



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

**THE COMPARISON OF MENTAL HEALTH AND QUALITY OF LIFE AMONG THE
MOTHERS OF CHILDREN WITH FAILURE TO THRIVE AND MOTHERS WITH
NORMAL CHILDREN**

**RAMAZAN HASSANZADE¹, MOHAMMAD SOBHANI SHAHMIRZADI^{2*}, MARYAM
SOBHANI SHAHMIRZADI³, SAREH AHMADIFARD⁴ AND MEHDI ALINEJAD
POSHTEMASARI⁵**

1: Department of General Psychology, Sari Branch, Islamic Azad University, Sari, Iran

2: Pediatric Gastroenterologist Taleghni Childrens Hospital, Gorgan, Iran

3: Department of General Psychology, Sari Branch, Islamic Azad University, Sari, Iran

4: Department of General Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon,
Iran

5: University Farhangyane, Paradise Bentolhoda Sadre, Gilan University

***Corresponding Author: E Mail: f_shab2007@yahoo.com**

ABSTRACT

Mental status and life quality of family's members, especially parents is affected by several factors. Diseases of family members can influence these variables towards negative and problems that involve children play an important role. This study aimed to compare the mental health and life quality of mothers with children having failure to thrive and mothers of normal children. The study sample consisted of 50 mothers of children with growth failure compared to 50 mothers of normal children. General Health Questionnaire (GHQ-28) and quality of life questionnaire (SF-36) were administered to participants. Results and data analysis was done using descriptive and inferential statistical methods and by (SPSS-16) software. The study results showed that there is significant relationship between 'mental health and life quality' of mothers and children better weight. On the other hand, growth failure in children will reduce above cases in mothers ($p < 0.05$). The results of this study suggest that mother's education level and family

income has significant relationship with high levels of mental health and their quality of life and better standards of children's weight. Prevention and treatment of physical growth failure in children can be useful in improving family life quality and mental health especially in young couples who have children with growth failure.

Keywords: Mental Health, Life Quality, Growth Failure and Mothers

INTRODUCTION

Mental health is mandatory and thoughtful for every human during his life span. Historically, the family plays crucial role and is considered as one of the most important areas affecting people's physical and mental health and provides necessary conditions for growth and achieving physical, psychological and social balance. Meantime, the central role of women as mother is very important and mother is the most influential figure in children's mental health. Maternal health, her thoughts, her milk and even personality may affect the child (Hajivand et al., 2009).

According to World Health Organization, mental health is a very important part in health field. This organization defines mental health as below: mental health is a state of health in which the individual recognizes her abilities, can deal with life pressures, be useful for community and is able to make decisions and participate in community. Accordingly, the mental health is the basis for individuals and society well-being and health. Life quality includes various physical, psychological, economic, social, health, work

and family aspects. These aspects can be discussed independently but there is a reciprocal relationship between them. There is no control on impairment of physical condition and physical effects (Smith, 2000).

Recently, clinicians and health professionals have found the potential role of theory and research on life quality in clinical activities and measurements related to non-clinical groups. The purpose of health care is to influence all aspects of life quality as well as influence the physical illness biology or disability and improve the life quality (Schalock et al., 2000).

The early years of life is important for health infrastructure and life quality, therefore, considering infants is of particular importance due to physical and mental rapid growth. Malnutrition affects all groups but more immunity is observed in infants and children due to rapid linear growth, rapid brain growth and rapid immune system growth (Soheili and Zamanian, 2004).

Failure to thrive (FTT) is a common and important problem in childhood and

adolescence. FTT is proven when an infant or child has growth failure in comparison to global growth standard curves. Standard growth curves of children are used as tool for accurate diagnosis of FTT child assessment centers. FTT is divided into two general categories: A group of organic reasons, and another group of non-organic reasons. Group of organic reasons is a group whose FTT is not due to a special disease but society, family and communication problems associated with child care including mother or nurse are FTT reasons (Bauchner, 2008).

Organic reasons can result in FTT through involvement of body systems; growth delay reasons can be divided as follows:

1. The reduction of food intake
2. The difficulty in digestion and absorption of nutrients
3. The increased food waste
4. Increased need to food metabolism change

In non- organic group that includes high percentage, delay reasons can be divided into five sub-groups as follows:

1. Problems related to infant-mother relationship
2. Family problems
3. Economic and social problems and tensions
4. Nutritional problems
- 5- Care problems

In non- organic group that includes high percentage, delay reasons can be divided into five sub-groups as follows:

1. Problems related to infant-mother relationship
2. Family problems
3. Economic and social problems and tensions
4. Nutritional problems
- 5- Care problems

In mixed cases, organic, psychological and social problems occur simultaneously (Frank, 2005).

Malnutrition has reduced learning ability and increased education failure and imposes high cost to Country Education as well as induces children not to have necessary skills in order to acquire complex skills.

MATERIALS AND METHODS

Statistical population of study was selected from Gorgan in 2011 and included mothers who have children with failure to thrive (FTT) in the range of 1-6 years. The sample size was 100 and 50 subjects were selected randomly and simply among all patients who referred to Taleghani Hospital for Children who were eligible for study. 50 mothers with normal children were randomly selected from nurseries of Gorgan. In this study, t-test was used in order to analyze the data. The measurement tools consisted of:

A: General Health Questionnaire (GHQ-28): The questionnaire is provided by Goldberg and Hiller (1979) and has 4 sub-scales and each scale has 7 questions. These scales include: physical signs scale, anxiety signs scale and sleep disorders, social functioning scale, depression signs scale. Among 28 items of questionnaire, 1 to 7 items are related to physical signs scale. Items 8 to 14 review anxiety signs and sleep disorders and items 15 to 21 are related to assessment of social functioning signs and finally, items 22 to 28 measures depression signs. For scores sum up, zero is assigned for none, 1 is assigned for usual, 2 is assigned for more than usual and 3 is assigned for much more than usual. Scores above 6 at every scale and above 22 totally indicate signs of disease. Reliability of questionnaire was studied in Iranian society using three methods including reexamination, descriptive and Cronbach's alpha and reliability coefficients were 0.7, 0.093 and 0.9, respectively (Hajivand, 2009).

B- Life quality questionnaire (SF-36), which is useful for applications such as clinical practices, health policy evaluation as well as studies of general population. 36-item life quality questionnaire contains of 8 scales or concepts including physical functioning, role limitation due to emotional, mental problems,

physical pain, social functioning, mental health, vitality and public health perception.

DATA ANALYSIS

Reviewing findings showed that occupation of housekeeping was elated to 92% of mothers who had children with growth failure but it was 54% for mothers with normal children and 4% of mothers with troubled children and 36% of mothers with regular children were employees; it shows that employment and spending less time with children is not necessarily associated with growth failures in children and it may strengthen health aspects of family through factors such as increased family income.

In the case of education level, among mothers of children with growth failure, 14 percent was illiterate and 26% had primary education. In contrast, none of mothers with normal children were not illiterate and did not have primary education. 32% of mothers of children with FTT and 10% of mothers with normal children had secondary education and 20% and 36% had diploma education, respectively. In the case of higher education, eight percent of mothers with troubled children and 50% of mothers with normal children had higher degrees of education which supports education level and child development parameters.

In the case of mental health comparison, considering questionnaire descriptions, t- test and calculated t ($t=3.70$) at confidence level of 95 percent ($\alpha=0.05$) and degrees of freedom $df=98$ is greater than critical t ($t=2$); so, it is clear that mental health of mothers of children with growth failure and mothers with normal children is different. According to comparison of means, it can be said that mental health status of mothers with normal children is better than mental health status of mothers of children with growth failure.

In the case of life quality variable, according to calculated t ($t=5.11$), it was concluded that life quality of mothers of children with growth failure and mothers of normal children is different. According to comparing means, it can be said that life quality of mothers with normal children is better than life quality of mothers of children with growth failure.

Finally, another finding was that there is relationship between mental health and life quality components of mothers of children with growth failure and mothers with normal children. There is difference between physical sign variables, anxiety and depression of mothers in General Health Questionnaire and between four variables of emotional problems, fatigue, emotional health and pain in evaluating the life quality of mothers in both

groups. These variables had a higher status in control group.

DISCUSSION

The World Health Organization has a great emphasis on mental health issue and a variety of studies are done in order to diagnose factors changing and balancing mental health and life quality in order to increase human life level in the field of mental health through understanding these factors. Abnormal conditions and diseases of families are those cases that have significant and vital effect on various aspects of life in psychological, economic and all family relationships. Hajivand et al concluded in their study that mental health of mothers influence children mood and it would have a lasting effect on regulatory evolution of children in later life (Hajivand, 2009)

Different diseases of children have been studied in terms of family psychological aspects such as malignant diseases, common infections such as Otitis. Diyob et al research was in the field of relationship between acute Otitis and life quality; although, there is no direct relationship with recent research, it somehow determines that any illness and health problems such as Otitis can affect life quality and mental health of family; it can be said that there is similarity between FTT as an health impairment and Otitis as another

disorder (Dube et al., 2010). Narimani et al in a research on status of exceptional children families concluded that mental health of mothers of exceptional children is lower than mental health of mothers with normal children (Narimani et al., 2007)

Gorland and Katz in a study entitled “consequences of psychiatric disorders of elder people in relation to life quality concluded that there is a significant relationship between mental health and physical health and life quality (Gurland and Katz, 2007)

There has been no comprehensive study on the relationship between physical growth disorders of children and its mental consequences in family and recent research is as one of the first steps in this field. Methil et al have identified a combination of underlying medical, environmental, psychological and social problems from malnutrition factors (Motil, 2007).

The results showed that mean mental health of mothers with normal children is better than mental health of mothers with growth failure. The results of this study are similar to research findings of other studies such as Sentos et al. They concluded in their study that mother depression is inverse related to child growth and care (Santos, 2010). Ward et la in a study in 2000 concluded that mothers

of children with growth failure had less mental health and independence compared to mothers with normal children. They studied on malnutrition (FTT), its association with impaired attachment of infant- mother and non- addressed maternal attachment. 38 children with growth failure and 130 normal children at ages 11 and 32 months were compared. The variables were very diverse with ethnic and socio-economic characters. Children with growth failure were more anxious and had less communication desire and mothers of children with growth failure showed less autonomy compared to mothers of normal children. Findings show that evaluation and behavior therapy of growth failure with psychological signs are related to importance of health issues in families (Ward, 2000).

Mean life quality of mothers with normal children is better than life quality of mothers of children with growth failure. This kind of research confirms the Methil et al research results; they concluded that psychological, social and family environment problems are underlying problems of children malnutrition. (Motil et al., 2007)

CONCLUSION

Studying findings it is known that psychological status of mother and child affect each other from various aspects. Since

children's development is case that depends on child's health, mothers' mental health and family life quality. So, it plays important role in increasing mental health components of family as a preventable and treatable variable with existing facilities and it must be considered as an important matter with few different aspects. In past research, mental health and life quality of mothers of children with growth failure and normal children have not been studied. So, paying attention to mental health of mothers in child growth and verifying life quality and its dimensions is a serious issue in creating a lasting relationship between her and her care.

REFERENCES

Hajivand Gh, Allahyari AA, Rasoolzadeh Tabatabaei SK. (2009). The Comparison of temperament of 3-12 months infants of mothers with and without mental health. *Journal of Kerman University of Medical Sciences* 17(1)68-79.

Smith AE. (2000). Quality of life: A Review. *Education and Aging* 15(3) 419-34

Schalock RI, Bonham GS, Marchand CB. (2000). Consumer Based Quality Of Life Assessment: A Path Model Of Perceived Satisfaction. *Evaluation And Program Planning* 23(1)77-8

Soheili Azad AA, Zamanian M. (2004). Prevalence of malnutrition and its risk

factors in children 0-36 months of home health care subsidiary of Nahavand city in 2002. *Journal of Research in Medicine* 28(1)53-58

Bauchner H. Failure to Thrive. In: Kliegman RM, Behrman RE, Jenson HB, Stanton BF (2008). *Nelson Textbook of Pediatric*. 18th. Philadelphia: Saunders Elsevier 184-7

Frank, D. (2005). Failure to thrive. In: *Developmental and Behavioral Pediatrics: A handbook for primary care*, 2nd ed, Parker, S, Zuckerman, B, Augustyn, M Lippincott Williams & Wilkins, Philadelphia 183-189.

Dube E, De Wals P, Quakki M. (2010). Quality of life of children and their caregivers during an AOM episode: development and use of a telephone questionnaire. *Health and Quality of Life Outcomes* 8:75.

Narimani M, Aghamohammadian HR, Rajabi S. (2007). A comparison between the mental health of mothers of exceptional children and mothers of normal children. *The Quarterly Journal of Fundamentals of Mental Health* 9(33 & 34) 15-24

Gurland B, Katz S. (2007). The outcomes of psychiatric disorder in the elderly: relevance to quality of life. In: Birren JE, Cohen GD. *Handbook of Mental Health and Aging*. San Diego, California. Academic Press.

Motil KJ, Phillips SM, Conkin CA. (2007). Nutritional Assessment. In: Wyllie R, Hyams JS, Kay M. Pediatric Gastrointestinal and Liver Disease. Path physiology, Diagnosis, Management.(3rd). London. Elsevier 1095-1010.

Santos IS, Matijasevich A, Domingues MD, Marlos., Barros JD, Barros CF.(2010).

Long – Lasting Maternal Depression and Child Growth at 4 Years of Age:A Cohort Study. J Pediatr. **157**(3-3):401-406

Ward MJ, Shelley SL, Evelyn GL. (2000). Failure To Thrive Is Associated With Disorganized Infant-Mother Attachment and Unresolved Maternal Attachment. Infant Mental Health Journal **21** (6):428-442.