Prediction of mental health and life expectancy based on religious beliefs of mothers with children who suffer from mental disorders

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ABSTRACT: The main purpose of this research is the prediction of mental health and life expectancy based on religious beliefs of mothers with children with mental disorders. Statistical population for this research is all mothers who have children with mental disorders in Ivan town which 100 of them were selected as sample through convenience sampling. Data collection was done by means of general health questionnaire (GHQ), Snyder's hope scale and temple questionnaire. Data analysis was performed through Pearson's correlation coefficient and regression analysis. The results show that religious beliefs have the ability to predict mental health and life expectancy among mothers with children who suffer from mental disorders.

Keywords: Mental health, life expectancy, religious beliefs

INTRODUCTION

A child with mental disorders often inducts a severe damage on family foundation. The vulnerability of family against these damages is sometimes very high that threat its mental health. Mothers usually have more relationships with these children and beside other responsibilities they should take care of their sick children. If they don't have enough mental and physical health, they can't accomplish their duties and tasks properly.

Mental health is not only the lack of sickness or inability but also a welfare situation which people can deal with life stresses through it and cooperate with other parts of society (Yaghoubi, Karimi, Omidi, 2012). For mental health definition we can argue that any human who can handle his deep issues, compromise with others and does not get paralyzed against inevitable internal conflicts and became isolated have a good level of mental health (Sadock,2007, Translated by Rezaei, 2008).

It seems like being a religious person and having moral and religious behavior are part of personality characteristics which can increase the mental health and life expectancy in mothers with children with mental disorders. Religion is an organized system of participations, traditions, moral values and customs in a religious society which is about having a conviction to GOD or a super power (Walsh, 2009). Religion as a mediating process has an impact on people's daily evaluations and thoughts about events. Many researchers believe that by having faith it is easier to deal with emotions and difficult situations. Religion is an important factor in life of many people and we can consider religiosity and commitment to religious as one of the most important factor for having a high level of mental health (Alterman *et al*, 2010).

One of other important sources of psychological problems is the loss of hope for life (Shams Esfandabadi, Hashemian & Shafiabadi, 2007). It seems like hope is a prerequisite factor for all dimensions of life. Hope is the ability to believe in having a better future, its influential force is a driver for people's activity to acquire new experiences and create new forces in people (Darrodi, 2010). It is considered as a force to be compatible with problems (Doussard-Roosevelt *et al,* (2003). Religious beliefs and having faith in GOD and the origin of reality which is beyond human understands increase the capacity to deal with failures and help him maintain his physical and mental health and increase his hope toward future (Yang& Mao, 2007).

The results of a research which is done by Ghahramani & Nadi (2012) the relationship between spiritual-religious dimensions with mental health and hope for the future show that the motivation to worship GOD along with life's welfare are the most important spiritual factors that have an impact on hope in better future besides mental health.

This research's goal is to predict the mental health and life expectancy of mothers with children who suffer from mental disorders based on their religious beliefs. Also it tries to consider the role of religion and spirituality on mental health and life expectancy and enhance faith and religious beliefs to try to solve problems with more confidence.

MATERIALS AND METHODS

This research is a descriptive research which is implemented as a correlation study.

The population under study consists of all mothers who have children with mental disorders in Ivan. We used convenience sampling and chose 100 subjects which is based on previous research and population size. After giving required explanations research's questionnaires are distributed between them.

Tools

General health questionnaire (GHQ) with 12 items: this questionnaire was generated by Goldberg & Williams in 1998. It consists of 12 questions and 4 sub scales of psychosomatic symptoms (3 items), anxiety & insomnia (3 items), social dysfunction (3 items) and great depression (3 items) which are rated with Likert scale between 0-3. The overall general health score of every person is the sum of scores for all four sub-scales. It has a range between 0-36. Higher scores show lower mental health and vice versa. In this questionnaire all scores which are higher than 20 reflects the deterioration of mental health. In this research the Cronbach' alpha is 0.87 and its validity is 0.77 (Motamedi, Ezheii, Kiamanesh, 2005).

Hope scale (HS): this scale is designed by Snyder to measure the level of hope in adults. HS has 12 items which 8 of them are used and 4 others are lie detectors which are not considered in ratings. From these 8 item 4 are related to agency components (2,9,10,12) are 4 others are related to pathway components (1,4,6,8). To answer any question there is a range of 1 (totally wrong) to 4 (totally right). In Iran the reliability of this scale had been evaluated on a group of students by Shirinzadeh&Mirjafari, S.2006). That in their research Cronbach's alpha was 0.71 for agency component and 0.67 for pathway component. In this research the reliability of test has a Cronbach alpha of 0.78 and 0.62 and 0.71 for its dimensions (agency and pathway respectively)

Temple questionnaire (scale for proceeding via religious beliefs): this questionnaire contains 50 questions and responses are made of 5 options which are rated between 0-4. Based on this questionnaire we can divide people to two low (overall score lower than 113) and high (overall score higher than 113) religious tendency. The questions consist of issues like applying recommendations and obligations, religious activities like membership in religious communities, attending ritual programs, paying attention to religious principles in decisions and choices. A score which is equal to 0 shows that there is no action based on religious principles and a score of 200 shows a full compliance with religious beliefs. The reliability and validity of this tool had been measured previously by Golzari(2001). Its reliability via open trial was calculated as 0.76 and its Cronbach' alpha was 0.94, its content, formal and logic validity is high and its criterion validity was between 0.78 -0.84 for religious and non-religious people.

FINDINGS

In this section the information related to descriptive statistics of research variables are presented. Firstly we offer the findings about demographic distribution. Information on Fig. 1 shows that most of participating mothers are in age group of 35-40. As we can see in Fig. 2 most of contributors have associate degree (35 %) and least of them have MS or higher degrees (5 %).
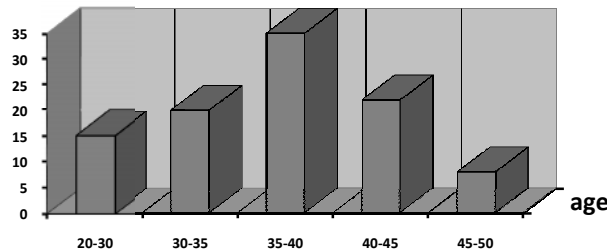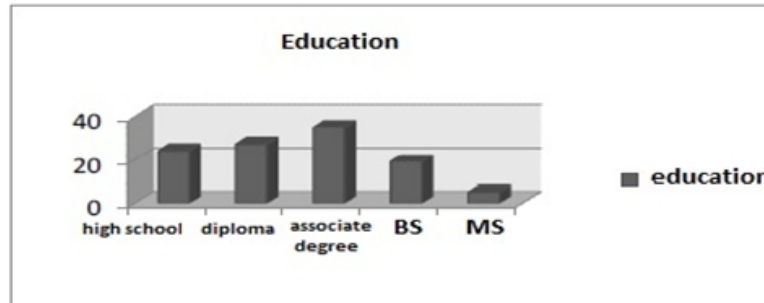

Fig. 1.

Fig.2.

In table 1 statistic values of respondents is shown based on mental health, life expectancy and religious beliefs. As we can see in table 1, the lowest mean belongs to life expectancy (16.17) and the highest belongs to religious beliefs (119.91). As we can see in table 2 there is a significance positive relationship between mental health and religious beliefs (r=0.69).

Table 1: Mean and standard deviation for sample under study.

Variable	Mean	Standard deviation
Mental health	17.54	4.43
Life expectancy	16.17	4.11
Religious beliefs	119.91	9.11

Table 2: Correlation factor between mental health and life expectancy with religious beliefs.

Variable	Mental health	Life expectancy
Religious beliefs	0.69	0.63

Table 3: Summary of model and regression coefficients for mental health prediction based on religious beliefs.

Predictor	F	B	SE	Coefficients	t parameter
Religious beliefs	31.09	2.116	0.38	0.69	5.57

Table 4: Summary of model and regression coefficients for life expectancy prediction based on religious beliefs.

predictor	F	B	SE	coefficients	.t parameter
Religious beliefs	65.92	2.94	0.36	0.63	8.611

There is also a relationship between life expectancy and religious beliefs (r=0.63).

For determination of most powerful predictor in relationship between mental health and life expectancy with respect to religious beliefs we used multi -phase regression analysis. Beta (, 0.69) coefficients in above table show that religious beliefs can predict the changes in mental health of mothers with children with mental disorders. Beta coefficients in above table show that religious beliefs can predict the changes in mental health of mothers with children with mental disorders

RESULTS AND DISCUSSION

This research had been conducted with the purpose of evaluating the predicting role of religious beliefs on mental health and life expectancy of mothers with children who suffer from mental disorders. It implies that those people who have higher religious beliefs would probably have a better mental health and life expectancy.

The results of this paper is confirmed in Bahrami& Tashk (2004), Rabani& Beheshti (2011), McFarland (2010), Meier (2003) researches but is in contrast with Jang & Johnson's research (2004) which can be predicted based on Islamic culture and rules and its differences with other religions.

Based on results of current research we can argue that religious beliefs have a critical impact on people's mental health criteria. In fact religious beliefs will lead to mental health and life expectancy enhancement.

In holy QURAN the role of religion and religious beliefs on peace of heart and soul had been directly mentioned (Rad surah, verse 28).

Believing in this support can have an impact like having the real support specially when it is related to an eternal power which can have a huge impact and guarantee mankind' s mental health. Religion can be considered as a supportive tool for mental health and life expectancy improvement in the society under study. Believing in GOD and religious beliefs and trusting in its eternal power can pacify soul and create satisfaction for people and relaxation in life is one of the most important elements of life expectancy. In addition having a meaningful life, belonging to a higher source, having faith in GOD's support in challenging situations and benefiting from social and spiritual support are some of methods which religious people can use to lower life's pressure in stressful events. This research shows that believing in religion and participating in religious activities can facilitate the adaptation to problems and it can also decrease the effect of problems on mental health and hope of mothers with mentally sick children. So improving religious beliefs is a useful way for providing mental health and life expectancy in the society under study. Since in our country people have powerful religious beliefs, related interventions for improving people's mental health and life expectancy would be welcomed by mothers with children who suffer from mental disorders.

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