

Assessment Of Somatic Symptoms And Quality Of Life Of Married Women Residing Temporarily Away From Husband

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Abstract

Background: Gender differences in somatization individuals have consistently revealed a strong female dominance. Somatization of any degree was found to be associated with female gender, also when only gender-neutral symptoms were analysed. Therefore present study was intended to assess the somatic symptoms and quality of life of married women residing temporarily away from husband.

Material & Method: Quantitative Descriptive correlational research design was used to carry out the study. A sample of 106 married woman residing temporarily away from their husband for more than six months selected through purposive sampling technique from urban areas of Udaipur, Rajsthan, India.

Results: Findings from analysis of somatic assessment symptom scale (SASS) shows that the obtained mean and standard deviation of Somatic symptoms was highest in subscale A (pain related symptom) that is 4.44. In **pain related somatic symptoms (subscale-A)**, headache was most prevalent in 80.18% participants. Quality of life (BREF) mean% score 68.37% was highest in psychological domain while Lowest mean % was 64.86% in Physical Domain. Overall QoL (BREF) mean% was 73.04%. There is a significant negative relationship ($r = -0.8487$) between quality of life and somatic symptoms of married women residing temporarily away from husband. There was negative correlation between somatic symptoms and all four domains of quality of life, in physical QoL domain ($r = -0.766$), in Psychological QoL ($r = -0.792$), in Social QoL ($r = -0.716$) and in Environmental QoL ($r = -0.810$). All four domains of QoL were significantly and positively interrelated with moderate correlation. There was no significant association found between score of QoL & SASS score with demographic variables.

Conclusion: Study identified that the most of the women residing away from husband experienced somatic symptoms which hampered their quality of life also. . Study suggests for proper counselling and support services to improve mental health, social support, and autonomy among married women

Keywords: Somatic symptoms, married woman, quality of life, assessment, correlation, residing away.

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I. Introduction

Our ability to make decisions, form connections, and influence the world we live in as individuals and as a society is reliant on our mental health, which is a vital aspect of health and wellbeing. Mental health is important at every stage of life; from childhood and adolescence through adulthood.¹ Gender differences among subjects with somatization have constantly found a clear female dominance. Somatization of any degree was found to be associated with female gender, also when only gender- neutral symptoms were analysed.² Women's mental health is crucial for their own health as well as the health of their families and children. Mental health is the cornerstone of both individual and community well-being. Anxiety and depression disorders are the most prevalent mental illnesses that negatively impact women more often than males.³

Somatization may be related to underlying psychiatric disorders that occur more often in women. Being older, separated, widowed or divorced was related to having more somatic complaints. Poorly educated females also had more somatic complaints.⁴ Somatization disorder, undifferentiated somatoform disorder, conversion disorder, hypochondriasis, pain disorder, body dysmorphic disorder, and somatoform disorder not otherwise described are examples of somatoform disorders. Patients with these diseases frequently experience severe emotional anguish.⁵ Somatoform disorders are characterized by physical symptoms suggesting medical disease, but without demonstrable organic pathology or known pathophysiological mechanism to account for them. Somatization refers to all those mechanism by which anxiety is translated into physical illness and bodily complaints.⁶

The definition of quality of life (QoL) is “individuals' perceptions of their position in life in relation to their goals, expectations, standards, and concerns, as well as the culture and value systems in which they live.”⁷ About 20% of the general population and a third of clinical population’s somatic symptoms remain an ongoing source of distress, particularly among women.⁸ Astoundingly, in one study of 1000 patients presenting over a 3-year period with 567 new complaints of 14 common symptoms including chest pain, fatigue, dizziness, headache, oedema, back pain, shortness of breath, insomnia, abdominal pain, numbness, impotence, weight loss, cough, and constipation.⁹

Atasoy S et al (2022) reported mean frequencies for SSD (somatic symptoms disorders) was 12.9%. SSD was associated with increased functional impairment, decreased quality of life, and high comorbidity with anxiety and depressive disorders.¹⁰ **Ansuman P. et al (2014)** revealed that 32.9% of study respondents had poor mental health and only about 10% women had sought any kind of mental health services.¹¹ **Lowe B. et al (2022)** revealed that approximately 5.7% of men and 7.3% of women had very high SSB. During follow-up, 3638 (30.6%) mortality cases were observed. Men with a very-high SSB had 48% increased relative risk of mortality in comparison to men with a low SSB after adjustment for concurrent risk factors.¹²

Given the seriousness of the problem and the associated diagnosis of other mental disorders and impact of quality of life of married women residing temporarily away from husband, so researcher conducted the study to assess the somatic symptoms and quality of life of married women residing temporarily away from husband at selected urban community, and the relation between somatic symptoms and quality of life.

Objectives

1. To assess the level of somatic symptoms among married women as measured by Scale for Assessment of Somatic Symptoms (SASS).
2. To evaluate the quality of life among married women residing away from husband as measured by WHO quality of life scale (BREF).
3. To find a correlation between somatic symptoms and quality of life with selected demographic variables among married women.

II. Materials And Method

A quantitative approach and descriptive correlational research design was used in the present study. 106 married women residing temporarily away from the husband for more than six months were selected as samples through purposive sampling technique from selected urban areas of Udaipur, Rajasthan.

The tools for the present study comprise three sections. Section A included socio-demographic variables, section B included scale for assessment of somatic symptoms and section C included WHO Quality of life (BREF) tool. Both scales are standardized tools and permission sought to use the tools. The data were analysed and the hypothesis was tested using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (Karl Pearson correlation coefficient and chi-square). Prior to tool administration all subjects were explained about the purpose, nature and outcome of study. Participants provided their informed permission.

III. Results

Section A: Description of participants as per socio-demographic variables

Table 1. Distribution of samples according to demographic variables (n=106)

Sr. No.	Demographic Variables	Freq.	%
1.	Age (in years)		
a)	20- 25 years	08	7.55%
b)	26-30 years	38	35.85%
c)	31-35 years	31	29.25%
d)	35-40 years	19	17.92%
e)	40 and above	10	9.43%
2.	Religion		
a)	Hindu	83	78.30%
b)	Muslim	15	14.15%
c)	Christian	08	7.55%
d)	Others	00	00
3.	Educational status		
a)	No Formal Education	06	5.66%
b)	Primary school	09	8.49%
c)	Secondary school	23	21.70%
d)	Sr. Secondary school	27	25.47%
e)	Graduate/Diploma	28	26.41%
f)	Post Graduate and above	13	12.27%
4.	Occupation		

a)	House Wife	61	57.55%
b)	Business	11	10.38%
c)	Private Employee	16	15.09%
d)	Govt. Employee	15	14.15%
e)	Labor	03	2.83%
5.	Monthly family income		
a)	< 10000 Rs.	05	4.72%
b)	10001-20000 Rs.	15	14.15%
c)	20001-30001 Rs.	39	36.79%
d)	30001 Rs. and more	47	44.34%
6.	Type of the family		
a)	Nuclear family	42	39.62%
b)	Joint family	29	27.36%
c)	Extended family	35	33.02%
7.	Social Support		
a)	Family members	36	33.96%
b)	Relatives	33	31.14%
c)	Friends	15	14.15%
d)	Social Organization	04	3.77%
e)	Neighbour	10	9.43%
f)	None	08	7.55%
8.	Duration of married life (in years)		
a)	<1 year	05	4.72%
b)	1-3 years	23	21.70%
c)	4-5 years	35	33.02%
d)	>5 year	43	40.56%
9.	Decision maker in the family		
a)	Husband	52	49.06%
b)	Wife	12	11.32%
c)	Mutual Consent	16	15.09%
d)	In-laws	26	24.53%
10.	Duration of staying away from husband (in years)		
a)	<1 year		
b)	1-2 years	13	12.26%
c)	2-3 years	31	29.24%
d)	3-5 year	22	20.75%
e)	More than 5 years	19	17.93%
		21	19.82%
11.	Reason for staying away		
a)	Business of husband	48	45.28%
b)	Business of wife	00	00
c)	Job of husband	47	44.34%
d)	Job of wife	11	10.38%
12.	Staying with in-laws		
a)	Yes	64	60.38%
b)	No	42	39.62%
13.	Number of children		
a)	No children	24	22.64%
b)	One Child	27	25.47%
c)	Two children	47	44.34%
d)	Three and above	08	07.55%
14.	How often your husband comes to visit you		
a)	Once in six months		
b)	Yearly	45	42.45%
c)	1-2 years	44	41.51%
d)	>2 years	15	14.15%
		02	01.89%

As per table

- According to age, majority of the participants 35.85% were in the age group of 26 to 30 and 29.25% participants were in 31 to 35 years age group.
- Regarding religion, majority of the participants 78.30% were Hindus and 14.15% were Muslims while 7.55% were Christians.
- With regard to educational status, 26.41% participants had graduation or diploma and 25.41% had senior secondary school education.
- In connection with occupation, 57.55% participants were housewives, 15.09% were private employee and 14.15% were in govt. job.
- According to monthly family income, 44.34% participants had 30001 Rs. and more while 36.79% participants had 20001 to 30000 Rs.

- According to Type of family, 39.62% participants belong to nuclear family and 33.02% participants belong to extended family.
- In connection with social support, 33.96% participants had social support from family members and 31.14% had social support from relatives.
- According to duration of married life, 40.56% participants had more than 5 years duration of married life, 33.02% participants had 4-5 years of married life and 21.70% participants had 1-3 years of married life.
- 49.06% participant's decision maker in the family is husband while 24.53% participant's decision maker is in-laws.
- According duration of staying away from husband, 29.24% participant's duration of staying away from husband was 1-2 years and 20.75% participant's duration of staying away from husband is 2-3 years.
- In view of reason for staying away, 45.28% participant's reason was business of husband and 44.34% participant's reason was job of husband.
- 60.38% participants were living with in-laws.
- As per number of children, 44.34% participants had two children and 25.47% participants had one child.
- As per visits of husband, 42.45% participant's husband visits once in six months, 41.51% participant's husband visits yearly, 14.15% participant's husband visits 1-2 years and 1.89% participants' husband visits more than two years.

Section- B: Description of assessment of level of somatic symptoms of the participants.

Table 2. Assessment of pain related somatic symptoms (subscale-A) of the participants (n=106)

Sr. No.	Pain related symptoms	Frequency (%) of severity of somatic symptoms			
		0	1(Mild)	2(Moderate)	3(Severe)
1	Headache	21 (19.82%)	42 (39.62%)	31 (29.24%)	12 (11.32%)
2	Backache	36 (33.96%)	41(38.68%)	23 (21.70%)	06 (5.66%)
3	Pain in extremities	51 (48.12%)	41(38.68%)	13 (12.26%)	01 (0.94%)
4	Abdominal pain	53 (50%)	41(38.68%)	10 (9.43%)	02 (1.89%)
5	Whole body ache	44 (41.51%)	44 (41.51%)	16 (15.09%)	02 (1.89%)

On the basis of above analysis, in **pain related somatic symptoms (subscale-A)**, headache was most prevalent in 80.18% participants, after that backache in 66.04% participants, body ache in 58.49% participants, pain in extremities in 51.88% participants and abdominal pain was found in 50% participants.

Table 3. Assessment of sensory somatic symptoms (subscale-B) of the participants (n=106)

Sr. No.	Sensory somatic symptoms	Frequency (%) of severity of somatic symptoms			
		0	1(Mild)	2(Moderate)	3(Severe)
6	Tingling, numbness	63 (59.43%)	28 (26.42%)	15 (14.15%)	00
7	Heat & cold sensations	60 (56.60%)	27 (25.47%)	19 (17.93%)	00
8	Palpitations	51 (48.11%)	44 (41.51%)	09 (8.49%)	02 (1.89%)
9	Sensation of 'gas', bloating	33 (31.13%)	46 (43.40%)	21 (19.81%)	06 (5.66%)
10	Burning sensation	47(44.34%)	39 (36.79%)	19(17.93%)	01 (0.94%)

On the basis of above analysis, in **sensory somatic symptoms (subscale-B)**, sensation of 'gas' bloating symptom was most prevalent in 68.87% participants, after that burning sensation in 55.66% participants, palpitation in 51.89% participants, heat & cold sensations in 43.40% participants and tingling numbness were found in 41.57% participants.

Table 4. Assessment of Non-Specific somatic symptoms (subscale-C) of the participants (n=106)

Sr. No.	Non-Specific somatic symptoms	Frequency (%) of severity of somatic symptoms			
		0	1(Mild)	2(Moderate)	3(Severe)
11	Weakness of body	39 (36.79%)	43 (40.57%)	23 (21.70%)	01 (0.94%)
12	Weakness of mind	60 (56.61%)	33 (31.13%)	12 (11.32%)	01 (0.94%)
13	Giddiness, dizziness, fainting	56 (52.84%)	37 (34.90%)	12(11.32%)	01(0.94)
14	Trembling, tremors	66 (62.26%)	26 (24.53%)	14 (13.21%)	00
15	Tiredness, lethargy	43 (40.57%)	33(31.13%)	27 (25.47%)	03 (2.83%)

On the basis of above analysis, in **Non-Specific somatic symptoms (subscale-C)**, weakness of body symptom was most prevalent in 67.21% participants, after that tiredness, lethargy in 59.43% participants, giddiness, dizziness, fainting in 47.16% participants, weakness of mind in 43.39% participants and trembling, termers were found in 37.74% participants.

Table 5. Assessment of Biological function related symptoms (subscale-D) of the participants (n=106)

Sr. No.	Biological function related symptoms	Frequency (%) of severity of somatic symptoms			
		0	1(Mild)	2(Moderate)	3(Severe)
16	Lack of sleep	41 (38.68%)	50 (47.17%)	14 (13.21%)	01 (0.94%)
17	Lack of appetite	57 (53.77%)	44 (41.51%)	05 (4.72%)	00
18	Lack of libido	64 (60.38%)	26 (24.53%)	10 (9.43%)	06 (5.66%)
19	Constipation	32 (30.19%)	52 (49.56)	20 (18.86%)	02 (1.89%)
20	Diarrhoea	87 (82.07%)	13 (12.26%)	06 (5.67%)	00

On the basis of above analysis, in **biological function related symptoms (subscale-D)**, constipation was most prevalent in 69.81% participants, after that lack of sleep in 61.32% participants, lack of appetite in 46.23% participants, lack of libido in 39.62% participants and diarrhoea was found in 17.93% participants.

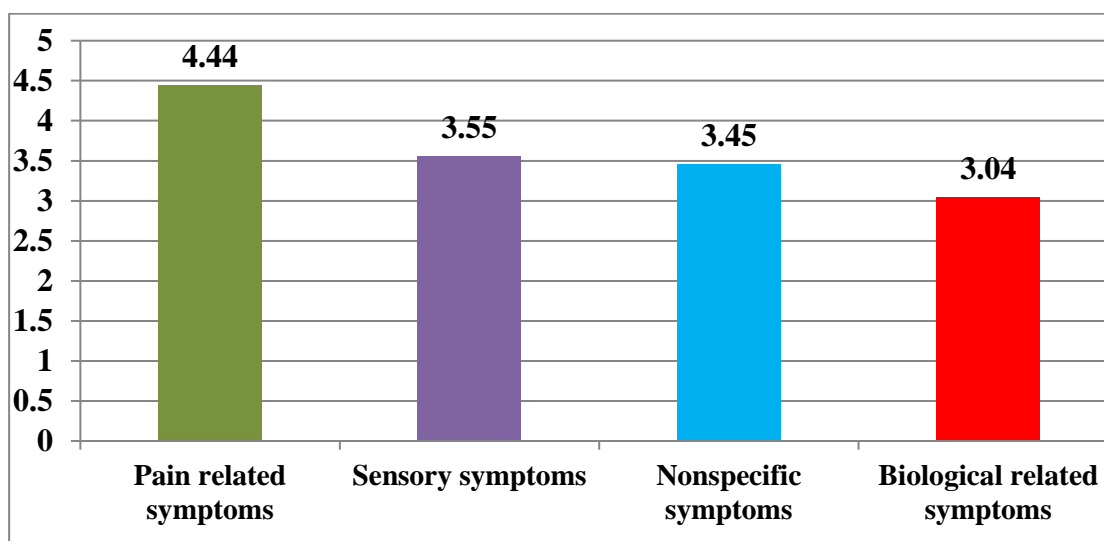


Fig. 1 Mean distribution of SASS subscale

On the basis of Fig 1, subscale analysis of somatic assessment symptom scale (SASS) shows that the obtained mean and standard deviation of Somatic symptoms was highest in subscale A (pain related symptom) that is 4.44.

Section –C: Description of assessment of level of quality of life of the participants

Table 6. Assessment of physical (domain 1) quality of life of participants n=106

Sr. No.	Physical quality of life	Level of Quality of Life		
		4/5 A little/ Not at all	3 Moderate Amount	1/2 Extreme Amount/ Very Much
Q3	To what extent do you feel that physical pain prevents you from doing what you need to do	25 (23.58%)	56 (52.84%)	25 (23.58%)
Q4	How much do you need any medical treatment to function in your daily life?	30 (28.30%)	42 (39.62%)	34 (32.08%)
		1/2 Not at all/ A little	3 Moderately	4/5 Mostly/Completely
Q10	Do you have enough energy for everyday life?	17 (16.04%)	40 (37.73%)	49 (46.23%)
		1/2 Very poor/poor	3 Neither poor nor good	4/5 Good/Very Good
Q15	How well are you able to get around?	16 (15.09%)	19 (17.93%)	71 (66.98%)
		1/2 Very dissatisfied/ Dissatisfied	3 Neither satisfied nor dissatisfied	4/5 Satisfied /Very satisfied

Q16	How satisfied are you with your sleep?	25 (23.58%)	35 (33.02%)	46 (43.40%)
Q17	How satisfied are you with your ability to perform your daily living activities?	16 (15.09%)	37 (34.91%)	53 (50%)
Q18	How satisfied are you with your capacity to work?	27 (25.47%)	33 (31.13%)	46 (43.40%)

On the basis of findings from physical domain, study revealed that physical pain prevents 76.42% participants from doing what they need to do. 71.70% participants needed any medical management to work in daily life. 83.96% participants have enough energy for everyday life. 84.91% participants are able to get around. 76.42% participants are satisfied with sleep. 84.91% participants are satisfied with ability to perform your daily living activities. 74.53% participants are satisfied with their capacity to work.

Table 7 Assessment of psychological (domain 2) quality of life of participants

Sr. No.	Psychological quality of life	Frequency (%) of level of quality of life		
		5/4 Not at all/ A little	3 Moderate Amount	1/2 Extreme amount/ Very Much
Q5	How much do you enjoy life?	48 (45.28%)	43 (40.57%)	15 (14.15%)
Q6	To what extent do you feel your life is meaningful?	60 (56.60%)	22 (20.75%)	24 (22.65%)
Q7	How well are you able to concentrate?	49 (46.23%)	39 (36.79%)	18 (16.98%)
		1/2 Not at all/A little	3 Moderately	4/5 Mostly/Completely
Q11	Are you able to accept your bodily appearance?	24 (22.65%)	29 (27.35%)	53 (50%)
		1/2 Very dissatisfied/ Dissatisfied	3 Neither satisfied nor dissatisfied	4/5 Satisfied/Very satisfied
Q19	How satisfied are you with yourself?	22 (20.75%)	25 (23.58%)	59 (55.67%)
		4/5 Seldom/Never	3 Quiet often	1/2 Always/Vary Often
Q26	How often do you have negative feelings such as blue-mood, despair, anxiety, depression?	63 (59.43%)	24 (22.65%)	19 (17.92%)

On the basis of findings from psychological domain, study revealed that 54.72% participants responded that they enjoy life. 43.40% participants feel that their life is meaningful. 53.77% participants are able to concentrate. 77.35% participants are able to accept their bodily appearance. 79.25% participants are satisfied with themselves. 40.57% participants often have negative feelings such as blue-mood, despair, anxiety, depression.

Table 8 Assessment of social (domain 3) quality of life of participants n=106

Sr. No.	Social quality of life	Frequency (%) of level of quality of life		
		1/2 Very dissatisfied/ Dissatisfied	3 Neither satisfied nor dissatisfied	4/5 Satisfied/Very satisfied
Q20	How satisfied are you with your personal relationships?	20 (18.87%)	41 (38.68%)	45 (42.45%)
Q21	How satisfied are you with your sex-life?	22 (20.75%)	37 (34.92%)	47 (44.33%)
Q22	How satisfied are you with the support you get from your friends?	15 (14.15%)	47 (44.33%)	44 (41.52%)

On the basis of findings from social domain, study revealed that 81.13% participants are satisfied with their personal relationships. 79.25% participants are satisfied with their sex-life. 85.85% participants are satisfied with the support they get from their friends.

IV. Discussion

As per objectives and on the basis of findings from all subscales of somatic symptoms assessment scale (SASS), our study findings revealed that in overall, headache was the most prevalent symptom in the 80.18% participants, after that constipation (69.81%), 'gas', bloating symptom (68.87%), weakness of body (67.21%) and backache was found in 66.04% participants. The least experienced symptom was diarrhoea in 17.93% participants, thereafter trembling, termers symptom in 37.74%, lack of libido in 39.62% and tingling numbness was found in 41.57% participants. Our findings supported by **Kulkarni GB et al (2015)**¹³, their study found prevalence of headache was 63.9 % which was higher among females than males. **Baribener A. et al (2010)**¹⁴ found that constipation (54.6%), feeling depressed (50.9%), and poor hearing (50.6%) were the most common in women. **Nazzal Z. et al (2021)**¹⁵ revealed that most common somatic symptoms were painful muscles (61.5%) followed by back pain (52.3%). **Kamala D. Bhardwaj (2017)**¹⁶ found prevalence of Headache (55.20%), followed by Tiredness (52.20%), Sleeplessness (42%), Acidity (36.60%), and Indigestion (35.40%) in female students in her study.

In quality of life, our study revealed that quality of life was highest in Domain 2 (psychological) with mean% 68.37%. Lowest mean% obtained for domain 1 (physical) was 64.86%. Overall QoL (BREF) mean% was 73.04%. Our findings also supported by findings revealed by **Gupta E et al (2021)**¹⁷, their study revealed that the mean QOL score was highest in psychological domain (63.26 ± 18.48), physical domain (60.58 ± 19.24), environmental domain (62.64 ± 16.23), and social domain (59.33 ± 17.81) had the lowest scores.

A contradictory finding revealed by **Rajasi R S et al (2016)**¹⁸, their study that QOL was least in the psychological domain followed by physical and health-related, social, and environmental domains. **Sivapragasam R et al (2019)**¹⁹ also found contradictory finding with highest mean QOL score 46.24 ± 11.24 was seen in environmental domain and lowest was seen in social domain that was 33.57 ± 17.26 . However, **Karmakar et al (2018)**²⁰ found that mean QoL scores were maximum for social relationship domain and lowest mean score was seen in psychological domain. **S. E. Thadathil et al (2015)**²¹ also found that the mean scores of QOL domains was maximum in physical health (42.44), followed by social relationship (42.16). The least mean score was observed in psychological domain (26.95).

Our study also showed that there exists a negative correlation (-0.8487) between Somatic symptoms and Quality of life. This shows that women residing temporarily away from husband have manifested Somatic symptoms which decreases the quality of life. Our findings supported **Julia G. al (2022)**²², their findings revealed that QoL correlated negatively with somatic symptoms ($r = -0.56$, $p < .001$). **Fujii T. et al (2018)**²³ also found that a higher somatic symptom burden was significantly associated with a lower health-related quality of life.

Our study discovered that there was negative correlation between somatic symptoms and all four domains of quality of life, in physical QoL domain ($r = -0.766$), in Psychological QoL ($r = -0.792$), in Social QoL ($r = -0.716$) and in Environmental QoL ($r = -0.810$). Further analysis found that all four domains of QoL were significantly and positively interrelated with moderate correlation. Correlation between physical QoL domain and psychological QoL domain was ($r = 0.775$), between physical QoL domain and social QoL domain was ($r = 0.796$), between physical QoL domain and environmental QoL domain was ($r = 0.804$). Correlation between psychological QoL domain and social QoL domain was ($r = 0.675$), between psychological QoL domain and environmental QoL domain ($r = 0.856$). Correlation between social QoL domain and environmental QoL domain ($r = 0.750$). On the basis of findings from Correlation between QoL domains, we found that there was positive correlation between different domains of WHO QoL (BREF). **Sreevani R (2015)**²⁴ revealed that somatic symptoms scores were associated positively with depression scores and functional impairment scores and negatively associated with QOL scores. **Pereira S. et al (2022)**²⁵ also revealed a negative correlation between somatic symptoms and all four domains of quality of life and all four domains of QoL ($r = 0.35-0.65$, $p < 0.001$). A contradictory finding revealed by **Huang H (2018)**²⁶ et al in which a correlation between environmental and physical/social was not significant while all other relationships between the domains were significant ($p < 0.05$).

Our study findings revealed that there was no significant association between score of SASS scale with demographic variables. Our study findings supported by results of research revealed by **Coast E et al (2012)**²⁷, **Breen A. et al (2010)**²⁸ and **Das J et al (2007)**²⁹. In contrast, **Baitha U et al. (2020)**³⁰ found that patients who were married ($p = 0.011$) and had higher levels of somatic symptom severity were more likely to be female ($p \leq 0.001$). While **Kalaivanan RC et al (2019)**³¹ found that there were significant correlates are observed with median age of 40.5 years, female, married, <5 years of education, monthly income of $< ₹ 10,357$ (85.5%) and lower socioeconomic status (75%) and somatic disorders.

Our study findings revealed that there was no significant association between score of QoL scale with demographic variables. Our finding supported by result from a study conducted by **Ammati R et al (2019)**³² and **Sylvester OA (2016)**³³. **Chaturvedi D. et al (2022)**³⁴ also found that demographic variables were not significantly associated with their study results. However, **Datta D. et al (2015)**³⁵ found that QOL was

significantly lower among people having more age, female, illiterate, financially fully dependent and those having lower socio-economic status. While **Pappa E et al (2009)**³⁶ found that females and elderly people were associated with impaired HRQoL only. A contradictory finding revealed by **Kuriakose et al (2013)**³⁷ in Indian population, in which it was found that QOL was significantly impaired in somatoform patients, and it was found to be associated with certain demographic factors such as sex, educational status, and duration of illness.

V. Conclusion

Study identified that the most of the women residing away from husband experienced somatic symptoms which hampered their quality of life also. Poor mental health and miserable quality of life is an obstacle in overall health and overall progress as a successful individual. Study suggests for proper counselling and support services to improve mental health, social support, and autonomy among married women residing temporarily away from their husband.

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Conflict of Interest: The current study was carried out without any conflicts of interest.

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