

Quality of life determinants for Romanian mothers in urban communities

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Abstract

Introduction: Quality of life is a notion closely related with a person’s well being and health. Its assessment is very important, as it quantifies the quality of health and social services and it provides for the substantiation of policy actions.

Objective: Assessment of quality of life of an urban sample of Romanian mothers and identification of main demographical influential factors.

Method: Cross sectional study using the BREF Quality of Life Questionnaire of the World Health Organization

Results: The most important factor influencing the quality of life was income, especially in the case of the economically disadvantaged. Other influential factors were age and marital status, divorced women encountering difficulties accessing medical services ($p < .05$). Quality of life for mothers is also negatively correlated with their satisfaction regarding the child’s performances, indicating a connection of the perceived parenting skills with the standard of life.

Conclusion: In Romania and other countries with negative natural growth and low birth rate, the amelioration of the quality of life for mothers must become a priority in public health policy to avoid negative consequences on the life of mothers and on the growth and development of their offspring.

Key words: quality of life, mother, marital status, income, parenting skills

Introduction

The definition for the notion of “health” has changed in the contemporary world, losing the sheer significance of absence of illness. Nowadays, health is a function of three variables: physical, mental and social. These factors are “building up” our body, in its interaction with the environment.¹ Indicators like morbidity and mortality are considered insufficient for the description of health; modern people need a more accurate measurement of the quality of life, beyond sickness, symptoms, invalidity or treatment, in a way that accentuates the socio-human part of our life, part somewhat neglected by traditional medical approaches.² As a consequence, different tools have been developed, in order to measure the quality of life (QoL), as a direct indicator of health. The questionnaires of the World Health Organization (WHO) are some of the most widely used tools to assess QoL across different cultures and geographical areas. These focus on a holistic approach towards notions like health, wellbeing and, and include elements referring to the quality of psychological, physical, social and environmental dimensions of human’s life. All these dimensions define the human QoL and a person’s perception regarding his own health. The evaluation of the QoL is useful both in research, and in practice. The WHO questionnaires have been used in different studies, from clinical and epidemiological ones, to studies carried out in order to evaluate the health and social support systems from different countries. We consider of great interest to evaluate the QoL of an important demographical group, i.e. the group of women with children. Our opinion is based on the premises that in recent years the entire European area has been confronted with high socio-economical problems that could influence QoL, and that the mothers’ QoL is of utmost importance, since it directly influences children’s physical and mental development. The close relationship between mother and child is obvious in the first years of a child’s life and persists throughout the years the child spends within the family home. Studies carried out in numerous countries showed the bi-directionality of the mother-child connection, mother’s physical and mental health directly and immediately influencing the child and vice versa. These influences are present even if child is already a young adult.³⁻⁷

A high QoL for the mother will lead automatically to a better parental performance and, implicitly, to a higher satisfaction towards child’s performances. From the perspective of a European area confronted with a descending birth rate, the identification of problems that lower a mother’s quality of life can be a way to build a system of corrective measures. QoL evaluation in a sample of urban Romanian mothers, screening for demographical determinants and for connections between the quality of life and the satisfaction with the children’s performances, fits coherently into this approach.

Material and Method

This research is a part of a larger study concerning Romanian mothers’ quality of life, nutrition, relation with child and financial perspectives and was carried out in the year 2010, on a random sample of urban women having in the household at least one off spring of 1-25 years. The sample was formed with help of general practitioners from Bucharest and other 5 Romanian cities (Constanta, Targu Mures, Craiova, Iasi, Timisoara). Investigators asked every 10th women

entering their cabinet during the month of January if they want to participate to the research and obtained their consent. Initially, relying solely on inclusion criteria, a sample of 512 persons was gathered. Eventually, 201 women renounced the collaboration, declaring that questionnaires were too long and complicated, and challenged the questions as being too intimate. The nutritional assessment was performed only for women with children of 3 or more years of age, taking into account the particularities of nutrition at earlier ages. Thus, the final sample had 311 women. The questionnaires were completed individually, without the interference of the investigator.

The questionnaires consisted of 2 parts: The first part concerned demographical questions (age, education, income, professional status, family status, number of children, their age). The questionnaire had also a question evaluating mothers' satisfaction with children performances, marked with a figure from 1, to 10. (10= maximal satisfaction). The second part consisted of the questionnaire measuring the quality of life (QoLQ BREF = the quality of life BREF questionnaire), of the WHO (with 26 questions).² The questionnaire was translated into Romanian by a professional translator. After completion, the following scores were calculated: partial scores for the 4 distinct domains of the QoLQ BREF (physical, psychological, social and relation with the environment) and the final, total score.

Answers were analyzed by SPSS 14.0, correlation and regression tests have been applied, using as dependent variables, the partial and total scores obtained from the BREF questionnaires, and as independent variables, different demographical elements.

Results

In order to establish the influence of different demographical factors on QoL, we carried out a linear regression analysis, having as dependent variable QoL, and as independent variables, age, educational level, income and the familial status. The optimal model is the one presented in table I, where predictors are figured in a decremental order of their contribution to the model. (Table 1). We applied correlation tests between mother's satisfaction with the children's performances, demographical variables and the QoL value. Statistic significant correlations have been found between mother's satisfaction and the family income (Spearman $Rho=.15$; $p<.05$), and between mother's satisfaction and her quality of life. (Spearman $Rho=.25$; $p<.05$)

Similar models have also been worked out for each of the four domains of the QoLQ BREF questionnaire (Tables 2, 3, 4, 5)

Discussion

The regressive model from table 2 explains 21% of what mothers perceive as being their quality of life. The study highlighted obvious and less obvious elements linked with the perception of QoL. Most obviously, income has a high importance, being a determinant component of the

perception of QoL, even on domains in theory less linked with the financial part of the existence (domain 2, psychological, domain 3, social). The highest differences were noticed between low-income mothers (defining themselves as not gaining enough to cover the daily basic expenses) and high-income mothers (defining themselves able to easily afford buying a house or a car). Similar findings were observed in other studies, economical issues having consequences not only on QoL, but also on parental performances of a person and having durable sequels, until very late in life.⁸⁻¹³ Conversely to our findings, studies performed in countries with a significantly higher standard of life elicited opposite conclusions.¹⁴ Particularly interesting in our study, is that the educational level seems not to influence in a decisive manner the QoL, education being a determinant only for the first domain (physical), perhaps because a lower qualification implies the need of a higher physical effort on a daily basis, and a higher education implies less effort in carrying out professional tasks. Though in principle a higher education guarantees a higher QoL (at least at a perceptive level: a more educated person can find satisfaction and accomplishment in life without needing a lot of material resources or is able to work out existential strategies to a lower income), this aspect is not present in the study. Nonetheless, educated or not, mothers need more material resources compared with childless women, so the significance of education may become irrelevant. Moreover, the mark given by mothers to their children is closely and statistically significant connected with their QoL and their income. This aspect can be considered from two points of view: on one hand, higher incomes allow a higher degree of active stimulation of the child and the expression, from his part, of higher performances, perceived adequately by mothers; on the other hand, beyond objective reasons, we can interpret the correlations as having clearly a subjective side: a mother with low income and QoL is clearly less available in interacting with the child and in appreciating his evolution, because of the many other problems she is confronted with.^{9, 15-17} An obvious predictor was age, but surprisingly it was not associated with the physical domains (1 and 4), but with the psychological (2) and social (3) ones. However, the sample was formed by rather young persons, between 20 and 45 years, so we can interpret the result only as being motivated by the more critical perception of the above aspects, accentuated as time passes by and the mothers gets older.

Finally, a rather unexpected predictor was the marital (familial) status. Single mothers had a lower QoL, compared to married ones, taking in account what the study highlighted before (income being a basic determinant of QoL). But from all categories included in the study, divorced mothers represented the most disadvantaged group with respect to QoL as a whole, but also regarding its physical, social and relational domains. The problems of single divorced mothers were followed up in different studies, some of them obtaining similar results^{18,19}, other, opposite ones²⁰. Additionally, single-parenting was not always linked with a lower QoL. In table 2 it can be seen that single mothers have a higher appreciation of their physical QoL than married ones, explainable probably by the fact that they have assumed *ab initio* their status of single parent. In contrast, the predictor “divorced versus married” had a negative value. The explanation is rather difficult and the fact has probably several motives. On one hand, divorced women have to adapt, sometimes with difficulty, to the status of lone mothers, status that was not obvious when they decided to give birth to children; they also have to adapt to a bunch of different other challenges, like having to perform household tasks without the help of a partner; or having to work more in order to solve income problems, in which case time dedicated to children is limited, etc. Moreover, the Romanian society perceives divorce negatively, and

women are most likely to blame, even if friends and families are aware of the reasons of the divorce and of the culpability of the partners.²¹ Divorce, from the orthodox Christian perspective, is blameable. Even more, two decades before a divorce represented an event with major consequences on the professional evolution of a person. Finally, we can presume that the psychological, familial and social pressure drive the divorced women towards a depreciative perception of life, leading sometimes to major existential problems including difficulties in the relation with her children.

An alarming finding of the present study was the negative perception of some categories of mothers of the accessibility to medical services. The domain 3 of the questionnaire included a question referring to this subject and, as seen in table 5, scores of this domain were low for low-income, divorced and aged women. Taking in account that the study focuses on mothers, it means that not only women, but also children can have, presumably, problems when needing medical assistance. Of course, the perception might be erroneous, but it remains a serious phenomenon that has to be solved, so that accessibility to medical services is optimal

The present study has the inherent limitations of a transversal study. Case-effect relations cannot be highlighted. The sample was rather small and this could raise problems of representativeness, though the statistical analysis showed none. Some answers could be more subjective (for example, the evaluation of the adequacy of the income), but in studies carried out on questionnaires these problems are implicit. Finally, the study included only women from urban communities. In a following study we will focus on the rural population.

Conclusions

Factors influencing the quality of life of mothers in Romanian urban communities are diverse and generally the same as those from other countries. Though, the sense of their action can be, sometimes, different, because of some local specific condition (linked to tradition or to social and material factors). A special attention has to be paid to women living as single parent, after a divorce, where the quality of life was evaluated as rather low, in order to establish support measures. The measures have to target the avoidance of eventual negative consequences of divorce on mother's health and life, and also on the children's normal thriving. In Romania, as in other European countries, the number of divorces is rising, so the society has to be prepared to face the consequences. Future studies should evaluate the efficacy of measures put in place in order to correct the present study's findings.

Conflict of Interest: None declared.

References

1. World Health Organization. *Definition of health*, Available at: <https://apps.who.int/aboutwho/en/definition.html>, Accessed May 1, 2012.
2. World Health Organization. *WHOQOL user manual*, Available at: <http://ebookbrowse.com/who-qol-user-manual-98-pdf-d113559310>, Accessed May 1, 2012.
3. Shaw B, Krause N, Chatters L, Connell C, Ingersoll-Dayton B. Emotional Support From Parents Early in Life, Aging, and Health *Psychology and Aging*.2004; Vol. 19, No. 1: 4-12.
4. Staats Reiss N. *Mother's Influence on Psychological and Physical Health Extends to Old Age*, Available at http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=28668&cn=82, Accessed July 15, 2011.
5. Yamazaki S, Sokejima S, Mizoue T. Health-related quality of life of mothers of children with leukemia in Japan. *Qual Life Res*. 2005; May;14(4):1079-85.
6. Ferro MA, Speechley KN. Depressive symptoms among mothers of children with epilepsy: a review of prevalence, associated factors, and impact on children. *Epilepsia*. 2009;Nov; 50(11):2344-54.
7. Bailey DB Jr, Golden RN, Roberts J. Maternal depression and developmental disability: research critique. *Ment Retard Dev Disabil Res Rev*. 2007;13(4):321-9.
8. Coyle S. Health-Related Quality of Life of Mothers: "A Review of the Research", *Health Care for Women International*. 2009; 30(6): 484-506.
9. Bird C. *Life quality: Assessing the influence of parenting performance or confidence and economic strain among rural, low-income women*, 2006, Available at <http://gradworks.umi.com/32/30/3230150.html>, Accessed July 15, 2012.
10. Blane D., Higgs P., Hyde M., et al. Life course influences on quality of life in early old age. *Social Science & Medicine*. 2004;58:2171–2179.
11. Farquar M.: Elderly people's definitions of quality of life. *Social Science & Medicine*, 2005; 41:1439–1446.
12. Bowling, A. The most important things in life: Comparisons between older and younger population age groups y gender—results from a national survey of the public's judgements. *International Journal of Health Sciences*.1995;6:169–175.
13. Evandrou, M., & Falkingham, J. Looking back to look forward: Lessons from four birth cohorts for ageing in the 21st century. *Population Trends*, 2000;99:27–36.

14. Richter R, Bergmann RL, Bergmann KE, Dudenhausen JV. Multiple roles and quality of life of mothers two years after the birth of the first child, *Gesundheitswesen*. 2007;Aug-Sep;69(8-9):448-56.
15. Brady-Smith C, Fauth C, Brooks-Gunn J. *Poverty and Education – Overview, children and adolescents*, Available at <http://education.stateuniversity.com/pages/2330/Poverty-Education.html>, Accessed August 1, 2012.
16. Rooks-Gunn J, Duncan G. The Effects of Poverty on Children, *Future of Children*. 1997;7: 55–71.
17. Zeitlin M, Ghassemi H, Mansour M. *Positive Deviance in Child Nutrition - with emphasis on Psychosocial and Behavioral Aspects and Implications for Development, - maternal characteristics*, Available at <http://archive.unu.edu/unupress/unupbooks/80697e/80697E06.htm>, Accessed July 12, 2011.
18. Ross D., Roberts P. *Income and Child Well-being: A new perspective on the poverty debate, PART 1: Family income and children's development*. Available at <http://www.ccsd.ca/pubs/inckids/1.htm> , Accessed July 12. 2012.
19. Familyattorneysmilwaukee.com. *Researchers study the impact divorce has on quality of life*, On behalf of Reddin, Singer & Govin, L.L.P posted in Divorce on Saturday, February 12, 2011, Available at <http://www.familyattorneysmilwaukee.com/2011/02/researchers-study-the-impact-divorce-has-on-quality-of-life.shtml>, Accessed July 12, 2012.
20. Family.jrank.org. *Single-Parent Families - Economics Of Single-parent Family Life - Gender, Poverty, Mothers, Support, Percent, Women, Child, and Pay*. Available at at <http://family.jrank.org/pages/1578/Single-Parent-Families-Economics-Single-Parent-Family-Life.html#ixzz1TsnIM0Sb>, Accessed June 15, 2012.
21. Segal-Engelchin D, Wozner Y. Quality of Life of Single Mothers by Choice in Israel: A Comparison to Divorced Mothers and Married Mothers, *Marriage & Family Review*. 2005; Volume 37, Issue 4:7-28.
22. Doltu D. *Divortul la romani ("Divorce in Romania")*, Available at http://www.memoria.ro/?location=view_article&id=712&page=0, Accessed August 1, 2012

Table 1: Predictors for the life quality of mothers

	B	SE B	beta
constant	110.811	3.736	
Low income vs. high income	-13.834	1.70	-.5***
Medium income vs. high income	-4.34	1.5	-.16**
Divorced vs. married	-4.8	1.9	-.13*
Age	-.205	0.09	-.12*

B= unstandardized regression coefficient

SE B= standard error of B

Beta= standardized regression coefficient

R² of the model = .21

- p<.05; ** p<.01; *** p<.001

Table 2: Predictors for the first domain (physical) of the mothers' quality of life

	B	SE B	beta
constant	29.4	.31	
Low income vs. high income	-3.11	0.55	-.3***
Single vs. married	5.27	1.3	-.2***
Divorced vs. married	- 2	0.67	-.16**
High school vs. University	-1.24	0.5	-.13*

R² of the model = .19

- p<.05; ** p<.01; *** p<.001

Table 3: Predictors for the second domain (psychological) of the mothers' quality of life

	B	SE B	beta
constant	26.83	1.06	
Low income vs. high income	-2.8	0.5	-.34**
Medium income vs. high income	-1	0.43	-.14*
Age	-0.06	0.026	-.12*

R² of the model = .11

* p<.05; ** p<.01

Table 4: Predictors for the third domain (social) of the mothers' quality of life

	B	SE B	beta
constant	13.13	0.62	
Low income vs. high income	-1.16	0,3	-.23**
Divorced vs. married	- 1.16	0.33	-.19**
Age	-0.04	0.016	-.14*

R^2 of the model = .11

* $p < .01$; ** $p < .001$

Table 5: Predictors for the fourth domain (relation with environment) of mothers quality of life

	B	SE B	beta
constant	29.11	.42	
Low income vs. high income	-5	0.7	-.41**
Medium income vs. high income	-1.7	0.6	-.16*
Divorced vs. married	- 2.1	0.77	-.14*

R^2 of the model = .17

* $p < .01$; ** $p < .001$