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**A QUANTITATIVE ASSESSMENT OF MARITAL QUALITY
AMONG COUPLES IN KERALA, INDIA**

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**A QUANTITATIVE ASSESSMENT OF MARITAL QUALITY AMONG COUPLES IN
KERALA, INDIA**

A
DISSERTATION

Presented to the Faculty of the Graduate School of
St. Mary's University in Partial Fulfillment
of the Requirements for the Degree of

DOCTOR OF PHILOSOPHY

in

Marriage and Family Therapy

by

Grace Kochuparambil, M.S.

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ABSTRACT

A QUANTITATIVE ASSESSMENT OF MARITAL QUALITY AMONG COUPLES IN KERALA, INDIA

Grace Kochuparambil

St. Mary's University, 2021

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The increasing number of divorces and domestic violence in Kerala, India points out the need to assess marital quality among couples in Kerala. The lack of assessment tools in the native language prevents evaluating Malayali couples' marital relationships. The purpose of the proposed study was to examine couples' marital quality in Kerala and validate the translated Marital Adjustment Questionnaire (MAQ) and Marital Quality Scale (MQS), the M-MAQ and the M-MQS, respectively. The instruments were translated into Malayalam through a forward and backward translation. A quantitative survey research design collected data from a criterion-based sample of 260 couples in Kerala using the M-MAQ and M-MQS, along with the demographic questions and the three items of the Kansas Marital Satisfaction Scale. The results showed that the respondents with no children, higher education and fewer years of marriage indicated higher levels of marital satisfaction. An exploratory factor analysis suggested a higher internal reliability score for M-MQS and M-MAQ than the non-translated versions. Future research should assess the psychometric properties of these instruments with particular attention to determine the factor structure of the translation.

Table of Contents

Acknowledgement.....	iii
Abstract.....	v
Table of Contents.....	vi
LIST OF TABLES	x
LIST OF FIGURES	xiii
Chapter I - The Problem and Justification of the Study	1
Statement of the Problem.....	1
Theoretical Framework	3
Objectives of Critical Theory.....	3
Critical Consciousness	4
Methodology	5
Justification for the Study	6
Limitations.....	6
Definitions of Key Terms.....	7
Chapter II - Review of the Literature	8
Diversity	8
Kerala.....	9
The Matriarchal System in Hinduism.....	11
Indian Culture.....	12
Patriarchal Dominance.....	13
Gender Roles and Lower Status of Women	15
Collectivism	16
Caste Stratification	17
Powerful Influence of Religion	18
Indian Families.....	21

Family Structure	22
Extended Families	24
Fealty	25
Strengths	26
Challenges	26
Views Regarding Family Creation	27
Marriage in India	29
Arranged Versus Love Marriages	31
Consanguineous Marriage	32
Patriarchy and Marriage	33
Dowry	33
In-laws	34
Domestic Violence	35
Divorce	36
Changes to Marriage	39
Assessing Couples in Need	44
State of Mental Health in India	45
Barriers to Receiving Counseling	47
Lack of Marital or Couple Assessments	49
Theoretical framework	53
Philosophical Assumptions of Critical Theory	54
Translating Validated Instruments	58
Literature Gap and Proposed Study	60
Chapter III – Methods	64
Methodological Congruence	65
Research Design	66
Phase 1 – Translation Process	66
Phase 2 – Instrument Administration	69

Data Analysis Procedures	75
Chapter IV- Results	77
Preliminary Analyses	77
Description of the Sample	77
Relationship Measures	82
Research Questions	87
Research Question 1	87
Research Question 2	111
Summary of Results	135
Chapter V- Summary, Implications, & Recommendations	138
Implications	139
Limitations of the Study	143
Recommendations	145
References	147
Appendix	184
Appendix A - Curriculum Vitae of the Forward Translator 1	184
Appendix B - Curriculum Vitae of the Forward Translator 2	186
Appendix C - Curriculum Vitae of the Backward Translator 1	190
Appendix D - Curriculum Vitae of the Backward Translator 2	195
Appendix E - Recruitment Email to Faith Leaders – English and Malayalam	200
Appendix F - Flyer – English and Malayalam	201
Appendix G - Flyer - Malayalam	202
Appendix H - Recruitment Script to Read at Faith Gatherings	204
Appendix I - Identification Codes on the Envelopes	205
Appendix J - Cover Letter in English	206

Appendix K - Cover Letter in Malayalam.....	208
Appendix L - Demographic Questionnaire - English	210
Appendix M - Demographic Questionnaire – Malayalam	212
Appendix N - Marital Adjustment Questionnaire – English	215
Appendix O - Marital Adjustment Questionnaire- Malayalam	218
Appendix P - Marital Quality Scale - English	222
Appendix Q - Marital Quality Scale - Malayalam	225
Appendix R - Kansas Marital Satisfaction Scale – English	234
Appendix S - Kansas Marital Satisfaction Scale – Malayalam.....	235

LIST OF TABLES

TABLE 1. Research Questions with Statistical Measures.....	75
TABLE 2. Participants Response to Demographic Questionnaire.....	79
TABLE 3. The Districts in Which the Participant Lives.....	80
TABLE 4. Additional Demographic information.....	81
TABLE 5. Frequency and Percentage of M-KMSS.....	83
TABLE 6. Frequency and Percentage of M-KMSS Individual Items.....	83
TABLE 7. Malayalam Marital Adjustment Questionnaire (M-MAQ)	85
TABLE 8. Malayalam Marital Quality Scale (M-MQS)	86
TABLE 9. Independent Samples Test of M-MAQ for Groups With and Without Children.....	88
TABLE 10. Independent Samples Test of M-MQS for Groups With and Without Children.....	89
TABLE 11. Independent Samples Test of M- MAQ and Gender.....	90
TABLE 12. Independent Samples Test of M-MQS and Gender.....	91
TABLE 13. ANOVA of M-MAQ and Age Categories.....	92
TABLE 14. ANOVA of M-MQS and Age Groups.....	93
TABLE 15. ANOVA of M-MAQ and Salary.....	94
TABLE 16. ANOVA of M- MQS and Salary.....	94
TABLE 17. ANOVA of M-MAQ and Education.....	95
TABLE 18. ANOVA of M-MQS and Education.....	96
TABLE 19. Tukey post-hoc Analysis of Education levels on M-MQS.....	96

TABLE 20. ANOVA of M-MAQ and Marriage Year.....	98
TABLE 21. Tukey post-hoc Analysis of Marriage Year on M-MAQ.....	98
TABLE 22. ANOVA of M-MQS and Marriage Year.....	99
TABLE 23. Tukey post-hoc Analysis of Marriage Year on M-MQS.....	99
TABLE 24. ANOVA of M-MAQ and Occupation.....	101
TABLE 25. ANOVA of M-MQS and Occupation.....	101
TABLE 26. ANOVA of M-MAQ and Number of Children.....	102
TABLE 27. ANOVA of M-MQS and Number of Children.....	103
TABLE 28. Tukey post-hoc Analysis of Number of Children on M-MQS.....	103
TABLE 29. Correlations Between M-MAQ, M-MQS and M-KMSS.....	105
TABLE 30. Coefficients (Multiple Regression, M-MAQ)	106
TABLE 31. ANOVA (Multiple Regression, M-MAQ)	107
TABLE 32. Coefficients (Multiple Regression, M-MQS).....	109
TABLE 33. ANOVA (Multiple Regression, M-MQS)	110
TABLE 34. KMO and Bartlett’s Test of M-MAQ.....	112
TABLE 35. Total Variance Explained for M-MAQ.....	114
TABLE 36. Communalities (M-MAQ).....	115
TABLE 37. Rotated Component Matrix^a of M-MAQ.....	118
TABLE 38. Internal Consistency Reliability of the M-MAQ Version.....	120
TABLE 39. Reliability Statistics of M-MAQ.....	121
TABLE 40. KMO and Bartlett’s Test of M-MQS.....	122
TABLE 41. Total Variance Explained for M-MQS.....	123
TABLE 42. Communalities (M-MQS)	125

TABLE 43. Rotated Component Matrix^a for M-MQS.....130
TABLE 44. Internal Consistency Reliability of the M-MQS Version.....134

LIST OF FIGURES

Figure 1. Diagram Explaining the Translation Process.....	68
Figure 2. Scree Plot of M-MAQ	114
Figure 3. Scree Plot of M-MQS.....	125

Chapter I - The Problem and Justification of the Study

India is a linguistically and culturally diverse developing country where marriage is valued. Marriage and family life continue to be central to the lives of most Indians (Mittal & Hardy, 2005). The official languages in India are English and Hindi; nevertheless, there are 22 major languages and 720 dialects spoken throughout its states and regions. India is divided into many political sub-units, each having its distinct languages, lifestyles, ethnicities, geographical climates, unique political and social histories, and different aggregate educational and economic statuses (Thomas, 2012; Yelsma & Athappilly, 1988).

Kerala, a South Indian state, is on the southwest of the Indian peninsula and has one of India's highest literacy rates. Malayalam is the mother tongue of Keralites. Nearly 30 million residents speak it, and the state's literacy rate is 93.91% (Census of Kerala, 2011). This data is considerably higher than the Indian national average of 65.38% (Jin et al., 2014). Recent data shows marriages in Kerala are facing serious challenges and the divorce petitions are high in family courts. Vasudevan et al. (2015) reported Thiruvananthapuram, the capital city of Kerala, leads the divorce rate with as many as 6,000 cases and in another bigger city, Kottayam, had 2880 divorce cases filed in the year 2013. The data report an increase in the number of divorced families from 8,456 cases in 2005 to 38,231 in 2011. Chandran (2018) believes this trend signals a deterioration of families in Kerala.

Statement of the Problem

The Sample Registration System Baseline Survey (SRBSS; 2014) stated Indian men married at an average age of 23 years and women at 20 years. In the Indian marital context, marriage occurs between families rather than between two individuals (Thomas, 2012). Arranged marriages are common in India and more than 90% of all Indian marriages are arranged

(Gautam, 2002; Madathil & Benschhoff, 2008). According to the National Family Health Survey (NFHS-4; 2016), 47% of Kerala's households are in urban areas with an average of four members per household. The median age at first marriage is 21.5 years among women age 19–25 years. Data show families in Kerala were once known for their matriarchal system where after marriage, the daughter lived with her new family in her mother's home in an extended family set-up where they shared spaces and resources with other family members (Census of Kerala, 2011). However, due to the social and economic conveniences, nuclear families eventually replaced the extended families.

Mathew (2016) reported the number of divorce petitions in Kerala increased to 26,885 petitions. These averaged 4,480 per month or 150 divorce petitions filed each day. The rate of divorce in Kerala seems to be directly proportional to the literacy rate. During the past 10 years, the literacy rates have risen, and the divorce rates increased by approximately 350% (Dummett, 2010; Vasudevan et al., 2015). Rajah et al. (2010) pointed out the lack of studies analyzing the contexts of and reasons for couples' marital discord increasingly unclear.

According to Chadda and Deb (2013), during the last few decades, researchers made efforts to develop culturally sensitive tools to assess Indian couples' and family relationships. Thomas (2012) stated Indian family therapists recently developed tools for assessing family and marital issues and these assessments are valuable tools for understanding the unique problems of couples in India. However, none of these measures are available in the Malayalam language. In marriage and family therapy, the objectives of the intake process are to understand the couples and families' perceptions of the problem, their motivation to engage in therapy, and the therapist's assessment of the suitability and type of therapeutic approach to be implemented. Assessment of the couple and their family are an important part of the intake process and

therapists use different techniques to evaluate and understand the quality of the couple's relationship. Unfortunately, there is no psychometrically validated and culturally appropriate measure of marital quality in Malayalam.

The lack of accurate and standardized multi-language assessments in couple's counseling precludes reliable and valid diagnostics in the treatment of couples in dialectically different regions and states in India. Assessing the quality of couples' relationships and understanding the areas and dimensions of marital conflict would be preliminary steps to helping Kerala couples build healthier marriages. Currently, there are no psychometrically validated and culturally appropriate measures to assess marital relationships in Kerala. A translated and validated relationship measure is an essential step toward understanding the quality of marital relationships of linguistically and culturally different populations. A valid relationship assessment scale to evaluate marital relationship quality is a necessary step to aid psychologists, psychiatrists, and counselors who assist couples and families in Kerala.

Theoretical Framework

Critical social theory is a grand theory that originated from German philosophers and sociologists during the late 1920's and early 1930's (Scholars known as Max Horkheimer, Theodor Adorno, Erich Fromm, Walter Benjamin, Jürgen Habermas, and Herbert Marcuse were the founders of the Frankfurt School of Social Critical Theory (Louie, 2020). The members of the Frankfurt school were influenced by the works of the German philosophers Georg Wilhelm, Friedrich Hegel, and Karl Marx and the thoughts and writings of the Frankfurt Institute provided the foundation of critical theory (Asghar, 2013).

Objectives of Critical Theory

Critical theory finds its practical realization through challenging social conventions as the means of emancipation from unnecessary constraints (Habermas, 1984). Critical theory is an approach which evaluates society by examining the thoughts and practices which rationalize or encourage domination and exploitation (Fuchs, 2016). The goal of critical theory is the renovation of society as a whole so a just society with peace, wealth, freedom, and self-fulfillment for all can be achieved. In societies, domination tends to be masked by ideologies which present reality not as it is, but in mythologized, inverted, and distorted ways (Fuchs, 2016). Critical theory highlights the importance of deconstruction in revealing meaning and understanding through the process of breaking down and questioning parts of a whole while looking for contradictions and concealed meanings (Lietz, 2009). Critical theory leads to critical thinking.

Critical Consciousness

Critical thinking, or critical consciousness, is an aspect of Paulo Freire's (2000) liberation-based theory intended to promote a critical analysis of society and one's status within it by egalitarian, empowering, and collaborative methods (Watts et al., 2011). Critical consciousness requires a great level of cognitive resources to consider the roles one's various identities, positions, and perspectives play in shaping one's worldviews and how these worldviews impede one's understanding of cultural diversities and differences (Pitner & Sakamoto, 2005). Working toward critical consciousness comprises cognitive, affective, and behavioral components which involve the process of continuously reflecting on and examining how our own biases, assumptions, and cultural worldviews affect the ways one perceives diversity and power dynamics at a personal level.

At its core, critical consciousness addresses institutional and social oppression as its focus (Freire, 2000). People need to think critically about oppressive realities and challenge inequitable social situations to recover their humanity. Cowling et al. (2014) assessed the levels and trends in major social determinants of health in India beginning in 1990. They explored gender-based inequities found in employment and governance which limit women's power in households, businesses, and private and public decision-making.

The application of critical theory in this study questions the implicit colonialist assumptions of language in the Indian experience through the English language and assuming it to be culturally similar or true (Bhattacharya, 2017). Critical theory seeks "human emancipation to liberate human beings from the circumstances that enslave them" (Horkheimer, 1982, p. 244). From a critical theoretical perspective, the development of marital assessment tools in couples' native language is a preliminary step in this emancipation process.

Methodology

There are no Malayalam translations of the Marital Adjustment Questionnaire (MAQ) or the Marital Quality Scale (MQS), therefore, this research seeks to address the following questions:

1. What is the marital quality of Malayali couples in Kerala using a Malayalam version of the MAQ (M-MAQ) and the MQS (M-MQS)?
2. Are the Malayalam versions of the MAQ (M-MAQ) and MQS (M-MQS) valid assessment tools to examine the marital quality of Malayali couples in Kerala?

This study used a quantitative paradigm and an exploratory, correlational research design to answer the research questions. Two marital assessment scales developed for South Asian Indian couples but available in English were translated into Malayalam, the language of the

people of the state of Kerala. The translated versions of the measures were used to examine the marital quality of Malayali couples.

Justification for the Study

The increasing number of divorces in Kerala (Chandran, 2018; Rajah et al., 2010; Vasudevan et al., 2015), the birthplace of the research, points out the need to assess marital quality among couples in Kerala. There is a gap in the family social science literature concerning the marital relationship of Malayali couples and understanding the quality of the Malayali couples in Kerala will be one step toward addressing this gap. Currently, there are no assessment instruments in Malayalam to understand Malayali couples' marital quality. Having measures in a native language will allow for greater accuracy in evaluating Malayali couples' marital relationships. Therefore, a research design using an established relationship assessment instrument in Malayalam is an important step toward understanding the quality of Kerala couples' relationships. Using translated and validated measures to assess Malayali couple's relationship will benefit the field of marriage and family therapy (MFT) and other relational mental health professionals by providing indispensable diagnostic knowledge; thus, serving as valuable tools for understanding and helping Malayali couples. The purpose of the proposed study was to examine couples' marital quality in Kerala and validate the translated instruments used to collect the marital quality data.

Limitations

This study had four notable limitations. First, the lack of generalizability in this study was considered a limitation as it did not collect data by random sampling. The sample of the study was mostly from urban areas of the state of Kerala. This lack of geographical diversity seemed to manifest in participants' religious views. Second, respondents' social desirability may have led

to responses skewed toward conformity to social norms when considering marital quality (Sheperis et al., 2016). Third, the language of one of the measures, did not lend itself well to translation into Malayalam, thereby, limiting its usefulness as a rough measure of marital quality and as a tool for establishing the validity of the other measures. Fourth, discriminant and convergent validities could not be performed in this study due to the lack of similar translated versions of marital assessment tools in Malayalam.

Definitions of Key Terms

Critical Consciousness. The ability to recognize and analyze systems of inequality and the commitment to intervene to change them.

Critical Theory. A social theory oriented toward critiquing and changing culture as a whole. The term is applied particularly to the work of the Frankfurt School.

Malayali. A native speaker of the Malayalam language and in the context of this study the term refers to a native Malayalam speaker residing in the state of Kerala, South India.

Malayalam. Dravidian language spoken across the Indian state of Kerala.

Matrilineal. Relationships based on blood relationships with the mother. In matrilineal kinship systems, lineage and inheritance are traced through women.

Matrilocal. A term used to identify that a married couple lives with or close to the woman's parents.

Patrilineal. Relationships based on blood relationships with the father and descent through the male line.

Patrilocal. A term used to identify that a married couple lives with or close to the man's parents.

Chapter II - Review of the Literature

This literature review examines the existing research on marriage and family therapy and mental health services in India and in the state of Kerala. It provides an overview of characteristics unique to South India, the diversity of South Indian culture, dominant family structures, and the strengths and challenges of marriages. Later, the literature review also discusses the status of professional mental health services, the application of critical theory, and the translation and validation of psychometrics. From an Indian collectivistic cultural perspective, families and the members of families are resources of psychological support to each other. However, the literature review illuminates the necessity of translated and validated marriage assessment tools to identify distressed couples in linguistically different states in India. This review helps to identify the gaps in the research literature and the unique ways in which this research addresses the gaps.

Diversity

India is a South Asian country consisting of 29 states with an area of 1.26 million square miles and is the largest democracy in the world in terms of population (Panda & Gupta, 2004). India's population of 1,210,854,977 people consists of 623,724,248 males and 586,469,174 females (Census of India, 2011). Indian diversity is manifested in geography, climate, culture, lifestyle, and physical appearances of people. The National Family Health Survey III (2005-2006) revealed different states and union territories are highly heterogeneous with respect to economic conditions, culture, language, religion, and gender development. Chunawala and Natarajan (2013) stated Indian society is stratified along socioeconomic lines based on castes. The membership in a specified caste is based on birth and caste status influences occupational specialization and economic prosperity. The Government of India introduced the term "backward

classes” for castes based on economic and social disadvantages. Chunawala and Natarajan explained a large percentage of the Scheduled Tribes (about 81%) are poor according to the Multi-Dimensional Poverty Index (MPI). The MPI includes indicators such as education, health, and standard of living. The Scheduled Castes (about 66%) are the next largest group suffering from multidimensional poverty followed by the other backward classes (about 58%).

Indian linguistic diversity is the result of the languages belonging to four major families: Indo Aryan, Dravidian, Austroasiatic, and Sino-Tibetan. According to Kolipakam et al. (2018), the Dravidian language family consists of about 80 varieties spoken by 220 million people mainly in southern and central India and neighboring countries. The Dravidian languages include Malayalam, 33 million speakers; Kannada, 38 million speakers; Tamil, 61 million speakers; and Telugu, 74 million speakers. Dravidian languages have been written for over 2000 years, influenced by Vedic Sanskrit. Dravidians were “natives of the Indian subcontinent who were scattered throughout the country by the time the Aryans entered India around 1500 BCE” (Krishnamurti, 2003, p. 5). Over 200 million people speak the Indo Aryan languages including Hindi, Bengali, Punjabi and Marathi. The people belonging to Indo-Aryan ethnicities live mostly in the northern half of the country and Dravidian ethnicities live in the southern part of the country (Scroope, 2018).

Kerala

The people who speak Dravidian languages residing in the southern part of India are called south Indians. South India is comprised of the Indian states of Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, and Telangana as well as the union territories of Andaman and Nicobar, Lakshadweep, and Pondicherry (Niranjan et al., 2005). The north Indians are the descendants of Aryans, and the south Indians are the descendants of Dravidians. The majority of people in the

South Indian states speak one of the Dravidian languages: Telugu, Tamil, Kannada, and Malayalam. Malayalam is the official state language of and the most widely spoken language in Kerala (Census, 2011), the state of interest to the researcher. Kerala is the 13th largest Indian state by population and the most literate (93.91%) state in India. The livelihood of Keralites depends largely on agriculture. The Keralite economy consists of mixed farming based on 10 main crops: paddy, tapioca, banana, rubber, coffee, cardamom, areca nut, cashew, pepper, and coconut (Mohindra, 2003).

Kerala is the first state in India to have achieved complete literacy (Deshpande, 2000). Social reforms have lowered poverty rates in urban and rural areas of Kerala. This reduction in poverty has been the impact of the growing literacy rate in Kerala as compared to the national level (Kerala: 90%, India: 65%), especially among women (Kerala: 88%, India: 54%). Kerala is an exceptional Indian state, having attained major demographic changes which have fostered greater gender equality, education, and investment in human resources (Franke & Chasin, 1992; Mohindra, 2003). According to the World Health Organization (WHO; 2007), India reports a life expectancy of 62 years for men and 64 years for women. By comparison, Kerala's health indicators and life expectancy are close to those of high-resource countries. Saheeda (2019), reporting data from the Sample Registration System, noted Kerala still has the highest overall life expectancy at birth (74.9 years) with women (77.8 years) outliving men (72 years).

The National Human Development Report (NHD, 2001) stated women are better off in Southern India than in North India, considering the literacy level and improved gender equality. The average marriage age for women in Kerala is 23 years as against India's average of 20 years (Chacko, 2003). Women in Kerala have the highest literacy rate when compared to women in the other Indian states (Eapen & Kodoth, 2002). Mitra and Singh (2007) revealed high educational

attainment had promoted new aspirations and attitudes among women in Kerala. The authors further explored societal and cultural norms still expect women to be submissive to men both at home and in the workplace. This imbalance often contributes to family violence and suicides in Kerala. Mitra and Singh concluded the high educational attainment alone would not uphold gender empowerment without the social and cultural framework of a country or state promoting equality of women in all areas of life.

Based on Kerala Employment Survey (KES), Zachariah and Rajan (2005) reported the number of people of employment age in the state was estimated to be 26.2 million, and of these, 8.9 million are profitably employed, 1.045 million are unemployed, and 16.3 million are not in the labor force. The survey further revealed the unemployment rate is high among the educated, especially among those with a degree. Thomas (2003) suggested even though Kerala has a much better educated population compared to the whole country, the unemployment rates in Kerala are much higher when compared to other Indian states.

A good number of female nurses from Kerala have migrated to the United States Australia, the United Kingdom (Kodoth & Jacob, 2013; Healey, 2013), and the Middle East region (Percot, 2006; Percot & Rajan, 2007) in search of employment (Walton-Roberts, 2012). The number of Keralites who are living abroad in 2011 was estimated to be 2.28 million (Zachariah & Rajan, 2005). Zachariah et al. (2001) indicated migration has resulted in nearly a million married women from Kerala living away from their husbands and families. These women face extreme loneliness and are laden with the financial responsibilities of their families.

The Matriarchal System in Hinduism

The matrilocal and matriarchal family systems are quite prevalent in some southern parts of the country (Chadda & Deb, 2013; Thomas, 2012). According to Sonawat (2001), Hindu

religious practices include the patrilineal family system, although in the southwestern state of Kerala, the Nair's and a few other castes practice the matrilineal family system. The Nair caste in Kerala preserves matrilineal households; the women are well-educated and are powerful in the family. However, in the 20th century, the matriarchal system is weakened (Chacko, 2003). Abraham (2014) cited the matrilineal Nairs of Kerala as an example of "institutionalized hypergamous" relationships, which portrays "visiting husbands," "unregulated polyandry," and the lower status of the father among the Nair's (p. 58). The "Mappilas," a Muslim community with a high concentration in northern Kerala, used to have a matrilineal system. However, like the Hindu matrilineal communities, matriarchy has disappeared from the Mappilas as well (Chacko, 2003, p. 55).

In some tribes of India such as Khasis, a tribe of the Northeast Indian state of Meghalaya, people celebrate a girl's birth. Among Khasis, a woman proposes marriage and houses bear the name of a woman instead of a man (Das, 2001). In matrilineal kinship systems, women have greater support from their kin groups, and husbands have less authority over their wives (Lowes, 2016). Das (2001) reported women have to stay with their mother after marriage in matrilineal families but the practice has changed due to the influences of modernization. The new norm in most cases is the youngest daughter follows the traditional practice and the other daughters have the freedom to move away and live separately after they are capable of moving out.

Indian Culture

Indian culture encompasses incredible cultural diversity with many tribes, castes, languages, religions, and regional subcultures (DuPree et al., 2013; Scroope, 2018). Indian culture is collectivistic, and it values family cohesion, cooperation, solidarity, and conformity (Skillman, 2000). Thapar (as cited in Sinha, 2014) argues Indian culture has a long-documented

history of over 4,000 years. Indian culture and worldview are formed from Upanishads (series of Hindu sacred treatises written in Sanskrit c. 800–200 BC), and the Indian thought system promotes personal harmony through “control of desires, greed, attachment, and egotism” (Bhawuk, 2008, p. 32). Roland (1988) indicated the Indian mindset is the combination of familial self and the spiritual self; thus, the familial self emphasizes the interdependence between individuals and stresses each individual is unique and autonomous from others. The spiritual self-highlights the individual’s effort at being in relationship with a supernatural reality. The following sections focus on the characteristics of Indian culture which affect couple and family relationships such as patriarchal dominance, collectivism, caste stratification, and the power of religion.

Patriarchal Dominance

India is a patriarchal society and is patrilineal in nature. Most marriages in India are arranged (Sonawat, 2001). The patriarchal nature of Indian society is evident from the roles women are assigned in society. Men assume and are given greater power than women (Bowman & Dollahite, 2013). In India, women are viewed and treated as inferior to men. According to Sultana (2012), patriarchy is a system by which women are held subordinate in several ways regularly, in the “forms of discrimination, disregard, insult, control, exploitation, oppression, violence, within the family, at the place of work, and in the society” (p. 7). A study with Asian Indian Americans also disclosed strong Indian identity was associated with a more patriarchal and less egalitarian gender role attitude (Tummala-Narra et al., 2017).

Based on the United Nations Development Program’s Human Development Report (2013), Jha and Nagar (2015) indicated India ranks 132 out of 187 countries on the gender inequality index. In certain parts of India, women are viewed as economic and financial

liabilities for their families (Jha & Nagar, 2015). Mitra and Singh (2007) stated women are trained from a young age to submit and comply passively to the desires of their valued male counterparts while men are trained to dominate and guide their female counterparts who are often viewed as childlike, vulnerable, and easily led astray. According to Tichy et al. (2009), India demonstrates the patriarchal system in which women and men are anticipated to fulfill noticeably different roles from birth. The author explained, in India, stereotypical gender expectations are reinforced in many aspects of social and religious customs.

Patriarchal forms of oppression manifest themselves in different ways and patriarchy is one of the underlying causes of violence against women in India (Johnson & Johnson, 2001). In South Asian culture, an extreme manifestation of patriarchy in the form of honor killings (the killing of a relative, especially a girl or a woman, who is perceived to have brought dishonor on the family) and dowry deaths has been reported (Ahmad et al., 2004). Jha and Nagar (2015) reported crimes against women including domestic violence, rape, sexual harassment, molestation, forced prostitution, sexual exploitation at workplaces are common. The authors asserted the major reasons for gender inequality are the need for a male heir for the family, a huge dowry, continuous physical and financial support needed by female children, poverty, domestic violence, farming as a major source of income for the poor and the caste system.

Kashyap (2004) indicated the traditional Indian family structure is patriarchal, patrilineal, and patrilocal, where the roles and responsibilities, control, and distribution of resources are strictly determined by age and gender. In this article, the author remarked the traditional Indian society holds a strong sense of familism, cohesion, and identity. Kashyap commented the multigenerational extended family and kinship groups provide safety and buffer for all its

members. However, its rigid hierarchy of domination and capitulation is observed as exploitative and obstructing the individual growth and mobility of its members.

Patriarchy, religion, lack of female inheritance rights, and social and deeply rooted cultural traditions, all, contribute to “son preference” and neglect of girls and women (Mitra & Knottnerus, 2008). The patriarchal social norms make highly educated women in Kerala subservient to males, even though the female literacy levels are high (Chacko, 2003). The patriarchal family systematically suppresses women, as it mandates them to exemplify family honor, serve in-laws, and provide a substantial dowry (Netting, 2010).

Restrictions on women’s physical mobility are yet another marker of gender oppression in which women cannot travel unaccompanied and must seek permission from family elders before venturing outside of the home, even to visit health centers, friends’ homes, or the local bazaar. Gender factors of Indian society, such as rules around sexuality (Abraham, 2002; Chowdhry, 2004), male-headed family system (Allendorf & Pandian, 2016), and a traditionalized gender division of labor (Allendorf & Pandian, 2016; Jeffrey, 2010; Netting, 2010; Pradhan & Ram, 2010; see also Kodoth & Eapen, 2005) supported patriarchal treatises, which typically demerit women in marriage.

Gender Roles and Lower Status of Women

Women’s roles stress “caretaking, sensitivity to the needs of others, emotional experience, emotional adaptability, reflection, expressiveness, and sensitivity to cues from internal experiences, in contrast to this, men’s roles emphasize emotional stability, instrumentality, self-protection, self-expansion, and self-assertion” (Isaac & Shah, 2004, p. 130). Selvaraj et al. (2017) identified son preference attitude and selective fertility behaviors were prevalent in an Indian state, Haryana. The authors stated the rich or poor, urban or rural treat

their children in gender-specific ways regarding feeding, health care seeking, and social ceremonies. Researchers shared daughters are considered liabilities because of the tradition of dowries (Banerjee, 2014).

Families do not have the same incentives to invest in the education of their daughters as they do with sons because daughters leave their parental homes and live with their husbands and in-laws (Mitra & Knottnerus, 2008). While women are expected to accept a position subservient to males and to subordinate their personal preferences to the needs of others, males are expected to accept responsibility for meeting the needs of others (Chadda & Deb, 2013). The employed or working males are expected to support the elderly, take care of widows, the never-married adults, and the disabled. Besides, they assist members during periods of unemployment and illness and provide security to women and children. Mitra and Knottnerus (2008) pointed out wives face abuse and dishonor from their husbands and in-laws if they do not bear sons, and this maltreatment has negative repercussions for women's physical and mental health, and it results in the neglect of infant girls. Kashyap (2004) stated, in India, boys are considered as economic assets and a lot of parental ambitions rest on them. The daughter's socialization on the other hand, is designed to equip her for the demands of her adult role as a wife and daughter-in-law.

Collectivism

Individuals and families in India attribute a great deal of importance to their family relationships and value interdependence (Rastogi, 2007). "Collectivism" refers to the philosophic, economic, or social outlook that emphasizes the interdependence amongst human beings" (Chadda & Deb, 2013, p. 300). Asian Indians define themselves in the context of their relationship with others and uses the term "familial self" rather than an "individual self" (Rastogi, 2007). Sinha et al. (1994, as cited in Panda and Gupta, 2004) pointed out "familism,

hierarchy, and personalized relationships are the major themes of collectivism in India” (p. 35). The review of four empirical studies conducted by Sinha et al. (2004) revealed the seven pan-Indian cultural characteristics regardless of geographic locations are “collectivist orientation, respect for status and power, primacy of personalized relationship, desire to be embedded in an in-group, familism, context-sensitive behavior, and cynical view about others” (p. 47). The *Travancore Nayar Regulation Act of 1925* decreed the transition from a matrilineal joint family system, in which property was inherited collectively through the female line, to a system of inheritance by individuals (Chacko, 2003; Jeffrey, 2004). All caste groups also increasingly adopted Hindu customs, which are patrilineal and patriarchal in nature. As the matrilineal joint system fragmented, women’s rights to property were considerably reduced (Chacko, 2003; Sreenivas 2004).

Panda and Gupta (2004) classified Indian culture as collectivistic and noted the respect given to power and status perpetuates the acceptance of unequal distribution of power and status in the society. Researchers pointed out the Indian social system is precipitously hierarchical, and Indians are highly status conscious (Sinha et al., 2001). The castes in India are arranged hierarchically, and the higher castes relish excessively greater privileges at the cost of the lower castes (Sinha, 2004).

Caste Stratification

Caste in India separates people from birth within thousands of groups, labeled by profession, ritual status, social customs, and language (Pillari, 2005). Caste defines what jobs or professions one may pursue as well as whom one may marry (Niranjan et al., 2005). However, today it is difficult to identify caste by a person’s occupation because the Indian government constitutionally, eradicated the discrimination based on caste (DuPree et al., 2013). Studies

report violence to those who violate the caste in marriages (Clarke, 2002; Yardley, 2010). The Indian constitution precisely outlaws the ignominious and repressive aspects of the caste system. However, caste consciousness and hierarchical relations based on caste dissimilarities have not extricated from the modern political and social arenas (Almeida, 2005). Endogamy, or marrying within a caste group, has been a central aspect of the caste system (Abraham, 2014). Abraham (2014) indicated “honor killing” (the killing of a relative, especially a girl or a woman, who is perceived to have brought dishonor on the family) is the result of a person marrying or falling in love with a person not belonging to their caste or community. Devika (2009, as cited in Abraham, 2014,) reported a debate which has erupted in Kerala in recent times on what has been called by some as a “love jihad,” (p. 64) meaning Muslim men target women of other religions for conversion by pretending to love them. Abraham further explained these marriages were seen as Hindu and Christian women being married and converted to Islam.

Powerful Influence of Religion

For most Indians, their religious faith is very important (Sonawat, 2001). The caste system and religious background can be two influential factors on Indian couples and families (Audretsch et al., 2013; DuPree et al., 2013). The religions guide worship and daily behavior of people, and often influence one’s language, clothes, literature, arts, and diet (Medora, 2003). In Indian civilization and history, religion employs a strong influence in all facets of life and is prescribed and explained by ancient scriptures, the Vedas (Juvva & Bhatti, 2006).

Hindus are the majority in the state of Kerala, with 57% of the population. Muslims and Christians form substantial minority populations at 23% and 19% respectively (Chacko, 2003; NFHS-4, 2016). All religious groups, and their several denominations and subgroups, traditionally had distinctive family structures and different marriage customs. Hindus, Muslims,

Christians, Sikhs, Jews, and Parsis each have their own personal law which covers matters of personal relations and family practices such as marriage and divorce, adoption, maintenance, guardianship and custody of children, and inheritance and succession (Sonawat, 2001).

Hinduism

According to DuPree et al. (2013), Indian psychology rests profoundly on Hinduism, a 2,500-year-old religion, and its strict social affirmations. Borooah (2012) stated the caste system in India stratifies Hindus, who constitute 80% of India's population into mutually exclusive caste groups, the inclusion of which is decided solely by birth. The four cast subgroups are Brahmins, Kshatriyas, Vaisyas, and Sudras. The Brahmins, who were traditionally priests and teachers, represent the highest caste; "Kshatriyas (traditionally, warriors and rulers) and Vaisyas (traditionally, moneylenders and traders) are 'high caste' Hindus; the Sudras (traditionally performing menial jobs) constitute the 'other backward classes' (OBC)" (p. 888). Outside the caste system, there are about 85 million Indians classified as the 'scheduled tribes (Guha, 2007) and 180 million called "Dalits" meaning 'broken' or 'oppressed' (Panda, 2016). Islam, Christianity, Buddhism, and Jainism do not accept the caste division, in theory, but castes or caste-like groups also exist in each of them (Borooah, 2012).

According to Juvva and Bhatti (2006), the significance of marriage as interconnected to religion has been clearly emphasized by the scriptures. A study from Lambert and Dollahite (2007) identified religious faith and aspects which help partners to stay faithful to their marital vows, which includes sanctity of marriage, respect for religious vows, strengthened moral values and a desire to please God. Bowman and Dollahite (2013) found the aforementioned religious aspects are present among Hindus in their study. Marriage is considered a sacred duty according to the Hindu religious scriptures (Madathil & Sandhu, 2008). According to Sheela and

Audinarayana (2003), the main purpose of marriage is the performance of dharma, a religious duty, as well as a contribution to the family and the lineage. Islamic law governs Muslim women in Kerala, and authorizes a man legally to marry four wives and give the husband the right to divorce his wife, without her consultation or agreement.

Religious Hierarchy

The characteristics of family life, such as marriage, divorce, adoption, and inheritance, are governed in India by the religious laws of each community (Mandal, 2014). Religion has been a very dominant influence in marriage, choice of marital partner and sexual behavior of an individual (Adamczyk & Hayes, 2012). According to Hindu tradition, a marriage must take place within one's caste, although marriages between members of different castes and communities are gaining acceptance of late (Chakraborty & Thakurata, 2013). Marriage is important and obligatory among Hindus and a person who does not marry is disparaged (Kanjirathamkunnel, 2013). Marriage is a sacrament for Hindus (Nambi, 2005; Mandal, 2014), and Jains consider marriage as a contract (Mahajan et al., 2013).

Mahajan et al. (2013) explained the different religious views on marriages, Jains prefer to get their sons and daughters married within the community so the children thus produced would follow the same dharma. The Sikh scriptures speak of marriage as a "blissful union." The Sikh religion allows marriage decision to be taken by mutual consent of the families of the prospective bride and the groom, with explicit consent from both the individuals required. The Sikh marriage is a monogamous affair and separation is not allowed. According to Chakraborty and Thakurata (2013), Muslim marriage is solemnized by signing a legal document and can be dissolved. Divorce is almost exclusively the husband's privilege, although a divorcing husband

has to pay a settlement to the wife out of her husband's property to compensate her in the event of death and divorce.

Nagpal and Rao (2016) demonstrated, in Hinduism, premarital virginity of the bride was considered the ideal. The main Hindu marriage ceremony centers on the *Kanyadan ritual*, which means the gift of a virgin entails the parents giving away their daughter as an act of sacrifice and way of being absolved of their sins. Hindu parents believe they derive great spiritual virtue from this ritual. Islam places a high value on sexual behavior within marriage but considers premarital sex as sinful. The concept of sexual activity for procreation is associated with both Judaic and Christian tradition. The Roman Catholic Church emphasizes the importance of the relationship between husband and wife as a covenant symbolic of the love Christ has for the church (Lienemann-Perrin, 2004; Yarhouse & Nowacki, 2007). The Roman Catholic Church regards the indissoluble unity of marriage as the only setting worthy of truly responsible procreation (Schenker, 2005). Same-sex behaviors are considered a serious offense in Hindu religion. The Catholic Church, even when it recognizes homosexuality as a true form of sexual orientation, holds same-sex behavior is against the natural law and homosexuality itself is disordered (Yarhouse & Nowacki, 2007). Catholic thought allows couples having marital difficulties to separate. In such cases, the church may annul the marriage and the power to annul a marriage lies in the hands of the church rather than the civil court (Kanjirathamkunnel, 2013; Yarhouse & Nowacki, 2007).

Indian Families

Indian marriage and family patterns are distinct and are influenced by language, religion, and caste. Research studies on family conducted in the past few decades in India have focused on various dimensions of family life such as the structure of Indian families, dynamics with the

extended families, family of origin, and fealty in the families. Although the literature on Indian family studies has grown in the last 2 decades they are, however, still scattered (Sonawat, 2001). Family is the central part of the people in India; the patrilineal family units and broader kinship groupings consist of the basic units of society in India. Families in urban India are increasingly nuclear and small (Tuli & Chaudhary, 2010).

The traditional Indian society proposes living in joint families, where parents, male children, and their spouses, grandchildren live in the same house (Sonawat, 2001). The majority of the residential units are the joint family, preferably comprising three or four patrilineal related generations. However, after the Indian independence from the British colonial powers in 1947, joint families have become smaller, and both nuclear and joint families have become common (Sharma, 2013). The diversity, complexity, and cultural and religious caste and class-based traditions reflect Indian families, and the effects of modernization and globalization are visible on Indian society (Kashyap, 2004).

Family Structure

Indians are family-oriented, and the individuals emphasize loyalty and interdependence on each other in the family. Families and family dynamics are best understood in the context of their societal and cultural settings. (Shah et al., 2008). Allendorf and Pandian (2016) suggested family structure in joint families include the husband's parents, brothers, brother's wives, and unmarried sisters. As the older generation ages and dies or the family partitions, couples live in a nuclear family at later ages. Finally, when the couple is older, they will again live in a joint family as their sons marry and bring daughters-in-law into the family. Avasthi (2010) stated some traditional Indian joint families include three to four living generations, including uncles, aunts, nieces, nephews, and grandparents living together in the same household.

According to Kashyap (2004), industrialization, together with technological development, has brought several new challenges to the family, including the changes in the structure of urban families which have moved from large extended family systems to more nuclear structures. Kashyap added the traditional Indian family structure was “patriarchal, patrilineal and patrilocal,” where the rules, roles, responsibilities, control, and sharing of resources were rigorously determined by age and gender. Avasthi, (2010) agreed, the families in India adhere to a patriarchal ideology, follow the patrilineal rule of lineage, are patrilocal, have familial value orientations, and value traditional gender role preferences (Avasthi, 2010). The family structure is conceptualized as the configuration of the role, power, and status and relationships in the family, and it depends upon the families’ socioeconomic background, family pattern, and extent of urbanization. Thomas (2012) reported family practices in rural and urban areas across the nation are varied but can have likenesses. Allendorf (2013) suggested “the patrilocal extended families decreased slightly from 64.3% to 61.5% in 1998–1999 and then to 56.5% in 2005–2006. Equally, the percentage living in nuclear-family households increased from 35.7% in 1992–1993 to 43.5% in 2005–2006” (p. 862).

According to Prabhu (2003), the changing socio-political environment in the country requires family-based therapeutic approaches in the area of mental health services. The industrialization, globalization, and urbanization created a shift from the joint family systems to nuclear families and it caused tensions between the old traditional and new individualistic values (Carson & Choudhary, 2000; Natrajan & Thomas, 2002; Thomas, 2012). Family structures in India, particularly in urban areas and metropolises, are experiencing quick changes (Bhatia, 2006; Sharma, 2003). The continuous and growing influence of urbanization, secularization, and westernization made an impact on traditional joint households. Despite the impact of the factors

above, the joint family system remained the primary social force in the lives of most Indians. However, traditional joint families were changed to nuclear families during the late twentieth century due to economic circumstances, changed social status and change in gender roles (Chadda & Deb, 2013).

In the Indian household, hierarchy and authority are evident (Avasthi, 2010), and it develops structural and psychological difficulties in family relationships. Family members must respect authority, mostly male elders, and males have power over females. Several studies pointed out Indian men struggle to give up traditional patriarchal roles but they want to be involved with their children's lives more as a new generation dad and often find it difficult to keep the right balance between work and family (Gogineni et al., 2018). This struggle causes intrapsychic, interpersonal, familial conflicts, and change in child-rearing practices. The authors added, due to the changes occurring through globalization and modernization, the traditional Indian extended family turned to nuclear family types and affected the socio-psychological environment of individuals.

Extended Families

The extended Indian families share responsibilities for children's lives and well-being and get involved when a marriage is in trouble (Carson & Chowdhury, 2000; Mittal & Hardy, 2005). Studies showed the mother-in-law usually has more authority at the beginning of a marriage, and some of this power will shift to the new bride when she has children (Sonpar, 2005). Juvva and Bhatti (2006) indicated older family members mostly have greater authority than younger members do, and gradually, adults will mature to respect the wisdom of the elders. The extended family often involves and influences an individual's choice in a spouse as well as how the marriage functions (Medora, 2003). In the extended Indian families, a young bride is

assumed obedient toward all the elders in the family, including her in-laws (Rastogi & Therly, 2006).

Fealty

Indian culture and religion give much importance to filial responsibilities of children (Bhat & Dhruvarajan, 2001). Researchers have found family relationships, responsibilities and the duties of one's various family roles are important aspects of the Indian identity (Rangaswamy, 2000; Uberoi, 2001). Saha and Dey (2013) mentioned the influence of the great Hindu philosopher, Manu, in 200 B. C., as "only sons are entitled of lighting a parent's funeral fire to ascend him to heaven" (p. 605). The widowed older women are likely to live with sons (Chaudhuri & Roy, 2009). Elderly people living alone in their homes or in institutional settings are not common (Kalavar & Jamuna, 2011).

The Indian family members maintain an intense emotional interdependence with each other; interpersonal empathy, closeness, loyalty, and interdependency are all central to life in the family (Chadda & Deb, 2013). Children in India grow up in a network of multiple interactions with members from within and outside the family and raising of children has often been a shared experience with family, friends, and others in the neighborhood (Chaudhary, 2004; Kakar & Kakar, 2007; Tuli, 2008).

Interdependence and family ties are popular features of family life in India (Tuli & Chaudhary, 2010). The individual's decisions and personal life, such as marriage and career paths, are made in consultation with one's family (Desai & Andrist, 2010). However, the growth of urbanization and migration make the younger generations challenge the above perceptions of family. Saha and Dey (2013) pointed out both boys and girls are willing to take their filial responsibility but are not ready to compromise with their careers.

Strengths

The code of conduct existing in the joint family system is aimed at creating and preserving family harmony by including all the members in decisions affecting almost all facets of life, including vocational choice, mate selection, and marriage (Nath & Craig, 1999). Family members feel high emotional interdependence, empathy, closeness, and loyalty to each other in the family and the relationship is often crucial to obtaining employment or financial assistance to each other (Sharma, 2013). Family loyalty is a profoundly held ideal, and family unity is highly valued, especially in distinction to those outside the kinship circle (Mullatti, 1995). Inside the household, ties between spouses and between parents and their children are de-emphasized to enhance a broader sense of family harmony (D'Cruz & Bharat, 2001). Daughters-in-law benefit more emotional and social support of family members when they live in the same household (Allendorf, 2013).

Challenges

Families in India are experiencing immense changes such as increasing divorce and separation rates, domestic violence, inter-generational conflicts, social problems of drug and alcohol abuse, juvenile delinquency, child-rearing issues, conflict with in-laws, and chronic illness of family members (Carson & Chowdhury, 2000; Sonawat, 2001). Sons and daughters have opposite future income effects on their parents, and these differences are likely to cause differences in childhood health investment. Sons acquire dowries when they marry, while parents must pay dowries and wedding costs to get their daughters married (Rosenblum, 2012).

Living in a joint family requires a great deal of physical work (Barua & Kurz, 2001). Daughters-in-law often eat after all the others in the family (Chorghade et al., 2005) resulting in reported poor health. Researchers identified living in a patrilocal extended family affects young

women's maternal health (Barua & Kurz 2001; Chorghade et al., 2005). A maternal health service, involving antenatal care and delivery assistance, is costly (Jeffery & Jeffery 2010) and family members are often hesitant to invest resources which are required to secure health care (Gupta & Shuzhuo 1999).

Views Regarding Family Creation

Marriage is the norm in India (Nambi, 2005). Marital relations extend beyond the couple and are often seen as a bond between two families (Stanley, 2012). A young woman joins her husband's family after marriage in the patrilocal extended-family system (Allendorf, 2013). In nuclear households, a young woman lives with her husband and children.

Tuli (2008) reported pregnancy and childbirth are social religious obligations in India. Participants of the study, including the fathers and the grandmothers, expressed views to support the cultural importance of having children. The author concluded the mothers were seeing their pregnancy as an accomplishment, a fulfillment of their social roles, a time to receive goodwill and support from the rest of the family. India has made substantial progress in improving maternal and neonatal health outcomes over the past decade (O'Neil et al., 2017).

Marital Prospects

In marriage, a man's prospects depend crucially on his ability to provide for a family, characterized most importantly by income-earning work. Thus, young men's working status and ability to earn are the main concerns of parents of potential brides (Kodoth, 2008). Levels of education, health, and employment are the main aspects of matchmaking. Healthy, good-looking young women, who generally are better educated (in terms of numbers of years of schooling) than their male counterparts, are preferred. Society assumes women's education enhances domestic management skills along with health, especially woman's capability for her

reproductive roles, ranging from bearing and nurturing children to tutoring and grooming them. In Hindu marriages, horoscope compatibility is also considered mandatory for marriage (Kodoth, 2008). The daughter-in-law should adapt to the lifestyle of the groom's family. This traditional marriage custom requires the woman to become a member of her husband's family from the time of marriage. In agreement with the family membership, a young couple customarily begins married life in a joint family with the husband's parents, brothers, sister-in-law, and husband's sisters (Allendorf, 2012). According to Almeida (2005), there are regional differences in above practices, and, in certain areas, the new bride spends time in her immediate family with her parents until the birth of the first child.

D'Cruz and Bharat (2001) stated women in India are subordinate to men, and their status in the family is predisposed by the fact they are unrelated strangers. A bride enters the family as an individual and must fit in with the families where sometimes several men live. The women who are already in the home (in-laws and sisters) have more power than the woman entering the house as a new bride (Sharma et al., 2013). Indian marriages, beyond the marriage of two individuals, is a marriage of two families (Medora, 2007). According to Desai and Andrist (2010), more than 90% of the newly wedded couples in India begin their married life living with the groom's parents.

Integration of Newlyweds into Joint Family

According to an Indian cultural practice, a young couple typically begins married life in a joint family. In the Indian cultural context, family unity and filial obligations are expected to be safeguarded after the creation of a new marital subsystem (Sonpar, 2005). Thus, within the traditional patriarchal joint family, a son, and his wife are expected to live with his parents. The husband has to exchange a new position as a married man who now owes loyalty both as a son

and as a husband. The wife, on the other hand, faces the tasks of splitting her natural bonds to her biological family and assimilate into her married home where she is supposed to take care of her father-in-law and mother-in-law in their old age (Sonpar, 2005). The new bride is required to be obedient toward not only her husband but also to all the elders in the family, including her in-laws (Rastogi & Therly, 2006).

After the wedding, the wife lives with her husband's family of origin with in-laws and other siblings. The extent of stay varies based on the sibling position of the husband and his familial responsibilities. If the husband is the youngest and the only son in the family, he is expected to take care of his parents. However, if the man is the oldest in the family, he has to move out eventually, to give space for other male siblings and wives in the family. The diverse background of the husband's family may generate strain and stress for the wife at the earlier stages of marriage in the joint family system.

Marriage in India

Arranged marriage is a traditional feature in Indian society although the different regions and religions have considerable differences in marital arrangements. The role of a sibling varies depending on the region of origin in India (Kolenda, 1987). The family members are involved in strengthening the marital subsystem when it gets weakened (Nath & Craig, 1999). Marriage is commonly a family contract in India, and when a marriage is in trouble, the whole family intervenes in the process of resolution (Mittal & Hardy, 2005). Parents and members of the kinship group arrange marriages, and religion, caste, and class are considered as important aspects. Marriage is seen as a social necessity, and marrying children are regarded as a primary responsibility of parents in India. As a social norm, daughters ought to marry in the early twenties, and sons marry as soon as they start working and getting income (Sharma et al., 2013).

Husbands and wives in the joint families would not openly display affection to one another (D’Cruz & Bharat 2001). Wives’ interactions with the men, including their husbands, are minimal due to segregation and male superiority. Subsequently, companionship and equality in spousal relationships are not possible. According to the *Prohibition of Child Marriage Act* (2006) in India, the minimum legal age of marriage for a woman is 18, and for a man, it is 21. India was one of the countries which had high child marriage rates, and the practice of child marriage in India is less common today than in prior generations (UNICEF, 2019). The National Family Health Survey (NFHS-4, 2015) reported “the median age at first marriage for women age 25-49 is higher among Christian women (21.6 years), Jain women (21.2 years), and Sikh women (20.9 years) than women from all other specific religions (18.0-19.2 years)” (p. 156).

Marriage in India is considered significant for all men and women. According to Ahmed-Ghosh (2004), marriage is important for men because it provides future caretakers; fathering children confirms preservation of the family name, to inherit the family property, and to do the father’s funeral rites. For women, marriage marks the transition from girlhood to womanhood; a woman can assert her identity as a legitimate adult although her husband’s standing in society determines her status.

Kashyap (2004) stated education and employment had changed women’s concept of marriage as well as expectations from the union. Thus, divorce among middle and upper classes has increased, and remarriage of divorced and widowed women is now occurring in cities, but lesser in rural areas. Sonawat (2001) pointed out families in India are going through vast changes like escalating divorce and separation rates, domestic violence, inter-generational conflicts, social problems of drug abuse, juvenile delinquency. Allendorf and Pandian (2016) pointed out marriage behaviors changed in predicted directions from the 1970s to the 2000s as women

became increasingly active in choosing their husbands. Spouses meeting before the wedding day became more common; consanguineous marriage declined, and inter-caste marriages rose.

Arranged Versus Love Marriages

Arranged marriages are common in India (Desai & Andrist, 2010; Madathil & Benschhoff, 2008; Singh, 2005), and a few studies show high levels of satisfaction (Edathumparambil, 2015). The key elements for settling a marriage are the comparison of socioeconomic status, religion, caste, physical attractiveness, dowry, and educational qualifications (Bloch et al., 2004). The parents and extended family members take an active role in their children's mate selection based on family background and family status (Desai & Andrist, 2010). In arranged marriages, brides and bridegrooms receive limited time to contact each other (Chawla, 2007b). Nevertheless, in this modern era, couples gain opportunities to communicate with each other through text messages and phone calls prior to their marriage.

Edathumparambil (2015) conducted a study to understand the relationship quality in arranged marriages in India, using two combined models constructs to explore the relationship quality. The six variables used in the study were satisfaction, quality of alternatives, investments, intimacy, passion, and commitment. The variable of satisfaction "refers to the positive versus negative affect experienced in the relationship" (p. 81). The quality of alternatives "refers to the perceived desirability of the best available alternative of the relationship," (p. 81) and the investment size "refers to the magnitude and importance of the resources that are attached to a relationship" (p. 81). The author used a mixed-method approach using convenience and snowball sampling with 287 participants who took the survey and 14 participants who attended the qualitative interview. The study by Edathumparambil revealed there was a high level of relationship quality, satisfaction, investments, intimacy, passion, and commitment and a low

level of quality of alternatives in the sample. Also, the qualitative results which emerged in the study were “family involvement, limited premarital contact, essential elements of success in marriage, assessment of the marital relationship, and persistence in marriage as a priority” (p. 81). Based on the particular study, both qualitative and quantitative results indicated the majority of the respondents had healthy and happy marital relationships in their arranged marriages. The author pointed out all the subjects who participated in the interviews reported they had limited premarital contact with their spouses and felt strangers but eventually transitioned to partners in the marital relationship. Another aspect of the sample was outlined by the author was the couples’ collectivism and interdependence in marital relationships. Myers, Madathil et al., 2005 conducted a study with couples living in arranged marriages in India to understand their marital satisfaction. The authors then compared the results with the married individual’s marital satisfaction with those who did not have an arranged marriage. The results of the study revealed no difference in marriage satisfaction between the arranged marriage participants and the non-arranged marriage participants.

Consanguineous Marriage

Consanguineous marriages are common and are favored in some Indian states. The Southern states, Tamil Nadu, Lakshadweep, Andhra Pradesh, Telangana, except Kerala, reported consanguineous marriages (NFHS-4, 2015). The main reasons for these marriages are stronger family ties (Rao et al., 2009), wife’s better relationship with her in-laws, family solidarity, the excellent opportunities for the transmission of cultural values and cultural continuity (Hamamy, 2012). According to the NFHS-4 (2015) research, the most recurrent type of consanguineous marriages occurred with first cousins. Allendorf and Pandian (2016) reported consanguineous marriage declined by almost a third, from 12% in the 1970s to 9% in the 2000s.

Patriarchy and Marriage

Bowman and Dollahite (2013) indicated broad variations in relationships between husband and wife exist in India. The majority of marital relations in India are still male dominated, however, there are marriages of egalitarian nature. According to Kimuna et al. (2013), patriarchal domination along with strict gender roles, creates possibilities for domestic violence against women. Based on India National Family Health Survey-3 (NFHS-3; 2005-2006), the authors assessed the prevalence and risk factors of domestic violence in India. The study identified factors like education and economic security, which are often challenges faced by women in patriarchal societies are risk factors. Also, the rigid gender roles in the household, the woman's age at marriage and first childbirth affected the occurrence of physical and sexual violence against married women in India. The combination of poverty and gender disparities put females in the poorest stratum of society and at a great disadvantage (Balatchandirane, 2003). According to Sonawat (2001), India's differing family laws based on different religions deal with matters of divorce, adoption, continuation, guardianship, custody of children, inheritance, and succession differently. They often propagate the traditional patriarchal rules and slow down the process of reforms. Bowman and Dollahite (2013) indicated wives have to work hard, adjust, and sacrifice more than husbands to make their marriage work.

Dowry

A daughter's marriage is the most expensive event in the life of an Indian family (Bloch et al., 2004). The economic burden of a daughter's marriage is a major cause of gender discrimination and domestic violence (Bloch & Rao, 2002). A large proportion of marriage costs are in the form of dowry transfers made from the bride's family to the grooms. Dowry is a custom in Indian marriages in the form of costly garments, ornaments, jewelry, money, and or

land from the bride's parents out of love, affection, and prestige. Ahmed-Ghosh (2004) stated through a combination of increased hypergamous marriages and the onset of colonialism and modernization, dowry changed to an institution which involved bargaining and deals making in marriage negotiations instead of a father's voluntary gift to his daughter. Social activists and sociologists have identified the system of dowry as a cause for discrimination against the female child in the form of infanticide and sex-selection abortions in India (Banerjee, 2014; Miller, 2001).

Banerjee (2014) used the report of the National Crime Records Bureau (NCRB; 2011b) to specify the dowry-related crime and violence. According to the data, 8,618 female homicides related to dowry disputes in 2011, and 3,239 suicides by women due to dowry issues are reported in India. Dowry related abuse, violence, and even death are reported in Indian marriages from daughters-in-law (Dave & Solanki, 2000). Rew et al. (2013) stated little work has been done to explore the implications of in-law involved violence for both sociological and feminist theories.

In-laws

Several studies pointed out the relationship difficulties between in-laws and the daughters-in-law (Almeida, 2005; Carson & Chowdhury, 2000; Mittal & Hardy, 2005; Pillari, 2005; Rastogi, 2007; Sonpar, 2005). The Hindustan Times (2015) reported the results of a study conducted by an online marriage portal, which reveals an increasing number of women (61%) are choosing to start nuclear families, staying away from their in-laws. After the marriage, the women join their in-laws' households and the mothers-in-law practices control and power over their daughters-in-law. Juvva and Bhatti (2006) reported the changing expectations of women within modern marriage include living independently with her husband and not wishing to play a role similar to their husbands' mother.

Domestic Violence

Indian Penal Code 498-A has recognized domestic violence as a criminal offense since 1983. Although the enactment of the *Protection of Women from Domestic Violence Act* (PWDVA, 2005) came into effect in 2006, it offered civil protections to victims of domestic violence. The law outlines domestic violence as abuse or threat of harm that is physical, sexual, verbal, emotional, and economical. Harassment and mistreatment due to unlawful dowry demands has also been covered under the above description. Dowry related abuse against women is generally reported in Indian marriages. Sharma et al. (2013) reported the demand for dowry has resulted in cruelty, domestic violence, and death by homicide or suicide. According to Rastogi and Therly (2006), the dowry system is one of the social practices in Indian marriages which oppress, torture, and even murder women. The authors stated the dowry-related abuse was immense in the past, and thus, the government outlawed it in India in 1961. However, the dowry system is still a norm in Indian marriages, and the practice has a significant link with domestic violence.

Vindhya's (2000) study, over 5 years from 1988 to 1992 in Andhra Pradesh, the fifth-largest state in India, reported dowry-related deaths and filed cases at the court were high in big cities. The study pointed out the suspicion toward the wife, extramarital relationships, childlessness or not bearing a son and alcohol use are major causes of outbreaks of violence in marriages. Ahmed-Ghosh (2004) reported dowry is one of the major social evils in India and is an example of women's secondary status in society. Dowry remains the main reason for death among young wives in marital households. Lasrado et al. (2016) examined the social structures, culture, gendered roles, and their implications on suicidal behavior in South India. The study revealed various types of abuse in the family, such as domestic violence, sexual abuse, physical

abuse, sexual jealousy, neglect, and encouraging another individual to inflict torture on the victim. Koenig et al. (2006) stated physical and sexual domestic violence in the northern part of India is associated with childlessness, economic pressure, and intergenerational transmission of violence. Cultural practices, customs, beliefs, myths, and patriarchy are prominent causative factors for domestic violence in India. According to NFHS-4 (2015), 33% of “ever-married” women have experienced physical (30%), sexual, (7%) or emotional (14%), spousal violence.

During the 10 years between NFHS-3 and NFHS-4, the percentage of women ages 15-49 who have experienced physical violence has declined by 4% from its level in NFHS-3 (34%). However, during the same period, the percentage that has experienced physical violence in the past 12 months has increased slightly by about 2% from 19% in NFHS-3 (p. 565). Various studies identified violence against women in the name of dowry increased (Banerjee, 2014; Johnson & Johnson, 2001), and the dowry system is a cultural practice which perpetuates the oppression, torture, and murder of women (Rastogi & Therly, 2006). Chacko (2003) mentioned Malayalam, the language of Kerala, has no definition of domestic violence, and no word for this form of abuse. Domestic violence is prevalent in the state of Kerala due to the unequal power relations between men and women.

Divorce

There are limited empirical research studies on divorce in India (Madathil & Sandhu, 2008). Divorce in India is highly defaming, and it is considered morally disagreeable (Rao & Sekhar, 2002). However, recent data show this scenario is fast-changing, and divorce rates are on the increase in India. The pattern of marriage and divorce has changed, and divorce rates in India are increasing (Jacob & Chattopadhyay, 2016). A few research studies and newspaper reports revealed divorce rates are increasing in the state of Kerala for various reasons (Mathew, 2016;

Rajah et al., 2010; Soman, 2016; Vasudevan et al., 2015).

Vasudevan et al. (2015) conducted a study in a family court to understand the causes of divorce in Kerala. The study revealed the state with the highest literacy levels had experienced an increase in divorce rate by 350% in the last 10 years. The majority of the subjects belong to the middle and upper socio-economic classes. The various reasons for divorce which emerged from the study were: adjustment problems with their spouse, alcoholism, and physical abuse. Other significant reasons found from the study were the neglect by the spouse, psychiatric disorders of the spouse, suspicious behavior, and adultery. The author also stated the divorce rate in Delhi, the capital of India, has almost doubled over the past 4 years, and metro cities like Bangalore, Mumbai, and Chennai are showing similar trends.

Reasons for High Divorce Rate in Kerala

A study from Rajah et al. (2010) identified Kerala has seven family courts functioning for couples' settlement of disputes related to marriage. The authors reported couples seek help for reasons such as "separation, reconciliation, and the custody of children" (p. 172). Soman (2016) explained some of the reasons for the high divorce in Kerala through an article in the Times of India newspaper:

- Women know their rights - Women are more knowledgeable about their rights through education than before and they seek legal aid when needed.
- Financial dependence - Younger generations prioritize financial stability before getting married, and they do not have to compromise their happiness for the sake of money.
- Sexual problems between the couple and the influence of media - Extramarital affairs due to modern technologies and pornographic websites exaggerate various aspects of sexual relationships.

- Nuclear families - The new nuclear family generation does not suffer problems from in-laws or other extended family members like the extended family generation because the new generation does not subscribe to the idea of “tolerating it all for the family.”
- Change of culture - When things are not working out, they wanted to move out of the marriage and consider the possibility of a second marriage.

Educational Impact. According to Gogineni et al. (2018), industrialization, modernization, and globalization influenced women to find opportunities to study, which provides them economic freedom. This freedom contributed to women’s increased sense of independence, which in turn has influenced family structures and hierarchies. With more opportunities for employment and education available to women, traditional ideas about female gender roles are changing (Bowman & Dollahite, 2013). Kashyap (2004) indicated women’s new educational and occupational status had played a role in decisions on family size. Kashyap pointed out the traditional concept of marriage as a sacrament and a social obligation. The author explained the perpetuation of the lineage sidelined the idea of marriage for love, companionship, and individual happiness for the urban educated youth. Besides, education and employment have changed women’s motivations and expectations of marriage. Kashyap’s article identifies the changes in the structure of the traditional joint family systems to the nuclear form observed in role relationships and authority among family members. The author added an average Indian woman remains inferior and subordinate to the male. The education and employment started to change their traditional roles; however, the broader workplace and cultural norms have not changed much at all. Chacko (2003) reported the average age of women at first marriage in Kerala has been much higher than the national average in India. The women in Kerala marry when they are a little over 20 years of age, in contrast to the median age at marriage of 16 years

in India (NFHS-3; 2005-06).

Infidelity. Studies pointed out the pervasive use of the internet has gradually led to a rise in online infidelity (Mao & Raguram, 2009). Most research on infidelity emphasizes the sexual aspect (Madathil & Sandhu, 2008). However, there are various forms and levels of infidelity, including emotional infidelity as well as sexual infidelity (Whisman & Wagers, 2005). From an Indian cultural perspective, infidelity is not good enough reason for separation or divorce; rebuilding the relationship is a much more acceptable alternative than the dissolution of the relationship (Duggal, 2014). Madathil and Sandhu (2008) specified Indian culture focuses on female purity and discussions regarding sexual behaviors are not usually encouraged.

Furthermore, the authors explained the norm as:

sexual purity is expected, yet standards for men and women are quite different on this matter; a married man having an affair may be treated as a secret, and the wife might be advised or encouraged to ignore it or find ways to win him back (p. 340).

Changes to Marriage

Studies have shown traditional roles based on gender in Indian marriages tend to disappear in urban areas and educated sections of society (Edathumparambil, 2015; Kashyap, 2004). Despite the highest literacy rate and educational achievements of women in Kerala, studies reported the suicide rate among females and domestic violence committed against women is rising every year in Kerala (Mitra & Singh, 2007). The nuclear families have a rare chance to get the family support which is available within the joint family (Stanley, 2012).

Occupational Impact and Role Change

Evidence from different census years presents a fascinating picture of the work participation rate of women. The proportion of women participating in the labor force increased

from 19.67% from 1981 to 22.73% in 1991, and it rose further to 25.68% in 2001. However, during the 2011 census period, workforce participation showed a decline to 25.51%. Similarly, the 68th time of the National Sample Survey (NSS) showed urban workforce participation of women remained low at 14.7% (Abraham, 2013). According to Kumari (2004), women in India can obtain jobs which increase their economic independence, which gives them more possibilities and choices, even in marriages.

Kashyap (2004) identified the male migrants struggled to live a high standard of living in urban areas with low wages and it resulted in their wives seeking jobs to supplement the household income. According to the author, in the last few decades, males from low and middle-income class from India have migrated to the Middle East countries for a higher income. Moreover, more substantial remittances enabled the wives to be independent and self-reliant, as they have stepped out of the house to attend outside tasks such as banking, attending medical emergencies, and securing school admissions for their children.

Joseph and Inbanathan (2016) tried to understand the intricacies and quality of marital relationships among urban career-focused couples in India. The authors pointed out the interface of career and home brings newer challenges which influence the quality of their marital relationships. The study used the Marital Quality Scale (MQS, Shah, 1991) with 238 working professionals in Bangalore. The authors used the two separate forms for men and women to render the gender pronouns appropriate. The authors stated working professionals experience stress due to time management, and it affects the quality of marriage. According to the study, men compared to women reported higher levels of marital quality and satisfaction. The researchers argue the shift of women's traditionally prescribed role of caretaker to a new understanding of marriage as an equal partner may need more time for integration.

The study indicated wives' greater willingness to express the unhappiness of their marital experience among urban career women. Moreover, respondents of the study reported poor marital quality when staying with extended families than in nuclear families. The study showed a positive correlation between marital quality and duration of the marriage. It also indicated marital quality increment is due to the better education of career couples. The study revealed career-oriented couples experience time-based strains due to role overload at home and workplace. The researchers found the lack of quality time available in the marital dyad as a crucial aspect which influences the marital quality of the career-focused individuals. Additionally, the traditional norms of gender roles affect the perception of the quality of marriage. Studies reported women in India play multiple roles such as wife, mother, caretaker of the elderly, and an employee (Sinha, 2014).

Rashmi and Shafiq (2017) conducted a study to examine the level of Mental Health and Marital Adjustment of working women in India. The researchers divided 100 working women into two groups as office employees and teachers. The authors used the Mental Health Inventory (Jagdish & Srivastava, 1983) and Marital Adjustment Questionnaire (Kumar & Rohtagi, 1976) for the study. "The results of the study revealed marital adjustment had been related to age, job status, type of marriage, place of stay and home stresses, mental illness, depression, education, sex-role attitude, happiness, and success in life. When women do a job, they often encounter problems of harmonizing their two roles of working outside her home and the responsibilities and roles she has to play at home" (Rashmi and Shafiq, 2017, p. 40).

Researchers pointed out men in India generally do not participate in domestic work and childcare (Rout et al., 1999). The traditional norm of the society is women taking care of the family, including childcare, cooking, and housekeeping, while men are the breadwinners of the

family. However, the increasing involvement of fathers in child-rearing is a change in the current social and economic scenario (Thomas & Parthasarathy, 2011).

Perrone et al. (2009) identified the sociopolitical and economic development of the modern era has forced more women to enter the workforce and pursue careers. This causes changes in the traditionally defined gender roles; there is also an increase in families with dual-career couples. Suppal et al. (1996) assessed 92 dual wage and 103 single wage Indian families regarding their beliefs based on the gender of the couples considering the division of household chores, financial responsibilities, childcare, and filial obligations. The results show the views and beliefs of husbands and wives regarding the respective roles of men and women in the Indian family are traditional and similar. The study pointed out women in India do most household tasks irrespective of their employment status.

Islahi (2017) conducted a study to explore the relationship between a woman's work and stress. The sample contained 200 women working and non-working from the urban cities of Uttar Pradesh. The result showed work had no significant influence on the overall stress of women. The author interpreted the challenges of balancing tasks at home and workplace caused stress among working women leaving them with little time for leisure activities. Contrarily, a homemaker may feel tired and irritated with her household chores, financial dependence, and childcare resulting in depression, boredom, self-worthlessness, and stress.

Balaji et al. (2014) measured the level of depression and its risk factors among adult female working and non-working populations in a South Indian metropolitan city, Chennai. Based on the study, the working women displayed the habits of binge eating, beauty consciousness, fewer economic problems, and fewer family problems. Non-working women reported poor personal life satisfaction, familial, and relationship problems. Besides, the study

reported depression more among working women than among non-working women. Hashmi et al. (2007) stated married working women face more problems in their marital life when compared to non-working married women.

Technological Changes. According to Bajpai (2002), the information technology industry in India employed about 400,000 people in 2000, some 70% directly involved in software development, among whom 20% were women. The software industry in India has gained a competitive lead in the world market due to the skill and credibility of its employees. The major reasons for the software boom are “relatively lower salaries, supportive government policies, and improved infrastructure” (Arun & Arun, 2002, p. 41).

Kashyap (2004) explored the impact of social change of family structure, functions, roles, relationships, and status of its members and its relationship with the kinship system based on previous studies. The author identified industrialization and technological development brought significant changes in the urban family structure which has moved from large extended family systems to more nuclear family systems. The study confirmed, due to the economic and survival needs of the families, migration from rural to urban areas happened. This has caused the displacement of individuals and families from their origins and alienated them from family and communities.

Kashyap (2004) pointed out Indian families preserved many of their traditional values and norms, even while it has been influenced by western ideologies and technology which has brought profound changes in family structure, functions, and dynamics. The modernization, industrialization, and urbanization created stress, anxiety, and alienation in the family system and the author suggested the contemporary counselor in India will have to reach out to these families

keeping in mind the above situations and unequal power relations which exist in the families due to deeply held patriarchal, cultural, social beliefs, and sexist role expectations.

Assessing Couples in Need

The experience of couples' daily intimacy has been positively related to marital adjustment and negatively related to marital dysfunction (Laurenceau et al., 2005). The marital adjustment refers to the state where there is an overall feeling between husband and wife of happiness and satisfaction with their marriage with each other (Mir et al., 2016). Marital adjustment is positively associated with life satisfaction (Arshad et al., 2014). Intimacy is a crucial aspect of relational well-being (Prager & Roberts, 2004; Sandhya, 2009). Couples generally report high levels of relationship satisfaction when they have feelings of intimacy (Greeff & Malherbe, 2001). Intimacy showed an association between self-disclosure and relationship satisfaction in the couple's relationship (Manne et al., 2012). Intimacy showed a positive association between partners' reports on the emotional and sexual aspects of intimacy (Haning et al., 2007).

Cross-cultural differences in relationships and relationship satisfaction are essential information for counselors who work with couples and families (Myers, Hill et al., 2005). Few researchers have examined cross-cultural differences in marital factors such as love, intimacy, happiness, and satisfaction (Kail & Cavanaugh, 2000; Madathil & Benschhoff, 2008). A few other Asian Indian studies have examined the concept of marital intimacy in an in-depth manner (Sandhya, 2009). Few studies stated the intimate behaviors of Asian Indian couples with one's partner are not essential for marital happiness (Courtright, 2006; Shweder, 1991).

State of Mental Health in India

Thomas (2012) specified the primary medium that helps to deal with the mental health needs of Indians includes mental hospitals, general hospitals with psychiatric units, voluntary mental health agencies, and private practitioners. People in India experience personal and relationship difficulties (Carson et al., 2009; Chowdhury, 2011; Sonpar, 2005). A few studies pointed out the significance of the relationship among mental illness, various types of addictions, lost work productivity, and quality of life in India (Nadkarni et al., 2017; Thara, 2002). Studies reported due to limited centralized treatment facilities and lack of professional treatment, delays and gaps are occurring (Singh, 2018). Jain and Sandhu (2015) reported the economic and social changes in India due to rapid industrialization and urbanization initiated people to experience multiple stressors in their lives and these stressors cause serious mental health concerns including clinical depression, anxiety, mental stress, marital discords, domestic violence, and severe alcoholism and substance abuse. An article from Kallivayalil and Enara (2016) stated the rural mental health services in India are often neglected and need immediate attention to assess the burden of disease and treatment gap.

Mental health counseling is available in big cities, and it is a foreign concept for people in rural areas. Counseling has been a practice bound to mental hospitals, inpatient hospital programs, residential psychiatric centers, and a lesser number of non-profit government organizations (Kumar, 2002). There is an acute deficiency of trained mental health professionals in India. Sinha et al. (2010) stated nearly 100 million people with neuropsychiatric and substance abuse problems exist in the country and the lack of access to trained professionals are massive. Studies highlight the disparity of mental health professionals in India (WHO, 2005), and reported the numbers of psychologists, psychiatric social workers, and psychiatric nurses in mental health

care are insufficient in different states of India (Barua, 2009; Murthy, 2011; Sinha et al., 2010). There are only 37 mental health institutions, 3500 psychiatrists, and 1000 clinical psychologists to serve a population of 1.3 billion people (Jain & Sandhu, 2015). To cope with the psychological and mental health challenges of life, a large number of people visit priests, spiritual healers, mystics, and indigenous practitioners (Jain & Sandhu, 2015; Murthy, 2011).

The National Institute of Mental Health And Neuroscience (NIMHANS) conducted a National Mental Health Survey (NMHS; 2015–2016) in the 12 states of India. Most recently, it was reported by the Indian Government there is only one psychiatrist for every 400,000 persons. The NMHS (2016) reported the urgent and immediate need for trained mental health care professionals and for counseling facilities such as university and community mental health counseling centers to help the people in India to meet their counseling needs. Murthy (2011) highlighted the importance of implementing “the family care model” to help the family members to support a person who needs mental health assistance due to the lack of residential facilities, rehabilitation services, and affordable professionals. Srinivasan’s (2008) study reported the more active role of families is evolving in the form of the formation of self-help groups and professionals to work with families. Mental health areas need attention in the state of Kerala because of higher suicide rates, alcohol use, divorce, marriage and family issues, problems of aging, conflicts between parental aspirations and children’s achievements in studies, high rates of migration, and single-parent families (Praveenlal, 2012).

Nambi (2005) indicated the higher rate of married women committing suicide might be due to marital discord, dowry, or conflict with in-laws. The divorce rate among heavy drinkers is high, and the wives of such men are likely to be anxious, depressed, and socially isolated. Carson

and Chowdhury (2000) reported untrained primary health center staff and rural, self-proclaimed counselors practice with minimum or no qualifications.

Barriers to Receiving Counseling

The stigma of counseling and mental health treatments is an essential barrier to mental health care (Charles et al., 2007; Loganathan & Murthy, 2008; Murthy, 2018; Padmavati et al., 2005). Studies indicated the general population lacked knowledge of mental health. The existing beliefs and practices which evolved throughout human history did not align with the current understanding of mental disorders and mental health (Murthy, 2011). According to Nambi (2005), “women in India are less likely to receive mental health care because mental illness in the family, especially in a woman is itself stigmatizing and an occasion for ridicule” (p. 7). The author again stated married women are more likely to be sent back to their natal homes, abandoned, deserted, or divorced if they are experiencing psychological problems. Based on the authors’ clinical experience, the responsibility of care for the mentally ill women is often left to her own family, instead of her husband or his family.

Natrajan and Thomas (2002) highlighted the barriers of counseling based on participants’ narratives. The themes that emerged in the study as counseling barriers are the stigma and fear associated with counseling, the cost, lack of time and energy, gender prejudices, and the trustworthiness of the agency. Shah et al. (2000) pointed out the importance of understanding the needs and conflicts of the transitional families in the context of globalization and liberalization. The authors explained the importance of preparing family therapist trainers to comprehend these changes through family assessment procedures. Besides, the authors found, due to the lack of family therapists, the trainee therapists worked with people who had linguistic differences even if the trainee therapists were not comfortable with the family’s spoken language.

Carson and Chowdhury (2000) reported therapy is not completely understood in India and there is a negative social stigma associated with family and couples' therapy. Studies revealed Asian Indians seek counseling from immediate and extended family members and only seek professional help when forced or insisted by a friend or relative (Baptiste, 2005; Mittal & Hardy, 2005). Carson et al. (2009) listed several reasons why mental health services, and by extension marriage and family therapy, are perceived more unfavorable than other health-related services in India:

- Mental illnesses in India are often associated with shame and guilt.
- The mindset that family matters are private, and it is the family's responsibility to solve problems, hence, there is no need for mental health services.
- The perceptions of those who need or seek counseling are weak, cursed, or somehow flawed.
- The public mental hospitals are poorly run, not economically well supported, and are sometimes abusive and negligent toward their patients, preventing people from seeking help for their issues.
- The misperception of counseling and psychotherapy primarily designed and intended for people with severe mental illness such as psychotic disorders. The failure to understand the difference between emotional, behavior, and common mental health disorders and severity.

The grassroots movements at the local and regional level in both urban and rural areas in India can be beneficial to educate the Indian population about mental health disorders to reduce stigma (Carson et al., 2009). Enhancing mental health awareness will have to start by including the mental health awareness curriculum for young children and providing counseling at school

will be an essential step. Raising awareness can be expected that early recognition and access to treatment will follow, as will the adoption of preventive measures.

Lack of Marital or Couple Assessments

Researchers pointed out assessing marital quality is an important aspect, but there is relatively little attention to marital quality in India and the rest of South Asia (Allendorf & Pandian, 2016). Family structure varies within India by region, urban residence, class, and caste (Niranjan et al., 2005). Allendorf and Pandian (2016) indicated the Indian couple's view about what constitutes an ideal marital bond is changing to include a growing emphasis on loving, healthy marriages. The authors added the conception of marital quality in the Western literature is firmly rooted in the nuclear family form; however, the archetypal description of the joint family system is still both an ideal and in practice in India.

Instruments Adapted from the United States for Indian Cultural Context.

Natrajan et al. (2005) used a modified version of family therapy instruments (the Family Concept Assessment (FCA) and Rating Scale and Family Therapy Assessment Exercise (FTE) initially developed in the United States. The authors stated a panel of two experts studied the modified versions and gave an independent written response on the equivalency and cultural relevance of the version. Then the experts' feedback was discussed in a group meeting to address the issues raised by them and to settle differences of opinion and to ensure the adaptation was appropriately guided. Finally, the authors sent the adapted version of the FCA forms to two more experts for feedback, and their feedback was added into the final version of the adapted FCA forms. The authors pointed out several changes were made to the instruments, however, maintaining the equivalency of the scales to the original. The study tested face validity by a

panel of cultural and content experts in the United States, and the FTE is pilot tested with an Indian sample in Chennai, India.

Instruments Developed in the Indian Context

Academic researchers have been the primary authors of formalized mental health assessment instruments in India. The most widely used language of higher education in India is English; therefore, most of the instruments are developed first in English and are later translated into regional languages. English is predominantly used in urban areas, and these instruments have been accessible only to the elite. According to BBC (2012), of the 1.25 billion total population of India, only 125 million, i.e., 10%, can comfortably communicate in English. Therefore, to make these instruments accessible to the larger rural living population, they need to be translated into regional languages.

The leading instruments that are developed in the Indian context to assess marriage and family issues are the Family Typology Scale (FTS; Bhatti et al., 1985), the Marital Quality Scale (MQS; Shah, 1995), and the Measurement of Family Violence Scale (FVS; Bhatti & George, 2001). Additionally, some of the instruments developed to assess marital problems among Indian couples are Marital Adjustment Inventory (MAI; Singh, 1972), MAQ (Kumar & Rohatgi, 1976), Marital Adjustment Questionnaire (Bhatt & Gauba, 1978), Marital Adjustment Scale (MAS; Mohan & Singh, 1980), Scale of Marital Adjustment (SMA; Dhilion et al., 1988), and Marital Quality Scale (MQS; Shah, 1991). Of these measures, the MAQ and MQS are the most accessible to researchers identifying potential assessment instruments to measure marital quality in Kerala marriages. Therefore, the following sections will focus on the MAQ and the MQS.

MAQ. Marital Adjustment Questionnaire (Kumar & Rohatgi, 1976) is used to assess marital adjustment among Indian couples by measuring seven aspects of family functioning.

These include “personality, emotional factors, sexual satisfaction, marital role and responsibility, relationship to in-laws, attitudes to children and family planning, and interpersonal relationships” (Cadda & Deb, 2018, p. S305). Cadda & Deb (2018) conducted a study with 300 married couples with a sample who represented the cross-section of the urban population. The split-half reliability of the instrument was 0.49 ($n = 60$), with an index reliability of 0.70. The test-retest reliability with a time interval of 3 weeks was 0.71 ($n = 60$) with an index reliability of 0.84. The MAQ, in its first form, consists of 25 highly discriminating ‘Yes–No’ type items. Later on, the questionnaire was revised to change the response type as *always, sometimes, and never* (Kumar & Rohatgi, 1989).

Rajput (2017) conducted a study to understand marital adjustment and psychological wellbeing among couples. The researcher used the Marital Adjustment questionnaire and Psychological Wellbeing Scale of Singh & Gupta (2001). The results revealed a significant relationship between marital adjustment and psychological wellbeing, especially in the area of life satisfaction. Mir et al. (2016) conducted a study to understand the level of marital adjustment among love marriage and arranged marriage couples. The researchers used MAQ for data collection, and the results revealed there is no significant difference between the mean scores of marital adjustment among love marriage and arranged marriage couples. Koshy (2013) conducted a study to understand marital adjustment among working women in Tamilnadu, India. The researchers used MAQ to understand the marital adjustment of working women. The findings of the study indicated emotional adjustment has a positive correlation with the marital adjustment of working women. Besides, results indicated half of participants had a low level of sexual adjustment, and the other half had a high level of sexual adjustment.

MQS. The Marital Quality Scale (MQS; Shah, 1995) is a multidimensional scale used as an assessment instrument in the present study. It consists of 50 items in statement form, with a 4-point rating scale and male and female forms. The total scaled score was used for screening purposes. Scores range from 50 to 200, with higher scores indicating poor quality of married life and scores above 80, indicating the presence of marital distress. The scale has an internal consistency of 0.91 and a test-retest reliability of 0.83. Isaac and Shaw (2004) explained the dimensional realities (Understanding, Intimacy, Cohesion, Trust, Affection, Role functioning, Communication, and Relationship power) of marriages in India which emerged initially through the development of MQS.

Understanding. Understanding indicates not just awareness, but also acceptance of the other. The authors further explained understanding is exhibited in various qualities in the relationship including “support for important goals of a partner, awareness of when the partner is upset, ability to provide comfort, and an appreciation of the sacrifices and efforts the partner has made toward the relationship” (p. 105).

Intimacy. Intimacy refers to sharing and closeness, giving and receiving of care and confidences. Individuals have a level of intimacy at which they are comfortable, and when partners differ in their need for intimacy, they would be demanding or rejecting by the other.

Cohesion. Cohesion refers to a feeling of commitment to marriage. Cohesiveness can be enhanced through unique activities with special meanings for the partners.

Trust. Trust in a relationship refers to the belief the partner is benevolent and honest towards one. Trust increases security in a relationship and reduces inhibition and defensiveness, thereby fostering greater intimacy in the relationship. Trust is very much a dyadic process, and more a person feels trusted in a relationship, the more they are likely to trust the partner.

Affection. Partners may express affection verbally and through physical intimacy. Both styles of expressing affection and degree of affectional need can vary from person to person. As with intimacy, these different styles can be experienced as demanding or rejecting by the partner.

Role functioning. An individual's status changes from single to a relationship, the role change causes new challenges in fulfilling the psychological needs of the partner and accomplishing the various tasks which go into setting up a house and family. Role functioning can lead to conflict, especially if the partners have different views on what roles are appropriate for each.

Communication. The misinterpretations of messages and intentions often arise due to difficulties with understanding, intimacy, and trust. Better communication can facilitate better problem solving and substantially alter the quality of the relationship.

Relationship power. The relationship power refers to one's ability to influence the thoughts, feelings, and behaviors of the partner. When one partner has a disproportionately large share of the power in a relationship, it can lead to relationship problems.

Theoretical framework

Critical theory was developed in the 1920s with the thoughts and writings of members of the Frankfurt Institute of Social Research, Adorno, Horkheimer, Marcuse, and Fromm (Asghar, 2013). The members were interested in the works of the German philosophers Georg Wilhelm, Friedrich Hegel, and Karl Marx and the thoughts and writings of the Frankfurt Institute provided the foundation of critical theory. Habermas (1984), a critical theorist, had considered the need for the practical application of critical theory in society. He stated critical theory could find its practical realization through self-reflection and self-knowledge as the means of emancipation from unnecessary constraints. The “communicative action” (Habermas, 1984, p. 86) theory

highlights the role of reflection and communication in bringing about social change (Agger, 2006). Rediger (1996) suggested critical theorists are fascinated in promoting consciousness, through self-reflection and dialogue, to the level of activity in the interest of liberation and transformation. She asserted critical theory research is not accomplished for the sake of knowledge; rather it is for human emancipation. The goal of critical theory research is to develop consciousness and free the members of a community.

Philosophical Assumptions of Critical Theory

A paradigm of scientific inquiry comprises elements such as epistemology, ontology, and methodology (Lincoln & Guba, 1985). The critical theorist holds critical realist ontology, which means the reality exists apart from the observer, no matter how great one's knowledge base, the reality can never be fully known. Epistemologically, the critical theory research paradigm holds humans interact with what they know and seek to know. The critical theorist does not purport a stance of neutrality; instead, values are made explicit and are central to inspiring action (Foley, 2003). The epistemological position of the critical theorist is similar to constructivist epistemology. In a constructivist epistemology, real understanding is only constructed based on the learner's previous experience and background knowledge.

Furthermore, critical theory upholds individuals create or construct their "new understandings or knowledge through the interaction of what they already believe and the ideas, events, and activities with which they come into contact" (Ultanir, 2012, p. 195). In contrast, the positivist epistemology holds that the observer can stand entirely apart from what is being observed. The crux of critical theory, however, is self-reflection and dialogue liberate people from oppression resulting from false consciousness (Rediger, 1996). Critical theory research

aims to change the conditions of the people who collaborate in the research project as well as effect change in the larger society.

The application of critical theory to examining marital quality is relevant in two areas. First, it allows the researcher to question the implicit colonialist assumptions of language in the Indian experience through the English language and assume it to be culturally similar or true (Bhattacharya, 2017). English in India is used for administrative, academic, legal, technical, and scientific purposes, creative writing and journalism, and limited social purposes (Singh, S & Singh, 2014). Thus, English as the upper and middle classes and the traditional languages have been for poor working, and all English speakers have been made superior (Roy 2014).

Second, critical theory invites deconstruction of gender in the Indian heterosexual relationships and centers on the experiences of women. The World Economic Forum's Global Gender Gap Report (Hausmann et al., 2013) ranked countries based on the gender equality found in economics, health, education, and politics. India fell in the bottom third of 135 countries. Gender discrimination is prevalent across different socioeconomic levels in India. The intersection of gender with other distinct factors, such as caste, religion, or age, makes gender inequality a complex challenge in India and is a critical barrier to India's development (Ghosh, 2016). Women in India, especially in many parts of rural India, are often taught to be tolerant, passive, and submissive from childhood. Tolerance is preached as one of the traditional religious and cultural virtues (Dhruvarajan, 1990). In practicing tolerance, women often tolerate abuse and violence and thereby unknowingly contributing to perpetuating patriarchal values in Indian society (Ghosh, 2016). Thus, critical consciousness leads to understanding differences and recognizing injustices within individuals, families, and communities.

In India, unequal power relations exist in families resulting from deeply held patriarchal, cultural, social beliefs, and gender role expectations (Kashyap, 2004). Ultimately, Indian social norms determine the expectations of boys and girls create differentiated idealized behavioral patterns regarding sexual and general freedoms (Gabler, 2012). Indian boys and girls internalize gender ideologies early in life (Lapsansky & Chatterjee, 2013). However, as they mature, individuals can challenge, subvert, or redefine these norms and instead choose to adopt alternative beliefs about what it means to be a man or a woman. The traditional view of femininity in India can generally be described as not putting her interests first. In the sexual domain, Indian women are expected not to be sexually active or assertive, not enjoy sex, and never initiate sexual contact. Furthermore, speaking up for her sexual desires is considered disgusting, immoral, and dirty (Kodikara, 2017). These misconceptions of femininity thus dictate ignorance towards matters of sex, and therefore questioning the current understanding of femininity is beneficial for catalyzing change (Gabler, 2012). Kodikara (2017) identified these oppressive norms as fostering ignorance and distortion about sex and sexuality. This misinformation has a devastating effect on a young woman's self-image and prevents "her from being a fully functioning person" (p. 80).

According to McDowell, Knudson-Martin, and Bermudez (2018), critical conversations were introduced in family therapy by Eliana Korin in 1994. Korin (1994) suggested that creating emancipatory change in family therapy using critical discussions based on Paulo Freire's work is crucial. According to Freire (2000), critical consciousness can raise through dialogue and reflection, which will lead to informed action. Critical theories help marriage and family therapists examine how structural, systemic, and relational dynamics shape our identities, social location, and lived experiences. The critical paradigm challenges hierarchical relationships

between therapists and clients and seeks to combat oppressive social and relational processes (Almieda et al., 2008). Marriage and Family Therapists encourage third-order change by inviting families to inspect systems, raise awareness, and question societal context's impact on presenting problems to promote relational equity (McDowell, Knudson-Martin, and Bermudez, 2018). Understanding the impact of cultural and political issues on clients' lives in therapeutic processes was a growing concern for family therapists (Knudson-Martin & Huenergardt, 2010). Critical theories offer ways to understand power dynamics within and across structural contexts and how they impact and access resources that are unevenly secured, exchanged, or lost (Garcia & McDowell, 2010). The emergence of critically informed therapeutic approaches that are used in the family therapy field, such as the Cultural Context Model (Almeida et al., 2007), emphasize social action. Societal context is highly relevant in these approaches as dominant social discourses shape not only how we think about ourselves, but how we interact with and think about others, the meaning we assign to all experience through language (McDowell, Knudson-Martin, and Bermudez, 2018). Through the translation of scales into Malayalam "Critical theory seeks human emancipation to liberate human beings from the circumstances that enslave them" (Horkheimer, 1982, p. 244). From a critical theoretical perspective, the development of marital assessment tools in Kerala couples' native language is a preliminary step in this emancipation process.

Critical theory in this research provides the descriptive and normative bases for social inquiry to increase freedom in people's relationships. The application of critical theory in this study questions the implicit colonialist assumptions of language in the Indian experience through the English language and assuming it to be culturally similar or true (Bhattacharya, 2017). Critical theory as a theoretical orientation acknowledges power imbalances. It represents a

dialectic methodology, which requires back-and-forth interaction between individuals who demonstrate mutual respect for the diverse insights each person contributes (Bradley-Levine & Carr, 2015). Translating the marital assessment tools into Kerala couples' native language was an initiative for a decolonizing research method and privilege the voices that have been ignored, disregarded, and/or marginalized (Bermudez, Muruthi & Jordan, 2016).

Translating Validated Instruments

All cultures have distinctive values, organizational systems, and environments, and awareness of these is vital to understanding ethnic, racial, and linguistic groups (Beauford et al., 2009). Translation attempts to achieve conceptual equivalence entails an item being translated into different words, but the original meaning or conceptual framework remains whole (Mason, 2005). The translation of a test needs a thorough knowledge of both the target language and culture. According to Griffiee (2001), validation of a translated questionnaire is the submission of evidence the individuals answering the questionnaire items understood what the items were asking in a way reasonably the same as the questionnaire developer. Gudmundsson (2009) mentioned a translated version of an instrument could not assume to have the same psychometric qualities as a standardized version in the primary language. Griffiee (2001) recommended if any change is made to a research instrument, it must be tested for validity and reliability. Researchers suggested the use of multiple translators in the translation process and the translators be equally competent in the target language and culture (Dixon, 2004; Hofstede, 2001). There are different approaches to the translation process. Sperber (2004) explained the different methods of translation as described below:

- A questionnaire translated by unqualified translators, and the translated version is used without further validation.

- The translation is by a committee with two or more translators work separately or together to produce a consensus questionnaire.
- A back-translation method; a questionnaire is translated into the target language by one translator and then translated back into the source language by an independent translator who is blinded to the original questionnaire. Then the two source-language versions are compared.

Su and Parham (2002) mentioned most cross-cultural researchers examine a more thorough process called back-translation to be superior. According to the authors, the back-translation method uses at least two bilingual translators who are familiar with the source and target languages. In the starting process of back-translation, a bilingual translator or group of translators do an initial translation from the source version into the target version. Then, another bilingual translator or group translates this measure back into the source language. The back-translators would not have had access to the source version before doing the back-translation. Then, both the back-translated version and the source version are compared to check for uniformity of meaning. If the two versions are not identical, the back-translation process is repeated iteratively until no mistakes in meaning is found.

Mason (2005) pointed out a preliminary study with participants from the population must be conducted to establish descriptive statistics and Cronbach alphas for each item and the whole, which are then compared with the source version of the instrument. Beauford et al. (2009) stated the application of the instrument in both the original and translated versions to bilingual participants should result in strong correlations as would be expected in other test-retest studies. Su and Parham's (2002) study identified the possible difficulties that could occur during the translation process: an absence of corresponding words in the target language, dissimilarities in

grammar and syntax across languages, and literal approaches to idiomatic expression translation, which alters the original meaning.

Several biases can affect a translated and adapted instrument in a target language (Gudmundsson, 2009). Vijver and Hambleton (1996) explained construct bias occurs when an existing instrument is translated than when an instrument is simultaneously developed for different languages. According to Gudmundsson (2009), construct bias is likely to be present when constructs are measured with relatively few items, and the risk of construct bias is reduced when constructs are measured with many items. Another type of bias is the item bias or differential item functioning, which refers to instrument incongruities at the item level, such as “poor wording, the inappropriateness of item content in a cultural group, and inaccurate translations” (p. 91). According to Van de Vijver and Leung (2000), a method of translation taken in a particular translation project confirms the likelihood a translated final version of an instrument achieves equivalence of the instrument in the primary language, with respect to constructs and language meaning. Gudmundsson (2009) pointed out the lack of empirical research on the merits and errors of different translation methods, and in what context they best employ. The translation of a test needs a thorough knowledge of both the target language and culture. Vijver and Hambleton also reminded various sources of bias could threaten the adequacy of translations.

Literature Gap and Proposed Study

Indian culture is dominated by multiple ideologies founded in patriarchal beliefs; the prevalent assumption about marriage is it is a cultural contract and not a reasoned decision based on mutual love and attraction. This marital contract privileges men and their families and oppresses women’s rights to be partners in their relationship. Yet, there has been no research

examining the nature and quality of marriage in this cultural system. Also, domestic violence and divorce rates are high in Kerala. The data on domestic violence and divorce indicate growth in both of these areas, but there have not been any systematic studies exploring the causes for these increases or the nature of marital quality which would support these two negative trends.

Finally, there is no translated and validated instrument to assess the marital quality of Kerala couples. Currently, all of the marital quality instruments are in English and not of the most prevalent language of Malayalam. According to Natrajan-Tyagi (2018), the majority of the Indian population has little or no formal school education and are not socialized to speak or understand the English language, and this has a direct impact on the approachability of couples and family for therapy. This lack of standardized instruments translated into Malayalam has important implications for understanding how couples of all backgrounds think about their marital relationship. Marriage and family life are strongly valued traditions; however, there are no Malayalam assessment instruments available to assess the quality of marriages among Malayalis.

Given a lack of understanding about the nature of marriages in India, in general, and Kerala, specifically, it would be important for the field of marriage and family therapy to develop research which would begin to explore marriages in South Asia. Also, given there are no marital quality instruments translated into the Malayalam language, it would be important to develop use a rigorous translation protocol to translate standardized marital assessment measures into Malayalam. Once a standardized measure has been translated into Malayalam, it would be essential to systematically collect and analyze data generated by enlisting a diverse group of couples in Kerala to complete the measure.

The current study will assess the quality of Kerala couples' marital relationship using marriage assessments translated into the Malayalam language. Currently, there are no assessment tools in the Malayalam language to evaluate the quality of Malayali marital relationships. The lack of valid psychometrics in Malayalam makes it difficult to provide adequate counseling assistance to the Kerala population. Consequently, this study's purpose is to measure how Malayali couples evaluate their marriages using two instruments which were originally developed in India. Translated versions of MAQ and MQS will assist mental health professionals in Kerala to better understand, assess, and help Malayali couples who face marital/relationship difficulties.

The research questions guiding this quantitative correlation study are:

1. What is the marital quality of Malayali couples in Kerala using a Malayalam version of the MAQ (M-MAQ) and the MQS (M-MQS)?
2. Are the Malayalam versions of the MAQ (M-MAQ) and MQS (M-MQS) valid assessment tools to examine the marital quality of Malayali couples in Kerala?
Kerala?

The second chapter presented the diversity of Indian culture, including the religious and linguistic diversity in various states of India. Since this study focused on marital couples in Kerala, this chapter focused on the Kerala culture in detail. The patriarchal dominance, collectivism, gender roles and low status of women, caste stratification, the powerful influence of religion, religious hierarchy were included in the first part of this chapter. The second part explained Indian family structure, extended family relationship, filial responsibilities, views regarding children, integration of newlyweds to joint family, and marriage in India. Further, this chapter addressed domestic violence, divorce in general, and the reasons for high divorces in

Kerala, the impact in marriage due to occupational and technological development. Finally, this chapter highlighted the mental health status in India, especially the barriers and challenges to receiving counseling due to stigma about counseling and the lack of mental health assessment tools to assess marital satisfaction among couples. Considering the high divorce rates in Kerala, the lack of research, especially the unavailability of Malayalam assessment tools, increased the importance of this study.

Chapter III – Methods

The purpose of the proposed study was to examine the marital quality of couples in Kerala and secondarily, to validate the translated instruments which had been used to collect the marital quality data. Currently, there were no assessment instruments available in the language native to Kerala, i.e., Malayalam, to evaluate the quality of Malayali couples' relationships. Therefore, a study utilizing well-studied relationship assessment measures in the native language would initiate an essential step toward understanding the quality of Kerala couples' marital relationships. The goal of this research was to examine the marital quality of Malayalam-speaking couples in Kerala and to validate the translated instruments used for collecting data.

This study employed a survey research design strategy for data collection to answer the following research questions:

1. What is the marital quality of Malayali couples in Kerala using a Malayalam version of the MAQ (M-MAQ) and the MQS (M-MQS)?
2. Are the Malayalam versions of the MAQ (M-MAQ) and MQS (M-MQS) valid assessment tools to examine the marital quality of Malayali couples in Kerala?

To answer these questions, I conducted the research in two phases. Phase 1 was the translation phase of the instruments into the native language; however, the translation phase was not the focal point of this research. Phase 2 was the validation and measurement phase. In this phase, I collected data using the translated measures and analyzed the data to measure the quality of participants' marital relationships. I also ran analyses which provided information on the translated measures' validity. This chapter contains three sections. The first section deals with the methodological congruence of the proposed study. The second section discusses the

translation measures. The final section reviews the validation and measurement phase and details the research design, measures, and the proposed analyses.

Methodological Congruence

Methodological congruence refers to the fact projects entail congruent ways of thinking. (Atieno, 2009). The use of quantitative methods in social science research is a way of acquiring knowledge based on broad generalizations across significant populations (Szyjka, 2012). The data collected are subsequently condensed through numbers, indices, and statistics related to the research design (Glesne, 2006). A quantitative research paradigm is empirical and scientific (Atieno, 2009). The quantitative paradigm includes studies of correlation, causation- comparison, quasi-experiments, and survey research. Quantitative research highlights beliefs and assumptions which are compatible with what is typically known as a positivist philosophy (Johnson & Onwuegbuzie, 2004). The paradigm ensures and assesses the validity and reliability of measures by statistical tests. Quantitative research uses surveys such as scales, questionnaires, or controlled interviews as a data collection method to generalize from a sample to a population (Creswell, 2003). A quantitative survey research design guided this proposed study. The quantitative approach of this study represented Malayali couples' data such as their perceptions, attitudes, and beliefs about the quality of their marriages numerically. The proposed research was quantitative and collected data using translated surveys with the dual intent of validating the instruments and understanding Malayali couples' perceptions of their marital quality.

The current research was an effort to understand the quality of marriages in Kerala through using translated standardized instruments, consequently contributing a valid and reliable assessment tool for the mental health professionals in marriage and family therapy, specifically, and in the mental health field, generally. Through this lens, the current research is exploratory in

that it is laying the research groundwork designed to lead to future studies. Epistemologically, the method of the study is post-positivistic, but its philosophical underpinnings are constructivist. Constructivists shift the focus from knowledge as a product to knowing as a process (Ültanir, 2012). The common core of the constructivist theory is we do not find knowledge; we construct it (Boghossion, 2006). Thus, constructivist theorists believe knowledge is a reflection of a representation, a portrait, or an objective world. The critical theory approach in the current study holds a constructivist approach. Critical theory is an approach with a definite normative dimension; thus, the research aims for a transformative outcome and hence is not interested in “knowledge for knowledge’s sake” (Clark, 2010, Critical theory and research, para, 4).

Research Design

A quantitative survey research design was used to understand the marital quality of Malayali couples in Kerala by the translated Malayalam instruments. The research design consisted of two phases. Phase 1 was the translation phase and Phase 2 was the validation and measurement phase (see Figure 1). In this phase, the participants completed the translated measures, and the researcher analyzed these data from the measures for the dissertation study.

Phase 1 –Translation Process

Forward Translation

The MAQ and the MQS instruments in the source language was translated into Malayalam by two independent bilingual translators (see Appendices A and B). Both translators had in-depth experience in the source culture (Indian descendants and fluent in English and Malayalam) and the desired target language (Malayalam) of the instruments. Additionally, the two translators had distinct backgrounds. The first forward translator (FT1) was originally from Kerala, India; thus, his native language was Malayalam, and he has been living and working in

the United States for more than 20 years. The second forward translator (FT2) was originally from India, and he had lived in the United States for more than 15 years and was fluent in Malayalam and English. Both translators hold a master's degree and previously performed various translation work from English into Malayalam. The forward translation generated two versions. Once FT1 and FT2 completed the forward translation, the researcher compared both the forward translations and conducted a telephone conference with them to discuss the discrepancies in terminology, word, content, meaning, or grammar to arrive at a "reconciled version" (Sagheri, Wiater, Steffen & Owens, 2010).

Backward Translation

The reconciled version of the translated instrument was back-translated to the source language by two independent bilingual translators (BT1, BT2, see Appendices C and D). These two translators had never seen the original version (English MAQ and MQS) of the instruments and produced two back-translated versions. The first backward translator (BT1) was originally from Kerala, India; thus, her native language was Malayalam, and she had been living and working in the United States for several years. The second backward translator (BT2) was originally from India, and he lived in the United States for more than five years and is fluent in Malayalam and English. Both translators hold doctorate degrees and had previously performed translation works from Malayalam to English.

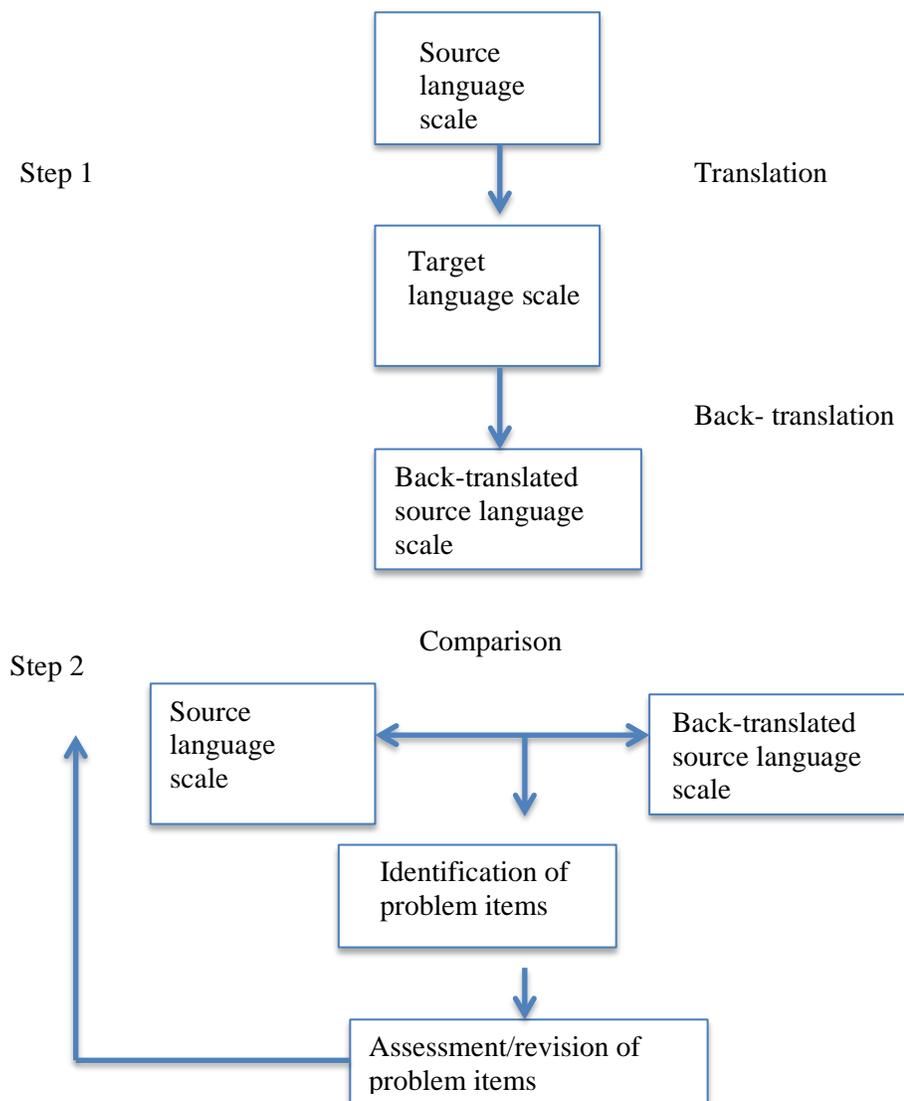
Comparison

The backward translation process generated two back-translated versions of the instruments in English. Then the researcher compared these two versions of the source language scale with the back-translated source language scale. This process was accomplished through a discussion between the two translators and the researcher. This step allows for clarification of

words and sentences used in the translations (Sousa & Rojjanasrirat, 2010). The back-translation to the source language (English) ensured the target language version reflected the same content as the source language of MAQ and MQS. The two forward translators (FT1 and FT2), two back-translators (BT1 and BT2), and the researcher had a discussion to reconcile the discrepancies in terminology, word, content, meaning, or grammar. The items that did not keep their original meaning were retranslated and back-translated by repeating the processes in Steps 1 and 2 of the translation process (Sousa & Rojjanasrirat, 2010).

Figure 1

Diagram Explaining the Translation Process



Note. Adapted from Sperber, A. D. (2004). Translation and validation of study instruments for cross-cultural research. *Gastroenterology*, 126, S124–S128

Phase 2 – Instrument Administration

The next phase of the proposed study was to administer the translated Malayalam Marital Adjustment Questionnaire (M-MAQ) and Malayalam Marital Quality Scale (M-MQS) to married Malayali couples in Kerala to understand the quality of their marriages. Then, the psychometric properties of the instruments were analyzed by the researcher. First, descriptive statistics for the sample population, each subscale, and the full scale were examined to determine the distribution of scores for each instrument. Second, the reliability of the subscales was evaluated using Cronbach's (1951) alpha, which measures the internal consistency of a scale (Riaz et al., 2013). The various factors of the translated scales were examined using factorial analysis.

Data Collection Method.

The data collection method employed a survey-based strategy which collected data in a paper-pencil method. Participants in the study provided data anonymously. Their decision to complete and return the study instruments constituted consent to participate in the study. Since internet service in India was unreliable, the researcher collected data using hard copies of the study instruments. Therefore, the researcher left research packets and sealed return boxes at a secure location at specific sites.

Research Packets. Each research packet was a large, stamped, self-addressed (to the researcher's address in Kerala), a manila envelope containing two blank, letter-sized envelopes with identical, four-digit research numbers followed by a capital "A" or "B" (e.g., 1234A or 1234B). The four-digit number and letter constituted the participant's identification code. The

female spouse completed the “A” version, and the male spouse completed the “B” version. The word “female” and “male” also written under the respective identification codes on the envelopes (see Appendix I). The research packets contained study information (see Appendices J and K), a set of instructions, and two copies of the study instruments. Instructions directed women to complete the copy of the study instrument with “A” and “female” written on it and the men to complete the copy of the study instrument with “B” and “male” written on it. They were also instructed not to provide any identifying information. Participants were asked to complete their respective copies separately from their spouses and then seal them in the envelope with the matching code. Once both the study instruments were completed, the couples were instructed to place their copies of the survey in the small white envelope. Then, they were asked to seal their smaller envelopes in the large stamped, self-addressed manila envelope and mail their instruments to the researcher, or they could return their completed survey to the sealed, slotted container left at specific monitored locations (usually Catholic churches).

Sampling and Recruitment. The researcher used criterion-based and chain referral or snowball (Berndt 2020) sampling to identify participants from different religious organizations. A minimum of 125 Malayali couples (250 participants) was needed to complete the validation analyses. The sample size estimation for valid factor analysis was computed using the structural equation modeling (MacCallum et al., 1996) module of the Statistica Power Analysis software.

In January 2020, the researcher traveled to Kerala, India, shortly after obtaining IRB approval and just before the global community realized that a pandemic was in progress. The researcher is from Kerala and was familiar with the local languages and dialects and their culture and customs. She recruited Malayali couples from different religious groups and organizations in Kerala. The main religious groups in Kerala are Hindus, Christians, and Muslims. Participants

were recruited from multiple religious groups and organizations from three southern districts (Pathanamthitta, Kottayam, and Idukki) of Kerala, India. The churches and organizations from which the researcher intended to recruit participants were St. John's Metropolitan Cathedral, Tiruvala, Kerala, St. Mary's Malankara Catholic Church, Thirumoolapuram, Kerala, St. Thomas's Malankara Catholic Church, Vennikulam, Kerala, St. George's Malankara Catholic Church, Chengaroor, Kerala, Nair service society organization, Changanachery, Kerala, Sree Narayana Dharma Paripalana Yogam (SNDP), Tiruvalla, Kerala. The researcher met various religious leaders and organizations to explain the purpose of the research. The recruitment email to the faith leaders is in Appendix E. All study materials were in Malayalam. Participants were informed the purpose of this study was to examine the marital quality of Malayali couples in Kerala. These leaders were asked to announce this opportunity at their gatherings and encouraged couples to take flyers (see Appendices F and G) and talk to the researcher about the study (short advertise script, see Appendix H). Additionally, the researcher requested religious leaders to permit her to post flyers at their meeting place.

The researcher also contacted the coordinator of "EKAM," a couples' retreat team located in Trichur, Kerala. The researcher received permission to distribute the questionnaire among the couples during the retreat registration process who gave their verbal consent to participate in this study. The voluntary participants completed the questionnaire in an open retreat hall after filling the retreat registration form. The guidance of the researcher and the opportunity to take the survey during the registration process and in her presence allowed the participants to take the survey independently, not influenced by the partner, which ensured participants' confidentiality. The researcher instructed the members of each couple to sit separately in the hall and not discuss any questions while taking the survey. The researcher's presence helped the couples clarify their

doubts and follow the guidelines. Forty participants, or 20 couples, completed the measures in this context. The researcher directly received the measures from the participants once they completed them.

The data collection was during the COVID-19 global pandemic and, hence, it could consist of participants only from church settings. The recruitment was only from churches instead of Hindu religious organizations or Mosques due to lockdown and traveling restrictions. For some couples who completed the measures in a home setting during the lockdown, undoubtedly their sense of, or actual, confidentiality was negatively affected or compromised.

Participants. The researcher recruited couples from the South Indian state of Kerala who was at least 18 years of age or older, married, and able to read and understand the Malayalam language at an eighth-grade reading level. Since participants provided data anonymously, the researcher verified participants' eligibility through the demographic portion of the study instrument. All the participants were heterosexual couples from the different districts of Kerala.

Measuring Instruments. Several tools were used to collect data for this study. First, the demographic questionnaire was used to gather participants' details. Then the M-MAQ and the M-MQS were used to collect data to understand the marital quality of Malayali couples in Kerala. The translated KMSS was used in this study for correlation purposes, and the three questions from KMSS were included in the questionnaire.

Demographic Questionnaire. The demographic questionnaire (see Appendices L and M) collected participants' details such as gender, age, birthplace, years of marriage, number of children, level of education, employment, household income, and religious affiliation. Additionally, the three questions of the translated Kansas Marital Satisfaction Scale (KMSS; Schumm et al., 1985; see Appendix N) were added to the demographic questionnaire. The

KMSS has not been validated with Kerala couples. It was used to check the internal validity of the other study instruments.

Kansas Marital Satisfaction Scale (KMSS). The three questions of the translated KMSS (Schumm et al., 1985) was included in the packet of measures. The KMSS measures relationship satisfaction by asking respondents to indicate their responses on a 7-point Likert scale. The cut-off score of KMSS was 17, meaning a score of 17 or higher determines the individual or couple is nondistressed, whereas a score of 16 or lower pinpoints some level of marital distress, to differentiate between distressed and nondistressed couples. Its internal consistency and validity have been tested with a Cronbach alpha of .93 (Crane et al., 2000). A meta-analysis study reported average reliability of .95 for the instrument (Graham et al., 2011). The three questions of KMSS were translated into Malayalam (see Appendix O) and added to the demographic questionnaire. The translated version of the three questions from KMSS used in this study to correlate with M-MAQ and M-MQS.

Marital Adjustment Questionnaire (MAQ). Kumar and Rohatgi (1976) developed and standardized the MAQ (see Appendix P) to measure the level of marital adjustment in India. The questionnaire consists of 25 highly discriminating items, with 22 positive and three negative items. The reliability of the test was calculated by a split-half method by applying the Spearman-Brown formula. The validity of the test was measured by comparing it with Singh's MAI. In the original MAQ, the test-retest reliability with a time interval of three weeks is 0.71 ($n = 60$) with index reliability of 0.84. The validity coefficient compared with Singh's MAI (Singh, 1972) is 0.71. According to MAQ, higher scores refer to better adjustment. The items are divided into three areas, such as sexual, social, and emotional. The items relating to sexual factors are 9, 20, 23, and 25; social factors are 3, 4, 5, 6, 12, 14, 15, 18, and 19; and emotional factors are 1, 2, 7,

8, 10, 11, 13, 16, 17, 21, 22, and 24. An *always* response is assigned a score of 2 except for items 4, and 19 for which reverse scoring is applicable; a *sometimes* response is assigned a score of one, and a *never* response is zero. The sum of these values gives the marital adjustment score for husband or wife. The higher the total score is, the higher will be the marital adjustment of the husband's or wife's percentile norms. The translated Malayalam version of MAQ (M-MAQ; see Appendix Q) was used to collect data on marital adjustment of the participating Malayali couples through the 25 items. Descriptive and Inferential statistics were conducted through SPSS to analyze the data to understand Malayali couples' marriage quality as per data collected through M-MAQ.

Marital Quality Scale (MQS). MQS (see Appendix R) is a multidimensional scale developed by Shah (1995). The scale has the following 12 factors to assess overall quality of marital life: (a) Understanding, (b) Rejection, (c) Satisfaction, (d) Affection, (e) Despair, (f) Decision- Making, (g) Discontent, (h) Dissolution-Potential, (i) Dominance, (j) Self-disclosure, (k) Trust, and (l) Role Functioning. Factors of rejection, despair, discontent, dissolution potential, and dominance are negatively worded items. The total score was obtained by the summation of scores of individual items. The scale provides two types of scores, such as total score and score on 12 factors. The scale provides a range of the total score between 50-200, a higher score representing lower marital quality and a lower score representing higher marital quality. According to Shah, the assessment criteria of the scale were as follows: Scoring between 50 and 70 is considered a good quality of marital life. Scoring between 71 and 90 is considered mildly affected quality of marital life. Scoring between 91 and 110 is considered moderately affected quality of marital life. Scoring above 110 is considered to severely affected the quality of marital life. The MAQ contains 50 items in statement form, with 28 positively worded and 22

negatively worded items. The original MQS has a male and female version, similar in content but applying gender changes in appropriate places. The MQS is a 4-point rating scale with “usually, sometimes, rarely, and never.” The rating scale scores as *usually* a score of 1, *sometimes* a score of 2, *rarely* a score of 3, and *never* a score of 4. The reverse scoring items for the negatively worded items are 2, 3, 5, 6, 7, 11, 14, 15, 18, 19, 20, 23, 24, 32, 33, 34, 35, 40, 41, 44 and 45. Higher scores indicate poor quality of marital life. The coefficient alpha of the original MQS was 0.91 ($n = 332$), while test-retest reliability is 0.83 for six weeks intervals. The translated Malayalam version of MQS (M-MQS; see Appendix S) was used to collect data on marital adjustment of the participating Malayali couples through the 50 items. The translated Malayalam versions of the MAQ (M-MAQ; see Appendix Q), the M-MQS (see Appendix S), and the M-KMSS (see Appendix O) were used to collect data from Malayali couples in Kerala to assess the quality of their marriage. Descriptive and Inferential statistics were conducted to examine the marital quality of Malayali couples’ and to validate the translated measures.

Data Analysis Procedures

The data analyses of the current study (see Table 1) included descriptive statistics, frequencies, t-test, ANOVA, correlations, and multiple regression (Saunders, 1955, 1956). A t-test was used in this study to understand the significant difference between the means of the two groups. A one-way ANOVA was used in this study to determine whether there were any statistically significant differences between the means of two or more independent groups. Factorial analysis was used in this study for data reduction and to understand the factors that were extracted after rotation.

Table 1

Research Questions with Statistical Measures

Research question	Statistical analysis	Variables
What is the marital quality of Malayali couples in Kerala using a Malayalam version of the MAQ (M-MAQ) and the MQS (M-MQS)?	<i>t</i> test and ANOVA	Demographics, *M-MQS, and *M-MQS
	Correlation	M-MAQ, M-MQS M M-KMSS
	Regression	Demographics, M-MAQ, M-MQS, and M-KMSS
Are the Malayalam versions of the MAQ (M-MAQ) and MQS (M-MQS) valid assessment tools to examine the marital quality of Malayali couples in Kerala?	Factor Analysis	M-MAQ, M-MQS.

*M-MAQ - Malayalam Marital Adjustment Questionnaire; M-MQS - Malayalam Marital Quality Scale; M-KMSS - M- Kansas Marital Satisfaction Scale.

Chapter three explained the methodology of the study, including research design, sample size and population, measuring instruments, and data analysis procedures. This chapter gave a detailed explanation of the research design, including the phases of translation and validation of the instruments. Language experts translated the instruments by a forward and backward translation method and were finalized with a panel discussion. The participants of this study were Malayali couples from Kerala, India. The tools were used in this study were the translated Malayalam versions of MAQ and MQS.

Chapter IV- Results

The purpose of this study was to examine the marital quality of South Asian Indian couples in Kerala by using the translated version of the Malayalam Marital Adjustment questionnaire (M-MAQ) and the Malayalam Marital quality scale (M-MQS), and also to understand the validity of these instruments. The questionnaire included 10 demographic questions followed by the three questions from the Kansas Marital Satisfaction Scale (KMSS), 25 items from the Marital Adjustment Questionnaire, and 50 items from the Marital Quality Questionnaire. All demographic, KMSS, MAQ, and MQS questions were in the Malayalam language. All the measures mentioned were translated into Malayalam through forward and backward translation. The data were collected from different districts in Kerala, India, during Spring and Summer 2020. This chapter presents the descriptive statistics for participants' demographics, followed by their responses to a Malayalam-version of the KMSS, their answers to the Malayalam translated MAQ and MQS, and finally, analyses pertinent to the research questions.

Preliminary Analyses

Description of the Sample

Based on power analysis, the sample size of the study was determined to be 250 participants (125 couples). The total number of participants involved in the study was 260 (130 couples) from 10 different districts in Kerala. The demographic variables included gender, age, length of marriage, number of children, education level, occupation, monthly income, and religion. All 260 participants responded to all of the demographic and KMSS questions ($N = 260$). The descriptive statistics of the demographic variables are explained below.

Gender

Participants' gender responses were recorded as male and female. Of the 260 participants, 130 (50%) were men, and 130 (50%) were women as they were couples (see Table 2). Given the language of the recruitment flier, only heterosexual couples participated in the study.

Age

Participants ranged in age from 24 to 73 years ($M= 44.32$; $SD=11.79$). The age of the participants was divided into five groups. Out of 260 participants, there were 33 (12.7%) who were 20–30 years, 80 (30.8%) participants were 31–40 years, 70 (26.9%) participants were 41–50 years, 49 (18.8%) participants were 51–60 years, and 28 (10.8%) participants were 61+ years. The age group with the most significant number of participants was 31–40-year-olds, followed by 41–50-year-olds, 51–60-year-olds, 20–30-year-olds, and finally 61-year-olds and older (see Table 2).

Length of Marriage

The length of the participants' marriage ranged from 1 to 46 years ($M = 17.39$, $SD = 11.98$). The length of marriage was divided into four groups. Out of 260 participants, 90 (34.6%) were married between 1–10 years, 80 (30.8%) were married between 11–20 years, 40 (15.4%) were married between 21–30 years, and 50 (19.2%) participants were married above 31+ years (see Table 2). The sample tended to skew toward couples who were married 20 years or less.

Number of Children

Of the 260 participants, 30 (11.5%) participants do not have any children, and 230 participants (88.5%) have one or more children. Participants indicated they had between 0–5 children ($M = 1.88$; $SD = 1.03$). Among the 260 participants, 48 (18.5 %) have one child, 118

(45.4%) have two children, 64 (24.6%) have three or more children (see Table 2). The greater majority of participants had at least two children.

Table 2
Participants Responses to Demographic Questionnaire

<i>Variable</i>	<i>n</i>	<i>%</i>
Age		
20–30 years	33	12.7
31–40 years	80	30.8
41–50 years	70	26.9
51–60 years	49	18.8
61+ years	28	10.8
Total	260	100.0
Gender		
Male	130	50.0
Female	130	50.0
Total	260	100.0
Years of marriage		
1–10 years	90	34.6
11–20 years	80	30.8
21–30 years	40	15.4
31+ years	50	19.2
Total	260	100.0
Parent Status		
Yes	230	88.5
No	30	11.5
Total	260	100.0
Number of children		
No children		
One child	30	11.5
Two children	48	18.5
Three or more children	118	45.4
Total	64	24.6
Total	260	100.0

Districts

The participants were from 10 districts in Kerala. The highest number of the participants were from Pathanamthitta district ($n = 102$; 39.2%) followed by Kottayam district ($n = 42$; 16.2%). There were 34 (13.1%) participants from Alappuzha, 32 (12.3%) from Trissur, 30 (11.5%) from Idukki, six (2.3%) from Trivandrum, four (1.5%) from Wayanad, four (2.3%) from Ernakulam, four (1.5%) from Kozhikodu, and two (.8%) from Palaghath district (see Table 3).

Table 3

The Districts in Which Participant Lives

District	<i>f</i>	%
Alappuzha	34	13.1
Pathanamthitta	102	39.2
Trissur	32	12.3
Kottayam	42	16.2
Idukki	30	11.5
Trivandrum	6	2.3
Wayanad	4	1.5
Ernakulam	4	1.5
Kozhikodu	4	1.5
Palaghath	2	0.8
Total	260	100.0

Education

Of the 260 participants, 27 (10.4%) have a master's degree, 93 (35.8%) have a bachelor's degree, 70 (26.9%) have a plus two/predegree, 70 (26.9%) have a 10th grade and below level of education (see Table 4). No participant has a doctoral degree in this study. Half of the sample had college-education, and the other half did not attend college. The largest subgroup in the sample has earned at least a bachelor's degree.

Occupation

Of the 260 participants, 99 (38.1%) are working with salary, 60 (23.1%) are housewives, 58 (22.3%) are self-employed, 17 (6.5%) are retired, and 26 (10.0 %) are unemployed including students (see Table 4). The participants who were students and unemployed were combined into one group as unemployed and students. So, the study addressed five groups of occupation in the inferential statistics.

Monthly Income

Of the 260 participants, 105 (40.4%) have a monthly income of below 10,000 rupees, 54 (20.8%) have between 10,000–20,000 rupees, 48 (18.5%) have between 20,000–30,000 rupees, and 53 (20.4%) have a monthly income above 30,000 rupees (see Table 4). The participants who had a monthly income of 30,000–40,000 rupees, 40,000–50,000, and above 50,000 were combined into one group, above 30,000. Those participants earning below 20,000 rupees made up the majority of the sample.

Religion

Participants were asked their religion and out of 260 participants, 230 (88.5%) were Christians, 28 (10.8%) were Hindus, and two (0.8%) participants reported no religion (see Table 4). Christians were the most prominent religious group represented the participant pool because of the recruitment strategy. Participants were not asked which Christian church were they represented.

Table 4

Additional Demographic Information

Variable	<i>n</i>	%
Education		
10th grade and below	70	26.9
Plus two/predegree	70	26.9
Bachelor’s degree	93	35.8

Master's degree	27	10.4
Total	260	100.0
Occupation		
Working with salary	99	38.1
Self-occupation	58	22.3
Housewife	60	23.1
Retired	17	6.5
Unemployed and Students	26	10.0
Total	260	100.0
Monthly Income		
below 10,000	105	40.4
10,000-20,000	54	20.8
20,000-30,000	48	18.5
Above 30,000	53	20.4
Total	260	100.0
Religion		
Hindu	28	10.8
Christian	230	88.5
No religion	2	0.8
Total	260	100.0

Relationship Measures

Malayalam Kansas Marital Satisfaction Scale (M-KMSS)

Participants in this study answered the three-item Malayalam translated KMSS along with the demographic questionnaire. Respondents answered each item on a 7-point scale ranging from 1 (*extremely dissatisfied*), 2 (*very dissatisfied*), 3 (*somewhat satisfied*), 4 (*mixed*), 5 (*somewhat satisfied*), 6 (*very satisfied*), and 7 (*extremely satisfied*). The total score of KMSS ranges from one to 21 with higher scores meaning greater satisfaction. The range of the participants' total scores on the KMSS were calculated and then interpreted based on the cutoff score. The cutoff score for the KMSS is 17, a total score of 17 or above denotes the individuals or couples is non-distressed, whereas a score of 16 or lower suggests some sign of marital

distress. Of the 260 participants, 105 (40.4%) were *distressed* (≤ 16) and 155 (59.6%) were *nondistressed* (≥ 17); see Table 5).

The three items of M-KMSS assessed the participants' satisfaction with their partner ("How satisfied are you with your husband/wife?"), participant's satisfaction with their marriage ("How satisfied are you with your marriage?") and satisfaction of the participants' relationship with their partner ("How satisfied are you with your relationship with your husband/wife?"). Of 260 participants, 87 (33.5%) responded *extremely satisfied* to the first M-KMSS question (satisfaction with their partner), 84 (32.3%) responded *extremely satisfied* to the second question (satisfaction with their marriage), and 81 (31.2%) responded *very satisfied* to the third question (satisfaction with their relationship with husband/wife) which stand the highest score in the range of each item. The remaining results are shown on table 6.

Table 5

Frequency and Percentage of M-KMSS' Total Scores

M-KMSS Total Score	<i>n</i>	%
Distressed ≤ 16	105	40.4
NonDistressed ≥ 17	155	59.6
Total	260	100.0

Table 6

Frequency and Percentage of M-KMSS Individual items

M-KMSS Questionnaire	<i>n</i>	%
How satisfied are you with your husband/wife?		
Extremely dissatisfied	35	13.5
Very dissatisfied	24	9.2

Somewhat dissatisfied	12	5.0
Mixed	14	5.4
Somewhat satisfied	11	4.2
Very satisfied	76	29.2
Extremely satisfied	87	33.5
Total	260	100.0

How satisfied are you with your marriage?

Extremely dissatisfied	44	16.9
Very dissatisfied	20	7.7
Somewhat dissatisfied	12	4.6
Mixed	15	5.8
Somewhat satisfied	10	3.8
Very satisfied	75	28.8
Extremely satisfied	84	32.3
Total	260	100.0

How satisfied are you with your relationship with your husband/wife?

Extremely dissatisfied	38	14.6
Very dissatisfied	26	10.0
Somewhat dissatisfied	11	4.2
Mixed	15	5.8
Somewhat satisfied	10	3.8
Very satisfied	81	31.2
Extremely satisfied	79	30.4
Total	260	100.0

Malayalam-Marital Adjustment Questionnaire (M-MAQ)

The Malayalam Marital Adjustment Questionnaire (M-MAQ) is a 25-item questionnaire to understand the marital adjustment of couples. In M-MAQ, a score of 48 and above is

considered as “extremely high” level of marital adjustment of a couple, 42–47 as “high” level of adjustment, 37–41 as “above average” level of adjustment, 29–36 as “average” level of adjustment, 24–28 as “below average” level of adjustment 18–23 as “low” level of adjustment and 17 and below considered as “extremely low” level. Of the 260 participants, 255 completed all questions of M-MAQ, and five did not complete all questions. Of the 255 participants, three (1.2%) scored above 48 which is “extremely high” level of adjustment, 76 (29.2%) reported “high level” (42 to 47) of marital adjustment, 75 (28.8%) reported “above average” (37 to 41) level of adjustment, 80 (30.8%) reported “average” (29–36) level of adjustment, 16 (6.2%) reported “below average” (24–28) level of adjustment, 4 (1.5%) reported “low” (18–23) level of marital adjustment, and one (0.8) reported “extremely low” (below 17) level of marital adjustment Table 6). Of the 255 participants, 60.4% reported an “above average” level of marital adjustment, as opposed to 31.4% participants who reported an “average” level of marital adjustment and 8.2% reported “below average” level of marital adjustment (see Table 7).

Table 7

Malayalam Marital Adjustment Questionnaire (M-MAQ)

M-MAQ Interpretation Level		<i>f</i>	Cumulative %
Valid	Extremely High Adj.	3	1.2
	High Adj.	76	31.0
	Above Average Adj.	75	60.4
	Average	80	91.8
	Below Average	16	98.0
	Low Adj.	4	99.6
	Extremely Low Adj.	1	100.0
	Total	255	
Missing	System	5	
Total		260	

Malayalam-Marital Quality Scale (M-MQS)

The Malayalam-Marital Quality scale (M-MQS) is a 50-item questionnaire to understand the marital quality of couples. To understand the quality of marriage, M-MQS scores between 50–70 are categorized as “good quality”, 71–90 considered as a “mildly affected”, 91–110 considered as a “moderately affected”, and above 110 considered as “severely affected”. Of the 260 participants, 257 completed the 50-item questionnaire, and three participants did not complete the M-MQS. Of the 257 participants, 71 (27.3%) reported scores between 50–70 (good marital quality), 89 (34.2%) reported scores between 71–90 (mildly affected quality), 58 (22.3%) reported scores between 91–110 (moderately affected quality) and 39 (15.0%) reported scores higher than 110 (severely affected quality). Of the 257 participants, 62.3% reported “good or mildly affected quality and the other 37.8% reported “moderately” or “severely affected” quality of marriage (see Table 8).

Table 8

Malayalam Marital Quality Scale (M-MQS)

M-MQS Interpretation Level		<i>f</i>	Cumulative %
Valid	Good	71	27.6
	Mildly Affected	89	62.3
	Moderately Affected	58	84.8
	Severely affected	39	100.0
	Total	257	
Missing	System	3	
Total		260	

Research Questions

The study's design was informed by two research questions. The first question, "What is the marital quality of Malayali couples in Kerala using a Malayalam version of the MAQ (M-MAQ) and the MQS (M-MQS)?", focused on global results of coupled individuals' perceptions of their relationship. In essence, what do the data reveal about marriages in Kerala. The second question, "Are the Malayalam versions of the MAQ (M-MAQ) and MQS (M-MQS) valid assessment tools to examine the marital quality of Malayali couples in Kerala?", shifts to the realm of measure validation. The two sections that follow report that analyses used to answer each of these questions.

Research Question 1

"What is the marital quality of Malayali couples in Kerala using a Malayalam version of the MAQ (M-MAQ) and the MQS (M-MQS)?"

To answer the first research question, I used a t-test and one-way ANOVA to compare mean scores on the marital quality measures based on various demographic variables. A Pearson correlation was used to determine if there was a correlation between the measures used in this study. Finally, I used a multiple regression analysis to determine which demographic variable was the best predictor of marital adjustment and marital quality.

t Tests

Children. An independent two-sample t-test was used to determine if there was a significant difference in the mean total scores of both M-MAQ and M-MQS with regard to participants who have children and those who do not have children. The independent t-test compares the means of two independent groups to determine whether there was statistical evidence the associated population means were significantly different. The alpha level was fixed

as 0.05. Levene’s test demonstrates the variances were not significantly different for M-MAQ ($p = .305$) and M-MQS ($p = .236$). Thus, the assumption of homogeneity of variances was met.

M-MAQ. Of the total 255 participants, 226 (88.63%) who have children had a higher level of marital adjustment scores ($M = 37.5177$; $SD = 5.78290$) than the marital adjustment scores ($M = 39.2414$; $SD = 7.43378$) of 29 (11.37%) of participants who do not have children. The results in Table 9 show the null hypothesis cannot be rejected, $t(253) = -1.459$, $p = .146$. Thus, there was no significant difference between the means of the M-MAQ total among participants having children and not having children. The corresponding effect size (Cohen’s d) is $d = -.288$. Thus, the standardized difference between the means was not significantly different, agreeing with the conclusion from the t-test.

Table 9

Independent Samples Test of M-MAQ for Groups With and Without Children

		M-MAQ	
		Equal variances assumed	Equal variances not assumed
Levene’s Test for	<i>F</i>	1.055	
Equality of Variances	<i>Sig.</i>	.305	
<i>t</i> -test for Equality of	<i>t</i>	-1.459	-1.203
Means	<i>df</i>	253	32.493
	<i>Sig. (2-tailed)</i>	.146	.238
	<i>M Difference</i>	-1.72368	-1.72368
	<i>SE Difference</i>	1.18114	1.43301
	95% Confidence	Lower	-4.04980
	Interval of the	Upper	.60244
	Difference		1.19354

M-MQS. Of the total 257 participants, 30 (11.67%) participants who do not have children had a higher level of marital quality scores ($M = 78.7000$; $SD = 27.21961$) than the marital quality scores ($M = 87.4290$; $SD = 21.06831$) of 227 (88.33%) who have children. The results

showed a significant difference $t(255) = 2.056, p = .041$, between the means of the M-MQS total among those having children and those not having children. The null hypothesis was rejected (see Table 10). The corresponding effect size (Cohen's d) was $d = .399$. Thus, the standardized difference between means was significantly different, agreeing with the conclusion from the t -test. Therefore, the respondents who do not have children indicated higher levels of marital satisfaction than the participants who have children.

Table 10

Independent Samples Test of M-MQS for Groups With and Without Children

		M-MQS	
		Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	<i>F</i> <i>Sig.</i>	1.411 .236	
<i>t</i> -test for Equality of Means	<i>t</i> <i>df</i> <i>Sig.</i> (2-tailed)	2.056 255 .041	1.691 33.747 .100
	<i>M</i> Difference	8.72902	8.72902
	<i>SE</i> Difference	4.24570	5.16259
	95% Confidence Interval of the Difference	Lower Upper	-1.76551 19.22356

Gender. An independent two-sample t -test was used to determine if there was a significant difference between male and female participants on their M-MAQ and M-MQS scores. The alpha level was fixed as 0.05. Levene's test demonstrated the variances were not significantly different for M-MAQ ($p = .348$), and M-MQS ($p = .484$), thus, the assumption of homogeneity of variances was met.

M-MAQ. Of the total 255 participants, the male participants ($n = 126$; 49.41%) on their marital adjustment questionnaire ($M = 37.8095$; $SD = 6.34188$) got a higher score than the female participants ($n = 129$; 50.58%) on their marital adjustment questionnaire $M = 37.6202$; $SD = 5.67229$). The results in Table 11 show the null hypothesis cannot be rejected $t(253) = .251$, $p = .802$. Thus, this study concluded there was no significant difference between the means of the MAQ total among males and female.

Table 11

Independent Samples Test of M- MAQ and Gender

		M-MAQ	
		Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	<i>F</i>	.886	
	<i>Sig.</i>	.348	
<i>t</i> -test for Equality of Means	<i>t</i>	.251	.251
	<i>df</i>	253	248.498
	<i>Sig. (2-tailed)</i>	.802	.802
	<i>M</i> Difference	.18937	.18937
	<i>SE</i> Difference	.75308	.75407
	95% Confidence Interval		
	Lower of the Difference	-1.29373	-1.29581
	Upper	1.67247	1.67455

M-MQS. The average score on the M-MQS was higher ($M = 85.7704$; $SD = 22.56798$) for male participants ($n = 129$; 50.19%) than for female participants ($n = 128$; 49.81%) ($M = 87.0547$; $SD = 21.46644$). Nonetheless, there was no significant difference between the mean marital adjustment scores $t(255) = -.467$, $p = .641$ for males and females (see Table 12).

Table 12*Independent Samples Test of M-MQS and Gender*

		M-MQS	
		Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	<i>F</i> <i>Sig.</i>	.492 .484	
<i>t</i> -test for Equality of Means	<i>t</i> <i>df</i> <i>Sig.</i> (2-tailed) <i>M</i> Difference <i>SE</i> Difference	-.467 255 .641 -1.28424 2.74794	-.467 254.547 .641 -1.28424 2.74740
	95% Confidence Interval of the Difference	Lower Upper -6.69579 4.12731	-6.69478 4.12630

ANOVAs

Age Groups. A one-way ANOVA was conducted to find if there was a significant difference between the various levels of participants' age groups on their M-MAQ and M-MQS scores. The participants age levels were categorized as 20–30 years, 31–40 years, 41–50 years, 51–60 years, and 61+ years. As a preliminary step to run a one-way ANOVA, I did a case-wise deletion using SPSS to eliminate the missing data. Consequently, five participants who did not meet the criteria got deleted from M-MAQ and three from M-MQS. From the statistically significant score of the Shapiro-Wilk test, I concluded the assumption of normality was not met. Levene's test demonstrates the variances were not significantly different ($p > .05$). Thus, the requirement of homogeneity of variance was met for M-MAQ, ($F(250) = 1.001, p = .40$) and M-MQS ($F(252) = .103, p = .981$).

M-MAQ By Age. Of the 255 participants, 32 (12.4%) who belong to the age group of 20–30 years had the highest score on M-MAQ ($M = 39.21$; $SD = 5.67$), and 27 (10.5 %) who belong to the age category of 61 above ($M = 35.51$; $SD = 7.17$) had the lowest score on M-MAQ. The 79 (30.98%) participants who belong to the age category of 31–40 years reported the following score on M-MAQ: $M = 37.91$; $SD = 5.85$. The other two age groups, 41–50 years ($n = 69$; 27.05%) and 51–60 years ($n = 48$; 18.6%) got the mean of 38.84 ($SD = 5.56$) and the mean of 36.00 ($SD = 5.81$), respectively. There was a statistically significant difference between different age groups of participants on their MAQ, $F(4,250) = 3.115$, $p = .016$ (see Table 13). The Tukey HSD post hoc test also showed no statistically significant differences between the various age groups on their M-MAQ.

Table 13

ANOVA of M-MAQ and Age Categories

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	434.266	4	108.567	3.115	.016
Within groups	8713.836	250	34.855		
Total	9148.102	254			

M-MQS By Age. Of the 257 participants, 33 (12.84%) who belong to the age group of 20–30 year olds had the highest score on the marital quality scale ($M = 79.90$; $SD = 22.31$), and 47 (18.28%) who belong to the age group of 51–60 year olds had the lowest score on the marital quality scale ($M = 93.29$; $SD = 20.92$). The other participants who belong to different age groups reported their marital quality are as follows: 80 (31.12%) belong to the age group of 31–40 years had marital quality scale scores as $M = 84.02$; $SD = 21.42$; 69 (26.8%) who belong to the age group of 41–50 year olds had scores in marital quality score as $M = 86.10$; $SD = 21.04$, and 28 (10.89%) who belong to the age group of 61 years and above had scores in marital quality scale

as $M = 90.07$; $SD = 25.00$). There were no statistically significant difference between groups as demonstrated by the one-way ANOVA, $F(4, 252) = 2.354$, $p = .054$ (see Table 14).

Table 14

ANOVA of M-MQS and Age Groups

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	4459.600	4	1114.900	2.354	.054
Within groups	119361.150	252	473.655		
Total	123820.750	256			

Monthly Income. A one-way ANOVA was conducted to find if there was a significant difference between the various levels of participants' monthly income on their MAQ and M-MQS scores. The participants' monthly income was categorized as below 10,000 Rupees, 10,000–20,000 Rupees, 20,000–30,000 Rupees, and above 30,000 Rupees. Levene's test demonstrates the variances were not significantly different ($p > .05$). Thus, the requisite of homogeneity of variance was met for M-MAQ ($F(251) = 2.479$, $p = .06$) and M-MQS ($F(253) = .220$, $p = .88$).

M-MAQ By Monthly Income. Of the 255 participants, 47 (18.43%) who belong to the category of monthly income 20,000–30,000 had the highest level of marital adjustment ($M = 38.87$, $SD = 4.71$), and 51 (19.8%) who belong to the category of monthly income 10,000–20,000 had the lowest level of marital adjustment ($M = 36.58$, $SD = 6.99$). The other monthly income groups who fell in between the above-mentioned categories are: below 10,000 Rupees ($n = 104$; $M = 37.90$, $SD = 5.64$), and above 30,000 Rupees ($n = 53$; $M = 37.39$, $SD = 6.59$). The differences between the monthly income categories with the M-MAQ were minimal. There were no statistically significant differences on M-MAQ scores based on monthly income as demonstrated by the one-way ANOVA, $F(3,251) = 1.270$, $p = .28$ (see Table 15).

Table 15*ANOVA of M-MAQ and Salary*

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	136.797	3	45.599	1.270	.285
Within groups	9011.305	251	35.902		
Total	9148.102	254			

M-MQS By Monthly Income. Of the 257 participants, 105 (40.85%) who belong to the category of monthly income above 30,000 Rupees had the highest level of marital quality ($M = 83.19$, $SD = 23.27$) and 52 (20.23%) who belong to the category of monthly income below 10,000 Rupees had the lowest level of marital quality ($M = 88.40$, $SD = 21.04$). The other monthly income groups who fell in between the above-mentioned categories are: 10,000–20,000 Rupees ($n = 53$, $M = 88.22$, $SD = 22.87$) and 20,000–30,000 Rupees ($n = 47$, $M = 83.44$, $SD = 21.54$). There were no statistically significant differences on M-MQS scores based on monthly income as demonstrated by the one-way ANOVA, $F(3,253) = 1.064$, $p = .365$ (see Table 16).

Table 16*ANOVA of M- MQS and Salary*

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	1543.242	3	514.414	1.064	.365
Within groups	122277.509	253	483.310		
Total	123820.750	256			

Education. A one-way ANOVA was conducted to find if there was a significant difference between various categories of participants' education levels on their M-MAQ and M-MQS scores. The participants belong to different education levels of 10th grade and below, plus two/predegree, bachelor's degree, and master's degree. Levene's test demonstrates the variances

were not significantly different ($p > .05$). Thus, the requirement of homogeneity of variance was met for M-MAQ ($F(251) = 1.027, p = .38$) and M-MQS ($F(253) = .823, p = .482$).

M-MAQ By Education. Of the 255 participants, 27 (10.5%) participants who had a master's degree reported the highest level of marital adjustment scores ($M = 39.22; SD = 5.69$), and 69 (27.0%) participants who had a plus two or predegree level of education reported the lowest level of marital adjustment scores ($M = 36.66; SD = 6.44$). The mean marital adjustment score ($M = 38.15; SD = 5.55$) for the 91 participants (35.6%) who had a bachelors' degree was similar to the mean marital adjustment score ($M = 37.58; SD = 6.16$) for the participants whose highest education was 10th grade or below. There were no statistically significant differences between groups as demonstrated by the one-way ANOVA, $F(3, 251) = 1.449, p = .22$ (see Table 17).

Table 17

ANOVA of M-MAQ and Education

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	155.785	3	51.928	1.449	.229
Within groups	8992.317	251	35.826		
Total	9148.102	254			

M-MQS By Education. The 91 participants (73.71%) who earned bachelor's degree reported the highest level of marital quality scores ($M = 82.40; SD = 20.05$) and 70 (27.45%) participants who earned a plus-two/predegree level of education reported the lowest level of marital quality scores ($M = 91.70; SD = 22.48$). The other education levels of participants who fell in between the above-mentioned categories are: 10th grade and lower level of education ($n = 69; M = 88.69; SD = 22.59$) and master's degree ($n = 91; M = 80.33; SD = 22.53$). There was a statistically significant difference between groups as demonstrated by the one-way ANOVA, F

(3,253) = 3.386, $p = .019$ (see Table 18). A Tukey HSD post hoc test showed there was a statistically significant difference between those who earned a plus two/predegree and those who earned a bachelor's degree on their M-MQS ($p = 0.01$; see Table 19). Therefore, those respondents with a higher level of education (bachelor's degree) indicated higher levels of marital satisfaction than those with a lower level of education.

Table 18

ANOVA of M-MQS and Education

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	4778.942	3	1592.981	3.386	.019
Within groups	119041.809	253	470.521		
Total	123820.750	256			

Table 19

Tukey post-hoc Analysis of Education Levels on M-MQS

(I) Education	(J) Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
10 grade and below	Plus two/Predegree	-3.00989	3.67979	.846	-12.5265	6.5067
	Bachelor's degree	6.28906	3.46262	.268	-2.6659	15.2440
	Master's degree	8.36232	4.92401	.327	-4.3721	21.0967
Plus two/Predegree	10 grade and below	3.00989	3.67979	.846	-6.5067	12.5265
	Bachelor's degree	9.29895*	3.44852	.037	.3804	18.2175
	Master's degree	11.37221	4.91411	.097	-1.3366	24.0810
Bachelor's degree	10 grade and below	-6.28906	3.46262	.268	-15.2440	2.6659
	Plus two/Predegree	-9.29895*	3.44852	.037	-18.2175	-.3804
	Master's degree	2.07326	4.75366	.972	-10.2206	14.3671
Master's degree	10 grade and below	-8.36232	4.92401	.327	-21.0967	4.3721
	Plus two/Predegree	-11.37221	4.91411	.097	-24.0810	1.3366
	Bachelor's degree	-2.07326	4.75366	.972	-14.3671	10.2206

* The mean difference is significant at the 0.05 level.

Marriage Year. A one-way ANOVA was conducted to find if there was a significant difference between the various categories of participants' marriage year on their M-MAQ and M-MQS scores. The participants' marriage years were categorized as 1–10 years, 11–20 years, 21–30 years, and above 31 years. Levene's test demonstrates the variances were not significantly different ($p > .05$). Thus, the requirement of homogeneity of variance was met for M-MAQ ($F(251) = .871, p = .45$) and M-MQS ($F(253) = 1.492, p = .217$).

M-MAQ By Marriage Year. Of the 255 participants, 88 (34.24%) were married 1–10 and this group had the highest level of marital adjustment ($M = 38.96, SD = 5.86$), whereas the 49 participants (19%) who were married 31+ years had the lowest level on marital adjustment ($M = 35.79, SD = 6.39$). The mean scores of those participants married 11–20 years ($n = 79; 30.98%$) and 21–30 years ($n = 39; 15.17%$) were $M = 37.59, SD = 5.67$, and $M = 37.53, SD = 5.98$, respectively. There was a statistically significant difference between different categories of years of marriage on their M-MAQ, $F(3,251) = 3.038, p = .03$ (see Table 20). A Tukey HSD post hoc test showed there was a statistically significant difference between those married 1–10 years and those married 31 years or more on their M-MAQ ($p = 0.01$). However, there were no statistical differences between the categories of 1–10 years and 11–20 years ($p = .444$), 1–10 years and 21–30 years ($p = .595$), 11–20 years and 21–30 years ($p = 1.000$), 11–20 years and 31 years and above ($p = .343$), and 31 above and 21–30 years ($p = .520$; see Table 21). Those participants married between 1–10 years showed higher levels of marital satisfaction than those married 11 or more years.

Table 20*ANOVA of M-MAQ and Marriage Year*

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	320.515	3	106.838	3.038	.030
Within groups	8827.587	251	35.170		
Total	9148.102	254			

Table 21*Tukey post-hoc Analysis of Marriage Year on M-MAQ*

(I) Marriage year	(J) Marriage year	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1–10 yrs	11–20 yrs.	1.37097	.91915	.444	-1.0063	3.7482
	21–30 yrs.	1.42745	1.14081	.595	-1.5231	4.3779
	31 above	3.16999*	1.05707	.016	.4361	5.9039
11–20 yrs	1–10 yrs.	-1.37097	.91915	.444	-3.7482	1.0063
	21–30 yrs.	.05648	1.16059	1.000	-2.9452	3.0581
	31 above	1.79902	1.07839	.343	-.9901	4.5881
21–30 yrs	1–10 yrs.	-1.42745	1.14081	.595	-4.3779	1.5231
	11–20 yrs.	-.05648	1.16059	1.000	-3.0581	2.9452
	31 above	1.74254	1.27261	.520	-1.5488	5.0339
31 above	1–10 yrs.	-3.16999*	1.05707	.016	-5.9039	-.4361
	11–20 yrs.	-1.79902	1.07839	.343	-4.5881	.9901
	21–30 yrs.	-1.74254	1.27261	.520	-5.0339	1.5488

*The mean difference is significant at the 0.05 level.

M-MQS by Marriage Year. Of the 257 participants, the 90 participants (35.01%) who were married 1 to 10 years had the highest level of marital quality ($M = 80.50$, $SD = 21.20$), and 50 (19.45%) participants who were married 31 or more had the lowest level of marital quality (M

= 90.3, $SD = 21.56$). The M-MQS means score ($M = 89.15$, $SD = 21.05$) for participants married 11–20 years ($n = 79$; 30.73%) was similar to the mean score ($M = 89.50$, $SD = 24.14$) for the 38 participants (14.78%) married 21–30. There was a statistically significant difference between groups as demonstrated by the one-way ANOVA, $F(3,253) = 3.457$, $p = .017$ (see Table 22). A Tukey HSD post hoc test showed there was a statistically significant difference ($p = 0.01$) in the M-MQS mean scores of those who were married 1–10 years and those married 11–20 years. However, there was no statistical difference between the mean scores of couples in the other categories (see Table 23). Those who were married between 1–10 years showed higher marital satisfaction levels than those married 11–20 years.

Table 22

ANOVA of M-MQS and Marriage Year

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	4875.823	3	1625.274	3.457	.017
Within groups	118944.928	253	470.138		
Total	123820.750	256			

Table 23

Tukey post-hoc Analysis of Marriage Year on M-MQS

(I) Marriage year	(J) Marriage year	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1 - 10 yrs.	11 - 20 yrs.	-8.64759*	3.34288	.050	-17.2929	-.0023
	21 - 30 yrs.	-8.99569	4.19474	.142	-19.8441	1.8527
	31 above	-9.85569	3.82446	.051	-19.7465	.0351
11 - 20 yrs.	1 - 10 yrs.	8.64759*	3.34288	.050	.0023	17.2929
	21- 30 yrs.	-.34810	4.28056	1.000	-11.4184	10.7222
	31 above	-1.20810	3.91840	.990	-11.3418	8.9256

21 - 30 yrs.	1- 10 yrs.	8.99569	4.19474	.142	-1.8527	19.8441
	11- 20 yrs.	.34810	4.28056	1.000	-10.7222	11.4184
	31 above	-.86000	4.66635	.998	-12.9281	11.2081
31 above	1 - 10 yrs.	9.85569	3.82446	.051	-.0351	19.7465
	11 - 20 yrs.	1.20810	3.91840	.990	-8.9256	11.3418
	21 - 30 yrs.	.86000	4.66635	.998	-11.2081	12.9281

*. The mean difference is significant at the 0.05 level.

Occupation. A one-way ANOVA was conducted to determine if there was a significant difference between the various categories of participants' occupation on their M-MAQ and M-MQS scores. The participants' occupation were categorized as follows: working with salary, self-occupation, housewife, retired, and unemployed including students. Levene's test demonstrates the variances were not significantly different ($p > .05$). Thus, the requirement of homogeneity of variance was met for M-MAQ ($F(250) = 1.407, p = .232$) and M-MQS ($F(252) = .719, p = .579$).

M-MAQ By Occupation. Of the 255 participants, 96 (37.64%) belonged to the working with salary group and had a mean score of $M = 37.86$ ($SD = 5.87$); 56 (21.96%) belonged to self-occupation group and had a mean score of $M = 38.07$ ($SD = 5.70$); 60 (23.5%) belonged to the category of house wives and had a mean score of $M = 37.033$ ($SD = 6.22$); 17 (6.66%) were retired and had a mean score of $M = 35.35$ ($SD = 7.65$); and 26 (10.11%) were unemployed (including students) and had a mean score of $M = 39.50$ ($SD = 5.04$). There were no statistically significant differences between groups as demonstrated by the one-way ANOVA, $F(4, 250) = 1.503, p = .202$ (see Table 24).

Table 24*ANOVA of M-MAQ and Occupation*

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	214.832	4	53.708	1.503	.202
Within groups	8933.270	250	35.733		
Total	9148.102	254			

M-MQS by Occupation. Of the 257 participants, 97 (37.74%) belonged to working with salary group and had a mean score of $M = 84.15$ ($SD = 22.42$); 57 (22.17%) belonged to self-occupation group and had a mean score of $M = 89.28$ ($SD = 22.84$), 60 (23.34%) whose occupation was house wives and had a mean score of $M = 88.78$ ($SD = 21.03$), 17 (6.61%) were retired and had a mean score of $M = 88.64$ ($SD = 20.93$), and 26 (10.11%) participants belonged to the unemployed group (including a few students) had a mean score of $M = 81.57$ ($SD = 21.18$). There were no statistically significant differences between groups as demonstrated by one-way ANOVA, $F(4, 252) = 1.030$, $p = .392$ (see Table 25).

Table 25*ANOVA of M-MQS and Occupation*

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	1991.753	4	497.938	1.030	.392
Within groups	121828.997	252	483.448		
Total	123820.750	256			

Number of Children. A one-way ANOVA was conducted to find if there was a significant difference between the number of children of participants on their M-MAQ and M-MQS scores. The participants who have children ($n = 230$; 88.5%) in this study were placed into one of three categories: one child, two children and three or more children. The 30 (11.5%)

participants who do not have children were eliminated from the list. Levene’s test demonstrated the variances were not significantly different ($p > .05$); thus, the requirement of homogeneity of variance was met for M-MAQ ($F(223) = .271, p = .763$) and M-MQS ($F(224) = 1.659, p = .193$).

M-MAQ By Number of Children. Of the 226 participants, 47 (20.79%) participants with one child had the highest marital adjustment scores ($M = 38.89, SD = 5.29$). The marital adjustment scores for the 117 (51.76%) participants with two children was $M = 37.34 (SD = 5.71)$ and the marital adjustment scores for the 62 (27.43%) participants who have three or more children was $M = 36.80 (SD = 6.17)$. There were no statistically significant differences between groups as demonstrated by the one-way ANOVA, $F(2, 223) = 1.868, p = .157$ (see Table 26).

Table 26

ANOVA of M-MAQ and Number of Children

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	123.959	2	61.979	1.868	.157
Within groups	7400.470	223	33.186		
Total	7524.429	225			

M-MQS By Number of Children. Of the 227 participants, the 48 (18.67%) participants with one child had a mean marital quality score of $M = 80.88 (SD = 18.78)$, the 117 (45.52%) participants with two children had a mean marital quality score of $M = 87.83 (SD = 19.76)$, and the 62 (24.12%) participants with three or more children had a mean marital quality score of $M = 91.72 (SD = 24.01)$. There was a statistically significant difference between groups indicated by one-way ANOVA $F(2, 224) = 3.715, p = .026$ (see Table 27). A Tukey HSD post hoc test showed there was a statistically significant difference between those participants with one child and those participants with three or more children on the M-MQS ($p = 0.01$). Respondents with

one child indicated higher marital satisfaction levels than respondents with three or more children.

Table 27

ANOVA of M-MQS and Number of Children

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between groups	3220.969	2	1610.484	3.715	.026
Within groups	97094.441	224	433.457		
Total	100315.410	226			

Table 28

Tukey post-hoc Analysis of Number of Children on M-MQS

(I) Numchildren	(J) Numchildren	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
One child	Two children	-6.95453	3.56863	.128	-15.3744	1.4653
	Three or more children	-10.84273*	4.00270	.020	-20.2867	-1.3988
Two children	One child	6.95453	3.56863	.128	-1.4653	15.3744
	Three or more children	-3.88820	3.27048	.461	-11.6046	3.8282
Three or more children	One child	10.84273*	4.00270	.020	1.3988	20.2867
	Two children	3.88820	3.27048	.461	-3.8282	11.6046

*The mean difference is significant at the 0.05 level.

Correlations

The Correlation Between M-MAQ, M-MQS and M-KMSS. A Pearson correlation coefficient examined the relationship between the total scores of M-MAQ, M-MQS and M-KMSS. Scale scores of M-MAQ were computed by adding responses to the 25 questions

resulting in a minimum possible score of zero and maximum of 50. M-MQS scores were computed by adding responses to 50 questions resulting in a minimum possible score of 50 and maximum of 200. M-KMSS scores were computed by adding responses to three questions resulting in a minimum possible score of three and maximum of 21. The assumptions of correlation such as the scale of measurement (continuous variables), linearity and homoscedasticity were met. The assumption of normality ($p < 0.05$) was not met as per Shapiro-Wilk test. However, the large enough sample size of this study ($n > 250$) alleviated the problem of violation of assumption of normality to a great extent.

M-MAQ and M-MQS. Of the 260 participants, 255 completed M-MAQ ($M = 37.72$; $SD = 6.01$), 257 completed M-MQS ($M = 86.52$; $SD = 21.99$), and 260 completed M-KMSS ($M = 14.76$; $SD = 6.53$). The relationship between M-MAQ and M-MQS was negative and statistically significant ($r(254) = -.67$, $p < .05$; see Table 29). Among the Malayali participants, an increase in M-MAQ score was correlated with decrease in M-MQS score and vice versa. As $r = -.672$ and $r^2 = 0.451$, 45.1% of the total variation in M-MQS (y) can be explained by the linear relationship between M-MAQ (x) and M-MQS (y) scores. The 54.9% of the total variation in M-MQS remains unexplained.

M-MAQ and M-KMSS. The relationship between M-MAQ and M-KMSS was positive and statistically significant ($r(255) = .22$, $p < .05$; see Table 29). Here the increase in M-MAQ score was positively correlated with increase in M-KMSS score among the participants and vice versa. As $r = .228$ and $r^2 = 0.052$, 5.2% of the total variation in M-MAQ (y) can be explained by

the linear relationship between M-KMSS (x) and M-MAQ (y) scores. The 94.8% of the total variation in M-MAQ remains unexplained.

M-MQS and M-KMSS. The relationship between M-MQS and M-KMSS was negative and statistically significant ($r(257) = -.32, p < .05$; see Table 29). Here the increase in M-MQS score was correlated with decrease in M-KMSS score among the participants and vice versa. As $r = -.326$ and $r^2 = 0.107$, 10.7% of the total variation in M-MQS (y) can be explained by the linear relationship between M-KMSS (x) and M-MQS (y) scores. The 89.3% of the total variation in M-MQS remains unexplained.

Table 29

Correlations Between M-MAQ, M-MQS and M-KMSS

Variables	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3
1. M-MAQ	257	86.41	21.99	—	-.672**	.228
2. M-MQS	255	37.71	6.00	-.672**	—	-.326**
3. M-KMSS	260	14.76	6.53	.228**	-.326**	—

**Correlation is significant at the 0.01 level (2-tailed).

Regression Analyses

M-MAQ and predictor variables. A multiple regression was used to investigate the degree to which the demographic variables such as ‘age,’ ‘sex,’ ‘district,’ ‘years of marriage,’ ‘number of children,’ ‘education,’ ‘occupation,’ ‘income,’ ‘religion’ predicts M-MAQ score. The assumptions of multiple regression such as normality and homoscedasticity were met. The assumption of multicollinearity was also met (see Table 35) except in the case of age ($VIF = 15.246$, Tolerance = .066) and years of marriage ($VIF = 14.343$, Tolerance = .070). There was a linear relationship between the predictor variables and the outcome variable. The standard residual was close to the normal range (-3.262, 1.926).

As the value of R^2 was 0.087 ($R = 0.295$), this study concluded the model fit was weak. Still the predictor variables ‘gender,’ ‘age,’ ‘district,’ ‘years of marriage,’ ‘number of children,’ ‘education,’ ‘occupation,’ ‘income,’ and ‘religion,’ score had a significant effect on the M-MAQ score. The predictor variables together explained 8.7 % of the variability of the outcome variable M-MAQ. The participants predicted score of M-MAQ, based on the regression model (see Table 30) was given by $M-MAQ = 54.727 - .309(\text{age}) - 1.897(\text{gender}) - .308(\text{district}) + .197(\text{length of marriage}) - .171(\text{number of children}) + .199(\text{education}) + .185(\text{occupation}) - .078(\text{salary}) - 1.188(\text{religion})$. The F -ratio in the ANOVA table showed the significance of the above-mentioned predictor variables for predicting the outcome variable M-MAQ ($F(9, 245) = 2.591, p = .007$; see Table 31).

Table 30

Coefficients

Model	Unstandardized coefficients		Standardized coefficients		Sig.	Collinearity statistics	
	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>		Tolerance	<i>VIF</i>
M-MAQ	54.727	4.847		11.291	.000		
Age	-.309	.121	-.607	-2.547	.011	.066	15.246
Sex	-1.897	.967	-.158	-1.961	.051	.572	1.749
District	-.308	.219	-.094	-1.404	.162	.833	1.200
Marriage year	.197	.116	.392	1.695	.091	.070	14.343
Children	-.171	.405	-.029	-.423	.673	.776	1.289
Education	.199	.459	.032	.434	.665	.665	1.505
Occupation	.185	.322	.040	.576	.565	.756	1.322
Salary	-.078	.381	-.015	-.204	.839	.665	1.503
Religion	-1.188	.572	-.130	-2.079	.039	.953	1.049

a. Dependent Variable: M-MAQ

Participants M-MAQ score decreased on the average by an amount equal to 1.897 level

when the calculation of the score shifted from male to female, keeping the other predictor variables fixed. Keeping the other variables fixed, similar conclusions were drawn as follows: Participants M-MAQ score decreased on the average by .309 for a 1-year increase in age, an increase on the average by .197 for each additional year of married life; a decrease on the average by .171 points with each additional child; an increase on the average by .199 points when education moves up to the next level; and a decrease in the average by .078 points when salary increased. The predictor variable district and religion had negative effects, -.308 and -1.188, respectively, on the M-MAQ score when the other predictor variables were fixed. Similarly, the predictor variable occupation had a positive impact on the MMAQ score when the other predictor variables are fixed. The statistically significant predictor variables were participant's age ($t = -2.547, p = .011$) and religion ($t = -2.079, p = .039$; see Table 30). But the predictor variables such as marriage year, sex, district, number of children, education, occupation, and salary did not have a statistically significant contribution to the prediction of M-MAQ score.

I also conducted a stepwise regression model with the nine predictors variables and the M-MAQ. As with the multiple regression, 'age' ($p = 0.001$), and 'religion,' ($p = 0.027$), significantly contributed to predicting the outcome variable. Here, 6.1% ($R^2 = 0.061$) of the variability of the outcome variable M-MAQ was explained by the two predictor variables 'age,' and 'religion.'

Table 31

ANOVA^a

Model		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
1	Regression	794.954	9	88.328	2.591	.007 ^b
	Residual	8353.147	245	34.094		

Total	9148.102	254
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Model Summary^b

Model	<i>R</i>	<i>R</i> ²	Adjusted <i>R</i> ²	<i>SE</i> of the estimate	Change Statistics				
					<i>R</i> ² Change	<i>F</i> Change	<i>df</i> 1	<i>df</i> 2	<i>Sig.</i> <i>F</i> Change
1	.295 ^a	.087	.053	5.83905	.087	2.591	9	245	.007

a. Predictors: (M-MAQ Constant), Religion, Sex, No. of children, District, Education, Occupation, Salary, Years of marriage, Age.

b. Dependent Variable: M-MAQ.

M-MQS and Predictor Variables. A multiple regression method was used to investigate the degree to which the demographic variables such as ‘age,’ ‘sex,’ ‘district,’ ‘years of marriage,’ ‘number of children,’ ‘education,’ ‘occupation,’ ‘income,’ and ‘religion’ predict M-MQS score. The assumptions of regression such as normality and homoscedasticity were met. The assumption of multicollinearity was also met (see Table 32) except in the case of age (*VIF* = 15.236, Tolerance = .066) and years of marriage (*VIF* = 14.302, Tolerance = .070). There was a linear relationship between the predictor variables and the outcome variable. The standard residual was in the normal range (-1.798, 3.149).

The quality of the prediction of M-MQS (*R* = 0.287), indicated a weak prediction with an *R*² of .082. The predictor variables ‘gender,’ ‘age,’ ‘district,’ ‘years of marriage,’ ‘number of children,’ ‘education,’ ‘occupation,’ ‘income,’ and ‘religion,’ score had a significant effect on the M-MQS score. The predictor variables together explained 8.2% of the variability of the outcome variable M-MQS. The participants’ predicted score of M-MQS, based on the regression model (see Table 32) was given by $M-MQS = 52.714 + .537 (Age) + 4.213 (gender) + 691 (district) - .287 (length\ of\ marriage) + 2.538 (number\ of\ children) - 1.456 (education) - .839$

(occupation) -1.404 (salary) + 3.586 (religion). The *F*-ratio in the ANOVA table showed the significance of the above-mentioned predictor variables for predicting the outcome variable M-MQS ($F(9, 247) = 2.464, p = .010$, see Table 33).

Table 32

Coefficients^a

Model	Unstandardized coefficients		Standardized coefficient	<i>t</i>	<i>Sig.</i>	Collinearity statistics	
	<i>B</i>	<i>SE</i>	<i>Beta</i>			<i>Tolerance</i>	<i>VIF</i>
M-MQS	52.714	17.706		2.977	.003		
Age	.537	.442	.289	1.215	.226	.066	15.236
Gender	4.213	3.548	.096	1.188	.236	.569	1.758
District	.691	.804	.057	.859	.391	.835	1.198
Marriage year	-.287	.422	-.157	-.681	.497	.070	14.302
Children	2.538	1.482	.119	1.713	.088	.770	1.299
Education	-1.456	1.671	-.065	-.871	.384	.671	1.491
Occupation	-.839	1.182	-.050	-.710	.478	.753	1.328
Salary	-1.404	1.396	-.075	-1.006	.315	.671	1.490
Religion	3.586	2.099	.107	1.708	.089	.954	1.048

Participants M-MQS score increased on the average by an amount equal to 4.213 level when the calculation of the score shifted from male to female, keeping the other predictor variables fixed. Keeping the other variables fixed, similar conclusions drawn as follows: Participants M-MQS score increased on the average by .537 for a 1-year increase in age, a decrease on the average by .287 for each additional year of married life; an increase on the average by 2.538 points with each additional child; a decrease on the average by 1.456 points when education moves up to the next level; and a decrease on the average by 1.404 points when salary increased. The predictor variables district and religion had positive effects, .691 and 3.586,

respectively, on the M-MQS score when the other predictor variables are fixed. On the other hand, the predictor variable occupation had a negative impact on the MMQS score when the other predictor variables were fixed. There were no statistically significant predictor variables to the prediction of M-MQS score. Although none of the predictor variables were found significant in the previous multiple regression analysis, two predictor variables, ‘the number of children’ ($p = 0.002$), and ‘religion’ ($p = 0.045$), were significant in the stepwise regression analysis. Here, 5.2 % ($R^2 = 0.052$) of the variability of the outcome variable 'M-MQS' was explained by these two predictor variables.

Table 33

ANOVA^a

Model		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	<i>Sig.</i>
1	Regression	10201.374	9	1133.486	2.464	.010 ^b
	Residual	113619.377	247	459.997		
	Total	123820.750	256			

Model Summary^b

Model	<i>R</i>	<i>R</i> ²	Adjusted <i>R</i> ²	<i>SE</i> of the Estimate	Change Statistics				
					<i>R</i> ² Change	<i>F</i> Change	<i>df1</i>	<i>df2</i>	<i>Sig. F</i> Change
1	.287 ^a	.082	.049	21.44755	.082	2.464	9	247	.010

a. Predictors: (M-MQS Constant), Religion, Sex, No of children, District, Education, Occupation, Salary, Years of marriage, Age.

b. Dependent Variable: M-MQS

Research Question 2

Are the Malayalam versions of the MAQ (M-MAQ) and MQS (M-MQS) valid assessment tools to examine the marital quality of Malayali couples in Kerala?

To answer the second question, this study used a factor analysis to determine if the same number of factors identified in the original versions of the MAQ and the MQS were present. The study analyzed internal reliability by determining the Cronbach alpha of the scales and their subscales. I also included Pearson correlation coefficient results to find evidence for the construct validity of the scales.

Factor Analyses

Factor analysis is a technique which will identify a set of underlying factors that explains the relationships between correlated variables on a scale. Here, it is used to identify the number of constructs or dimensions which emerged from the translated Malayalam version of the MAQ variables, and M-MQS variables. As factor analysis being a part of general linear model, this statistical tool has to meet a few assumptions. These assumptions were absence of multicollinearity, variables should measure on a continuous scale, adequacy of sample size, had a linear relationship, no outliers, and the data should be suitable for data reduction.

As factor analysis had to take into account each item of a scale, handling the missing data particularly related to the 5th item of M-MAQ and the 46th item of M-MQS became pivotal. But this study did not want to eliminate these items by pair-wise deletion or list-wise deletion in SPSS as the participants might have interpreted these items as inapplicable to their life as they did not have children. The 5th item of M-MAQ was “Both of you agree that taking care of children is a joint responsibility,” and the 46th item of M-MQS was “I agree with my

husband/wife regarding the discipline of children.” Only those participants who had no children left the two items unanswered. Therefore, an imputation technique was applied to include these participants, and the total scores after imputation of M-MQS and M-MAQ were used for the inferential statistics in this study. Since we imputed some missing values using the rest of the data, the imputed values are not independent of the rest of the data. However, since the number of imputed values is relatively small, this study ignored this lack of independence in our analysis.

M-MAQ Factor Analysis. The absence of multicollinearity (Field, 2013) was met because none of the variables are highly correlated (above 0.9) with each other in the correlation matrix table. The determinant of the correlation matrix was 0.003, greater than 0.00001 which also showed no multicollinearity in the variables. The second assumption the variables should be measured at a continuous level (Yong & Pearce, 2013) was met since the M-MAQ uses a three-point Likert scale. The assumption of the adequacy of sample size was met as the current study has more than 100 cases and a subjects-to-variables ratio of no less than five (Suhr, 2006). The assumptions of linear relationship and the absence of outliers were also met. As the Kaiser-Meyer Olkin measure of sampling test value ($KMO = .823$; see table 34) was higher than the commonly recommended value (.6), the assumption of the suitability of data for structure detection was met. Similarly, Bartlett’s test of sphericity, $\chi^2(300, N = 247) = 1357.85, p < .001$, suggests the value was significant and was suitable for factor analysis (see Table 34).

Table 34

KMO and Bartlett’s Test of M-MAQ

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.823
Bartlett’s Test of Sphericity	Approx. Chi-Square	1357.854
	<i>df</i>	300
	<i>Sig.</i>	.000

Exploratory Factor Analysis (EFA). The original MAQ instrument was administered in North India (Rajasthan and Gujarat) and was tested for its validity and reliability. The Malayalam translation of the MAQ scale collected data from Kerala (South India) couples; the culture and population were entirely different from those of North India. Thus, the M-MAQ instrument also becomes “new” since it was tested on a very diverse sample; this study had to perform an EFA (Chatzoudes, 2017). Of the 255 participants, 247 were selected for the factor analysis as SPSS excluded eight participants based on *listwise* deletion to eliminate the missing data.

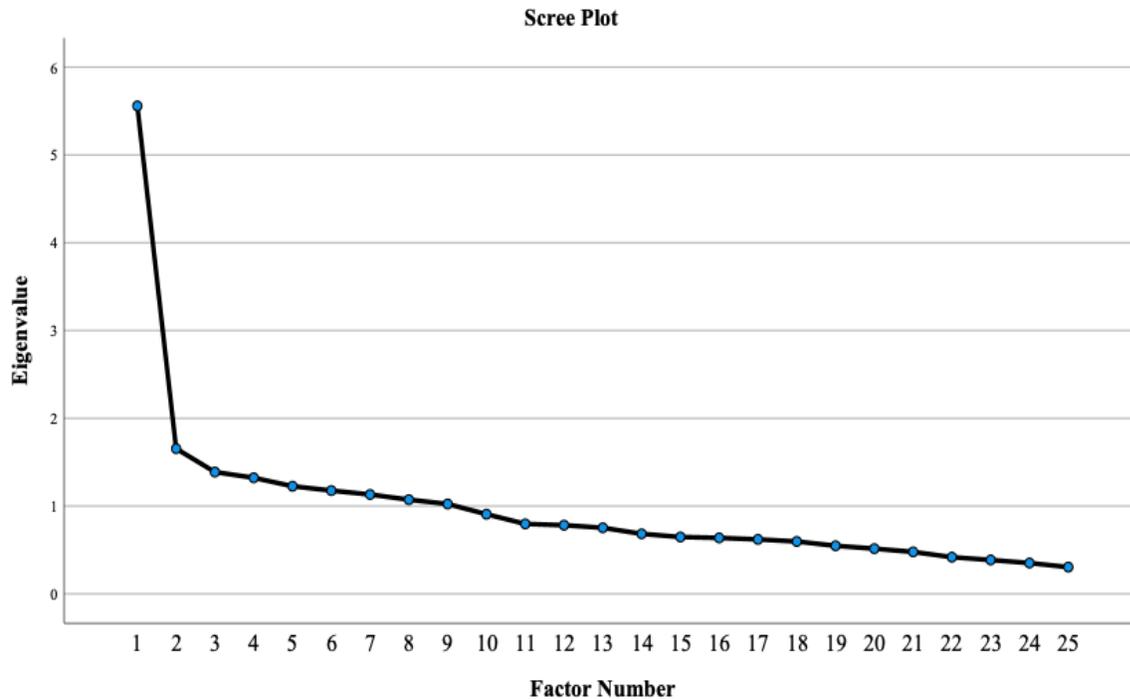
Principal Component Analysis. To reduce a large number of variables into smaller number of components, this study used Principal Component analysis technique to extract maximum variance from the data set with each component (Tabachnick & Fidell, 2007). As an initial step, principal component analysis was used to extract factors from the 25 variables on the M-MAQ scale. The cumulative proportion of *total variance explained* criterion suggests retaining as many principal components (PC) as are needed to explain approximately 80–90% of the total variance (Ngure et al., 2015), and here the number of PCs needed was 15–19 (see Table 35). Kaiser’s rule is to retain as many PCs as are those whose variance was larger than the average variance. According to Kaiser Criterion, a study has to retain the number of PCs which have an eigen value larger than one (Kaufman & Dunlap, 2000). In this study, the PCs were observed to be nine (see Table 35). The variance above one were for PCs 1, 2, up to 9 which had variances 5.59, 1.66 up to 1.03. Therefore, this study retained nine PCs. The scree-test is reliable with a sample size of at least 200 (Yong & Pearce, 2013). A visual inspection of the scree plot was used to determine the appropriate number of factors and nine factors were displayed in the scree plot (see Figure 2).

Table 35*Total Variance Explained for M-MAQ*

Component	Initial Eigenvalues			Extraction sums of squared loadings			Rotation sums of squared loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
	1	5.558	22.234	22.234	5.558	22.234	22.234	2.392	9.570
2	1.655	6.620	28.854	1.655	6.620	28.854	2.385	9.540	19.110
3	1.388	5.553	34.407	1.388	5.553	34.407	2.139	8.557	27.667
4	1.323	5.292	39.699	1.323	5.292	39.699	1.805	7.221	34.888
5	1.227	4.907	44.606	1.227	4.907	44.606	1.495	5.980	40.868
6	1.177	4.709	49.316	1.177	4.709	49.316	1.457	5.829	46.696
7	1.133	4.530	53.846	1.133	4.530	53.846	1.350	5.400	52.096
8	1.074	4.295	58.141	1.074	4.295	58.141	1.317	5.268	57.364
9	1.025	4.098	62.239	1.025	4.098	62.239	1.219	4.875	62.239
10	.908	3.633	65.872						
11	.798	3.191	69.063						
12	.783	3.132	72.195						
13	.753	3.014	75.209						
14	.685	2.738	77.947						
15	.649	2.595	80.542						
16	.638	2.554	83.096						
17	.621	2.486	85.581						
18	.598	2.390	87.972						
19	.549	2.195	90.166						
20	.516	2.064	92.230						
21	.479	1.915	94.146						
22	.419	1.676	95.821						
23	.387	1.548	97.369						
24	.352	1.408	98.777						
25	.306	1.223	100.000						

Note. Extraction Method: Principal Component Analysis.

Figure 2*Scree Plot of M-MAQ*



Communalities. The communalities indicated the extracted components explained a significant proportion of the variance (see Table 36). Corresponding to the item “Both of you agree that you got married at the right age,” the communality is 0.798, which was the highest of all items. Thus, the common factors together explained 79.8% of the variability among the scores for the “Both of you agree that you got married at the right age” item. Similarly, the item “Both of you try to squeeze out maximum possible time to be with each other,” the communality was 0.446, the lowest of all items. Therefore, the common factors together explained 44.6% of the variability among the scores for the “Both of you try to squeeze out maximum possible time to be with each other” item. The communality of the remaining items falls in between these two scores (see Table 36).

Table 36

Communalities

M-MAQ Items	Extraction
Both of you prefer to go out together	.574
Both of you have full confidence in each other	.606
Both of you are religious minded	.746
Both of you develop tension over family expenditure	.742
Both of you agree that taking care of children is a joint responsibility	.735
Both of you believe in family planning	.604
Both of you agree that you got married at the right age	.798
Both of you feel incomplete when required to live alone	.602
Both of you fully enjoy sex	.673
Both of you like to keep some of your personal secrets to yourself	.469
Both of you try to squeeze out maximum possible time to be with each other	.446
Both of you respect each other's family members	.697
Both of you are proud of each other	.518
Both of you try to solve your family problems jointly	.527
Both of you treat each other more as a partner (friend) than a husband or wife	.559
Both of you praise each other	.634
Both of you take care of each other's interests, habits and likings.	.542
Both of you have got similar views regarding the number of children in the family	.618
Both of you have arguments talking household issues	.683
Both of you take care of each other's needs and satisfactions in sexual matters	.689
Both of you feel that you did the right thing that you married each other	.636
Both of you feel quite miserable in the absence of each other	.601
Both of you agree that marriage provides the most satisfying sex	.576
Both of you have got similar interests and aptitudes	.652
Both of you try to maintain newness in your sexual relationship	.633

Note. Extraction Method: Principal Component Analysis.

Factor Extraction and Rotation. The varimax orthogonal rotation technique was used in this study to minimize the number of variables which had high loadings on each factor and work to make small loadings even smaller (Yong & Pearce, 2013). For the ease of interpretation, I selected *Sorted by size* in SPSS to display the loadings in a descending order and *suppress small coefficients* using an *Absolute value below .40*. The *rotated component matrix for M-MAQ* clarified loadings of the significant factors (see Table 37).

The Kaiser Meyer Olkin test showed sample adequacy with a value of 0.823, which exceeded the minimum requirement of 0.7 (Shrestha, 2021). In addition, the Bartlett's test showed significant results indicating the items were correlated and able to proceed for factor analysis. All the items in nine domains had a factor loading > 0.4 ; therefore, no item was removed. The nine domains accounted for 62.24% of the total variance. The variance percentage explained by the individual domains 1, 2, 3, 4, 5, 6, 7, 8, and 9 after Varimax rotation were 9.57%, 9.54%, 8.56%, 7.22%, 5.98%, 5.82%, 5.40%, 5.26%, and 4.88%, respectively. Before rotation, the respective score for each domain was 22.23%, 6.62%, 5.55%, 5.29%, 4.91%, 4.71%, 4.53%, 4.30%, 4.10% (see Table 35).

The final M-MAQ version consists of 25 items within nine components. The first rotated component had loadings on "praise each other," (0.729), "treat each other more as a partner (friend) than a husband and wife," (0.702), "take care of each other's interests, habits, and likings," (0.610), "try to solve family problems jointly," (0.487), "proud of each other," (0.435), "try to squeeze out maximum possible time to be with each other," (0.414), and so was named as the factor "nurturing/commitment." The second component had loadings on "try to maintain newness in your sexual relationship," (0.689), "fully enjoy sex," (0.682), "prefer to go out together," (0.629), "take care of each other's needs and satisfaction in sexual matters," (0.624), collectively form a factor called "Intimacy." The third rotated component had loadings on "respect each other's family members," (0.680), "feel that you did the right thing that you married each other," (0.671), "full confidence in each other" (0.526), "agree marriage provides the most satisfying sex," (0.485), and so was named "Respect and Trust." The fourth component had loadings on "feel quite miserable in the absence of each other" (0.723), "feel incomplete when required to live alone," (0.700), named as "attachment." The fifth component had two

loadings on “believe in family planning” (0.737) and “like to keep some of your personal secrets to yourself” (0.623), and so was named “privacy.” The sixth component had two loadings on “you have similar interests and aptitudes” (0.721) and “similar views regarding the number of children in the family” (0.685), named as a factor “understanding.” The seventh component had two loadings on “agree that taking care of children is a joint responsibility” (0.793) and “develop tension over family expenditure” (-0.620), named as a factor “responsibility.” The eighth factor had one loading on “agree that you got married at the right age” (0.858) designated as a factor “satisfaction.” The final (ninth) component had two loadings on “religious-minded” (0.823) and “arguments talking household issues,” (0.546) named as a factor “religiosity/harmony” (see Table 37).

Table 37

Rotated Component Matrix^a of M-MAQ

M-MAQ items	Component									Communalities	
	1	2	3	4	5	6	7	8	9		
1. Praise each other	.729										.634
2. Friend than a husband or wife	.702										.559
3. Take care of each other’s interests,	.610										.542
4. Solve your family problems jointly	.487										.527
5. Proud of each other	.435										.518
6. Time to be with each other	.414										.446
7. Newness in your sexual relationship		.689									.633
8. Fully enjoy sex		.682									.673
9. Going out together		.629									.574
10. Satisfactions in sexual matters		.624									.689

11. Respect each other's family members	.680	.697
12. Right thing you married each other	.671	.636
13. Full confidence in each other	.526	.606
14. Marriage provides most satisfying sex	.485	.576
15. Miserable in the absence of each other	.723	.601
16. Incomplete when required to live alone	.700	.602
17. Believe in family planning	.737	.604
18. Keep your personal secrets to yourself	.623	.469
19. Similar interests and aptitudes	.721	.652
20. Views regarding no. of children	.685	.618
21. Taking care of children joint responsibility	.793	.735
22. Develop tension over family expenditure	-.620	.742
23. Married at the right age	.858	.798
24. Religious-minded	.823	.746
25. Arguments talking household issues	.546	.683

Note. Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 23 iterations

Internal Consistency Reliability Analysis of M-MAQ components. The alpha score for the M-MAQ total score was $\alpha = .785$. The Cronbach's alpha for each domain ranged from 0.331–0.733 (see table 38). A Cronbach's alpha value of more than 0.70 was considered as satisfactory internal reliability and the higher alpha value indicates a higher internal reliability. In

this study, the mean inter-item correlation was also analyzed and ranged from 0.209 –0.407 (see Table 38). A mean interitem correlation more than 0.6 indicated the item is highly correlated under its domain (Zun et al., 2019). Hence the inter-item was not highly correlated in this study.

Table 38

Internal Consistency Reliability of the M-MAQ Version

Components in M-MAQ	# of items	Cronbach's Alpha	Mean inter-item correlation
Commitment	6	0.725	.305
Intimacy	4	0.733	.407
Respect and Trust	4	0.660	.328
Attachment	2	0.553	.383
Privacy	2	0.362	.222
Understanding	2	0.471	.313
Responsibility	2	0.486	-.215
Religiosity/harmony	2	0.331	.209
Satisfaction	1		

Construct validity. Construct validity was assessed by comparing participants' total score on the M-MAQ and their total score on the M-MQS. The correlation coefficient was computed between the two translated scales (M-MAQ and M-MQS) and the results showed the correlation between M-MAQ and M-MQS was significant (Pearson $r = .68, p < .001$), suggesting the M-MAQ Scale had adequate construct validity.

Conclusion. In the MAQ scale of Kumar and Rohatgi, the reliability of the test was calculated by split-half method by applying the Spearman Brown formula. Besides, the test-retest reliability with a time interval of 3 weeks was found to be 0.71 ($n = 60$) with index reliability of 0.84. In the translated Malayalam version of the MAQ, the reliability was calculated by Cronbach alpha and found a sufficient internal consistency ($\alpha = .785$). When keeping the original subscales of MAQ intact, each subscale had the following value of Cronbach alpha:

Sexual ($\alpha = .722$), Social ($\alpha = .289$), Emotional ($\alpha = .663$). The Cronbach's alpha of the subscale 'social' was weak and the factor analysis did not support keeping the original subscales. The newly formulated subscales of M-MAQ after varimax rotation in explanatory factor analysis got values of Cronbach alpha in various degrees such as .725 (commitment), .733 (Intimacy), .660 (Respect and Trust), .553 (Attachment), .362 (Privacy), .471 (Understanding), .486 (Responsibility) and .331 (Religiosity and harmony). Thus, the reliability score improved after the varimax rotation with principal component analysis. The study also did a split-half method by applying the Spearman Brown formula with a value of 0.789 (see Table 39) which was closer to the value of original scale. Given the sufficient value of Cronbach Alpha for M-MAQ ($\alpha = .785$) and the significant correlation between M-MAQ and M-MQS ($r = .68, p < .01$) the M-MAQ was proved to be a valid tool to assess marital adjustment of Malayali couples.

Table 39

Reliability Statistics

Cronbach's Alpha					Spearman-Brown Coefficient			Guttman Split-Half Coefficient
Part 1		Part 2		Total N of Items	Correlation Between Forms	Equal Length	Unequal Length	
N of Value	Items	N of Value	Items					
.428	13 ^a	.775	12 ^b	25	.651	.789	.789	.765

M-MQS Factor Analysis. The assumption the variables should be measured at a continuous level (Yong & Pearce, 2013) was met since the M-MQS uses a four-point Likert scale. The assumption of the adequacy of sample size was met as the current study had more than 100 cases and a subjects-to-variables ratio of no less than five (Suhr, 2006). The assumptions of linear relationship and the absence of outliers were also met. As the Kaiser-Meyer Olkin measure of sampling test value ($KMO = .909$) was higher than the commonly recommended value (.6),

the assumption of the suitability of data for structure detection was met. Similarly, Bartlett’s test of sphericity, $\chi^2 (1225, N = 249) = 6156.879, p < .001$, suggests the value was significant and was suitable for factor analysis (see Table 40). The absence of multicollinearity (Field, 2013) was met because none of the variables were highly correlated (above 0.9) with each other in the correlation matrix table. However, the determinant of the correlation matrix was almost zero indicating severe multicollinearity. Although, none of the correlations were above 0.9, this study went ahead with a factor analysis.

Table 40

KMO and Bartlett’s Test of M-MQS

<hr/>		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.909
Bartlett’s Test of Sphericity	Approx. Chi-Square	6156.879
	<i>df</i>	1225
	<i>Sig.</i>	.000
<hr/>		

Exploratory Factor Analysis (EFA). The original MQS instrument was administered in Bangalore, India, and was tested for its validity and reliability. For the Malayalam translation of the MQS, I collected data from Kerala couples. The M-MQS instrument also became “new” since it was tested on a diverse sample; this study had to perform an EFA (Chatzoudes, 2017). Of the 255 participants, 249 were selected for the factor analysis as SPSS excluded six participants based on *listwise* deletion to eliminate the missing data.

Principal Component Analysis. To reduce a large number of variables into smaller number of components, I used Principal Component analysis technique to extract maximum variance from the data set with each component (Tabachnick & Fidell, 2007). As an initial step, principal component analysis was used to extract factors from the 50 variables on the M-MQS scale. According to Kaiser Criterion, a study has to retain the number of PCs that have an eigen

value larger than one (Ngure et al., 2015). In this study, the PCs were observed to be 10 with an eigen value above one (see Table 41). The PCs whose variance was above one were Factors 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 and they had percentage of Variances of 29.69, 7.87, 3.92, 3.90, 3.03, 2.98, 2.65, 2.55, 2.29, and 2.13, respectively. The cumulative proportion of total variance explained of the 10 factors was 60.41%, and this study retained 10 PCs. The scree-test was reliable with a sample size of at least 200 (Yong & Pearce, 2013), and this study had a sample size of 255 participants which fulfilled this criterion. Therefore, a visual inspection of the scree plot was used to determine the appropriate number of factors and 10 factors are displayed in the scree plot (see Figure 3).

Table 41

Total Variance Explained for M-MQS

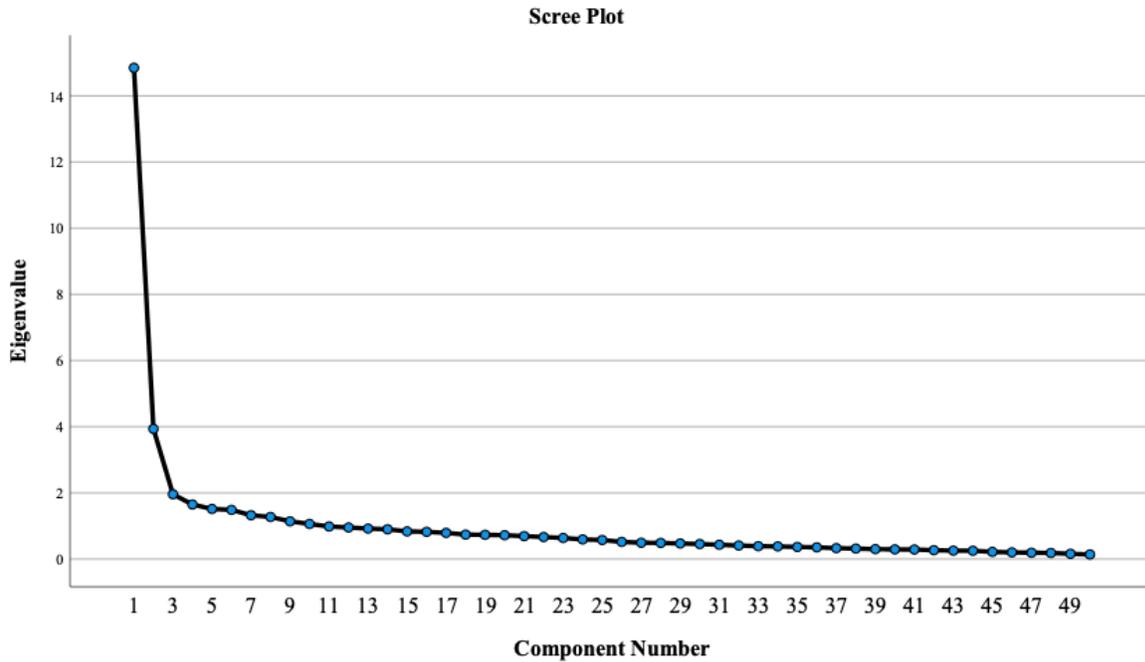
Component	Initial Eigenvalues			Extraction sums of squared loadings			Rotation sums of squared loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	14.849	29.698	29.698	14.849	29.698	29.698	4.842	9.683	9.683
2	3.937	7.874	37.572	3.937	7.874	37.572	4.819	9.638	19.321
3	1.960	3.919	41.491	1.960	3.919	41.491	4.328	8.657	27.978
4	1.650	3.301	44.792	1.650	3.301	44.792	4.238	8.475	36.453
5	1.517	3.034	47.826	1.517	3.034	47.826	2.649	5.298	41.752
6	1.488	2.976	50.801	1.488	2.976	50.801	2.332	4.663	46.415
7	1.325	2.651	53.452	1.325	2.651	53.452	2.050	4.101	50.516
8	1.273	2.547	55.999	1.273	2.547	55.999	1.813	3.627	54.142
9	1.143	2.285	58.284	1.143	2.285	58.284	1.664	3.329	57.471
10	1.063	2.126	60.410	1.063	2.126	60.410	1.469	2.938	60.410
11	.986	1.973	62.382						
12	.956	1.912	64.294						
13	.923	1.847	66.141						
14	.901	1.802	67.943						
15	.838	1.676	69.620						
16	.825	1.650	71.270						

17	.793	1.587	72.856
18	.740	1.481	74.337
19	.734	1.469	75.806
20	.723	1.445	77.251
21	.695	1.390	78.641
22	.667	1.334	79.975
23	.639	1.279	81.254
24	.596	1.192	82.446
25	.578	1.156	83.602
26	.521	1.041	84.643
27	.495	.991	85.634
28	.489	.979	86.612
29	.473	.946	87.559
30	.456	.912	88.471
31	.434	.868	89.339
32	.411	.822	90.161
33	.392	.783	90.944
34	.385	.769	91.713
35	.367	.734	92.447
36	.355	.711	93.158
37	.332	.663	93.821
38	.319	.637	94.458
39	.302	.604	95.063
40	.294	.589	95.652
41	.290	.580	96.232
42	.270	.540	96.772
43	.257	.513	97.285
44	.253	.506	97.792
45	.219	.438	98.229
46	.204	.408	98.637
47	.193	.386	99.024
48	.187	.374	99.398
49	.160	.321	99.719
50	.141	.281	100.000

Note. Extraction Method: Principal Component Analysis.

Figure 3

Scree Plot of M-MQS



Communalities. The communalities indicated the extracted components explained a significant proportion of the variance (see Table 41). Corresponding to the item “My husband/wife does not like me,” the communality is 0.720, which was the highest of all items. Thus, the common factors together explained 72% of the variability among the scores for the “My husband/wife does not like me” item. Similarly, the item “My husband/wife does not bother about the feeling towards him/her,” the communality was 0.303, the lowest of all items. Therefore, the common factors together explained 30.3% of the variability among the scores for the “My husband/wife does not bother about the feeling towards him/her” item. The communality of the remaining items falls in between these two scores (see Table 42).

Table 42

Communalities

M-MQS Items	Extraction
My husband's/wife's opinion carries as much weight as mine in money matters	.424
My husband's/wife's tendency to dominate over me creates problems between us	.625
Whenever we have argument, my husband/wife thinks that he is right	.588
I look forward to being with my husband/wife	.604
My husband/wife doesn't allow things to be done in the way I want	.618
My husband/wife does not trust me	.530
My husband/wife decides where we will go and what we will do, when we go out	.561
When my husband/wife plans our vacation, I enjoy it.	.648
My husband/wife satisfy my needs	.647
My husband/wife makes me feel secure	.615
My husband/wife is rigid in his/her opinions	.638
My husband/wife understand my sexual needs	.665
I feel satisfied with the way our vacation are spent	.655
I can't win in an argument with my husband/wife	.423
My husband/wife complaints that I do not understand him/her	.554
My husband/wife participates in taking decisions for our home	.558
I discuss my problems with my husband/wife, as he is capable of helping me	.668
My husband/wife passes sarcastic comments about me	.625
My husband/wife is not concerned about my parents	.528
My husband/wife doesn't satisfy my sexual needs	.607
My husband/wife understands what I value in my life	.553
The thought of divorcing my husband/wife crosses my mind	.628
My husband/wife decides where we will live	.693
My husband/wife does not bother about the feeling towards him/her	.303
I discuss my long-term plan for our family with my husband/wife	.599
I feel comfortable sharing my mistakes with my husband/wife	.635
My sex life is satisfactory	.714
My husband/wife is happy with me	.633
My husband/wife is capable of making timely independent decisions	.706
My husband/wife tries to understand how am I feeling	.674
I appreciate the sacrifices made by my husband/wife	.587
My husband/wife does not like me	.720
My husband/wife is indifferent to me	.583
My husband/wife expects me to do things as he desires	.505
My husband/wife does not have much affection for me	.683
My husband/wife plays timely attention to his responsibilities	.640
My husband/wife shares his feelings with me	.602
My husband/wife cooperates with me in maintaining relationship with my parents	.527
My husband/wife believes me	.518

My husband/wife criticizes me more than appreciating	.685
I regret being married to my husband/wife	.652
My suggestions are well taken by my husband/wife	.643
I feel that decision taken after a discussion with my husband/wife are good for us	.558
My husband/wife argues with me in front of others	.550
My husband/wife is not able to make happy	.602
I agree with my husband/wife regarding the discipline of children	.586
My husband/wife tries to comfort me when I am upset	.642
I share my feeling and thoughts with my husband/wife	.649
My husband/wife is capable of carrying out his responsibilities	.694
On financial matters, my husband/wife consults me	.658

Factor Extraction and Rotation. The Varimax orthogonal rotation technique was used in this study to minimize the number of variables which had high loadings on each factor (Yong & Pearce, 2013). For the ease of interpretation, I selected *Sorted by size* in SPSS to display the loadings in a descending order and *suppress small coefficients* using an *Absolute value below .40*. The *rotated component matrix for M-MQS* clarified loadings of the significant factors (see Table 43).

The Kaiser Meyer Olkin test showed sample adequacy with a value of 0.909, which exceeded the minimum requirement of 0.7 (Shrestha, 2021). In addition, the Bartlett's test showed significant results indicating the items were correlated and eligible to proceed for factor analysis. All the items in 10 domains had a factor loading > 0.4 ; therefore, no item was removed. The 10 domains accounted for 60.41% of the total variance. After Varimax rotation, the variance percentage explained by the individual domains 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 were 9.69%, 9.63%, 8.66%, 8.48%, 5.29%, 4.66%, 4.10%, 3.62%, 3.32%, and 2.93%, respectively. Before rotation, the respective score for each domain was 29.69%, 7.87%, 3.91%, 3.30%, 3.03%, 2.97%, 2.65%, 2.54%, 2.28% and 2.12% (see table 41).

The final M-MQS version consisted of 25 items within 10 components. The first rotated component included eight variables which had loadings on “I discuss my long-term plan for our family with my husband/wife,” (0.718), “I discuss my problems with my husband/wife, as he is capable of helping me,” (0.699), “My husband/wife participates in taking decisions for our home,” (0.626), “I feel comfortable sharing my mistakes with my husband/wife,” (0.625), “On financial matters, my husband/wife consults me,” (0.587), “I share my feeling and thoughts with my husband/wife,” (0.549), “I feel that decision taken after a discussion with my husband/wife are good for us,” (.518), and “My husband/wife shares his feelings with me,” (0.467), and so was named as the factor “decision-making/sharing.”

The second component of eight variables had loadings on “My husband/wife does not like me,” (0.783), “My husband/wife is not able to make happy,” (0.694), “My husband/wife does not have much affection for me,” (0.679), “My husband/wife doesn’t satisfy my sexual needs,” (0.640), “My husband/wife is indifferent to me,” (0.610), “My husband/wife is not concerned about my parents,” (0.594), “My husband/wife does not trust me,” (0.533), and “My husband/wife does not bother about the feeling towards him/her,” (0.450). These variables collectively formed a factor called “despair/discontent.”

The third rotated component included nine variables had loadings on “My husband/wife believes me,” (0.688), “I agree with my husband/wife regarding the discipline of children,” (0.650), “My husband/wife is capable of carrying out his responsibilities” (0.638), “My husband/wife plays timely attention to his responsibilities,” (0.610), “ I appreciate the sacrifices made by my husband/wife,” (0.519), “My husband/wife is happy with me,” (0.510), “ My suggestions are well taken by my husband/wife,” (0.497), “My husband/wife cooperates with

me in maintaining relationship with my parents,” (0.486), “ My husband/wife tries to comfort me when I am upset,” (0.444) and so was named as the factor “responsibility/cooperation.”

The fourth component of nine variables had loadings on “My husband/wife is rigid in his/her opinions” (0.693), “Whenever we have argument, my husband/wife thinks that he is right,” (0.650), “My husband/wife complaints that I do not understand him/her,” (0.610), “My husband/wife doesn’t allow things to be done in the way I want,” (0.585), “My husband’s/wife’s tendency to dominate over me creates problems between us,” (0.573), “I can’t win in an argument with my husband/wife,” (0.572), “My husband/wife passes sarcastic comments about me,” (0.557), “My husband/wife criticizes me more than appreciating,” (0.530), “My husband/wife argues with me in front of others,” (0.467) and so was named as the factor “dissolution potential.”

The fifth component of four variable had loadings on “My sex life is satisfactory” (0.701) and “My husband/wife understand my sexual needs” (0.685), “My husband/wife tries to understand how am I feeling,” (0.551), “My husband/wife understands what I value in my life,” (0.416) and so was named as the factor “understanding/acceptance.” The sixth component of three variables had loadings on “I feel satisfied with the way our vacation are spent” (0.652) and “When my husband/wife plans our vacation, I enjoy it,” (0.546), and “My husband/wife satisfy my needs,” (0.448). These variables collectively formed a factor “leisure/selfcare.”

The seventh component that included four variables had loadings on “The thought of divorcing my husband/wife crosses my mind” (0.695) and “My husband/wife makes me feel secure” (0.567), “I regret being married to my husband/wife,” (0.470), “I look forward to being with my husband/wife,” (0.453), and so was named as the factor “satisfaction.” The eighth factor with two variables had loadings on “My husband/wife is capable of making timely

independent decisions,” (0.691), and “My husband’s/wife’s opinion carries as much weight as mine in money matters,” (0.428) and so was designated as a factor “autonomy.” The ninth component had loadings on “My husband/wife decides where we will live” (0.795) and “My husband/wife expects me to do things as he desires,” (0.517), and was named as the factor “dominance.” The 10th component had loading on “My husband/wife decides where we will go and what we will do, when we go out,” (0.552). It had also got a moderate loading (.430) on factor nine called dominance. As this item reflects a strong aspect of dominance, I converged this item to factor nine. Therefore, factor nine became a factor of three items and factor 10 was eliminated from this study. To conclude, M-MQS was standardized as a questionnaire of 50 variables with nine factors. Consequently, the percentage of cumulative variance changed from 60.41%–58.28%.

Table 43

Rotated Component Matrix^a for M-MQS

M-MQS variables	Component									
	1	2	3	4	5	6	7	8	9	10
I discuss my long-term plan for our family with my husband/wife	.718									
I discuss my problems with my husband/wife, as he is capable of helping me	.699									
My husband/wife participates in taking decisions for our home	.626									
I feel comfortable sharing my mistakes with my husband/wife	.625									
On financial matters, my husband/wife consults me	.587					.482				
I share my feeling and thoughts with my husband/wife	.549									

I feel that decision taken after a discussion with my husband/wife are good for us	.518	
My husband/wife shares his feelings with me	.467	
My husband/wife does not like me	.783	
My husband/wife is not able to make happy	.694	
My husband/wife does not have much affection for me	.679	
My husband/wife doesn't satisfy my sexual needs	.640	
My husband/wife is indifferent to me	.610	
My husband/wife is not concerned about my parents	.594	
My husband/wife does not trust me	.533	
My husband/wife does not bother about the feeling towards him/her	.450	
My husband/wife believes me	.688	
I agree with my husband/wife regarding the discipline of children	.650	
My husband/wife is capable of carrying out his responsibilities	.638	
My husband/wife plays timely attention to his responsibilities	.610	
I appreciate the sacrifices made by my husband/wife	.519	
My husband/wife is happy with me	.510	
My suggestions are well taken by my husband/wife	.497	
My husband/wife cooperates with me in maintaining relationship with my parents	.436	.486
My husband/wife tries to comfort me when I am upset	.444	
My husband/wife is rigid in his/her opinions		.693

Whenever we have argument, my husband/wife thinks that he is right		.650	
My husband/wife complains that I do not understand him/her		.610	
My husband/wife doesn't allow things to be done in the way I want		.585	.418
My husband's/wife's tendency to dominate over me creates problems between us	.421	.573	
I can't win in an argument with my husband/wife		.572	
My husband/wife passes sarcastic comments about me		.557	
My husband/wife criticizes me more than appreciating	.454	.530	
My husband/wife argues with me in front of others		.467	
My sex life is satisfactory		.701	
My husband/wife understand my sexual needs		.685	
My husband/wife tries to understand how am I feeling		.551	
My husband/wife understands what I value in my life		.416	
I feel satisfied with the way our vacation are spent		.652	
When my husband/wife plans our vacation, I enjoy it.		.546	
My husband/wife satisfy my needs.		.448	
The thought of divorcing my husband/wife crosses my mind		.695	
My husband/wife makes me feel secure	.416	.567	
I regret being married to my husband/wife		.470	
I look forward to being with my husband/wife		.453	

My husband/wife is capable of making timely independent decisions	.691	
My husband's/wife's opinion carries as much weight as mine in money matters	.428	
My husband/wife decides where we will live	.795	
My husband/wife expects me to do things as he desires	.517	
My husband/wife decides where we will go and what we will do, when we go out	.430	.552

Note. Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 9 iterations.

Internal Consistency Reliability Analysis of M-MQS components. The alpha score for the total M-MQS score was .943. The Cronbach's alpha for each domain ranged from 0.563–0.872 (see Table 44). A Cronbach's alpha value of more than 0.70 is considered as satisfactory internal reliability and the higher alpha value indicates a higher internal consistency. The five M-MQS components had a Cronbach alpha value of more than 0.70 (0.852, 0.840, 0.872, 0.860, 0.799), indicating high internal consistency, and another component had a Cronbach alpha closer to 0.70 (0.693) which stated satisfactory internal reliability. The other three M-MQS components had internal reliability of 0.652, 0.563, and 0.578, indicating moderate internal consistency. In this study, the mean inter-item correlation was also analyzed and ranged from 0.314–0.504. A mean interitem correlation more than 0.6 indicates the item is highly correlated under its domain (Zun et al., 2019). Hence, the inter-item was not highly correlated in this study.

Table 44*Internal Consistency Reliability of the M-MQS Version*

Components in M-MQS	Number of items	Cronbach's Alpha	Mean inter-item correlation
1. Decision-making/Sharing	8	0.852	.423
2. Despair/Discontent	8	0.840	.395
3. Responsibility/cooperation	9	0.872	.435
4. Dissolution Potential	9	0.860	.404
5. Understanding/Acceptance	4	0.799	.504
6. Leisure/Self-care	3	0.693	.436
7. Satisfaction	4	0.652	.340
8. Autonomy	2	0.563	.393
9. Dominance	3	0.578	.314

Construct validity. Construct validity was assessed by comparing participants' total score on the M-MQS and their total score on the M-MAQ. The correlation coefficient was computed between the two translated scales (M-MQS and M-MAQ) and the results show the correlation between M-MQS and M-MAQ was significant (Pearson $r = .68, p < .001$), suggesting the M-MQS Scale has adequate construct validity.

Conclusion. The MQS questionnaire of Shah had high internal consistency reliability as it got a strong value in Cronbach alpha ($\alpha = 0.91$) and a high test-retest reliability score ($r = 0.83$ over a 6-week interval). In the translated Malayalam version of the MQS, the reliability was calculated by Cronbach alpha and got a high score which proved a strong internal consistency ($\alpha = .943$). The MQS questionnaire had 12 factors including five factors which had only positively worded items, four factors that had only negatively worded items and two factors consisting of both positively and negatively worded items. When using the original subscales of MQS in the

M-MQS, the study got the following value of Cronbach alpha: Understanding ($\alpha=.849$), Rejection ($\alpha = .859$), Satisfaction ($\alpha = .756$), Affection ($\alpha = .799$), Despair ($\alpha = .352$), Decision-making ($\alpha = .713$), Discontent ($\alpha = .598$), Dominance ($\alpha = .510$), Self-disclosure ($\alpha = .557$), Role-functioning ($\alpha = .740$), and Understanding feelings and acceptance ($\alpha = .272$). But the subscales of Despair, Understanding Feelings and Acceptance got very weak score of Cronbach alpha. In M-MQS, nine factors emerged after varimax rotation with Principal component analysis in exploratory factor analysis. In M-MAQ, there were five factors with only positively worded items, three factors with only negatively worded items and one factor with both positively and negatively worded items. The newly formulated subscales of M-MQS had Cronbach alpha values were as Decision-making/Sharing ($\alpha = .852$), Despair/Discontent ($\alpha = .840$), Responsibility/Cooperation ($\alpha = .872$), Dissolution Potential ($\alpha = .860$), Understanding/Acceptance ($\alpha = .799$), Leisure/Selfcare ($\alpha = .693$), Satisfaction ($\alpha = .652$), Autonomy ($\alpha = .563$), and Dominance ($\alpha = .578$). Thus, the reliability score improved after the varimax rotation with principal component analysis. The standardized procedure of the forward and backward translation of the original scale into Malayalam, the sufficient value of Cronbach Alpha for M-MQS ($\alpha = .943$) and its subscales, and the significant correlation between M-MAQ and M-MQS ($r = .68, p < .01$), proved the M-MQS to be a valid tool to assess the marital quality of Malayali couples.

Summary of Results

The participants' age varied from 24–73 years, and years of marriage ranged between 1–45 years. Among the 260 participants, 30 reported not having any children. Regarding the education level, 35.8% had a bachelor's degree, which was the highest level of education among the participants. Participants who were “employed for wages” formed the highest group in the

category of occupation. The participants of this study were from diverse economic backgrounds as 40.4% had a monthly income below 10,000 rupees, and 20.4% had above 30,000 rupees. A majority (88.5 %) of the participants belonged to the Christian religion.

The first research question, "What is the marital quality of Malayali couples in Kerala using a Malayalam version of the MAQ (M-MAQ) and the MQS (M-MQS)?" was addressed in this study by analyzing the scores attained in M-MAQ, M-MQS and M-KMSS. Of the 260 participants, five did not complete the M-MAQ scale, and SPSS did a listwise deletion to address the missing data. Of the remaining 255 participants, 91.4% reported an "above average" and an "average" level of marital adjustment. Regarding M-MQS, three participants who did not fully complete the questionnaire were removed from the study. Of the remaining 257 participants, 62.3% reported "good" and "mildly affected" marriage quality.

All 260 participants completed the three-item questionnaire in KMSS. The cutoff score for the KMSS is 17. A total score of 17 or above indicates the individual or couple is nondistressed, whereas a score of 16 or lower shows some sign of marital distress. Of the 260 participants, 105 (40.4%) participants' total score was less than or equal to 16, indicating marital distress, while 155 (59.6%) participants' total score was 17 or higher, showing nondistressed relationships. Based on analysis of the data collected by the translated versions of the MAQ and MQS in Malayalam, Malayali couples report a high-level marital adjustment and marital quality. Results from analysis of the KMSS support this result.

The second research question, "Are the Malayalam versions of the MAQ (M-MAQ) and MQS (M-MQS) valid assessment tools to examine the marital quality of Malayali couples in Kerala?" was addressed in this study by analyzing the content validity, construct validity, and internal consistency reliability of the instruments (Tsang, Royse, Terkawi, 2017). Considering

the original scales were developed in English, this study also conducted an explanatory factor analysis to assess the content validity of the translated versions. Based on a sufficiently large value of Cronbach Alpha for M-MAQ ($\alpha=.785$) and M-MQS ($\alpha=.943$) along with their subscales, the results indicate that both the M-MAQ and M-MQS had adequate internal consistency reliability. The significant correlation between M-MAQ and M-MQS provided sufficient construct validity. The explanatory factor analysis created new subscales for both the M-MAQ and M-MQS after varimax rotation with a principal component analysis. The reliability scores of the newly formulated subscales of M-MAQ and M-MQS improved after the varimax rotation making these scales valid instruments to assess marital adjustment and quality among Malayali couples.

Chapter V- Summary, Implications, & Recommendations

This quantitative study examined the marital quality of South Asian Indian couples, and the validity of Malayali translated instruments by collecting data from Malayali couples residing in Kerala, India. In Chapters I–IV, I presented the rationale and justification for the study, relevant research, methodology for the study, and the results. In this chapter, I discuss the significance of the results related to Malayali couples, the field of marriage and family therapy (MFT), and the literature. This chapter also presents the implications of the study, areas of future research, and a summary.

This study examined the quality of the marital relationship of Malayali couples by using Malayali versions of standardized instruments which were previously only available in English. The increasing number of divorces among Malayali couples, the extreme scarcity of studies about this particular population, and the lack of effective marital quality assessment tools in Malayalam justify the need and the importance of this study. Consequently, this study proposed two research questions to address the literature gap mentioned above: “What is the marital quality of Malayali couples in Kerala using a Malayalam version of the MAQ (M-MAQ) and the MQS (M-MQS)?”; and “Are the Malayalam versions of the MAQ (M-MAQ) and MQS (M-MQS) valid assessment tools to examine the marital quality of Malayali couples in Kerala?” This study used a quantitative survey research design to collect data from married couples in Kerala.

Prior to initiation of the study, I was involved in a translation process to create a Malayalam version of the standardized measures —available only in English—that have been used to assess marital quality with South Asian Indian couples. That process included forward and backward translations of MAQ, MQS, and KMSS. This process was followed by a panel discussion of translators who identified discrepancies between the original English and the back-

translated English versions and resolved these discrepancies in the translated Malayalam version. The discrepancies were mainly due to the lack of semantic clarity around the words, “feeling” or “emotion” (for example, Q. 30, Q. 37 in MQS) as the translated words in Malayalam did not sound precise and natural. There was also difficulty in finding the appropriate translated words for expressions such as “indifferent to me” (Q. 33 in MQS), “much affection” (Q. 35 in MQS), and “well taken” (Q.42 in MQS). These discrepancies relating to precision, clarity and naturalness in translation were sorted out by a panel discussion of the translators by reaching a consensus regarding ambiguous items. Then, this study used the translated versions of M-KMSS, M-MAQ, and M-MQS, to collect data from 260 married couples from 10 of 14 districts in Kerala.

Implications

Based on the stated research questions and data analyses given above, the following conclusions were drawn. Demographic variables such as participants’ gender, salary, occupation, and education showed no significant relationship with the marital adjustment of the couples with respect to both M-MAQ and M-MQS. Gender has long been identified in the literature as a predictor of marital satisfaction (Sorokowski et al., 2017). But the results from this study do not corroborate the finding men are more satisfied with their marriages than women (Sharma et al., 2013). However, the study aligns with the findings of Broman (2005) and Kurdek (2005) gender difference is not a defining factor for marital quality. Although a few studies found salary, occupation, and education impacted marital quality among couples (Sorokowski et al., 2017), this study did not show any significant relationship between these variables and the participants’ marital quality. The regression analysis also produced similar results in this study as none of these demographic variables, except participants’ age in M-MAQ, predicted marital adjustment

among the Malayali couples in Kerala. One probable reason for the absence of the statistically significant difference in most demographic variables may be related to the participants' collectivistic cultural norms, values, and familial obligations (Hofstede, 2001).

The number of years in the marriage and the participants' age showed a significant relationship with marital adjustment in M-MAQ. The participants within the 1st and 10th years of marriage reported a higher level of marital adjustment than those who led a married life of more than 30 years. Arranged marriages are the norm, and more than 90% of all Indian marriages are arranged (Gautam, 2002). Allendorf's (2013) study has stated arranged marriages started at a low level of marital quality but then increase in quality over time. Contrary to Allendorf's finding, this study results indicated high levels of marital adjustment during the early years of marriage. The study was supported by the results of Umberson and Liu (2005). They stated marital quality declines over time, possibly because the couples become less compatible or bored with each other over time. In Kerala, being a collectivistic society, there is some stigma surrounding divorce. Since divorce is considered shameful, spouses may prefer to live in an unhappy marriage rather than choose divorce (Simister & Kowalewska, 2016). The fact that religion plays a pivotal role in preventing people from getting divorced is attested by this study, as most participants belonged to organized religion. Sharp (2009) explained some conservative Christian women (including Catholics) stayed in abusive marriage because they considered divorce sinful. Through the lens of critical theory, all the questions related to religious stigma have to be addressed when rendering help to married couples in Kerala.

The KMSS translation in Malayalam was used primarily for correlation purposes. However, M-KMSS did not show a significant correlation with M-MAQ and M-MQS. The KMSS was found to be a valid and fair scale when translated to other languages (Gyung &

Schumn, 1990; Shek & Tsang, 1993). The translated version of KMSS in Malayalam did not seem to be an appropriate scale for Malayali's due to the difficulty of clearly understanding each item's nuance. The semantic differences among the three items of the KMSS in English ("satisfied with your husband/wife," "satisfied with your marriage," "satisfied with your relationship") are candid and specific. But the translated Malayalam version of KMSS was confusing as it is difficult to differentiate these three items in Malayalam. Participants noted their confusion with handwritten comments on the questionnaires. A few examples were: "why did you ask similar questions?" "Please be careful when formulating questions" and "repeated questions." The meaning of the translated KMSS questions were too similar and participants found it challenging to understand the intentions behind each question.

The translated and validated M-MAQ and M-MQS instruments for Malayali couples may provide a foundation for utilizing more culturally sensitive orientations, methodologies, and measures with South Asian Indian couples living in India. Specifically, marriage and family therapy and psychotherapy clients in Kerala may benefit from assessment instruments created with their culture and language in mind. As there are no psychometrically validated and culturally appropriate measures to assess marital relationships in Kerala, introducing these two assessment scales will be a preliminary step to aid psychologists, psychiatrists, and counselors who assist couples and families in Kerala.

All the existing literature pointed out the high prevalence of domestic violence and increased divorce rates among Malayali couples (Johnson & Johnson, 2001; Carson & Chowdhury, 2000; Kimuna et al., 2013; Sonawat, 2001). During the data collection of this study, there was an exponential growth of domestic violence presumably because of the forced proximity due to the quarantine measures which resulted from the Covid-19 pandemic (Sharma

& Borah, 2020). Consequently, there is an urgent need for a helpful assessment tool in the mental health field supporting Kerala couples. However, the overall results of the study contradict the existing literature regarding the prevalence of divorce and domestic violence among Kerala couples (Carson & Chowdhury, 2000; Kimuna et al., 2013; Jha and Nagar, 2015), as this study reflected high marital satisfaction among the participants. Through the lens of critical theory, these skewed results might have been caused by the religious views of couples since most of the participants ($n = 230$, 88.5 %) were Christians. Marriage is viewed as a sacrament in Catholicism, and Christian religiosity is linked to traditional marriage attitudes (Liefbroer & Rijken, 2019).

The study results suggested high marital quality during the earlier years of marriage and then a gradual decline over the years. The decision to stay married despite marital distress may be due to rigid moral principles of traditional religions, such as Catholicism. It may also be due to the fact that individuals may remain in unsatisfactory relationships if social barriers are substantial, or alternatives are lacking (Heaton & Albrecht 1991). Certain forms of religious beliefs and practices may not be beneficial for couples' mental and physical health (Waite & Lehrer, 2003); therefore, using the lens of critical theory, mental health professional should help individual and couples challenge social conventions as a means of emancipating themselves from cultural and other beliefs that enslave them in unhappy circumstances (Habermas, 1984; Horkheimer, 1982).

Practitioners in mental health, specifically family therapists, can use the M-MAQ and M-MQS to assess, intervene, and improve the quality of Malayali couples' marital relationships. When using the M-MAQ or M-MQS, therapists can evaluate Malayali couples' pre-and post-treatment statuses and track their progress throughout the therapy. These tools can provide

mental health professionals with valuable information about strengths and vulnerabilities and help them develop the necessary interventions to improve the quality of the Malayali population's marital relationships.

This study will be an incentive for the researchers in marriage and family therapy or other mental health fields to study the correlates of marital satisfaction among Malayali couples in Kerala or immigrant Malayali couples to the U.S who are still fluent in Malayalam. The study has not analyzed the association between marital satisfaction with other probable correlates such as high divorce rates, domestic violence, gender disparities, and mental health, central issues in Malayali families. These newly validated scales will be beneficial for researchers to measure the marital satisfaction of South Asian Indian Malayali's when studying their relationship with the probable correlates mentioned above. Although this study could not find the construct validity and discriminant validity due to the lack of a standardized scale which assessed marital satisfaction in the Malayalam language, future researchers can use M-MAQ and M-MQS to serve the same research purpose.

Limitations of the Study

Despite its strengths, this study has four limitations, which should be considered in the interpretation and generalization of the findings. First, this study's generalizability was limited in that it did not collect the data by random sampling. The sample selected for the study was mainly from the urban areas of the state of Kerala. This lack of geographical diversity more than likely manifested in the participants' religious views and their choice of faith tradition since the participants were primarily from one religious group. On the other hand, participants may have been too similar in areas, such as geographical area, socioeconomic status, religious views, and

other factors, which might have influenced the study results. Thus, the best way to reduce the impact of these factors is to collect data from a more diverse and randomized sample.

Second, although the study upheld participants' anonymity to reduce the "social desirability bias" of the participants, it may not have been enough to convince participants of absolute anonymity in a collectivistic culture (Kim & Kim, 2016). However, people from collectivistic cultures may be interdependent and care about their ingroup and its standards. As a consequence of the collectivistic culture of the participants in this study, participants' responses seemed to conform to specific social norms (Sheperis et al., 2016) suggesting some level of social desirability bias might have affected both the internal validity and external validity of this study is considered a limitation (Cote & Buckley 1987). In addition, couples complete surveys in a home setting during the Covid-19 pandemic lockdown which may have affected their sense of confidentiality while taking the survey.

Along the same lines, a possible, but undeniable, constraint on the study occurred based on the timing of data collection. Data were collected during the 2020-2021 Covid-19 pandemic, which limited the scope of recruitment efforts to mostly Catholic populations. Had the data been collected from various religious groups, including Muslims and Hindus, the results might have differed. Given that a great deal of the participant recruitment occurred through catholic churches, participants in this survey study might have responded to the questionnaires in a socially desirable manner. As religious values are viewed positively in Kerala culture, it is probable that the participants, Christians and Hindus might have felt compelled by social desirability bias to give positive responses about their personal affairs in a survey (Shariff, Andersen, & Norenzayan 2015). The participants might assume that the church sponsored this survey as the recruitments were from a Church setting. Consequently, the couples in this study

would probably have responded to the marital assessment questionnaires to establish a positive impression, avoid criticism, or satisfy a need for social approval. However, contrary to this public belief, a few studies also found that religious people did not have a more pronounced social desirability bias than the non-religious (Jack et al., 2016; Rasmussen et al., 2018).

Third, the translated Malayalam version of KMSS seemed confusing to the participants. Since data collection was through a paper-pencil method, participants wrote comments on the questionnaire about the items that confused them on the KMSS due to the apparent similarity of the items. Hence a limitation of the current study was the linguistic and cultural constraints presented by the KMSS. Fourth, discriminant and convergent validities could not be performed in this study due to the lack of similar translated versions of marital assessment tools in Malayalam.

Recommendations

Considering the nonexistence of psychological assessment instruments in the Malayalam language to assess the marital quality of couples and the paucity of social science research with Malayali couples about their marital quality, the findings of this study are noteworthy. Future research is needed to extend the results of this study through random sampling with a large sample size, so that study becomes more representative of the target population. It would be highly beneficial to carry out further research using a stratified random sample with the entire population stratified into homogeneous groups based on the 14 districts in Kerala, various religious affiliations, socioeconomic status, urban and rural residents, educational and occupational differences. In addition to the quantitative study, conducting qualitative research with narrative analysis can capture the experiences of participants with methodological issues related to translation would be advantageous. Future studies are recommended for confirmatory

factor analysis to understand whether it can retain the factors obtained through exploratory factor analysis in this study.

Additional research is needed to decide the cutoff scores for the M-MAQ and M-MQS with Malayali couples. It is methodologically irrelevant to use the cutoff score from a different language version of a measure (Gudmundsson, 2009). Furthermore, future research with the M-MAQ and M-MQS should continue to assess the psychometric properties of these instruments with particular attention to determining the factor structure of the translation. Future research should also determine cutoff scores for satisfied and non-satisfied Malayali couples and determine the generalizability of the M-MAQ and M-MQS.

The literature review suggested that domestic violence is high in India (Ahmad et al., 2004; Jha and Nagar, 2015; Johnson & Johnson, 2001; Carson & Chowdhury, 2000; Kimuna et al., 2013; Sonawat, 2001). The current study's results, on the contrary, showed that the marital qualities of couples in Kerala is high. Future research should ask non-threatening questions related to intimate partner violence as part of measuring marital satisfaction. In addition, future research should assess the relationship between marital satisfaction and religion by collecting samples from non-religious and diverse religious groups in non-religious environments and settings.

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Appendix A

Curriculum Vitae of the Forward Translator 1

OVERVIEW

- Over 20 years of experience in Customer Service, Personal Finance, Public Relations and Payroll Management.
- Expertise in handling day to day business operations in QSR, Retail & Finance. Hiring and training of employees.
- Worked as a Staff Reporter of a reputed newspaper group in India.
- Experties in exploiting new business opportunities and canvassing new customers and clients

ORGANIZATIONS

- Harzel LLC: March 2013 - Current.

Managing Partner- Managing two Subway Restaurants in Irving area. I am involved in the day to day operations of the restaurant as well as managing the payroll, pricing and updating the menu managers for stores, updating the online ordering portal, hiring and training employees, canvassing and delivering catering orders.

- BBVA COMPASS: June 2011 – March 2013.

Assistant Branch Manager- Responsible for handling the day to day operations of the branch. Was responsible for making sure customers get the best experience at the branch. Also involved in training new hires, overseeing tellers and help them to improve customer service skills, making sure the branch was in compliance and customer referrals.

- FARMERS INSURANCE GROUP: June 2010 – June 2011.

Licensed Insurance Agent - Mananaging an Insurance Agency. Responsibilities include: Find new customers and analyse their financial needs. Suggest and quote most suitable products for the customers. Issue policies and collect premiums. Provides customer service to policy holders regarding their claims, policy renewal etc.

- AFC SUBS: 2006 Nov to 2010.

Office Manager – Managed the office and the HR Department of the company. Took care of all the taxes and bills for all our locations. Managed all the legal and clerical matters of more than 60 employees and several vendors. Done payroll and and filed all the related taxes for the whole crew. Run periodic reports such as profit and loss, cash flow etc to analysis and advice the owner.

- Malayala Manorama, India: January 1998 – May 2004.

Cover a range of areas (e.g., news, sports, business, education, healthcare, lifestyle, travel) as a full-time general assignment reporter.

Singled out as one of the most prolific writers and productive story contributors among reporting

Appendix A (cont.)

staff. Never failed to meet a deadline.

Provided compelling coverage of both anticipated and spontaneous news for print and online media.

Earned commendations for excellence in writing, reporting, photojournalism and infographics.

EDUCATION

- Post Graduate in Communications and Journalism - Press Academy, Cochin, India, 1997 - 1999.
- B.A. in English Language and Literature, S.B College, Kerala, India
- High School, St. Berchmans' High School, Cochin, India.
- Certification in Microsoft Office.
- Certification in Quick Books.
- A notary Public for the State of Texas

ACTIVITIES

- Very Active in the Church and Currently serving as the Diocesan Pastoral Council Member
- Co-ordinator for the inter Parish Talent Fest – Duties include finding the talented kids from our parish and taking them for inter parish competitions, preparing and training them with their item.
- Well updated and well-informed on most of the national and international news developments.

Appendix B

Curriculum Vitae of the Forward Translator 2

Varghese K. Mathew

PROFESSIONAL EXPOSURE

- Port of Fujairah (Leading Sea Port in United Arab Emirates)
- Worked as System Operator
- Worked in Sea Port in Feb 1988 as Accounts Assistant in Finance Department.
 - Established the Information Technology Department which initially run as a section of Finance and now it is the Crucial and Key Department of the Port. My responsibilities in I.T. Dept. include:
 - Database Checkpointing and backup
 - Emergency Database Updates during errors and fail-overs
 - Monitoring and Controlling of RDT (Radio Data Terminal) Sessions.
 - Executing fine-tuning procedures for Database and Archival
 - Hardware/Software Installation and Troubleshooting of Personal computers
 - Printer Troubleshooting and Maintenance
 - Network setup for Unix terminals, Workstations and PCs.
 - Full in-charge of Statistics Creation for the Port's Container, Cranes and Cargo Data.

SCHOLASTIC RECORD

Course	Subject	Year	College / University
LVN (Licensed Vocational Nursing)	Nursing	2010-11	St. Philip's College School of Nursing, 1801 Martin Luther King Drive, San Antonio, TX 78201
B.Ed	Mathematics	1986-87	St. Joseph's Training College Mannanam, Kerala, India (Mahatma Gandhi University).
M.Sc.	Mathematics	1983-85	Course Completed Calicut University, Kerala, India
B.Sc.	Mathematics (Main) Statistics (Sub)	1979-82	St. Berchmans' College, Changanacherry, Kerala, India (Kerala University).
Pre-Degree	Mathematics (Main) Physics & Chemistry (Sub)	1976-78	St. Berchmans' College, Changanacherry, (Kerala University).
S.S.L.C	All Subjects	1973-76	Kerala Government Secondary School Board

Appendix B (cont.)

Additional Qualifications Achieved

Course	Subject	Year	Institution
Airline Introductory Course	Cargo Handling, Geography	1988	Emirates/DNATA Dubai, U. A. E
Unix	Unix commands & Utilities	1994	Computer Network System-Dubai
Ingres	Database	1995	Mastex- Bombay, India
Computer Assembling & Trouble shooting	Pentium and AMD Processors system assembling	2000	Gallexy Computer, Dubai, U.A.E.
Oracle 8i	Database Administration	2001	Infomatic, Sharjah, U. A. E

Computer Skills

Operating systems

Windows 3.11, windows 95, windows 98, Windows Millennium and Win-2000 professional. Ingres II 2.0, Oracle 8i, & Unix Version 5.1A

Hardware

Assembling systems using Pentium, Pentium 2, Pentium 3, Pentium 4, and AMD processors. Maintenance, Repairing, and Troubleshooting on above system.

Loading Operating systems such as Windows 95, 98, Me, Win2000 prof. & Advanced server. Configuring Software & Hardware such as VGA, Sound Cards, Modem, Internet. etc.

Crimping Network Cables- UTP, BNC and RJ45 cables

Software Packages

Microsoft Office- MS Word, MS Excel, MS Power Point, MS Access, VISIO Prof. Adobe Photoshop

Accounting Packages

Systeme (U. K.) Accounting Packages (Nominal, Purchase, Debtors Ledger, & Fixed Asset) Prophecy (Australia) Accounting Packages (Creditors, Purchase, General ledger, Inventory system, & Fixed Assets)

Job Description: - (15 years of experience)

Data Entry operator in Finance department.

Appendix B (cont.)

Accounting System: Data Entry Jobs done on the following Accounting Packages such as Nominal Ledger, Creditors Ledger, Purchase Ledger, & Sales Ledger, Debtors Ledger, & Fixed Assets. Online & Batch mode credit account & debit account updating, Sales & purchase invoicing data posting, new account creation, A/C deletion, Cash allocation, Month end reports and Year End Reports for all Ledgers.

Personal & Payroll system: New employ's personal, payroll and Bank details data entering into the system, data amendments & deletion from the system. Personal reports, Passport, Visa, & contract expiry reports on monthly basis.

Payroll reports such as Bank transfer salary reports, Cash salary reports, Coin analysis report, Pay slips for Bank and cash employees.

Training staffs: Computer basic training such as DOS, LOTUS-123, Wordstar 2000, & dBase, given to other departments staffs, High School, Higher college of Technology and University students.

Backups and Restore: Responsible for taking daily weekly and monthly backup from PDP-11 Unix system, Unix ALTOS Machine, and all other standalone P. Cs, and restoring files if required.

As System operator in Information Technology Department

Hardware: Installation and setup works of P. Cs, Printers, Scanners, VT420 520 Terminals, & Workstations.
Crimping of RJ45, & UTP straight & cross Network cables. Radio Data Terminals (RDT), RDT printers, Vehicle Mounted Terminals (VMTs).

Software: Installation and setup works of P. Cs such as configuring AGP, Sound, Modem cards, Setup operating systems like Microsoft windows 95, 98, Windows-ME, Windows2000(prof), Windows XP, & Windows- 7.

Application Software:

Fully familiar with Container Marine, and Invoicing activities (S/W developed by Computer Maintenance Corporation of India Ltd (CMC) such as Container Control, Ship Planning, Yard Planning Marine Activity, Reefer Activity, Container Repairing System & Invoicing system.
Familiar with Radio Data Terminal application & menu functions. Familiar with Purchase System, Stock, & Inventory Control System.

Appendix B (cont.)

Statistics: **Every month preparing Sea Ports all the major activities such as Container Handling, General and Bulk cargo, Aggregates, Oil Load/Discharge tonnages, bunkering quantities, etc. using MS Excel worksheets & presenting graphical data to all managers.**

Mini Frames

Worked on the following Mini frames:

PDP- II, Unix based Mini frame.

ALTOS, Unix based Mini frame.

Alpha server 3000 & 5000, Unix based Mini frames

HP Alpha Sever DS25, Unix based Mini frame

Micro Computers

Trouble shooting and maintenance of more than 40 P. Cs and printers located in different departments.

Trainer

Responsible for giving training to end users in each department's staff & Higher College of Technology students

Worked as Assistant Manager in Quality Inn & Suites, San Antonio, Texas (1 year & 6 months)

My responsibility in the Hotel includes:

Office administration, Employee's payroll calculations, assigning schedules for Housekeepers, Supervisors,

and Front Desk sales agents, Checking Rooms status & conditions. Assigning works to maintenance staffs,

Ordering and purchasing office & hotel stuffs.

Present position

Working as a Correctional Officer with Texas Department of Criminal Justice (**8 years**)

Enforce rules and keep order within jails or prisons.

Supervise activities of inmates.

Aid in rehabilitation and counseling of offenders.

Inspect facilities to ensure that they meet standards.

Search inmates for contraband items.

Report on inmate conduct.

Appendix C

Curriculum Vitae of the Backward Translator 1

Thomas Varkey Thennadiyil

1. Educational Qualifications: (Graduate and undergraduate courses)

Degree	University/ Institution	Year	Merit
(PhD- Organizational Leadership)	University of the Incarnate Word, San Antonio, TX, USA	2015-	ABD
M. Phil (English)	Gandhigram University, Dindigul, Tamilnadu, India	2009-10	I Class
M.A. (English)	St. Joseph's College, (Autonomous), Bangalore, India	2006-08	I Rank Distinction
B. Th. (Theology)	St. Peter's Pontifical Institute, Bangalore, India	1995-98	Distinction
B.A. (Sociology, Political Science & Philosophy)	Bangalore University, Bangalore, India	1991-93	I Class
B. Ph. (Philosophy)	St. Peter's Pontifical Institute, Bangalore, India	1991-93	Distinction

2. Teaching and Administrative Experiences

Position	Institution	Year
Associate Pastor	Immaculate Heart of Mary Church, San Antonio, TX, USA	2015-
Principal	St. Claret College, Bangalore www.claretcollege.edu.in	2011 –2015
Vice-Principal	St. Claret College, Bangalore	2009-11
Assistant Professor of English	St. Joseph's Autonomous College of Arts and Science, Bangalore www.sjc.ac.in	2008-09
Vice Rector and Prefect of Seminarians	Claretian Seminary, Bangalore (Philosophy and Theology Study of Claretian Missionaries, Province of Bangalore)	2007-2009
Secretary to the Provincial Council	Claretian Missionaries, Province of Bangalore www.claretindia.com	2002-06

Appendix C (cont.)

Director	Claretian Publications, Bangalore (Catholic Publishing House) www.claretianpublications.org	2001-02
Co-pastor and Administrator	Claret Nivas, Medchal, Hyderabad (Parish Church and High School of Claretian Missionaries)	2000-01
Counselor & Staff	Claret Nilayam, Medchal, Hyderabad (Minor Seminary of Claretian Missionaries, Province of Bangalore)	1998-2000

3. Research Experience

3.1. Integrating the Mission and Identity of Catholic Universities: An Interpretative

Phenomenological Analysis of Academic Lay Leaders (PhD Dissertation, scheduled for public defense on February 20, 2020).

3.2. Jewish Mysticism in the Writings of Isaac Bashevis Singer (2011)

This is a research work done for the partial fulfillment of M.Phil (Master of Philosophy) with Gandhigram Rural University, Dundigul, Tamilnadu, India. In this work, my focus is on three themes that stand out in Singer's fiction: god, evil and human nature. The three chapters of this work discuss these themes, analyzing some of the select novels and short stories of Singer.

3.3. Stages of Faith in the Book of Job- Bible (1997)

This is a thesis prepared for the Bachelor's Degree in Theology from St. Peter's Pontifical Institute, Bangalore. The Biblical Patriarch, Job's journey from despair to fuller faith and the various stages he traversed in this journey are researched into. The work also makes a comparative study of Job's stages of faith with the American psychiatrist, Elisabeth Kubler Ross' groundbreaking book *On Death and Dying* (1969), where she first discussed her theory of the five stages of grief.

3.4. Dynamic Aspects in Anxiety Disorders (1993)

This thesis was prepared as part of the requirement for Bachelor Degree in Philosophy from St. Peter's Pontifical Institute, Bangalore. The work summarizes the various types, causes, mechanisms and treatment of anxiety-related disorders.

4. International Exposures

- Participated in the International Book Fair in Frankfurt, Germany in October 2001 as the Director of Claretian Publications, Bangalore, promoting books published by Claretian Publications, Bangalore and signing contracts with Catholic publishers from all over the world for reprint and sale in India.

Participated in the Asian Claretian Missionaries Encounter held in Colombo, Sri Lanka from 27 April to 02 May 2001.

Appendix C (cont.)

- Participated in the Top level Encounter of Secretaries of various Provinces of Claretian Missionaries from all over the world held in Rome, Italy from 01-10 September 2005.
- Participated in the Renewal Program of Claretian Missionaries held in Colombo, Sri Lanka between June 05-10, 2014.

5. Seminars/ Conferences attended and Papers Presented

- Presented a paper on *Best Practices in Organization and Management* at the National Conference in Higher Education-Role of IQAC, Organized by Kristu Jayanthi College, Bangalore on November 11 and 12, 2011.
- Participated in HR Audit and Scorecard 2500 conducted by T.V. Rao Learning Systems (TVRLS) Pvt. Ltd. on April 11-13, 2011 in Bangalore.
- Attended the III International Congress of Claretian Educators held in Bangalore from September 29 to October 05, 2014 in Bangalore. 97 delegates from 18 countries around the world participated in the week-long event.
- Presented a paper on “Education in the multi-cultural context of India.” at the III International Congress of Claretian Educators held in Bangalore from September 29 to October 05, 2014 in Bangalore.
- Presented a paper on “Snap What? How technology enables and constraints learning of different generations in a PhD classroom“ at the XIII International Congress of Qualitative Inquiry at the University of Illinois, Urbana- Champaign, Illinois, USA held between May 17-20, 2017.
- Attended a two-day workshop on Constructivist Grounded Theory presented by Dr. Kathy Charmaz on October 27 and 28, 2017 at Dreedden School of Education, University of the Incarnate Word, San Antonio, Texas, USA.

6. Consultancy Services

- Conducted a two-day workshop on *Skill Enhancement for Teachers* of St. Claret School, Butibori, Nagpur, Maharashtra, India on June 14 & 15, 2010.
- Conducted a One-day session on *How to be Effective Teachers* for the teachers of Christ the King School, Tadipatri, Andhra Pradesh, India on August 23, 2011.
- Conducted a Half Day session for teachers of all St Claret Schools from Andhra Pradesh, Maharashtra and Jharkhand, India on the topic, *From Good to Great Teachers* on September 30, 2011.
- Conducted a One-day Workshop for *Skill Enhancement of Teachers* at Nirmala Rani High School, Malleswaram, Bangalore, India on May 29, 2013.
- Conducted a One-day *Skill Enhancement Workshop for Teachers* of St. Claret School, Medchal, Hyderabad, Andhra Pradesh, India on October 26, 2013.

Appendix C (cont.)

- Conducted a one-day orientation for the faculty and staff of St. Claret PU College, Bangalore at Claret Nivas, Carmelaram, Bangalore on May 13, 2014.
- Conducted Orientation program for teachers of St. Claret School, Bangalore on May 27, 2014.
- Has been part of the Board of Education of Claretian Missionaries of the Province of Bangalore and has conducted quality auditing in various educational institutions of the Province.
- Served as the Coordinator of the Cultural and Literary Competitions at St. Joseph's Autonomous College, Bangalore in 2008-09.
- Conducted General Knowledge quiz competitions for students of various schools in Bangalore.
- Organized value education seminars at various schools and colleges in and around Bangalore.
- Has been an active animator of Young Students' Movement (YSM) in various Schools of Bangalore between 1993 and 1997.
- Conducted Value Education Classes for High School and Pre-University students of various institutions in Bangalore.
- Being part of anti-addiction action group, HOPE, conducted a survey on alcoholism and drug addiction in Ananthpur district of Andhra Pradesh in 1993.
- Conducted a survey on perceptions of priests (Pastors, Administrators, and Parochial Vicars) of the Archdiocese of San Antonio, Texas, USA on Parish Pastoral Councils and members of parish pastoral council in April-May, 2017 and presented the findings and recommendations at the Workshop for Pastoral Councils of the parishes of the Archdiocese of San Antonio at San Antonian, High School on November 18, 2017.
- The Streams of Living Water- a One-day Back to School Orientation program was conducted for Candidates to the Ordination of Diaconate, of the Archdiocese of San Antonio on August 18, 2018 at Mexican American Catholic College, San Antonio, Texas, USA.
- In My Faith Journey- a One-day Back to School Orientation program was conducted for Candidates to the Ordination of Diaconate, of the Archdiocese of San Antonio on April 06, 2019 at Mexican American Catholic College, San Antonio, Texas, USA.
- A Call to Life Service and Holiness- a One-day Back to School Orientation program was conducted for Candidates to the Ordination of Diaconate of the Archdiocese of San Antonio on August 19, 2019 at Mexican American Catholic College, San Antonio, Texas, USA.

7. Academic and Managerial Innovations as Principal

- Guided St. Claret College, Bangalore through the process of first Cycle of accreditation from the National Accreditation agency, NAAC.
- Obtained UGC (University Grants Commission) recognition for St. Claret College, Bangalore.
- Organised *Vijnan 2011*, National Conference on *Global Competence and Sustainability* at St. Claret College on April 7 & 8, 2011.

Appendix C (cont.)

- Organized the National Conference on the topic, “Towards an Inclusive Higher Education in India: Access, Equity and Quality,” at St. Claret College, Bangalore on November 7th and 8th, 2013.
- Introduced a comprehensive online student appraisal of teaching faculty, peer and self appraisal at St. Claret College.
- Introduced an ERP (Enterprise Resource Planning) Management Software for the effective and smooth functioning of the College.
- Conceptualized and launched the quarterly news bulletin of the College, *The Claretine*.
- Conceptualized and launched the College annual magazine, *Excelsior*, presenting the annual report of all activities of the institution and providing opportunity for creative expression of students and faculty.
- Conceptualized and created the college website, www.claretcollege.edu.in and made it interactive with facilities for online admission.
- Introduced Book Bank facility scheme for students from economically backward sections. Through the scheme economically less-privileged student gets free textbooks for study.
- Introduced scholarship schemes, both for meritorious students and for those from financially disadvantaged sections.
- CEST (Claretine Extension for Social Transformation), a forum for all outreach and extension activities was introduced.
- Conceptualized and began CLST (Centre for Life Skills Training) at St. Claret College. Under this organization faculty extend their expertise in Life Skills to other institutions, students and faculty members.
- Introduced PCGC (Placement and Career Guidance Cell) in the college.
- Introduced a number of job-oriented add on courses to supplement the University curriculum in the college.
- Established network with a number of institutions and organizations to prepare the students for corporate world.

I declare that the details provided in my resume are true to the best of my knowledge.

Rev. Thomas Varkey Thennadiyil, CMF

Appendix D

Curriculum Vitae of the Backward Translator 2

Sheeba O. Paraniyam, Ph. D., MBA, CRNA

EDUCATION

Business Education: August 2012- July 2014

Master of Business Administration

Madurai Kamaraj University, TN, India

Doctoral: August 2008- May 2013

PhD Nursing

University of Maryland, Baltimore, MD

Graduate: August 2003- December 2005

Master of Science in Nurse Anesthesia

Georgetown University, Washington, DC

Specialty Training: January 1994- December 1994

Post basic training in Cardiovascular and Thoracic Nursing

Sree Chitra Thirunal Institute of Science and Technology, Kerala, India

Professional: September 1988- September 1992

Bachelor of Science in Nursing

College of Nursing, Calicut University, India

TRAINING

Appendix D (cont.)

August 2013- Lean Yellow Belt certification through VA center for Applied Systems

Engineering, VA Medical Center, Baltimore.

March 2014- Lean Green Belt training VA center for Applied Systems Engineering, VA Medical Center, Baltimore.

Leadership training - High Performance Development Model by VISIN 5 Leadership Development Institute

CURRENT POSITIONS

01/11/2015 - Present: Chief Nurse Anesthetist
Baltimore VA Medical Center

05/2017- Present:

Adjunct Faculty
Johns Hopkins University School of Nursing – Baltimore, MD

09/2017- Present: Editor- VIGIL

Newsletter for VA National Anesthesia Services

Member- National Anesthesia Field Advisory Committee

01/2019- Present:

Institutional Committees Membership

- Emergency management
- Pharmacy and Therapeutics
- Resuscitation
- Invasive procedure
- Transfusion Utilization review
- PI sub council
- Nurse education council
- Nurse practice council
- Pain and Palliative Care
- Bed flow committee
- Perioperative executive committee

Appendix D (cont.)

On-going Projects:

- Institutional reporting system for OORAM project
- OR on time start of first cases project
- OR efficiency and OR turn over
- Revision of OR transfer of care report
- SOP for ACCC emergency airway management
- Anesthesia customer satisfaction survey
- ERAS for colorectal surgeries
- Code medication bag project
- Medication safety project for ACCC
- OR Control to improve workflow in the OR
- Automated Record Keeping for ACCC
- Mock codes and MH drill for OR

STATE LICENSURE _____

Maryland

CERTIFICATIONS _____

- Certified Registered Nurse Anesthetist
- Advanced Cardiac Life Support
- Basic Life Support

EMPLOYMENT HISTORY _____

January 2015- Current
Chief CRNA- Anesthesiology
Supervisor- Dr. Edward Norris MD

Duties: Supervision of nurse anesthetists and MIT

Perform management activities including interviewing, hiring, clinical oversight and discipline. Interpret and enforce Human Resource Management policies in a consistent manner. Resolve personnel concerns at the departmental level, utilizing the counseling and grievance processes as necessary. Recognize and evaluate the strengths and weakness of self and staff while regularly coaching staff on their contribution to the mission of the agency and with their performance development. Help staff to understand the context of their work and how it relates to the work of others and the agency.

Schedule and adjust staffing, as appropriate, for fluctuations in workload. Appropriately delegate tasks and subordinates' duties to efficiently sustain departmental operations. Incorporate process improvements by establishing collaborative team building and supportive relationships with recovery, emergency, and critical care, environmental services, pharmacy areas.

Appendix D (cont.)

Monitor the quality of anesthesia care. Ensure retrospective, ongoing and continuing evaluation of the quality of nurse anesthesia care rendered by nurse anesthetists anywhere in the facility through the use of performance evaluations. Ensure retrospective, ongoing and continuing evaluation of the quality of performance by anesthesia technicians through use of performance evaluations. Provide education to CRNA staff on performance improvement.

Attend departmental, organizational, administrative and medical staff committee meetings (Critical Care, SICU, Surgery Executive, Quality Assurance, etc.) as well as other interrelated advisory programs. Directly participate with Chiefs of Anesthesia and Surgery to assess, plan, implement, develop and analyze anesthesia policies and procedures in conjunction with the medical and /or surgical staff. Ensure anesthesia departmental documentation meets current standards and policies.

Demonstrate collaboration in managing a budget, recommending needed anesthesia equipment, textiles, staffing or operational space to administration. Comply with all organizational policies regarding ethical business practices. Implement and/or assist with program development to enhance patients' access to anesthesia and surgical care.

March 2007- December 2014

Staff CRNA- VAMHCS

Supervisor- Dr. Edward Norris MD

Duties: Provided anesthesia services and emergency airway management.

August 2014- January 10, 2015

Staff Nurse Anesthetist, VA Medical Center – Dallas, TX

Duties: Provided anesthesia services and emergency airway management.

March 2007 – August 2014

Staff Nurse Anesthetist, VA Medical Center – Baltimore, MD

Duties: Provided anesthesia services and emergency airway management.

January 2006 – July 2006

Nurse Anesthetist, Sinai Hospital – Baltimore, MD

Duties: Provided anesthesia services and emergency airway management.

November 2004 – November 2005

RN – IV Therapy, St. Agnes Hospital – Baltimore, MD

August, 2001 – November 2003

RN – Critical care Float, St. Agnes Hospital – Baltimore, MD

May 1999 – November 2004

RN/ Charge nurse – OB/GYN, St. Agnes Hospital – Baltimore, MD

Appendix D (cont.)

March 1997- May 1999

RN – Med- Surgical Float pool, St. Agnes Hospital – Baltimore, MD

February 1996 – February 1997

RN- Ortho/ Neuro/Trauma, Sinai Hospital – Baltimore, MD

January 1995 – June 1995

Clinical instructor – School of Nursing, St. James Hospital – Chalakudy, India.

December 1992 – December 1993

Clinical instructor – School of Nursing, Samaritan Hospital – Pazhanganad, India.

PROFESSIONAL AFFILIATIONS

American Association of Nurse Anesthetists 2003- Present

Maryland Association of Nurse Anesthetists 2003- Present

Sigma Theta Psi International Honor Society of Nursing 2005- Present

RESEARCH

Effectiveness of an Electronic Pain Notification on Postoperative pain, opioid analgesic use, length of stay and discharge disposition (PhD dissertation)

Efficacy and Nursing satisfaction with an Electronic Notification System for Inpatient Pain Documentation

Safety of Vasopressors Infusion through Peripheral Intravenous Catheters: A Pilot Study

PRESENTATION

Poster Presentation- Effectiveness of an Electronic Pain Notification on Postoperative pain- May 6, 2013, VA Research day.

Poster Presentation- Enhanced Recovery Protocol for colorectal surgeries- December 2, 2017, National Association of Indian Nurses of America

AWARD

VA Gold Pin award for customer service and patient safety

Appendix E

Recruitment Email to Faith Leaders – English and Malayalam

English

[Date]

[Salutation]

I am Grace Kochuparambil, a religious sister from the Sisters of the Imitation of Christ (SIC), and currently a doctoral candidate in Marriage and Family Therapy at St. Mary's University, San Antonio, Texas, USA. My doctoral research is in assessing the marital quality of Malayali couples in Kerala. For this study, I am looking for couples who will be willing to participate in a survey that may take approximately 20 minutes. I would like to ask you to display the attached flyer on your building's announcement board and to read the attached announcement (Recruitment Script to Read at Faith Gatherings) during your faith community's gatherings.

Thanking you for your generous help,

Yours sincerely,
Grace Kochuparambil

Malayalam

[തീയതി]

[അഭിവാദനം]

അമേരിക്കയിൽ ടെക്സാസ് സാൻ അന്റോണിയായിലുള്ള സെന്റ് മേരീസ് യൂണിവേഴ്സിറ്റിയിൽ മാറേജ് ആൻഡ് ഫാമിലി തെറാപ്പിയിൽ ഡോക്ടറേറ്റ് വിദ്യാർത്ഥിനിയാണ് സിസ്റ്റർ ഗ്രേസ് കൊച്ചുപരമ്പിൽ. എന്റെ ഗവേഷണ പ്രബന്ധ വിഷയം കേരളത്തിലെ ദമ്പതികളുടെ വിവാഹ ഗുണനിലവാരത്തെ സംബന്ധിച്ചുള്ളതാണ്. ഈ പഠനത്തിൽ സംബന്ധിക്കാൻ താല്പര്യമുള്ള ദമ്പതികൾക്ക് ഏകദേശം മിനറ്റിൽ പൂർത്തിയാക്കാൻ കഴിയുന്ന പഠനത്തോട് അനുബന്ധിച്ചുള്ള ചോദ്യാവലികൾ നൽകപ്പെടുന്നതാണ്. പഠനത്തെക്കുറിച്ചുള്ള വിശദ വിവരങ്ങൾ അടങ്ങിയ നോട്ടീസുകൾ അങ്ങയുടെ നോട്ടീസ് ബോർഡിൽ പ്രദർശിപ്പിക്കുകയും അങ്ങ് ഉൾപ്പെട്ട വിശ്വാസ സമൂഹത്തിൽ വിശദീകരിക്കുകയും ചെയ്യണമെന്നു താഴ്മയോടെയോടെ അപേക്ഷിക്കുന്നു.

അങ്ങയുടെ സഹകരണത്തിന് നന്ദിയോടെ,
Grace Kochuparambil

Appendix F

Flyer – English

A QUANTITATIVE ASSESSMENT OF MARITAL QUALITY AMONG COUPLES IN KERALA, INDIA



Who can participate?

- ❖ Heterosexual couples and South Asian Indian Americans
- ❖ 18 years of age or older and married
- ❖ Read and understand Malayalam

Goals of the Study

The goal of the study is to measure the quality of Malayali couples' marital relationships

How can you participate?

If you are interested in participating in this study, you may collect a research packet from the (location).

Please make sure to complete all the answer to the questions. Please take this survey separately from your husband or wife. Then put the completed forms in the appropriate envelopes marked as "A FEMALE" and "B MALE."

**If you have any questions or concerns, please contact,
Grace Kochuparambil (210) 264 9443 (cell), email: gkochuparambil@mail.stmarytx.edu
Thank You!**

Appendix G

Flyer - Malayalam

കേരളത്തിലെ വിവാഹിതരായ ദമ്പതികളുടെ ദാമ്പത്യ ജീവിത സന്തുഷ്ടിയെക്കുറിച്ചുള്ള ഗവേഷണ പഠനത്തിൽ പങ്കെടുക്കാൻ നിങ്ങൾക്കിതാ ഒരവസരം!



സർവ്വേയിൽ പങ്കെടുക്കാനുള്ള യോഗ്യത

- ❖ വിവാഹിതരായ ദമ്പതികൾ
- ❖ 18 വയസിനു മുകളിൽ ഉള്ളവർ
- ❖ മലയാളം വായിക്കാനും എഴുതാനും അറിയുന്നവർ

ഗവേഷണ ലക്ഷ്യം

മലയാളി ദമ്പതികളുടെ ദാമ്പത്യ ജീവിതത്തിലുള്ള സംതൃപ്തിയെക്കുറിച്ചു മനസ്സിലാക്കുകയും മലയാളത്തിലേക്ക് വിവർത്തനം ചെയ്യപ്പെട്ട വിവാഹ ബന്ധ മൂല്യനിർണ്ണയ ഉപകരണങ്ങളുടെ സാധ്യത ഉറപ്പാക്കുകയും ചെയ്യുക.

നിങ്ങളുക്ക് എങ്ങനെ പങ്കെടുക്കാം

കവറിന്റെ മുകളിൽ വെച്ചിരിക്കുന്ന നിർദ്ദേശങ്ങൾ വായിച്ചതിനു ശേഷം ഈ സർവ്വേയിൽ പങ്കെടുക്കാൻ നിങ്ങൾ സ്വയം തീരുമാനമെടുത്താൽ കവറിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്ന ചോദ്യോത്തരങ്ങൾ അതിന്റെ നിർദ്ദേശമനുസരിച്ചു പൂരിപ്പിക്കുക.

ഒരു പ്രസ്താവനയും വിട്ടുകളയാതെ കൃത്യമായി പൂരിപ്പിക്കുക. അതിനു ശേഷം മേൽവിലാസം എഴുതിയ കവറിൽ ഇട്ടു പോസ്റ്റ്

Appendix G (cont.)

ചെയ്യുകയോ തിരിച്ചു പള്ളിയിലെ ബോക്സിൽ ഇടുകയോ ചെയ്യാവുന്നതാണ്.
നിങ്ങളുടെ എന്തെങ്കിലും സംശയമോ ചോദ്യമോ ഉണ്ടെങ്കിൽ എന്നെ വിളിക്കേണ്ട ഫോൺ നമ്പർ ഇതാണ് - (210) 264 9443 (c), email: gkochuparambil@mail.stmarytx.edu

നന്ദി!

Appendix H

Recruitment Script to Read at Faith Gatherings

English and Malayalam

English

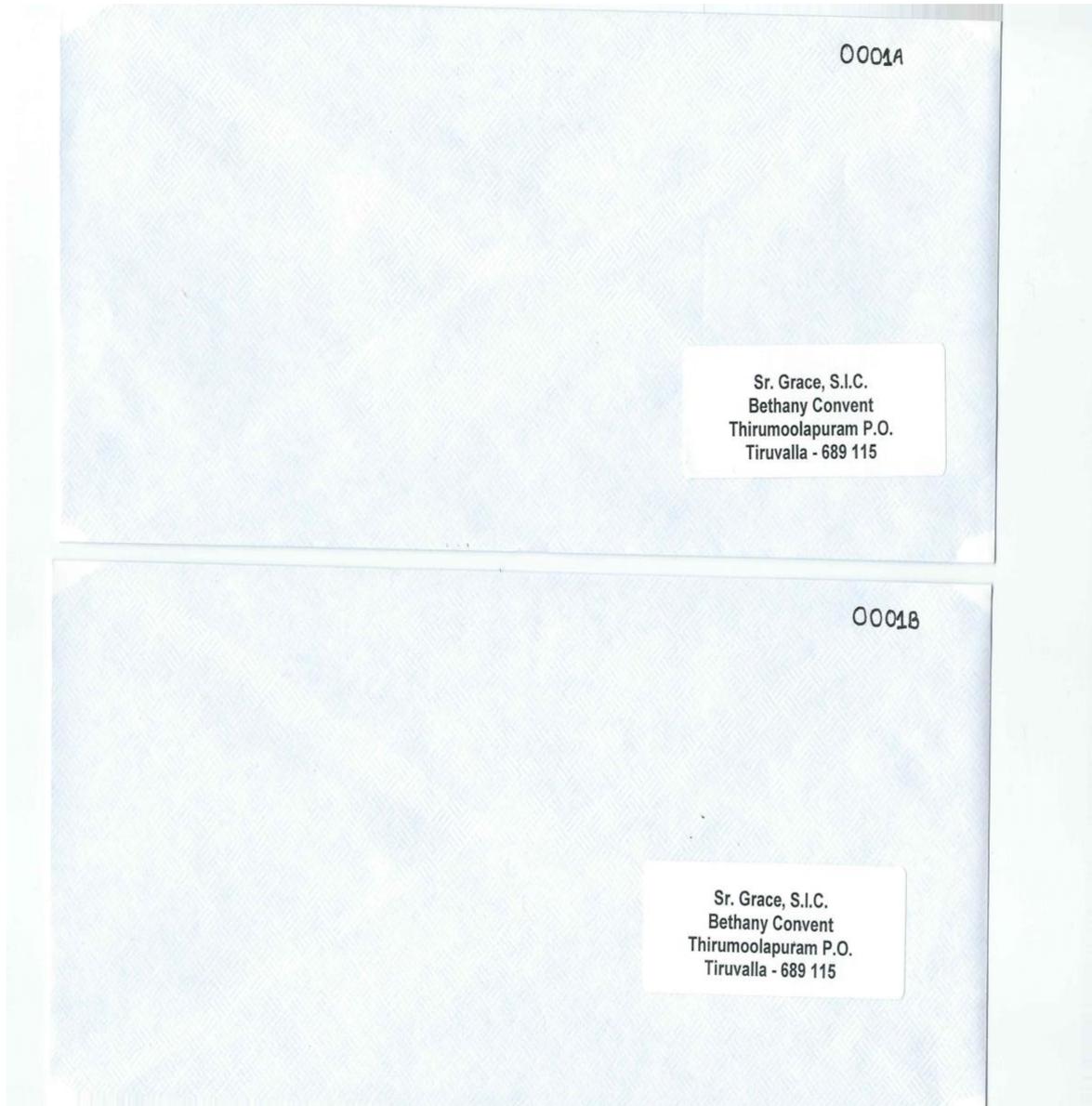
Sister Grace Kochuparambil is a doctoral student in Marriage and Family Therapy at St. Mary's University in San Antonio, TX, USA. As part of her doctoral research, she is conducting a study on couples' marital relationship. You will find the details of the study on the flyer displayed on the bulletin board. If you are interested in participating in this study, you may collect a research packet from the (location). Please find the details of the study displayed on the bulletin board. Your participation in this study will help you reflect on the quality of your marital relationship. Furthermore, it will also help mental health practitioners to provide adequate help in marital therapy. Thank you.

Malayalam

അമേരിക്കയിൽ ടെക്സാസ് സാൻ അന്റോണിയായിലുള്ള സെന്റ് മേരീസ് യൂണിവേഴ്സിറ്റിയിൽ മാറേജ് ആൻഡ് ഫാമിലി തെറാപ്പിയിൽ ഡോക്ടറേറ്റ് വിദ്യാർത്ഥിനിയായ സിസ്റ്റർ ഗ്രേസ് കൊച്ചുപറമ്പിൽ. സിസ്റ്ററിന്റെ ഗവേഷണപ്രബന്ധവിഷയം, മലയാളി ദമ്പതികളുടെ ദാമ്പത്യ ബന്ധത്തിലെ നിലവാരത്തെക്കുറിച്ചുള്ളതാണ്. ഈ പഠനത്തിൽ പങ്കെടുക്കാൻ നിങ്ങൾക്ക് താൽപ്പര്യമുണ്ടെങ്കിൽ ചോദ്യാവലികൾ അടങ്ങുന്ന കവറുകൾ ഇവിടെ നിന്നും ലഭിക്കും. ഓരോ കവറിലും രണ്ടു ദമ്പതികൾക്കുമുള്ള ചോദ്യാവലികൾ ഉള്പെടുത്തിയിട്ടുള്ളതിനാൽ ഒരു കവർ എടുത്താൽ മതിയായിരിക്കും. നോട്ടീസ് ബോർഡിൽ പ്രദർശിപ്പിച്ചിരിക്കുന്ന പോസ്റ്ററിൽ പഠനത്തിന്റെ ചില വിശദാംശങ്ങൾ നിങ്ങൾക്ക് കണ്ടെത്താം. തുടർന്നുള്ള സംശയങ്ങൾക്ക് ഗവേഷകയെ സമീപിക്കാവുന്നതാണ്. ഈ പഠനത്തിലെ നിങ്ങളുടെ പങ്കാളിത്തം നിങ്ങളുടെ ദാമ്പത്യ ബന്ധത്തിന്റെ ഗുണനിലവാരം മനസ്സിലാക്കാൻ സഹായിക്കുന്നതോടൊപ്പം കുടുംബ വൈവാഹിക ഗവേഷണ രംഗത്ത് ഒരു മുതൽകൂട്ടാകുന്നതിനു നിങ്ങളുടെ ഭാഗഭാഗിത്വം സഹായകരമായിരിക്കും. നന്ദി.

Appendix I

Identification Codes on the Envelopes



Appendix J

Cover Letter in English

Dear Participant,

My name is Grace Kochuparambil, and I am a PhD student in Marriage and Family Therapy at St Mary's University, San Antonio, Texas. I am working on a dissertation study entitled: A Quantitative Assessment of Marital Quality among Couples in Kerala, India.

Malayali couples face marital difficulties, and the divorce rate among them is on the increase. This study will help the mental health field to provide help to Malayali couples in Kerala. It will take you about 20-25 minutes to complete the forms.

Procedures

If you decide to participate in this study, kindly follow these steps:

Please read the following instructions carefully.

- 1 This packet has two sets of questionnaires:
 - a. One set has an “**A FEMALE**” label on it – it is to be filled out by wife
 - b. The other set has a “**B MALE**” label on it - it is to be filled out by husband
- 2 Please ensure that each husband and wife completes this survey separately, without consulting each other.
- 3 Please make sure you do NOT write your name or ANY information that will reveal your identity on any of the materials.
- 4 Kindly complete the all the questions.
- 5 After completion, the wives may insert all the completed questionnaires into the stamped and self-addressed envelope of the researcher that has “**A FEMALE**” mentioned on it. Similarly, the husbands may insert all the completed questionnaires into the stamped and self-addressed envelope of the researcher that has “**B MALE**” mentioned on it.
- 6 Please seal the white envelope, put it in the large yellow envelop and mail it back to the researcher, or you can put it in the box that will be placed at the church or the concerned institutions.

Confidentiality and Records Management: All collected data and each participant's identity will be anonymous. Information and results from this study will be shared with other professionals who work with Malayali populations to help them better understand and serve these clients; but, again, the data and findings will not be linked to anyone individually. Furthermore, once the data collection and analyses are completed, all information will be kept in a locked file cabinet for 5 years and then destroyed.

Questions: If you have any further questions about this research study, please do not hesitate to contact the researcher, Grace Kochuparambil at her phone number (210) 264-9443, or by email at (gkochuparambil@mail.stmarytx.edu), or her advisor, Carolyn Y. Tubbs, PhD at her phone number 0112104386418 or by email at ctubbs@stmarytx.edu.

Appendix J (cont.)

Any questions concerning your rights as a research participant can be addressed to the St Mary's University Institutional Board of human subjects. The contact phone number is 011210436-3315. All activities associated with research projects which are carried out by researchers/investigators at St Mary's University are under the requirements and regulations of St Mary's University and the federal government.

Thank you again for your participation.

Sincerely,

Grace Kochuparambil, MA
Marriage and Family Therapy
Doctoral Candidate - St Mary's University.
210-264-9443

Appendix K

Cover Letter in Malayalam

പ്രിയ ദമ്പതികളേ,

എന്റെ പേര് ഗ്രേസ് കൊച്ചുപറമ്പിൽ. ഞാൻ അമേരിക്കയിലെ സാൻ അന്റോണിയോയിലുള്ള മേരീസ് യൂണിവേഴ്സിറ്റി ഓഫ് ടെക്സസിൽ മാര്യാജ് ആൻഡ് ഫാമിലി തെറാപ്പിയിൽ ഡോക്ടറേറ്റ് ചെയ്യുന്നു. ഞാൻ പൂർത്തിയാക്കിക്കൊണ്ടിരിക്കുന്ന ഗവേഷണ പ്രബന്ധം മലയാളി ദമ്പതികൾക്കുവേണ്ടിയുള്ളതാണ്.

മലയാളി ദമ്പതികൾ ഇന്ന് നിരവധി ദമ്പതിക പ്രശ്നങ്ങൾ നേരിടുന്നു. കേരളത്തിലെ മലയാളി ദമ്പതികളുടെ മാനസിക ആരോഗ്യ മേഖലയെ സഹായിക്കാൻ ഉദ്ദേശിച്ചു കൊണ്ടുള്ള ഒരു പഠനം ആണിത്. ഇതിൽ കുറച്ചു ചോദ്യാവലികൾ ഉണ്ട്. ഇത് പൂർത്തിയാക്കുവാൻ ഏകദേശം 20 മുതൽ 25 മിനിറ്റുവരെ എടുക്കും. ഇ പഠനത്തിൽ പങ്കെടുക്കുവാൻ നിങ്ങൾ തീരുമാനിക്കുകയാണെങ്കിൽ ദയവായി താഴെ പറയുന്ന നിർദ്ദേശങ്ങൾ പാലിക്കുക.

1. ഇ കവറിൽ രണ്ടുതരം ചോദ്യാവലികൾ ഉണ്ട്.
 - a) "A. സ്ത്രീ എന്ന് പരാമർശിച്ചിരിക്കുന്ന ചോദ്യാവലികൾ ഭാര്യമാർ പൂരിപ്പിക്കുക
 - b) "B പുരുഷന്മാർ" എന്ന് പരാമർശിച്ചിരിക്കുന്ന ചോദ്യാവലികൾ ഭർത്താക്കന്മാരും പൂ പൂരിപ്പിക്കുക
2. ഭർത്താവും ഭാര്യയും പരസ്പരം ആലോചിക്കാതെ വേണം ഇ ചോദ്യാവലികൾ പൂർത്തിയാക്കുവാൻ.
3. നിങ്ങളുടെ പേരോ മറ്റു സ്വകാര്യ വിവരങ്ങളോ എഴുതിയിട്ടില്ല എന്ന് ഉറപ്പുവരുത്തുക. അത് നിങ്ങൾ ആരാണെന്നു വെളിപ്പെടുത്താൻ ഇടയാക്കും
4. ദയവായി എല്ലാ ഉത്തരങ്ങളും വിട്ടുകളയാതെ പൂരിപ്പിക്കുക.
5. ചോദ്യാവലികൾ പൂർത്തിയാക്കിയതിനു ശേഷം "A സ്ത്രീ" എന്ന് പരാമർശിച്ചിരിക്കുന്ന കവറിൽ സ്ത്രീകളും, "B പുരുഷന്മാർ" എന്ന് പരാമർശിച്ചിരിക്കുന്ന കവറിൽ പുരുഷന്മാരും സ്റ്റാമ്പ് ചെയ്തതും മേൽവിലാസം എഴുതിയതുമായ കവറിൽ ചോദ്യാവലികൾ നിക്ഷേപിക്കുക.

Appendix K (cont.)

6. കവർ ഒട്ടിച്ചു വലിയ മഞ്ഞ കവറിൽ നിക്ഷേപിച്ചു ഗവേഷകയ്ക്കു അയച്ചു കൊടുക്കുക യോ പള്ളിയിലോ നിർദിഷ്ട സ്ഥാപനത്തിലെ ബോക്സിൽ നിക്ഷേപിക്കുകയോ ചെയ്യേണ്ടതാണ്

നടപടിക്രമങ്ങൾ

ദയവായി സമ്മതപത്രം ശ്രദ്ധാപൂർവ്വം വായിക്കുക, നിങ്ങൾക്ക് എന്തെങ്കിലും ചോദ്യങ്ങളോ, സംശയങ്ങളോ ഉണ്ടെങ്കിൽ, ഗ്രേസ് കൊച്ചുപറമ്പിലിനെ (###) ### #### എന്ന നമ്പറിലോ (gkochuparambil@mail.stmarytx.edu) എന്ന ഇമെയിൽ വിലാസത്തിലോ ബന്ധപ്പെടുക.

നിങ്ങളിൽ നിന്നും ശേഖരിച്ച എല്ലാ വിവരങ്ങളും രഹസ്യമായി സൂക്ഷിക്കുന്നതായിരിക്കും. അതായത്, നിങ്ങളുടെ പേരോ തിരിച്ചറിയുന്ന വിവരങ്ങളോ എനിക്കില്ലാത്തതിനാൽ നിങ്ങൾ ആരാണെന്ന് അറിയാവുന്നതല്ല. ഈ പഠനത്തിൽ നിന്നും ലഭിക്കുന്ന വിവരങ്ങൾ ദമ്പതികളുടെ മാനസികാരോഗ്യ രംഗത്ത് പ്രവർത്തിക്കുന്ന മറ്റ് പ്രൊഫഷണലുകളുമായി പങ്കിടും. അത് മലയാളികയുടെ വിവാഹ ബന്ധത്തിൽ ആവശ്യമായ സഹായങ്ങൾ കൗൺസിലിംഗ് രംഗത്ത് ലഭിക്കുന്നതിന് വേണ്ടിയാണു.

ഈ ഗവേഷണത്തിൽ നിങ്ങൾ പങ്കാളിയാകുന്നതിനാൽ നിങ്ങളുടെ അവകാശങ്ങളുമായി ബന്ധപ്പെട്ട ഏത് ചോദ്യങ്ങളും St Mary's University Institutional Review Board of human subjects അറിയിക്കാൻ കഴിയും. നിങ്ങൾ ബദ്ധപ്പെടേണ്ട ഫോൺ നമ്പർ ##### എന്നതാണ്. സെന്റ് മേരീസ് യൂണിവേഴ്സിറ്റിയിലെ ഗവേഷകർ / അന്വേഷകർ നടത്തുന്ന ഗവേഷണ പ്രോജക്റ്റുകളുമായി ബന്ധപ്പെട്ട എല്ലാ പ്രവർത്തനങ്ങളും സെന്റ് മേരീസ് യൂണിവേഴ്സിറ്റിയുടെയും ഫെഡറൽ ഗവൺമെന്റിന്റെയും നിയമങ്ങൾക്കും ചട്ടങ്ങൾക്കും വിധേയമാണ്.

നിങ്ങളുടെ പങ്കാളിത്തത്തിന് നന്ദി.

Sincerely,

Grace Kochuparambil, MA
Doctoral Candidate - St Mary's University.

Appendix L

Demographic Questionnaire in English

Please answer all of the following questions for this demographic questionnaire as they best describe you.

1. What is your gender?

Female

Male

2. What is your age?

3. What is your district?

4. How long have you been married?

-----years, ----- months

5. Do you have children?

No

Yes

6. If you have children, how many?

7. What is the highest level of education you have completed?

Less than high school

High School

Plus two/Pre-degree

College

Professional degree

Bachelor's degree

Master's degree

Doctoral degree

8. What is your employment status?

Employed for wages

Self-employed

Homemaker/Housewife

Student

Retired

Out of work & looking for work

Unable to work

9. What is your current household income?

Below ₹10,000

₹ 10,000 - ₹ 20,000

Appendix L (cont.)

- ₹ 20,000 - ₹ 30,000
- ₹ 30,000 - ₹ 40,000
- ₹ 40,000 - ₹ 50,000
- Above ₹ 50,000

10. What is your faith tradition?

- Hindu
- Muslim
- Christian
- Catholic
- Other
- None

11. How satisfied are you with your husband (or wife)?

- Extremely dissatisfied
- Very dissatisfied
- Somewhat dissatisfied
- Mixed
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

12. How satisfied are you with your marriage?

- Extremely dissatisfied
- Very dissatisfied
- Somewhat dissatisfied
- Mixed
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

13. How satisfied are you with your relationship with your husband (or wife)?

- Extremely dissatisfied
- Very dissatisfied
- Somewhat dissatisfied
- Mixed
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

Appendix M

Demographic Questionnaire in Malayalam

1. സ്ത്രീ പുരുഷൻ
2. നിങ്ങളുടെ വയസ്സ്?

3. നിങ്ങളുടെ ജില്ല എന്താണ്?

4. നിങ്ങൾ വിവാഹിതരായിട്ട് എത്ര വർഷമായി?
_____വർഷം_____മാസം
5. നിങ്ങൾക്ക് മക്കൾ ഉണ്ടോ?
 ഉണ്ട് ഇല്ല
6. നിങ്ങൾക്ക് മക്കൾ ഉണ്ടെങ്കിൽ എത്ര?
_____എണ്ണം
7. നിങ്ങളുടെ വിദ്യാഭാസ യോഗ്യത എന്താണ്?
 പത്തിൽ താഴെ
 പത്താം ക്ലാസ്
 പ്ലസ് ടു / പ്രീ ഡിഗ്രി
 ബിരുദം
 ബിരുദാനന്തര ബിരുദം
 ഡോക്ടറേറ്റ്
8. നിങ്ങളുടെ തൊഴിൽ?
 ശമ്പളത്തോടെ ഉള്ള ജോലി
 സ്വയംതൊഴിൽ
 വീട്ടുജോലി/വീട്ടമ്മ
 വിദ്യാർത്ഥി
 വിരമിച്ചു
 ജോലിയില്ല
 ജോലിചെയ്യാൻ കഴിവില്ല

Appendix M (cont.)

9. നിങ്ങളുടെ മാസ വരുമാനം എത്ര?

- 10,000 താഴെ
- 10,000 - 20,000
- 20,000 - 30,000
- 30,000 - 40,000
- 40,000 - 50000
- 50,000 മുകളിൽ

10. നിങ്ങളുടെ മതം ഏതാണ്?

- ഹൈന്ദവ മതം
- ഇസ്ലാം മതം
- ക്രിസ്തു മതം
- ഇതര മതം
- മതം ഇല്ല

11. നിങ്ങളുടെ ഭർത്താവിൽ/ഭാര്യയിൽ നിങ്ങൾ എത്രമാത്രം സംതൃപ്തയാണ്/സംതൃപ്തനാണ്?

- അങ്ങേയറ്റം അസംതൃപ്തമാണ്
- വളരെ അസംതൃപ്തമാണ്
- കുറച്ചു അസംതൃപ്തമാണ്
- സമ്മിശ്രം
- കുറച്ചു സംതൃപ്തമാണ്
- വളരെ സംതൃപ്തമാണ്
- അങ്ങേയറ്റം സംതൃപ്തമാണ്

12. നിങ്ങളുടെ വിവാഹ ജീവിതത്തിൽ നിങ്ങൾ എത്രമാത്രം സംതൃപ്തയാണ്/സംതൃപ്തനാണ്?

- അങ്ങേയറ്റം അസംതൃപ്തമാണ്
- വളരെ അസംതൃപ്തമാണ്
- കുറച്ചു അസംതൃപ്തമാണ്
- സമ്മിശ്രം
- കുറച്ചു സംതൃപ്തമാണ്
- വളരെ സംതൃപ്തമാണ്
- അങ്ങേയറ്റം സംതൃപ്തമാണ്

Appendix M (cont.)

- 13.നിങ്ങളുടെ ദാമ്പത്യ ബന്ധത്തിൽ നിങ്ങൾ എത്രമാത്രം സംതൃപ്തയാണ്/സംതൃപ്തനാണ്?
- അങ്ങേയറ്റം അസംതൃപ്തമാണ്
 - വളരെ അസംതൃപ്തമാണ്
 - കുറച്ചു അസംതൃപ്തമാണ്
 - സമ്മിശ്രം
 - കുറച്ചു സംതൃപ്തമാണ്
 - വളരെ സംതൃപ്തമാണ്
 - അങ്ങേയറ്റം സംതൃപ്തമാണ്

Appendix N

Marital Adjustment Questionnaire - English

On the following pages 25 statements have been given for your consideration. Kindly read each statement carefully and decide your response on three-point alternative responses, Always, Sometimes, and Never and put a tick mark in the appropriate cell, please do answer to all the 25 statements.

1. Both of you prefer to go out together
 Always Sometimes Never
2. Both of you have full confidence in each other
 Always Sometimes Never
3. Both of you are religious-minded
 Always Sometimes Never
4. Both of you develop tension over family expenditure
 Always Sometimes Never
5. Both of you agree that taking care of children is a joint responsibility
 Always Sometimes Never
6. Both of you believe in family planning
 Always Sometimes Never
7. Both of you agree that you got married at the right age
 Always Sometimes Never
8. Both of you feel incomplete when required to live alone
 Always Sometimes Never
9. Both of you fully enjoy sex

Appendix N (cont.)

Always Sometimes Never

10. Both of you like to keep some of your personal secrets to yourself

Always Sometimes Never

11. Both of you try to squeeze out maximum possible time to be with each other

Always Sometimes Never

12. Both of you respect each other's family members

Always Sometimes Never

13. Both of you are proud of each other

Always Sometimes Never

14. Both of you try to solve your family problems jointly

Always Sometimes Never

15. Both of you treat each other more as a partner (friend) than a husband or wife

Always Sometimes Never

16. Both of you praise each other

Always Sometimes Never

17. Both of you take care of each other's interests, habits and likings.

Always Sometimes Never

18. Both of you have got similar views regarding the number of children in the family

Always Sometimes Never

19. Both of you have arguments talking household issues

Always Sometimes Never

20. Both of you take care of each other's needs and satisfactions in sexual matters

Appendix N (cont.)

Always Sometimes Never

21. Both of you feel that you did the right thing that you married each other

Always Sometimes Never

22. Both of you feel quite miserable in the absence of each other

Always Sometimes Never

23. Both of you agree that marriage provides the most satisfying sex

Always Sometimes Never

24. Both of you have got similar interests and aptitudes

Always Sometimes Never

25. Both of you try to maintain newness in your sexual relationship

Always Sometimes Never

Appendix O

Marital Adjustment Questionnaire in Malayalam

താഴെയുള്ള പേജുകളിൽ നിങ്ങളുടെ പരിഗണനയ്ക്കായി 25 പ്രസ്താവനകൾ നൽകിയിരിക്കുന്നു. ദയവായി ഓരോ പ്രസ്താവനകളും ശ്രദ്ധാപൂർവ്വം വായിച്ച് നിങ്ങളുടെ പ്രതികരണം, എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല എന്നിങ്ങനെ മൂന്നെണ്ണത്തിൽ ഏറ്റവും യോജിച്ചതിനു നേരെയുള്ള കോളത്തിൽ ശരിയടയാളം രേഖപ്പെടുത്തുക. ദയവായി 25 പ്രസ്താവനകൾക്കും ഉത്തരം നൽകാൻ ശ്രദ്ധിക്കുക. നിങ്ങളുടെ പ്രതികരണങ്ങൾ തികച്ചും സ്വകാര്യമായി സൂക്ഷിക്കപ്പെടുമെന്ന് ഉറപ്പു നൽകുന്നു.

- 1) നിങ്ങൾ രണ്ടുപേരും ഒരുമിച്ച് പുറത്തു പോകുവാൻ താൽപ്പര്യപ്പെടുന്നു.
 എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല
- 2) നിങ്ങൾക്ക് രണ്ടാൾക്കും തികഞ്ഞ പരസ്പര വിശ്വാസമുണ്ട്.
 എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല
- 3) നിങ്ങൾ രണ്ടാളും മത വിശ്വാസമുള്ളവരാണ്
 എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല
- 4) നിങ്ങൾ രണ്ടുപേർക്കും കുടുംബത്തിലെ പണച്ചിലവിനെപ്പറ്റി ഉത്കണ്ഠയുണ്ടാകാറുണ്ട്
 എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല
- 5) മക്കളെ വളർത്തുന്നത് കൂട്ടുത്തരവാദിത്വമാണെന്ന് നിങ്ങൾ രണ്ടുപേരും സമ്മതിക്കുന്നു
 എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല
- 6) നിങ്ങൾ രണ്ടുപേരും കുടുംബാസൂത്രണത്തിൽ വിശ്വസിക്കുന്നു.
 എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല
- 7) ശരിയായ പ്രായത്തിൽ വിവാഹിതരായെന്ന് നിങ്ങൾ രണ്ടുപേരും സമ്മതിക്കുന്നു.

Appendix O (cont.)

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

8) ഒറ്റയ്ക്ക് കഴിയേണ്ടതായി വരുന്ന സാഹചര്യങ്ങളിൽ നിങ്ങൾ രണ്ടുപേർക്കും ഒരു കുറവ് അനുഭവപ്പെടുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

9) നിങ്ങൾ രണ്ടുപേരും ലൈംഗികബന്ധം പൂർണ്ണമായും ആസ്വദിക്കുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

10) നിങ്ങൾ രണ്ടുപേരും നിങ്ങളുടെ സ്വകാര്യ രഹസ്യങ്ങൾ നിങ്ങളിൽത്തന്നെ സൂക്ഷിക്കുവാൻ ഇഷ്ടപ്പെടുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

11) ഒന്നിച്ചു ചിലവഴിക്കാൻ കിട്ടുന്നതിന്റെ പരമാവധി സമയം കണ്ടെത്താൻ നിങ്ങൾ രണ്ടുപേരും ശ്രമിക്കുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

12) നിങ്ങളുടെ രണ്ടുപേരുടെയും കുടുംബങ്ങളോട് നിങ്ങൾക്ക് പരസ്പര ബഹുമാനമുണ്ട്.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

13) നിങ്ങൾ രണ്ടുപേരും പരസ്പരം അഭിമാനം കൊള്ളുന്നവരാണ്.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

14) കുടുംബപ്രശ്നങ്ങൾ പരിഹരിക്കുവാൻ നിങ്ങൾ രണ്ടുപേരും ഒരുമിച്ചു പരിശ്രമിക്കാറുണ്ട്.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

15) നിങ്ങൾ ഭാര്യ ഭർത്താക്കന്മാർ എന്നതിനേക്കൽ ഉപരിയായി പങ്കാളി (സുഹൃത്ത്) ആയി പരസ്പരം കാണുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

Appendix O (cont.)

16)നിങ്ങൾ പരസ്പരം പ്രശംസിച്ചു പറയാറുണ്ട്.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

17)നിങ്ങൾ രണ്ടുപേരുടെയും താല്പര്യങ്ങൾക്കും ശീലങ്ങൾക്കും

ഇഷ്ടങ്ങൾക്കും നിങ്ങൾ പരസ്പരം ശ്രദ്ധ നൽകുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

18)നിങ്ങൾ രണ്ടുപേർക്കും കുടുംബത്തിൽ എത്ര കുട്ടികൾ

വേണമെന്നതിനെപ്പറ്റി സമാനചിന്താഗതിയാണ്.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

19)നിങ്ങൾ രണ്ടുപേരും വീട്ടുകാര്യങ്ങളെപ്പറ്റി തർക്കിക്കാറുണ്ട്.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

20)ലൈംഗിക കാര്യങ്ങളിലുള്ള നിങ്ങളുടെ രണ്ടുപേരുടെയും

ആവശ്യങ്ങൾക്കും സംതൃപ്തിക്കും നിങ്ങൾ പരസ്പരം ശ്രദ്ധ നൽകാറുണ്ട്.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

21)നിങ്ങൾ തമ്മിൽ വിവാഹിതരായത് ശരിയായ കാര്യമായി നിങ്ങൾ

രണ്ടുപേരും കരുതുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

22)നിങ്ങളിൽ ഒരാളുടെ അസാന്നിധ്യം നിങ്ങളിൽ മനഃക്ലേശം

ഉളവാക്കുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

23)ഏറ്റവും തൃപ്തികരമായ ലൈംഗികജീവിതം

വിവാഹത്തിലൂടെയാണെന്നു നിങ്ങൾ രണ്ടുപേരും സമ്മതിക്കുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

Appendix O (cont.)

24)നിങ്ങളു്ക്ക് രണ്ടുപേർക്കും സമാനമായ താല്പര്യങ്ങളും അഭിരുചികളുമാണുള്ളത്.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

25)നിങ്ങളുടെ ലൈംഗികബന്ധത്തിൽ പുതുമ നിലനിർത്തുവാൻ നിങ്ങൾ രണ്ടുപേരും ശ്രമിക്കുന്നു.

എപ്പോഴും, ചിലപ്പോൾ, ഒരിക്കലുമില്ല

Appendix P

Marital Quality Scale - English

Instructions

There are 50 statements in this form. Some of these statements may refer to the way you may think and/or feel about your husband, some others may refer to the way you may be interacting with your husband. Please read each statement carefully and decide as to how often the content of that particular statement holds true in your case.

Tick any one of the 4 choices that follows each statement namely Usually (U), Sometimes (S), Rarely (R), Never (N).

Make sure that you do not leave any of the statement unanswered. Remember, there are no right or wrong answers of any of the statement. Don't consult your husband or anyone else before completing this form.

Usually (U), Sometimes (S), Rarely (R), Never (N)

1. My husband's/wife's opinion carries as much weight as mine in money matters
(U) (S) (R) (N)
2. My husband's/wife's tendency to dominate over me creates problems between us
(U) (S) (R) (N)
3. Whenever we have argument, my husband/wife thinks that he is right (U) (S) (R) (N)
4. I look forward to being with my husband/wife (U) (S) (R) (N)
5. My husband/wife doesn't allow things to be done in the way I want (U) (S) (R) (N)
6. My husband/wife does not trust me (U) (S) (R) (N)
7. My husband/wife decides where we will go and what we will do, when we go out
(U) (S) (R) (N)
8. When my husband/wife plans our vacation, I enjoy it. (U) (S) (R) (N)
9. My husband/wife satisfy my needs. (U) (S) (R) (N)
10. My husband/wife makes me feel secure (U) (S) (R) (N)
11. My husband/wife is rigid in his/her opinions (U) (S) (R) (N)

Appendix P (cont.)

12. My husband/wife understand my sexual needs (U) (S) (R) (N)
13. I feel satisfied with the way our vacation are spent (U) (S) (R) (N)
14. I can't win in an argument with my husband/wife (U) (S) (R) (N)
15. My husband/wife complaints that I do not understand him/her (U) (S) (R) (N)
16. My husband/wife participates in taking decisions for our home (U) (S) (R) (N)
17. I discuss my problems with my husband/wife, as he is capable of helping me
(U) (S) (R) (N)
18. My husband/wife passes sarcastic comments about me (U) (S) (R) (N)
19. My husband/wife is not concerned about my parents
(U) (S) (R) (N)
20. My husband/wife doesn't satisfy my sexual needs (U) (S) (R) (N)
21. My husband/wife understands what I value in my life (U) (S) (R) (N)
22. The thought of divorcing my husband/wife crosses my mind (U) (S) (R) (N)
23. My husband/wife decides where we will live (U) (S) (R) (N)
24. My husband/wife does not bother about the feeling towards him/her (U) (S) (R) (N)
25. I discuss my long-term plan for our family with my husband/wife (U) (S) (R) (N)
26. I feel comfortable sharing my mistakes with my husband/wife (U) (S) (R) (N)
27. My sex life is satisfactory (U) (S) (R) (N)
28. My husband/wife is happy with me (U) (S) (R) (N)
29. My husband/wife is capable of making timely independent decisions (U) (S) (R) (N)
30. My husband/wife tries to understand how am I feeling (U) (S) (R) (N)

Appendix P (cont.)

31. I appreciate the sacrifices made by my husband/wife (U) (S) (R) (N)
32. My husband/wife does not like me (U) (S) (R) (N)
33. My husband/wife is indifferent to me (U) (S) (R) (N)
34. My husband/wife expects me to do things as he desires (U) (S) (R) (N)
35. My husband/wife does not have much affection for me (U) (S) (R) (N)
36. My husband/wife pays timely attention to his responsibilities (U) (S) (R) (N)
37. My husband/wife shares his feelings with me (U) (S) (R) (N)
38. My husband/wife co-operates with me in maintaining relationship with my parents
(U) (S) (R) (N)
39. My husband/wife believes me (U) (S) (R) (N)
40. My husband/wife criticizes me more than appreciating (U) (S) (R) (N)
41. I regret being married to my husband/wife (U) (S) (R) (N)
42. My suggestions are well taken by my husband/wife (U) (S) (R) (N)
43. I feel that decision taken after a discussion with my husband/wife are good for us
(U) (S) (R) (N)
44. My husband/wife argues with me in front of others (U) (S) (R) (N)
45. My husband/wife is not able to make happy (U) (S) (R) (N)
46. I agree with my husband/wife regarding the discipline of children (U) (S) (R) (N)
47. My husband/wife tries to comfort me when I am upset (U) (S) (R) (N)
48. I share my feeling and thoughts with my husband/wife (U) (S) (R) (N)
49. My husband/wife is capable of carrying out his responsibilities (U) (S) (R) (N)
50. On financial matters, my husband/wife consults me (U) (S) (R) (N)

Appendix Q

Marital Quality Scale in Malayalam

നിർദ്ദേശങ്ങൾ

ഈ ചോദ്യോത്തരവലിയിൽ 50 പ്രസ്താവനകൾ ഉണ്ട്. ഈ പ്രസ്താവനകളിൽ ചിലത് നിങ്ങളുടെ ഭർത്താവിനെക്കുറിച്ച്/ഭാര്യയെക്കുറിച്ച് നിങ്ങൾ ചിന്തിക്കുന്ന/അല്ലെങ്കിൽ തോന്നുന്ന രീതിയെ സൂചിപ്പിക്കാം, മറ്റുചിലത് നിങ്ങളുടെ ഭർത്താവുമായി/ഭാര്യയുമായി ഇടപഴകുന്ന രീതിയെ സൂചിപ്പിക്കാം. ഓരോ പ്രസ്താവനയും ശ്രദ്ധാപൂർവ്വം വായിച്ച് നിങ്ങളുടെ കാര്യത്തിൽ ആ പ്രത്യേക പ്രസ്താവനയുടെ ഉള്ളടക്കം എത്ര തവണ ശരിയാണെന്ന് തീരുമാനിക്കുക.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല എന്നതിൽ ഏറ്റവും യോജിക്കുന്ന ഒന്നിൽ ശരിയെന്നു ടിക്ക് ചെയ്യുക

ഒരു പ്രസ്താവനയ്ക്കും ഉത്തരം അടയാളപ്പെടുത്താതെ പോകുന്നില്ലെന്ന് ഉറപ്പാക്കുക. ഒരു പ്രസ്താവനക്കും ശരിയായ അല്ലെങ്കിൽ തെറ്റായ ഉത്തരങ്ങളൊന്നുമില്ലെന്ന് ഓർമ്മിക്കുക. ഈ ഫോം പൂർത്തിയാക്കുന്നതിന് മുമ്പ് നിങ്ങളുടെ ഭർത്താവിനോടോ മറ്റാരെങ്കിലുമായോ ആലോചിക്കരുത്.

1. സാമ്പത്തിക കാര്യങ്ങളിൽ എന്റെ ഭർത്താവിന്റെ/ഭാര്യയുടെ അഭിപ്രായങ്ങൾക്ക് എന്റെ അഭിപ്രായങ്ങളുടെയത്രതന്നെ പ്രാധാന്യമുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

2. എന്റെ മേൽ മേധാവിത്വം കാട്ടുന്ന എന്റെ ഭർത്താവിന്റെ/ഭാര്യയുടെ പ്രവണത ഞങ്ങൾക്കിടയിൽ പ്രശ്നങ്ങൾ ഉണ്ടാക്കാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

Appendix Q (cont.)

3. ഞങ്ങൾക്കിടയിൽ തർക്കങ്ങളുണ്ടാകുമ്പോൾ താനാണ് ശരിയെന്ന് എന്റെ ഭർത്താവ്/ഭാര്യ കരുതുന്നു.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

4. എന്റെ ഭർത്താവിന്റെ/ഭാര്യയുടെ കൂടെയായിരിക്കുവാൻ ഞാൻ ആഗ്രഹിക്കുന്നു.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

5. ഞാൻ ആഗ്രഹിക്കുന്നതുപോലെ കാര്യങ്ങൾ ചെയ്യുവാൻ എന്റെ ഭർത്താവ് /ഭാര്യ അനുവദിക്കാറില്ല.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

6. എന്റെ ഭർത്താവ് /ഭാര്യ എന്നെ വിശ്വസിക്കുന്നില്ല

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

7. ഞങ്ങൾ പുറത്തു പോകുമ്പോൾ എവിടെ പോകണമെന്നും എന്ത് ചെയ്യണമെന്നും എന്റെ ഭർത്താവ്/ഭാര്യ തീരുമാനിക്കും.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

8. എന്റെ ഭർത്താവ് /ഭാര്യ അവധിക്കാല പരിപാടികൾ

ക്രമീകരിക്കാറുണ്ട്. ഞാൻ അത് ആസ്വദിക്കാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

9. എന്റെ ആവശ്യങ്ങൾ എന്റെ ഭർത്താവ് /ഭാര്യ നിറവേറ്റുന്നുണ്ട്.

Appendix Q (cont.)

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
10. എന്റെ ഭർത്താവ് /ഭാര്യ എനിക്ക് സുരക്ഷിതത്വം തരുന്നു.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
11. എന്റെ ഭർത്താവ് /ഭാര്യ അവന്റെ/അവളുടെ അഭിപ്രായങ്ങളിൽ കടുംപിടുത്തം ഉള്ളയാളാണ്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
12. എന്റെ ലൈംഗിക ആവശ്യങ്ങൾ എന്റെ ഭർത്താവ് /ഭാര്യ മനസിലാക്കുന്നുണ്ട്

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
13. ഞങ്ങളുടെ അവധിക്കാലങ്ങൾ ചിലവഴിക്കപ്പെടുന്ന രീതിയിൽ ഞാൻ സംതൃപ്തനാണ്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
14. എന്റെ ഭർത്താവിന്റെ/ഭാര്യയുടെ അടുത്ത് തർക്കിച്ചു ജയിക്കാൻ എനിക്കാവില്ല.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
15. തന്നെ മനസിലാക്കുന്നില്ല എന്ന് എന്റെ ഭർത്താവ് /ഭാര്യ പരാതി പറയാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

Appendix Q (cont.)

16. വീട്ടുകാര്യങ്ങളിൽ തീരുമാനങ്ങൾ എടുക്കാൻ എന്റെ ഭർത്താവ് /ഭാര്യ എന്നെ സഹായിക്കാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

17. എന്നെ സഹായിക്കുവാൻ എന്റെ ഭർത്താവ് /ഭാര്യ

പ്രാപ്ത/പ്രാപ്തൻ ആയതിനാൽ ഞാൻ അവളുമായി/അവനുമായി

എന്റെ പ്രശ്നങ്ങൾ ചർച്ച ചെയ്യാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

18. എന്റെ ഭർത്താവ് /ഭാര്യ എന്നെപ്പറ്റി പരിഹാസപൂർവ്വം

കുത്തുവാക്കുകൾ പറയാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

19. എന്റെ ഭർത്താവിന്/ഭാര്യക്ക് എന്റെ മാതാപിതാക്കളുടെ

കാര്യങ്ങളിൽ കരുതലില്ല.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

20. എന്റെ ഭർത്താവ് /ഭാര്യ എന്റെ ലൈംഗിക ആവശ്യങ്ങൾ

തൃപ്തിപ്പെടുത്തുന്നില്ല.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

21. ഞാൻ ജീവിതത്തിൽ വിലമതിക്കുന്നതെന്തെന്ന് എന്റെ ഭർത്താവ്

/ഭാര്യ മനസിലാക്കുന്നുണ്ട്.

Appendix Q (cont.)

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
22. എന്റെ ഭർത്താവിനെ/ഭാര്യയെ ഉപേക്ഷിക്കുന്ന കാര്യം മനസിലെത്താറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
23. ഞങ്ങൾ എവിടെ താമസിക്കണമെന്ന് എന്റെ ഭർത്താവ് /ഭാര്യ തീരുമാനിക്കുന്നു.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
24. എന്റെ ഭർത്താവിനോട്/ഭാര്യയോട് എനിക്കുണ്ടാവുന്ന വികാരങ്ങൾ അവൻ/അവൾ മനസിലാക്കാറില്ല.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
25. ഞങ്ങളുടെ കുടുംബത്തെപ്പറ്റിയുള്ള എന്റെ ദീർഘകാല പദ്ധതികൾ ഞാൻ എന്റെ ഭർത്താവുമായി/ഭാര്യയുമായി ചർച്ച ചെയ്യും.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
26. എന്റെ തെറ്റുകൾ ഭർത്താവിനോട്/ ഭാര്യയോട് തുറന്നു പറയുന്നതിൽ ഞാൻ സുരക്ഷിത/ സുരക്ഷിതനാണ്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല
27. എന്റെ ലൈംഗിക ജീവിതം സംതൃപ്തമാണ്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

Appendix Q (cont.)

28. എന്റെ ഭർത്താവ് /ഭാര്യ എന്നിൽ

സന്തോഷവാനാണ്/സന്തോഷവതിയാണ്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

29. സമയോജിതമായും സ്വതന്ത്രമായും തീരുമാനങ്ങളെടുക്കുവാൻ

എന്റെ ഭർത്താവ് /ഭാര്യ പ്രാപ്തനാണ്/പ്രാപ്തയാണ്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

30. എന്റെ ഭർത്താവ് /ഭാര്യ എന്റെ വികാരങ്ങളെ

മനസ്സിലാക്കുവാൻ ശ്രമിക്കാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

31. എന്റെ ഭർത്താവ് /ഭാര്യ ചെയ്യുന്ന ത്യാഗങ്ങൾ ഞാൻ

വിലമതിക്കാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

32. എന്റെ ഭർത്താവ് /ഭാര്യ എന്നെ ഇഷ്ടപ്പെടുന്നുില്ല.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

33.എന്റെ ഭർത്താവ് /ഭാര്യ എന്നോട് നിസ്സംഗമായി പെരുമാറുന്നു.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

34.അവളുടെ/അവന്റെ ഇഷ്ടാനുസരണം ഞാൻ കാര്യങ്ങൾ

ചെയ്യണമെന്നാണ് എന്റെ ഭർത്താവ്/ഭാര്യ പ്രതീക്ഷിക്കുന്നത്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

Appendix Q (cont.)

35. എന്റെ ഭർത്താവിന്/ഭാര്യയ്ക്ക് എനോട് വലിയ വാത്സല്യമൊന്നുമില്ല.

- പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

36. തന്റെ ഉത്തരവാദിത്വങ്ങൾ നിറവേറ്റുന്നതിൽ എന്റെ ഭർത്താവ്/ഭാര്യ കൃത്യമായ ശ്രദ്ധ കാട്ടാറുണ്ട്.

- പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

37. എന്റെ ഭർത്താവ്/ഭാര്യ തന്റെ വികാരങ്ങൾ എനോട് പങ്കു വയ്ക്കാറുണ്ട്.

- പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

38. എന്റെ മാതാപിതാക്കളുമായുള്ള ബന്ധം നിലനിർത്തുന്നതിൽ എന്റെ ഭർത്താവ് /ഭാര്യ എനോട് സഹകരിക്കാറുണ്ട്.

- പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

39. എന്റെ ഭർത്താവ് /ഭാര്യ എന്നെ വിശ്വസിക്കുന്നു.

- പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

40. എന്റെ ഭർത്താവ് /ഭാര്യ എന്നെ അംഗീകരിക്കുന്നതിനേക്കാൾ വിമർശിക്കുന്നു.

- പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

Appendix Q (cont.)

41. എന്റെ ഭർത്താവിനെ/ഭാര്യയെ വിവാഹം ചെയ്തതിൽ ഞാൻ
വേദിക്കുന്നു.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

42. എന്റെ ഭർത്താവ് /ഭാര്യ എന്റെ നിർദ്ദേശങ്ങൾ സന്തോഷത്തോടെ
സ്വീകരിക്കാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

43. എന്റെ ഭർത്താവിനോട്/ഭാര്യയോട് ചർച്ച ചെയ്ത ശേഷം
എടുക്കുന്ന തീരുമാനങ്ങളാണ് ഞങ്ങൾക്ക് നല്ലതെന്ന് എനിക്ക്
തോന്നുന്നു.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

44. എന്റെ ഭർത്താവ് /ഭാര്യ മറ്റുള്ളവരുടെ മുമ്പിൽ വെച്ച് ഞാനുമായി
തർക്കിക്കാറുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

45. എന്നെ സന്തോഷിപ്പിക്കുവാൻ എന്റെ ഭർത്താവ് /ഭാര്യ
പ്രാപ്തനല്ല/പ്രാപ്തയല്ല.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

46. മക്കളെ അച്ചടക്കത്തിൽ വളർത്തുന്ന കാര്യത്തിൽ എന്റെ
ഭർത്താവിനോട് /ഭാര്യയോട് ഞാൻ യോജിക്കുന്നു.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

Appendix Q (cont.)

47. ഞാൻ അസ്വസ്ഥയായിരിക്കുമ്പോൾ/അസ്വസ്ഥനായിരിക്കുമ്പോൾ
എന്നെ ആശ്വസിപ്പിക്കുവാൻ എന്റെ ഭർത്താവ് /ഭാര്യ ശ്രമിക്കും.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

48. എന്റെ വികാരങ്ങളും, ചിന്തകളും എന്റെ

ഭർത്താവുമായി/ഭാര്യയുമായി പങ്കുവെക്കാനുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

49. തന്റെ ഉത്തരവാദിത്വങ്ങൾ നിറവേറ്റുവാൻ എന്റെ ഭർത്താവ്
/ഭാര്യ പ്രാപ്തനാണ്/ പ്രാപ്തയാണ്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

50. സാമ്പത്തിക കാര്യങ്ങളിൽ എന്റെ ഭർത്താവ്/ഭാര്യ എന്റെ

അഭിപ്രായം ചോദിക്കാനുണ്ട്.

പതിവായി ചിലപ്പോഴൊക്കെ വിരളമായി ഒരിക്കലുമില്ല

Appendix R

Kansas Marital Satisfaction Scale – English

1. How satisfied are you with your husband (or wife)?

- Extremely dissatisfied
- Very dissatisfied
- Somewhat dissatisfied
- Mixed
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

2. How satisfied are you with your marriage?

- Extremely dissatisfied
- Very dissatisfied
- Somewhat dissatisfied
- Mixed
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

3. How satisfied are you with your relationship with your husband (or wife)?

- Extremely dissatisfied
- Very dissatisfied
- Somewhat dissatisfied
- Mixed
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

Appendix S

Kansas Marital Satisfaction Scale – Malayalam

1. നിങ്ങളുടെ ഭർത്താവിൽ/ഭാര്യയിൽ നിങ്ങൾ എത്രമാത്രം സംതൃപ്തയാണ്/സംതൃപ്തനാണ്?

- അങ്ങേയറ്റം അസംതൃപ്തമാണ്
- വളരെ അസംതൃപ്തമാണ്
- കുറച്ചു അസംതൃപ്തമാണ്
- സമ്മിശ്രം
- കുറച്ചു സംതൃപ്തമാണ്
- വളരെ സംതൃപ്തമാണ്
- അങ്ങേയറ്റം സംതൃപ്തമാണ്

2. നിങ്ങളുടെ വിവാഹ ജീവിതത്തിൽ നിങ്ങൾ എത്രമാത്രം സംതൃപ്തയാണ്/സംതൃപ്തനാണ്?

- അങ്ങേയറ്റം അസംതൃപ്തമാണ്
- വളരെ അസംതൃപ്തമാണ്
- കുറച്ചു അസംതൃപ്തമാണ്
- സമ്മിശ്രം
- കുറച്ചു സംതൃപ്തമാണ്
- വളരെ സംതൃപ്തമാണ്
- അങ്ങേയറ്റം സംതൃപ്തമാണ്

3. നിങ്ങളുടെ ദാമ്പത്യ ബന്ധത്തിൽ നിങ്ങൾ എത്രമാത്രം സംതൃപ്തയാണ്/സംതൃപ്തനാണ്?

- അങ്ങേയറ്റം അസംതൃപ്തമാണ്
- വളരെ അസംതൃപ്തമാണ്
- കുറച്ചു അസംതൃപ്തമാണ്
- സമ്മിശ്രം
- കുറച്ചു സംതൃപ്തമാണ്
- വളരെ സംതൃപ്തമാണ്
- അങ്ങേയറ്റം സംതൃപ്തമാണ്

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