

# Social Support, Marital Satisfaction, Quality of Life and Locus of Control in Mothers with Chronically Ill and Healthy Children

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## ABSTRACT

**Objective:** The present study aims compare social support, marital satisfaction, quality of life and locus of control between mothers of chronically ill and healthy children.

**Material and methods:** A causal comparative study was carried out on 200 mothers including 100 mothers of chronically ill children and 100 mothers of healthy children; aged between 19 to 55 years (MA=34.24; SD=6.41). The healthy group was blocked and matched on age and gender of the child. Participants were administered The Multidimensional Scale of Perceived Social Support, WHO Quality of Life-BREF, Marital Satisfaction Scale, Rotter's Locus of Control Scale and Demographic Form, respectively. Results were evaluated using Independent Sample *t* test, Cohen's *d*, and MANOVA.

**Results:** Social support ( $t=-8.55$ ,  $p<.05$ ,  $d=1.21$ ; CI, -21.92 to -13.7), marital satisfaction ( $t=-4.70$ ,  $p<.05$ ,  $d=0.35$ ; CI, -17.43 to -7.12) and quality of life [Environmental  $F(1,198)= 45.88$ ,  $p<.00$ ; Physical  $F(1,198)= 36.44$ ,  $p<.00$ ; Psychological  $F(1,198)= 50.65$ ,  $p<.00$ ; Social  $F(1,198)= 53.18$ ,  $p<.00$ ] scores were significantly higher in mothers of healthy children in comparison to mothers of chronically ill children, whereas locus of control scores showed no difference.

**Conclusion:** The mothers of healthy children reported better social support, quality of life and marital satisfaction in comparison to mothers of chronically ill children. However, locus of control failed to support any statistically significant difference between the two groups.

**Keywords:** Social Support, Marital Satisfaction, Locus of Control, Quality of Life, Chronic illness

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## INTRODUCTION

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Birth of a child is a globally well-celebrated event, regardless of the nationality or ethnicity [1]. However, when parents are given the news of their child having some chronic illness, they are grief-stricken. Chronic illnesses include long lasting diseases when cure is not promised [2].

Diabetes, epilepsy, cardiovascular diseases, respiratory diseases and different forms of arthritis represent the main group of chronic illnesses. However, depending on different regions of the world some other diseases such as AIDS and cancer have also been included in the list. Chronic diseases have been reported to be a very vital cause of deaths around the globe. In the face of 29 million deaths globally in the year 2002, the chronic diseases have been reported to enhance the percentage of deaths by 30% in the upcoming two decades [3]. Living with a child having a chronic illness is highly demanding. These may include increased constraints in terms of finances (owing to the fact that treatments can be time taking and expensive), emotional as well as social support and focus on the routine family relationships [4].

Research has linked a multiplicity of factors related with care giving phenomenon of chronically ill children such as reaction towards diagnosis, knowledge as well as management of the illness, support in the context of societal factors, financial constraints, chronic sorrow, etc. [4]. Whilst, chronic diseases adversely affect the mental and physical health of a child and also the whole family [5,6]. It is universally customary that caretakers of the chronically ill children are their mothers [7]. Mothers, being the primary care taker of the chronically ill children are more likely to experience social isolation [8]. However, more emotional health problems are reported by the mothers as compared to their male counterparts [10]. A research study in the context of Pakistani culture reported high social support from the family members to be linked with decreased level of depression amid the caregivers of stroke patients. When social support is available to the caregivers, they become more able to handle the stressful events of their lives due to dealing with illness of the child on daily basis [10]. Another study reported mothers of chronically ill children associated their frustration and unhappiness with decreased opportunities of social activities and reduced social networks [11,12]. Spousal support [11]

and family cohesion [13] were found to be supporting factor in maintaining positive mental health of mothers of chronically ill children [1]. Moreover, research also suggests that when women do not receive substantial care from their spouses tend to turn to other people [14].

Mutual sharing is the essence of married life [15] having a normal and healthy child in the family requires the parents to provide specific needs and environment for the growth of the child.

However, having a chronically ill child poses more responsibilities on the parents. All this requires additional time from both the parents. Restricted recreational activities between the couple lead to low marital satisfaction and depression. Parents of chronically ill children indulge in more recreational time with their children and not with each other, as opposite to parents of healthy children. Locus of control is another variable related to mothers of chronically ill versus healthy children. Locus of control [16] represents people's belief related to the factors that motivate them in their lives. Locus of control focuses on people attributing the causes of their lives' problems towards internal or external factors. A study conducted on mother's sense of empowerment while dealing with children having juvenile diabetes reported that increased sense of empowerment of the mother made the child follow his treatment plans. Mothers operating on the internal locus of control coped better with the conditions of the child and made the child more acceptable of her health condition [17]. Researchers have found parental stress to be strongly related with parental LOC, child's intellectual difficulties and parental satisfaction [18]. Research has reported internal locus of control and mother's perception of her child's problem to be strongly related with positive family outcomes [19].

Quality of life has also been explored in the present study. A synthesized model of quality of life has been presented by Kelley-Gillespie (2009) that focused on six major domains of well-being

i.e. spiritual, cognitive, physical, psychological, social and environmental wellbeing. All these domains of wellbeing are interlinked with one another and also enhance the overall life quality. There is a high risk of reduced quality of life in parents of chronically ill children. [20] It is also stated that parents of chronically ill children have to face different types of routine threats in their lives as a result of which the overall quality of their physical as well as

psychological life declines. Parenting stress and emotional distress have been reported by the mothers of children suffering from Clubfoot disease in the context of Nigeria [21] and mothers of Fragile X Syndrome [1]. Physical quality of the life of the parents of chronically ill children has also been reported to be worse as opposite to the parents having fit and normal offspring<sup>1</sup>. Physical quality of life focuses on the physical fatigue that mothers usually experience while taking care of a chronically ill child. Due to the chronic disease, sometimes the weight of the child increases a lot. Sometimes the child is unable to move on his own. In such cases the mother's fatigue level also enhances.

This causes physical ailments for the mother as well. If the situation worsens, the mother cannot meet the basic demands of the chronically ill child.

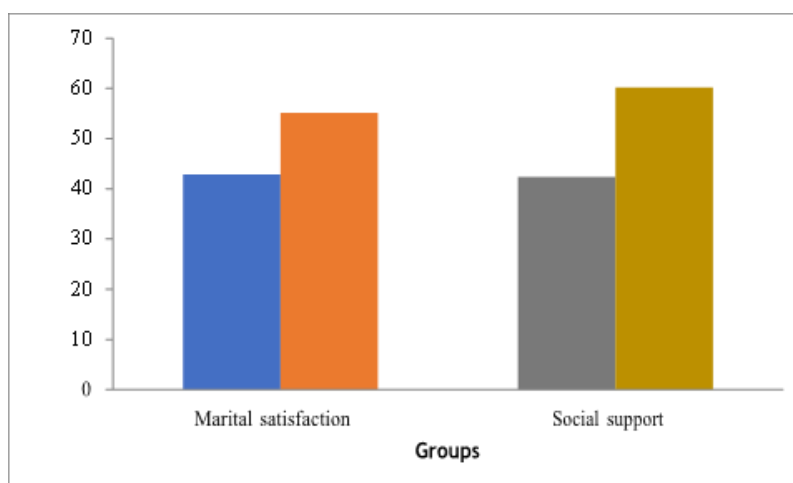
## METHODS

Research Committee Kinnaird College approved the study. Informed consent was obtained from a purposive sample of 200 mothers, aged between 19 to 55 years (MA=34.24; SD=6.41) was taken. The participants were divided into two groups, clinical group (n=100, mothers having chronically ill children) and normal group (n=100, mothers of healthy children). Mothers whose children were suffering from Cancer or Congenital Heart Disorder (CHD) were included in the clinical group. Mothers of chronically ill children were contacted through different hospitals in Lahore and Rawalpindi. The children from normal sample were blocked and matched on the gender and

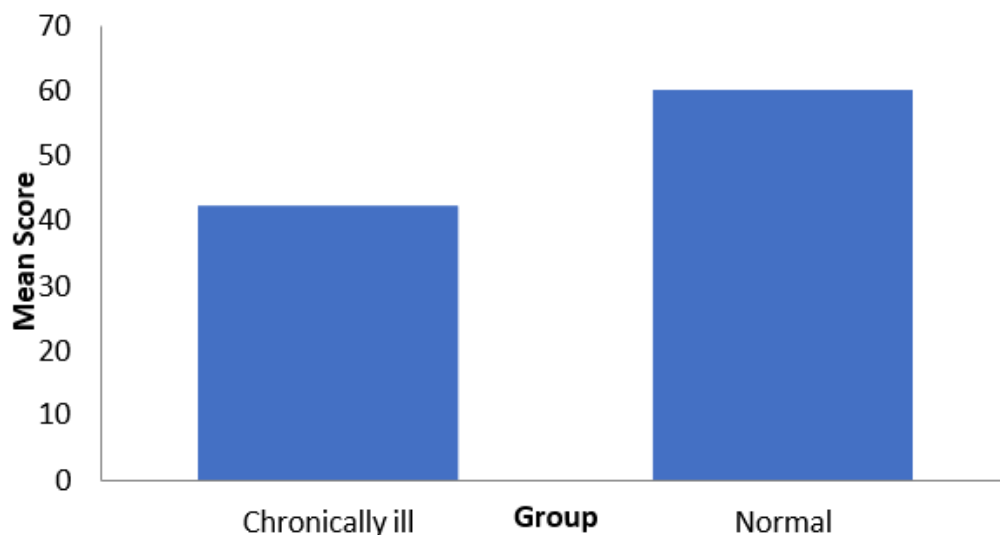
age of the clinical group children. The normal children were recruited from schools, neighborhood etc. First of all, the hospital administration was briefed regarding the aim and nature of the research and written permission was sought. Informed consent was also taken from each member to participate in the study and they were also briefed about the aim of the study. They were told that their data shall only be used for research purpose and their confidentiality shall be maintained. They were also told about their right to leave research at any point in time. Each participant was administered Demographic Form, The Multidimensional Scale of Perceived Social Support, World Health Organization- Quality of Life-BREF, Marital Satisfaction Scale and Rotters Locus of Control, respectively. Individual testing was done and one-time approach to participants was used. Total time duration for questionnaire administration was 25 – 30 minutes approximately.

## RESULTS

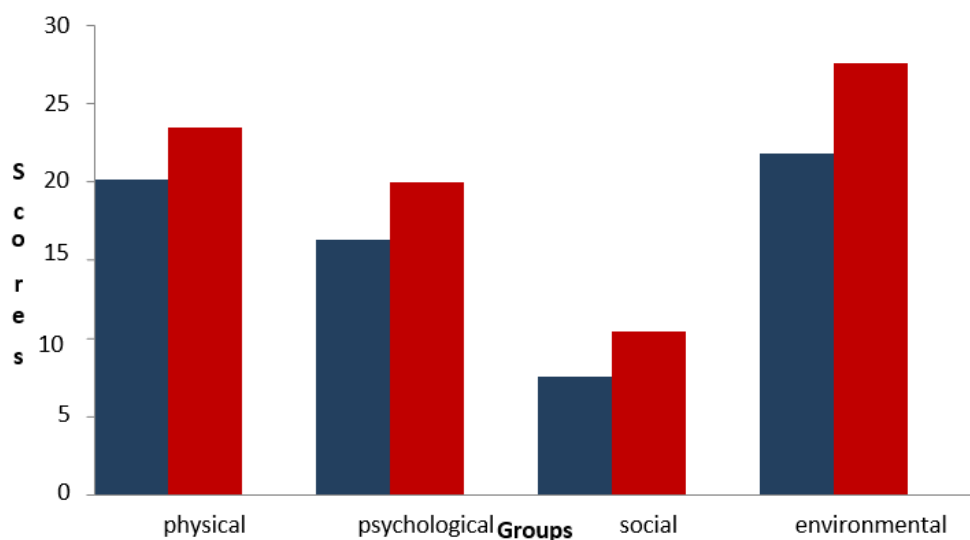
The main aim of this research study was to compare social support, marital satisfaction, locus of control and quality of life in mothers of chronically ill and normal children. Independent Sample *t* Test and One-way MANOVA was applied to find out difference in scores of marital satisfaction, social support, locus of control, and quality of life. Furthermore, Pearson Product- Moment Correlation Coefficient was utilized to analyze the relation amid quality of life, social support, marital satisfaction and locus of control in both.



**Figure 1.** shows the Difference of Marital Satisfaction score between mothers of chronically ill and normal children and the Difference of Social support score between mothers of chronically ill and normal children.



**Figure 2.** shows that mothers of chronically ill children (M=42.33, SD=15.57) scored significantly low on social support as compared to mothers of normal children (M=60.15, SD=13.83).



**Figure 3.** shows the Difference of Quality of life scores between mothers of chronically ill and normal children.

Figure 1 on the left shows that mothers of chronically ill children (M=42.86, SD=21.49) scored significantly low on marital satisfaction as compared to mothers of normal children (M=55.14, SD=14.84).

Figure 1 on the right shows that mothers of chronically ill children (M=42.33, SD=15.57) scored significantly low on social support as compared to mothers of normal children (M=60.15, SD=13.83).

Figure 2 shows that mothers of chronically ill children (M=42.33, SD=15.57) scored significantly low on

social support as compared to mothers of normal children (M=60.15, SD=13.83).

Figure 3 shows the results of the One-way MANOVA analysis, representing a statistically significant difference in scores of environmental, physical, psychological and social quality of life scores of mothers with chronically ill and normal children.

Table 1 shows that significant positive relationship exists in all the variables under study. However, no significant relationship exists between locus of control and quality of life.

**Table 1. Pearson Product Moment Correlation Coefficient showing relationship between social support, marital satisfaction, quality of life and locus of control in mothers of both groups, (N = 200).**

Variables	1	2	3	4	5	6	7
1. MPSS	-	.469**	.161*	.457**	.495**	.571**	.482**
2. MSS	.469**	-	.203**	.420**	.385**	.444**	.389**
3. RLC	.161*	.203**	-	.040	.022	.119	.063
4. QOL Physical	.457**	.420**	.040	-	.463**	.705**	.510**
5. QOL Psychological	.495**	.385**	.022	.463**	-	.736**	.645**
6. QOL Environmental	.571**	.444**	.119	.705**	.736**	-	.717**
7. QOL Social	.482**	.389**	.063	.510**	.645**	.717**	-

Note. \* $p < 0.05$ , \*\* $p < 0.01$

## DISCUSSION

The results of our study showed that mothers of chronically ill children had low marital satisfaction. In Pakistani culture, there is a general trend that fathers are the bread earners of the family and mothers have to look after the children completely. From every small to big responsibility of the children is on mothers usually. Mothers feel physically as well as emotionally exhausted after every day's workload. Sharing the responsibilities of a chronically ill child between the mother and the father is usually not done. This attributes to the declined marital satisfaction of the mothers most of the times. In accordance with our findings a study reported that mothers perceived low marital satisfaction when their child is chronically ill. Their relationship was gets affected with everyone else in the family and confusion is also reported when mother cannot cope with the duties i.e. being mother of chronically ill child and a wife [7]. Similarly, a study also reported that mothers whose children had severe lifelong issues such as Cerebral Palsy, Blindness, Low Birth Rate or Congenital Heart Disorders were on a greater risk for dissatisfaction in married life than compared to mothers of normal children [22].

Our findings also revealed that mothers of chronically ill children scored significantly low on social support as compared to mothers of normal children. Similar study reported that mothers of children who had Autism were more prone to anxiousness and depression due to lower social support received and if better social support was given the parents would be more emotionally available to their children, who have specific special needs in comparison to the normal group. Informal support was seen to be more effective in relieving the stress in mothers than formal support

[23]. Our findings are in line with the findings that mothers of chronically ill children have low social support [24]. Similarly another study reported that caregivers and fathers and mothers of children with Autism Spectrum Disorder, need more social support to improve their lives [25].

Support programs should be established to aid the family because low social support has been linked to low marital satisfaction, low family cohesion and other issues in family functioning.

In line to this, another research reported that lower levels of social support in parents of cancer surviving children lead them to be more anxious and depressed in comparison to the parents of healthy children. The social support perceived by the parents showed a significant relationship with psychological distress, specifically among mothers [26].

The results of the present study concur with previous findings such on quality of life of mothers with CP offspring and reported that the life quality of mothers with CP children were high in comparison to mothers of children who suffered from minor health issues. The quality of life was significantly correlated to the child's motor disability and showed lower levels of quality of life as the disability got severe. All the above existing literature highlights that mothers of chronically ill children tend to have low quality of life as compared to mothers of normal children. Emotional and psychological turmoil is always there since the mother is watching her child die. Physical fatigue also exists at its maximum because the mother has to look after the ill child and the rest of the family and house chores too. All this makes the life of the mother miserable in general and leads towards low quality of life [27].

Similarly, mothers with high internal locus of control tended to facilitate their child better, in terms of needs and demands [28]. Thus, these studies showed that whether the mother has healthy or chronically ill child, she believes the child health and wellbeing, to a greater extent, is her responsibility. In accordance to this a study on mother's locus of control concerning their infant's health was reported that mothers of healthy infants had high internal locus of control [29]. Moreover, another study found that healthy people and people suffering from diabetes or cystic fibrosis showed much stronger control related to their bodily health status as opposite to people suffering from other diseases such as renal disorders, cardiac diseases, oncologic disorders, etc. [30]. An additional work done on quality of life and social support of mothers having chronically ill children in Saudi Arabia showed high social support to be linked with better quality of life [31]. These studies show a significant relationship amid quality of life and the social support in mothers who have children undergoing some form of a chronic illness [32].

It is also found and supported in research that marital satisfaction of both parents of a persistently ill child is found to be strongly related with the overall quality of life for both parents as well. Partners who spend time with one another while dealing with a chronically ill child tend to have more trust and reliability on each other, thus leading to overall marital satisfaction amid themselves [32].

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## CONCLUSION

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The basic aim of the study was to compare social support, marital satisfaction, locus of control and quality of life among mothers of chronically ill and healthy children. Significant differences were reported in social support, marital satisfaction and quality of life scores in both groups. However, it was found that mothers of chronically ill and healthy children had no difference on locus of control. Moreover, present study showed that mothers of normal children scored higher in social support, marital satisfaction and quality of life as compared to mothers of chronically ill children. Lastly, study showed a highly significant positive relationship among all the variables i.e. Social support, marital satisfaction and quality of life except for locus of control, which showed a non-significant positive relationship.

## Author Disclosure Statement

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