

The Relationship between Believing in Resurrection (Ma'ad in Islam) and Self-efficacy in Mothers of Children with Thalassemia

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Introduction

Thalassemia creates many limitations and problems for patients and their families, which decrease their self-efficacy, but believing in resurrection can help to alleviate stressful conditions in the life of effected people. This study was designed to investigate the relationship between believing in resurrection and self-efficacy in mothers of children with thalassemia.

Method: This descriptive correlational study was performed on 155 parents of adolescents with thalassemia in Golestan province of Iran in 2017, who had been selected by convenience sampling method. Data collection tools included; believing in resurrection questionnaire and Domka's parental self-efficacy questionnaire. Data were analyzed by descriptive statistics (mean, standard deviation, tables) and statistical tests (correlation coefficient of Spearman, U-Mann Whitney and Kruskal Wallis) using SPSS software version 21.

Results: The mean score of believing in resurrection was 33.11 ± 6.25 and the mean score of mothers' self-efficacy was 41.44 ± 6.55 . Also, Spearman's correlation coefficient did not show any significant relationship with parental self-efficacy and believing in resurrection ($r = 0.1$ and $p = 0.17$).

Conclusion: Believing in resurrection shapes the behavior and performance of people in using all their capacities in difficult situations. Therefore, health managers and practitioners need to pay more attention to the importance of believing in resurrection and the concept of self-efficacy.

Keywords: Resurrection belief, Self-efficacy, Mothers, Thalassemia

Introduction

It is important to take care of the health of the children and their careers^(1,2). This condition is inherited from parents and can lead to abnormal hemoglobin formation⁽³⁾. The World Health Organization (WHO) has identified thalassemia as the most common chronic genetic disorder in the world, which affects the lives of about 100,000 children annually. In Iran, about 4% of people carry the thalassemic gene and there are

over 18,000 cases of thalassemia in the country that are dispersed in different provinces⁽⁴⁾. Thalassemia, like other chronic diseases, causes many problems for patients and their families despite the fact that, the combination of transfusion and complex therapy has dramatically increased the life span of these patients⁽⁵⁾. The life of people with thalassemia is fraught with limitations and problems such as changing life style, frequent absence from school, limited social activities, low self-esteem, sense of helplessness and out of touch with others, depression and fear of early death⁽⁶⁾. On the other hand, repeated blood transfusion that leads to iron overload, and chronic nature of the disease can cause a wide range of complications for adolescents and

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young people with thalassemia major ⁽⁵⁾. In addition, they may face problems such as heart failure, pulmonary hypertension, bleeding, osteoporosis, infection, and thrombosis ⁽⁷⁾. A family with a child with chronic illness is more likely to experience stress, and mental and financial problems than other families. Studies indicate that, the presence of a disabled or sick child in the family creates psychological pressure for parents, especially the mother ⁽⁶⁾. In thalassemia, parents in addition to dealing with such pressure, are faced with reduced self-efficacy ⁽⁸⁾. Self-efficacy as self-esteem is the ability to successfully perform specific tasks or health-related behaviors in different circumstances ⁽⁹⁾. It also affects the behavior and quality of one's performance, and how long can he or she tolerate the difficult situations and carry on ⁽¹⁰⁾. With self-efficacy we can undertake a behavior even in unpredictable and stressful circumstances ⁽⁹⁾. Self-efficacy includes believing in future actions and not past performances, and focuses on one's abilities instead of performance outcomes ⁽¹¹⁾. It is also the basis of motivation and effectiveness in different activities ^(11, 12). The sources of self-efficacy include family and peers' processes and own experiences that create the ability to meet the challenges ahead and succeed in overcoming them ⁽¹³⁾. People with thalassemia have different needs in the face of their illness, one of the most important of which is the belief in a world full of moderation ⁽¹⁴⁾. Believing in resurrection and God, who oversees all things and helps man at all times, enhances the physical health and mental strength of patients and increases their suffering tolerance and self-esteem of their parents to care for them ^(15, 16). It also has the potential to greatly reduce the anxiety associated with stressful situations and pressures in life ⁽¹⁷⁾, and plays an important role in coping with problems and increasing mental health ⁽¹⁸⁾. Therefore, it can be argued that believing in God and after life wholeheartedly causes people to rely on God in the face of difficulties and experience less anxiety and negative emotions ⁽¹⁹⁾. Studies show that people use the belief in after life as a moderator of stressful life conditions ⁽¹⁴⁾. Therefore, considering the importance of thalassemia that affects all aspects of life in patients and their caregivers, this study was conducted to determine the relationship between believing in resurrection and self-efficacy in parents of adolescents with thalassemia, especially the mothers.

Materials and Methods:

This descriptive correlational study was performed on parents of adolescents with thalassemia in Golestan

province of Iran in 2017, who had been selected by convenience sampling method. The study settings included hospitals of Gorgan, Aliabad Kotool, Gonbad, Aqh'qhala, Minoodasht, and Kordkouy that had thalassemia center. The inclusion criteria were; being parents of a thalassemic child whose thalassemia has been diagnosed and confirmed by a physician, having a medical record in the Thalassemia Association of Golestan province, having the ability to read and write (for parents), being aware of time and place, and having no chronic mental illness and history of psychiatric hospitalization. Exclusion criteria included; not completing the questionnaire fully and withdrawal from the study.

The sample size in this study was calculated to be 155 individuals based on Mashayekhi et al (1396) study ⁽²⁰⁾ with the correlation coefficient of $r = 0.22$ and test power of 80% at the significance level of 0.05. Data collection tools in this study include: 1) Demographic information form (gender, age, educational level, birth rank, place of residence, history of previous illness, and parents' age, sex, marital status, education level, economic status, relationship with patient, and job status, having the support of institutions or organizations, number of family members, having another child with thalassemia in the family, and parents' family history of thalassemia). 2) Believing in afterlife questionnaire, containing 8 questions in 6-point Likert scale from strongly disagree (score 1) to strongly agree (score 6). Total score of the questionnaire is obtained by summing up the scores of all questions, which range from 8 to 48 with the higher score indicating a higher degree of belief in resurrection and afterlife and lower score referring to a lower degree of belief. The validity of this questionnaire was confirmed by Golparvar et al (21), and its reliability was calculated to be 0.81 by Cronbach's alpha.

Domka's parental self-efficacy questionnaire ⁽²²⁾ was also used to assess the self-efficacy of parents. This questionnaire consists of 10 questions in seven-point Likert scale. In this questionnaire, each individual could obtain a score between 10 and 70, with higher score indicating higher self-efficacy. Also, the score of between 10 and 20 indicates low level of parental self-efficacy, the score of between 20 and 40 indicates moderate level of parental self-efficacy, and the score of higher than 40 represents high level of parental self-efficacy. Talei (2010) estimated the Cronbach's alpha coefficient of self-efficacy questionnaire to be 70% ⁽²³⁾. In this study, after the approval of project

by University's Research Council and receiving a code of ethics, the researcher began to select the samples by convenience method. After the sampling, the participants were provided with necessary explanations about the objectives and method of study, and they were assured about the confidentiality of their information and the possibility of withdrawal from the study at any time with any reason without any consequences. Then, an informed consent was obtained from all of them. The same questionnaires were used for all subjects. After obtaining consent from the participants and explaining how to fill the questionnaire, the questionnaires were distributed among them and no time limit was applied to the compilation of questionnaires. During this time, the researcher was available to the participants and answered their questions. The data were analyzed by SPSS-21 software using Kolmogorov-Smirnov test for data normality. Then, the data were analyzed by descriptive statistics (mean and standard deviation, tables) and statistical tests (the correlation coefficient of Spearman and U-Mann Whitney and Kruskal Wallis) at the significant level of 0.05.

Findings

The mean age of the subjects was 40.06 ± 9.41 years and the mean age of thalassemic children was 13.88 ± 4.77 years. Most parents in this study (61.4%, 105 persons) were female and 38.6% of them (66 persons) were male. Majority of patients 73.7% (126 persons) were not covered by supportive organizations and 26.3% of them (45 persons) were covered. Most children with thalassemia 60.8% (104 persons) in this study were female and 39.3% of them (67 persons) were male. In terms of education, most parents 38.6% ($n = 16$) had secondary school education, 36.8% of them ($n = 63$) had high school education, 16.4% ($n = 28$) had high school diploma, and 8.2% of them ($n = 14$) had university

education.

Results showed that, the mean score of believing in resurrection was 33.11 ± 6.25 and the mean of mothers' self-efficacy was 41.44 ± 6.55 . Also, the result of Spearman's correlation coefficient showed no significant relationship between believing in resurrection and self-efficacy of mothers ($r = 0.1$ and $p = 0.17$).

Kruskal-Wallis test showed a significant relationship between believing in resurrection and parents' age ($p = 0.001$), parents' education ($p = 0.004$) and child's age ($p < 0.001$). So that, parents under 30 years of age had a higher belief in resurrection, and parents with university education had lower belief in resurrection. Also parents with children under the age of 6 had a higher belief in resurrection.

The U-Mann Whitney test showed a significant relationship between believing in resurrection and parent's gender ($p < 0.01$) and parental support system ($p < 0.002$), so that mothers had higher belief in resurrection. Also parents who had a support system from an organization had a higher belief in resurrection. However, this test did not show any significant relationship between believing in resurrection and the gender of children with thalassemia ($p = 0.06$). Kruskal-Wallis test did not show any significant relationship between parents' self-efficacy, parents' education ($p = 0.19$) and parent's age ($p = 0.19$), but it showed a significant relationship with the child's age ($p = 0.04$). Self-efficacy was lower in parents who had children under 6 years of age. Also, U-Mann Whitney test did not show a significant relationship between parental self-efficacy, social support organizations ($p = 0.79$) and child's sex, but it showed a significant relationship between parental self-efficacy and parent's gender ($p = 0.008$), so that self-efficacy was higher in men.

Table 1: Relationship between believing in resurrection and demographic characteristics of parents of thalassemic children

Believing in resurrection Demography			Mean + SD	P-value
Parent's gender	Female	105	34.53 ± 5.74	P < 0.01
	Male	66	30.88 ± 6.39	
Parents' age	Under 30 years	26	38.65 ± 6.21	P = 0.001
	30-40 years	52	33.32 ± 5.85	
	Over 40 years	93	32.01 ± 6.16	
Parents' education	Secondary school	66	32.06 ± 4.46	P = 0.004
	High school	63	34.8 ± 6.03	
	High school diploma	28	33.85 ± 4.76	
	University education	14	29 ± 6.48	
Supportive organization	Have	45	35.55 ± 5.38	P = 0.002
	Not have	128	32.24 ± 6.32	
Child's sex	Female	104	41.66 ± 7.01	P = 0.66
	Male	67	41.11 ± 5.81	
Child's age	Under 6 years	15	35.6 ± 6.11	P < 0.01
	6-12 years	37	32.89 ± 5.47	
	Over 12 years	59	31.45 ± 6.54	

Table 2: Relationship between self-efficacy and demographic characteristics of parents of thalassemic children

Self-efficacy		Demography		Mean + SD	P-value
Parent's gender	Female	105	40.41 ± 6.43	P = 0.008	
	Male	66	43.07 ± 6.41		
Parents' age	Under 30 years	26	39.8 ± 8.05	P = 0.17	
	30-40 years	52	42.15 ± 6.07		
	Over 40 years	93	41.5 ± 6.29		
Parents' education	Secondary school	66	41.96 ± 6.33	P = 0.19	
	High school	63	39.96 ± 6.27		
	High school diploma	28	43.82 ± 7.1		
	University education	14	40.85 ± 6.63		
Supportive organization	Have	45	41.4 ± 6.52	P = 0.79	
	Not have	128	41.46 ± 6.58		
Child's sex	Female	104	41.66 ± 7.01	P = 0.66	
	Male	67	41.11 ± 5.81		
Child's age	Under 6 years	15	37.26 ± 5.9	P = 0.04	
	6-12 years	37	41.62 ± 5.82		
	Over 12 years	59	40.89 ± 5.88		

Discussion

The results of this study showed that participants had a moderate belief in resurrection. The study of Madmali et al (2018) found a moderate level of spiritual well-being in people with β-thalassemia major (24). Babaei Menghari (2016) also found a moderate level of spiritual health in thalassemic patients (25). Zeigami Mohammadi (2014) study showed that, young people with thalassemia major had moderate level of spiritual health (26). Study of Fooladvand et al (2015) however, showed a high level of spiritual health and attitude in

hemodialysis patients (27). Also in the study of Hojati et al (2011), the frequency of prayer was high in hemodialysis patients (28). The findings of this study and comparing them with other similar studies indicate that, spiritual attitude is institutionalized in most human beings, and as a common coping strategy, it becomes more pronounced at the times of illness (27, 29). Spiritual needs and religious beliefs are also increasing in the later stages of illness (30). Spiritual attitude helps patients to better cope with the suffering (31). Studies have shown that spirituality and religious beliefs serve as a coping strategy during hardships and give meaning to life (32).

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