

AGGRESSION AND PHYSICAL HEALTH IN MARRIED WOMEN

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ABSTRACT

Objective: To examine aggression as determinant of physical health in married women.

Methodology: The present correlational study was carried out from January to September 2017. One hundred and fifty married women were recruited using snowball sampling method from Jinnah Town, Lyallpur Town, Madina Town and Jaranwala Town of Faisalabad. Demographic Information form, aggression questionnaire and subscale of physical health (quality of life scale) were used for data collection. Cronbach's alpha, Pearson correlation coefficient, linear regression and multiple regression analysis were calculated with SPSS version 20.0.

Results: Cronbach's alpha revealed good internal consistency for Urdu Version of Aggression Questionnaire ($\alpha = 0.92$). Pearson correlation coefficient has shown significant correlation of Urdu Version with its English (original) Version ($r = .69$). Linear and multiple regression analyses showed that aggression ($p = .001$), physical aggression ($p = .029$) and anger ($p = .046$) have significantly determined physical health in married women.

Conclusion: Physical aggression and anger were detrimental for physical health in married women.

Key Words: Aggression, Health, Women

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INTRODUCTION

Aggression is an instinctive drive of a person and a dark side of human nature¹. It includes a variety of range of behaviors². Aggression involves verbal and physical assault³, therefore, its expression results in intense violence towards others⁴. Aggression is an unwanted and maladaptive behavior causing damage and obliteration⁵. It is exhibited in different forms encompassing physical aggression, verbal aggression, anger and hostility⁶. A person with physical aggression causing physical and emotional harm others while harming or hurting someone verbally is described as verbal aggression. Anger involves physiological activation determining emotional and affective state. Hostility includes feelings of cynicism, mistrust and opposition.

With regards to gender difference, research demonstrated men to be more involved in physical violence⁷. In contrast, women seemed to be more indulged in verbal aggression⁸. At times, women exhibit passive anger⁹. Substantial research data highlighted psychological and physical health problems with aggression. It is allied with depression and increased heart rate^{10,11}.

In women, anger is related to coronary heart disease¹² while anger expression is connected to hypertension¹³. Aggression is related to physical health symptoms such as back pain, arthralgia, headaches and peptic ulcer^{14,15}. Aggression is also harmful for social relationship with family and friends¹⁶. Anger has negative influence on physical health of women. It causes depression, disturbs quality of life and creates interpersonal problems¹⁷⁻¹⁹.

The present research intended to examine the aggression as a determinant of physical health in married women. In Asian culture, women's physical health is incumbent for family stability. They are engaged in performing household responsibilities from dawn to dusk such as: dusting, cleaning, cooking, child rearing and taking care of husbands/in-laws. This full time job is difficult to be performed adequately, if women experience discomfort, pain and feel incapable. Thus, it is significant to address factors determining their physical health.

The present study attempted to probe how aggression may influence physical health of married women.

METHODOLOGY

Having approval from the ethical review committee of affiliated institution; the present correlational study was carried out from January to September 2017. Snowball sampling method was employed to recruit one hundred and fifty (n =150) married women hailing from Jinnah Town, Lyallpur Town, Madina Town and Jaranwala Town situated in Faisalabad. Women with chronic physical/mental illnesses, infertility and those experiencing domestic violence were excluded. Post hoc analysis to compute achieved power of sample (n =150) for multiple regression revealed the statistical power of present sample size 0.96 with effect size of 0.15 at 0.05 level.

Demographic information including age, educational level, marital status, duration of marriage, number of children and family members was taken with Demographic Information Form (DIF).

Urdu version of Physical Health, a subscale of Quality of Life Scale, measured physical health of the participants in terms of daily activities, dependence on medicine, pain, discomfort, capacity to work and mobility. It comprised of 7-items. There is a 5 point of continuum (1-5) for scoring all of its items. Reliability for Urdu Version was ($\alpha =0.81$)²⁰.

Aggression Questionnaire⁶ (29-items) was used to examine aggression in women. It comprised of four subscales: physical aggression (9-items), verbal ag-

gression (5-items), anger (7-items) and hostility with 8-items. There is 5 point likert scale for scoring. Aggression questionnaire was translated into Urdu language by three experts having sound knowledge of psychology which was translated back into English by three bilingual experts. Seventh expert reviewed both translated and original version and sorted out appropriate translated Urdu items to finalize the scale. Subsequently, English (original version) was administered on a group of people and with 4-days of interval, translated version (final draft) was also administered on the same group. Finally, correlation between English and Urdu versions and internal consistency were computed to ensure the reliability of Urdu Version for the present study. Estimated Cronbach's alpha for physical aggression was ($\alpha =.90$), of verbal aggression ($\alpha =.65$), of anger ($\alpha =.88$), hostility ($\alpha =.75$) and full scale was ($\alpha=.92$). Correlation between English and Urdu versions for the subscale of physical aggression was ($r =.74$), verbal aggression ($r =.72$), anger ($r =.79$), hostility was ($r =.67$) and full scale ($r =.69$).

Having signed the informed consent form, participants were given briefing regarding the nature, purpose and procedure of the study. Demographic information form, aggression questionnaire and physical health scale were applied to collect the data. Statistical analysis were done with descriptive statistics (frequency/percentages), linear and multiple regression analysis with SPSS Version 20.

Table 1: Summary of demographic characteristics of the participants (n=150)

Characteristics		Frequency	Percentage
Age	31-40	113	75.3
	41-50	37	24.6
Educational Level	Matric	98	65.3
	Intermediate	20	13.3
	Graduate	23	15.3
	Masters	9	6
Duration of Marriage	3 years	29	19.3
	More than 3 years	121	80.6
Family System	Joint	89	59.3
	Nuclear	61	40.6
Number of Family Members	1-10	56	37.3
	11-20	93	62
	>20	1	0.6

Table 2: Summary of linear regression analysis

Model	B	SE	β	T	P Value
Constant	30.183	1.575		19.159	.000
Aggression	-.066	.019	-.272	-3.437	.001

a. Dependent variable: Physical health; $R^2 = .074$, $\Delta R^2 = .068$, $F = 11.814$

Table 3: Summary of multiple regression analysis

Model	B	SE	B	t	P Value
Constant	29.804	1.603		18.587	.000
Physical Aggression	-.171	.078	-.234	-2.202	.029
Verbal Aggression	.092	.106	.087	.867	.388
Anger	-.154	.077	-.219	-2.010	.046
Hostility	.041	.075	.055	.549	.584

b. Dependent variable: Physical health; $R^2 = .111$, $\Delta R^2 = .087$, $F = 4.544$

RESULTS

Most of the women (75.3 %) were falling in the age range of 31-40 years. About 65.3% were matriculate and 80.6% were married for more than 3 years. Among them, 59.3% belonged to joint family system (Table 1). Aggression significantly predicted physical health in married women ($\beta = -.272$, $t(148) = -3.437$, $p = .001$) as shown in Table 2.

Significant association was found between aggression and physical health ($R = .334$). About 11% of variance ($R^2 = .111$) in physical health was accounted for aggression. Furthermore, adjusted R showed 8% of variance in dependent variable due to independent variable ($\Delta R^2 = .087$). Among four components of aggression, physical aggression ($\beta = -.234$, $t(148) = -2.202$, $p = .029$) and anger ($\beta = -.219$, $t(148) = -2.010$, $p = .046$) were found to be more specific for prediction of physical health in married women (Table 3).

DISCUSSION

Aggression significantly determines physical health of married women. Previous studies have also noted significant association between aggression⁸ and physical health such as coronary heart diseases²¹; thus supporting the present findings by exemplifying the negative influence of trait displaced aggression on physical health consequences²².

Aggressive tendencies influence human physiology. People who face aggression physiologically respond

to stressful situation with high activation of sympatho-adrenomedullary system²³. That high activation of sympatho-adrenomedullary system is responsible for disturbance in blood flow, gastrointestinal and reproductive organs²⁴. This might be one of the reasons, aggression affecting physical health in women.

Anger, too, significantly determined physical health in married women. Literature has demonstrated significant association of anger with diabetes and coronary heart problems²⁵. More anger out or anger expression was robustly associated with health risk behaviors and poor physical health²⁶. In this regard, present findings could be justified while focusing on the emotions involved in anger. A previous study illustrated the direct influence of emotional state on physical health²⁷. With negative emotions, an individual pessimistically perceive a problematic situation and easily gets frustrated. Conversely, optimistic point of view promotes physical health rather than impeding the person's growth. It was further revealed by other research evidence which proved optimism playing a significant predictive role in physical health²⁸. Hence, women with anger and aggressiveness are preoccupied with negativity and pessimism leading to physical distress, discomfort and pain.

Two other components of aggression (verbal aggression and hostility) did not significantly determine physical health in married women. Verbal aggression, in the present study, was also measured in the form of arguments and disagreements. Women are usually found to be using verbal ability to express whatever they feel

and think. Sometimes, it results in verbal arguments, disagreements and illogical discussions. Perhaps for this reason, this variable might not be debilitating the physical health of women like physical aggression and anger did. Besides, hostility comprised of feelings of mistrust and cynicism also. Women, in the present study, might not feel their relations and life as miserable and mistrusted that could badly affect their physical health.

CONCLUSION

Verbal and physical aggression determines physical health of married women. Aggression cultivates negative emotions and feelings which are converted in physical discomfort and pain.

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CONTRIBUTORS

FS conceived the idea, designed the study, collected, interpreted and analyzed the data. RS helped refine the idea, drafted and finalized the manuscript and did correspondence with the editor for corrections. All authors contributed significantly to the submitted manuscript.