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Systematic Review (Pages: 10621-10633)

The Effect of Religious Beliefs and Spirituality Training on Family Health: A Systematic Review and Meta-Analysis

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Abstract

Background: A religious belief and spirituality training of women can have a significant impact on various dimensions of individual and family health, including mental health and quality of life. The aim of this study was to review and summarize the results of trials conducted on the effect of religious beliefs on marital satisfaction spirituality training on mother's health with ill children.

Materials and Methods: In this systematic review and meta-analysis, at first, English databases such as Medline, Scopus, ISI Web of Science, Cochrane Library, EMBASE, and Persian databases such as SID and Magiran were systematically searched without any time limitation up to May, 2019. The search keywords including: "spirituality, spiritual, children religious, religion, religiousness, religiosity, marital satisfaction, marital status and marital relationship" were used in order to find related studies. Study selection was done by two reviews.

***Results*:** Totally 19 related articles were found. Meta-analysis of the combination of the results showed that religious education is the factor increasing the marital satisfaction among those who had received this education system in comparison with ones who had not. The value of effects obtained from the mentioned studies was 1.38 (95% CI: 1.11 to 1.66: heterogeneity; I^2 = 0%, p=0.634), which is statistically significant (p <0.001). Spirituality training on mothers of mothers or caregivers with ill children resulted in a significant improvement in distress level, depressive symptoms, social functioning and some of components of spiritual resiliency such as patience, contentment, reliance and thanks giving.

***Conclusion*:** Religious belief teaching is effective on marital satisfaction. Spirituality training can significantly improve mental health of mothers with ill children.

Key Words: Family, Health, Marital Satisfaction, Religious Beliefs, Spirituality.

*Please cite this article as: Najaf Najafi M, Kargozar E, Mottaghi M, Dehghani N, Razmjouei P, Hoseini ZS, et al. The Effect of Religious Beliefs and Spirituality Training on Family Health: A Systematic Review and Meta-Analysis.. Int J Pediatr 2019; 7(12): 10621-633. DOI: **10.22038/ijp.2019.42856.3589**

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Received date: Jul 25, 2019 ; Accepted date: Nov. 12, 2019

1- INTRODUCTION

Family, which religious scholars, sociologists and psychologists are concerned, is recognized as one of the most salient social institutions. The family formed by men and women's marriage is the smallest element of a community. Indeed, marriage is the outset of marital life and family institution (1-3) in which there is a place for learning, shaping the beliefs and the ethical values, and nurturing the family members. According to Muhammad, the prophet of Islam, the marriage and the family formation are the most precious and dearest human institution to God (4, 5). Marital adjustment and satisfaction, the sense of satisfaction and happiness between the Put differently, marital satisfaction is gained when couples enjoy their relationship in every aspect of life (6). In case of having an intimate and adaptive relationship, the couples will be capable of providing a healthy and warm environment for themselves and also for nurturing their children; otherwise, this family would be deprived of the growth and excellence and caused problems not only for themselves but also for the entire society (7, 8).

Religion is a set of beliefs on the basis of which an individual takes some actions and forms his or her identity. According to the religious teachings, the couples' religious adherence steers calmness and effective communication throughout the marital life (9, 10). As seen in the previous research, the religion effects on the relationship among the family members, parents in particular, and individual behaviors (11). Chronic conditions also significantly affect the family performance, so that they can leave this social unit with several tasks, materials, physical, psychological and social concerns and responsibilities (12). Spirituality for the family in which they take care of the chronic condition patient, provides hope and life value, helps them to cope with their child's illness, and gives them an effective defense mechanism (12). The spirituality consideration (praying) is an authoritative, constant and promising source identifying a novel approach of accepting the reality. However, what is noteworthy is the expression and explanation of the effect of spirituality on family health. According to the results of the studies, the high level of spirituality in people causes the high level of the life qualification, happiness, life satisfaction, purposefulness, meaningfulness, self-esteem, marital stability, social support receiving, quicker coping with lamentation, quicker depression treatment, the lower level of loneliness, depression, the suicide rate, anxiety, and psychosis (13). Our society, in Iran, is known as a religion-based society in which the religion plays a key role in the formation of family relations. Hence, it seems necessary to conduct studies related to the culture and the religion (14). Additionally, there is not enough and precise information concerning the spiritual health of mothers with a sick child. This study aimed at evaluating and summarizing the results of the clinical trials conducted toward the effects of religious beliefs on the spiritual satisfaction as well as the spiritual health of mothers with sick child through the systematic review and meta-analysis.

2- MATERIALS AND METHODS

2-1. Method

In this systematic review, English databases such as Medline (via PubMed), Scopus, ISI Web of Science, Cochrane Library and EMBASE were systematically searched without any time limitation up to May 23, 2019. Search words were a combination of (Spirituality OR Spiritual OR Religious OR Religion, OR Religiousness OR Religiosity) AND (Marital satisfaction OR Marital status OR Marital relationship OR Mothers OR

Maternal) were used in order to find studies related to the effects of religious beliefs on marital satisfaction. For further studies, Persian databases such as "SID" and "Magiran" were also searched with Persian keywords such as religious beliefs, religion, spiritual beliefs, spirituality, marital satisfaction, marital intimacy, marital conflicts, as well as references of the overview articles related to the religious beliefs, marital satisfaction and references of articles intervened in the study were surveyed to find more articles. Two authors separately reviewed the titles and abstracts of the articles. If the subject of the article appeared related, they extracted and reviewed the full-text article. Finally, the articles that met the inclusion criteria were assessed in terms of the quality.

2-2. Eligibility criteria

Participants, interventions, comparators, and outcomes (PICO) was used to formulate the review objective and inclusion criteria.

Participants: Healthy mother and mothers with ill children.

Interventions*:* Religious beliefs on healthy mother or spirituality training on mothers with ill children.

Comparators*:* Either religious beliefs or spirituality training vs. control group, before vs. after treatment.

Outcome: In the systematic review and meta-analysis, two primary outcomes were significant increase in marital satisfaction and mother's health with ill children.

2-3. Study selection

Database search was done for possible studies, abstracts of the studies were screened for identification of eligible studies, full text articles were obtained and assessed and a final list of included studies was made. This process was done independently and in duplicate by two reviewers and any disagreement was resolved by the 3rd reviewer.

2-4. Data collection process

To extract data, a table was made containing the variables of the first author of the article, the year of publication, the type of study, the method of assigning samples to the two groups, the participants in the study, the method of intervention, the measure taken in the control group, the instrument for measuring martial satisfaction and the outcomes of the study. Two reviewers collected the data independently, collected data was combined and compared for accuracy; any discrepancies were solved by a third reviewer.

2-5. Included studies

The inclusion criteria were all clinical trials investigating the effect of religious beliefs on marital satisfaction in Iran. Given the fact that the religious beliefs are under the influence of the residence, only the articles that have been addressed in Iran were included in the study. Due to the limited number of published RCT in the literature other types of clinical studies were included. Pilot, preliminary and case report studies were not included due to limited sample size and higher risk of bias. Studies published in English until Mar 2019 were included.

2-6. Risk of bias in individual studies

The Jadad scale was applied for assessing the quality of trials (15). For the quality assessment of the articles found in the search, we included a control group. Random allocation to the two groups was done by implementation method and the educational intervention and the measuring instrument for marital satisfaction in terms of validity and reliability were used. Since the educational intervention was carried out in studies, there was no possibility of blindness.

2-7. Statistical analysis

The Comprehensive Meta-Analysis software analyzed the data. The heterogeneity index was determined between studies using Cochran's Q test and I^2 index. Also, to illustrate meta-analysis results, the Forest plot was used, in which the square of the sample represents the number of samples in each study, and the lines drawn on both sides display a 95% confidence interval (95% CI) for the effect size of each study. The lozenge sign indicates the overall results of the effects of religious beliefs on marital satisfaction and its confidence interval.

3- RESULTS

Searching the English databases, 380 articles were found, 50 duplicate articles were excluded. Finally, after excluding the irrelevant studies and those that were conducted outside of Iran, 19 articles remained (12, 14, 16-32). For the risk of bias analysis, we followed the Jadad Scale for each included study (15). The risk of bias was high for most included studies due to lack of randomization and blinding. The results are summarized in **Table.1** *(Please see the table at end of paper)*. Three studies were excluded from meta-analysis due to the heterogeneous samples surveyed compared to the other studies (two studies conducted on patients referred to a rehab center or on those who were in prison (16, 17), and the other one on couples with a history of marital infidelity (18), and having more risk factors in terms of marital dissatisfaction. At least, 11 articles were enrolled in this meta-analysis (**Figure.1**). Some baseline and clinical characteristics of the studies included in the systematic review are shown in **Table.2**.

Table-1: Quality assessment of included studies in systematic review according Jadad Scale (15).

Author, Year, (Reference)	Randomization			Blinding			Baseline Comparability
	Mention Randomizatio	Appropriate Method	Inappropriate Method	Mention Blinding	Appropriate Method	Inappropriate Method	
Maghsoudzadeh, 2014, (14)	🙂	😐	☹	☹	☹	☹	🙂
Monjezi et al., 2012, (24)	🙂	😐	☹	☹	☹	☹	🙂
Novin et al., 2017, (25)	🙂	😐	☹	☹	☹	☹	🙂
Hamid et al., 2015, (26)	☹	☹	☹	☹	☹	☹	🙂
Amirarjmandi et al., 2015, (27)	🙂	😐	☹	☹	☹	☹	🙂
Ganjifar, 2014, (28)	🙂	😐	☹	☹	☹	☹	🙂
Hasanzadeh et al., 2014, (29)	🙂	😐	☹	☹	☹	☹	🙂
Mahdavifar et al., 2016, (30)	🙂	😐	☹	☹	☹	☹	🙂
Rezapoor Mirsaleh et al., 2013, (23)	🙂	😐	☹	☹	☹	☹	🙂
Molayi et al., 2018, (16)	🙂	😐	☹	☹	☹	☹	🙂

Safarian et al., 2015, (31)	☺	😐	☹	☹	☹	☹	☺
Zadhoosh et al., 2011, (32)	☺	😐	☹	☹	☹	☹	☺
Khakpour et al., 2018, (17)	☺	😐	☹	☹	☹	☹	☺
Shahrokhi Moghadam et al., 2016, (18)	☹	☹	☹	☹	☹	☹	☺
ZafarianMoghaddam et al., 2016, (12)	☺	😐	☹	☹	☹	☹	☺
Akbari et al., 2015, (22)	☺	😐	☹	☹	☹	☹	☺
Bakhshizadeh et al., 2016, (21)	☺	😐	☹	☹	☹	☹	☺
Lotfi Kashani et al., 2012, (20)	☹	☹	☹	☹	☹	☹	☹
Dindar et al., 2016, (19)	☺	😐	☹	☺	☹	☹	☹

☺ Shows that the specific criteria was noted in the study; ☹ Indicate the absence of the criteria;
😐 It was not possible to evaluate the specific criteria.

According to **Figure.2**, the standardized mean difference (SMD) between two intervention and control groups (95%CI: 0.98 to 1.42; heterogeneity, I^2 = 34%, p=0.121) is 1.2, which is statistically significant (p <0.001), and indicates that the religious education is effective on marital satisfaction (14, 23-32).

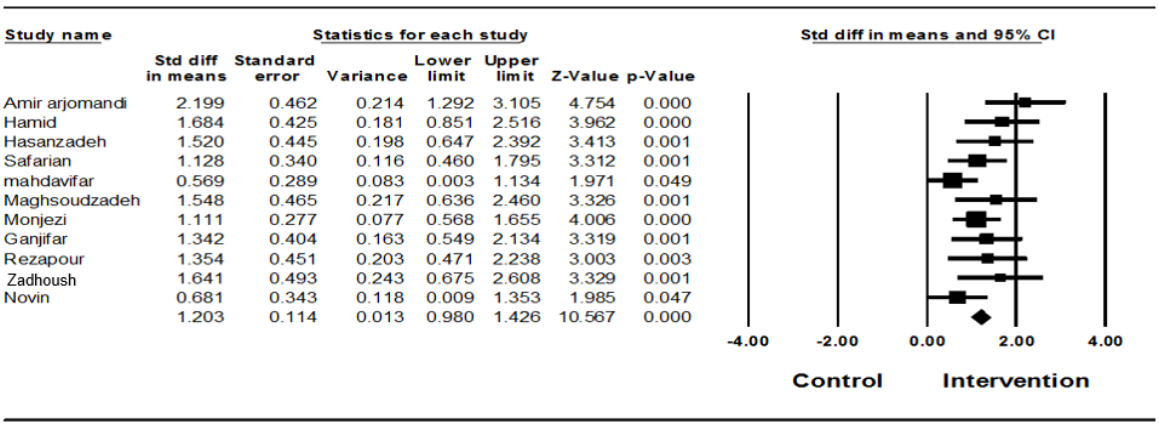

Fig.2: Estimating the effects of religious beliefs on marital satisfaction. Each of the segments shows a 95% confidence interval. The lozenge sign indicates the overall results of the religious beliefs and confidence interval.

Moreover, studies only using the Enrich Marital Satisfaction Questionnaire were independently enrolled in a meta-analysis (14, 23, 24, 27-29, 31, 32). According to the results of these studies, the religious education is the factor increasing the marital satisfaction among those who had received this education system in comparison with ones who had not. The value of effects obtained from the mentioned studies was 1.38 (95% CI: 1.11 to 1.66: heterogeneity; I^2 = 0%, p=0.634), which is statistically significant (p <0.001) (**Figure.3**).

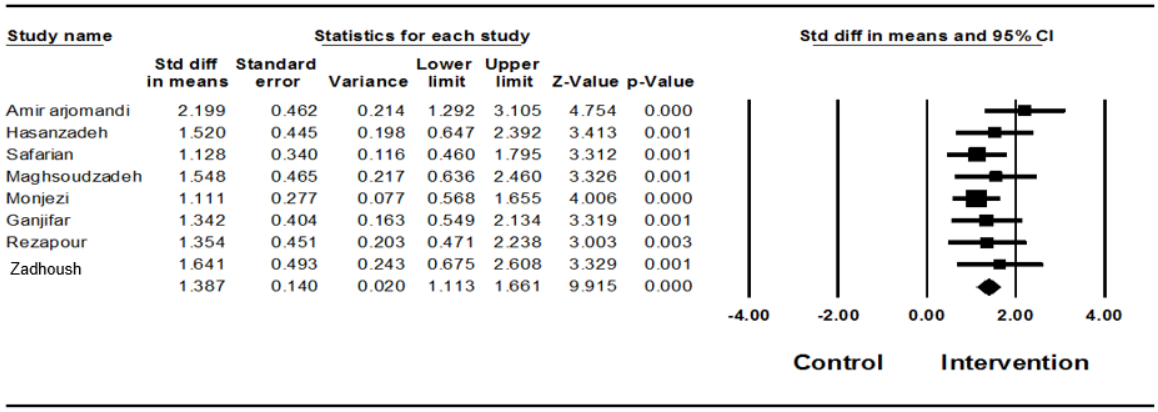

Fig.3: Estimating the effect of religious beliefs on marital satisfaction in the selected studies (merely Enrich Questionnaire). Each of the segments shows a 95% confidence interval. The lozenge sign indicates the overall results of the religious beliefs and confidence interval.

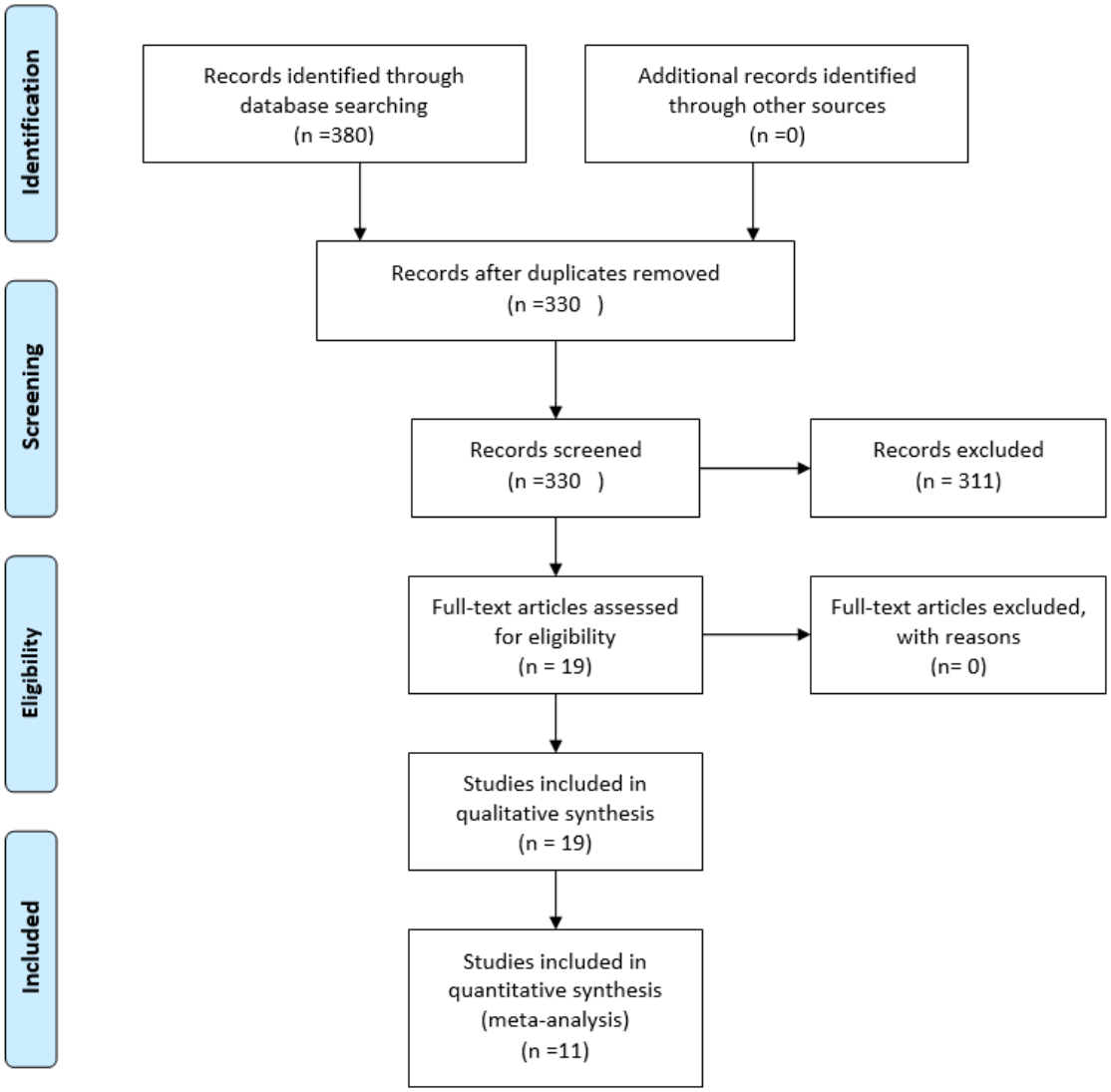

Fig.1: PRISMA flowchart of present study.

Three heterogeneous studies were not enrolled in the meta-analysis. Shahrokhi Moghadam et al. conducted a study about couples with a history of marital infidelity (18), and two other studies on narcotics dependent couples (16, 17). Shahrokhi Moghadam et al. in 2017, conducted a pretest-posttest with control group consisted of the couples with a history of infidelity having divorce cases in the Isfahan court (18).

In the current study, participants were randomly divided into two groups of 30 people; while one of those groups was not trained, the other one, namely the intervention group received the spiritual therapy for 8 sessions of 90 minutes. As the results of the study indicated, the marital satisfaction in the intervention group was not significantly increased compared to the control group ($p> 0.05$) (18). Khakpour et al., in 2017, carried out a pretest-posttest design study with control group consisted of either the narcotics dependent couples or those who were in the prison. The participants were randomly divided into two groups of 20 people; while one of those groups was not trained, the other one, namely the intervention group received the family-centered spiritual therapy for 10 sessions of 90 minutes. According to the results, the spiritual therapy increases the marital satisfaction ($p<0.001$)(17).

Molayi et al. (2017) conducted a pretest-posttest design study with control group consisted of married men referring to the Zarand rehab center. The participants in this study were randomly divided into two groups of 15 people. The intervention group was under the spiritual therapy for ten sessions of 80 minutes, whereas the control group did not receive any training. The results showed that the spiritual therapy has effects on marital satisfaction of rehab center's patients, though this method slightly affected the marital satisfaction (16).

3-2. Spirituality Training on mothers with ill children

Dindar et al. (19) conducted a study with pretest-posttest design with control group and assessed spirituality training for 6 sessions of 45 minutes on 30 mothers of mentally handicapped children. The score of mother care giving strain decreased significantly in intervention group than control group ($p=0.001$). In a study with semi-experimental design (only intervention group) performed by Lotfi Kashani et al. (20), the effectiveness of spirituality training for 6 sessions of 90 minutes was assessed on 12 mothers of children with cancer.

The findings of this study showed that spiritual interventions can significantly reduce distress in comparison to before treatment in mothers of children with cancer. In pretest-posttest design with control group (21), the findings of the study showed spiritual resiliency skills training resulted in a significant improvement in depressive symptoms, social functioning and some components of spiritual resiliency such as patience, contentment, reliance and thanksgiving. Akbari et al. (22), conducted a study with pretest-posttest design with control group and showed that Spirituality training for 8 sessions can lead to a significant reduction on stress, improvement of general health, reduction of physical and depression symptoms ($p<0.05$) in mothers of slow pace children.

In Zafarian Moghaddam et al.'s study (12), caregivers of children aged 8-12 with leukemia were divided into two spiritual therapy groups for 5 sessions of 60 minutes and Lack of training (n=30). There was no significant difference between quality of life of two groups ($0=0.064$), but social dimension of quality of life in intervention group was better than the control group ($p=0.033$).

4- DISCUSSION

According to literature review, this is the first systematic review carried out to examine the effect of religious beliefs on the marital satisfaction and the effect of spirituality training on mother's health with ill children in both Iran and the world. The findings of related studies showed that the religious education significantly affects and enhances the marital satisfaction. From the Islamic point of view, the marriage is a spiritual dimension of the creation foundations and the most beloved and dearest human institution according to God, and has a tremendous impact on human excellence and the religious integrity. God even considers the hereafter bliss alongside the family, and states: "Not only the individual, but also his/her family, get protection against the suffering and the retribution hereafter".

However, according to the current data, the overall rate of marriage in our country has decreased in spite of the advantages of marriage and family formation for the life of individual and community. The marriage rate dropped from 62.3% in 1986 to 54.6% in 2017, and now fewer people are eager to marry rather than the past 10 years, for instance. On the other hand, the divorce rate in 2002 shows that 10 out of 100 marriages conduces in divorce, 50% of which take place in the first three years of marriage (14). Studies showed that spirituality training can significantly improve mental health and quality of life in mothers or caregivers with ill children. Also, spirituality training and spiritual resiliency skills training resulted in a significant improvement in distress level, depressive symptoms, social functioning and some components of spiritual resiliency such as patience, contentment, reliance and thanks giving (12, 19-22). Three heterogeneous studies did not enroll in the meta-analysis. In Shahrokhi Moghadam et al.'s study on couples with a history of marital infidelity, the spirituality therapy was not effective in marital status' significant improvement (18). Two other studies were conducted on the subjects who were under drug rehabilitation. In the study of Molayi et al., which was carried out on married men referring to the drug rehab center, the spirituality had a low effect on the marital satisfaction (16). In contrast to two previous studies (16, 18), in the study of Khakpour et al., the effectiveness of the spiritual therapy group was significantly higher than the control group which consisted of people with substance dependency issues. Discrepancies between studies can be due to the type of educational program, the different questionnaires, as well as the higher sample size in the study of Khakpour et al. (17). According to the findings of Ahmadi Noudeh et al.'s study (33), confirmed by the results of a study by Nikoui et al. (34), the higher the religious commitment between couples, the higher the marital adjustment. In the study of Taraghijah et al., the marital satisfaction and religiousness have a direct and significant relationship. According to the regression analysis results, the degree of marital satisfaction could be determined by religiosity, with coefficient of 0.44 (2).

Additionally, the results of a study by Rohani et al., indicated a significant correlation between religiosity, happiness and marital satisfaction (35). A study surveyed the effect of practicing the religion on the marital adjustment. The samples of this study were two groups consisting of 208 couples randomly selected from four religious groups. The results showed that practicing the religion significantly related to the marital adjustment in all groups (34). In his respect, Mahoney et al., also found that the practicing the religion increased the marital satisfaction and significantly reduced marital conflicts and tensions (36). Having examined the relationship between the religion and the marital satisfaction,

Sherkat, deduced that the different religious beliefs between the couples leads to the divorcement, dissatisfaction and eventually problems for the continuation of marital life (37). Another study conducted on the Roman Catholic couples showed that the religious beliefs have a significant effect on the rage control and family conflicts (33). In a study by Glenn and Weaver, it was revealed that the religion was the most important factor effecting their marital satisfaction and happiness among couples who have lived for a long time with each other (38). Since the religious adherent couples view marriage as a tradition from God, according to religious beliefs, they try to practice the religion in their lives, and therefore treat their spouses kindly and in case of having disagreements they arrive at compromise and adaption (4). Also, divorce is not as a solution option for them in the conflicts and tensional situations. As a result, it helps them to adapt to the conditions and solve the problems (10, 23). Hence, the religious beliefs can be expected to improve the marital satisfaction.

4-1. Study Limitations

As the strength of this study, there was 100% consistency between the effectiveness of the religious results with the satisfaction questionnaire, showing authenticity of the results. A small sample size of studies could be mentioned as the study limitation. Since the articles merely addressed in Iran were entered into this study, the possibility of generalizing its results to other Islamic and non-Islamic societies is reduced. The last limitation in the current study was the absence of a spouse in some studies. It should also be noted that in presenting the Islamic teachings, it is necessary to use authentic Islamic sources such as Qur'an and Hadith and not allow our individual perception of Islam to interfere with the results.

4-2. Application of findings

The results of this study can be beneficial in planning and policy making in the education and healthcare systems. Moreover, pediatricians, counselors, psychologists, midwives, and gynecology specialists can use these results in the clinics such as family health, gynecology and psychiatry.

5- CONCLUSIONS

The findings of this study indicate that the presentation of religious teachings affects the marital satisfaction. Regarding, these positive effects, in order to decrease the divorce rate, numerous efforts should be made into strengthening the religious beliefs. Regarding mothers or caregivers with ill children, spirituality training can significantly improve mental health and quality of life in them. Also, spirituality training resulted in a significant improvement in distress level, depressive symptoms, social functioning and some components of spiritual resiliency such as patience, contentment, reliance and thanks giving.

6- CONFLICT OF INTEREST: None.

7- REFERENCES

1. Amini I. Marriage faith or ethics family. Tehran: Islamic Thought Press; 2004.

2. Taraghijah S B-KJ, Khanjani Z. The prediction of the women's marital satisfaction by their personality characteristics and religiosity Journal of Family Counseling & Psychotherapy. 2017;6(2):107.

3. Yousefzadeh S NF, Golmakani N, Najaf Najafi M, Ebrahimi M,Modarres Gharavi M. nvestigating the Effects of Sex Education Based on Religious Education on Marital Adjustment in Married Women. Iranian Journal of Obstetrics, Gynecology and Infertility. 2014;16(84):10-9.

4. Zaree H GBB, Shams A, Sadeghkhani A. Investigation the relationship between attachment styles and forgivingness with

marital satisfaction in couples. . Journal of Family Counseling and Psychotherapy. 2013;3(1):22-24.

5. Khademi M AF. Effectiveness of communicative skills training based on religious teachings on marital optimism. Quarterly Journal of Psychological Studies. 2014;10(3):7-28.

6. Pourghafari S.S PG, Attari Y. A study of investigation of the effectiveness of life style components training according to individual psychology on marital satisfaction among married woman nurses of dr. Gnjaviyan hospital in dezful. Quarterly journal of social psychology (new findings in psychology). 2009;4(12):28-48.

7. Bernstein F, Bernstein M. Marital Therapy (Recognition and treatment of marital differences). Trans Sohrabi H 1st ed Tehran: Rasa Publication. 2003:83-4.

8. Rasoli R EA, Shafiabadi A, Delavar A. Comparing Effectiveness of Individual and Marital Emotionally Focused Intervention Based on Decreasing Relationship Distress of Couples With Chronically Ill Children Journal of Family Research. 2008;3(3):683-96.

9. Najafi M Ah, Delavar A. The Relationship Between Family Function And Religiosity With Identity Crisis. Semi-Annually Daneshvar Raftar. 2006;13(16):17-26.

10.Amiri H RM, Kasaee A,Bahrami M. Predicting marital communication patterns by the practice of religious beliefs and mental health of working women. Quarterly Sociology Of Women (Journal Of Woman And Society). 2017;7(4):107-25.

11.Ghafouri Vm, Golparvar M, Mahdizadegan I. A Study Of Attachment Styles And Religious Attitudes As Predictors Of Success Or Failure Of Marital Relationship. 2009.

12. ZafarianMoghaddam E, BehnamVashani HR, Reihani T, NamaziZadegan S. The effect of Spiritual Support of caregivers on quality of life of children aged 8-12 with leukemia. Journal of Torbat Heydariyeh University of Medical Sciences. 2016;4(2):14-20.

13.Reyhani T, Sekhavat Pour Z, Heidarzadeh M, Mousavi SM, Mazloom SR. Investigating the effects of spiritual self-care training on psychological stress of mothers with preterm infants admitted in neonatal intensive care unit. The Iranian Journal of Obstetrics, Gynecology and Infertility.2014;17(97):18-27.

14.Maghsoudzadeh M YSJ. The effectiveness of The Religious Education of The Cultural Couples on Marital Satisfaction in Bodjnoord. J Management System. 2014;4(13):61-74.

15.Jadad AR, Moore RA, Carroll D, Jenkinson C, Reynolds DJM, Gavaghan DJ, et al. Assessing the quality of reports of randomized clinical trials: is blinding necessary? Controlled clinical trials. 1996;17(1):1-12.

16. Molayi H DF. Effect of Spiritual Therapy on Marital Satisfaction among Addicts in Treatment Period. Med Ethics J. 2018; 12(43): e15.

17. Khakpour M MM, Akbari Amarghan H, Nejat H, Yousefabad Fazayeli M, Toroghi R. Effect of spiritual family therapy on marital satisfaction in couples with husbands drug-dependent. Health & Research of J. 2018;8(4):365-72.

18. Shahrokhi Moghadam R SM. The Effect of Training on Spirituality Therapy on Marital Infidelity of Betrayed Spouses International Journal of Arts Humanities and Social Sciences (IJAHSS). 2016;1(4):62-71.

19. Dindar M, Rahnama M, Afshari M, Moghadam MP. The Effects of Spiritual Self-Care Training on Caregiving Strain in Mothers of Mentally Retarded Children. J Clin Diagn Res. 2016;10(12):QC01-QC5.

20. Lotfi Kashani F, Vaziry S, Arjmand S, Mousavi SM, Hashmyh M. Effectiveness of spiritual intervention on reducing distress in mothers of children with cancer. Medical Ethics Journal. 2012;6(20):173-86.

21. Bakhshizadeh S, Afrooz G, Beh-Pajooh A, Ghobari Bonab B. The Effectiveness of Resiliency based on Islamic Spirituality Training on Mental Health and Spiritual Resiliency among Mothers of Slow Pace (Mentally Retarded) Children. Armaghane danesh. 2016;21(5):492-512.

22. Akbari F, Iazdkhasti F, Shakehnia F. Effectiveness of spirituality training on stress and general health of mothers of children with

mental retardation. Psychology of Exceptional Individuals. 2015;5(17):169-86.

23. Rezapoor Mirsaleh Y IM, Farahbakhsh K. The Effectiveness of Islamic Ontology Teachings on Increasing the Level of Marital Satisfaction among Married Women. Ravanshenasi va Din. 2013;6(2):5-18.

24. Monjezi F SA, Sodani M. Effectiveness of Training Communicative Skills Based on Islamic Views on Married Couple's Satisfaction. Knowledge & Research in Applied Psychology. 2012;13(1).

25. Novin J BEH. Design and evaluation of the effectiveness of religious – Psychological training on marital Satisfaction. 2017;7(28):61-83.

26. Hamid N KR, Hossnzadeh A, . Effect of communication skills training through Religion-based cognitivebehavioral approach on intimacy and the satisfaction with life among couples Hormozgan Medical Journal. 2015;19(2).

27. Amirarjmandi S HK, Niknam M. Effect of Spiritual Group Training on Decreasing Depression and Increasing Marital Satisfaction among Married Women in Tehran, Region 5. Educational Psychology. 2015;11(35):137-58.

28. Ganjifar F. Effectiveness of Spiritual Therapy Training in Increasing Rate of Marital Satisfaction in Married Women. Journal of Educational and Management Studies. 2014;4(3):571-4.

29. Hasanzadeh R BH, Salyari R, Bakhshi Pour B. The Efficacy of Training in Change of Life Style for Improvement of Mental Health and Resolving Conflicts of Maladjusted Couples. J of Health Breeze. 2014;2(2):34-40.

30. Madavifar H YMH, Hasanzadeh R. Effectiveness of Quran Therapy on Increased Marital Satisfaction in Married Women. J Babol Univ Med Sci. 2016;19(9):62-7.

31. Saffarian M R HAF, Ashoori J. the effectiveness of spiritual therapy in order to increase marital satisfaction and decrease generalized anxiety disorder of women. Quarterly woman & study of family. 2015;7(27):95-113.

32. Zadhoosh S TNH, Haghighat F,Rasolzadeh Tabatabaie K,Kalantari M. The investigation of effectiveness of cognitive behavior group therapy with religious oriented on the woman of marital satisfaction. Quarterly quarterly clinical psychology studies. 2011;1(3):21-41.

33.Noudeh Kh A FAA, Arab Nia A. The relation between religiosity and marital adjustment. Quarterly journal of family research. 2006;2(5):55-67.

34. Nikoui M SS. The study of the relationship between the religion and marital satisfaction among the tehranian couples. Quarterly counseling research and development. 2005;4(13):61-80.

35. Rohani A MD. Relationship between practice of religious beliefs with happiness and marital satisfaction in the unit of Mobarakeh Islamic Azad University Khorasgan, Esfehan. Article in Persian] knowledge and research in psychology. 2009;3:189-206.

36. Mahoney A, Pargament KI, Jewell T, Swank AB, Scott E, Emery E, et al. Marriage and the spiritual realm: The role of proximal and distal religious constructs in marital functioning. Journal of family psychology. 1999;13(3):321.

37. Sherkat DE. Religious intermarriage in the United States: Trends, patterns, and predictors. Social Science Research. 2004;33(4):606-25.

38. Glenn ND, Weaver CN. A note on family situation and global happiness. Social Forces. 1979:960-7.

Table.2: Some baseline and clinical characteristics of the studies included in the systematic review.

Author, Reference, Year	Types of study	Contributors	Intervention group	Control group	Measuring instrument	Outcomes
Zafarian Moghaddam et al. (12), 2016	Pretest-posttest with control group	Caregivers of children aged 8-12 with leukemia	Spiritual therapy, 5 sessions of 60 minutes (n=30).	Lack of training, (n=30)	Teenager's quality of life questionnaire	No significant difference between quality of life of two groups (0=0.06); but social dimension of quality of life in intervention group was better than the control group (p=0.033).
Maghsoudzadeh et al. (14), 2013	Pretest-posttest with control group	Teacher couples, history of marital life: at least 5 years	8 family education sessions emphasizing on Islamic point of view, (n= 12).	Lack of training, (n=12)	Enriched marital satisfaction questionnaire (47 questions)	Increased marital satisfaction.
Molayi et al. (16), 2018	Pretest-posttest with control group	Married men referring to the rehab center in Zarand	Spirituality therapy, 10 sessions 80 minutes (n=15).	Lack of training, (n=15)	Enrich marital satisfaction questionnaire (47 questions)	Increased marital satisfaction.
Khakpour et al. (17), 2018	Pretest-posttest with control group	Substance dependent couples in Quchan (either prisoner or referring to rehab center)	Family-centered spirituality therapy, 10 sessions of 90 minutes (n= 20).	Lack of training, (n=20)	Marital satisfaction questionnaire (AMSS-R) (110 questions)	Increased marital satisfaction.
Shahrokhi Moghadam (18), 2016	Pretest-posttest with control group	Couples with a history of infidelity having divorce cases in the Isfahan court	Spiritual therapy, 8 sessions of 90 minutes (n=30).	Lack of training, (n=30)	Enrich marital satisfaction questionnaire (47 questions)	Slight effect on marital satisfaction.
Dindar et al. (19), 2016	Pretest-posttest with control group	Mothers of mentally handicapped children	Spirituality training, 6 sessions of 45 minutes (n=30).	Lack of training, (n=30)	Care giving strain questionnaire	The score of mother care giving strain decreased significantly in intervention group than control group (p=0.001).
Lotfi Kashani et al. (20), 2012	Semi-experimental (only intervention group)	Mothers of children with cancer	Spirituality training, 6 sessions of 90 minutes (n=12).	-	Kessler Distress questionnaire, (k10)	Spiritual interventions can significantly reduce distress compared to before treatment in mothers of children with cancer.
Bakhshizadeh et al. (21), 2016	Pretest-posttest with control group	Mothers of slow pace children	Spirituality training, 12 sessions of 90 minutes (n=20).	Lack of training, (n=20)	Mental health questionnaire-28	Significant improvement in mental health in Intervention group (p=0.001).
Akbari et al. (22), 2015	Pretest-posttest with control group	Mothers of mentally handicapped children	Spirituality training, 8 sessions (n=15)	Lack of training, (n=15)	Malekpoor Stress questionnaire, General health questionnaire	Significant reduction of stress, improvement of general health, reduction of physical and depression symptoms (p<0.05).

Rezapour Mirsaleh et al. (23), 2013	Pretest-posttest with control group	Couples referring to the consultation center in Meybod	Islamic Ontology teachings, 10 sessions 90 minutes (n=12).	Lack of training, (n=12)	Enrich marital satisfaction questionnaire (47 questions)	Increased marital satisfaction.
Monjezi et al. (24), 2012	Pretest-posttest with control group	Couples with 7-3 years of marital life from Esfahan	Communication skills with the Islamic approach, 6 ninety minute sessions (n= 30).	Lack of training, (n= 30)	Enrich marital satisfaction questionnaire (47 questions)	Increased marital satisfaction.
Novin et al. (25), 2017	Pretest-posttest with control group	Mothers of elementary school students, marital life: 15-7 years	Religious-psychological teachings, 7 two hour sessions (n= 18).	Lack of training, (n=18)	Spanner Marital Satisfaction Questionnaire (32 questions)	Increased marital satisfaction.
Hamid et al. (26), 2015	Pretest-posttest with control group	Couples with less marital satisfaction and intimacy referring to consulting center in Ahvaz, marital life: at least 2 years	Religious Communication Skills (n=15).	Lack of training, (n=15)	MIQ questionnaire (56 questions)	Increased marital satisfaction.
Amirarjmandi et al. (27), 2015	Pretest-posttest with control group	Married women of Tehran, district 5, low marital satisfaction	Spirituality training, 8 ninety minute sessions (n=15).	Lack of training, (n=15)	Enrich marital satisfaction questionnaire (47 questions)	Increased marital satisfaction.
Ganjifar et al. (28), 2014	Pretest-posttest with control group	Married women	Spirituality training, 8 sessions 90 minutes (n=15).	Lack of training, (n=15)	Enrich marital satisfaction questionnaire (47 questions)	Increased marital satisfaction.
Hasanzadeh et al. (29), 2013	Pretest-posttest with control group	Married municipility staff of Bandar-e Gaz	Islamic Cognitive-Behavioral Training Package, 90 Minutes 10 sessions (n= 13)	Lack of training, (n=13)	Enrich marital satisfaction questionnaire (47 questions)	Increased marital satisfaction.
Mahdavifar et al. (30), 2016	Pretest-posttest with control group	Married women in Babol city, marital life: at least one year	The educational package includes verses of the Qur'an and its interpretations (n= 25).	Lack of training, (n=25)	Enrich marital satisfaction questionnaire (47 questions)	Increased marital satisfaction.
Safarian et al. (31), 2015	Pretest-posttest with control group	Married women with marital dissatisfaction and anxiety referring to the counseling center in Mashhad	Spirituality Therapy, 8 sessions of 80 minutes (n= 20).	Lack of training, (n=20)	Enrich marital satisfaction questionnaire (47 questions)	Not increasing the marital satisfaction.
Zadhoush et al. (32), 2001	Pretest-posttest with control group	Married women referred to clinics in Tehran with a high religious attitude	Cognitive-behavioral therapy with religious orientation, 8 sessions two hours (n=11).	Lack of training, (n=11)	Enrich marital satisfaction questionnaire (47 questions)	Increased marital satisfaction.