Available online at www.pelagiaresearchlibrary.com

Pelagia Research Library

European Journal of Experimental Biology, 2013, 3(5):609-614

ISSN: 2248 –9215
CODEN (USA): EJEBAU

Empowerment plan formulation with religious approach and studying its effectiveness on the life quality of mothers having mentally retarded children in Yazd

Azadeh Abouei and Seyedeh Khadijeh Arian

Department of Psychology, Allameh Tabatabai University, Tehran, Iran

---

ABSTRACT

Due to the increasing number of mentally retarded people, and their stressful situation, this research was conducted with the goal of training capabilities through the religious approach on the life quality of mothers having mentally retarded children. The research method of the current research is semi-pilot with pretest-posttest and control group, which 40 mothers were randomly put in two testing and controlling groups (20 people in testing group and 20 people in controlling group). The population of this research was all of the mothers having mentally retarded children who were sponsored by the special education of Yazd city, and they were 300 mothers. The materials were questionnaires about the life quality of families having mentally retarded children. The research analysis of data was conducted by the use of SPSS.13 statistical software. The research results showed that empowerment with religious approach, increases the average life quality of mothers having mentally retarded children compared to the control group in the posttest level. Also, findings showed that the empowerment with religious approach affects the increasing scores of family interaction of mothers having mentally retarded children, means of being a parent, means of emotional health, means of physical health, means of disability-related support, means of cultural-spiritual life, means of leisure time and scores of general knowledge of mothers having mentally retarded children in posttest level of testing groups.

Key words: Empowerment plan formulation, religious approach, life quality, mother, mentally retarded

---

INTRODUCTION

Mental retardation is one of the main issues of the societies and one of the most complex and hardest problems of children and kids, which also remains until the adultery [18]. This is a relatively common disorder which captures about 3% of the population. According to the statistics of University of Social Welfare and Rehabilitation, we have around 24 thousand children with intellectual disability and mental retardation per year in Iran [13]. Mental retardation is the below average performance in all of the mental affairs which reveals simultaneously with problems and deficiencies of adaptive behavior, and it is accompanied by significant limitations in at least two field of adaptive behavior, such as communication with others, scientific or job skills, use of leisure time, health and safety [15]. Parents who have children with disabilities experience more stress than the parents who have normal children. They encounter more challenges in raising children with disabilities, and they have lower physical and mental health

and they feel more pressure and depression [22, 23]. When comparing the two groups of parents, parents who have children with mental disabilities have less welfare than the parents who have normal children, and they are more exposed to mental and physical dangers and problems [7, 10]. There are some similarities between the conditions causing psychological stress being experienced by the patients who have psychosomatic illnesses and the daily challenges of parents having children with disabilities, which means that parents are often put into situations that makes their mental and physical strength vanish, and it happens in mothers more than fathers [25]. These stresses sometimes start since birth time or before that and also in the disability diagnosis stage, and may increase with the child's growth. The beginning of school attendance is a stressful period for parents who have special children. In this time they completely encounter with the problems related to disabilities [26].

In addition to significant spread, the mental retardation is accompanied by growth failure in many aspects of physical, mental, developmental, social and educational, and it could have undesirable effects on the structure and function of the family [23]. Accepting the mental disability of the child and the slow growth, needs special facilities such as health and education care, caring about the frustrations and gone desires and hopes and dreams and reducing the parents' expectations from their child's future, enduring other peoples' comments, feeling ashamed and trying to hide, undermining the relationship of child with disabilities with his/her parents due to the separation with peer children, the problems created due to the relationship with his/her brothers and sisters, educational problems, and sometimes long-term emotional attachment and economic dependence of the child with disabilities, more or less these are the problems of parents maintaining and raising these children, and all of them put pressure and stress on the family and affect the family peace [4]. On the other hand, the families who have children with mental retardation not only suffer from physical and mental tensions but also suffer from social and economic pressures, in a way that maybe the family loses its normal pace and leads to disintegration of the family system [23]. The parents' initial reactions reported by the specialists include: sorrow, death wish, rejection and denial, depression, disappointment, anxiety, confusion, grudge, jealousy, guilt, suicidal impulses, sudden impulses for eliminating the child, excessive support and many problems which all are the important issues in life of the families with low ability child, which severely affects their life quality [14]. The studies showed that increased stress involves the parents with mental retardation child, and among them we can refer to low mood, high demand for therapy, additional care, lack of social support, excessive commitment, pessimism and family problems such as family cohesion, limitation of family activities and financial problems, etc. [9]. Furthermore, the study showed that the severity of the child's mental retardation does not have any influence on the stress experienced by parents. Thus, it seems that the educable mentally retarded child put lots of pressure and stress on the family, especially on mother which in our culture has an important role in maintaining and raising children, and this stress and pressure are created through parents' frustration about hopes and dreams, fear and anxiety of the family toward the child's educational, occupational, marital future and even social damages [29]. In a survey conducted on the in-house care, it was found that women take the most of the care and responsibility, and they are under a lot of stress, because they are not trained for this role and they have no choice and they do not have any colleague or supervisor for supporting them [11]. Plus, family is a society, and a disorder in each of the members can disturb the whole society, and leads to emerge of new problems in the family, and this could result in severe retardation and different problems of the child and deprives him/her from having a healthy environment for optimal growth, and in fact it creates a vicious cycle. In between, because mother has a special role in pregnancy, birth, care and upbringing of the child, she is under more severe pressures [2]. Researches showed that mothers having mentally retarded child see more problems compared to fathers and they are more involved in the behavioral problems of the child, and as a result they experience more stress, and they need more help [12, 20], which ultimately brings up the need to address families, but unfortunately this issue has been realized only in some developed countries [21]. Above all, paying attention to women health is really important, especially paying attention to those groups who confront a chronic, long-term situation such as having a mentally retarded child. Differences related to sex, like biological differences, pregnancy and accepting social role and also greater risk of poverty, hunger, malnutrition, high workload and domestic violence caused by gender discrimination, home accidents, put women (mothers) in the high-risk group. On one hand, mothers are responsible for managing the house and on the other hand, they are responsible for raising their healthy or unhealthy children, and indeed, their health promotion leads to the family and society health promotion [19]. In families who have mentally retarded child, most of the mothers are housewives and they have less social activity compared to mothers who have normal children [16]. The research results showed that due to having emotional needs and also due to the problems caused by the child's disorder, women are more exposed to depression, in a way that, in our country, the women's share of depression and anxiety is 2 to 3 times more than men [24], and statistics showed that divorce in families who have disabled children is 3 times more than normal families [1]. These show that rehabilitation, support and empowerment of families with disabled children is very important. Gupta (2007)

expressed that population education and counseling can help the parents to put their negative emotions in the right direction which causes constructive interactions [27]. In surveying and comparing the stressors and adaptation strategies in mothers and fathers of mentally retarded kids who were sponsored by the Isfahan Rehabilitation Centre of Welfare Organization, the results showed that the severity of mental stressors were more in mothers than fathers, and they were different in using adaptation strategies. Nevertheless, for more use of adaptation strategies for children with mental retardation, and problems made in the family, parents often need comprehensive help and support, and broaden and deepen the dimensions of empowerment and counseling for effective adaptation of parents in this field are necessary [29]. In a program related to using the stress control plan in people who do not have especial mental disorder, it showed that people who performed the stress control plan have experienced significantly less stress and anxiety compared to people who did not perform the stress control plan, and also the general health and signs of psychosomatic and adaptation had significant difference in two groups. Meanwhile, the testing group had more satisfaction about the following social support [9]. About the family process in adaptation and interactions of solving family problems in 165 families with school age children with mental retardation this result was achieved that the parents' health can make them successful in comprehension and adaptation [6]. One of the other factors which is important in family adaptation is the religious attitude, which means that the religious attitude and religious belief have important roles in caring of children with disabilities and better growth and adaptation among the families [3]. The religious believes which are usually accompanied by spirituality, are considered as special issues of Social Science and Natural Science. Reports showed that 80% of American people somehow believe in the power of prayer for improvement during the illness period [3]. William West declares that spirituality and religion form the important parts of the people's lives and they have a significant impact on the health and welfare of them. In Iran, most of the emotional-mental disorders and even interpersonal problems are in interaction with religious and spiritual issues, and without sensitivity toward this interaction, there won't be any success in diagnosis and cure. Disorders such as obsession, anxiety, depression, guilt, internal and interpersonal conflicts are in interaction with religious beliefs and attitudes. Thus, we can use the spiritual a religious strategies as a kind of complementary tool along the other approaches with precision and special sensitivity [28]. Contrell (2007) believes that experiences, adverse conditions and challenges that parents confront with, have direct influence on their life quality, and on the other hand, factors which reduce the stress and increase the life quality of parents with children with disabilities and mental retardation are neglected in the research studies. For confronting the family, social, economic and psychological problems and pressures of having children with mental retardation, and due to the complications affecting these children's families, they need intervention in the field of empowering the parents, and especially mothers. Considering the vulnerability of mothers and performing the roles as wives, motherhood and childhood in family and the effect of women's health on the society have broad dimensions, thus, this study is to formulate a plan for empowering these mothers through the religious approach, and to survey this question that whether the empowerment training through the use of religious approach influences the life quality of mothers?

MATERIALS AND METHODS

The method of this research is semi-pilot and for this study 40 mothers were randomly put into two groups of test and control (20 mothers in test group and 20 mothers in control group). The population of this research was all of the mothers having mentally retarded children who were sponsored by the special education of Yazd city, and they were 300 mothers. The method of random sampling has been used. Both school and mothers were chosen by random numbers. Due to the phenomenon of degradation and failure of the subjects, more parents (40) were participating in the research (20 people) in each group. In test group, 4 of the subjects had dropped, and ultimately the sample number in this research was 16 people. There were some criteria for entering the people to the education program, for example, members at least should have elementary school degree (being literate in order to participate in the pretest and posttest), or the members should not have any special physical or mental disease. The first group was trained by empowering through religious approach, for 9 sessions and each session for 70 minutes, and the control group remained untrained, then the comparison between two groups was weighed. The research method of the current research is semi-pilot with pretest-posttest and control group.

The materials being used were questionnaires about the life quality of families having mentally retarded children, and it was standardized by Karbalaei Shiri Fard, in 2006. This questionnaire includes 40 questions that evaluate 8 domains:
These domains are family interaction (1-6), being a parent (7-12), emotional health (13-16), physical health (17-21), disability-related support (22-25), cultural-spiritual life (26-29), leisure time (30-35), and public awareness which

consists of 5 questions (36-40). The maximum score in this questionnaire is 200 and the minimum is 40. The higher the scores the higher the life quality. The coefficient alpha (stability) of this questionnaire is 0.95.

The research data were analyzed by the use of the statistical software named SPSS. 13. For this purpose, at first the resulted data from therapy-training intervention were described through the use of descriptive statistics. Then, the required statistical assumptions were analyzed for using the ANCOVA parametric test, including Wilkie Shapiro test for checking the normal distribution of the sample group scores in population and Levine test for checking the equality of variances. Furthermore, the effect of pretest was controlled by the method of analysis of covariance. At the end, the research hypotheses were analyzed by this statistical method.

RESULTS

This study aimed to evaluate the achievement of objectives in the study, and for this purpose, the analysis and testing of the research hypotheses have been carried out.

The mean and standard deviation of scores of pretest and posttest questionnaires components of life quality of families having mentally retarded children are shown in table 1, in two groups of testing and controlling.

Table1. Mean and standard deviation of scores of pretest and posttest of juveniles' scores in two groups

Variables	Group	Pretest			Posttest	
		Amount	Mean	Standard Deviation	Mean	standard Deviation
Family Interaction	**Control**	**15**	**20.97**	**3.64**	**19.73**	**2.63**
	Test	**15**	**22.14**	**4.97**	**25.73**	**2.58**
Being a Parent	**Control**	**15**	**21.12**	**3.27**	**20.13**	**2.26**
	Test	**15**	**22.36**	**4.39**	**24.83**	**2.64**
Emotional Health	**Control**	**15**	**12.53**	**3.31**	**12.2**	**1.7**
	Test	**15**	**14.16**	**3.22**	**16.53**	**1.3**
Physical Health	**Control**	**15**	**15.88**	**2**	**13.33**	**2.64**
	Test	**15**	**18.49**	**2.81**	**20.67**	**1.99**
Disability-related Support	**Control**	**15**	**13.13**	**2.82**	**14.6**	**1.72**
	Test	**15**	**15.14**	**2.77**	**16.57**	**1.2**
Cultural-spiritual Life	**Control**	**15**	**12.73**	**2.4**	**12.66**	**2.26**
	Test	**15**	**14.15**	**2.65**	**15.67**	**1.63**
Leisure Time	**Control**	**15**	**16.13**	**4.75**	**16.67**	**3.58**
	Test	**15**	**19.73**	**6.42**	**22.99**	**4.27**
Public Awareness	**Control**	**15**	**14.13**	**3.2**	**13.4**	**2.13**
	Test	**15**	**17.08**	**2.64**	**18.02**	**2.29**

Thus, the research results showed that empowerment through religious approach, increases the mean of life quality of mothers having mentally retarded children compared to the evidence group in the posttest stage.

Table 2. Manoa analysis results of research components mean

Test Name Hypothesis	Amount Error	F	DF	DF	P	Eta Squared	Statistical
Pillai's trace test	0.786	5.968	8.000	13.000	**0.002	0.786	0.981
Londay Wilkez test	0.214	5.968	8.000	13.000	**0.002	0.786	0.981
Hotteling's trace test	3.673	5.968	8.000	13.000	**0.002	0.786	0.981
Roy's largest root test	3.673	5.968	8.000	13.000	**0.002	0.786	0.981

As you can see in table No.2, the significant level of all tests show that at least in one aspect of the dependent variables (components of life quality of mothers having mentally retarded children), the empowerment through the religious approach has changed the testing group mean compared to the evidence group in the posttest stage. (F= 5.968, P= 0.002). For realizing the difference, the results of Manoa analysis are shown in table No.2, and the trace or difference amount is 0.786. This means that 78.6% of individual differences in the scores of components of life quality of mothers having mentally retarded children are related to the trace/effect of membership of this group.

Table3. Results of multi-way variance analysis of trace/effect of group membership on the score component amounts of life quality in both groups

Changes resource	Square	Degrees of freedom	Mean square	F coefficient	Significant (P)	Trace/effect amount	Statistical power
Family interaction	157.446	1	157.446	25.109	**0.001	0.557	0.997
Being a parent	107.406	1	107.406	23.088	0.001	0.536	0.995
Emotional health	95.042	1	95.042	36.903	0.001	0.649	1
Physical health	264.051	1	264.051	52.107	**0.001	0.723	1
Disability-related support	27.961	1	27.961	19.038	**0.001	0.488	0.986
Cultural-spiritual life	70.324	1	70.324	18.699	**0.001	0.483	0.984
Leisure time	172.670	1	172.670	9.947	**0.005	0.332	0.851
Public awareness	105.898	1	105.898	17.670	**0.001	0.469	0.979

As it is shown in Table3, after eliminating the effect/trace of synchronous variables on the dependent variable, and according to the calculated F coefficient, it is observed that, there is a significant difference between the adjusted scores mean of all the components based on the group membership (test group and control group) in the posttest stage (P,0.01). Thus, findings are as followed: Empowerment with religious approach had an effect on the increase of the scores of interaction of families of mothers having mentally retarded children who participate in the posttest of experimental groups. The amount of this trace/effect in the posttest stage was 56%. It is shown in the second row of Table3 that the empowerment with religious approach increases the mean of being a parent in mothers who have mentally retarded children compared to the evidence group in the posttest stage. The amount of this effect in posttest stage was 54%.

Empowerment with religious approach increases the mean of emotional health of mothers having mentally retarded children compared to the evidence group in the posttest stage. The amount of this effect after the posttest stage was 65%. The mean of physical health of mothers having mentally retarded children also increases compared to the evidence group after the posttest stage. The amount of this effect was 72%. Also, the empowerment with religious approach increases the mean of disability-related support of mothers who have mentally retarded children compared to the evidence group in posttest stage. The amount of this effect after the posttest stage was 48%. This variable also increases the mean of cultural-spiritual life of mothers having mentally retarded children compared to the evidence group in the posttest stage. The amount of effect in the posttest stage was 48%. Empowerment with religious approach increases the mean of leisure time of mothers who have mentally retarded children compared to the evidence group in the posttest stage. The amount of this effect after the posttest stage was 33%. Empowerment with religious approach had effects on the increase of scores of public awareness of mothers having mentally retarded children participating in the posttest of experimental groups. The amount of this effect in the posttest stage was 47%. The statistical power in all of the aforesaid cases is near one and the significant level is near zero which shows the sample quality.

DISCUSSION

Each and every research is set according to the society needs, especially in nowadays world which the complexity of relationships and technology growth lead to providing new fields. The stressful conditions and increasing pressure on the families who have mentally retarded children made this study to help these families even by a small step with the aim of training empowerment through the use of religious approach on the life quality of mothers having mentally retarded children. This research findings indicate that empowerment with religious approach had an effect on the increase of scores of interaction in families of mothers having mentally retarded children, mean of being a parent, mean of emotional health, mean of physical health, mean of disability-related support, mean of cultural-spiritual life, mean of leisure time and the scores of public awareness of mothers who have mentally retarded children in the posttest stage of experimental groups. Thus, the significant levels of all of the tests, indicate that empowerment with religious approach at least changed the mean of experimental group compared to the evidence group in the posttest stage from the point of view of one of the dependent variables (components of life quality of mothers with mentally retarded child).

These findings are consistent with the research results of Makaremi (1997), Bergen (1983), Richard and Pargament (1991), Gunther and et al (1991). In all of the researches, the importance of spirituality is highlighted in the improvement of mothers' conditions in the critical conditions. Because, usually, spiritual mothers relying on God's eternal power and connecting with the source of power and belief in divine fate and destiny, confront problems more resistant and they face problems more effectively with features such as being happy with God's sake.

REFERENCES

[1] Adib Sereshki N, University of Social Welfare and Rehabilitation, **2001**.
[2] Baker BL, Heller TL, *J abnor child Psycho*. **1996,** 24(4):513-532.
[3] Bakhtiari A, Omidbakhsh N, *Forensics*, **2002,** 9, 31, 121-127.
[4] Boyle D, *Canser Nurs*, **2000,** 23(3):193-202.
[5] Conterll KK, Phd dissertation, university of Denver, (Denver, USA, **2007)**.
[6] Costigan F, Floyd J, *J family Psych*, **1997**, 11(4):515-529.
[7] Cummins RA, *Res*, **2001,** 49, 699-706.
[8] Diener E, Pivot W, *Psycho assess*, **1993,** 5,164-172.
[9] Duart CS, *Autism*, **2005,** 9(4):416-427.
[10] Emerson E, *J intellec Disabil Res*, **2003,** 47,385-399.
[11] Hoffman RL, Mitchell MA, *Qual life Res*, **1998,** 9(4):415-22.
[12] Kersh TT, Hedvat P, *J Intellec Disabil Res*, **2006,** 50(12):883-893.
[13] Hosseini L, MA thesis, Tehran University (Tehran, Iran, **1990)**.
[14] Holm Seresht E, Rehabilitation and health of the disabled, Tehran, Chehr pub, **1992**.
[15] Jamali T, MA thesis, University of Social Welfare and Rehabilitation, (Tehran, Iran, **2006)**.
[16] Khojasteh M, MA thesis, University of Tehran, (Tehran, Iran, **2005)**.
[17] Karbalaei Shirifard R, MA thesis, Alameh Tabatabaii University, (Tehran, Iran, **2006)**.
[18] Luckasson R, Reeve A, *Ment Retard*, **2001,** 39(1):47-52.
[19] Magana S, Seltzre M, *J Mental Retars*, **2004,** 42(1):1-11.
[20] Ong L, Peng R, *J Intellec disabil Res*, **2005,** 49(Pt9):657-671.
[21] Pourmeghyas A, MA thesis, University of Social Welfare and Rehabilitation, (Tehran, Iran,).
[22] Quine L, Paul J, *Birt J soc work*, **1985,** 15:501-517.
[23] Roach MA, Ormond GI, Baratt MS, *Am J Mental Retar*, **1999,** 104, 422-436.
[24] Sadat Hayati N, MA thesis, Alameh Tabatabaii University, (Tehran, Iran, **2005)**.
[25] Schilinig RF, Chinke SP, *Review*, **1984,** 6,195-206.
[26] Strandova I, *J Rev Comhit. Edu*, **2006,** 17(2), 35-50.
[27] Tajeri B, Bahiraei A, **2008,** 8, 2, 205-224.
[28] West W, Psychotherapy and spirituality, Roshd pub, **2004**.
[29] Yazdani Zonouz M, Tabriz University of Medical Sciences, **1990.**