COUPLE COMMUNICATION AND MARTIAL ADJUSTMENT AS PREDICTOR OF DEATH ANXIETY AMONG PREGNANT WOMEN

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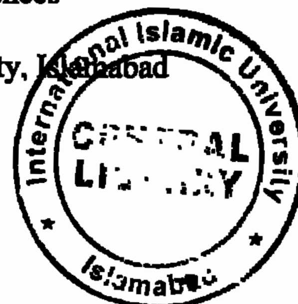

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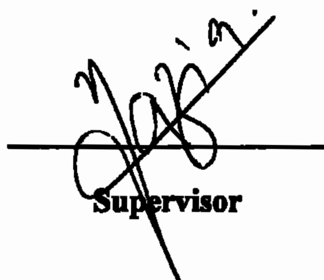

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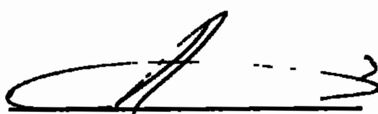

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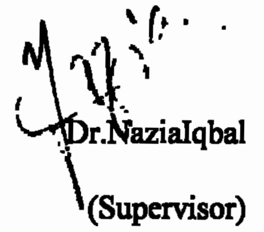

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ABSTRACT

Martial support and better understanding among couple are blessing bestowed among fortunate couples that enjoy strong intimacy and affection throughout life. The present research was carried out to explore the predictive effect of couple communication and martial adjustment of death anxiety among pregnant women. For purpose of present study Relational Communication Scale (Burgoon& Hale, 1984), Marital Adjustment Scale (MAS) (Locke & Wallace, 1951) and Death Anxiety Scale(Conte, Weiner, and Plutchik, 1986) were utilized in present study to assess research purposed variables couple communication, martial adjustment and death anxiety among pregnant women. The hypothesized relations and objective were tested in sample of on sample of (*N*=150)pregnant women from (1st - 3rd trimester of pregnancy). The age range of the pregnant women was from 20 years to 50 years. Step by step exploratory analysis (from descriptive to predictive) showed that all the 3 utilized instruments for study purpose were reliable measure of study constructs. Further, Mean differences on demographics e.g., age, family structure, working status, monthly income, year of marriage, number of children, trimester of pregnancy, number of miscarriages, frequency of nausea, other physical problem were explored against the study variables of couple communication, martial adjustment and death anxiety. Results revealed that males were higher on discomfort intolerance and achievement frustration. Couple communication styles had positive negative relation with death anxiety. Martial adjustment has negative relation with death anxiety. Pregnant women from nuclear family were better at couple communication and martial adjustment as women from nuclear family structure were high at death anxiety. Pregnant women from higher economic status were better at couple communication and women from lower economic status were higher on death anxiety. Pregnant women in first trimester were high on couple communication and martial adjustment and

pregnant women in third trimester were higher on death anxiety. Pregnant women with no history of miscarriages reported higher couple communication, and martial adjustment and women with higher number of miscarriages reported higher death anxiety. Composure (β = -.44, p< .01) explained a total of 48 % variance in (death anxiety). Marital adjustment (β = -.67, p< .01) explained a total of 46% variance in (death anxiety). Affection (β = .24, p< .05) explained 55 % variance in (martial adjustment). The research findings have highlighted that couple communication and martial adjustment are significant factors that enhance the women view about life and death in different trimester of pregnancy.

INTRODUCTION

Chapter-I

INTRODUCTION

Marriage relation is not bind by chains but it's held together by hundreds of fragile threads that sew couples in a relation for lifelong. Marriage for Pakistani people is transaction phase after which the spouse are recognized by each other's martial relation. Harmonious marital relationship with happiness and contentment plays major role in the enhancing the emotional health as well physical health of married couples (Campbell, 2003; Sinha & Mukerjee, 1989). Individual satisfaction in intimacy is key factor behind spouse happiness, better understanding, better enhanced communication abilities make marital relation less chaotic and durable. Gross and Pattison (2007) showed that supportive partners who have better computability act as barrier against odds in difficult time. Consequently, starting of increasing family is transaction of psychological biological, emotional changes and help of supportive partner can positively act as buffer against stress related to birth complications.

Moreover, selecting a partner and entering into a marital contract is considered both maturational milestone and personal achievement. There is no doubt that the choice of marital partner is one of the most important decisions one makes in his / her lifetime. People marry for many reasons, like; love, happiness, companionship, and the desire to have children, physical attraction, or desire to escape from an unhappy situation (Ganley, 2004). Marriage is a commitment with love and responsibility for peace, happiness and development of strong family relationships. Marriage as socially legitimate sexual union, begun with a public announcement and undertaken with some ideas of permanence; it is assumed with more a less explicit marriage

contract, which spells out the reciprocal rights and obligations between the spouses and future children (Groth- Marnat, 2003).

Pregnancy

Pregnancy is a joyful and exceptional event of life for some women. This part of motherhood comes with responsibilities, physical, psychological changes, and emotional attachment bond with the upcoming offspring. Pregnancy reflects a normal process in the female life cycle. In particular, the physiological changes that occur during pregnancy affecting the biochemistry and anatomy of organs and systems should be considered, and may aggravate pre-existing morbidities or produce symptoms that affect the marital life and quality of life (Bussel, Spitz, & Demyttenaere, 2008). The complexity of the changes caused by pregnancy is restricted to not only the physical variables, but also psychological and social variables, which can be reflected in the postnatal period and impact on quality of life of these women. Few women live the cycle of pregnancy and childbirth without encountering real or potential problems (Heron, Connor, Evans, Golding, & Glover, 2004). Thus, the prenatal period should be also a moment of preparation of the woman for the childbirth and maternity.

In recent times considerable attention has been starting in part of enhancing the emotional health of pregnant women for healthier offspring. As women in pregnancy experience diverse physiological changes that may accompany psychological disturbances which affect the overall pregnancy, delivery, labor time and emotional bond with the child (Erickson, 1976). Women in all her trimesters of pregnancy experience different apprehensive feelings for upcoming life changes which causes higher in pregnant women (Fitzpatrick & Wallace, 2006). Sometime, anxious feelings in women precipitate unalike psychosomatic symptoms such as Gastro-Intestinal complaints, Cardiac or Genito- Urinary functions. Anxious feelings in pregnant women

may also exaggerate insomnia, headache, impulsivity, and unexplainable agitation (Saisto, Salmela-Aro, Nurmi, & Halmesmaki, 2001). Pregnancy is natural normal life course but, it this experience changes the life perspective of pregnant women. The pregnancy last about (266 days) almost (38 weeks). These 38 weeks is unique period for every women like puberty containing different physiological and psychological crisis with emotional disturbance (Gurung et al., 2005; Stotland & Stewart, 2001). From past century heath professional has started developing better understanding of biological, psychosocial, and social changes that accompany the process of motherhood.

Stages of pregnancy

The process of pregnancy encompasses three physiological stages after the conception. Labeled as trimesters each stage triggers new biological, psychological and social changes.

Stage one. The stage one also called the first trimester lasts about 1-13 weeks begins after the conception of the baby. Every women desire in this trimester is mixed with excitement/happiness and ambivalence such as (e.g., higher uncertainty and higher emotive expressions). The first trimester is often difficult for some women containing uneasy biological complaints e.g., severe nausea, vomiting, feeling of being sick. The psychological signs associated with this stage include feeling of fatigue, irritability, and mood fluctuation. This stage is often considered fragile stage of pregnancy for some women with higher miscarriages rate so women wanting pregnancy experience severe stress during the first trimester when the probability of miscarriages is high (Fenster, Phillips, & Rapoport, 1994).

Second stage. The second trimester lasts about 14-28 weeks, contain fast fetal development, with fetal movements, and experiencing heartbeat of new developed fetal. Existence of life in fetus give a sense of motherhood to women without any confusion without

any stress, ambiguity so this stage is considered peaceful and enjoyable stage of pregnancy. During this trimester women experience more feeling of attachment and affection for the fetus. Leifer (1977) highlighted that women in this trimester indulge in different activities like talking to the fetus and identifying goals with the developing fetus (Stotland & Stewart, 2001).

Stage three. The final and third trimester last about in 29- 38 weeks which is again experienced with physical discomforts due to growth of fetus, gaining weight and higher viability for the infant. Considered highest attachment phase where nesting plans start to emerge. In this stage some women experience different feeling bodily sensations, and feelings regarding body shape, stress due to weight gain and distortion of body shape. Other bodily complaints such as sleep disturbances, back pain, leg convulsions predominant in this stage. Psychological feelings such as increased nervousness about the delivery, concern about health of the fetus, higher pain during delivery, blood loos, fear of normal delivery, and complication is delivery predominate in this phase among pregnant women (Stotland & Stewart, 2001). As some women are at higher risk of medical condition, these women experience execrated anxious feelings due to, fear of death, safety of child, gender of child and lack of support from spouse and family (Gurung, Dunkel-Schetter, Collins, Rini, & Hobel, 2005).

Psychological liabilities of pregnancy

Pregnant women's physical health care in the developed countries has immensely improved over the last 100 years, though, emotional & mental health care of pregnant women has still been left as part of taken-for-granted part in obstetrics & delivery (Manjari, 2013). Some women are higher risk during pregnancy due to associated medical issues such as hypertension, renal disease, and menaces, diabetes, and cardiovascular issues. Other factors that affect the psychological health of the women may include multiple abortion, miscarriage and multiple

pregnancy complicating 3-7% of pregnancies (Stotland & Stewart, 2001). Other psychological factors with medical issues may accompany pregnancy as increased depression, anxious feelings, mood instability in third trimester, reduced cognitive acuteness, and altered perceptual processes are found to be prevalent in pregnant women's (Fenster et al., 1994). Some women perceive them self at high risk even after normal pregnancy, such as previous pregnancy, past complicated pregnancy, blood flow, number of caesarians, past history of pregnancy affect adoptability of women for new pregnancy. Such setbacks result in producing anxiety, depression, in women despite happiness which are sometime execrated by poor interpersonal communication, martial issues and fear of death with new pregnancy. Pregnancy and parenting process is of the great psychological & biological changes associated with increased anxiety symptoms (Manjari, 2013).

Couple Communication

Concept of communication is often an non explainable construct as we communicate in every second in different ways with people around (Stuart, 1980). The basic objective aim of communication is to present information to other person communicate (Goldenberg & Goldenberg, 1996). According to (Crowe &Ridely, 2000) communication is face to face communication, which contain 7% of verbal message, 38% is transmitted by. 55% of communication is transmitted by observing ,facial expression and body gesture. In past decades significant efforts have been put to understand the role communication play in between spouses for maintaining healthy martial adjustment. As the divorce rates are shows that approximately 50% of the couple and other estimation say about 25% of partners report marriages to be distressing (Gottman, 1999). Couple communication is not just the manner in which the couple talk but its domain expands to the range individual functioning, nonverbal gestures, and cues

transmitted by non-verbal communication (Whisman, Uebelacker, & Weinstock, 2004; Caughlin, 2002; Halford, Bouma, Kelly, & Young, 1999).

Couple communication is one variable in that is considered vital in marital satisfaction. As couple communication patterns are qualitatively quite diverse between unhappy and contended partners (Gottman, 1994) as these communication patterns are strong indicator for predicting marital quality and durability of relationship (Holman, 2001). Studies have highlighted that issues in communication skills are key factor behind martial conflicts and improving these communication patterns can enhance the quality of marital satisfaction, and stability of martial relation (Hawkins, Fowers, Carroll & Yang, 2007; Carroll, Badger, & Yang, 2006; Fowers, 2005).

Marital Adjustment

Marital adjustment is often described as a harmonious relation in which couples have sympathy, and have achievement of common goals between couple lead to martial satisfaction. In marital adjustment couples focus on armistice strategies to solve life problems and achieve feeling of well-being (Chen, Tanaka, Uji, Hiramura, & Shikai, 2007; Bar-On & Parker, 2006). Martial adjustment by (Sabatelli, 1988) is defined as relation in whom the unit of analysis depends on partner choice and impression of relationship exiting among the couples. Marital adjustment is overall feeling of contentment and satisfaction between the spouse (Faisal-Cury & Rossi, 2007).

Burgoon, Buller, Hale, and deTurck (1984) have highlighted that personal effect creates disputes in married couples. Higher level of familiarity, desirability, and faith keep the martial relation intact for longer duration. Burgoon (1991) found that high level of proximity in martial

relation results in supremacy, similarity, immediacy, and composure, persuasion, violence, and intimacy. Marital relation is complex process with different choices, unpredictable goals and feeling of harmony in this relation make this complex relation tranquil and durable (Rahman, Iqbal, Bunn, Lovel, & Harrington, 2004).

Marital adjustment calls for maturity that accepts and understands growth and development in the spouse. If this growth is not experienced and realized fully, death in marital relationship is inevitable. A relationship between couples is not instantaneous rather a slow progress. "It is like the undetected cancer that kills silently and softly". A study on 581 couples and 25% of them disclosed that at some time in the adjustment process, they discussed discovering and 18% had seriously considered it (Halligan, Murray, Martins, & Cooper, 2007).

Marital adjustment as the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other' (Faisal-Cury& Rossi, 2007). All the marriages are aimed at happiness in one or another way. Most couples marry filled up with expectations. Some of the expectations will be realistic while others unrealistic. This is due to the complex nature of marriage and each individual is as complex as a universe. Therefore, in marriage two universes close together (Rahman et al., 2004).

Kaslow and Robison (1996) have highlighted that couple higher on martial adjustment used higher problem-solving strategies reassurance and cooperation for life difficulties. Snyder and Schneider (2002) explained that the level of compatibility, sacrifice, generosity, happiness and awareness for each other is different between couples of martial satisfaction and martial dispute (Stevens, 2005). Comprehensive empirical evidence by (Carroll et al., 2006) explored the level of martial adjustment at interpersonal and intrapersonal level. The researcher found that

feeling of security better couples and good negotiable strategies were related to positive relationship. Empirical research by (Fowers, 2005) supported these findings and highlighted that good communication skills equipped with positive motivation for spouse enhance martial relationship. For that marital virtues best predict lower level of poor communication such among disputed couple that enhance the marital adjustment.

Martial adjustment play significant role in empowering relation and durability of relation (Gaal, 2005). Ambiguous conditions between the couples accompanied by different desirable social relations, moral misbehavior, perceived values are major reasons of maladjustment among the couples (Alois & Bruno, 2009). For that Spanier (1976) defined martial adjustment as procedure that contain better solving strategies for serious issues, less personal stresses, lack of couple anxiety more communication about martial issues (Gong, 2000).

Halford, Lizzio, Wilson, and Occhipinti (2007) highlighted that personality characteristics of couple, social factors and life events are major factors that affect the martial relation. Other factors that affect the martial satisfaction are caring attitude, love, acceptance, understand each other, fulfilling each other desires, understanding other religious beliefs (Demaris, Mahoney, & Pargament, 2010). Halligan et al. (2007) explained six areas of marital adjustment such as, religion, social life, mutual friends, in laws, money and sex. Hinchliff and Gott (2004) defined ten areas of marital adjustment, i.e. values, couple growth, communication, conflict resolution, affection, roles, cooperation, sex, money and parenthood.

A study on marriage and marital adjustment in USA presents social activities and recreation, training and disciplining of children. religion, in law relationship, financial matters, sexual relationship, communication, mutual trust and companionship as the areas of marital adjustment (Nicolussi & Sawada, 2010).

Death Anxiety

Life and death are two realities of life that one can never deny. Death anxiety is fear of facing life traumatic reality (Schumaker, Barraclough, & Vagg, 2001). A topic that people feel reluctant to talk about produce anxiety is some people at more intense level (Corr, Nabe, & Corr, 2003). Richardson, Berman, and Piwowarski (1983) defined death anxiety as a negative reaction, and experience of trepidation and uneasiness which emerges when someone anticipate fear of death. Many factors are involve in execrating, minimizing, and shaping feeling of death such as age (DeSpelder& Strickland, 2005; Fortner & Neimeyer, 1999), religious beliefs and health (Wink & Scott, 2005; Fortner & Neimeyer, 1999), and sexual characteristics (Harding, Flannelly, Weaver, & Costa, 2005). Individual experience and expression of death anxiety is one's dependent on personal characteristics but as person develop similarity with death the feelings of death anxiety can subside (Tomer & Eliason, 1996).

Emotionally healthy individual develop adaptive strategies to deal with death anxiety. Irrational thoughts patterns co-morbidity with death anxiety, uncontrollable stress, life threats, apprehensive feelings for death for loves ones can result in development of psychological disorders (Yalom, 2008; Kastenbaum, 2000). Death anxiety is a fear among patients struggling with understanding concepts of death which underlies in the development, maintenance, and lingering the overall duration of psychological disturbances (Furer& Walker, 2008; Yalom, 2008; Strachan et al., 2007; Arndt, Routledge, Cox, & Goldenberg, 2005).

Death anxiety, grief, depression and loss of control are major emotional issues during terminal illness. Death anxiety is defined as fear regarding one's own death. Dimensions of death

anxiety discovered by Conte, Weiner, and Plutchik (1982) include fear of the unknown, fear of suffering, fear of loneliness, and fear of personal extinction. Similarly, Chatard et al. (2012) describe death anxiety as thoughts of losing control over their mind, worries about leaving loved ones behind, worries about painful death and worries about prolonged illness. Death anxiety may also lead to ambivalence toward the body, disruption in personal relationship, and withdrawal from sexual intimacy because the physical body serves as a reminder of death.

Many terminally ill patients suffer from anxiety (Ghaemi, 2007). Reese and Kaplan (2000) found that high levels of positive marital adjustment, healthy communication, spirituality and perceived social support predicted lower levels of anxiety about one's health in HIV positive women, pregnancy and other chronic pains. Neimeyer (1994) conceptualizes death anxiety as those events and experience day to day encounters of life rather than in acute situations, where there are immediate threats and dangers to life. The fear of death in the face of lingering or imminent death is a phenomenon that seems to be frequently seen, observed, and approved in the psychoanalytical literature. In fearing death we feel feared that the thing we have constantly and incessantly tried to resist all our lives are going to happen. It is said that every fear is fundamentally a fear of death. Yet the generally held opinion is that feeling of dying induce fear because it signifies separation, loneliness, destruction, chaos and punishment (Tomer & Eliason, 1996). Middle Eastern Culture where females are more susceptible to threats of illness and frequently feel more insecure. Period of illness and educational level were significant predictor of death anxiety (Ghaemi, 2007).

Couple Communication and Martial Adjustment

Available statistics by (National Centre for Health Statistic, 1994) have shown that there is increasing trend in marital breakdown among couples is of great concern. The divorce rates are increasing thought out the globe even in Pakistani culture where, leaving your partner and name of divorce is like a taboo. Everyone is affected by this dilemma whether rich or poor, royal or farmers. As the feeling of tolerance, in decreasing in couples leading into often harass, argument that lead to ending the joy full relation. Stuart, (1980) highlighted that the communication problems among the spouse is major cause of disputes among the couples. Far more than 90% of unhappy couples have poor computability and poor communication patterns (Bornstein, & Bornstein, 1986). The major reason behind chaotic environment in home according to researcher and disputed couples is problem in communication (Halfordd, 2003). Communication approaches in family therapy focuses on repeating the communication cycle and clearing the maladaptive cognitions and confronting the couples despite separating couples (Goldenberg & Goldenberg, 1996).

Snyder (2001) showed that the best indicators of overall marital adjustment were the couple's ability to discuss problems effectively. Snyder (2001) suggested that communication skills are important not only because they provide the means for solving problems and differences, but make an increased level of intimacy possible. Lewis and Spanier (1979) explained model of marital satisfaction and stability emphasized a group of variables which they labeled rewards from spousal interaction, and which included affective expression and problem-solving ability. Behaviors affecting marital satisfaction are self-disclosure, being sensitive to each other's feelings, listening and responding, confirmation, and expressing respect and esteem.

Marital adjustment is based on effective abilities. Every couple experiences disputes but some coupes have better enhanced strategies to end conflicting arguments, feeling of uneasiness,

expressing massive disappointments, and resolving issues in positive manner (Kinder, 2002). Those couples who are unable to effectively handle conflict report more marital dissatisfaction (Kazemi & Nikmanesh, 2011). Kouros, Papp, and Cummings (2008) among disputes couples there is negative relation between martial adjustment and distress feelings. Marital adjusted couples add positively in society as adjusted couples have better lifestyles, healthy mental health, experience more sexual satisfaction, work out of financial/life issues effectively and these couples are also found to be better parents (Waite & Gallagher, 2000). Longitudinal study by Hawkins and Booth (2005) have found marital dissatisfaction for longer duration often heighten feeling of unhappiness, physical disturbances, lack of contentment with life, and diversely upturn distress among the couples. Gottman's (1994) found divorce resulted due to lack of martial satisfaction. Number of researches in recent years have highlighted that marital adjustment is key factor behind stability of relations and divorce among the couples always have negative outcome on children (Wallerstein, Lewis, & Blakeslee, 2000).

Number of empirical researches have highlighted that non-verbal cues/interpersonal communication, have positive relation with martial adjustment and overall martial satisfaction (Alois & Bruno, 2009). Similarly other empirical findings have highlighted that martial adjusted couples are better in accurately indoctrinating and interpreting the nonverbal communication as compare to mal-adjusted couples of (Gottman & Krokoff, 2003; Noller & White, 1992;). Positive communication such as self-disclosure, accuracy in understanding communication, and empathic communication is best predictor of better quality of relationship (Johnson et al., 2005; Holman, 2001; Perrone & Worthington, 2001; Feeney, 1994). Better communication not only predicts but also helps in maintenance and satisfaction of partner satisfaction (Weigel& Ballard-Reisch, 2008).

Productive communication and social support is seen to significant effect the martial satisfaction of women as compare to men (Dehle, Larsen, & Landers, 2001; Acitelli & Antounucci, 1994). Janetius (2004) highlighted that communication act as coping skills against life odds and enhance the marital adjustment (Litzinger & Gordon, 2005). Studies have suggest that preventive programs in martial counseling can improve communication skills, and number of these programs have effectively made couples more contended with their married life after counseling session (Christensen, Eldridge, Catta-Preta, Lim, & Santagata, 2006). Longitudinal study by Noller and White (1990) highlighted that marital adjusted 96 married couples showed that these couples had more mutual discussion, better communication, cooperation, sympathy and determination in relation. Instead couple lower in martial adjustment reported avoidance, blame, feel threatened, compromise, and focused on withholding personal desires. These results highlighted that mutuality and better communication in relation lead to better satisfaction, less destruction, marital stability, intimidation and overall marital adjustment in married couples (Karney& Bradbury, 1995).

Number of empirical evidence have highlighted that better communication is one of the key factor in marital adjustment (Malkoç, 2001) similarly longitudinal study by Byers (2005) on intended to explore the communication patterns effect on martial adjustment among 87 married couples. The result of the study highlighted that over the years constructive communication skills among the couple was major factor in making relation stable and poor communication skills were strongly related to poor martial adjustment and higher divorce outcome (Litzenger& Gordon, 2005). Another one-year longitudinal study by Smith, Ciarrochi, & Heaven, (2008) on 45 couples showed that avoidant communication from the female lead to poor martial adjustment but avoidant and withholding poor communication by male had no impact on martial adjustment.

Cross-cultural research by Bodenmann, Kaiser, Hahlweg, and Fehm-Wolfsdorf, (1998) have highlighted that avoidant and inhibited communication patterns lead to poor martial adjustment even includes from different cultures. Additionally construction communication among the couples helped in reducing aggression, enhanced commitment and love among the couples. Another cross cultural study by Christensen, Eldridge, Catta-Preta, Lim, and Santagata, (2006) extended the previous research and found that cross culturally constructive communication was found to be strong predictor of martial adjustment among couples. Sprecher (2002) utilized both longitudinal and cross-cultural study design using 101 couples to explore the effect of sexual satisfaction and martial adjustment. The researcher found that sexual satisfaction had positive relation with marital adjustment. Gender differences in indicated that males are more effected by sexual satisfaction as compare to female. Communication about sexual relation helped in improving the marital adjustment in couples.

Another study by Litzenger and Gordon (2005) demonstrated that the interaction between communication and sexual satisfaction is related to relationship satisfaction. Constructive communication as compare to sexual satisfaction is stronger predictor of martial adjustment. Whereas sexual satisfaction act as buffer against poor communication indicating that better sexual relations help to minimize the effect of poor communication on martial adjustment.

Relationship between Couple Communication, Marital Adjustment, and Death Anxiety

There is a wide literature on exposure to pregnant women and related death anxiety. Women having the histories of fetal death, repeated unplanned abortion, early infant delivery or death lead towards poorer life quality and facing more death anxiety and depression at the time of their following pregnancy, as compared to those without such previous circumstances.

Anxiety over the childbirth is associated with lack of trust in associates, lack of communication skills of female and death fear, in which pain terror is not predominant (Carroll, 2012).

Pregnancy and parenthood is period of emotional and psychological turmoil's that increases feeling of anxiety in pregnant women (Gourounti, Anagnostopoulos, & Sandall, 2014; Lakey & Orehek, 2011). Such anxious behavior are most predominant in first trimester of pregnancy (Figueiredo & Conde, 2011; Forouzandeh, Delaram, & Deris, 2003). Researchers have highlighted that poor interaction patterns in couple increase gap in decision making in couples and increase feeling of death anxiety in women. Whereas, couple's with positive communication patterns have higher episodic memories relate to intimate relation, higher compatibility, problem solving, less feeling of death anxiety (Hatch, 2008).

Couple communication help to enhances marital satisfaction and feeling of love (Baddeley, Berry, & Singer, 2013). For that improving the communication patterns in couple helps to enhance the marital adjustment by making couple more closer, by enhancing feeling of intimacy that enables the couples to convey proper feelings, thought patterns, desires and wishes appropriately (Kazemi & Nikmanesh, 2011).

Carroll (2012) also found that wives low in marital adjustment wanted their husbands to communicate with them more, and particularly to start more interesting conversations with them, to show more appreciation for the things they did well, to express their emotions more clearly, and to give them more attention.

Snyder (1979) showed that the best indicators of overall marital satisfaction were the couple's ability to discuss problems effectively. Snyder (2001) suggested that communication skills are important not only because they provide the means for solving problems and

differences, but make an increased level of intimacy possible. Lewis and Spanier (1979) explained model of marital satisfaction and stability emphasized a group of variables which they labeled rewards from spousal interaction, and which included affective expression and problem-solving ability. Behaviors affecting marital satisfaction are self-disclosure, being sensitive to each other's feelings, listening and responding, confirmation, and expressing respect and esteem.

Marital communication can be analyzed in different ways. Most communication consists of talk, of conversation. Couples have to learn how to talk openly and constructively, sharing more and more of them as time goes by. Communication strategies can also involve non-verbal communication through which the partners try to communicate feelings and thoughts without using words. Sometimes the non-verbal and verbal messages are in conflict with one another leading to confusion between the spouses. More disturbed husbands and wives consult friends and relatives for help than communicating directly with each other that hence create more communication gap (Kaaya et al., 2010).

Previous researches have highlighted martial contentment is linked with better communication skills and thus more marital satisfaction (Ebenuwa-Okoh, 2007). Couple having better martial relation reported less level of stress in pregnancy whereas, couple having poor martial relation leads to higher feeling of anxiety in pregnant women's (Demaris, Mahoney, & Pargament 2010).

Besides, the research by Babanazari, Askari, and Honarmand (2012) revealed that some changes are expected to increase or decrease anxiety in first trimester of pregnant women. But women with less age and higher education with adjusted martial relation in pregnancy period is found to be linked with lower anxious feelings in first to third trimester of pregnancy. Studies

have indicated that marital satisfaction in couple is strong predictor of death anxiety, that is, higher the martial satisfaction leads too lower death anxiety. The stressful hostile relation by spouse in pregnancy can aggravate feeling of emotional issues in pregnant women.

Unhealthy martial relation is stable and strong predictor of health related concern in pregnancy. Emotional support and secure relation with spouse enhances women adaptability in period of pregnancy. Lack of affection from family members, spouse lack of social support by in-laws generally increases anxiety issues in pregnant women and thus psychological health of pregnant women drops (Baddeley et al., 2013; Demaris et al., 2010).

Research by Rini et al. (2006) highlighted that feeling of contentment in mid to late pregnancy stages act as protective against feeling of anxiety in pregnant women (Figueiredo et al., 2008; Rini et al., 2006). Chan et al. (2013) revealed that surplus pregnancy, low self-esteem and low perceived social support in first trimester of pregnancy is major risk factor behind death anxiety (Chan et al., 2013).

Other researchers have highlighted less education, low socio-economic status, spouse unemployment and lack of social support increase marital difficulties and anxiety (Nasreen, Kabir, Forsell, & Edhborg, 2011; Van Bussel, Spitz, & Demyttenaere, 2009; Faisal-Cury, & Menezes, 2007).

Research by (Yeganeh & Shaikhmahmoodi, 2013) has shown results related to previous literature review that marital satisfaction and communication skills are positively related with each other. The another research by (Litzinger & Gordon, 2005) highlighted that couples having enhanced communication skills are found to be higher on marital satisfaction (Yalcin & Karahan, 2007).

Other researchers have highlighted the possible link between equity and martial adjustment. According to Stafford and Canary "the equity and maintenance variables in martial relation help to affect overall relational effects". Other theorists highlighted that equity is basic factor in relation that help to maintain martial relation and make relation table for years (Ragsdale, 1996; Stafford & Canary, 1992). Stafford and Canary (1992) found that martial couples who were found to be higher on equity and were able to equally balance reward among each other and reported better satisfaction (Dainton, 2000; Ragsdale, 1996). Interdependence theory states that relational outcomes rely upon the rewards and costs that partners experience. According to (Dainton, 2000) maintenance strategies such as positivity, pledges, honesty, and shared tasks helped in developing positivity and mutual involvement in marital relation.

Personal communication is combination of verbal and non-verbal cues attached with marital relation. For that the study explored effect of dominance, inclusion, and affection in martial relation (Hullman, Goodnight, & Mougeotte, 2012). The result of study highlighted that dominance has negative relation with martial adjustment whereas affection and inclusion has positive relation with marital adjustment.

Females experience more death anxiety have been highlighted in several studies (Abdel-Khalek, 2002; Tang, Wu, & Yan, 2002; Schumaker, Barraclough, &Vagg, 2001). Most of other prior studies of mental health during pregnancy in Pakistan are hospital based (Rahman et al., 2004). A study from the antenatal clinic of a teaching hospital at Lahore, Pakistan, has reported 34.5% of pregnant women were suffering from anxiety and 25% were suffering from depression. Almost similar results were found from a tertiary care hospital in Karachi, Pakistan (Suhail & Akram, 2002).

Several studies have revealed that young maternal age, lower women's educational level, lower couple's income, stressful life events, and unemployment are associated with antenatal depressive symptoms (Halligan, Murray, Martins, & Cooper, 2007). Kendler et al. (2009) showed that humiliating events that directly devalues an individual in a core role were strongly linked to risk for depressive symptoms. A systematic review has highlighted that life stress, lack of social support, and domestic violence are significantly associated with increased risk of depression during pregnancy.

Demaris, Mahoney, and Pargament, (2010) has reported that increasing age, lower educational levels, issues regarding husband abuse, extramarital affairs, not giving time to family and putting restrictions on the women and interference by in-laws, and heavy household works were significantly associated with depression during pregnancy.

The predictors of antepartum depression and anxiety in an urban community in Pakistan were husband's unemployment, low household wealth, having 10 or more years of formal education, unwanted pregnancy, and partner violence (Halligan et al., 2007). Partner violence, unsupportive husband and/or mother-in-law, and family preference for son were the predictors of antepartum depression among rural Bangladeshi women (Manjari, 2013).

The association between poverty and mental disorder has been elucidated in a review of studies from six low- and middle-income countries (Zanini & Paschoal, 2004). A recent study from an urban community in Pakistan has also found a positive association between lower household wealth and antepartum anxiety/depression (Tallat, 2008).

Marital duration is time elapsed since the day of marriage, used as the life course measure (Chi, Epstein, Fang, Lam, & Li, 2013). Marriage length, sometimes referred to as marital

longevity, has been identified in literature as a potential influence on marital satisfaction. Peleg (2008) argued that marriage longevity is very important since family duration is showed to be one of the most significant variables pertaining to family satisfaction. Some research shows that the length of marriage is positively associated with marital satisfaction (Chi et al., 2013; Chuin, & Choo, 2007; Bookwala, Sobin, & Zdaniuk, 2005). Research has shown that marital satisfaction is lower in long-term marriages than in those of short duration (Jansen et al., 2006). Duration of marriage has been identified as a potential influence on marital adjustment (Peleg, 2008; Jansen, Troost, Molenberghs, Vermulst, & Gerris, 2006; Goldenberg & Goldenberg, 2002).

Hinchliff and Gott (2004) showed that long marriage duration improved sexual intimacy among some older couples since they were able to know each other better, knew about each other's likes and dislikes more and had a closer relationship as a couple. In contrast, Sandberg, Miller, and Harper, (2002) believe that depression has been found to negatively affect older marriages. Some researches consider marital adjustment as a fluctuated phenomenon during life time. Umberson et al. (2005) approached marital quality from a life course perspective, presenting it as a developmental trajectory that over time has ups and downs. They concluded that marital quality tends to decline over time, and is impacted more by age than marital duration.

Communication flow, which is regarded as the lifeblood of any relationship (Drescher 2000) is seen as important which enables each spouse to express their desires, needs and to treat the other persons in an acceptable way. In general, it has been found that distressed couples exhibit significantly more negative nonverbal behavior than non-distressed couples (McDonald &McDonald 1995; Gottaman & Albert, 1982). Agbe (1998) pointed out that though poor and

weak communication is an index of marital maladjustment, lack of information exchange may itself impede resolution of difference and interpersonal tension.

The health complication such as anemia in pregnant women is very common in under developed countries. As anemia in pregnancy have significant negative effect on health of fetus and 20% cause of death among pregnant women. According to (World Health Organization, 2006), the prevalence rate of anemia is highest in under developing countries. The study attempted to explore the effect of anemic condition on psychological distress among pregnant women in Nigeria. Result showed that (45.74%) pregnant women had mild anemia, (47.28%) had moderate anemia and (6.98%) had severe anemia but no significant link have been found between anemic condition and depression, anxiety, and stress. The study findings highlighted the state of anemia is not the only cause behind emotional disturbances in pregnant women having birth complications (Darling & Rajagopal, 2014).

In Asian countries motivation level of religious beliefs tend to effect persons view about death anxiety. The result of the study showed negative relation between intrinsic religious motivation and death anxiety and positive relation between religious motivation and religious activities. Demographic effects showed that female had more death anxiety as compare to males (Wen, 2012). Death anxiety is fear that lie beneath most of psychological issues. For that there is strong empirical evidence indicating that death anxiety forecast development of Psychological issues such as hypochondriasis, panic disorder, and psychological distress (Iverach, Menzies, & Menzies, 2014).

Pakistani Researches on Couple Communication, Marital Adjustment, and Death Anxiety

Diverse cultural researches have indicted different pattern of interactive relationship between the variables of couple communication and martial adjustment and couple communication and death anxiety. As recent study by (Iqbal, 2013) have highlighted the role of adult attachment dimensions in Pakistani couples have strong predictive effect on marital satisfaction with mediating role of conflict resolution, communication competence and social Support that help to enhance the predictive relationship between the attachment patterns and martial satisfaction. Further the demographic analysis revealed that gender differences in couples have different impact on couple communication, martial adjustment. Additionally, couples of love marriage and nuclear family structure have between couple communication and martial adjustment in Pakistani couples.

The role of emotional intelligence is found to be linked with better quality of life but Pakistani research by (Batool & Khalid, 2009) explored the impact of emotional intelligence on martial adjustment among Pakistani couples. The results of the research highlighted that emotional intelligence strategies e.g., empathy, optimism, impulse control in couples help to improve the overall quality of martial relationship in Pakistani couples.

Like western researches indigenous researches also explored the impact of work status of Pakistani couples on martial satisfaction among single and dual-career couples (Mohsin, Adnan, Sultan, & Shakir, 2013). The results of multiple regression analysis showed that trust in couples of dual carrier had significant impact on marital satisfaction of both single and dual-career couples. Gender differences showed that higher trust and dependability by male helped to enhance the martial adjustment of the dual and single carrier couples.

Another research by Tallat (2008) attempted to explored the effect of social comparison in Pakistani couples have impact on marital satisfaction. The results of the study found that couples that utilize more downward positive social comparison it enhances the level of martial satisfaction in the couples.

Other researches also attempted to highlight the different patterns of relationship between attachment styles and martial adjustment in young couples (Zahid, 2012). The avoidant attachment styles have negative impact on the martial adjustment of the Pakistani couples. Demographic analysis of the study revealed no significant mean differences across gender on martial adjustment and attachment styles of young couples. Further analysis revealed that couples of low socio economic status reported lower martial adjustment as compare to couples of high socio economic status. Similar gender differences have been highlighted in indigenous research by (Dildar, Bashir, Shoaib, Sultan, & Saeed, 2012).

Indigenous researches have highlighted that Pakistani couples expect more expressive understanding and comradeship in martial relation, but the traditional expectations are one that effect the one's actual experience of martial adjustment (Ahmad, 2006). In Pakistani married these expectations help couples in negotiating and alerting the relational status for better acceptability by society. Research found that Pakistani couples utilize more constructive approach in communication to resolve martial conflicts (Batool & Khalid, 2012).

Demographic Effects on Couple Communication, Martial Adjustment and Death Anxiety

Number of children in couples some time effect level of martial adjustment for that Jose and Alfons (2007) attempted to find out the effect of number of children on relationship satisfaction. Results revealed that those couples who had no children reported greater martial

adjustment then couples who had more number of children. Another study by White and Edwards (1990) also found that couple with increased number of children reported decreased level of martial adjustment. Birth of child brings joyful feelings among the couple. Belsky, Glistrap, and Rovine (1984) utilized longitudinal research method to highlight the effect of birth of first child on spouse relation. Analysis showed that birth of child decreased level of martial adjustment between the couples. Weigel et al. (2008) also attempted to highlight the effect of number of children on martial adjustment but researcher found that there is no association between number of children's and decreased martial adjustment. Indicating the cultural preferences and individual differences are prominent in couples view regarding number of children.

Working status is one of major factor behind conflicts in couples for that the study attempted to explore the effect of constructive and vicious communication on martial adjustment and work-family conflict. Results of regression analysis indicated that work-family conflict was negatively linked to marital satisfaction. The addiction of communication skills helps to significantly affect the martial adjustment. The results of study highlighted those improving communication skills in intervention plans help to improve work-family conflict among the disputed couples (Carroll, 2012).

Another study by (Alayi, Gatab, & Khamen, 2011) highlighted the role of martial adjustment and couple communication. The results showed positive correlation between communication skills and martial adjustment. The study indicated that communication skills enhanced the compatibility in couples and helped to reduce spouse conflict.

Death anxiety in Asian culture is affected by religious beliefs for that (Chuin & Choo, 2007) explored the effect of religious orientation, gender, age on death anxiety. Study found that

there is negative relation between death anxiety and religious orientation. As far as gender differences are concerned female experienced more death anxiety and age had moderate effect on person view about death anxiety (Bussel, Spitz, & Demyttenaere, 2009; Chuin & Choo, 2007).

Pregnant women passing through a variety of emotional changes cause anxiety. Emotional experiences during pregnancy appear as fear of childbirth. Women being at risk at the age of 35 years. Due to increasing age they prepare themselves by seeking more information and want to be well prepared cause more anxiety in pregnant women. Healthcare providers need to be aware of the feeling of older pregnant women and help them to be preparing for their pregnancy (Kowlayk et al., 2009).

Different stages of pregnancy are linked with different emotional states. Kitamura, Shima, Sugawara, and Toda (1996) carried out the study to explore the level of psychological distress in different trimester of pregnancy. Results of the study highlighted that depression was higher in prenatal pregnant women. Prenatal depression was more associated with factors like first pregnancy, previous abortion history, traumatic childhood, higher neuroticism, confused attitudes of husband for the pregnancy.

Other than family structure (joint family structure) was also linked to feeling of crowding after delivery and lack of social support by family and husband was significant predictor of depression among women (Kaaya, 2010; Fisher et al., 2007; Chen et al., 2007).

The result concluded that anxious feelings in women varied across different trimester of pregnancy and increased as result of previous delivery complication. Somatic symptoms were common between different trimester but no sign of depressive feeling was prominent in pregnant women. Other studies showed that higher physiologic symptoms in women were linked with

higher anxiety in pregnant women. For that the study found that higher vomiting and nausea in women lead to develop more anxious feelings in pregnant women (Gurung et al., 2005; Buckwalter& Simpson, 2002).

Similarly study by Kelly et al., (2001) found that women with depression and anxiety reported more with somatic symptoms e.g., nausea vomiting in pregnancy. History of miscarriages is always found to be linked with emotional disturbances. Different researchers Janssen, Cuisinier, Hoogduin, and Graauw, (1996) carried out study to explore the effect of multiple pregnancy loss had higher depression, somatic complaints and stress. Other researchers found that depression, anxiety is major reason of abortion in females (Adler et al., 1990). Similarly Hussein (2006) also found that somatic complaints, Obsessives compulsive features are experienced during the pregnancy (Otchet et al., 1999).

During the experience of pregnancy women report mixture of anxious and nauseas symptoms. Women during childbirth feel anxious encounter with fear of death. This is fear that is experienced by every women (Van den Broek, 2003). But higher level of stress can affect the normal birth process as well worrisome feelings, can affect the fetus badly and metal health of new fetus (Hoque, 2006).

Gender differences in the communication have highlighted diverse unexpected findings. As research by (Noller& White, 1990) found that women are better in encoding positive communication skills even is severe disputed martial relation as compare to male. As male use more faulty deciphering and indoctrination communication strategies that lead to poor martial dissatisfaction (Gottman& Albert,1982).

Gender is one influencing factor affecting individual view about death anxiety. Indigenous research by Suhail and Akram (2002)'s explored death anxiety features in Pakistani

Muslims and found that women had more fear of death as compare to male (Abdel-Khalek, 2005). Cross-cultural study by Schumaker et al.(2001) explored gender differences regarding view of student about death anxiety. The findings of study showed that women experienced more death anxiety as compare to male students. On the contrary study by Wu, Tang, and Kwok's (2002) found that being male and female do not changes one's view about death anxiety.

Another factor of adjustment within the family is in the area of financial management. This is because, through this, the family bills are paid. Moreover, the status of the family partly hangs on it. Misunderstandings arise due to differences in settings of goals, priorities and preferences on the part each spouse. Studies have shown that it constitutes 80% of the cause of divorce in America (North America Missionary Board, 2001). This situation, therefore, points to the need for investigation of these problems among married persons in Nigeria considering our cultural belief and level of our technological development

Increasing age of women, not having any live birth, adverse pregnancy outcome in past, not being involved in decision making of family matters, and domestic violence were associated with either anxiety or depression. Increasing age was also reported as an associated factor for anxiety and depression among pregnant women as well as in reproductive age group (Zanini & Paschoal, 2004).

Effect of age on death anxiety is found to produce interesting findings (Fortner & Neimeyer, 1999) explored death anxiety features among elderly people. Gender differences in participants of different age showed that female of younger age experienced more death anxiety as compare to elder females.

Schumaker et al. (2001) highlighted that as male feel more success in life and attain life desired goals so experience more illusions of immortal feelings as compare to women. Other

findings highlighted that as women accept troublesome feelings rapidly thus experience more feelings of death anxiety. As they feel more apprehensive for the death they develop severe feelings for different dimensions of death (Suhail & Akram, 2002; Tang, Wu, & Yan, 2002; Schumaker et al., 2001). Although study by (Abdel-Khalek, 2002) have found no significant gender difference in death anxiety.

Feelings of death are strongly related to age well. Study by (Corr et al., 2003) explored level of death anxiety among young adults and middle adults (21-70 years of age). The author found that there is no significant difference in perspective of death anxiety in different age groups. Another research by (Maiden, 1987; Maiden & Walker, 1985; Feifel & Nagy, 1981) found that there was no difference on death anxiety among participants of elder and young participants. On contrary indigenous research by Suhail and Akram (2002) in Pakistani participants showed diverse results. The results showed that older participants between the age of (55 – 70 years) reported more death anxiety. As older participants in Pakistan see death near they develop more apprehensive feelings and have more recurrent thoughts about death.

Similarly the death of and friends trigger more feeling of death anxiety. DeSpelder and Strickland (2005) highlighted that as death is subjective experience so other people have mixed views about death among young and elderly participants (Kastenbaum, 2007; Keller, Sherry, & Piotrowski, 1984).

Rationale of the Study

In Pakistan marriage is relation that not only combines two individual it's a relations that hold two families together. Every individual have the desire to develop intimate relation with someone and share feeling's thought-out life, get listened, be concerned, and increase one's

family size. But a marital relation is mixture of different views, agreements, disputes, and affection view about relation. In this relation harmonious understanding and better ability of listening and sharing enhance the quality of relation and make it more durable and happy. Martial relation has diverse stages and getting into parenthood is phase of turmoil's especially for women who give birth to the upcoming generation of family. Every women joyful experience of pregnancy is not as contented phase of life due to different bodily changes, psychological changes and complications that come up with the pregnancy. In this difficult time a supportive family, with understanding husband make the relation strong as well the ease the stressful experience of pregnancy for women.

Pregnant women face many issues because of lack of social, emotional, psychological and financial support during pregnancy. A number of mental health problems may arise during or shortly after pregnancy. These include depression, postpartum depression, anxiety, insomnia, and postpartum psychosis. Women may also have ongoing mental health conditions such as depression, anxiety disorders, psychotic disorders and schizophrenia. Females also face death anxiety because of marital maladjustment and poor communication with husbands (Bookwala, Sobin, & Zdaniuk, 2005; Ali et al., 2002).

Recently death anxiety has received increased attention with regards to both its impact on infant outcomes, death anxiety and as a risk factor for postnatal depression. Due to poor communication of couples cause death anxiety and its strongest risk factor for postnatal depression secondly, adverse child outcomes including premature births, low birth weight, and poor infant growth (Bookwala, Sobin, &Zdaniuk, 2005).

Statistics by National Centre for Health Statistics (1994) USA have shown that about every two marriages in America end in divorce. Over the decades, this huge number of divorce

have made researches anxious to find the link that exist between marital dissatisfaction that result into marital disputes. Wealth of researches have been conducted on variables of martial adjustment. The vast of martial adjustment researchers found that martial satisfaction is majorly affected by different domains such as individual functioning (Whisman, Uebelacker, & Weinstock, 2004) and communication patterns (Caughlin, 2002).

Previous researchers have identified factor that significantly contributed to marital maladjustment. For example emotional related problem and lack of respect of spouses, view (Osakwe & Ebenuwa-Okoh, 2001). Other studies have identified marital adjustment as a significant contributor to peaceful society (Okobiah 2005; Ebenuwa-Okoh, 2007; Okorodudu & Okorodudu, 2004).

Generally those who remain in marriage always cite commitment, understanding, acceptance of constructive criticism, satisfaction of the emotional status as major factor affecting their decision to remain. Few studies have been reported on the relationship between communication flow, emotional expression, gender work involvement duration of marriage, financial management, personality types, among married persons in Delta state on stepwise basis. This is the gap this study intends to fill.

There is a wide literature on exposure to pregnant women and related death anxiety. Women having the histories of fetal death, repeated unplanned abortion, early infant delivery or death lead towards poorer life quality and facing more death anxiety and depression at the time of their following pregnancy as compared to those without facing such circumstances. Anxiety over the childbirth is associated with not have to belief in staff, lack of skills of female and death fear. Pain terror is not predominant although important to some extant in pregnancy (Siogren & Thomassen, 1997).

The maternal mortality rate (MMR) in Pakistan is 500 deaths per 100.000 births, at the same time it is highest within the contrary Baluchistan at 673 (Pakistan Medical and Research Council, 2005). But the impact of couple communication and martial adjustment on death anxiety among women in different phases of pregnancy trimester is still need to be explored in Pakistani context.

As, vast number of western researches have highlighted the interactive relationship between couple communication and martial adjustment among married couples. But there are none of research that have explored the interactive effect of couple communication and martial adjustment on death anxiety among pregnant women. As the pregnant women go through physical turmoil spouse communication pattern in this phase help to reduce feeling of death anxiety among pregnant women. Similar martial adjustment also enables the couple to cope with the physical, emotional and social difficulties associated with pregnancy.

The present study is an attempt to the relation of couple communication, marital adjustment and death anxiety among pregnant women which is an attempt to enhance information related to study variables and fill up the gaps in literature that have been still need to be explored in Pakistan population. This is significance of the study that present study can guide the society to understand the need of couple communication and marital adjustment very important factor in healthy relationship with respect to life threatening situation for couples.

The study can also enhance the Pakistani understanding regarding complication that could be associated with the complicated pregnancy. The study can also highlight the role of social support by family members and specially spouse that can play effective role in enhancing

the emotional feelings and remove apprehensive feelings of womcn regarding birth to makc phase of pregnancy a joyful experience.

METHOD

Chapter-II

METHOD

Objectives

The following objectives were formulated

1. To investigate the relationship between couple communication, marital adjustment and death anxiety among pregnant women.
2. To explore the effects of different demographic variables e.g., (age, education, family structure, profession, years of job, house wife, monthly income, other source of income, year of marriage, number of alive children, boys or girls, trimester of pregnancy, number of miscarriages, frequency of nausea, other physical problem and history of birth complications) on study variables.

Hypotheses

The subsequent hypotheses were tested in order to measure couple communication and marital adjustment as predictors of death anxiety among pregnant women in light of existing literature review.

1. The couple communication strategy (e.g., affection, similarity, receptivity, composure) negatively predicts death anxiety among pregnant women.
2. The couple communication strategy (e.g., formality, dominance, equality and task orientation) positively predicts death anxiety among pregnant women.
3. The martial adjustment negatively predicts death anxiety among pregnant women.
4. The couple communication positively predicts marital adjustment among pregnant women.

5. The couple communication negatively predicts marital adjustment among pregnant women.

Operational Definitions

Couple communication. Burgoon and Hale (1984) conceptualized couples communication as intimate combination of verbal and nonverbal refrains existing in couples communication that help to define martial relationship. Couple communication is a communication between married couples who impart, and receive, information in order to make known to transmit message. It is a simple process but it is difficult to have a successful communication (Cox, 1994).

Affection. Affection is defined as showing positive gratitude and apprehension in communication for spouse (Graham et al., 1993). In present study high score of pregnant women on affection indicated high affection.

Similarity. The concept of similarity is often defined as same responding manner of both couple in interactive actions. Similarity is couples in seen in similar attitude regarding, attitudes, background, knowledge, shared values and same pattern of communication (Burgoon, Dunbar, & Segrin, 1994). In present study high score of pregnant women on similarity indicated high similar behavior.

Receptivity. Refers to one ability to anticipate incoming information and being open to acceptance of new information, being flexible in option and have flexibility in adopting to different life setting with less rigid manner of life changes acceptance (Burgoon et al., 1994). In present study high score of pregnant women on receptivity indicated high receptivity in communication behavior.

Composure. Composure is defined as general tendency of calmness of mind/actions, r serenity, and ability to control oneself in aggressive communication by controlling personal emotional response (Myers & Ferry, 2001).In present study high score of pregnant women on similarity indicated high composure behavior.

Formality. Formality is often defined as general tendency for couples to do simple things in simple manner to comply with convention, rule and duties of the family (Burgoon et al., 1994). In present study high score of pregnant women on formality indicated high formal behavior.

Dominance. Refers to dominate feelings in communication for gaining better compliance of the spouse Control indicates existing in both close and disputed relationships (Graham, Barbato, &Perse, 1993, p. 173). In present study high score of pregnant women on dominance indicated high dominant behavior.

Equality. Refer to distributive justice in couple relation and couple attempt to equal chance of gain and output and justice in life decision (Canary & Stafford, 1992). In present study high score of pregnant women on equality indicated high equity behavior.

Task orientation. Is defined as individual capability todefine personal roles and set aims in life related to marital achievement. The high aimed goals result in well-defined structural result in high productivity (Bodenmann et al., 1998).

Marital adjustment. Marital adjustment as the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other' (Faisal-Cury& Rossi, 2007). Similarly, the author of scale defined martial satisfaction when "the couples experience satisfaction with their martial relations and with each other, as a result they

indulge in common activities develop mutual interests and experience more fulfillment in relation " (Locke, 1951). In current study pregnant women scoring high on this domain indicate more marital adjusted.

Death anxiety. Croft (2007) describe death anxiety as thoughts of losing control over their mind, worries about leaving loved ones behind, worries about painful death and worries about prolonged illness. In current study pregnant women scoring high on death anxiety scale show more fear of death.

Sample

The sample of present study was selected using purposive sampling technique. The sample of the present study comprised of 150 pregnant women (*N* = 150). The pregnant women were taken from Alshifa Maternity Care (*n*= 30), Alshifa Hospital (*n*= 30), Benazir Bhutto Hospital (BBH) (*n*= 20), Pakistan Institute of Medical Sciences (PIMS) (*n*= 20), Military Hospital (MH) (*n*= 30), Fauji Foundation Hospital (FFU) (*n*= 20).

Inclusion criteria. The referred pregnant women by the hospital authorities were included in sample. Pregnant women coming for regular antenatal check-ups (from first to third trimester) of pregnancy were included in sample. The pregnant women with minor medical issues such as anemia, diabetes, and hypertension were included in sample after review of literature. The pregnant women between the age of 20 and 50 years were included in sample after literature review. The pregnant women in stable medical condition were included in sample. The pregnant women with minimum graduation level were included in sample.

Exclusion criteria. The pregnant women in alarming condition such as labor pain and with any medical complicated procedures were not included in sample. The pregnant women

admitted in ICU were not included in sample. The pregnant women with any past present history of psychological issues or psychological treatment were included in sample. The pregnant women with complaint of epilepsy episodes were not included in sample.

Instruments

The detail narratives of instruments utilized in present study are highlighted below.

Relational Communication Scale (Burgoon & Hale, 1984). The scale was developed by (Burgoon & Hale, 1984) which assessed the verbal and non-verbal communication patterns between the couples. The scale comprised of 8 subscales namely affection, similarity, receptivity, composure, formality, dominance, equality and task orientation. Item 1, 2, 3, 4, 5, 6, 7, 8, and 9 are items of affection. Item 10, 11, 12, 13, and 14 are items of similarity subscale. Item no 15, 16, 16, 17, 18, 19, and 20 (receptivity). Item no 21, 22, 23, 24, and 25 (belong to composure subscale). Item no 26, 27 and 28 are item of formality. Subscale of dominance comprises of items no 29, 30, 31, 32, 33, and 34. Equality subscale comprises of item no 35, 36 and 37. Item no 38, 39, 40 and 41. The scale is 7-point Likert with items are rated on responses ranging from *(1= strongly disagree to 7=strongly agree).* Items no 2, 3, 5, 6, 7, 21, 24, 27, 28, 30, 33, 36, and 39 are negative items. The alpha reliabilities of 8 subscales range from .42 to .88 (Burgoon & Hale, 1987) (Annexure-B).

Marital Adjustment Scale (MAS) (Locke & Wallace, 1951). The Marital Adjustment scale (MAS) was developed by (Locke & Wallace, 1951). According to author the marital adjustment assess couple martial adjustment when the couple is being satisfied with martial life and all martial exceptions are fulfilled (Locke, 1951, p. 45). The martial adjustment is assessed by 35 items which majorly focuses on general joint actions, level of affection, marital

grievances, loneliness and happiness, and couple consensus. According to author the reliability of MAS is 0.92 (Locke & Wallace, 1951). The scale is 5 point Likert scale from responses ranging from *(1=strongly disagree to 5= strongly agree)* (Annexure-C).

Death Anxiety Scale (Conte, Weiner, & Plutchik, 1986). The death anxiety scale developed by (Conte et al., 1986). The scale assesses the feature of thinking patterns, people comprehensive, intense feelings related to concept of death (Conte et al., 1986). The scale if comprised of 15 items. The scale is 3- point Likert scale with response categories ranged (*not at all= 0, somewhat =1, very much=2*). The overall alpha coefficient reliability of CPQ is 0.91(Conte et al., 1986) (Annexure-D).

Demographic sheet. Participants were given a demographic sheet in order to obtain personal specific information relevant to the current research i.e., age, education, family structure, profession, years of job, house wife, monthly income, other source of income, year of marriage, number of alive children, boys or girls, trimester of pregnancy, number of miscarriages, frequency of nausea, other physical problem and history of birth complications) (Annexure-A).

Informed consent form. Informed consent form was use to take the consent of the respondents about their willingness to participate in the current study. This form includes the descriptions about nature of the study and assurance that their data could not be used other than research purpose (Annexure-A).

Procedure

In the initial phase of the study the permission letters from the authors of the instruments e.g., relational communication scale, martial adjustment scale and death anxiety scale was taken.

After the approval the hospital authorities of the selected hospitals such as Alshifa Maternity Care, Alshifa Hospital, Benazir Bhutto Hospital (BBH), Pakistan Institute of Medical Sciences (PIMS), Military Hospital (MH), and Fauji Foundation hospital (FFU) were debrief about the purpose of the study. The authorities were debriefed about the time duration and the sample inclusion and exclusion criterion for making the data collection easier.

After the approval of the hospital authorities the participants fulfilling the inclusion criterion were approached individually. The participants were debriefed about the purpose of the study and clearing the curiosities of the participants including the confidentiality issues of the participants. The participants were asked to read and sign the consent form for assurance of their participation in study. During the scale filling any queries of the participants regarding any item were dealt with acuity. The participants took approximately 20-43 minutes to complete the instrument. After the completion of the instruments the scales were personally collected by the researcher and rechecked for any missing values. The participants were appreciated for their time loyalty and concern.

RESULTS OF MAIN STUDY

Chapter-IV

RESULTS

The present study aimed to explore the predictive effect of couple communication and martial adjustment on death anxiety among pregnant women. To test the study hypothesis the Mean, standard deviation, minimum and maximum value of study instrument was carried out. To explore the relationship between couple communication and martial adjustment on death anxiety the correlation was carried out. Further the t-test, ANOVA was carried out to explore the demographic effect on study variables. Regression analysis was carried out to explore the study hypothesis of predicting effect of couple communication and martial adjustment on death anxiety among pregnant women's.

Table 1

Frequency and percentages of sample distribution (N=150)

Variables		*F*	%
Age	20-30 years	79	52.7%
	31-40 years	58	38.7%
	41-50 years	13	8.7%
Education	Graduation/ B.ed	85	56.7%
	M.Sc/ BS	53	35.3%
	MS/M.phil	10	6.7%
	PhD	2	1.3%
Family structure	Joint	79	52.7%
	Nuclear	71	47.3%
Working status	Working	83	55.3%
	Non-working	67	44.7%
Monthly income	Less than 10 thousand	2	1.3%
	11-20 thousand	37	24.7%
	21-40 thousand	66	44.0%
	41-60 thousand	45	30.0%
Year of marriage	Less than 1 year	16	10.7%
	2-5 years	75	50.0%
	6-10 years	51	34.0%
	10-20 years	8	5.3%
Number of children	No children	26	17.3%
	1 children	32	21.3%
	2-5 children	61	40.7%
	6-10 children	23	15.3%
	More then 10 children	8	5.3%

Continued ..

Variables		*f*	%
Number of miscarriages	0 miscarriages	93	62.0%
	1-2 miscarriages	44	29.3%
	3-4 miscarriages	13	18.7%
Month of pregnancy	1st trimester	39	26.0%
	2nd trimester	52	34.7%
	3rd trimester	59	39.3%
Frequency of nausea	No nausea	63	42.0%
	1-3 time per day	61	40.7%
	4-6 time per day	26	17.3%
Physical issues	Body pain	47	31.3%
	Gastric issues	35	23.3%
	Hypertension	48	32.0%
	Diabetic	12	8.0%
	Hypertension and diabetic	8	5.3%

Table 1 showed the frequencies and percentages of sample distribution across the demographic characteristics.

Table 2

Descriptive and Skewness of the couple communication (affection, similarity, receptivity, composure, formality, dominance, equality, task orientation), martial adjustment and death anxiety (N= 150)

			Score range		
Scales	*M*	*SD*	Potential	Actual	Skewness
Affection	23.46	5.41	41-287	27-61	-1.30
Similarity	22.31	5.38	41-287	10-35	-.68
Receptivity	22.43	5.41	41-287	12-42	-.73
Composure	21.34	4.24	41-287	14-42	-.99
Formality	20.56	7.89	41-287	10-21	-.76
Dominance	15.57	5.43	41-287	12-40	.30
Equality	9.66	2.46	41-287	3-15	-.34
Task orientation	12.06	3.16	41-287	4-19	-.32
Relational Communication Scale (RCS)	197.26	29.01	41-287	40-242	-1.16
Martial adjustment Scale (MAS)	52.14	9.95	0-100	22-67	-1.47
Death anxiety Scale (DAS)	5.34	5.92	0-30	0-29	.1.71

Table 2 highlighted the descriptive values such as mean, standard deviation range values and Skewness values of subscales of study variables. The values of the couple communication, martial adjustment and death anxiety has shown that scores of the study instrument are in range of normal distribution and further analysis can be applied.

Table 3

Cronbach alpha reliability coefficients of the subscales of Relational Communication Subscales Martial Adjustment Scale and Death Anxiety Scale (N= 150)

Scales	No. of items	*A*
Relational Communication Scale (RCS)		
Affection	9	.92
Similarity	5	.93
Rceeptivity	6	.94
Composure	5	.91
Formality	3	.59
Dominance	6	.62
Equality	3	.51
Task orientation	4	.64
Martial Adjustment Scale (MAS)	15	.95
Death Anxiety Scale (DAS)	15	.91

Note α = Chronbach's alpha; $^{*}p<0\ 05$, $^{**}p<0.01$, $^{***}p<0\ 001$

The above table showed alpha reliability of relational communication subscales martial adjustment scale and death anxiety scale. The computed Alpha reliabilities for the affection, similarity, receptivity, composure, formality, dominance, equality, task orientation, martial adjustment and dcath anxiety are highlighted in Table 2. The subscales reliabilities values arc found to be ranging from .51 to .95. The satisfactory reliabilities of study instruments shows that relational communication subscales martial adjustment scalc and death anxiety scale arc consistent instruments of assessing couple communication, martial adjustment and death anxicty among the pregnant women's.

Table 4

Correlation between couple communication (affection, similarity, receptivity, composure, formality, dominance, quality, task orientation), martial adjustment and death anxiety (N= 150)

		1	2	3	4	5	6	7	8	9	10
1	Affection	-	.85**	.81**	.80**	.53**	.29**	.10	-.14	.68**	-.60**
2	Similarity		-	.88**	.79**	.47**	.30**	.14	-.16*	.69**	-.60**
3	Receptivity			-	.88**	.57**	.33**	.10	-.18*	.69**	-.63**
4	Composure				-	.69**	.35**	.12	-.19*	.68**	-.66**
5	Formality					-	.12	-.10	-.12	.45**	-.40**
6	Dominance						-	.10	-.12	.16*	.22**
7	Equality							-	.43**	-.12	.13
8	Task orientation								-	.22**	.20*
9	Marital Adjustment Scale (MAS)									-	-.68**
10	Death Anxiety scale (DAS)										-

Note Task ori= Task Orientation, MAS= Martial Adjustment, D. A = Death Anxiety

*p<0.05, **p<0.01

Table 4 displayed significant positive correlation between couple communication e.g., affection, similarity, receptivity, composure, formality, dominance, task orientation and martial adjustment. The couple communication e.g., affection, similarity, receptivity, composure, formality However, the equality has negative relation with martial adjustment, dominance, equality, task orientation has positive relation with death anxiety. The table also shows that martial adjustment has negative relation with death anxiety.

Table 5

Mean, Standard Deviation, t value on couple communication, martial adjustment and death anxiety among joint and nuclear family structure (N = 150)

	Joint (*n* = 79)		Nuclear (*n* = 71)				95% CI		Cohen's
Variables	*M*	*SD*	*M*	*SD*	*t*	*p*	*LL*	*UL*	*d*
Affection	51.72	6.65	49.09	9.93	2.02	.00	.0c	5.28	.31
Similarity	26.41	5.35	25.38	6.46	1.07	.01	-.87	2.94	.17
Receptivity	32.20	6.14	30.14	8.33	1.73	.00	-.28	4.40	.28
Composure	33.67	6.22	31.63	7.61	1.80	.00	-.19	4.27	.29
Formality	17.86	2.61	16.64	3.13	2.97	.02	.46	2.32	.42
Dominance	22.63	4.61	23.61	4.39	1.41	.80	-2.36	.39	-.21
Equality	9.63	2.28	9.70	2.65	.17	.14	-.86	.72	-.02
Task orientation	11.79	3.05	12.35	3.28	1.07	.65	-1.57	.46	-.01
Martial adjustment Scale (MAS)	53.54	9.47	50.57	10.31	1.83	.14	-.22	6.15	.30
Death anxiety Scale (DAS)	4.54	5.47	6.22	4.31	1.74	.04	-3.58	.22	-.34

Note CI= Confidence Interval, LL = Lower Limit, UP= Upper Limit
*$p<0.05$, **$p<0.01$, *** $p<0.001$

The results from Table 5 showed the family structure variances on couple communication, martial adjustment and death anxiety among pregnant women. The table highlighted that pregnant women from joint family structure were overall better at couple communication as compare to women from nuclear family structure. The women from joint family structure were high on martial adjustment. However, the women from nuclear structure were prominent on death anxiety as compare to joint family women. Cohen's d showed significant strength of family structure on study variables.

Table 6

Mean, Standard Deviation, t value on couple communication, martial adjustment and death anxiety among working and non-working pregnant women (N = 150)

	Working (*n* = 83)		Non-working (*n* =66)				*95% CI*		*Cohen's d*
Variables	*M*	*SD*	*M*	*SD*	*t*	*p*	*LL*	*UL*	
Affection	50.28	8.27	50.74	8.11	.33	.73	-3.12	2.22	-.05
Similarity	25.49	5.77	26.50	6.10	1.03	.30	-2.93	.92	-.17
Receptivity	30.63	7.18	32.00	7.50	1.12	.26	-3.75	1.02	-.18
Composure	32.18	6.96	33.34	7.01	1.01	.31	3.44	1.11	-.16
Formality	16.66	3.01	17.89	2.74	2.57	.01	-2.17	.28	-.42
Dominance	23.68	3.87	22.33	4.70	1.92	.05	-.03	2.74	.31
Equality	9.97	2.64	9.27	2.18	2.18	.08	-.09	1.50	.28
Task orientation	12.25	3.28	11.77	3.01	.91	.35	-.55	1.51	.15
Martial adjustment Scale (MAS)	52.06	4.69	52.63	9.90	-.35	.72	-3.76	2.61	-.07
Death anxiety Scale (DAS)	5.53	5.09	4.81	6.48	6.48	.45	-1.16	2.58	.12

Note. CI= Confidence Interval, LL = Lower Limit, UP= Upper Limit

*$p<0.05$, **$p<0.01$, *** $p<0.001$

The results highlighted in Table 6 showed that working status differences on couple communication, martial adjustment and death anxiety among pregnant women. Table 5 showed that overall non-working women are better at couple communication then working women. The table showed that there is no mean difference in working and non-working women on martial adjustment. Lastly the death anxiety is higher in working women as compare to non-working women. Cohen's d showed weak strength of association between working and non-working pregnant women.

Table 7

Mean, standard deviation, F value of age on couple communication, martial adjustment and death anxiety (N = 150)

	20-30 years $n = 79$		31-40 years $n = 58$		41-50 years $n = 13$			
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	η^2
Affection	51.75	7.02	48.65	9.28	51.15	8.22	2.52*	.30
Similarity	26.72	5.26	24.72	6.40	26.46	6.85	1.99	.15
Receptivity	32.37	6.49	29.56	8.03	31.61	7.80	2.54	.14
Composure	33.40	6.26	31.67	7.57	33.07	8.12	1.50	.09
Formality	17.31	2.60	17.20	3.22	16.46	3.64	.46	.10
Dominance	23.37	3.80	22.58	4.66	23.69	5.36	.70	.18
Equality	9.67	2.35	9.60	2.42	9.92	3.37	.08	.07
Task orientation	11.98	3.31	12.68	2.75	12.38	4.074	.90	.08
Martial adjustment Scale (MAS)	54.27	7.06	49.08	12.34	52.76	10.35	4.80**	.20
Death anxiety Scale (DAS)	4.63	5.17	6.48	6.69	4.53	4.87	1.77	.11

Note. *$p<0.05$, **$p<0.01$, *** $p<0.001$

Table showed that pregnant women in age categories of 20-30 years and 41-50 years are better at couple communication. Martial adjustment is also higher in age categories of 20-30 years and 41-50 years. The death anxiety is experienced more in pregnant women from categories of 31-40 years of age. Eta value in table highlighted significant effect size of couple communication, martial adjustment and death anxiety on age.

Table 8

Mean, standard deviation, F value of income difference on couple communication, martial adjustment and death anxiety (N = 150)

	Less than 10 thousand $n = 2$		10-20 thousand $n = 37$		21-40 thousand $n = 66$		41-60 thousand $n = 45$			
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	η^2
Affection	25.50	1.12	46.10	8.97	51.72	7.42	50.50	8.17	12.62***	.31
Similarity	15.50	3.53	22.62	6.15	26.65	5.73	28.04	4.43	9.62***	.28
Receptivity	16.50	.70	27.05	7.99	32.07	6.90	34.06	4.45	11.17***	.34
Composure	17.00	1.41	29.40	7.70	33.65	6.87	34.7	4.48	9.10***	.21
Formality	13.50	2.12	16.62	3.26	17.59	3.03	17.26	2.39	1.96	.08
Dominance	19.50	2.12	21.78	4.51	22.5	3.47	25.10	4.57	5.87**	.14
Equality	11.50	.70	9.78	2.29	9.31	2.36	10.0	2.73	1.22	.12
Task orientation	13.50	.70	12.43	2.98	12.04	2.94	11.71	3.66	.48	.17
Martial adjustment Scale(MAS)	38.50	2.12	45.40	12.56	53.78	8.30	55.86	.93	11.65***	.35
Death Anxiety Scale(DAS)	8.00	1.41	9.64	7.93	4.27	4.74	3.24	.51	11.13***	.26

Note. Ta.or = Task Orientation, M.A = Martial Adjustment, D.A = Death Anxiety

*$p<0.05$, **$p<0.01$, *** $p<0.001$

Table 8 showed the mean difference across income categories on study variables. The table showed that pregnant women of income category e.g., 21-40 thousand and 41-60 thousand are higher on couple communication. Similarly pregnant women of income category e.g., 21-40 thousand and 41-60 thousand are higher on martial adjustment. The death anxiety was higher in

income group of less than 10 thousand and 10-20 thousand. Eta value in table emphasized significant effect size of couple communication, martial adjustment and death anxiety on income.

Table 9

Post-hoc analysis of income difference on couple communication, martial adjustment and death anxiety (N = 150)

Study variables	i	j	(i-j)	S.E	p	95% CI LL	95% CI UL
Affection	less than 10 thousand	more than 11-20 thousand	-16.60*	5.32	.01	-30.45	-2.76
		21-40 thousand	-22.22*	5.26	.00	-35.91	-8.53
		more than 41-60 thousand	-23.76*	5.30	.00	37.55	-9.98
Similarity	less than 10 thousand	more than 11-20 thousand	-7.12	3.95	.27	17.40	3.16
		21-40 thousand	-11.15*	3.91	.02	-21.32	-.98
		more than 41-60 thousand	-12.54*	3.94	.01	22.78	-2.30
Receptivity	less than 10 thousand	more than 11-20 thousand	-10.55	4.83	.13	23.12	2.01
		21-40 thousand	-15.57*	4.78	.00	-28.00	-3.14
		more than 41-60 thousand	-17.56*	4.81	.00	30.07	-5.05
Dominance	more than 41-60 thousand	less than 10 thousand	5.63	2.95	.23	-2.05	13.31
Marital adjustment		more than 11-20 thousand	3.34*	.90	.00	.98	5.70
		21-40 thousand	2.57*	.79	.00	.51	4.62
Death anxiety	more than 41-60 thousand	less than 10 thousand	17.36*	6.53	.04	.39	34.33
		more than 11-20 thousand	10.46*	2.00	.00	5.24	15.67
		21-40 thousand	2.07	1.74	.63	-2.46	6.61
	more than 11-20 thousand	less than 10 thousand	1.64	3.92	.97	-8.54	11.83
		21-40 thousand	5.37*	1.10	.00	2.49	8.25
		more than 41-60 thousand	6.40*	1.19	.00	3.28	9.51

*$p<0.05$, **$p<0.01$, *** $p<0.001$

The post hoc table of total income showed that couple communication is higher in income group of more than (10-20 thousand to 40-60 thousand). The marital adjustment is also higher in income group (10-20 thousand to 40-60 thousand). Whereas, the pregnant women from (10-20 thousand) have more death anxiety as compare to (21-40 thousand and more than 41-6o thousand) per month income.

Table 10

Mean, standard deviation, F value of marriage years on couple communication, martial adjustment and death anxiety (N = 150)

	1 year		2- 5 years		6- 10 years		More than 10 years			
	n = 15		*n* = 75		*n* = 51		*n* = 8			
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	η^2
Affection	53.46	7.39	49.84	8.59	49.84	8.59	53.12	4.82	1.11	.17
Similarity	26.73	6.61	25.60	5.69	25.66	6.36	29.25	2.54	1.40	.09
Receptivity	32.86	7.32	30.50	7.61	31.21	7.15	35.62	3.88	1.46	.21
Composure	34.93	6.75	31.93	7.36	32.60	6.66	36.50	4.27	1.62	.06
Formality	17.53	2.74	16.82	3.05	17.72	2.81	17.72	2.81	1.03	.05
Dominance	23.46	6.78	22.80	3.87	22.94	3.82	25.50	4.84	1.02	.16
Equality	8.53	1.95	10.05	2.37	9.72	2.55	7.50	2.13	3.97**	.07
Task Orientation	11.46	3.31	12.73	2.87	11.52	3.26	9.50	2.77	3.78**	.09
Marital Adjustment scale(MAS)	51.80	10.59	52.40	8.72	50.78	11.92	58.37	2.13	1.38	.16
Death Anxiety Scale(DAS)	5.86	6.23	5.44	6.04	5.70	6.03	1.62	1.84	1.15	.12

Note. Ta.or = Task Orientation, M.A = Martial Adjustment, D.A = Death Anxiety

Table 10 showed the mean difference across years of marriage on study variables. The table showed that pregnant women of then marriage years of marriage were high on couple communication. Similarly pregnant women of more year of marriage experienced significant martial adjustment. The death anxiety was also higher in women of more year of marriage. Eta value in table emphasized significant effect size of couple communication, martial adjustment and death anxiety on income.

Table 11

Mean, standard deviation, F value of number of children on couple communication, martial adjustment and death anxiety (N = 150)

	No child		1 child		2-5 children		6-10 children		More than 10 children			
	(*n* = 13)		(*n* = 12)		(*n* = 23)		(*n* = 48)		(*n* = 34)			
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	[illegible]
Affection	50.84	8.51	49.46	7.83	50.52	8.00	52.56	7.93	47.50	10.3	.75	[illegible]
Similarity	25.03	6.37	25.43	5.57	26.60	5.25	27.04	5.78	22.04	9.56	1.34	[illegible]
Receptivity	30.53	7.94	30.15	7.99	32.22	6.43	32.52	6.23	26.37	10.22	1.60	[illegible]
Composure	32.07	7.39	31.62	7.60	33.67	6.24	34.21	5.47	27.37	9.94	2.03	[illegible]
Formality	16.80	2.92	16.53	3.11	17.77	2.86	17.17	2.88	16.87	2.99	1.29	[illegible]
Dominance	23.42	5.33	22.96	4.03	23.59	3.94	22.86	3.82	19.50	4.53	1.70	[illegible]
Equality	8.92	2.09	10.21	2.35	9.44	2.53	10.08	2.72	10.37	2.26	1.47	[illegible]
Task orientation	12.03	3.35	12.40	3.27	12.04	3.15	11.56	3.32	12.25	1.98	.23	[illegible]
Marital Adjustment Scale(MAS)	50.03	10.81	50.40	10.60	53.67	8.74	54.47	9.99	47.50	11.52	1.67	[illegible]
Death Anxiety Scale(DAS)	7.00	5.57	6.40	5.99	3.31	4.28	5.00	4.28	5.30	6.12	5.87**	[illegible]

Note. Aff = Affection, Sim = Similarity, Rec = Receptivity, Com = Composure, Fro = Formality, Domi = Dominance, Equal = Equality, Equal= Equality, Ta.or = Task Orientation, M.A = Martial Adjustment, D.A = Death Anxiety

Table 11 showed that the pregnant women with 2-5 number of children and 6-10 number of children had better couple communication as compare to other labeled categories. The martial satisfaction mean scores were also higher in women with (2-5 numbers of children and 6-10 number of children). However, lastly the mean differences in death anxiety showed that pregnant

women with no children had more death anxiety. Eta value in table empathized significant effect size of couple communication, martial adjustment and death anxiety on number of children.

Table 12

Mean, standard deviation, F value of trimester of pregnancy on couple communication, martial adjustment and death anxiety (N = 150)

	1st trimester (n = 66)		2nd trimester (n = 34)		3rd trimester (n = 22)			
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	η^2
Affection	52.89	6.86	49.75	9.22	49.59	7.73	2.31	.22
Similarity	27.33	5.35	25.92	6.13	25.00	5.96	1.85	.11
Receptivity	32.51	6.72	31.15	7.32	30.44	7.66	.94	.15
Composure	33.71	6.60	32.40	7.10	32.30	7.12	.55	.14
Formality	18.00	2.42	17.05	3.13	16.79	3.02	2.08	.06
Dominance	22.41	4.15	22.94	4.02	23.03	4.64	.14	.15
Equality	9.94	2.49	9.94	2.44	9.23	2.60	1.48	.06
Task orientation	11.76	3.46	12.75	2.92	11.64	3.11	1.93	.04
Martial adjustment Scale (MAS)	54.76	7.18	52.38	9.72	50.18	11.36	2.56	.30
Death anxiety Scale (DAS)	4.79	7.00	5.15	4.95	5.86	5.99	.41	.17

Table 12 showed that pregnant women overall mean differences in first trimester were found to be higher in couple communication as compare to women in 2nd and 3rd trimesters. Similarly the mean differences on martial adjustment were higher in first trimester as compare to other trimester phases. Mean differences in tables showed that death anxiety mean score were higher in pregnant women of third trimester as compare to other phases of pregnancy. Eta value in table highlighted significant effect size of couple communication, martial adjustment and death anxiety on phases of pregnancy.

Table 13

Mean, standard deviation, F value of number of miscarriages on couple communication, martial adjustment and death anxiety (N = 150)

Variables	0 miscarriage (n = 93)		1-2 miscarriages (n = 44)		3-4 miscarriages (n = 13)			
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*	$\eta 2$
Affection	52.20	6.88	48.43	9.24	45.38	9.43	6.44***	.23
Similarity	26.93	5.10	24.97	6.71	21.92	6.56	5.18*	.24
Receptivity	32.44	5.73	29.88	8.90	27.07	9.53	4.29**	.26
Composure	34.25	5.29	30.97	8.69	27.46	7.54	8.03***	.24
Formality	17.98	2.34	15.88	3.51	16.00	2.88	9.84***	.15
Dominance	23.46	4.10	22.52	4.79	22.46	3.73	.87	.16
Equality	9.35	2.27	10.18	2.68	10.15	2.79	1.08	.80
Task orientation	12.03	3.11	11.70	3.18	13.46	3.30	1.56	.06
Martial adjustment Scale (MAS)	53.25	9.13	51.63	10.66	45.84	11.42	3.34*	.24
Death anxiety Scale (DAS)	4.30	5.06	6.13	6.57	10.07	7.02	6.41**	.32

Note. CI= Confidence Interval, LL = Lower Limit, UP= Upper Limit

Table 13 highlighted that pregnant women mean differences of couple communication were higher in women with no history of miscarriages. Similarly women with no miscarriages history mean score also showed that pregnant women were higher on martial adjustment. The death anxiety mean differences were higher in pregnant women having history of more than 3-4 miscarriages. Eta value in table highlighted significant effect size of couple communication, martial adjustment and death anxiety on miscarriages.

Table 14

Post-hoc analysis of miscarriages on couple communication, martial adjustment and death anxiety (N = 150)

Study variables	*i*	*j*	*(I-J)*	*S. E*	*p*	95% CI *LL*	95% CI *UL*
Affection	no miscarriages	1-2 miscarriages	3.77*	1.44	.02	.36	7.18
		3-4 miscarriages	6.81*	2.33	.01	1.30	12.33
Similarity	no miscarriages	1-2 miscarriages	1.95	1.05	.15	-.53	4.44
		3-4 miscarriages	5.01*	1.70	.01	.98	9.04
Receptivity	no miscarriages	1-2 miscarriages	2.55	1.30	.12	-.54	5.65
		3-4 miscarriages	5.36*	2.11	.03	.34	10.38
Formality	no miscarriages	1-2 miscarriages	2.10*	.50	.00	.89	3.30
		3-4 miscarriages	1.98*	.82	.04	.03	3.94
Marital adjustment	no miscarriages	1-2 miscarriages	1.62	1.79	.63	-2.62	5.86
		3-4 miscarriages	7.41*	2.90	.03	.53	14.28
Death anxiety	3-4 miscarriages	0 miscarriages	5.77*	1.69	.00	1.76	9.78
		1-2 miscarriages	3.94	1.80	.07	-.33	8.21

*$p<0.05$

The result of post hoc revealed that pregnant women with no history of miscarriages were better at couple communication as compare to women having more than n0 miscarriages. The martial adjustment is more in pregnant women with no history of miscarriages. Whereas, the death anxiety is higher in women having history of 3-4 miscarriages then those having (no miscarriage to 1-2 miscarriages).

Table 15

Mean, standard deviation, F value of number of nausea per day on couple communication, martial adjustment and death anxiety (N = 150)

	0 nausea ($n = 63$)		1-3 time per day ($n = 61$)		4-6 times per day ($n = 26$)			
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	η^2
Affection	50.96	7.37	50.04	7.97	50.46	7.97	.19	.16
Similarity	27.09	5.06	25.21	6.51	24.76	6.51	2.21	.11
Receptivity	32.33	6.49	30.18	7.90	31.00	7.63	1.36	.15
Composure	33.77	6.40	31.91	7.37	31.96	7.22	1.28	.16
Formality	17.49	2.74	16.98	3.17	17.00	2.62	.53	.06
Dominance	23.28	3.38	22.86	4.85	23.19	4.04	.15	.12
Equality	9.46	2.55	9.83	2.45	9.76	2.32	.38	.04
Task orientation	11.92	2.79	12.45	3.37	11.46	3.37	1.01	.09
Martial adjustment Scale (MAS)	53.65	9.06	51.14	10.39	50.80	10.86	1.26	.22
Death anxiety Scale (DAS)	4.30	4.66	5.91	6.48	7.07	6.79	2.94*	.12

Note CI= Confidence Interval, LL = Lower Limit, UP= Upper Limit

Table 15 showed that mean differences of couple communication was overall higher in (o nausea per day) in pregnant women as compare to categories of nausea. Similarly women with (o nausea per day) mean scored higher in martial adjustment as compare to categories of nausea. The death anxiety mean differences were higher in pregnant women having more frequency of 4-6 times nausea per day. Eta value in table emphasized significant effect size of couple communication, martial adjustment and death anxiety on nausea.

Table 16

Mean, standard deviation, F value of physical illness on couple communication, martial adjustment and death anxiety (N = 150)

	Body pain		Stomach issues		Hypertension		Diabetes		Hypertension with diabetes			
	(*n* = 47)		(*n* = 35)		(*n* = 48)		(*n* = 12)		(*n* = 8)			
Scales	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	η^2
Affection	51.04	8.30	53.05	5.21	48.58	9.26	49.16	8.86	49.75	8.15	1.70	.24
Similarity	26.12	6.00	28.31	4.12	24.47	6.22	24.91	6.74	24.50	6.56	2.46**	.19
Receptivity	31.21	7.51	33.77	4.62	29.81	7.94	30.41	8.92	29.87	7.90	1.64	.23
Composure	32807	6.86	35.17	4.93	31.43	7.65	31.50	8.21	30.37	7.40	1.85	.16
Formality	17.21	2.88	17.60	2.67	17.16	3.27	16.67	3.08	16.37	2.44	.41	.04
Dominance	23.25	4.37	22.77	4.73	23.29	4.02	22.91	3.77	22.75	4.97	.10	.12
Equality	9.34	2.40	9.48	7.99	9.68	2.74	10.91	1.50	9.50	3.70	.99	.15
Task Orientation	12.04	3.36	11.80	2.66	12.10	3.20	12.08	3.36	13.00	4.03	.23	.11
Marital Adjustment Scale(MAS)	52.17	9.41	57.08	5.25	50.06	10.93	46.00	9.91	52.00	9.91	4.41**	.25
Death Anxiety Scale(DAS)	5.02	2.99	3.15	.69	3.75	.77	9.66	2.00	8.84	2.12	3.55**	.18

Note. Aff = Affection, Sim = Similarity, Rec = Receptivity, Com = Composure, Fro = Formality, Domi = Dominance, Equal = Equality, Equal= Equality, Ta.or = Task Orientation, M.A = Martial Adjustment, D.A = Death Anxiety

Table 16 showed the mean differences on physical illnesses e.g., (body pain, stomach issues, hypertension, diabetes, hypertension with diabetes. Result revealed that overall there were no significant mean differences of body illness on couple communication, however pregnant women with stomach issues had better couple communication as compare to other body illness.

The pregnant women mean score of stomach illness were also higher on martial adjustment. The pregnant women with diabetes and hypertension with diabetes had higher death anxiety as compare to other physical illness categories. Eta value in table highlighted significant effect size of couple communication, martial adjustment and death anxiety on physical illnesses.

Table 17

Multiple regression analysis showing effect of couple communication on death anxiety among pregnant women (N=150)

	Death anxiety		
		95 % CI	
Variables	*B*	*LL*	*UL*
Constant	21.89***	[14.90	, 28.87]
Affection	-.12	[-.30 ,	.06]
Similarity	-.07	[-.37 ,	.22]
Receptivity	-.04	[-.32,	.22]
Composure	-.38***	[-.64 ,	-.11]
Formality	.11	[-.22 ,	.45]
Dominance	.00	[-.17 ,	.18]
Equality	.30	[-.01 ,	.63]
Task orientation	.03	[-.21 ,	.29]
R^2	0.48		
F	16.26***		

Note. B= Unstandardized regression coefficients; LL=Lower limits; UL= Upper limits; CI = Confidence interval.
*** $p<0.001$

Multiple regression analysis was analyzed with couple communication patterns as predictor of death anxiety among pregnant women. The R^2value of indicated 48% variance in the dependent variables by the couple communication (F= 16.26, ***$p<$ 0.001). The results in regression table highlighted that composure (β = -.44, $p<$ .01) had significant negative effect on outcome variables death anxiety among pregnant women. The above stated prediction is significant as (F= 29.74, $p<$ .001).

Table 18

Linear regression analysis showing effect of martial adjustment on death anxiety among pregnant women (N=150)

	Death anxiety			
			95 % CI	
Variables	*B*		*LL*	*UL*
Constant	26.37***		[22.60	, 30.14]
Martial adjustment	-.40***		[-.47 ,	-.32]
R^2		0.46		
F		125.91***		

Note B= Unstandardized regression coefficients; LL=Lower limits, UL= Upper limits; CI = Confidence interval
*p<0.05, **p<0.01, *** p<0.001

Linear regression analysis was investigated with martial adjustment as predictor of death anxiety among pregnant women. The R^2value of indicated 46% variance in the dependent variables by the couple communication (F= 125.91, ***p< 0.001). The results in regression table highlighted that martial adjustment (β = -.67, p< .01), had significant negative effect on outcome variables death anxiety among pregnant women. The above stated prediction is significant as (F= 125.91, p< .001).

Table 19

Multiple regression analysis showing effect of couple communication on marital adjustment (N=150)

		Marital adjustment 95 % CI
Variables	*B*	*LL* *UL*
Constant	21.45	[10.65, 32.26]
Affection	.30*	[.01, .58]
Similarity	.37	[-.09, 83]
Receptivity	.18	[-.24, .60]
Composure	.27	[-.13, .68]
Formality	.04	[-.48, .56]
Dominance	-.18	[-.46, .09]
Equality	-.30	[-.81, .20]
Task orientation	-.19	[-.59, .20]
R^2	0.55	
F	22.35***	

Note B= Unstandardized regression coefficients; LL=Lower limits, UL= Upper limits; CI = Confidence interval
*p<0.05, *** p<0.001

Multiple regression analysis was analyzed with couple communication patterns as predictor of martial adjustment among pregnant women. The R^2value of indicated 55% variance in the martial adjustment by the couple communication (F= 23.35, ***p< 0.001). The results in regression table highlighted that affection (β = .24, p< .05) had significant positive effect on marital adjustment among pregnant women.

DISCUSSION

Chapter-V

DISCUSSION

Pregnancy is transaction of life that is experienced by diverse mental changes and when these psychological effects are endured with mental distortion such enjoyable phase of life can be very stressful (Lubin et al., 1975). When such beautiful moment of life shadowed with medical issues like number of miscarriages, anemic condition, severe nausea complaints and history of birth complication can thwart the stages of pregnancy. Women having medical condition associated with pregnancy experience diverse emotional strains, anxious issues and apprehensive feelings of death with pregnancy. Social support, better spouse relation, feeling of well-being can minimize negative psychological feelings and birth outcomes.

Every society is based on solidity of relation, these relation are established with care, affection, intimacy and understanding. Sometime these relations get contaminated by minor confusion in social life due to inability to comprehend or communicate ones feelings to other person. Couples ability to hold relation depends on maintaining intimacy in relation by communicating ones emotion in appropriate manner when that pattern develop the relations are stable and safe. However, some couples due to personality characteristics, attitude and life habits develop poor communication skills that damage the relation and solidity of marital relation.

Every couple martial reasons can fluctuate, but most of couples wish to have relation without conflict and stress. This wish of attaining martial contentment comes with lot of efforts. For that the present study attempted to explore the predictive effect of couple communication and marital adjustment on death anxiety among pregnant women. For present study the couple communication in the pregnant women was assessed by Relational Communication Scale (Burgoon & Hale, 1984), to explore the overall martial adjustment was assessed by Marital

Adjustment Scale (Locke & Wallace, 1951), the outcome variables of death anxiety among the pregnant women was assessed by Death Anxiety Scale by (Conte et al., 1986). To explore the present study variables 150 pregnant women's were approached from different medical institutes of Rawalpindi and Islamabad. After data collection the data was analyzed using different statistical procedure to support the study trends. In first stage the psychometric properties of the scales were explored in the study population. After the descriptive statistics, the correlation matrix was applied to explore the direction of relation existing in the study variables. Then further the study explore different demographic effects e.g., family structure, working status, age, year of marriage, number of children, phases of pregnancy, number of miscarriages, nausea frequency, and physical illness were explore with study variables. Lastly to investigate the study hypothesis regression analysis was applied to test the predictive effect of couple communication and martial adjustment on death anxiety among the pregnant women.

Psychometric Properties of Relational Communication Scale, Marital Adjustment Scale and Death Anxiety Scale

For evaluation of internal consistency of the relational communication scale, marital adjustment scale and death anxiety scale the Cronbach's alphas were calculated. The alpha reliabilities of relational communication scale ranged from (a = .51 to .94). The alpha reliability of martial adjustment was (a = .95). Death anxiety scale alpha reliability was found to be (a = .91). Satisfactory alpha reliabilities of the study instrument showed that the study instruments were reliable and valid instruments for assessment of study variables (Table 2). Furthermore the skewness and descriptive statistics were also determined and the value of subscales of relational

communication scale, martial scale and death anxiety scale were found to be in range of normal distribution (Table 2).

Correlation between couple Communication, Marital Adjustment, and Death Anxiety

The first objective of the study was to explore the relation between the study variables which was accepted. Results showed that couple communication affection, similarity, receptivity, composure, formality, dominance, task orientation had positive relation with martial adjustment. However, the equality has negative relation with martial adjustment (Table 3). As spouse relation is maintained by accepted behavior including understanding the verbal non vernal communication of partner. Previous studies have also showed that lack of constructive communication patterns in couples can bane stability of martial relation. Therapeutic interventions has been developed that help to foster better communication skills in both couples that maintain healthy and positive martial adjustment (Esere, Yusuf, &Omotosho, 2011).

Other researchers have highlighted that when couple utilize are unable to develop skills for constructive communication specifically when couples utilize more of demand-withdraw communication pattern the couple experience more martial disturbances. Better quality of communication skills in couples enhances overall martial satisfaction, intimacy in relation and durable relation (Weiss & Hyman, 1997). Gottman and Krokoff (2003) also highlighted that when couple wants to communicate and the other couple prefers to withdraw in communication lead to poor martial adjustment, divorce chances, and martial conflicts (Christensen & Sullaway, 1984).

Another research by (Madahia, Samadzadehb, & Javidi, 2013) explored the relation between constructive communication patterns and martial dissatisfaction. As purposed the results

of the study highlighted that there is positive relation between couple communication and marital satisfaction. As the present study showed that when couple have more intimacy, affection, composure, similarity and are receptive toward partner feeling's the couples experience more martial adjustment. The present study findings (Table 4) are coordinated with other researches (Ahmad & Reid, 2008; Carroll, Badger, & Yang, 2006; Thorpl, Krause, Cukrowicz, Lynch, 2004; Fowers & Blaine 2001; Caughlin & Vangelisti, 2000; Weiss, Hops, & Patterson, 1973).

The result of study highlighted that subscale of equality has negative relation with martial adjustment (Table 3). As couples get married many things start emerging as some couple has conflicting idea, goals in life, selfishness for dominance, poor house hold management which diverts the couple's goals in life with lead to poor communication flow in couples (Ebenuwa-Okoh, 2007). As researches have shown that when couple are unable to realize the meaning behind proper communication that lead to love and happiness which they desired in start of martial relation. As such couples have desire for personal dominance or personal desires, they have rigid idea about life aims, goals with that felling of formality in relation make relation vulnerable toward misunderstanding, poor communication flow and poor martial adjustment (Doell & Reid, 2002).

As communication is couple's understating, listening ability and expression of couples feelings with spouse. When couple prefers to look at idealized goals and have desire to be equal in relation with les flexible approach for life demands the couple can experience martial adjustment issues as the couple is unable to defer one's own satisfaction for the spouse (Sonpar, 2005; Snyder & Schneider, 2002).

The results of the correlation analysis highlighted that martial adjustment has negative relation with the death anxiety (Table 3). Other researchers have also highlighted that patients in

different medical state experience diverse anxiety issues and marital adjusted couple experience less death anxiety as compare to couples having less martial adjustment (Sowell,Sears, Walker, Kuhl & Conti, 2007). As couples having less happiness in intimate relation also increase feeling of death anxiety (Aghajani, 2010; Chuin & Choo, 2007). The couples who have less affection and less happiness in martial relation experience more martial maladjustment which aggregate feelings of death anxiety (Anasori, 2007). Other family therapist highlighted that those couples who have been described as distressed couples due to higher number of martial conflicts, arguments get aggressive at minor issues, lack experience of enjoyment in martial relation experience severe death anxiety at minor health issues. The current study findings are in accordance with precious researches by (Keshavarz & Vafaeian, 2007; Alsabouh, 2005; Suhail&Akram, 2002) which have verified the present study results.

Demographic Effects on Couple Communication, Martial Adjustment and Death Anxiety

Family structure. The second objective of the present study was to explore the effects of family structure on couple communication, martial adjustment and death anxiety. The result of the study highlighted that pregnant women from joint family structure reported better couple communication as compare to women from nuclear family structure (Table 5). As Pakistan is collectivist culture where social bond are established with better communication skills and women from joint family structure have more intimate relation with more number of persons in family which strengthen the spouse relation. Pregnant women from joint family structure have more social relation which social support that enhance the feeling of intimacy, affection,

composure and are being more receptive that enhances the couple communication (Esere & Idowu, 2000).

The results of present study showed that pregnant women from joint structure had better martial adjustment as compare to women form nuclear family structure (Table 4). In joint structure the women experience more martial adjustment due to available help and assistance by other family member that helps to maintain intimacy and contentment in marital relation that make couples more martial adjusted. Pregnant women for from nuclear structure experience more discomfort as they are unable to share their fleeing and have less assistance in pregnancy and more expectations form spouse lead too poor martial adjustment. Whereas, assistance in medical conditions have been linked with better emotional well-being feelings and less frustration (Fatima & Ajmal, 2012).

The result of the present study revealed that the feelings of death anxiety are more prominent in women from nuclear structure as compare to women from joint family structure (Table 4). As death anxiety is ones feeling of losing control over mind and apprehensive feeling of death with worry some thoughts and fearsome idea (Croft, 2007). So the women from joint family structure in pregnancy experience more support by family members as well as spouse that help to reduce anxious feelings in women thus lower the death anxiety feelings in women. However, the women from nuclear family structure in severe physical state feel aloof as they are unable to share their feelings every time, lack of assistance can frustrate feelings, aggravated feelings can inflame feelings of death among pregnant women. Pregnancy is period with lot of stress and strains and when the assistance and social support is lacking in this physical state the death anxiety can increase in women. As researchers have highlighted in different findings that in nuclear structure when pregnant women experience lack of higher social support by family

members, report more marital difficulties and have less support by husband the feeling of anxiety in women can be risk factor (Nasreen, Kabir, Forsell, & Edhborg, 2011, Faisal-Cury, & Menezes, 2007). Other researches in past have also shown the same results (Van Bussel et al., 2009; Van Bussel, Spitz, & Demyttenaere, 2009).

Working status. The mean differences on working status were also evaluated (Table 6) with couple communication, martial adjustment and death anxiety. The result showed that non-working women are better at couple communication as compare to working women. As the non-working women spend more time as home and have regular interaction with spouse and thus develop more affection, similarity is life goals, have less agreements and develop better understanding or emotional expression of spouse. As working women due to dual responsibility sometime experience more strains due to more burden, more responsibilities are sometime less communicative with partner due to time constraints and develop less constructive approach in communication that thus lead to poor martial adjustment.

As better communication assimilate overall better adjustment in pregnant women so both non-working and working women having better communication skills experience better marital adjustment as highlighted in result (Table 6). As in recent time efforts have been made to understand the concept of work-family conflict, communication skills effects on martial adjustment. The study found that work-family conflict decreased marital adjustments in couples and less martial satisfaction. In Pakistani society every women working and non- working women try to maintain a healthy relation with full attempts to resolve personal issues to maintain healthy marital relation. The findings of the result are also supported by other studies (Kubra, 2006).

The results of present study showed that working women experience more death anxiety as compare to non-working pregnant women (Table 6). Pregnancy is physical state of physical turmoil with psychological strains and work conflicts make the emotional state more severe. As in working condition the working hour are more which create exhaustion, tiredness and burnout feeling in pregnant women which increase feelings of death anxiety among pregnant women's. The non-working spend all day home with resting hours, experience more relaxed and enjoy the phases of pregnancy more thus have less strains and experience less level of death anxiety. As number of studies in literature have highlighted that pregnant women experience diverse feelings of anxiety and depressive feelings due to lack of social support and complication associated with the pregnancy that can aggravated feelings of death anxiety among pregnant women. Thus women already venerable toward anxious feeling with work load and burn out can experience more level of death anxiety (Mette & Rosand, 2011; Kelly et al., 2001).

Age differences. The mean differences on age were also calculated (Table 7) on couple communication, martial adjustment and death anxiety. The result showed that pregnant women in age category of 20-30 and 41-50 reported better couple communication as compare to participant of age between 31-40.The current findings are quite interesting and support previous researches which have shown that couple communication is better in older participants. As the couple in number of years are able to understand and comprehend the feelings of the partner as partners (Khan, 2006; Shah, 2004). In middle years which have load of burdens such as children growing up, economical issues, concerns about children and pregnancy in this age can minimize the couple communication. Whereas women of 20-30 mostly young age acts as boost up for affection relation, intimacy and new martial experience make the participants experience better

communication with spouse as compare to other age group. As couple having better communication report better marital adjustment as supported in the present study (Table 7). The couple in young age were enthusiastic about relation safety and new bond with spouse make couples close and reported better martial adjustment. Similarly elder couples with time understand each other have more feeling of compassion, intimacy and commitment which in turn make the pregnant women more marital adjusted (Iqbal, 2013).

The result of the present study showed that pregnant women in age category of 31-40 years reported higher death anxiety as compare to participant of different age (Table 7). As studies have shown that stressful life events, complicated pregnancy, delicate age of pregnancy can increase depressing and anxious feelings in pregnant women (Chan, 2010; Russac, Gatliff, Reece, & Spottswood, 2007; DePaola et al., 2003). Another study by Demaris et al. (2010) has supported the same findings and showed that women increasing age can poor communication skills, less intimacy with husband, less affection of husband at time of pregnancy in this age is linked with higher depression in pregnant women. Another Pakistani that affect death anxiety in women is number of girls born and expectations of boy with un- supportive in-laws and poor martial relation can lead to post-partum depression and death anxiety before the time of pregnancy (Aghajani, 2010; Masoudzadeh, Setareh, Mohammadpou, & Modanlou, 2008; Halligan et al., 2007; Russac et al., 2007; Zanini & Paschoal, 2004).

Income differences. The mean differences across income categories were computed (Table 8) the result showed that pregnant women of income category e.g., 21-40 thousand and 41-60 thousand were higher on couple communication. As higher economic status if linked with better spouse communication which helps to establish better martial relation in the couples. As

couples of higher income are better in financial management and less chaotic home environment the couples maintain better communication. As couple having low income experience more feeling of misunderstanding due to fulfillment of life desires, and fulfillment of life wishes and deserted thoughts of proper nourishment for their off-spring create hostile feelings of women toward spouse and end turn into higher divorce rates (North America Missionary Board, 2001).

As when couple communication is poor and martial adjustment is low the death anxiety feelings in pregnant women can increase (Table 8). As researches have highlighted that pregnant women from low income level, with spouse unemployment, experience lack of social support by in-laws in financial crisis and marital difficulties due to financial issues act as risk factors of pregnancy anxiety and apprehensive feelings of death in pregnant women (Nasreen et al., 2011, Faisal-Cury & Menezes, 2007). Death anxiety in pregnant women is product of marital difficulties, low socio-economic status, venerable age, higher expenses in process of pregnancy, poor pregnancy history can integrate these feelings to develop higher feeling of death anxiety in women (Bussel et al., 2008). Other researches have also indicated positive relation between lower economic status and postpartum depression and death apprehension (Cicerelli, 2006; Ogunsiji & Wilkes, 2004; Zanini & Paschoal, 2004).

Year of marriage. The mean differences on year of marriage were explore against study variables (Table 10). The results showed that women with more year of marriage were better at couple communication and more satisfied marital relation. As couples in early years of marriages have new experience with relation thus feel more tensed about accurate behavior and communication patterns that can lead to better communication and enhance marital relation. As first year of marriage are critical as couples are trying to adjust and learn new habits and differences existing in couples (Awe, 1996). Other researches have highlighted that marital

longevity of longer duration is significant positive predictor of marital adjustment (Chi, Epstein, Fang, Lam, & Li, 2013; Peleg, 2008) argued that marriage longevity is very important since family duration is showed to be one of the most significant variables pertaining to family satisfaction. Some research shows that the length of marriage is positively associated with marital satisfaction (Chuin & Choo, 2007; Bookwala et al., 2005). Researchers have found that with passage of time the couple start knowing each other with their preferences and dislikes and thus feel more closer to each other and have more intimacy then couples with less year of marriage (Peleg. 2008; Jansen et al., 2006; Goldenberg & Goldenberg, 2002).

Mean differences on death anxiety showed that pregnant women with less duration of marriage had more death anxiety as couple with longer marriage duration. As Hinchliff and Gott (2004) highlighted that marital relation with pregnancy is new experience for married couples and both stressful life events with confused thinking about upcoming child, sometime unwanted child showed can create stressful conditions among couples that make pregnant women more anxious and apprehensive about fear of death. Couples with less year of marriage have less quality of martial relation, with ups and downs which increase death anxiety in pregnant women (Umberson et al., 2005).

Number of children. The mean differences against number of children were also computed (Table 11) to explore its effect on couple communication, martial adjustment and death anxiety. The result showed that pregnant women more then 2-5 and 6-10 number of reported better couple communication as compare to women having no children or more than 10 children. As Pakistan is social community and basic aim of the marriage is to continue the generation and children act as source of contentment in marital relation (Fatima & Ajmal, 2012). Couple having more children is sign that couples are happily married and have intimacy and

better understanding continue the family. Such couple with better understanding report more feeling of contentment, similarity affection and thus report better martial adjustment, couples having stable family life enjoy time with children get joy by social out going with children then couples who have no children at all.

Mean differences on death anxiety showed that pregnant women with no children experienced higher death anxiety (Table 11). Couple having no children experience emotional difficulties like stress, regret, emptiness, aloof feelings, and start avoiding decisions relating to bear a child thus start developing sadness and apprehension (Onat & Beji, 2012). As those couples who had no children experienced more martial adjustment issues, feeling of incomplete lead to higher divorce rates. Thus women in pregnancy with no children experience severe apprehensive feeling about the delivery procedure, complication in pregnancy and concerns about health of child make women vulnerable toward death anxiety.

Trimesters of pregnancy. The mean differences were sorted against the study variables (Table 12). The result of study showed that women in 1st and 2nd trimester experience better couple communication and thus have more marital adjustment then women in thirst trimester of pregnancy. As vast number of researches in past have highlighted that women view about pregnancy and emotional state of women vary from trimester to trimester. As every trimester is emergence of new physical, psychological and emotional change the couple communication and martial adjustment fluctuates as well. As in first semester the emotional turmoil are less than the third trimester and women is able to maintain constructive communication which help to enhance marital relation in couples.

The mean differences in death anxiety showed that women in third trimester had higher death anxiety as compare to women in second and third trimester (Table 12). The attitude of women toward pregnancy depends largely on social support form family, specifically special care and affection by the husband at time of third trimester. But when female have stress related to child birth, history of complicated pregnancy, birth complication as excessive blood loss during previous pregnancy can increase feeling of distress in women specifically death anxiety. Women who had unwanted pregnancy, with stressful home environment, more chances of complications in child birth in third teamster has been linked with higher rate of depression and death anxiety (Gurung et al., 2005; Lubin et al., 1975). Other researches have highlighted that women in third trimester experience more anxiety sensitivity, depression, somatization, anxious issues are prevalent in women in third trimester and experience interpersonal alienation (Kaaya et al., 2010; Fisher et al., 2007; Hussein, 2006; Gurung et al., 2005; Chen et al., 2004; Fatoye et al., 2004; Stein, 1999; Donaldson & Connelly, 1998).

Miscarriages. The mean differences across number of miscarriages were explore across couple communication, martial adjustment and death anxiety (Table 13). The result showed that women with no history of miscarriages were better at couple communication and martial adjustment. As vast number of previous researches have highlighted that higher rate or mortality and miscarriages, pre term birth are linked with poor communication with spouse and start developing martial issues. Similarly losing pregnancy loss is also linked with frustration in marital relation, with expectation failure it is linked with marital discords and even higher divorce rate. Miscarriages effect the physical, psychological and social function of the women and in Pakistani society inability in conceiving the child is considered to be sign of infertility.

Infertility in leading cause of chaotic home environment with remarks of family can lower the overall communication with the spouse and distress in marital relation.

The women with higher rate of miscarriages were significantly higher on death anxiety (Table 13). As women with problematic pregnancy e.g., higher miscarriages, convening issues, prenatal birth of child are lined with distress in pregnant women (Lima, Dotto, & Mamede, 2013). Janssen (1996) also found that women after pregnancy loss and whose who have history of multiple miscarriages experience severe psychological issues such as stress, trauma, depression and death anxiety at 3rd trimesters of new pregnancy (Jayasvasti & Kanchanatawan, 2005). Adler et al. (1990) also found that women after and pregnancy loss experience severe anxiety and depression with increase death anxiety in women. As the pregnancy loss affects the quality of life of women and loss of child is unbearable for women with that when the number of miscarriages are higher, the women experience more psychological issues e.g., death anxiety during their subsequent pregnancy (Couto et al., 2009; Husscin, 2006; Otchet, Carey, & Adam, 1999).

Nausea. Mean differences were also calculated on number of nausea complaints per day on couple communication, martial adjustment and death anxiety (Table 15).Generally, women in pregnancy are being over sensitive in social situations and expect extra care by spouse and social support. But physical states such as severe abdominal issues, physical changes and higher frequency of nausea complaints complicates person perception about the significant others. pregnancy is joyful moment of life with new coming addition in family and little complications improve the spouse intimacy during pregnancy and couples reported martially happy then couples who have birth complication such as women having number of nausea per day (Table 14).

Similarly the results also showed that women with higher frequency of nausea per day experience more death anxiety women reported experiencing a mixture of anxiety (Table 15). Nausea complaints are major cause of incorporating distress in women during child birth. As the feeling of pain accompany nausea complains and women feel that endurance is unbearable the enjoyable moment life be contaminated by fear and apprehensive feelings for one's safety and better health of the child make women feel encountering with death (Van den Broek, 2003). As anxiety is feeling of unease, worry and such feelings for longer duration effects the mental health of the fetus during and after the birth (Hoque, 2006). Buckwalter and Simpson (2002) highlighted that high frequency of women nausea complaints transom into psychological issues such body complaints and increase overall apprehensive feelings of death anxiety in women.

Physical issues. The mean differences were computed on different physical issues e.g., body pain, stomach issues, hypertension, diabetes, and hypertension with diabetes on study variables (Table 16). The result showed that women with stomach issues reported overall couple communication and marital adjustment in pregnant women. As other physical illness such as body pain, hypertension, diabetes are severe medical issues with are associated with severe medical complication such as dietary changes, psychological effect and complication can complicate the process of pregnancy that can lower overall intimacy and marital satisfaction with spouse. For that reason women with stomach issues are less on medical complication and thus enjoy the experience of pregnancy and experience joyful time with the spouse and thus experience more intimacy and contentment with marital relation.

Similarly the mean differences on death anxiety showed that women with diabetes and hypertension with diabetes had higher death anxiety (Table 16). As hypertension and diabetes are two medical states with higher weight loss have been linked with higher miscarriages and

pregnancy complications. Women with hypertension and diabetes are risk factors for women pregnancy and due to severity and complication of the medical issues the women experience more apprehensive feeling for new fetus overall health. As hypertension is medical issues linked with more blood loss and birth complication as compare to other medical issues so women with hypertension were at higher risk of mental issues and increased death anxiety.

Predictive Effect of Couple Communication and Marital Adjustment on Death Anxiety

The first and second hypothesis of the study was supported (Table 17). As number of researchers have found martial conflict a major reason of concern for most of couples where high marital pleasure are beneficial (Waite & Gallagher, 2000), and low marital pleasure is dangerous (Hawkins & Both, 2005). Number of researches have highlighted that conflicting affiliation in couples is reason of decreases marital satisfaction (Carroll, 2012; Hill, Fellows, Chiu, & Hawkins, 2011; Michel, Mitchelson, Kotrba, LeBreton, & Baltes, 2009; Ford, Heinen & Langkamer, 2007; Allen, Herst, Bruck, & Sutton, 2000).

The link between unfavorable conversation such as dominance, formality, equality was explored with family conflicts struggle and marital enchantment. Gottman (1994) proclaims that grievance, contempt, defensiveness, and stonewalling in couple communication in marital relation establish inculcation toward divorce. For that negative verbal-nonverbal communication can exacerbate the outcome of happy married life. The current study findings are consistent with previous research showing the poor communication and need for dominance, equality in relation lead to poor marital adjustment (Table 16) (Green, Schaefer, MacDermid, & Weiss, 2011; Siffert & Schwarz, 2011; Jackson, 2009; Schulz, Cowan, Cowan, & Brennan, 2004).

The third hypothesis of study the martial adjustment negatively predicted death anxiety

among pregnant women was supported (Table 18). Abatelli (1988) referred martial adjustment is one ability and tactics that are presumed to be vital to gain a harmonious and useful marital relationship (p. 894). Martial adjustment is delight as normally related to a person's attitudes toward the partner and the connection wherein the unit of analysis between couple and individual's subjective impressions of the relation (Sabatelli, 1988). But as the result showed that when dominance emerge in relation and couple are being formal to each other where the task in hand are more than intimate relation the death anxiety can increase in pregnant women. Similarly those couple which have perception of better social support, with better relation with spouse the couples are marital contented and experience less anxiety issues in pregnancy (Table 18). As pregnancy is delight full phase of life and when couple are happy with better social support it act as buffer against life problems and minimize emotional issues in pregnant women. These findings have been highlighted in previous researches which have shown the same results (Hye-younger, Sung-Joong, & Younger-Ran, 2016; Chi et al., 2013; Smith et al., 2008; Yalcin & Karahan, 2007; Fowers & Blaine, 2001; Dwyer, 2000; Lawrence & Bradbury, 2000).

The fifth and sixth hypotheses of the study were supported (Table 19). The positive verbal exchange is one of these mediating variables consistent with the consequences of the establishing good relation. Holman (2001) determined that the good couple communication is one of the fine predictors of marital delight and excessive poor quality of couple verbal exchange can be a buffer against elements that might result in decrease in marital adjustment. The study findings (Table 18) are constant with preceding studies assisting links between optimistic communication and marital satisfaction (Perrone & Worthington, 2001; Feeney, 1994) as well as constructive verbal exchange and lesser family conflicts (Minnotte, Stevens, Minnotte, & Kiger, 2007; Doumas, Margolin, & John, 2003).

Other studies have highlighted that there is positive relation between well-being martial relation and positive communication skills. Studies found that distress in couple as in facilitating an increase in terrible communication exchange, directly effecting affection martial adjustment by means of facilitating less relational well-being, decreased martial virtues and higher dominance desires and directed toward life task as compare to spouse. The researches indicated that when couples stop negotiating, without having concerns for goals of spouse and prefer more dominance in relation with means lead too poor martial relation and even divorce (Isaac & Shah, 2004; Goodwin & Cramer, 2000; Siddique, 1983).

Conclusion

Pregnancy is time of tremendous mental and physical bearing. Psychological factors behind pregnancy make this joyful experience more challenging. Parenthood bring challenges like preparation for baby, acceptance of pregnancy, outcome lined with pregnancy, and relationship changes linked with process of pregnancy. The result of the present study showed that couple communication g., affection, similarity, receptivity, composure, formality, dominance, task orientation and martial adjustment had positive link with martial adjustment. Whereas, equality had negative relation with martial adjustment. The prediction made from literature review were supported as predictive effect of positive communication skills had significant negative impact on death anxiety and better communication styles has significantly established better martial adjustment in married relation among pregnant women. Differences across demographic showed that women form joint family were better at couple communication and martial adjustments. Pregnant women from nuclear family structure reported more death anxiety. The results across age showed fluctuation results as couple communication and martial adjustment go through ups and downs that have significant impact on death anxiety among

pregnant women. Women from higher income had better couple communication and martial adjustment and lower death anxiety and vice versa. The women in first and second trimester experience better couple communication and martial adjustment and women in third trimester experience significant death anxiety. The results of the current study have highlighted that couple communication and martial adjustments are significant factor that help to improve the emotional well-being of women during pregnancy time period.

Implications

The most of researches in literature were carried out on martial satisfaction, communication and sexual satisfaction among married and divorced couples. The findings of the present study have highlighted the significant role of couple communication and martial adjustment on death anxiety among pregnant women in particular. The current study also have highlighted the emotional issues can be faced by pregnant women and negative impact of that can be with consequences. The present study can act as implication for counseling of couples having martial issues such as poor communication habits. Providing precautionary interventions before the pregnancy can enhance the overall martial relation and overall psychological and physical health of pregnant women. As communication patterns in couples evolve though different patterns and experience. As information gained from current study showed that newly married couples with no children can experience more emotional and conflicting issues thus couple enhancing their communication skills in martial relation can lower the spouse discords and make the parenthood a memorable experience. As researches on pregnancy have only focused on emotional health of pregnant women the current study have highlighted the role spouse and couples communication in effecting the life patterns of married couples as well emotional health of mother and of fetus before and after birth.

Limitations and Recommendations

The current research has provided diverse new information about couple communication, martial adjustment and death anxiety. As every research is aimed to explore the desired variables with full efforts but there is always a lacking in every research. Similar to that the current research also has some limitations which need to be looked-for in future interesting researchers.

The sample size of the pregnant women was very small due to time constraints and due to restrictions of inclusion and exclusion criterion. In future larger sample size can be beneficial. Secondly only the pregnant women were selected the study population and perception of the women regarding the communication, martial satisfaction, and death anxiety was explored. Addition of spouse in the study can highlight the casual effects and highlight the gender difference exiting in spouse communication, marital adjustment and death anxiety can be explained.

Thirdly the study results cannot be generalized to Pakistani pregnant women. As the sample was only confined to urban cities, educated population of Rawalpindi and Islamabad. Additional study can diverse the data by collecting it from difference cities of Pakistan.

Fourthly, the English self-report scales were used in present study which can limit the results to the urban and educated population and due to nature of self-reporting could bias the study results. Another study could utilize translated versions of the scale which would help to explore the communication, marital adjustment and death anxiety patterns of rural areas as well as less educated population of the Pakistan. Similarly observation and qualitative method would be best to develop comprehensive understanding of relationship exiting in couple that could hinder or enhance the quality of martial relation.

Lastly, cross-sectional research design was utilized in present study. Such research design could limit the comprehension of the study variables existing in couples and in women passing thought different trimester of pregnancy. Furthermore exploration of the study variables in longitudinal study method would highlight the causal effect between communication patterns from early marriage to late martial years. Similarly as the pregnancy comes with psychological, emotional and physical changes that comes with every trimester of pregnancy longitudinal study method in pregnancy could highlight in detail the changes and causal effects that pregnancy can make on couple communication, marital adjustment and death anxiety.

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ANNEXURES OF INSTRUMENTS

ANNEXURES A

Appendix-A

Consent Form

I am doing MS in (Clinical Psychology) from DEPARTMENT OF PSYCHOLOGY, International Islamic University, Islamabad. The current study is necessary for the partial fulfillment of MS degree.

Present study is an attempt to explore different psychological factors associated with pregnancy issues. Your views about the psychological factors will be kept confidential and will only be used for study purpose.

Your participation in the study will be highly appreciated

Participant Signature: _______________

ShaistaMaroof (MS Scholar)

Demographic Sheet

Name:(optional) ________________________ **Age:** ______________

Education: _______________ **Family Structure: Joint/ nuclear**

Profession: ___________________________ **Years of job** _____

House wife _______

Monthly Income :____________________ **Other source of income:** ______

Year of marriage:___________________ **Number of alive children:** ______________

Boys ____ **Girls** ______

Number of miscarriages: ________________

Month of Pregnancy ______

Other physical problem (if any): ____

History of Birth Complications: Yes/No

ANNEXURES B

Appendix-B

Instructions: Below is a series of statements about the conversation you just completed with your partner. For each one, please circle a number from 1 to 7, depending on the degree to which you agree or disagree with the statement. A 7 means you strongly agree, a 6 means you agree, a 5 means you agree somewhat, a 4 means you are neutral or unsure, a 3 means you disagree somewhat, a 2 means you disagree, and a 1 means you strongly disagree. You may circle 1,2,3,4,5,6, or 7. Please complete all items.

S. No		Strongly Agree	Agree	Agree Somewhat	Neutral	Disagree Somewhat	Disagree	Strong Disagr
		7	6	5	4	3	2	1
1	He/she was intensely involved in our conversation.							
2	He/she did not want a deeper relationship between us							
3	He/she was not attracted to me.							
4	He/she found the conversation stimulating.							
5	He/she communicated coldness rather than warmth.							
6	He/she created a sense of distance between us.							
7	He/she acted bored by our conversation.							
8	He/she was interested in talking to me.							
9	He/she showed enthusiasm while talking to me.							
10	He/she made me feel he/she was similar to me.							
11	He/she tried to move the conversation to a deeper level.							
12	He/she acted like we were good friends.							
13	He/she seemed to desire further communication with me.							
14	He/she seemed to care if I liked him/her.							
15	He/she was sincere.							
16	He/she was interested in talking with me.							

17	He/she wanted me to trust him/her.							
18	He/she was willing to listen to me.							
19	He/she was open to my ideas.							
20	He/she was honest in communicating with me.							
21	He/she felt very tense talking to me.							
22	He/she was calm and poised with me.							
23	He/she felt very relaxed talking with me.							
24	He/she seemed nervous in my presence.							
25	He/she was comfortable interacting with me.							
26	He/she made the interaction very formal.							
27	He/she wanted the discussion to be casual.							
28	He/she wanted the discussion to be informal.							
29	He/she attempted to persuade me.							
30	He/she didn't attempt to influence me.							
31	He/she tried to control the interaction.							
32	He/she tried to gain my approval.							
33	He/she didn't try to win my favor.							
34	He/she had the upper hand in the conversation.							
35	He/she considered us equals.							
36	He/she did not treat me as an equal.							
37	He/she wanted to cooperate with me.							
38	He/she wanted to stick to the main purpose of the interaction.							
39	He/she was more interested in social conversation than the task at hand.							

40	**He/she was very work-oriented.**							
41	**He/she was more interested in working on the task at hand than having social conversation.**							

ANNEXURES C

Appendix-C

Circle the dot on the scale line which best describes the degree of happiness, everything considered, of your present marriage. The middle point "happy" represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage, and on the other, to those few who experience extreme joy or felicity in marriage.

•	•	•	•	•	•	•
Very unhappy			Happy			Perfectly happy

State the approximate extent of agreement or disagreement between you and your mate on the following items. Please check each column.

S. no		Always agree	Almost always agree	Occasionally disagree	Frequently disagree	Almost always agree	Always agree
1	Handling Family Finances						
2	Matters of Recreation						
3	Demonstrations of Affection						
4	Friends						
5	Sex relations						
6	Conventionality (right, good, or proper conduct)						
7	Philosophy of Life						
8	Ways of dealing with in-laws Circle						
9	When disagreements arise, they usually result in	(a) husband giving in		(b) wife giving in		(c) agreement by mutual give and take	
10	Do you and your mate engage in outside interests together?	(a) All of them		(b) some of them	(c) very few of them	(d) none of them	
11	In leisure time do you generally prefer	(a) to be "on the go",			(b) to stay at home		
12	Does your mate generally prefer	(a) to be "on the go",			(b) to stay at home		
13	Do you ever wish you had not married	(a) Frequently	(b) occasionally		(c) rarely	(d) never	
14	If you had your life to live over again, do you think you would	(a) marry the same person	(b) marry a different person		(c) not marry at all?		
15	Do you ever confide in your mate	(a) almost never	(b) rarely		(c) in most things	(d) in everything?	

Appendix-D

To test your own level of death anxiety, indicate your response according to the following scale

S.no		0	1	2
		Not At All	**Somewhat**	**Very Much**
1	Do you worry about dying?			
2	Does it bother you that you may die before you have done everything you wanted to do?			
3	Do you worry that you may be very ill for a long time before you die?			
4	Does it upset you to think that others may see you suffering before you die?			
5	Do you worry that dying may be very painful?			
6	Do you worry that the persons closest to you won't be with you when you are dying?			
7	Do you worry that you may be alone when you are dying?			
8	Does the thought bother you that you might lose control of your mind before death?			
9	Do you worry that expenses connected with your death will be a burden to other people?			
10	Does it worry you that your will or instructions about your belongings may not be carried out after you die?			
11	Are you afraid that you may be buried before you are really dead?			
12	Does the thought of leaving loved ones behind when you die disturb you?			
13	Do you worry that those you care about may not remember you after your death?			
14	Does the thought worry you that with death you may be gone forever?			

15	**Are you worried about not knowing what to expect after death?**			