIENT MENTIONS.)

Appendix C (Con't)

(PROBE: Anyone else?) Who was the first person you talked to? (Circle persons client mentions)

☐ Spouse	☐ Neighbor	☐ Welfare	☐ Self-help groups
☐ Parent	☐ Co-worker	☐ Clergy	☐ Financial Advisor
☐ Child	☐ Doctor	☐ Therapist	☐ Political Advisor
☐ Relative	☐ Nurse	☐ Lawyer	
☐ Friend	☐ Teacher	☐ Police	
☐ Clubs	☐ Social Worker		
☐ Other (Specify _____)		☐ Unemployment counselor	

- C. Which of these things happened when you talked with (him/her/them)? (CIRCLE "1" if YES, "0" if NO)

	YES	NO
Just listened to me	1	0
Asked me questions		
Told me who else to see	1	0
Showed me a new way to look at things	1	0
Took me to see someone who could take action	1	0
Took some action about the matter	1	0
Suggested what action to take	1	0

- D. How much better did (that/those things) make you feel?

Very much.....	4
Somewhat.....	3
Only a little.....	2
Not at all.....	1

- B9 Here are some reasons people have for not seeking advice or assistance when they are bothered by something. Could you tell me whether they were true for you in this case? (READ ITEMS)

	True	Not True
A. You could handle it yourself	1	2
B. You felt no one else would be able to help you	1	2
C. You felt no one else would be interested in helping you	1	2
D. You didn't know anyone you could talk to about it	1	2
E. It was too personal	1	2
F. It took too much effort to look for advice or assistance	1	2

Appendix C (Con't)

B10 Has your youngest child or your oldest child entered first grade in the last 4 years?

Yes..... 1
No....Go to B13 0

A. During the past week, how often have you thought about your (child/children) starting school?

Most of the time 4
Often 3
Occasionally..... 2
Not at all..... 1

B. Has your child(ren)'s starting school changed your life in some ways?

No....Go to B11 1
Yes...ASK.....

How much? Would you say (READ)

Only a little..... 2
Somewhat..... 3
Very much..... 4

In what ways has your life changed?

B11 Has (his/her/their) starting school changed the way you feel about yourself?

Yes..... 1
No Got to B12 2

Appendix C (Con't)

- A. Do you feel you have become more or less capable as a result of (his/her/their) starting school, or hasn't it had any effect on how capable you feel?

More capable 3
 No effect..... 2
 Less capable..... 1

How about on how (READ B-G) you feel?

	MORE	NO EFFECT	LESS
B. Distant from other people	1	2	3
C. Responsible	3	2	1
D. Wise	3	2	1
E. Disappointed in life	1	2	3
F. In control of your life	3	2	1
G. Dependent	1	2	3

- B12 Was there anything about (his/her/their) starting school that troubled you?

No....Go to B13 1
 Yes...Ask

How much did it trouble you?

Only a little Go to B13 2
 Somewhat..... 3
 Very much..... 4

- B13 Has your youngest child or your oldest child become a teenager during the last 4 years?

No....Go to B14 1
 Yes...Ask

- A. Has your life been changed in some ways by (this child/these children) becoming teenagers?

No....Go to B14 1
 Yes...Ask

Appendix C (Con't)

How much? Would you say (READ)

Only a little Go to B14 2
 Somewhat..... 3
 Very much..... 4

B. In what ways has your life changed?

B14 Did your oldest or your youngest child get married in the last 4 years?

No....Go to B15 1
 Yes...Ask

A. When did (he/she/they) get married?

month year

month year

month year

B. Did (his/her/their) getting married change your life in some ways?

No....Go to B15 1
 Yes...Ask

C. How much? Would you say: (READ)

Only a little Go to B15 2
 Somewhat..... 3
 Very much..... 4

D. In what ways has your life changed?

Appendix C (Con't)

(FOR ALL PARENTS)

B15 Now I have some general questions about being a parent.

As time goes by, has being a parent generally become much easier for you, somewhat easier, has it stayed about the same, has it become somewhat more difficult, or much more difficult?

Much easier	5
Somewhat easier.....	4
About the same	3
Somewhat more difficult.....	2
Much more difficult	1

B16 What about as you look into the future? Would you guess that in the next year or so being a parent will generally:
(READ)

Become easier for you.....	3
Stay about the same.....	2
Become more difficult for you.....	1

B17 When you think of your experiences as a parent so far, how would you compare yourself with others parents having children about the same ages as yours?: Would you guess you have had:

Fewer problems	3
About the same	2
More problems	1

B18 During a typical day, how often do you find that problems of being a parent are on your mind? Is it?

Almost always	4
A good part of the time	3
Very little.....	2
Almost never or not at all.....	1

Appendix C (Con't)

B19 (FOR ALL MARRIED PARENTS) How often do you and your (husband/wife) disagree over the best way to deal with your child(ren)?

Very often	4
Somewhat often.....	3
Only a little.....	2
Hardly at all.....	1

**IF ALL CHILDREN UNDER 5, GO TO B22, PAGE
IF ALL CHILDREN UNDER 16, GO TO B21, PAGE
OTHERWISE, CONTINUE BELOW.**

B20 As a parent, how often do you wonder if your child(ren):

	NEVER	ONCE IN A WHILE	FAIRLY OFTEN	VERY OFTEN
A. (Is/are) living too much for the present and thinking too little of what lies ahead? 4	1	2	3	
B. (Is/are) showing too little interest in religion? 1	1	2	3	4
C. (Is/are) not practicing the moral beliefs that are important? 1	1	2	3	4
D. (Is/are) not trying hard enough to prepare (himself themselves) for the life ahead of (him/them)? 1	1	2	3	4
E. (Is/are) not headed for the success you want for (Him/them)? 1	1	2	3	4

**IF ANY CHILDREN ARE OVER 4 AND LIVING AT HOME
ASK B21 OTHERWISE, GO TO BOXED DIRECTIONS
ABOVE B23, PAGE**

Appendix C (Con't)

B21 As a parent, how often do you have these experiences?

	NEVER	ONCE IN A WHILE	FAIRLY OFTEN	VERY OFTEN
A. You are treated without proper respect?	1	2	3	4
B. Your advice and guidance are ignored?	1	2	3	4
C. You are disobeyed?	1	2	3	4

B22 As a parent, how often do you have to give some attention to the correction of:

	NEVER	ONCE IN A WHILE	FAIRLY OFTEN	VERY OFTEN
A. Misbehavior in the house?	1	2	3	4
B. Your child(ren) having the wrong kinds of friends?	1	2	3	4
C. Your child(ren) failing to get along with others the same age.	1	2	3	4
D. Carelessness about personal appearance?	1	2	3	4
E. Poor school work?				
F. Poor use of spare time?	1	2	3	4

**IF ANY CHILDREN AGE 5 OR LESS, ASK B23
OTHERWISE, GO TO B24**

Appendix C (Con't)

B23 As a parent of a young child, how often does it happen that your young child:

	NEVER	ONCE IN A WHILE	FAIRLY OFTEN	VERY OFTEN
A. Cries without your knowing why?	1	2	3	4
B. Has a poor appetite?	1	2	3	4
C. Has difficulty sleeping?	1	2	3	4
D. Demands too much from you?	1	2	3	4
E. Does things slow for (his/her) age?	1	2	3	4
F. Doesn't want as much attention as you want to give?	1	2	3	4
G. Is hard to control?	1	2	3	4
H. Doesn't play well with other children.	1	2	3	4

INTERVIEWER: ADD NUMBERS OF STARRED RESPONSES IN B23: ____ IF 2 OR LESS, GO TO B24

B24 (IF NO CHILDREN ARE 16 OR YOUNGER GO TO B25
Besides you (and your husband/wife), who regularly takes care of your child(ren), say when you (and your husband/wife) are working? (INTERVIEWER: IF CLIENT MENTIONS MORE THAN ONE, ASK: Who is the main one, would you say? AND CIRCLE ONLY THAT NUMBER.)

Appendix C (Con't)

No one besides me or my (husband/wife) Go to B25	1
Relatives	2
Friends or neighbors.....	3
Organized day care in someone's home.....	4
Organized day care in a day care center	5
Other (Specify.....)	6
No one	7
Varies - no regular arrangement.....	8

- A. Would you say that your present arrangements for the care of your child(ren) while (you/you and your (husband/wife) are at work are: (READ)

Very good	4
Good.....	3
Just fair	2
Not at all good.....	1
(DONT READ) Children don't require care	0

(FOR ALL PARENTS)

- B25 Here are different things parents do when they find something in their child(ren)'s behavior that is troublesome. How often do you: (READ A. READ CODES. THEN READ A-E)

	NEVER	ONCE IN A WHILE	FAIRLY OFTEN	VERY OFTEN
A. Just try to ignore what's going on?	1	2	3	4
B. Remind yourself that things could be worse?	1	2	3	4
C. Tell yourself it is not really important?	1	2	3	4
D. Decide there's really nothing you can do to change things?	1	2	3	4
E. Have you read any books or magazines in recent months about raising children?				
Yes.....				1
No				2

Appendix C (Con't)

B26 Think now of your experiences as a parent - all the daily pleasures and daily problems that you have. When you think of your experiences as a parent, how (READ A) do you feel?

	VERY	SOME WHAT	ONLY A LITTLE	NOT AT ALL
A. Bothered or upset?	4	3	2	1
B. Worried?	4	3	2	1
C. Contended?	4	3	2	1
D. Tense?	4	3	2	1
E. Frustrated?	4	3	2	1
F. Successful?	4	3	2	1
G. Unhappy?	4	3	2	1
H. Unsure of yourself?	4	3	2	1
I. Emotionally worn out?	4	3	2	1

ASK B27 AND B28 IF ANY CHILDREN ARE 16 OR OVER:

B27 Here are a few questions about your (child) children who (is) are 16 or older. Thinking just of (that child) those children, could you tell me:

How often do you wonder if (he/she/they):

	NEVER	ONCE IN A WHILE	FAIRLY OFTEN	VERY OFTEN
A. Don't take your feelings into consideration?	1	2	3	4

Appendix C (Con't)

	NEVER	ONCE IN A WHILE	FAIRLY OFTEN	VERY OFTEN
B. Don't pay enough attention to your advice and opinions?	1	2	3	4
C. Are not very aware of your problems?	1	2	3	4
D. Are too dependent on you for guidance and direction?	1	2	3	4
E. Expect you to do too much for them?	1	2	3	4

B28 Parents have different ideas about what their relationship with their grown children should be like. Thinking of children sixteen or older I'd like to know whether each of these things just wouldn't be appropriate for a person like yourself to do, is something that would probably be okay, or something that would be perfectly all right to do.

(HAND BLUE CARDS TO CLIENT AND LAY OUT ENVELOPES). Put each one in whichever pile you feel it belongs.

	Quite Appropriate	Probably Okay	Not Appropriate
A. Suggest that your child visit their brother and sisters more often.	3	2	1
B. Ask your child how much they earn.	3	2	1
C. Call your child while they're at work to see how things are going.	3	2	1

Appendix C (Con't)

		Quite Appropriate	Probably Okay	Not Appropriate
D.	Have a child move back home if they were having marital difficulties.	3	2	1
E.	Find a child a job if he were having trouble getting one.	3	2	1
F.	Help a child out financially if he were having trouble making ends meet.	3	2	1
G.	Ask a child to come see you more often.	3	2	1
H.	Ask a child what seemed to be troubling him.	3	2	1
I.	Expect a child to talk things over with you before changing jobs or deciding to go back to work.	3	2	1
J.	Show a child better ways to handle their children.	3	2	1

Appendix D
Demographic Data
Interview Guide (English Translation)

Background Information:

Age

- a. How old are you? _____
b. How old is your husband/wife? _____

Marital Status

- a. What is your marital status? (Circle one only)
Married 1
Divorced 2
Widowed.....3
- b. How old were you when you got married? _____
- c. How long have you been married? _____
- d. Did your husband/wife have another wife/husband previously?
yes 1
No 2

Education

Interviewees' highest education attainment
(Including literacy classes)

- a. Do you read?
Yes.....1
No 2
- b. Do you write?
Yes.....1
No 2
- c. What is your highest year of schooling? (Circle one only)
- | | | | | | | |
|-------------------|----|----|----|----|----|----|
| None | | | | | | 00 |
| Primary | 01 | 02 | 03 | 04 | 05 | 06 |
| Intermediate | | | | 07 | 08 | 09 |
| Secondary | | | | 10 | 11 | 12 |
| Undergraduate | | | 13 | 14 | 15 | 16 |
| Graduate:Master's | | | | | 17 | 18 |
| Ph.D. | | | 19 | 20 | 21 | 22 |

Appendix D (Con't)

Husband's/Wife's educational attainment (including literacy classes)

- a. Does your husband/wife read:
 Yes.....1
 No 2
- b. Does your husband/wife write?
 Yes.....1
 No 2
- c. What is your husband's/wife's highest year of schooling? (Circle one only)
- | | | | | | | |
|-------------------|----|----|----|----|----|----|
| None | | | | | | 00 |
| Primary | 01 | 02 | 03 | 04 | 05 | 06 |
| Intermediate | | | | 07 | 08 | 09 |
| Secondary | | | | 10 | 11 | 12 |
| Undergraduate | | | 13 | 14 | 15 | 16 |
| Graduate:Master's | | | | | 17 | 18 |
| Ph.D. | | | 19 | 20 | 21 | 22 |

Occupation

- a. Do you work outside of your home? (Circle one only)
 Yes.....1
 No 2
- b. Do you work?
 full time, or 3
 part time 4
- c. What is your main occupation or job title?
- 1
- 2
- 3
- 4
- d. What kind of work do you do, that is, what are your duties on this job?
- _____

Appendix D (Con't)

Husband's Occupation

- a. Are you presently
 Employed 1
 Retired (Skip to E) 2
 Unemployed (Skip to D) 3

- b. What is your main occupation or job title?

_____ ...1
 _____ ...2
 _____ ...3
 _____ ...4

- c. What kind of work do you do?

- d. What is the reason that you are unemployed?

- e. Who helps you financially?

_____ ...1
 _____ ...2

Appendix D (Con't)

Geographical Region

- a. Interviewer: Record where the person lives:
- _____ ...1
- _____ ...2
- b. Is your house
- Your own 1
- Rented 2
- Government housing 3
- Something else? (Specify) 4

Household Size and Composition

- a. Including yourself, how many people live in your household? _____
- b. Who lives with you?
- _____ ...1
- _____ ...2
- (Determine family structure)
- Nuclear 1
- Extended 2
- c. How many children do you have? _____
- If the interviewee (husband/wife) has had other marriages,
ask question D and E
- d. How many children do you have from the previous marriage?
- _____
- e. Are the children living with you?
- Yes 1
- No (record where they live) 2
- _____

Appendix D (Con't)

If the interviewee's current husband has/had other wives,
ask question G

- g. Where do your husband's children live?
 With their mother in the same house as mine 1
 With their mother in another house 2
 Another place (Specify) 3

- h. How old is your youngest child? _____

Is there anything else you would like to add? (Record verbatim)

Thank you for your cooperation

Time interview ended _____ AM
 _____ PM

Total minutes required for interview: _____ minutes

Date of interview

Interview I.D. # _____

Record any comments you have about this interview.

Appendix E
Permission Letter from Dr. Marilyn M. Skaff

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

HUMAN DEVELOPMENT & AGING PROGRAM
CENTER FOR SOCIAL & BEHAVIORAL SCIENCES

1350 - 7th Avenue, CSBS 237
San Francisco, CA 94143-0848
(415) 476-7285

Ms. Khadiga Kahtanie
302 Market St. Apt 1
Galveston, TX 77550

February 14, 1991

Dear Ms. Kahtanie;

I am sending the marital coping scales as requested. You are most welcome to use them in your work. I have included the entire section on marriage from the Chicago Study as well as the factor scores for the scales. You will notice that the factor scores for many additional scales are also listed, including marital strain.

I hope these will be helpful to you. Good luck in your work. If you have any questions, please feel free to contact us.

Sincerely,

Marilyn Skaff
Marilyn M. Skaff, Ph.D.

Appendix F

IRB Approval Letter

The University of Texas Medical Branch at Galveston

School of Medicine
Graduate School of Biomedical Sciences
School of Allied Health Sciences
School of Nursing

Marine Biomedical Institute
Institute for the Medical Humanities
UTMB Hospitals



Office of
Sponsored Programs—Academic

June 26, 1991

MEMORANDUM

TO: Khadija Mahmood Kahtanie/Linda Rounds, R.N., Ph.D.
Graduate Nursing Student/Assistant Professor
School of Nursing J29

FROM: E. Ray Stinson, Ph.D.
Director of Sponsored Programs-Academic

SUBJECT: Expedited Review, Human Subjects

Project Director: Khadija Kahtanie, R.N., B.S.N./Dr. Linda Rounds OSP #91-202
Project Title: "Coping Strategies Experienced by Bahraini Married Couples When Faced With Life Strains in Marital and Parental Roles"

Under the Institutional Review Board's mechanism for reviewing minimal risk protocols, your project referenced above has been approved on June 26, 1991. I am, therefore, pleased to inform you that you may proceed with this project, effective immediately.

Project Directors of approved projects are responsible for reporting to the Institutional Review Board any unanticipated adverse reactions observed during the conduct of the project as well as any severe or serious side effects whether anticipated or unanticipated.

Should your project require modification which alters the risk to the subject or the method of obtaining informed consent, the project must be reevaluated by the Institutional Review Board before the modification is initiated.

Completed subject consents should be maintained in the designated place for at least three years after the termination of the project. In order to be in compliance with the requirements of the FDA regulations, 21 CFR 56.27a, a copy of the completed consent document must be provided to the subject.

COMMENTS: This study is limited to the use of a questionnaire/interview and approval to obtain oral assent for participation.

ERS/nh

xc: Jerry W. Lester, Ph.D.
Acting Associate Dean for Research
School of Nursing J29

Appendix G

Permission Letter from Acting Director of Training,
Ministry of Health, Bahrain

STATE OF BAHRAIN
MINISTRY OF HEALTH
P. O. BOX 12,
BAHRAIN, ARABIAN GULF.



دولة البحرين
وزارة الصحة

No. : EAD/ak/CHS-KK/80

FAX

Date : ..February 20, 1991

..... : الرقم

..... : التاريخ

Mrs. Khadija Kahtanie
302 Market, Apt.1
Galveston, TX 77550
U. S. A.

Dear Mrs. Kahtanie,

Referring to your fax dated 11 February 1991 regarding your request for permission to conduct a study to examine the Life Stressors and Coping Strategies experienced by Bahraini couples. I am pleased to inform you of the Directorate of Training's approval.

Wishing you all the best in your studies.

Sincerely,

FARIBA AL DARAZI, R.N.,M.Sc.,Ph.D
Ag. Director of Training
DIRECTORATE OF TRAINING

cc: A.U.M.
Dean - C.H.S.

Appendix H

Script (English translation)

Hello, Mr./Mrs. _____, my name is Khadija Kahtanie. I am conducting a study to learn about coping strategies experienced by Bahraini married couples when faced with life strains in marital and parental roles.

(The investigator will explain the nature and purpose of the study and determine whether the client is eligible for the study. If not, the investigator continues with the script. If the client is eligible then the investigator will continue with the script.)

Mr./Mrs. _____, I am going to conduct an interview with you lasting an hour. I will ask you questions about your coping experiences when you are faced with life strains in your marital and parental roles.

I want you to understand that everything I will say will be treated in the strictest confidence. There is no known risks involved in this study. Your interview form will be coded by a number only and your identify will not be recorded.

(If no), May I take a minute to explain the study to you? (If yes), I am researching the coping strategies experienced by Bahraini married couples when faced with life strains in marital and parental roles. However, your permission is needed to analyze information from you statistical record for research purposes.

(If Yes), do you have any questions about the study? Would you be interested in participating in the study by allowing me to use the information I obtain from you during the interview?

Appendix H (Con't)

(If Yes, present the client with the informed subject consent form for her/him to read and sign. The investigator will witness the signature and sign the consent also.)

(If the client decides not to participate, the script will proceed as usually but without generating a client data sheet. Thank the client for allowing you to explain the study).

Appendix I

Subscales for Role Strain and Coping Response Instrument

A. MARITAL STRAINS

Non-acceptance by spouse

1. I cannot completely be myself around my spouse.
2. My marriage doesn't give me enough opportunity to become the sort of person I'd like to be.
3. My spouse appreciates me just as I am.
4. My spouse seems to bring out the best qualities in me.
5. I can really talk with my spouse about things that are important to me.
6. My spouse is affectionate toward me.
7. My spouse appreciates the job I do as a (wage earner/housekeeper).
8. I can rely on my spouse to help with most family problems.
9. My spouse is a good sexual partner.

Non-reciprocity in Give and Take

1. Generally I give in more to my spouse's wishes than (he/she) gives in to mine.
2. My spouse insists on having his own way.
3. My spouse usually expects more from me than he is willing to give back.
4. My spouse usually acts as if he were the only important person in the family.

Frustration of Role Expectations

1. My spouse is someone who is a good (wage earner/housekeeper).
2. My spouse is someone who spends money wisely.
3. My spouse is someone who is a good sexual partner.

Appendix I (Con't)

4. My spouse is someone who is affectionate toward me.
5. My spouse is someone who appreciates the job I do as a (wage earner/housekeeper).
6. My spouse is someone I can really talk with about things that are important to me.

B. PARENTAL STRAINS WITH CHILDREN AGE 16 TO 21

Deviations from Parental Standards of Behavior

1. How often do your children fail to get along with others the same age?
2. How often do you have to give attention to poor school work?
3. How often do you have to give attention to poor use of spare time?
4. How often do you give attention to carelessness about personal appearance?
5. How often do you have to give attention to your children having the wrong kind of friends?
6. How often do you have to give attention to your children misbehaving in the house?
7. How often does it happen that you are disobeyed?

Non-conformity to Parental Aspirations and Values

1. How often do you wonder if your children are trying hard enough to prepare for the life ahead of them?
2. How often do you wonder if your children are not practicing the moral beliefs that are important?
3. How often do you wonder if your children are not headed for the success you want for them?
4. How often do you wonder if your children are showing too little interest in religion?
5. How often do you wonder if your children might be tempted by others to try illegal drugs?

Appendix I (Con't)

6. How often do you wonder if your children are living too much for the present and thinking too little of what lies ahead?
7. How often do you wonder if your children might be using too much alcohol?

Disregard of Parental Status

1. How often does it happen that your advice and guidance are ignored?
2. How often does it happen that you are treated without proper respect?
3. How often does it happen that you are helped with asking?

C. MARITAL COPING RESPONSES

Self-Reliance vs. Advice Seeking

1. Have you asked the advice of relatives in the past year or so about getting along in marriage?
2. of a friend or neighbor?
3. of a doctor, counselor or other professional person?
4. read any books or magazines in recent months?

Controlled Reflectiveness vs. Emotional Discharge

1. How often do you yell or shout to let off steam?
2. How often during a typical week do you find yourself thinking over marital problems?
3. Have you read any books or magazines in recent months about getting along in marriage?
4. How often do you keep out of your spouse's way for a while?

Appendix I (Con't)

Positive Comparisons

1. How would you compare your marriage to that of most other people like yourself? better, the same or less good?
2. With time, does your marriage get better, stay the same or get less good?
3. How often do you appreciate your own marriage more after seeing what other marriages are like?

Negotiation

1. How often do you try to find a fair compromise in marriage problems?
2. ... sit down and talk things out"

Assertion vs. Passive Forebearance

1. How often do you keep out of your spouse's way for a while when you have differences?
2. give in more than half way?
3. just keep hurt feelings to yourself?

Selective Ignoring

1. How often do you tell yourself that marital difficulties are not important?
2. try to overlook your spouse's faults and pay attention only to good points?
3. try to ignore difficulties by looking only at good things?
4. keep so busy you don't have time to think?
5. wait for time to remedy the difficulty?

Appendix I (Con't)

D. PARENTAL COPING RESPONSES WITH CHILDREN AGES 16 TO 21

Selective Ignoring

1. How often do you remind yourself that things could be worse?
2. think that it's behavior that they will just outgrow?
3. look around at other parents to see how much better off you are than they?
4. tell yourself that something in your children's behavior is not really important?
5. try to notice only the good things?
6. ignore what's going on when there is something troublesome in your children's behavior?
7. decide there's nothing you can do to change things?

Non-punitiveness vs. Reliance on Discipline

1. When your children's behavior is troublesome, how often do you take away a privilege?
2. scold them?
3. threaten some kind of punishment?

Self-Reliance vs. Advice Seeking

1. In the past year or so have you asked for the advice of friends or neighbors concerning difficulties in your children's behavior?
2. asked for the advice of a relative....?
3. asked for the advice of a doctor, teacher, or either professional person?
4. read any books or magazines?

Appendix I (Con't)

Positive Comparisons

1. As time goes by has being a parent generally become easier or more difficult?
2. Would you guess that in the next year or so being a parent will?
3. How would you compare your experiences as a parent with other parents.
4. During a typical day, how often do you find that problems of being a parent are on your mind?

Exercise of Potency vs. Helpless Resignation

1. The way my children are turning out depends on their inner nature and there is little I can do about it.
2. There is only so much I can do as a parent and after that I just accept my children as they are.
3. How often do you decide there's really nothing you can do to change things?

Appendix J

Permission Letter from Dean, CHS, Bahrain

STATE OF BAHRAIN
MINISTRY OF HEALTH
COLLEGE OF HEALTH SCIENCES
AND KANDOO CENTER FOR
CONTINUING EDUCATION

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



دولة البحرين
وزارة الصحة
كلية العلوم الصحية
ومركز كاندو للتعليم المستمر

February 13, 1991

FAX MESSAGE

TO : FAX NO. (409) 761-5118

FROM : FAX NO. 252569

ATTN : MS. KHADIJA KAHTANIE
GRADUATE STUDENT
THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON
SCHOOL OF NURSING
GALVESTON, TEXAS. U.S.A.

Dear Khadija,

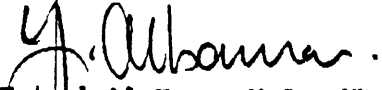
This is to acknowledge receiving your fax letter dated February 11, 1991.

We agree to your request to conduct your data collection on healthy population to examine the life stressors and coping strategies experienced by Bahraini couples.

At a latter stage we hope to receive a copy of your research proposal.

We take this opportunity to wish you all the luck and success in your studies.

Regards to our colleagues in the School of Nursing.


Faisal Al-Hamer M.Sc., MHPE
Dean
College of Health Sciences.

Vita

Khadija Mahmood Ebrahim Al-Kahtanie was born on October 16, 1951 in Bahrain (Arabian Gulf), the daughter of Fatima Khalifa Al-Kowari and Mahmood Ebrahim Al-Kahtanie. After completing her basic study in 1972, she entered the Yousnf Kanoo School of Nursing in Bahrain and upon graduating she joined as staff nurse at Salmaniya Hospital, Bahrain. In 1974 she was moved to Yousuf Kanoo School of Nursing as a clinical instructor. In 1978 to 1980 she worked as Acting Head of Practica; Nursing Program. She received her Bachelor of Arts degree from Concordia University in Montreal Canada in 1983. During the following years she was employed as lecturer and Acting Head in The Post-Basic Community Nursing Program at the College of Health and Sciences. In August 1990, she entered The University of Texas Graduate School of Biomedical Sciences at Galveston.

Permanent Address: Villa 1933
Road 4939
Arad 244
State of Bahrain

This thesis was typed by Brenda G. Ipina