



Comparative Analysis of Marital Satisfaction and Quality of life in Mothers with Exceptional Children and Mothers with Normal Children

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ABSTRACT

This study attempts to analyze comparatively marital satisfaction and quality of life in mothers with exceptional children and mothers with normal children. Methodology in present study is comparative. For sample, it selects 40 mothers with normal children in nursery school and preschool located in Ahvaz, 40 mothers with exceptional children under education and care in daily sanatorium, and 30 mothers with exceptional children hospitalized (nightly) in Ahvaz. They are tested by a enrich questionnaire of short form with 47 questions and 36 questions of quality of life. Statistical model of one-way variance analysis is used for data analysis. Findings indicate that there is no significant difference in marital satisfaction between mothers with exceptional children in caring centers and mothers with normal children, yet there is a significant difference in quality of life (mental-physical) between mothers with exceptional children and mothers with normal children. Results of study indicate that mental quality of life as dependent variable is influenced by factors such as children with mental or physical disability as independent variables. Birth of an exceptional child reduces mental quality of life. Results show that not presence of exceptional child for full-time is highly effective on physical quality of life.

Key words: quality of life, marital satisfaction, exceptional child

INTRODUCTION

No doubt, family is the first and the most important context for human all-inclusive growth. From long time ago, its roles and functions in education have been noted by psychologists, sociologists, and specialists. Marital life for a man and woman starts with marriage and forming family. Marital satisfaction guarantees mental health of family [4].

Marital satisfaction is the result of wife and husband's consent and their compatibility in all aspects of life held in common, and it promises family and parent's health. Parent's marital satisfaction protects life balance and it is essential for emotional status of the family. Floyd et al (1998) believes it is an effective factor in confronting with mental pressures and having appropriate roles in life. In spite of these evidences, couples in contemporary life seem to face with several problems and troubles in making and keeping intimate relationships and having satisfactory marital life. Birth of exceptional child in every family brings about problems and stress for members of family specially parents [5].

Safe and healthy family is the most necessary factor in mental health. It should be in a way that it prevents members from impairing, if it is not to enhance their life condition. Vulnerability of family members specially parents in confronting problems and stresses has led researchers and family healers in recent years to analyze the effect of stress on quality of marital life and their outlook on parenting. Spread of mental disability in the field of mental and

social pathology has been one of the considerable controversies, since birth of a child with mental disability in family causes stressful tensions and distress in parents [3].

Birth of exceptional child in family causes problems and stress to members of family specially parents and it affects quality of life for members. Fredrich Grinberg and Cornik (1983) also, pointing to the significance of marital life and intimacy in mutual relationship between wife and husband, believe in parent's life satisfaction as an effective factor in creating stable life and confronting stresses [4].

Spread of mental disability in the field of mental and social pathology has been one of the considerable controversies, since birth of a child with mental disability in family causes stressful tensions and distress in parents [8].

In 2012, Jena Abadi and Nasti Zai studied marital satisfaction in parents with children of mental disability which was done in a descriptive-analytic study with category-random method. [11] Results in study indicated that parents with children of mental disability are in unfavorable condition in regard to marital satisfaction and its fourfold sub-criterion (ideal distortion, marital relationships, and solving tensions). Another study was done in this regard by Motamedin, Sohrabi, Fathi Azar, and Maleki in Khorasgan branch of Azad University of Isfahan [13]. Marital satisfaction of parents with normal students and students with mental disability was studied in West Azerbaijan that its results indicated marital satisfaction in parents with children of mental disability is less than marital satisfaction in parents with normal children. These findings are in line with analyses done by Kolbanov (1995), Lavinov (1988), Marshak and Seligman (1993), Mclan Hum et al (1994), Flaherty et al (2000), Masuper et al (1991), Mulabashi (2003), Khajepoor (1998), Alizadeh (2002) (Motamedin, 2008). In another study by Afrooz, Arjmandnia, and Nami in 2013 on marital satisfaction of parents with normal children and children with mental disability, it was indicated that marital satisfaction in parents with children of mental disability is not less than parents with normal children [14].

An study in by Mikaeli, Ganji, and TalebijooBiari on marital satisfaction in parents with children having learning disability indicated that marital satisfaction of these parents are less than parents with normal children [11].

Several studies on effect of children with disability on parent's marital satisfaction such as Vulneterberker (2001), Tynla, Kukanun, and Juroblyn (2005), Mulabashi (2003), and Motamedin et al (2008) have indicated that there is a significant difference on marital satisfaction between parents with children having mental disability and parents with normal children. In other words, child with disability is effective on marital satisfaction and compatibly of parents [11].

Quality of life is in relation to mental and physical health. One stressful condition is exceptional child in family, who has his/her special needs, causes different consequences on function and quality of family specially father and mother [1].

World Health Organization defines quality of life as perception of individuals from their position in relation to himself/herself and to accepted values and goals in regard to actual condition of life (Burjali, 2011).

One of the natural groups fulfilling human needs is family. Duties of family are taking care of and educating children, healthy communication among members, and helping children to become independent, even the child is deaf or blind. Mental disability is a special condition that may happen before or after birth [14].

True lively moments of birth of healthy child may become problematic by birth of a child with special needs. Women include half of the population that their health is fundamental and important to family and society health. Their problems and troubles are effective on mental health of family, society, and coming generations. So, study of quality of life in women is significant and it has called the attention of many researchers in the field of quality of life recently. Nowadays, one of the new concepts in medical sciences is the concept of quality of life. Living is not just surviving and not being diseased, but the condition of living is important also. In such condition, increasing life longevity and life hope is not goal anymore, but increasing years of healthy living which means how long one lives healthily [2].

In a study in 2005 by Hussel, Rose, and McDonald, increasing stress on mothers with children having mental and physical disability and its effect on family relationships were analyzed that confirmed the effect of child with special needs on increasing stress [3].

The results of study by Gurji et al indicated that giving appropriate advisory services is helpful and useful due to the effect of mental health in quality of life in mothers having autistic children. [9]

In another study by Seidi et al, the quality of life was analyzed in parents with children having special needs and parents with normal children that its results showed there is a significant difference in social and environmental relations of questionnaire on quality of life between two groups. However, there is no significant difference in mental and physical health of questionnaire on quality of life between two groups. [16]

In analyzing the relation between tolerance and quality of life in mothers with children having mental disability studied by Burjali et al, results indicated there is positive and significant relation between tolerance and quality of life and its sub-criteria [7].

Statistical Population

First group: all mothers with children having special needs who refer to hospitalized children caring centers

Second group: all mothers with children having special needs who refer to caring centers and daily education

Third group: all mothers with normal children in nursery school and preschool in Ahvaz city

These centers is selected due to climatic, economic, social, and cultural conditions of families referring to these centers that makes all groups similar and homogenous. In regard to available sample size, first group is 30 persons, second group (daily care center) is 40 persons, and third group is 40 persons selected from nursery school and preschool in mentioned area for homogenizing study groups. Total persons studied in this research then are 110 [15].

MATERIALS AND METHODS

Data Analysis Method:

Measures of Central Tendency-model of one-way variance analysis (ANOVA) and post hoc Tukey are used for comparing and analyzing means, standard deviation, frequency, and analysis in three groups.

Collecting Data Tools:

Enrich questionnaire of short form with 47 questions for marital satisfaction and 36 questions for quality of life are used in this study.

SF36 questionnaire is one of the tools known worldly and designed specifically for assessing quality of life in relation to health. It assesses health in two levels of physical health and mental health. The closer the means are to zero in this questionnaire; the lower is the quality of life, and the closer the means are to 100, the higher is the quality of life. This tool was designed and standardized for Iran population by Montazeri et al. Analyzing internal overlap and consistency indicated in Farsi version all fields except joy have the least standard values in range of 0.77 to 0.90 from $65/\alpha=0$. Motamed et al in Shiraz also assessed its reliability and measured Cronbach's alpha 0.87 for Farsi questionnaire. Thus, Farsi version of the tool is valid and reliable for 36 measurements in regard to quality of life in relation to health. The form of questionnaire with 53 questions by Fredrich et al was provided for its sources and analyzing stress in families with children having mental disability, other disabilities, or chronic diseases [10].

The 47 element version of enrich questionnaire of marital satisfaction, provided by Olson et al in 1989 for assessing potential troubling contexts or recognizing factors influential in marital life, is used in this study that analyzes marital life, solving tension, financial management, leisure time activities, sexual relationships, children's marriage, relatives, friends, and religious tendencies. Recently, Olson et al (1989) have reported validity of enrich questionnaire α as 0.92. Soleimani and NavaiNejad first in our country measured and reported internal consistency of test 0.93 for long form and 0.95 for short form. Working on validity of test and using Pearson correlation coefficient and test-retest with an interval of one week, Mahdavian (1997) resulted 0.937 for men, 0.944 for women, and 0.94 for men and women.

Model of one-way variance analysis (ANOVA) and post hoc Tukey are used for analyzing difference between quality of life (mental- physical) and marital satisfaction in three groups of mothers with exceptional children, children of caring centers and mothers with normal children that results are indicated in tables 1, 2, 3, 4, 5.

Table 1-Results of test for one-way analysis: comparing means of quality of life in three groups of mothers with exceptional children, exceptional children of caring centers, and mothers with normal children

| Source changes | Sig | F | Average of squares | Df | Sum of squares |
|-------------------------|-------|------|--------------------|----|----------------|
| Variance between groups | 0.001 | 9.57 | 1553.47 | 2 | 3106.95 |
| Internal variance | | | 162.33 | 95 | 15421.52 |
| The total variance | | | - | 97 | 18528.47 |

As it is seen in table above, achieved P-value for variable of mental quality of life is less than 0.01. So according to achieved value of F, there is significant difference on means of mental quality of life in three groups (mothers with exceptional children, exceptional children of caring centers and mothers with normal children). Therefore, post hoc Tukey was used for determining significance of difference among mental quality of life for three groups which its results are shown in table 1.

Table 2-results of Tukey post hoc among means of mental quality of life

| Groups | Sig | The standard error | Mean |
|----------------|-------|--------------------|-------|
| Normal / Daily | 0.001 | 3.11 | 12.76 |
| Normal / night | 0.006 | 3.11 | 9.87 |
| Night / day | 0.653 | 3.28 | 2.89 |

According to results in table 2 and in regard to means of mental quality of life in three groups, it is observed that the value of mental quality of life in mothers with exceptional children of caring centers is less than value for mothers with normal children and this difference ($p \leq 0.01$) is significant. However, it was not observed in mental quality of life for mothers with exceptional children of caring centers.

Table 3-results of one-way variance analysis test: comparing means of physical quality of life in three groups of mothers with exceptional children, exceptional children of caring centers and mothers with normal children

| Source changes | Sig | F | Average of squares | Df | Sum of squares |
|-------------------------|-------|-------|--------------------|----|----------------|
| Variance between groups | 0.001 | 24.05 | 1941.02 | 2 | 3882.05 |
| Internal variance | | | 80.67 | 95 | 7664.35 |
| The total variance | | | - | 97 | 11546.60 |

As it is seen in table above, achieved P-value for variable of physical quality of life is less than 0.01. So in regard to achieved value for F, it can be said that there is a significant difference in means of physical quality of life in three groups (mothers with exceptional children, exceptional children of caring centers and mothers with normal children).

Table 4-results for post hoc Tukey among means of physical quality of life

| Groups | Sig | The standard error | Mean |
|----------------|-------|--------------------|-------|
| Normal / Daily | 0.001 | 2.19 | 15.11 |
| Normal / night | 0.001 | 2.19 | 8.27 |
| Night / day | 0.001 | 2.31 | 6.83 |

Table 5-results of one-way variance analysis test: comparing means of marital satisfaction in three groups of exceptional children, exceptional children of caring centers, and mothers with normal children

| Source changes | Sig | F | Average of squares | Df | Sum of squares |
|-------------------------|-------|-------|--------------------|----|----------------|
| Variance between groups | 0.119 | 2.180 | 2320.71 | 2 | 4641.43 |
| Internal variance | | | 1064.31 | 95 | 101109.88 |
| The total variance | | | - | 97 | 105751.35 |

According to results in table 2 and in regard to means of physical quality of life in three groups, it is observed that the value of physical quality of life in mothers with exceptional children of caring centers is less than value for mothers with normal children and this difference ($p \leq 0.01$) is significant. Value of physical quality of life in mothers

with exceptional children is less than value of physical quality of life in mothers with exceptional children of caring centers.

As it is seen in table above, achieved P-value for variable of marital satisfaction is more than 0.05. So in regard to achieved value of F, it is possible to say there is no significant difference among means of marital satisfaction in three groups (mothers with exceptional children, exceptional children of caring centers, and mothers with normal children).

CONCLUSION

The study indicated that mental quality of life as a dependent variable is influenced by child with mental or physical disability as independent variable. Birth of exceptional child reduces mental quality of life. Result shows that not full-time presence of exceptional child impresses physical quality of life.

This study is in line with previous studies like the study by Burjali et al in 2012 analyzing the relation between tolerance and quality of life in mothers with children having mental disability. Results of study indicate there is a positive and significant relation between tolerance and quality of life and its sub-criteria. The results of study by Gurji et al in 2013 also proved that giving advisory services is effective due to effect of mental health on quality of life in mothers with autistic children.

In another study by Seidi et al in 1999, quality of life was analyzed in parents with children having special needs and in parents with normal children that its results indicated there is significant relation between social and environmental quality of life of questionnaire. However, there is no significant difference in analyzing mental and physical quality of life in two groups in questionnaire.

In a study in 2005 by Hussel, Rose, and McDonald, increasing stress on mothers with children having mental and physical disability and its effect on family relationships were analyzed that confirmed the effect of child with special needs on increasing stress. Therefore, this study entitling comparative analysis of marital satisfaction and quality of life in mothers with exceptional children and mothers with normal children is confirmed.

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