




## *The Effect of Integrating Midwifery Counseling With a Spiritual Approach on Pregnant Women's Spiritual Experience: A randomized Controlled Trial*

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### Abstract

**Background:** Spiritual experience helps individuals to cope with stressful life situations.

**Objectives:** The present study was to determine the effect of integrating midwifery counseling with a spiritual approach on pregnant women's spiritual experience.

**Methods:** A randomized controlled trial study was conducted on 40 pregnant women who referred to Abhar health centers in 2019. For the experimental group, eight counseling sessions were held using a spirituality-oriented approach, and the control group received routine health care services. Data were collected using a spiritual experience questionnaire in three stages (namely before intervention, 28 weeks of pregnancy, and 36 weeks of pregnancy). The data were analyzed using descriptive statistics, the Chi-square test, the independent t-test, and ANCOVA at 95 % confidence level.

**Results:** The comparison of the mean scores of spiritual experience in the experimental and control groups revealed that the scores were higher in the second and third trimesters. In this regard, the mean score of spiritual experience in the pre-intervention stage in the control group was 73.31, which decreased to 69.47 in the third trimesters. Meanwhile, the mean score of spiritual experience in the experimental group in the pre-intervention phase was 71.65, which increased by 84.15 in the third trimesters. The mean difference of spiritual experience scores was statistically significant between the two groups ( $p=0.001$ ).

**Conclusion:** Counseling along with a spiritual approach was effective in improving pregnant women's spiritual experience. , and it can be integrated with prenatal care package.

**Keywords:** *women's health; spiritual experience; midwifery counseling; prenatal care*

### Introduction

Spirituality and religiosity are known as important components of health and well-being [1]. Spiritual experience is a unique experience and refers to understanding the meaning of life, positive life experience, happy feeling, and life satisfaction [2]. Spiritual experience significantly affects the physical, psychological and social dimensions of individuals' lives and reveals some key issues of spirituality [3]. It can be claimed that some cognitive patterns, psychological characteristics, and behavioral patterns created by spirituality-

based methods promote health and improve the physiological function of the body and consequently increase the psychological resistance of individuals in inappropriate physical and social situations. Accordingly, religious and spiritual practices enhance tolerance, patience, self-control, positivity, satisfaction, emotional control, optimism, self-efficacy (based on trust in God's blessing), altruism, kindness, and love [4]. Spiritual experience help individuals to believe in ones' ability to cope with stressful life conditions and illness by creating meaning and concepts of

life, a sense of belonging, and hope to reach a higher power [2,5]. Having children is one of the ideal fields for enriching spirituality, and most women refer to pregnancy and childbirth process as periods to get closer to God and make life more meaningful. The significance of the existence of a higher power in affecting birth outcomes and the use of religious beliefs and teachings as a powerful coping mechanism in the face of pregnancy challenges have made childbearing a spiritual experience [6]. Accordingly, spirituality as a part of the birth process and relevant activities should inevitably be considered [6]. From ancient times, the use of spiritual and religious teachings has been intertwined with meeting individuals' personal, religious, and spiritual beliefs and needs as a part of midwifery practices; however, this point has often been neglected by health professionals [7].

Pregnancy and childbirth care is one of the most sensitive and most prominent services of the health systems in all communities; hence, in addition to the physical dimension, psychological, social, and spiritual dimensions of human beings should also be of concern [8]. The importance of integrating spiritual approaches with midwifery care to explain pregnant women's experiences has been repeatedly highlighted [9].

In the Islamic society of Iran, where 99% of the population consists of Muslims, and mothers along with their children form a large percentage of the population, raising health issues in the form of Islamic content would have valuable consequences. In spiritual midwifery counseling, relying on mothers' religious and spiritual beliefs to support them, raise hope, and promote their self-confidence, spiritual counseling allows midwives to attract the mothers' trust and thus use available resources to help mothers more efficiently [2].

In Iran, spiritual care is usually less considered in pregnancy care programs, and most studies have addressed the effects of spirituality on improving anxiety and stress in cancer and heart patients. Given the importance of culture and religion in Iran and regarding the positive effects of spiritual experience during pregnancy, the present study aimed to determine the effect of integrating midwifery counseling with a spiritual approach on pregnant women's spiritual experience.

## Methods

The present study was a randomized controlled trial study aiming to determine the effect of counseling with a spiritual approach on pregnant women's spiritual experience in 2019. The research setting included the health centers in Abhar (five health centers), and the research population included pregnant women referring to the concerned centers.

The index of a pilot study was used to estimate the sample size. With  $\alpha = 0.05$ ,  $Z_{1-\alpha/2} = 1.96$ ,  $Z_{1-\beta} = 0.80$ ,  $S_1^2 = (6.5)^2$ ,  $S_2^2 = (7.8)^2$ ,  $(\mu_1 - \mu_2)^2 = (80.6 - 73.00)^2$ , and attrition rate of 20%, the final sample size was estimated to be 20 for each group. In this study, 40 pregnant women were selected using convenience sampling method, and they were assigned into two groups (control and experimental groups) using stratified random sampling method. Inclusion criteria were aged 18 to 35 years, wanted pregnancy, gestational age of 16-20 weeks, willingness to participate in the study, and scores  $< 22$  based on the GHQ-28 general health questionnaire. Moreover, exclusion criteria were being absence in more than two counseling sessions, medical and midwifery complications emerged during the study, unwillingness to participate in the study, and participation in a similar training program.

For the experimental group, counseling sessions by adopting a spiritual approach was held based on the spiritual skills developed by Bohari and the study protocol proposed by Asadi Zandi et al. [10]. Accordingly, eight group counseling sessions (6-8 persons) were held for 45 minutes twice a week. In these counseling sessions, the researchers spared their efforts to employ counseling principles and techniques to communicate effectively. Counseling sessions observed respect and intimacy, strengthened the spirit of self-confidence, and provided the grounds for individuals to participate in group discussions. Table 1 describes the content of each counseling session.

The required data were collected using a demographic and daily spiritual experience questionnaire in three phases, pre-intervention, and weeks 28 and 36 of pregnancy.

Demographic questionnaire addressed age, level of education, employment status of pregnant women and their husbands, family's monthly

income, parity, gestational age, history of abortions, and housing status.

The General Health Questionnaire (GHQ-28) was developed by Goldberg and Hiller in 1979. The questionnaire measures individuals' general health status in a recent month [11] and covers four aspects of physical complaint, anxiety, social incompatibility, and depression. The GHQ-28 is scored based on a four-point Likert scale ranging from 0 to 3, respectively. The total score of each aspect  $\geq 14$  indicates a disorder, the total score of  $\geq 23$  indicates a disorder in general health status. In the present study, individuals with a score  $< 22$  were included in the study.

The Persian version of the questionnaire reached acceptable validity and reliability in Taqwa's et al. study (Cronbach's alpha coefficient = 0.90) [12]. In the present study, the reliability of the questionnaire was confirmed by the Cronbach's alpha coefficient of 0.70.

The original version of Daily Spiritual Experiences Scale (DSES) was developed by Underwood and Terry (2002). The questionnaire consists of 16 questions scored based on a six-point Likert scale ranging from 0 (every day) to 6 (never). The minimum and maximum scores are

16 to 96, respectively. A higher score indicates a stronger spiritual experience as 16-36, 37-56, 57-76, and 77-96 revealed weak, moderate, strong, and very spirituality levels, respectively. Cronbach's alpha coefficient for the Persian version of this questionnaire in Iran was 0.90 [13]. In the present study, the reliability of the questionnaire was confirmed by Cronbach's alpha coefficient of 0.84. Spiritual experience in both groups was assessed at three phases, pre-intervention, and weeks 28 and 36 of pregnancy. The data were analyzed using SPSS software version 16. The data were normally distributed based on the Kolmogorov test and were analyzed using ANCOVA, the Chi-square test, and the independent t-test at 95% confidence level.

### Results

The mean age of women in the experimental and control groups was 26.65 and 28.55 years, respectively. The mean gestational age in the experimental group was 18.60 weeks, and it was 18.20 weeks in the control group, indicating no significant difference between the two groups ( $p=0.32$ ).

*Table 1: Protocol of group counseling sessions*

Meeting	Topics of each session
<b>Session 1</b>	<ol style="list-style-type: none"> <li>1- Introducing participants and getting familiar with each other, expressing the research objectives and group rules, and creating empathy;</li> <li>2- Semantics in pregnancy, including classes of comfort, better understanding of the Qur'an, tendency to have a baby with faith, stronger Without will;</li> <li>3- Paying attention to negative emotions, stress, and worries and introducing strategies to deal with them under the light of spirituality; and</li> <li>4- Examining one's attitude towards spiritual issues, the role of God, and religion in life.</li> </ol>
<b>Session 2</b>	<ol style="list-style-type: none"> <li>1- Discussing and reviewing individuals' experiences about the effect of reciting the Quran and listening to the sound of the Quran on their peace of mind;</li> <li>2- The role of charity, trust, recourse, patience, and charity (kindness and forgiveness) in managing emotions and stressors during pregnancy;</li> <li>3- Accepting the divine will and relying on the will of God as believing in a divine source provides a sense of power against pregnancy issues;</li> <li>4- Relying on the power of spirituality in pregnancy and increasing manifestations of spiritual connections in pregnancy to reduce worries during the pregnancy period;</li> <li>5- Proving relaxation training and breathing exercises and focusing on dhikr or Allah and repeating these processed 10-15 times a day; and</li> <li>6- Listening to some verses of Surah Maryam recited by volunteer members in Arabic and Persian.</li> </ol>

**Session 3**

- 1- Thinking of pregnancy opportunities/problems and enjoying pregnancy period and mothers' responsibilities from the perspective of Quran and Hadiths;
- 2- Clarifying the effects of parents' behaviors, moods, thoughts, and mental state on the fetus;
- 3- Keeping calm during pregnancy and avoiding nerve-racking conflicts and intense emotions;
- 4- Discussing the belief in the infinite power of God to increase individuals' strength in facing pregnancy problems; and
- 5- Listening to selected Surahs of the Quran (Naba, Waqi'ah, Al-Rahman) recited by Master Abd al-Basit for 10 minutes.

**Session 4**

- 1- Helping human beings and enjoying the pleasure of peace raised by forgiveness and benevolence in life;
- 2- Providing spiritual imagery and progressive muscle relaxation by using relaxation techniques and listening to relaxing music (e.g., sound of nature and rain); and
- 3- Listening to some verses of Surah Maryam recited by volunteer members in Arabic and Persian.

**Session 5**

- 1- Discussing the objective of human creation, women's role in the continuity of creation, and the value of women as mothers in creation process; and
- 2- Listening to selected Surahs of the Quran (Naba, Waqi'ah, Al-Rahman) recited by Master Abd al-Basit for 10 minutes.

**Session 6**

- 1- Discussing the role of patience and trust in God in enduring the childbirth pain and mentioning the spiritual reward of pregnancy and childbirth for mothers according to Quran and hadiths; and
- 2- Reciting Surah Al-Inshiqaq after prayer and when labor pains begin in the last weeks of pregnancy.

**Session 7**

- 1- Discussing the significance and mission of parenthood and fulfilling the mission and significant role of motherhood in women's lives from the perspective of Quran and Hadiths;
- 2- Discussing prayer therapy strategy in reducing psychological problems and increasing hope during pregnancy;
- 3- Performing ablutions during pregnancy while listening to their fetus' heartbeats; and
- 4- Listening to some verses of Surah Maryam recited by volunteer members in Arabic and Persian.

**Session 8**

- 1- Getting familiar with the concept of forgiveness and its effects on human emotions;
  - 2- Paying attention to the adverse effects of non-forgiveness, follow-up feeling of guilt on humans' soul and mind;
  - 3- Attending spiritual and religious ceremonies and forsaking sin; and
- Listening to the selected Surahs of the Quran (Naba, Waqi'ah, Al-Rahman) recited by Master Abd al-Basit for 20 minutes

Table 2 indicates that the demographic variables in the two groups were not statistically

significant; hence, the two groups were homogeneous ( $p < 0.05$ ).

**Table 2: Comparing the frequency distribution of demographic characteristics between the two study groups**

Social and Midwifery characteristics		Intervention		Control		P value
		N	%	N	%	
Education	Guidance	3	15	7	35	0.31
	Diploma	13	65	9	45	
	Academic	4	20	4	20	
Job	Unemployed	20	100	19	95	0.50
	Employed	0	0	1	5	
Family's monthly income	Not enough	2	10	1	5	0.42
	Almost enough	7	35	11	55	
	Enough	11	55	8	40	
Housing status	Landlord	8	40	7	35	0.74
	Tennent	12	60	13	65	
Gravid	First pregnancy	10	50	10	50	1
	≥ two pregnancies	10	50	10	50	

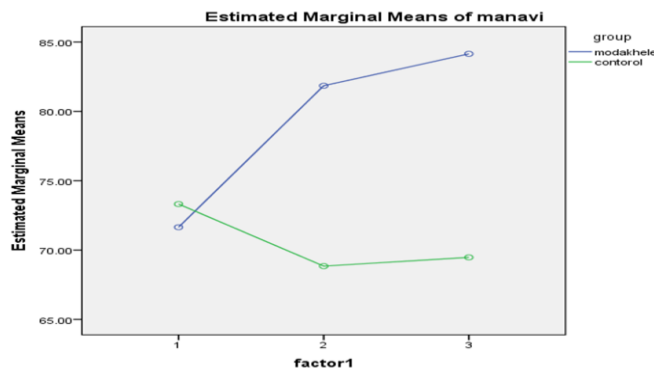
Table 3 shows that the mean score of spiritual experience in the pre-intervention phase was 73.31 in the control group and 71.65 in the experimental group. The comparison of the mean scores of spiritual experience in the pre-intervention phase between the two groups was not statistically significant; hence, the two groups were homogeneous ( $p=0.59$ ).

The mean score of spiritual experience in the experimental group increased in the second and third trimesters, compared to the control group. The observed difference between the two groups was statistically significant ( $p=0.001$ ). The comparison of the mean scores between the two groups at the three time intervals is shown in Figure 1.

**Table 3: Comparison of spiritual experience mean scores at three time intervals (before intervention, week 28 - week 36) in experimental and control groups**

Variable	Time	Intervention	Control	**P value	F	Eta	Mean diff	*P value
Spiritual experience	Before intervention	sd± mean		0.59	4.36	0.55	8.67	0.001
	Week 28	71.65±8.95	73.31±7.11	0.001				
	Week 36	81.85±4.55	68.84±8.08	0.001				
		84.14±3.93	69.47±8.23	0.001				

\*\*Group effect, \* Time and group effect



**Figure 1: Spiritual experience variations in the experimental and control groups**

CONSORT Flow Diagram

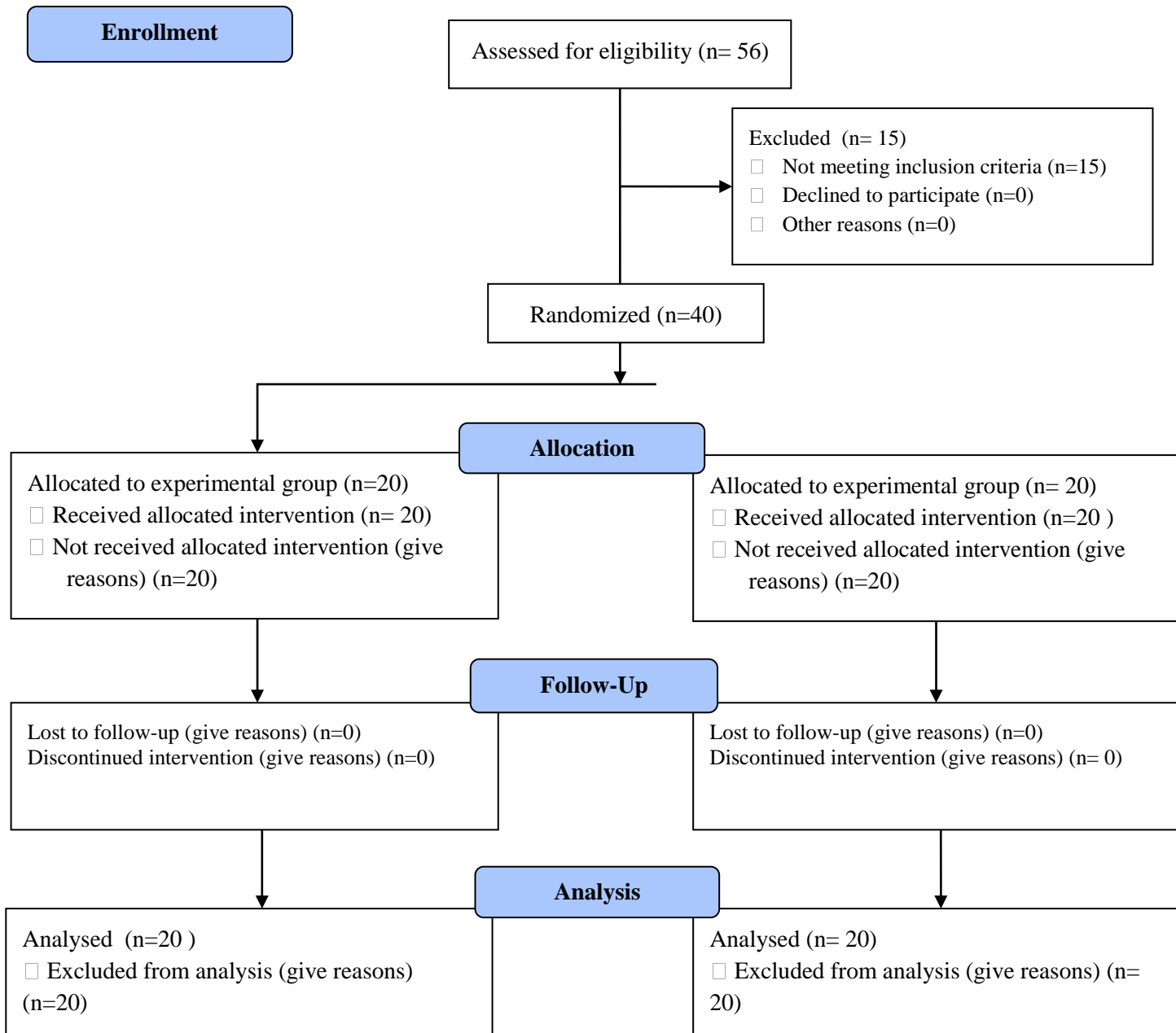


Table 4 shows a statistically significant difference between the two groups in terms of spiritual experience before intervention ( $p = 1.00$ ). The difference of the spiritual experience frequency between the experimental and control groups in the weeks 28 and 36 of pregnancy were

statistically significant. In the experimental group, the percentage of individuals with highly strong experiences increased from 35% in the third trimester to 95% in the third trimester; however, it decreased from 35% to 20% in the control group ( $p=0.001$ ).

**Table 4: Comparing the frequency and percentage of spiritual experience among pregnant women in the experimental and control groups at three time intervals**

P value●	Spiritual experience too strong	Spiritual experience Strong	Spiritual experience medium	Spiritual experience Weak	Groups	Time
	Frequency%	Frequency%	Frequency%	Frequency%		
<b>1.000</b>	7(35)	12(60)	1(5)	0(0)	Experimental	Before intervention
	7(35)	12(60)	1(5)	0(0)	Control	
<b>0.001</b>	17(85)	3(15)	0(0)	0(0)	Experimental	Week 28
	2(10)	16(80)	2(10)	0(0)	Control	
<b>0.001</b>	19(95)	1(50)	0(0)	0(0)	Intervention	Week 36
	4(20)	15(75)	1(5)	0(0)	Control	

## ●Chi-square

**Discussion**

According to the findings, the mean scores of spiritual experience in the experimental group increased in the second and third trimester, compared to the control group. In this regard, the mean score of spiritual experience in the pre-intervention phase was 73.31 in the control group, which decreased to 69.47 in the third trimester. Meanwhile, the mean score of spiritual experience in the experimental group in the pre-intervention phase was 71.65, which increased by 84.15 in the third trimester. The observed differences between the two groups were statistically significant.

Tayebi et al. showed that the mean spiritual experience score of pregnant women in the third trimester of pregnancy was 75.96 [14], which was higher than the mean spiritual experience score obtained in the present study. However, the spirituality-oriented intervention in this study increased it by 84.15. Since spirituality is an important factor in promoting the health status of mother and fetus [14], it plays a critical role in accepting pregnancy [15]. Moreover, communication with God as a spiritual need is beneficial in many stressful conditions, including pregnancy. The use of spiritual counseling in routine pregnancy care can be considered by health professionals as such pregnant women can use its benefits to tackle with the challenges of pregnancy.

The use of spiritual counseling in various aspects of pregnancy and childbirth, including pregnancy stress and labor self-efficacy has been emphasized in some studies [16]. Although no study has addressed the effect of spiritual counseling on improving pregnant women's spiritual experience,

the results are in line with the positive effects of spiritual counseling on improving MS patients' spiritual experiences [17]. Geary et al. (2011) reported a similar finding. In their study, after an 8-week meditation training course, the health workers' daily spiritual experience increased significantly, compared to the control group, which lasted for a year [18].

In this study, in the experimental group, spiritual counseling increased spiritual experience and lasted until the third trimester. In this regard, the level of spiritual experiences increased from 35% to 95%. In another study, 69.5% and 30.5% of pregnant women had high and moderate spiritual health, respectively. The mean score of spiritual health was 59.15 [10]. Spiritual health had a significant relationship with education, number of deliveries, and income. The results of this study are not consistent with those of the present study as the percentage of pregnant women with high levels of spirituality in the present study was larger [19]. In another study, 43.4% and 65.6% of pregnant women had moderate and high spiritual health scores, respectively. Spiritual health had a significant relationship with occupation, gestation, and marriage age. There was also a positive and significant relationship between pregnant women's spiritual health and their self-efficacy [20]. These findings are not also consistent with the results of the present study. The findings suggest that pregnancy can be a new phase of life, which promotes self-improvement, purposefulness, foresight, and hope. Increased attachment to a divine power, the feeling of prosperity, and the beginning of a new phase of life during pregnancy and childbirth have also

been highlighted [9]. Spiritual approach to midwifery counseling provides a meaningful perspective to life by creating an attitude beyond normal life. Accordingly, feelings of peace and relief from psychological stress are raised by pregnancy, it making individuals adapt to the existing conditions and consider their health condition.

### Conclusion

The findings of the present study showed that the integration of midwifery counseling with a spiritual approach was effective in improving pregnant women's spiritual experience. It seems that the approach adopted in this study provides an acceptable basis for designing intervention programs in this field as such it can be considered by researchers, counselors, and midwives.

One of the limitations of this project was data collection using a self-report questionnaire. To overcome this limitation, the researcher explained the research objectives and the importance of the collected data in promoting mothers and their babies' health status. The participants also ensured the confidentiality of their personal information.

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### Conflict of interest

There was no conflict of interest in the present study.

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