

# Studying the Correlation between Spiritual Well-Being and Religious Attitude with Mental Health and Quality of Life in Pregnant Women

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## ABSTRACT

**Background:** Although pregnancy is a normal period of transition in women, it is always accompanied by numerous physical and psychological changes and challenges that can affect the quality of life and mental health of pregnant women. Today, one of the aspects of health status is spiritual health which has an effective role in the mental health and enhancement of individuals life. Therefore under the auspices of spiritual health, an individual can face the challenges and anxiety during pregnancy.

**Methods:** The current study was performed on.... pregnant women referred to clinics affiliated to Shiraz University of Medical Sciences. Data were collected using the Palutzian& Ellison Spiritual Well-being Questionnaire, DASS-21 (Depression, Anxiety, Stress Scale), Religious Attitude Scale, and Demographic Information Questionnaire. Data analysis was carried out employing SPSS software.

**Results:** The results showed that there was a significant and positive correlation between spiritual well-being and both religious attitude and quality of life ( $p = 0.01$ ) and mental health ( $p = 0.001$ ), but there was a negative and significant correlation between spiritual well-being and religious attitude with negative emotions respectively ( $p = 0.032$  &  $p = 0.03$ ). On the other hand, there was a significant negative relationship between negative emotions and both mental health ( $p = 0.012$ ) and quality of life ( $p = 0.001$ ). Religious attitudes also have a positive relationship with spiritual well-being, mental health and quality of life.

**Conclusion:** The results of this study showed that people with higher spiritual well-being and religious attitude have higher mental health and better quality of life and less negative emotions. Considering the impact of spirituality and religiosity on mental health promotion and quality of life, it is recommended that educational sessions be held for pregnant women in the clinical setting. Also paying attention to the spiritual aspects is highly recommended.

**Keywords:** Spiritual well-being, religious attitude, quality of life, pregnant women

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## INTRODUCTION

Pregnancy and motherhood are one of the most enjoyable moments in women's lives, yet physiological changes, psychological adjustments, physical changes, fears of childbirth, pose the challenges of one's prenatal care. Therefore, it is important to formulate and implement strategic plans to support women during pregnancy and in the postpartum period<sup>1,2</sup>. Prenatal stress is a common mental disorder which is between 5.5 and 78% according to various studies<sup>3</sup>. Since medication interventions for reducing the symptoms of stress, anxiety, and depression during pregnancy can affect the fetus, psychological interventions can be more focused<sup>4</sup>. One of these psychological interventions is spirituality therapy. Spirituality and psychological well-being play an effective role in mental health and in coping with mental disorders<sup>5,6</sup>.

Spirituality increases the tolerance of pregnant women to cope with life's pressures, increases life satisfaction, and overcomes incompatibilities. These people are more flexible and self-conscious and they have a more complete attitude toward the existence, problems and fear

of childbirth<sup>7,8</sup>. Life quality is a multidimensional concept including psychological, social, spiritual and physical aspects. It actually means the perception of the cultural context, the value and the situation in which people live, based on goals, expectations, standards and their interests[6,9]. A study on 450 Iranian pregnant women indicated that spirituality and psychological well-being were effective in reducing stress during pregnancy[10]. The results of another study showed that group spirituality therapy sessions for pregnant women play an important role in reducing anxiety and improving their quality of life<sup>11</sup>. In a study of pregnant women diagnosed with fetal malformations, they also found that one of the coping strategies included religiosity and spirituality, which had significant effects on their quality of life<sup>12</sup>.

Considering the important role of improving life quality and mental health in pregnancy, the aim of this study was to investigate the relationship between mental health, spiritual well-being and quality of life (QOL) in pregnant women.

**MATERIAL AND METHODS**

The current study was a cross-sectional descriptive-analytic study. The inclusion criteria for the study consisted of: being Iranian and Muslim, Age range 20 to 30 years, having no known physical or mental illnesses, no history of infertility, no history of abortion, no known physical or mental disease in the past or the present pregnancy which needs treatment, no specific drug use in current pregnancy, no cigarette or hookah smoking, no drug addiction, lack of emotional problems in the last 6 months (such as death of close relatives, parents' separation, family financial failures, accidents and bad events), having the least skills of reading and writing, and the exclusion criteria for the study was the patient's unwillingness to cooperate. The statistical population of the study was pregnant women referred to health centers and hospitals for prenatal care. Finally, 314 pregnant women participated in the study.

**Research Tools:** In the present research, the Paloutzian and Ellison 20-question Spiritual Well-being Questionnaire was used among which 10 questions measured religious health and 10 other questions measured existential well-being. The range of religious and existential well-being scores was 10-60 for each question. For sub-categories of religious and existential well-being, no rating and judgment is made on the basis of the scores. The higher the score is, the higher the religious and existential well-being will be. The spiritual well-being score is derived from the sum of these two sub-categories whose range was considered from 20-120. The answers to the questions were categorized from 'totally agree' to 'totally disagree' through the 6-point Likert Scale. Spiritual well-being is divided into three levels of low 20-40, medium 41-99, and high 100-120. In a study conducted by SeyyedFatemi et al., the validity of the spiritual well-being questionnaire was determined through content validity and its reliability was determined through Alpha Cronbach's Coefficient of 0.82<sup>19</sup>.

DASS-21 Questionnaire, Depression, Anxiety, Stress Scale (Lovibond, 1995), is a set of three self-reporting

scales for evaluating negative emotional states in depression, anxiety and stress. The significance of applying this scale is to measure the severity of main symptoms of depression, anxiety and stress. The validity and reliability of this questionnaire has been investigated by Samani and Jokar (2007) in Iran. Each of the DASS-21 subscales includes seven questions; the final score of each one is obtained through the total score of the related questions. It is worth noting that the questionnaire includes scoring methods, interpretations, and related tables<sup>20</sup>.

**Statistical methods:** Descriptive statistic methods including mean (standard deviation) and frequency (percentage) were used for data analysis in the form of table, charts, and moreover Spearman correlation statistics tests were also used. The data were analyzed using SPSS version 23 software at a significant level of 5%.

**RESULTS**

The results indicated that age range of 314 pregnant women was 20-30 years old. Regarding level of education, 11.8% of them had intermediate education certification, 15.4% of them had high school education certification, 58.2% of them had diploma certification and 14.6% were university graduated. The results showed that 85.7% patients were native residents of Shiraz and the rest were non-native residents.

The results of Table 1 are related to the correlation between the study variables. This table shows that pregnant women with higher level of spiritual well-being indicated higher level of religious attitude and they also have better quality of life and mental health also they experience less negative emotions. In other words, pregnant women who had lower level of spiritual well-being experienced more negative emotions. There was a positive and significant correlation between spiritual well-being, religious attitude, mental health and quality of life, but it had negative and significant correlation with negative emotions.

Table 1. Correlation between research variables

Variables	Spiritual well-being	Religious attitude	Mental Health	Negative emotions	Quality of life
Spiritual well-being	-	-	-	-	-
religious attitude	0.01	-			
Mental Health	0.001	0.001	-	-	-
Negative emotions	-0.032	-0.03	-0.012	-	-
Quality of life	0.01	0.02	0.001	-0.001	-

**DISCUSSION**

The purpose of the present study was to investigate the spiritual health and religious attitude and its relation with quality of life and mental health in pregnant women. The results showed that there is a statistically significant negative relationship between spirituality and negative emotions, which is in line with previous researches in Iran<sup>4,7,10,13,15</sup>. Various studies have shown that spiritual well-being reduces stress, anxiety, depression and other negative emotions.

In the study of Bodaghi et al., which was performed on 155 pregnant women, all the questionnaires of Perceived Social Support Scale, Spiritual Health Questionnaire, Anxiety, Depression and Stress Scale as

well as demographic information form were completed. The results showed that there was an inverse relationship between anxiety, depression and stress with spiritual health ( $r = -0.20, -0.55$ )<sup>4</sup>.

Another study was performed on 450 pregnant women by Dilgoni et al. In their study the questionnaires of personal-social adjustment, pregnancy-related anxiety questionnaire, spirituality, and psychological well-being were utilized. The results showed that there existed a correlation between spirituality and pregnancy stress ( $r=0.156$ ) and also between psychological well-being and pregnancy anxiety ( $r=0.294$ ). It was also found that purposeful well-being of life and subjective well-being had an effect on pregnancy anxiety ( $p = 0.01$ )<sup>13</sup>.

Another study by Forouzande et al was conducted on 200 pregnant women. The questionnaires of spiritual well-being of Palutzian and Ellison and pregnancy related anxiety were completed. The results showed a significant negative correlation between spiritual well-being and pregnancy anxiety ( $r = -0.29$ ,  $p < 0.001$ ). In addition, regression analysis proved that spiritual well-being can predict pregnancy anxiety ( $p < 0.001$ )<sup>6</sup>.

In fact, spirituality enhances the sense of security and ability to deal with problems in pregnant women, and as a result, it decreases the perceived stress in these people<sup>14</sup>.

In a study conducted in US, it was found that religious commitment was inversely correlated with depression in the postpartum period, and that individuals with less religious commitment were at greater risk of postpartum depression<sup>16</sup>.

Another study was conducted by Clement et al., on 106 pregnant women in the United States. In this study, religious commitment, social support, and depression were assessed in the first trimester, third trimester, 6 weeks after delivery, and 6 months after delivery. It was concluded that religious commitment was inversely related to depression at 6 months postpartum, and those individuals with less religious commitment were at risk of depression at 6 months postpartum<sup>16</sup>.

In a qualitative study carried on Indonesian Muslim women, it was indicated that these women regarding their pregnancy experiences said that remembering God is a way to reduce their anxiety and labor pain. As well, believing in God increases their self-confidence during labor and delivery<sup>17</sup>.

Also, counseling with a spirituality-based approach is useful to improve women's adaptation patterns to the challenges of pregnancy. This study was performed on 60 primigravid women and 8 counseling sessions was held for the intervention group. In this study, mean scores of coping patterns in the control and intervention groups showed a statistically significant difference ( $p = 0.03$ )<sup>18</sup>.

In Brazil, a study on 877 infertile women undergone *in vitro* fertilization showed that qualified fetuses and positive pregnancy rates were increased in women who were more spiritual<sup>19</sup>.

Some psychologists believe that psychiatric disorders are caused by harming one's spirituality. Addressing the spiritual dimension of individuals and their psychiatric disorders such as anxiety, depression and stress might reduce the rate of stress and depression<sup>20</sup>.

The results of this study also showed that spiritual health has a positive and significant relationship with quality of life, meaning that people who have higher spiritual health have better quality of life. In the study of Haghghat et al., two educational groups were compared (mindful group and Iranian-Islamic mindful group). This study was performed on 36 primigravid pregnant women and demographic and health related quality of life questionnaires were filled in. The results showed that in the Iranian-Islamic mindful group after the end of the training, the quality of life was significantly better than the mindful and control groups<sup>21</sup>.

Also in another study examining the impact of spiritual training programs, they found that providing these trainings during pregnancy had an impact on improving the quality of

life in pregnant women[9]. In a Brazilian study, 782 adults also found that spirituality had a significant positive relationship with people's quality of life<sup>22</sup>.

Since pregnancy is a stressful period, it affects mental health and quality of life of pregnant women. In such circumstances, it is helpful to provide strategies to reduce negative emotions, improve mental health, and enhance the quality of life of pregnant women.

One of these practices, given the religious-cultural conditions of the community, is providing spiritual education. Providing spiritual education with content such as God's forgiveness, the unpredictability of the future, the importance of patience and its place in life, the relationship with God, and the importance of prayer affect the perspective of pregnant women and the challenges they face during pregnancy.

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