

Evaluation of Life Skills Training Workshop Aimed at Improving Quality of Life and Marital Satisfaction in Gestational Diabetes Mellitus in Pregnant Women

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Abstract:

The aim of this study was to investigate effectiveness of life skills training on quality of life and sexual satisfaction in women with GDM in Qazvin city. In this quasi-experimental with pre-test - post-test without control group of 12 pregnant women with gestational diabetes in Qazvin were selected by consecutive sampling. Data collected by Enrich Marital Satisfaction Questionnaire (short form) and World Health Organization Quality of Life questionnaire (short form). 10 sessions of training was conducted by experts. After intervention, post-test was performed. Descriptive statistics, Shapiro Wilk test and paired t-test were used to analyze data. The results showed that training can improve and enhance quality of life and sexual satisfaction in women with gestational diabetes. The resulting scores at pre-test and post-test was significant. Life skills training had positive effects on quality of life and marital satisfaction individuals, especially pregnant women.

Key words: Gestational Diabetes Mellitus, Marital satisfaction, Quality of life, Life skills

Introduction

Quality of life is considered one of the most important health implications when considering that such measures are necessary for evaluation of health interventions (Fayers & Machin, 2000). There are different theories about quality of life. Some researchers believe that health be measured only if it can be called quality of life. Some people also believe that single definition of different communities in all stages of disease or be used for this concept does not exist (Nejat,2008). The World Health Organization defines quality of life; perception of their position in life in terms of culture, value systems in which they live, goals, expectations, standards and their priorities. After quite individual and cannot be viewed by others and is based on understanding of different aspects of life (Bonomi et al, 2000).

The researchers believe it plays an important role in effort to improve quality of life and social well-being and personal life (Cynthia, 1998). Quality of life during pregnancy also is measurable (Beydoun, 2006). Pregnancy is one of most important stages of woman's life. This time, though, for most women is joy, but often is considered stressful period with physiological and psychological changes (Mckee, 2006). Fatigue, nausea, vomiting, headache, anorexia, heartburn, hemorrhoids and shortness of breath are symptoms of normal pregnant women. One of these troubled times off disease is diabetes in pregnancy.

Gestational diabetes is medical condition of carbohydrate intolerance; issues that affect occurrence of pregnancy and can lead to unpleasant consequences of pregnancy and childbirth is in high risk .Gestational diabetes increases risk of some complications in mother and fetus during pregnancy and after it. Gestational diabetes may also affect women's quality of life (Langer et al, 2007).

In addition, evidence suggests that pregnancy significantly change in the status of women's physical and mental health, social functioning and vitality that can also be reduced (Otchet et al, 2009). Because it is expected that quality of life in pregnant women would be lower in non-pregnant women of same age (Tashdmyr et al, 2010). The results showed that compared with the general population of pregnant women, bodily pain, physical functioning, social functioning, fatigue and physical performance limitations due to physical health problems, have lower health-related functions are (Otchet et al., 2009).

Quality of life can be fully effective on marital satisfaction (Safavi et al, 2006). Marital satisfaction in different life periods are different, but pregnancy rate per woman is considered most important life events (Mossallanejad and Ashkani, 2006), physical problems, depression, isolation, anxiety, fear, emotional instability, dichotomy emotion leads to sexual dysfunction that are effective in marital satisfaction. Following pregnancy, changes in perception towards their beliefs and values, priorities, behavior, relationships with others, problem solving skills, focusing on pregnant women and their decreases (Malarewicz , 2006), changes in body shape and heaviness(Delgosha , 2006), social and recreational activities, pregnant women, and contact friends and acquaintances can be minimized (Hewn- Chapin,2010) , increasing economic needs of families and can lead to undesirable behaviors (Mossallanejad and Ashkani, 2006). Thus all manner of marital satisfaction than women are affected. And therefore can utilize life skills training. Life skills, including a group of social psychological that individual's ability to help people make decisions, effective verbal communication, benchmarking, self-management that will help them achieve a healthy life (Christine,2007). Life skills are abilities to take that people actually learn them for successful life, useful and satisfactory (Boyd, 2001).

According to the presentation, aim of this study was to investigate impact of life skills training on quality of life and sexual satisfaction in women with GDM in Qazvin city.

Method

This research utilized a mixed methods experimental design that was conducted in 2013.

Participants

The study sample included two experimental and control groups of 12 Pregnant Women with Gestational Diabetes Mellitus in Qazvin city ($N = 24$).

Inclusion criteria included Pregnant women consent to participate in workshop sessions, Diagnosis of gestational diabetes in women, at least a third grade secondary education, The absence of mental retardation and their spouses, lack of psychotic symptoms and lack of serious psychiatric disorders and their spouses, Lack of substance abuse.

Exclusion criteria included illiteracy and certain physical and psychological problems.

Measures

World Health Organization Quality of Life Questionnaire short form: It consists of 26 questions that measures quality of life in four domains: physical health, psychological health, social relationships and Social environment (World Health Organization, 1998). Questions are 5-choices, and their Scoring is between 1 and 5 points. Since 1996, validity and reliability of the questionnaire has been done in countries and different cultures by the World Health Organization. Bonomi et al in the internal reliability of

this test reported coefficient 0.83 to 0.95. Also Natalie in the chronic group, reported that reliability of this test is 0.90 and in group of normal individuals is 0.86(Williams, 2000). In Iran, Rahimi (2002) estimated its reliability coefficient 0.89.

Enrich’s Marital Satisfaction Questionnaire (short form):

This has 36 items and is based on 4 subscales (marital satisfaction, communicative skills, how to solve disputation, ideal distorted).This questionnaire is designed to identify aspects of stable relationships between couples (Sadeghi, 2010). Validity of this questionnaire was reported 0.69 (Sadeghi, 2010). This questionnaire has been translated and back-translated by Iranian experts in psychology and linguistics and performed with Iranian samples. The scale validity through internal consistency and Cranach’s Alpha is shown 0.70 to 0.86 for each subscale and for was total of 0.79 (Sadeghi, 2010).

Post-intervention analysis was conducted using the Obtained data were analyzed by using software SPSS version 19, Shapiro Wilk, Mean, standard deviation and Paired t-test.

Results

Reason of using covariance analysis is evaluation of data normality and covariance homogeneity of pretest scores between the two groups. So in order to examine the normality data Shapiro Wilk test was used and for evaluation of the homogeneity of variance within groups, so assumptions was inferred about normality and homogeneity of data and using of covariance was permitted for evaluation of assumptions with homogeneity of covariance

Table 1. Results of Shapiro Wilk test for evaluation of normality of data

Variable	Shapiro Wilk test		
	F	df	Sig.
physical Health	0.936	12	0.537
psychological / physical Image	0.920	12	0.635
Social relations	0.894	12	0.318
Environmental Health	0.913	12	0.448
Marital satisfaction	0.950	12	0.237
Communication Skills	0.934	12	0.378
problem solving	0.924	12	0.134
Ideological distortions	0.914	12	0.285

Table 2 Mean and standard deviation quality of life and marital satisfaction - paired t-test.

Variable	Group	Shapiro Wilk test		
		N	Mean	S.D.
Physical Health	Test Group	12	22.8333	1.58592
	Control Group	12	28.2500	2.09436
psychological / physical Image	Test Group	12	18.3333	1.72328
	Control Group	12	21.5833	3.11764
Social relations	Test Group	12	14.2500	0.96531
	Control Group	12	18.2500	1.13818
Environmental Health	Test Group	12	22.1667	1.89896
	Control Group	12	17.5000	1.67874
Marital satisfaction	Test Group	12	27.5000	1.67874
	Control Group	12	33.1667	2.91807
Communication Skills	Test Group	12	33.1762	2.91807
	Control Group	12	19.5400	1.87289
Problem solving	Test Group	12	25.6667	1.96946
	Control Group	12	30.3333	1.72328
Ideological distortions	Test Group	12	26.0883	2.96827
	Control Group	12	32.6667	2.99495
	Test Group	12	16.2500	1.09436
	Control Group	12	12.50000	1.73205

According to pre-test and post-test mean and Standard Deviation of variables can conclude that promotion of life skills training component of quality of life (physical, psychological picture / physical , social, and environmental health) and components of marital satisfaction (marital satisfaction, communication skills, conflict resolution, problem solving and Ideological distortions) is effective in women with gestational diabetes in Qazvin City . Therefore, null hypothesis is rejected and research hypothesis is confirmed with 95 % certainty. In other words, effect of life skills training was effective on improving the quality of life and elements of marital satisfaction in women with gestational diabetes Qazvin.

Discussion and Conclusion

Often, during planning of appropriate prenatal care to pregnant women in low quality of life, especially for resolving physical problems common in this period will be struggling. Also for improvement of functional limitation due to physical problems and pain can lead to physical symptoms such as nausea and vomiting, treatment and prevention of timely payment of appropriate mode of training activities helped in time of maternal as usual, order to reduce pain, low back pain (Gerdingen, 2005).The results of this research can focus and awareness and public officials, in addition to quality and quantity of care provided by health care context attracted. It is recommended that health authorities in planning and life skills training courses enhance quality of life in pregnant women. It can be said that if a person expresses sheer skill (feelings) to learn , causes person to express their feelings about their partner and help to increase your mental health; express feelings in positive and assertive without aggression and aggressiveness, makes couples closer together every day and have a more intimate relationship. The couple's decision-

making and problem-solving skills with students when they encounter difficulties in their marriage or require many decisions are important, they can make better information and solutions and same applies causes will create life satisfaction.

People have learned that way to solve problem, rather than resign and escape from problems, problems they face and this causes no couples, no drugs or suffering from mental illness. On the other hand, many studies like Baron (2006) showed that an increase in aggression and anger, adjustment and marital satisfaction decreases, causing people of their lives, they are less satisfied. The significance of this skill must be expressed as an aggressive response by spouses, negative impact on relationships and communication couple leaves, causing couple to develop series of shortcomings in relation satisfaction and adjustment marriage has declined even to abstain from marital relations, expression of feelings, strongly avoid, that would reduce faithfulness between husband and wife. Important life skills will have significant impact on marital satisfaction and adjustment, empathy skills.

Waldinger and colleagues (2004) acknowledge that they are compatible and happy couples, their results more sympathy than discordant couples. This skill causes couple to get real feeling that other person understands them. This makes couple feel joy and happiness in their lives formed. So far couple has mastery over basic life skills, family maintain good performance, balanced against adverse situations and cause families achieve their goals, is of this, couple's quality of life, increases of marital satisfaction. To reach such conclusion need for mental health education and counseling services for couples to resolve their educational needs during pregnancy and highlights.

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