



Evaluation of Spiritual Health Level in Pregnant Women Referred to Hospitals Affiliated to Shiraz University of Medical Sciences

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Abstract

Pregnancy and motherhood are considered as enjoyable and evolutionary events in women's lives. In Iran, a study that measured the spiritual health of pregnant women has been conducted very limited. The aim of this study was to evaluate the mean score of spiritual health in pregnant women referred to hospitals affiliated to Shiraz University of Medical Sciences. This descriptive cross-sectional study was performed in 2016 on 200 pregnant women referring to health centers in Shiraz. Sampling was performed by available sampling method and information was collected by Palutzin and Ellison spiritual health tools and personal and demographic information by self-performed method. Data were analyzed by SPSS software (version 22) and descriptive statistical tests. The mean age was 28.92 with a gestational age of 37-41 weeks. 17 (8.5%) of the sample were less than 20 years old, 28 (14%) were 36-40 years old and 7 (3.5%) were over 40 years old. The mean age of spiritual health was 102.68(14.61) and 63 people (31.5%) had moderate spiritual health. And 137 people (68.5%) had high spiritual health. Most of the mothers participating in this study had high spiritual health. Therefore, more attention to the spiritual and psychological dimensions of pregnant women along with other dimensions of health is recommended.

Keywords: *Spiritual Health; Pregnancy*

Introduction

Some researchers believe that pregnancy itself is an important psychological experience, in which the greatest physiological and psychological pressure of women's lives is created and causes many psychological changes in women. This period is the result of physiological changes and adaptations and psychological adaptation and requires special attention. In fact, this period is a transient crisis that causes profound physical, psychological and behavioral changes in women (1-3).

Some researchers have described the experience of pregnancy in women's lives as a kind of situational crisis, and although pregnancy, which often causes significant parental happiness, can cause anxiety for some women (4). Studies have shown that the prevalence of anxiety during pregnancy varies. Some researchers have reported the prevalence of anxiety in the first and third trimesters of pregnancy more than the second trimester (5-6). Lee et al. Reported that throughout pregnancy, especially as pregnancy approaches, anxiety develops in pregnant women and gradually increases (4). The presence of anxiety during pregnancy in various forms can cause various complications. These include severe nausea and vomiting in early pregnancy, fatigue, preeclampsia, low birth weight infants, fetal distress, stillbirth, infant death, and some neonatal abnormalities such as cleft palate and pyloric stenosis (7). Despite the advancement of medical science to improve antenatal care, the results have not yet reached the desired level (8) Anxiety in pregnancy is one of the important reasons for this, which directly and indirectly affects the morbidity and mortality of mother and fetus. Therefore, we need interventions that reduce anxiety in pregnancy and have the least destructive effect on the mother and her fetus. Most non-pharmacological interventions are based on mind-body medicine. The important emphasis of this medicine is on the interaction between mind and body and its effect on health. Intervention in this medicine is in the form of using skills that emphasize on increasing the capacity of the mind to influence the functioning of the body. These interventions include: hypnosis, visual imagery, yoga and relaxation (9) and spiritual therapy. The importance of spirituality and spiritual growth in humans, in the past few decades have increasingly attracted the attention of psychologists and mental health professionals. Advances in the science of psychology, the dynamic and complex nature of modern societies have made the spiritual needs of human beings more important than material desires and needs. It seems that the people of the world today are more inclined to spiritual issues and psychologists and psychiatrists are increasingly realizing that using a traditional and simple method to treat mental disorders is not enough (10). The use of spiritual and religious health strategy as a variable affecting the adoption of coping style on stress is of particular importance. For decades, health has been defined in terms of dimensions (physical, mental, and social), but Russell and Osman's suggestion that spiritual health be included in the concept of health is an important dimension of individual and group life (11). Some even believe that without spiritual health, other dimensions of health cannot have the desired maximum function and it is not possible to achieve a high level of quality of life (12). Spirituality is an aspect of man, which indicates his connection to the universe. This condition and attention to God gives hope and forgiveness in life and deprive man of his material and worldly connections.

Spirituality is a coping strategy, with the help of which, in the event of any failure or inconvenience, one can maintain one's balance. Some studies have shown that treatment using faith and belief in healing by God is one of the organized methods, which is based on psychology and is used to treat diseases and reduce pain, anxiety, depression and stress. The resulting is of great importance (13-15).

Some Islamic scholars state that true health, according to the Qur'an, occurs only in heaven. The Holy Qur'an states in verse 29 of Surah Al-Hashr that one of the holy names of God is called "Peace". According to this verse, God is also peace, and He is free from any defects and flaws, and remembering Him is the health of man. It is also stated in verse 26 of Surah Al-Imran: "and you are the absolute ruler and in your hands is every are you well; and you have power over all things "(16). The meaning of health mentioned in the Qur'an and Hadith is all-round health; This means that it has paid attention to all aspects of health, including physical health, mental, social and spiritual health. In such a way that it provides all dimensions of health (17-19)

Religion affects the spirituality, mood, motivation and behavior of individuals. Religiosity and spirituality refer to the belief of individuals in a power outside of themselves that is related to the existential and superior dimensions of life (20)

Various studies have been conducted on the effect of spirituality on health from different aspects. Kadivar et al. (2015) in their study reported the spiritual health of mothers with healthy children higher

than mothers with children with chronic diseases (21). Tajvidi et al (2016) In their study in Alborz province, attention to spirituality is very important in promoting maternal and fetal health (22). Callister et al. (2010) reported in their study that many women have higher spirituality during childbirth (23).

In a study conducted in 2015 by Zareipour et al. To investigate the relationship between spiritual health and self-efficacy in pregnant women referred to rural health centers in Urmia on 200 pregnant women. The mean score of spiritual health was moderate in 43.4% of pregnant women and 56.6% had high spiritual health (24). They have conducted limited studies on pregnant mothers. In Iran, limited studies have been conducted to measure the spiritual health of pregnant women. Therefore, this study was conducted to evaluate the level of spiritual health in pregnant women referred to hospitals affiliated to Shiraz University of Medical Sciences.

Method

This research is a descriptive-analytical cross-sectional study. The aim was to determine the mean score of spiritual health in pregnant women referring to maternity hospitals of hospitals affiliated to Shiraz University of Medical Sciences, including maternity hospitals of Zeinabieh(PBUH), Hafez and Shoushtari hospitals in 2016. In this study, after obtaining permission from the officials of the School of Nursing and Midwifery and obtaining permission from the research environment, hospital officials and the person in charge of the delivery room of Zeinabieh peace be upon her (PBUH), Hafez, Shoushtari hospitals and considering ethical issues, sampling began. The sample size was initially considered as a pilot of 30 people. Then, after collecting 30 samples, the total sample size was estimated according to the following formula: 197 people, of which 200 people were included in the study.

$$n = \frac{z_{1-\frac{\alpha}{2}}^2 \cdot \sigma^2}{d^2}$$

$$\alpha=0.05 \quad ,\sigma=14.24 \quad ,d=0.14$$

Then, by available sampling method, people who met the inclusion criteria and referred to the mentioned hospitals. After receiving written consent from eligible individuals, a general information questionnaire was completed and the medical and midwifery histories of the individuals were recorded. Demographic and medical information and spiritual health questionnaires were completed upon arrival at the hospital. Inclusion criteria included;

1. Low risk of pregnancy (multiple births, placental and fetal problems, etc.)
2. Pregnancy age 37-42 weeks
3. Absence of internal diseases and surgery in mother and fetus
4. Absence of mental illness
5. Do not use psychotropic drugs (imipramine, etc.)
6. No pre-pregnancy depression (self-report)

To evaluation of spiritual health Palutzian and Ellison Spiritual Health Scale has been used.

Palutzian and Ellison Spiritual Health Scale (1982), which has 10 questions on religious health and 10 other questions on measuring the health of a person. The spiritual health score of these two subgroups is between 20 and 120. The questions were answered by the 6 point Likert scale, ranging from

r “I completely agree with” to “I completely disagree with”. At the end, the spiritual health of the people was divided into three groups: low (20-40), medium (41-99) and high (100-120). Palutzian and Ellison reported Cronbach's alpha coefficient for the questionnaire to be 0.91, 0.91 and 0.93. The Cronbach's alpha coefficient for this questionnaire has been estimated by Heydarzadegan in Iran, as quoted from Elaheh Bakhshiyani, to be 0.82. After extracting the information from the General Information and Spiritual Health Questionnaire and coding the data in SPSS software with version 22. They were reported using descriptive statistics tests as frequency, percentage frequency, bar chart, mean, standard deviation of the results.

Results

From 200 samples, 59 (29.5%) of the sample group from Hazrat Zeinab Hospital, 68 (34%) from Hafez Hospital and 73 (36.5%) from Shoushtari Hospital were selected in this study (Table 1). 17 people (8.5%) sample people, less than 20 years old, 43 people (21.5%) 21-25 years old, 61 people (30.5%) 26-30 years old, 44 people (22%) 31- 35, 28 (14%) are 36--40 years old and 7 (3.5%) are over 40 years old (Table 2). 154 (79%) of the sample have less than a diploma, 14 (7%) have a diploma and 32 (14%) have a university degree. 192 / 5000

Out of a total of 200 people, the mean (SD) spiritual health is 102.68(14.61). Out of 200 sample people, 63 (31.5%) had moderate spiritual health and 137 people (68.5%) had high spiritual health.

Discussion

In this study, 200 samples from three hospitals of Hazrat Zeinab (PBUH), Hafez and Shoushtari were studied by convenience sampling method. The mean age of pregnant women was 28.92. They were 37-41 weeks pregnant. The average score of spiritual health is 102.68 with a standard deviation of 14.61. 63 people (31.5%) had moderate spiritual health and 137 people (68.5%) had high spiritual health. In a study conducted in 2015 by Zareipour et al. to investigate the relationship between spiritual health and self-efficacy in pregnant women referred to rural health centers in Urmia on 200 pregnant women. The mean score of spiritual health was moderate in 43.4% of pregnant women and 56.6% had high spiritual health. In our study and Zareipour study, people had moderate to high spiritual health and the study was performed on pregnant women. In fact, spirituality may be defined in terms of the meaning of life and peace of mind or the relationship with a transcendent being (24). In a study conducted in 2015-2016 by Evaznejad et al. To compare the spiritual health of mothers with healthy children and mothers with children with chronic diseases in Kerman on 300 women, 150 healthy children and 150 sick children, which was performed in the age group of 25-50 years. The results showed that mothers with high spiritual health in the group of mothers with healthy children (71.3%) were significantly higher than the group of mothers with sick children (26.7%). There was a significant difference between the two groups in terms of spiritual health in terms of existence, religion and overall spiritual health score; So that all scores in the group of mothers with healthy children were higher than mothers with sick children. There was no low level of spiritual health in either group. The mean score of spiritual health in mothers of healthy children was 103.48 with a standard deviation of 11.04 and the mean in mothers of sick children was 88.58 with a standard deviation of 15.56. The difference between the present study and their study was in the subjects (25). Another study showed that teaching religious-spiritual teachings to pregnant mothers has been effective on some indicators of physical growth and development of infants from birth to 3 months (26) maternal anxiety and postpartum grief (27-31).

In the study of Rezai et al. In 2012, the mean score of spiritual health in women with breast cancer was 95% and in the study of Mehrabi et al., The spiritual health of infertile women was 97.7%, which is above average. In this study, there was a difference in the subjects and the average spiritual

health is moderate to high (32). In a study conducted in 2014 by Hosseini et al. To investigate the relationship between the existential dimension of spiritual health and quality of life of infertile women, in Isfahan on 190 infertile women aged 20-45 years. The mean score of spiritual health was 97.7 ± 14.8 . In this study, compared to the present study, the type of people studied was different, but people were of childbearing age. And the mean score of spiritual health was moderate to high (33). Jesse et al.'s study showed that higher levels of spiritual and religious health in pregnant women were significantly associated with increased satisfaction and reduced risky behaviors such as smoking (34). In a study conducted in 2014 by Mehrabi et al. To investigate the relationship between spiritual health and quality of life of infertile women referring to infertility centers in Isfahan, was performed on 190 infertile women aged 20-45 years. The mean score of spiritual health was 97.7 (35). Huizink et al. Showed that the use of appropriate spiritual therapy strategies during pregnancy is associated with a reduction in complaints and adverse pregnancy outcomes such as nausea and vomiting, back pain, changes in appetite, decreased concentration and emotional abnormalities (36).

Religious behaviors, such as prayer, honesty, belief in God, and reading religious books, create a feeling of internal tranquility by creation of hope, encouragement to develop a positive attitude toward the present conditions, and taking the individuals out of the disappointing crisis which cannot be controlled (27,). Furthermore, religious beliefs have a positive impact on individuals' physical and mental health status (37).

Therefore, one of the most important challenges in the patient care process is to pay more attention to religion and spirituality along with the physical dimension. In Iran, a study that has measured the spiritual health of pregnant women has been limited. But in most studies on women's spiritual health in Iran, spiritual health has been moderate to high. Differences in the present study with other studies may be due to cultural, religious, environmental, disease type, age, education, occupation, economic conditions, family support, and so on.

Conclusion

Most of the mothers participating in this study had high spiritual health. Due to the limited studies on spiritual health in pregnant women, therefore, further research in this field is recommended. Therefore, more attention to the spiritual and psychological dimensions of pregnant women along with other dimensions of health is recommended.

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Authors' contribution:

HD and NT prepared the first draft of the manuscript and NT made critical revisions to the paper and responded the reviewers. H in Data Collection, follow up analyzed data by statistical teacher and Literature Search; FA in Literature Search and prepared the first draft of the manuscript.

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Table 1: Frequency distribution of the number of samples from hospitals selected for sampling

Hospitals	Zeinabieh(PBUH)	Hafez	Shoushtari	Total
Frequency	59	68	73	200
Percentage	29.5	34	36.5	100

Table 2: Frequency distribution of age in studied samples

Age	Less Than 20	21-25	26-30	31-35	36-40	More Than 40	Total
Frequency	17	43	61	44	28	7	200
Percentage	8.5	21.5	30.5	22	14	3.3	100

Table 3: Frequency distribution of education of studied samples

Hospitals	Less Than Diploma	Diploma	University	Total
Frequency	154	14	32	200
Percentage	79	7	14	100

Table 4: Frequency of spiritual health variables of the studied samples

Hospitals	Frequency	Percentage	Mean	Standard Deviation
Medium	63	31.5	102.68	14.61
High	137	68.5		
Total	200	100		

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