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The Comparison of the Features of Mental Health and Marital Intimacy between Mothers with Healthy Children and Mothers with Children who had been under Congenital Heart Diseases Surgery: A case study in Dena Hospital, Shiraz

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ABSTRACT

The objective of the present study was to compare the features of mental health and marital intimacy between mothers with healthy children and mothers with children who had been under congenital heart diseases surgery. The applied method was causal-comparative. The statistical community included 100 mothers. In order to gather data, two questionnaires were applied: Bagarozzi marital intimacy and mental health (DASS) questionnaires. The sampling method was available. In order to analyze data, F-test in two independent communities was applied by multivariate analysis of variance (MANOVA). It was concluded that there was a significant difference in marital intimacy and mental health between mothers with children that had been under congenital heart diseases surgery and mothers with healthy children. The marital intimacy and mental health of mothers with healthy children was significantly more than mothers with children suffered from heart disease. There was a significant difference between the dimensions of marital intimacy and mental health of mothers with children who had been under congenital heart diseases surgery and mothers with healthy children.

Key words: Congenital Heart Diseases, Mental Health and Marital Intimacy.

INTRODUCTION

The marriage is the start of family formation and it is considered as the best social custom to meet the emotional and security needs of the adults. The satisfying marriage is regarded as one of the most important factors of mental health in the society as the intimacy in the satisfying marriage plays an important role [7].

It must be considered that if there are some undesirable problems for satisfying the psychological needs between the couples, not only no mental health will be achieved but also the marital intimacy between them will be disappeared. Thus, some negative effects and sometimes, irreparable effects will be remained such as Neurological disorders, depression and suicide that may the consequences of family problems [7].

One of the undesirable conditions that may destroy the family system is the changing the relationship between parents and children in the family [14].

Evidence suggests that sometimes, some undesirable conditions such as the illness of one of children in the family may be associated to varying degrees with disturbances in family and marital functioning. It may change the parents-children relationships and disrupts some family variables such as marital intimacy and mental health.

In the last decades, the psychologists believe that the parents' intimacy reduces the risk of psychiatric disorders in kids but the physical disorders of kids may result in mental disorders of the parents [8].

Some undesirable conditions in the interactional system of family result in changing the parents-children relationship. Ultimately, the disruption of this relationship may cause various changes in many family variables and it may be harmful for mothers. Some of these variables are the marital intimacy and mental health in the family.

The marital intimacy means the emotional intimacy. In another word, it means some behaviors which the couples comprehend each other more by them. The marital intimacy in the family system is so important and it is the natural need of human from the birth to death. The intimacy, share the love, affection, contact, Empathic understanding, Feeling of safety in times of need and feeling of security in relations. The need to intimacy is one of the main parts of human's life. The way to express intimacy is different for all of us with regard to our characteristics and life experiences [12].

One of the undesirable and stressful conditions which may influence on most of family variables is the illness of one of kids [1].

The increase of discomforts and mental stresses for the kid who suffers from various diseases such as congenital heart disease and the mother of that kid may influence on the parents-child relationship and also the couples relationships. These effects may change the family system. One of these effects which may change the family system is as follow: the damage in marital intimacy and the mental health of mothers with children with the congenital heart disease which this process may cause irreparable results [9].

The birth of a child with the congenital heart disease causes the anxiety and mental stresses for the mother. The birth of sick child may significantly hurt the mutual relationships of the couples, the child-parents relations and even the relationship of the sick child with other members of family [9].

Thus, the objective of the present study is to achieve a predictive pattern to compare the level of mental problems (trauma), damage in marital intimacy, mental health and implement the next therapeutic interventions to restrict these damages and minimize the disturbances of family system.

According to the above-mentioned descriptions, in the present study, it is attempted to compare the features of mental health and marital intimacy between mothers with healthy children and mothers with children who suffer from heart diseases.

With regard to the significant role of parents especially mother in the family, the most of studies about the children who suffer from heart diseases have been focused on the relationship of mothers with these children [7].

The treatment duration of children with congenital heart diseases, regardless of how long it will take, make the mothers more stressful and anxious. It seems that this period of time that may followed by stress for loss of children cause the damage and mental stress and also it disrupts the balance of family system.

Thus, the importance of one scientific study is necessary to compare the level of marital intimacy and the mental health between mothers with healthy children and mothers with children who are suffering from congenital heart diseases.

With this study, the effects of stresses from the surgery of child's heart on the two variables of marital intimacy and mental health of mothers are perceived and compared with the mothers of healthy child.

1.1. Objectives

1.1.1. Main objectives

1. The comparison of marital intimacy between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.
2. The comparison of mental health between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.

1.1.2. Secondary objectives

1. The comparison of scores between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery from the following dimensions of marital intimacy: emotional intimacy,

psychological intimacy, intellectual intimacy, sexual intimacy, physical intimacy, spiritual intimacy, aesthetic intimacy and social-recreation intimacy.
2. The comparison of scores between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery from the following dimensions of mental health: depression, anxiety and mental stress.

1.2. Main Hypotheses
1. There is a significant difference between the marital intimacy of mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.
2. There is a significant difference between the mental health of mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.

1.2.1. Secondary Hypotheses
1. There is a significant difference in the dimensions of marital intimacy (emotional intimacy, psychological intimacy, intellectual intimacy, sexual intimacy, physical intimacy, spiritual intimacy, aesthetic intimacy and social-recreation intimacy) between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.
2. There is a significant difference in dimensions of mental health (depression, anxiety and mental stress) between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.

3. Review Literature
In a study about "Quality of life among parents of children with heart disease", the aim of study was to describe the quality of life of parents with children who were suffering from heart diseases. In that study, it was found that quality of life among parents with children with heart diseases was significantly impaired and it was influenced by several factors; mainly related to the clinical status of the child, psychological status and social support[2].

In another study about "Parental adjustment, marital relationship, and family function in families of children with autism",the psychopathology, marital relationship, and family function in parents of children with autistic disorder (autism) as compared to parents of typically developing children were investigated. Those measures were also compered between the mothers and the fathers. It was found that both parents of children with autism suffered from more psychopathology and less dyadic consensus than parents of typically developing children; mothers of children with autism, perceived less marital satisfaction, affection expression, family adaptability and cohesion than mothers of typically developing children. It was also found that mothers of children with autism displayed more psychopathology and marital maladjustment than did the fathers. Those findings highlighted that parents of children with autism encountered more psychological problems, marital difficulties and family dysfunction, particularly their mothers [13].

In a study that was conducted about " Marital satisfaction and life circumstances of grown children with autism across 7 years, the marital satisfaction in 199 mothers with child with an autism spectrum disorder (ASD)across 7 years was evaluated . Also, the impact of the departure of the adult child out of the family home on mothers' marital satisfaction was examined. It was concluded that the closeness in the mother–child relationship and household income had a significant effect on level of marital satisfaction, and that variability in the slope of mothers' marital satisfaction was significantly predicted by fluctuations in the behavior problems of the adolescent or adult child with an ASD [4].

In another study that was conducted about "The association between autism symptom severity and parental marital satisfaction", the severity of the ASD symptoms have also been found to be associated with increased parenting stress and decreased social support, factors that predicted decreases in marital quality. The marital quality of mothers also appeared to be more strongly and consistently associated with child symptom severity than father [5].

In a research about "Relationship satisfaction among mothers of children with congenital heart defects: A prospective case-cohort study" that was conducted, the level of partner relationship satisfaction among mothers of children with different severity of congenital heart defects (CHD) compared with mothers in the cohort was assessed. All women in the cohort experienced decreasing relationship satisfaction from 18 months after delivery up to 36 months after treatment of their children. It was concluded that having a child with CHD, regardless of severity, did not appear to exacerbate the decline in relationship satisfaction [3].

In a study about "Stress and marital satisfaction of parents with children with disabilities in Hong Kong", the associations among sources of parenting stress, sharing of child care responsibilities, and marital satisfaction of parents with children with disabilities in Hong Kong were examined. Results indicated that handling their children's

emotions and behaviors was the most stressful experience. Linear regression analysis showed that the amount of sharing of child care responsibilities and the stress of time allocation were significant predictors for decreasing the marital satisfaction for parents with children with disabilities in Hong Kong [15].

In another research that was conducted about" Marital satisfaction in parents of children with attention deficit/ hyperactivity disorder in comparison with parents of normal children ", it was found that the marital intimacy was reduced in the parents with children with ADHD . With regard to the findings, it was concluded that the demographic variables such as education level was considered as a significant factor in the marital satisfaction of parents with ADHA children [16].

In a study about "Marital satisfaction amongst parents of children with attention deficit hyperactivity disorder and normal children", the objective was to compare the marital satisfaction of parents with ADHA children and parents with normal children. The findings indicated that there was a significant difference between the marital satisfaction of parents with ADHA children and parents with normal children. The level of marital satisfaction in parents with ADHA children was 28% lower than the parents with normal children. It was concluded that the parents with ADHA children had lower marital satisfaction in compared to the parents with normal children[10].

In another study about" Comparison of marital satisfaction in families with mentally retarded, deaf and nondisabled children", the objective was to compare the marital satisfaction in families with mentally retarded, deaf and nondisabled children. The method of this study was a causal-comparative. The results showed that there was significant difference in the levels of marital satisfactions between families with mentally retarded, deaf and nondisabled children [6].

In a study about "Comparison of quality of life between parents of students with and without intellectual disabilities", the objective of the study was to investigate the quality of life between parents of student with and without intellectual disability. The result of independent sample t-test revealed that there was significant difference between the quality of life of those parents who had children with and without intellectual disability [11].

EXPERIMENTAL SECTION

The method of this study was causal-comparative.

3.1. Statistical Community

The statistical community was all mothers with children who had been under congenital heart diseases surgery in Dena Hospital and all mothers with healthy children who referred to Family Clinic in Dena hospital in Shiraz to perform the healthy cares and growth curve of their children in Shiraz.

3.2. Sample and Sampling Method

The sample was 100 mothers (50 mothers with children who had been under congenital heart diseases surgery and 50 mothers with healthy children)

The study was conducted in Dena hospital, surgery unit and the clinic of Dena hospital, monthly check and normal growth curve unit, Shiraz city, Fars province.

1. 50 mothers with children who suffered from congenital heart diseases had referred to Dena hospital for one year and their children had been under congenital heart diseases surgery.
2. 50 mothers with normal children who referred to clinic to draw their children's growth curve and check their children's height and weight monthly.

It must be mentioned that all mothers was homogeneous in the variables such as
Age: 20-40 years old,
Education: holders of diploma, bachelor degree and master degree ,
Employment and house keeper,
Marriage Terms: 2-10 years
Family Earnings: 1.5 to 2 million Tomans.

3.3. Instruments

In order to gather data, two questionnaires were applied: Bagarozzi marital intimacy and mental health (DASS) questionnaires.

3.3.1. Mental Health (DASS) Questionnaires

This questionnaire examines the psychological factors such as depression, anxiety and mental stress. Its original form has 42 questions. In this study its shortened form with 21 questions were applied. It is measured according to Likert scaling: very similar with my score (3), similar with my score (2), different from my score (1) and very different with my score (0).

3.3.1.1. Reliability and Validity

Three factors of depression, anxiety and mental stress are examined by DASS. In this scaling, the stress means the physical and mental stresses. The studies conducted by Lovibond & Lovibond (1995) indicated that the reliability for the secondary subscales was 81%, 79% and 71% for stress, anxiety and depression respectively. The validity of 1 was achieved for the anxiety and depression with the correlation coefficients 81% and 74% respectively. Thus, the mentioned scale had the appropriate validity and reliability for the present thesis. This test is applied for more than 15 years old people.

3.3.2. Bagarozzi Marital Intimacy Questionnaire

This questionnaire consists of 41 questions and it examines the emotional intimacy, psychological intimacy, intellectual intimacy, sexual intimacy, physical intimacy, spiritual intimacy, aesthetic intimacy and social-recreation intimacy.

Dimensions	Questions
Emotional intimacy	1-5
Psychological intimacy	6-10
Intellectual intimacy	11-15
Sexual intimacy	16-20
Physical intimacy	21-25
Spiritual intimacy	26-31
Aesthetic intimacy	32-36
Social-recreation intimacy	37-41

3.3.2.1. Reliability and Validity

According to the thesis of Hushmand (2012), the validity of questionnaire was confirmed by two academic professors and then the questionnaire was distributed for the statistical sample. Also, the Cronbach's alpha was calculated. Usually, the Cronbach's alpha reliability coefficient is ranged from zero (lack of stability) to +1(total reliability). Whatever the final amount is closer to +1, the reliability of questionnaire is more. The Cronbach's alpha is presented as the following table for the marital intimacy questionnaire:

Table3.1: the amount of Cronbach's alpha in Bagarozzi marital intimacy questionnaire

Dimensions	Cronbach's alpha
Emotional intimacy	71%
Psychological intimacy	65%
Intellectual intimacy	58%
Sexual intimacy	73%
Physical intimacy	48%
Spiritual intimacy	70%
Aesthetic intimacy	76%
Social-recreation intimacy	66%

3.3.2.2. Methodology

First, the researcher distributed the questionnaire to the mothers with children suffered from the congenital heart diseases who referred during a period of time to the surgery unit. The mothers were assured to keep their private issues in secret. Then, the researcher distributed the questionnaire to the mothers with normal children who referred to the clinic of Dena hospital to check the height, weight and growth curve of their children. Those mothers were also assured to keep their private issues in secret. They were also asked to fill the questionnaires.

3.2.2.3. Data Analysis

The data were gathered by the two questionnaires of mental health and marital intimacy. The data were analyzed in both descriptive and inferential levels. The ANOVA test and t-test as two independent community as well as Multivariable Analyze of Variance (MANOVA) were used. Finally, all data were analyzed and the results were obtained.

RESULTS

The objective of the present study was to compare the features of mental health and marital intimacy between mothers with healthy children who referred to Dena clinic in Shiraz to check the weight, height and growth cure of their children and mothers with children who had been under congenital heart diseases surgery in Dena hospital. The questionnaires were distributed to 100 mothers.

4.1. Descriptive data

In tables 4.1 and 4.2, the average and standard deviation for variables marital intimacy and mental health as well as their dimensions in the mothers with healthy children and mothers with congenital heart diseases 'children are shown.

In tables 4.3 and 4.4, the total score of mental health and marital intimacy between the both groups of mothers with healthy children and mothers with congenital heart diseases 'children are shown.

Table 4.1: statistical indicators of mental health of mothers with healthy children and mothers with congenital heart diseases 'children

Dimensions	Group	Number	Average	standard deviation
Depression	With ill children	50	26.12	4.23
	With normal children	50	12.96	2.32
Anxiety	With ill children	50	23.90	4.89
	With normal children	50	12.76	2.48
Mental stress	With ill children	50	21.68	4.57
	With normal children	50	13.40	2.78

Table 4.2: statistical indicators of marital intimacy of mothers with healthy children and mothers with congenital heart diseases 'children

Dimensions	Group	Number	Average	standard deviation
Emotional intimacy	With ill children	50	28.24	5.78
	With normal children	50	44.80	1.72
Psychological intimacy	With ill children	50	27.82	6.05
	With normal children	50	45.28	2.08
Intellectual intimacy	With ill children	50	28.84	6.99
	With normal children	50	45.52	1.96
Sexual intimacy	With ill children	50	28.76	7.18
	With normal children	50	45.36	2.42
Physical intimacy	With ill children	50	29.44	5.74
	With normal children	50	45.36	2.47
Spiritual intimacy	With ill children	50	38.18	6.19
	With normal children	50	54. 9	2.84
Aesthetic intimacy	With ill children	50	29.68	5.3
	With normal children	50	44.86	2.47
Social-recreation intimacy	With ill children	50	28.74	6.56
	With normal children	50	44.42	1.98

4.2. Inferential Findings

4.2.1. Main Hypothesis 1

There is a significant difference between the marital intimacies of mothers with children who are under congenital heart diseases surgery and mothers with normal children.

Table 4.3: the comparison of marital intimacies for mothers with children who are under congenital heart diseases surgery and mothers with normal children

Dimension	Group	Number	Average	Standard Deviation	F-level	p-level	T	DF	P
Marital intimacy	With ill children	50	239.7	32.6	16.552	0.000	-26.026	66.515	0.000
	With normal children	50	370.5	14.0					

The results of table 4.3 indicate that there is a significant difference between the marital intimacies of mothers with children who are under congenital heart diseases surgery and mothers with normal children($p<0.01$) and the marital intimacy is significantly more in mothers with normal children than the mothers with children who are under congenital heart diseases surgery.

4.2.2. Main Hypothesis 2

There is a significant difference between the mental health of mothers with children who are under congenital heart diseases surgery and mothers with normal children.

In order to evaluate the above mentioned hypothesis, T-test was used for two independent communities. The results are shown in table 4.4. Before that, the variances that were assumed equal were evaluated. Since for the mental health p-level was more than 0.01 (p-level>0.01) , according to Levin Test , the variance equality was confirmed in 1% level.

Table 4.4: the comparison of mental health for mothers with children who are under congenital heart diseases surgery and mothers with normal children

Dimension	Group	Number	Average	Standard Deviation	F-level	p-level	T	DF	P
Marital intimacy	With ill children	50	71.7	9.11	6.371	0.013	20.791	98	0.000
	With normal children	50	38.92	6.42					

The results of table 4.4 indicate that there is a significant difference between the mental health of mothers with children who are under congenital heart diseases surgery and mothers with normal children ($p<0.01$) and the mental health is significantly more in mothers with normal children than the mothers with ill children. (In the mental health questionnaire, as the score is lower, the healthy level is more.)

4.2.3. Secondary Hypothesis 1

There is a significant difference in the dimensions of marital intimacy between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.

In order to test this hypothesis, MANOVA analysis was used. The results are shown in table 4.5.

Table 4.5: The comparison of marital intimacy's dimensions of mothers with healthy children and mothers with children who are under congenital heart diseases surgery

Distribution Source	Dimensions	Sum of Squares	Freedom Degree	Average of Squares	Test Statistics	P	R^2
Group	Emotional intimacy	6872.41	1	6872.41	377.415	0.000	0.794
	Psychological intimacy	7621.29	1	7621.29	372.055	0.000	0.792
	Intellectual intimacy	6955.56	1	6955.56	264.081	0.000	0.729
	Sexual intimacy	6889	1	6889	240.31	0.000	0.71
	Physical intimacy	6336.16	1	6336.16	324.789	0.000	0.768
	Spiritual intimacy	6988.96	1	6988.96	301.211	0.000	0.755
	Aesthetic intimacy	5760.81	1	5760.81	337.07	0.000	0.775
	Social-recreation intimacy	6146.56	1	6146.56	261.692	0.000	0.728
Error	Emotional intimacy	1784.5	98	18.209		0.000	
	Psychological intimacy	2007.46	98	20.484		0.000	
	Intellectual intimacy	2581.2	98	26.339		0.000	
	Sexual intimacy	2812.64	98	28.7		0.000	
	Physical intimacy	1911.84	98	19.509		0.000	
	Spiritual intimacy	2273.88	98	23.203		0.000	
	Aesthetic intimacy	1674.9	98	17.091		0.000	
	Social-recreation intimacy	2301.8	98	23.488		0.000	
Total of correction	Emotional intimacy	8656.91	99			0.000	
	Psychological intimacy	9628.75	99			0.000	
	Intellectual intimacy	9536.76	99			0.000	
	Sexual intimacy	9701.64	99			0.000	
	Physical intimacy	8548	99			0.000	
	Spiritual intimacy	9262.84	99			0.000	
	Aesthetic intimacy	7435.71	99			0.000	
	Social-recreation intimacy	8448.36	99			0.000	

The results of this test (WILK 'S Lambda=0.036, F=305.654, P=0.000) indicates that there is a significant difference in the dimensions of marital intimacy between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery ($p<0.01$).

The results of univariate analysis in table 4.5 indicates that there is a significant difference in the dimensions of marital intimacy between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery ($p<0.01$). The rate of difference is about 79, 79, 73, 71, 77, 75, 77 and 73% respectively according to R^2 column.

4.2.4. Secondary Hypothesis2

There is a significant difference in the dimensions of mental health between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.

In order to test this hypothesis, MANOVA analysis was used. The results are shown in table 4.6.

Table 4.6: The comparison of mental health 's dimensions of mothers with healthy children and mothers with children who are under congenital heart diseases surgery

Distribution Source	Dimensions	Sum of Squares	Freedom Degree	Average of Squares	Test Statistics	P	R^2
Group	Depression	4329.64	1	4329.64	4329.458	0.000	0.792
	Anxiety	3102.49	1	3102.49	206.605	0.000	0.678
	Mental stress	1797.76	1	1797.76	125.585	0.000	0.562
Error	Depression	1139.2	98	11.624			
	Anxiety	1471.62	98	15.017			
	Mental stress	1402.88	98	14.315			
Total of correction	Depression	5468.84	99				
	Anxiety	4574.11	99				
	Mental stress	3200.64	99				

The results of this test (WILK 'S Lambda=0.177, F=149.003, P=0.000) indicates that there is a significant difference in the dimensions of mental health between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery ($p<0.01$).

The results of univariate analysis in table 4.6 indicates that there is a significant difference in the dimensions of mental health between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery ($p<0.01$). The rate of difference is about 79, 68, and 56% respectively according to R^2 column.

DISCUSSION

5.1. Hypotheses

5.1.1. Main Hypothesis 1

As you can see in table 4.3, this hypothesis is confirmed. According to table 4.3, the results indicate that there is a significant difference between the marital intimacies of mothers with children who are under congenital heart diseases surgery and mothers with normal children ($p<0.01$) and the marital intimacy is significantly more in mothers with normal children than the mothers with children who are under congenital heart diseases surgery.

5.1.2. Main Hypothesis2

As you can see in table 4.4, this hypothesis is confirmed. According to table 4.4, the results indicate that there is a significant difference between the mental health of mothers with children who are under congenital heart diseases surgery and mothers with normal children ($p<0.01$) and the mental health is significantly more in mothers with normal children than the mothers with children who are under congenital heart diseases surgery.

The anxiety, depression and stress are the sub-dimensions of mental health. These disorders are influenced by the environmental factors. The members of family must match themselves with the changing needs of other members and their anxieties, losses and mental stresses inside and outside of family. The mental health and reducing the mental stress in one member help the improvement of health and reducing the mental stress of other members of the family.

Thus, it can be argued that when a family encounters with some constant pressures and problems such as illness of children, increase of medical treatment costs and unaffordability to pay the financial funds, their tolerance level will be reduced and this causes that the scores of sub-dimensions of mental health are raised in mothers with ill children compared to mothers with healthy children.

5.1.3. Secondary Hypothesis 1

According to table 4.5, there is a significant difference in the dimensions of marital intimacy (emotional intimacy, psychological intimacy, intellectual intimacy, sexual intimacy, physical intimacy, spiritual intimacy, aesthetic intimacy and social-recreation intimacy) between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.

In order to test this hypothesis, MANOVA analysis was used. From this table, it is evident that the difference is in 0.01 levels.

5.1.4. Secondary Hypothesis 2

There is a significant difference in the dimensions of mental health (depression, anxiety, stress) between mothers with healthy children and mothers with children who have been under congenital heart diseases surgery.
The results are observable in table 4.6. From this table, it is evident that there is a significant difference($P<0.01$).

According to the results of this study, the main reason for most mental stresses and also the dissatisfaction of women from their lives is that there is an ill child in their family. In the most recent researches, it is reported that if there is an ill child in the family, it may result in appearing most of family problems and most of dissatisfactions between the couples. With regard to this fact that, the women consist half of population of each society and they are the mothers of future individuals in that society , it seems that the expectations from women is high because of their natures from physical and emotional points of view. The birth of an ill child in a family results in raising the social and mental stresses on the mothers. It seems that all people of society must try to promote the mental health of women as they want to improve their mental health.

This study is the continuation on the cited researches about the detection of all harms and damages to mothers with ill children that was conducted in two fields of marital intimacy of mothers with heart disease's children and the mental health of mothers with heart disease's children in compared with the mothers with normal children. The women in the role of mothers and wives with having ill children are exposed with various mental damages as dissatisfaction from marital intimacy in their family that ultimately, it causes that their family systems are weaken.

6. Limitations

1. With regard to this fact that the research has been accomplished on a special community (mothers with ill children and mothers with healthy children) , it seems that it is required to conduct more researches in a broader level on the mothers with ill children.
2. The number of questions in two questionnaires and the possibility of lack of precision and enough patience in responding to the questions.
3. The lack of concepts in some questions and their mismatch with the conditions of subjects and the responding with low-grade reliability.
4. The special attitude of some subjects to the study because of different fields of study, education levels, familiarity with the topic and the possibility of biases in responding to the questions.

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