

Investigating the Status of Veterans' Family Performance in Najaf Abad City in 2015 and Its Relationship with Some Demographic Features

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ABSTRACT

Background: Family can be a key area to start and promote health or disease in individuals.

Purpose: Determining the status of veterans' family performance in Najaf Abad city in 2015 and its relationship with some demographic features.

Materials & Methods: The study has been investigated in Martyr foundation and veterans Affairs and also in veterans' houses in Najaf Abad in Isfahan from June to July 2015. In this Cross-Sectional study, 100 spouses of veterans attended. Data were collected using family performance questionnaire and demographic data were collected using questionnaire. SPSS 22 software were analyzed in descriptive and inferential levels.

Results: the results showed a total yield of 57% of families at high level, 38% at average level, and only 5% were at poor level. Among demographic features, an inverse and significant relationship observed only between the fathers' educational with role dimensions and emotional responsiveness in family performance, but a significant relationship with other aspects of family performance.

Conclusion: the results of this study suggest that most of the veterans' families have a proper performance and appropriate support has been provided to these families and they receive necessary training.

KEY WORDS: Family, Veterans, Spouse

INTRODUCTION

Family performance can provide a fundamental basin to improve health in people. Several studies show the impact of family performance on forming the concepts of health and disease (1). Families with good performance bring up mentally healthy individuals, and thereby impose the highest impact on other social institutes like Education and Training as well as governmental, legal, and economical institutes (2). In addition, there is a mutual relationship between family performance and its member health. Studies show that in stressful situations, family's natural performance is considered an important factor in preventing diseases and protecting family members. A family with an acceptable functional system will find better adaptive ways to overcome stressful situations (3). A good family performance, therefore, is an important preventive factor which improves well-being in family (4). In families with completed functions, roles are allocated and clear. However, in a vulnerable family with having a patient member, one or more members add up excessive responsibilities to other members, functions lose their clarity, and this hinders the family function as a whole (5). Poor family performance may lead to a variety of mental and behavioral problems in people (6). Family performance reveal the level of emotional bonding and relationship among the members. It also solve the common problems of members (7). A wide variety of factors such as culture, structure, and family values may have an impact on the family welfare and quality of life. The afore-mentioned factors are effective in the health of society as a whole (8). Performance and function in families of veterans from Iran-Iraq War (Gulf War) is greatly influenced by different factors. The bitter experience of war and casualty has a significant impact on the relationship among the family members. As war veterans' families are highly vulnerable, the prevalence of psychological disorders in militants has been a permanent concern (9). Good performance in veterans' families is considered a critical health-improving factor (10). Considering the fact that the war itself is influential in the rate, time, and the process of psychological and behavioral disorders and that in war people face very dangerous situations, the relevance and importance of the current study can be understood (11). Individuals with better performance and general health are from healthy families. Having an appropriate performance in veterans' families is a critical factor in improving their well-being. Therefore, scientific research in this area and implementing the obtained results may lead to beneficial consequences in the quality of lives of veterans' spouses.

This is due to the fact that family and family performance is one of the most important factors in each and every person's life. It is also considered as a preventive factor in confirming the relationship with general health. Considering the importance of the subject and the rarity of relevant studies, the aim of this study is to determine the state of performance in veterans' families in Najaf Abad City and its relationship with some demographic features.

MATERIALS AND METHODS

This descriptive study was carried out in veterans' houses in Najaf Abad city, Isfahan, Iran. All those people injured in Iran-Iraq War have registered cases in Najaf Abad Martyrs and Veterans Affairs Foundation. Having studied their cases, those who were living with their families were identified. 2342 veterans (out of 2500) who were living with their families were codified from among them 100 families were selected randomly. Required data was collected from the selected families (having got permission from them by calling them) during in person meetings at their houses. Our questionnaire consisted of two parts: first, demographic features (age, occupation, etc.); second, family performance. Family Assessment Device (FAD) developed by Epstein, Baldoein, Bishop (1983) was used to assess the family performance. Its aim is to evaluate the performance of family on the basis of McMaster's model. The model determines six dimensions of family performance including resolving problems (5 questions), roles and responsibilities (8 questions), responsiveness (6 questions), relationship (5 questions), involvement (7 questions), behavior control (9 questions), and general performance (13 questions) (12). Total Cronbach Alpha for family performance in Mosavi (2013) was 0.91 (13). $\alpha=0.93$ was obtained for the reliability of our questionnaire. The whole research process was confirmed by Ethics Committee of Isfahan University of Medical Science and Ethics Code was achieved (IR.MUI.REC.1394.4.34). An official research permit was obtained from Najaf Abad Martyrs and Veterans Affairs Foundation. The aims of the study and the way to complete the questioner were explained to veterans' spouses. Participants were reassured that the data will be kept confidential. No ethical problem happened during the research process and data gathering. SPSS22 was used to descriptively and inferentially analyze the collected data. Family ability with respect to responsibilities is assessed on the basis of five-point Likert scale. In order to score FAD, all responses were codified from 1 to 5: 1 for not at all, 2 for low, 3 for moderate, 4 for highly, and 5 for completely.

Frequency distribution, Standard deviation and Mean tables were used to describe the sample status in demographic and family performance variables. Pearson correlation coefficient was used to evaluate the relationship between the family performance and demographic variables. All analyses were carried out at 5% error level.

Findings

Demographic

The highest frequency (60%) with respect to the age of veterans' spouses belonged to the age group 41-50. The mean age was 49.93 ± 59.6 . 82% of veterans' spouses were house spouses and 18% had some occupations. With respect to education, the highest frequency (42%) belonged to those with education level under high school diploma. 45% had 2-3 children. The mean number of veterans' children was 3 ± 1.21 . The casualty degree of the veterans was less than 20 percent for 41 of research entities, 20-50% for 45%, and 50-70 percent for 14% of research entities. The mean casualty degree was 38.13 ± 16.77 . With respect to the veterans; occupation, the highest frequency belonged to retired or jobless (32.6%) and government employee (32.6). The highest frequency with regard to the level of education in veterans belonged to high school diploma (38.8%).

Family performance

According to Table 1, the score of family performance for veterans' families were between 1.36 and 4.02 (mean= 2.42 ± 0.54). Table 2 shows that the performance of 57% of families was GOOD, 38% was MODERATE, and only 5% had a poor performance.

The relationship between demographic features and Family performance

As table 3 shows that variables age, level of education in veterans' spouses, the number of children, and the casualty degree of the veteran, as well as the aforementioned 7 dimensions are significantly related with family performance ($p > 0.05$). The education level of the father of the family (the veteran) and two dimensions (responsibilities and responsiveness) showed to be adversely and significantly related. No significant relationship was observed between the education level of the father of the family and other dimensions of family performance ($p > 0.05$).

Table 1: Mean score for research entities from Family Performance Questionnaire

Dimension	number	minimum	maximum	mean	SD
Resolving Problem	100	1.00	4.60	2.42	0.83
Responsibilities	100	1.38	4.00	2.50	0.61
Involvement	100	1.33	4.17	2.54	0.61
Relationship	100	1.00	4.20	2.45	0.71
Responsiveness	100	1.14	5.00	2.35	0.73
Behavior Control	100	1.11	3.89	2.36	0.61
Total performance	100	1.15	4.54	2.40	0.64
Family Performance	100	1.36	4.02	2.42	0.54

Table 2: Absolute and Relative Frequency Distribution for research entities from Family Performance Questionnaire

	Good (Score 1-2.5)		Average Score (2.5-3.5)		Poor (3.5-5)		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Resolving Problem	62	62	29	29	9	9	100	100
Responsibilities	60	60	31	31	9	9	100	100
Involvement	51	51	46	46	3	3	100	100
Relationship	63	63	28	28	9	9	100	100
Responsiveness	68	68	25	25	7	7	100	100
Behavior Control	64	64	30	30	6	6	100	100
Total performance	54	54	40	40	6	6	100	100
Family Performance	57	57	38	38	5	5	100	100

Table 3: the relationship between Family Performance and its dimensions with demographic features

		Family Performance	Resolving Problem	Roles (responsibilities)	Responsiveness	Relationship	Involvement	Behavior Control	Total Performance
age	Correlation Coefficient	-0.015	0.029	-0.065	0.007	0.095	-0.096	-0.040	0.015
	Significance Level	0.885	0.772	0.523	0.946	0.345	0.344	0.692	0.0885
Education	Correlation Coefficient	-0.072	-0.040	-0.126	-0.096	-0.126	-0.027	-0.072	-0.036
	Significance Level	0.476	0.692	0.210	0.344	0.213	0.792	0.474	0.719
The number of children	Correlation Coefficient	-0.028	-0.081	-0.022	-0.002	-0.039	-0.032	-0.048	-0.067
	Significance Level	0.780	0.424	0.830	0.980	0.697	0.752	0.634	0.509
Casualty Degree of Spouse	Correlation Coefficient	0.014	-0.005	0.046	-0.121	-0.016	0.025	-0.063	0.067
	Significance Level	0.891	0.960	0.653	0.230	0.871	0.807	0.533	0.507
Education of Spouse	Correlation Coefficient	-0.119	0.054	-0.215*	-0.204*	-0.101	0.022	-0.122	-0.126
	Significance Level	0.241	0.596	0.033	0.044	0.322	0.830	0.232	0.300
*5% significance level		**1% significance level							

DISCUSSION

The highest frequency (60%) with respect to the age of veterans' spouses belonged to the age group 41-50. The mean age was 49.93±59.6 which was 34.6 in Ganziniet al. (2013) who studied the trust as the foundation of suicide risk in depressed veterans (14). It was 22-55 in Ahem et al. (2015) who studied the challenges of Afgan and Iraqi soldiers in life (15). Klaric et al. (2008) studied the psychological problems in children of veterans with stress disorder in Bosnia Herzegovina. In their study the majority of the research entities (49.4%) had two children. This difference may be due to cultural differences (16). With The highest frequency with respect to veterans' occupations belonged to retired or jobless (32.6%) and employee (32.6%). It was manufacturing jobs (25.7%) in Wilson et al. (2010) who studied the prevalence and degree of hearing hardness in veteran and non-veteran men. In their study the

lowest level belonged to agricultural activities (2.7%). It is in no consistency with our results. Veterans in Iran are not capable to be involved in manufacturing activities. The highest frequency with regard to the level of education in veterans belonged to high school diploma (38.8%). It was Master's Degree (29.9%) in non-veterans and High School Diploma (31.6%) in veterans in Laudet et al. (2014) who compared active addiction and improvement in veterans and non-veterans (18). It is in consistency with our findings. Our findings show that the performance of 57% of families was GOOD, 38% was MODERATE, and only 5% had a poor performance. It is not in consistency with those of Hoseinpoor et al. (2012) which shows the majority (57%) of non-addict families have a good performance. Their findings show that there is a significant difference among the mean scores of family performance including relationship, responsibility, responsiveness, involvement, behavior control, and the total family performance. They confirm that performance in addict families are lower compared to non-addicts (1). While veterans' families are as vulnerable as those of addicts, they show better performance due to receiving support from government. Esegbe et al. (2014) show that 83.3% families with a child with epilepsy have a medium family performance than those with healthy children (16.7%). Neither of the groups, however, has a severe disorder or problem in performance. In addition, it is not consistent with our results (19). Their findings show that diseases like epilepsy can negatively influence the family performance than having a veteran member in family. Dias et al. (2014) reveal that physical and psychological misbehaving as well as sex abuse from a father's side to his child show no significant difference between fathers who have been in war and those who have not. They also show that the rate of such misbehaving is considerably lower compared to veterans with PTSD, which is consistent with our results (20). Findings of Huidobro et al. (2012) show that 11.7% of sample population had no health problem. Family performance score for the healthy people in their sample population was 92.5. In contrast, the family performance score for families with at least one member who has health problem was 87.11 (21). Their findings are not consistent with ours. Being veteran is not a disturbing factor to family performance. No significant difference was observed among variables age, the education level of veterans' spouses, the number of children, the casualty degree of the veteran, and the total performance of family, as well as the seven dimensions of resolving problem, responsibilities, responsiveness, involvement, relationship, behavior control, and general performance ($p>0.05$). The education level of the father of the family (the veteran) and two dimensions (responsibilities and responsiveness) are adversely and significantly related ($p<0.05$). In other words, the higher the father's education level, the lower the rate of disorder in responsibilities and responsiveness. No significant relationship was observed between the father's education level and other dimensions of family performance ($p>0.05$). Herzer et al. (2010) report a significant difference between the child's age and two dimensions of family performance, that is, responsiveness and relationship. There is also a significant relationship between family income and two dimensions of family performance, that is, responsibilities and involvement (22). It is not consistent with our results. It means that demographic features of veterans' families have no influence in their performance which is not the case in other families.

Limitations

Psychological and mental states of interviewees had influence on the responses which was not under the control of the researcher.

Conclusion

Our findings show that family performance is an important and influential factor on health. Families of Gulf War veterans have good performance which means that they are receiving appropriate support from government. They also get required training that needs precise planning to improve the performance in veterans' families. Families need to improve their awareness of family performance and its impact on health.

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