As the smallest social unity with different functions, the family might play a vital role regarding both positive (as the source of serenity) and negative (causing social harms) aspects (ROBLES et al., 2014). Naturally, the family is constructed based on the presence of the wife, husband, and children but sometimes some factors such as divorce, death, job status of spouse, being left by men due to immigration or irresponsibility might lead to malfunction of families, widows, and or homeless women who take their life responsibility (GHAFFARI, 2003).

There has been a growth in the population rate of female-headed households in recent decades. Besides the increasing population rate, this group has experienced some qualitative changes such as age, education, income composition, and economic poverty so that their problems have gradually changed from a normal social phenomenon to social harm (KHANI et al., 2017). According to previous studies, women face greater harm after separation or loneliness owing to socio-economic pressures. Widows usually have a hard life despite the governmental and non-governmental financial supports so the negative features of their lives cause many psychological disorders (MOTEE, 2008; quoted from HAFFARIAN et al., 2009). According to relevant studies, female-headed households are vulnerable strata of society due to many reasons such as poverty and inappropriate economic status, negative attitude of other individuals in the society, sense of loneliness, and so on. (MOEIDFAR & HAMIDI, 2007).

According to studies conducted inside and outside of Iran, single mothers may suffer from many psychological disorders such as depression (MEYER & SULLIVAN, 2010); they are also at high behavioral risks (RAHKON and colleagues, 2005). More importantly, single mothers have a lower mental health rate compared to normal women (ATTREE, 2005).

Reduced quality of life is one of the common malfunctions in female-headed households (MOHAMMADI & ALAMDAR, 2012). Frisch (2006) believes that quality of life is apparently or hiddenly the opposite to quantity meaning the living years that are excellent and satisfying. QoL is indeed evaluated and described by the person. Quality of life is a broader concept than health. QoL is affected by many constructs, and the extant paper aims at examining its relationship with parenting stress. This research can be used for the etiology of disrupting factors of adaptation of female-headed households to detect individuals who are at risk and to mitigate the problems of these women by implementing therapy and counseling sessions. We hope that the results can provide strategies for further studies and therapists who work on this case.

THEORETICAL FRAMEWORK

Quality of life

Frisch (2006) believes that quality of life is apparently or hiddenly the opposite to quantity meaning the living years that are excellent and satisfying. In fact, quality of life is a dynamic concept. Quality of life is defined as an attempt to reduce the gap between expectations and real desires. A high-quality life usually consists of pleasure, satisfaction, happiness, gladness, and the ability to overcome problems. Quality of life is indeed evaluated and described by the person. Quality of life is a broader concept than health. In general, quality of life consists of some words with different definitions.

Although the QoL term has not translated into different languages perfectly, extensive analyses in this context indicate that there are universal aspects of this concept, which can be pertained to other universal scopes such as languages, emotions, and social communications. The inductive approach to data collected from patients and statistical methods such as factor
analysis have been used to find the dimensions of this concept as the most robust determinants of QoL. Most scientists agree that the quality of life always covers the following five dimensions (FAYERS & MACHIN, 2000):

1. Physical: some notions such as power, energy, and ability to do daily routines and self-care activities are of this category.
2. Psychological: includes anxiety, depression, and fear.
3. Social: this dimension is about the relationship between individual and family, friends, coworkers, and society.
4. Spiritual: This dimension consists of the individual’s perception of life and living meaning and purpose.
5. Symptoms related to disease or changes pertained to treatment: this dimension covers some items such as pain, nausea, and vomiting. This dimension is more considered as specialized tools.

The correlation between the abovementioned dimensions is highly important, and a theoretical foundation of discussion is needed for interpretation (FAYERS & MACHIN, 2000).

**Parenting stress**

Parenting and caring for infants and toddlers may be a source of chronic pressure, which may require a considerable maternal compromise. Specific hassles and adversities in childhood parenting in a critical source of parenting stress so that it might be a difficult duty for educated parents of normal children (ASBERG et al., 2008). The stress caused by necessities and expectations pertained to parenting may create a need for emotional and social supports for mothers of toddlers. Researchers have called parenting a stressful duty if the child suffers from problematic behaviors or medical problems. Under normal conditions, a child shows optimal functioning; however daily problems with the child including nutrition, sleep, crying, infections, illnesses, and other problems cause an optimal rate of stress experience for all mothers. Nevertheless, there is a difference between the stress levels of mothers of normal and abnormal children (ASBERG et al., 2008). This stress is called parenting stress or stress caused by parenting. The following lines discuss the theoretical model of this construct.

Abidin (1998) planned a theoretical model to describe the structure of stress after presenting the first form of the Parenting Stress Index (PSI). The model stimulated many studies and researches on this subject. The stress model in available studies was a combination of main studies conducted in this field. Although all things proposed by current knowledge of parenting stress are not included in this model, this model includes the most substantial variables in understanding parenting stress. This model had some insufficiencies. The model confirmed the implications of unknown factors and all factors with similar possibilities considering their stress zone. Besides, this index could not recognize the extensive range of parent characteristics, sophisticated parental cognitions, and perceptions involved in parental stress experience. The subsequent studies proposed and made changes required for the model (ABIDIN, 1995). At that time, the authors had approved this issue that parenting stress may cause some of child and parent characteristics as well as various situations that are directly related to the parental role.

**Literature review**

Rimaz et al., (2015) carried out a study entitled “study of quality of life and factors affecting it among female-headed households supported by Municipality of District 9 of Tehran” on 150 subjects and found the low quality of life of single mothers so intervention programs were needed. Solhi and colleagues (2015) conducted a study under the title of “quality of life of female-headed households supported by Welfare Organization of Tehran” on 180 women and found the low quality of life of single mothers so intervention programs were needed. Seydi (2015) conducted a study entitled “investigating the mediating role of quality of family life in the relationship between parenting stress and children’s behavioral problems” on 14 subjects by using qualitative methods and deep interviews. He concluded that parenting stress reduced quality of life and subsequent behavioral problems. Bayati and colleagues (2017) carried out
a study entitled "the relationship between parenting stress, mental health, and quality of life of mothers of children with Type 1 Diabetes." They studied 107 mothers and found a negative and significant relationship between parenting stress, quality of life, and the mental health of mothers of children with Type 1 Diabetes.

Kironji (2008) carried out a study under the title of "measuring the quality of life of female-headed households in South Africa" and found the low quality of life of these women due to social-economic problems. Winter and Morris (2015) conducted a study entitled "living conditions and life satisfaction of female-headed households" examining conditions of 1186 single mothers and found a non-optimal rate of life satisfaction in female-headed households. Bechtel (2016) carried out a study under the title of "parenting-related stress, parental distress, and youth health-related quality of life in families of youth with Spina Bifida" on 384 subjects and found a negative significant relationship between parenting stress, parental distress, and their quality of lives. Frontini and colleagues (2016) conducted a study entitled "parenting stress and quality of life in pediatric obesity: the mediating role of parenting styles" on 223 subjects and found a negative significant correlation between parenting stress and quality of life. Pisula & Dörsmann (2017) studied the family functioning, parenting stress, and quality of life of 113 couples and indicated that parenting stress led to a reduction in the quality of marital life of couples. Neethi (2017) studied the wellbeing status of single female-headed households and concluded that like other positive psychological constructs, the psychological wellbeing of single female-headed households is weaker than ordinary women.

MATERIALS AND METHODS
This was a descriptive research of correlational type and the fundamental study. In this research, the quality of life of female-headed households was selected as a criterion variable, and parenting stress was chosen as the predictor variable. The statistical population comprised all female-headed households in Isfahan during the first half-year 2018, which their numbers reached 3000 subjects by referring to welfare centers and other associated organizations. The studied society was found by referring to public centers such as parks, libraries, shop centers, medical and beauty centers. A convenient sampling method was used to select subjects. To this end, Morgan Table was used considering the number of population (N=3000), and 341 subjects were chosen as sample size. The age range of 20-50, not being divorced or widow, having at least a diploma degree, and signing consent letters were considered as inclusion criteria.

Obtaining a license and referring to public centers, the individuals needed for sample size completion were chosen based on inclusion criteria and convenient sampling. Then, the logic and objective of this academic and scientific study as well as confidentiality were explained to respondents. Questionnaires were distributed to measure variables at the next step.

RESEARCH TOOLS
Quality of life questionnaire
This 36-item questionnaire consists of eight dimensions including physical functioning, physical role limitations, bodily pain, general health, vitality, mental health, emotional role limitations, and social functioning. Scores 0-100 were given to total scores of eight health dimensions; the higher the score, the better the health status. In this scale, the score of physical function was measured based on items 3-4-5-6-7-8-9-10-11-12, the score of physical role limitations was measured based on items 13-14-15-16, the score of emotional role limitations was measured based on items 17-18-19, the score of energy/fatigue was measured based on items 23-27-29-31, the score of emotional wellbeing is measured based on the items 24-25-26-28-30, the score of social functioning is measured based on the items 20 and 32, the score of pain was measured based on the items 21 and 22, and score of general health was measured based on the items 1-33-34-35-36. Internal consistency analysis indicated that all Persian scales had minimum standard reliability coefficients of 0.77-0.90, except for vitality.

Convergent validity tests also showed optimal results regarding measurement hypotheses by using the correlation between each item and the assumed scale and all correlation coefficients were greater than the proposed value of 0.40 (change range of coefficients: 0.58-0.95). Two main components were obtained from the factor analysis test that explained 65.9% of
distribution percent between scales of the SF-36 questionnaire. The validity and reliability of these questionnaires were also confirmed in the Iranian community. Montazeri and colleagues (2005) found that the reliability of this test had a minimum standard reliability coefficient of 0.77-0.90 regarding all scales except for vitality. Furthermore, they reported the convergent validity of this scale in the range of 0.58-0.95.

Parenting stress questionnaire-short form

This questionnaire is a 36-item short version of the original Parenting Stress Index (PSI) developed by Abidin (1995). There are three subscales of Parental Distress, Dysfunctional Parent-Child Interactions, and Difficult Child Characteristics. The first 12 items (1-12) of the questionnaire have pertained to the subscale of parental distress, the second 12 items (13-24) are related to the subscale of dysfunctional parent-child interactions, and the third 12 items (25-36) are related to subscale of difficult child characteristics.

This index should be scored should be done by considering of irregular order of subscales' items in the whole scale because items of each subscale are distributed through the scale and all items are not scored similarly. Studies reported results of Cronbach's alpha of total score of scale and subscales of parental distress, dysfunctional interaction, and difficult parent-child characteristics of normal group equal to 0.90, 0.80, 0.84, and 0.80, respectively. The abovementioned values equaled 0.89, 0.80, 0.83, and 0.78 for mothers of boys, 0.91, 0.80, 0.84, and 0.80 for mothers of girls. Retest validity coefficient (18 days after the first implementation) equaled 0.75, 0.82, 0.73, and 0.71 for total score, parental distress, dysfunctional interaction, and difficult parent-child characteristics (Fadaee et al., 2010).

**FINDINGS**

In total, 341 subjects participated in the research. Table 1 reports descriptive features of variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Components</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting stress</td>
<td>Parenting stress</td>
<td>341</td>
<td>4.2493</td>
<td>0.94529</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>Parental distress</td>
<td>341</td>
<td>3.5806</td>
<td>1.33618</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>Dysfunctional interactions</td>
<td>341</td>
<td>4.1408</td>
<td>0.72608</td>
<td>2.00</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>Difficult characteristics</td>
<td>341</td>
<td>3.6950</td>
<td>1.10118</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Quality of life</td>
<td>Quality of life</td>
<td>341</td>
<td>3.5777</td>
<td>0.94743</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>Physical functioning</td>
<td>341</td>
<td>3.5718</td>
<td>0.89029</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>Physical role limitations</td>
<td>341</td>
<td>3.7683</td>
<td>1.14878</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>Bodily pain</td>
<td>341</td>
<td>3.6364</td>
<td>0.95933</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>General health</td>
<td>341</td>
<td>3.5367</td>
<td>0.89244</td>
<td>0.263</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Vitality</td>
<td>341</td>
<td>3.7801</td>
<td>1.13307</td>
<td>0.263</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Mental health</td>
<td>341</td>
<td>3.9619</td>
<td>1.30891</td>
<td>0.263</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Emotional role limitations</td>
<td>341</td>
<td>3.9619</td>
<td>1.57228</td>
<td>0.263</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Social issues</td>
<td>341</td>
<td>3.6569</td>
<td>1.52707</td>
<td>0.263</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**Source:** Search data.
Simple linear regression analysis was employed to examine the effect of parenting stress on the quality of life. In other words, the main hypothesis assumed a significant relationship between parenting stress and quality of life of female-headed households in Isfahan. Reassumptions were tested to the used regression model. To this end, the Kolmogorov-Smirnov test was employed to examine distribution normality. Normal distribution of scores existed at the level of 95%. Moreover, D-W statistics was in the range of 1.5-2.5; therefore, the assumption of errors independency was confirmed so regression could be used.

Table 2. Correlation between variables (regression adequacy indicators)

<table>
<thead>
<tr>
<th>Correlation coefficient</th>
<th>Coefficient of determination</th>
<th>Adjusted coefficient of determination</th>
<th>Error SD</th>
<th>D-W</th>
</tr>
</thead>
<tbody>
<tr>
<td>-0.527</td>
<td>0.277</td>
<td>0.276</td>
<td>0.34035</td>
<td>1.685</td>
</tr>
</tbody>
</table>

Source: Search data.

There was a significant relationship between parenting stress and quality of life of women at the level of 95%; the coefficient of correlation between them equaled 0.527.

Table 3. Results of Pearson correlation test between parenting stress and quality of life of women

<table>
<thead>
<tr>
<th>Component</th>
<th>Quality of life of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting stress</td>
<td>Pearson correlation -0.527</td>
</tr>
<tr>
<td></td>
<td>Sig 0.000</td>
</tr>
<tr>
<td></td>
<td>N 341</td>
</tr>
</tbody>
</table>

Source: Search data.

Regression model fit. Table 4 measures the significance of regression by using the F test.

Table 4. F test (Analysis of Variance) for regression significance

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum squares</th>
<th>df</th>
<th>Mean squares</th>
<th>F value</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>5.555</td>
<td>1</td>
<td>47.957</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>Residual</td>
<td>14.480</td>
<td>339</td>
<td>5.555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20.035</td>
<td>340</td>
<td>0.116</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Search data.

According to Table 4, the significance level of these statistics equaled 0.000 indicating the significance of regression at the level of 95%.

Table 5. Significance of regression coefficients of parenting stress and quality of life of women

<table>
<thead>
<tr>
<th>Variable</th>
<th>Non-standard coefficients</th>
<th>Standard coefficients</th>
<th>T</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant value</td>
<td>1.472</td>
<td>0.115</td>
<td>12.832</td>
<td>0.000</td>
</tr>
<tr>
<td>Parental distress</td>
<td>-0.122</td>
<td>-0.043</td>
<td>-0.0488</td>
<td>8.996</td>
</tr>
<tr>
<td>Dysfunctional interactions</td>
<td>-0.230</td>
<td>-0.056</td>
<td>-0.523</td>
<td>12.832</td>
</tr>
<tr>
<td>Difficult child characteristics</td>
<td>-0.147</td>
<td>-0.048</td>
<td>-0.650</td>
<td>5.980</td>
</tr>
</tbody>
</table>

Source: Search data.

**Dependent variable: quality of life of women**

The variable entered into the regression equation is the core of regression analysis, as indicated in Table 5. Regression equation can be calculated by using the columns of non-standard coefficients. It can be stated that an increase in each independent variable leads to a reduction (equal to coefficient value) in the rate of the dependent variable. In other words, an
increase (0.357) in parenting stress led to 1.472 reductions in quality of life. Therefore, the main hypothesis was confirmed.

FINAL CONSIDERATIONS

Parenting stress is a term that defines the stress perception in the parent-child system that covers both stressful characteristics of child and parents’ responses. As a family member, the mother that plays a vital parenting role in the family system might be affected by various stressful sources (MOHAMMADI et al., 2016). Parenting stress can intensify the possibility of being more reprimand, punishing, and irritable parents, which may, in turn, cause a higher possibility of attention-deficit/hyperactivity disorder, conduct disorder, coping disobedience disorder, and antisocial personality disorder in children (BARKELY, 2003). On the other hand, parenting stress is positively correlated to a lack of positive parenting behaviors. Combined with some other factors such as low social support and anger expression, parenting stress may lead to more serious problems such as child abuse during parenting procedures. Therefore, it is essential to test and control the stress of mothers to reduce the negative effects of parenting stress.

Results showed that there is a significant relationship between parenting stress and quality of life of female-headed households in Isfahan. There was a significant correlation between parenting stress and quality of life of women at the significance level of 95%, and the correlation coefficient between these variables equaled 0.527. The coefficient of determination equaled 0.27 indicating that 27% of changes in the quality of life of women are explained by parenting stress. As this value does not consider the degree of freedom, the adjusted coefficient of determination is used, which this value equaled 27% in this research. The calculated significance level for this statistic equaled 0.000 indicating the significance of regression at the level of 95%. It can be stated that an increase in the independent variable leads to a reeducation (equal to the coefficient value) in the dependent variable. In other words, an increase (0.357) in parenting stress led to a 1.472 reduction in quality of life. Therefore, the main hypothesis was confirmed. results of this hypothesis were matched with findings of studies conducted by Neethi (2017), Pisula and Dörsmann (2017).

According to the obtained results, it is recommended that families improve their communication skills in the family including speaking and listening skills, expressing love, showing positive and pleasant behaviors, conflict solving skills, having correct and real beliefs and expectations, mutual support, sexual skills, and so on.

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**The relationship between parenting stress and quality of life (Case study: female-headed households in Isfahan, Iran)**

A relação entre o estresse parental e a qualidade de vida (Estudo de caso: famílias chefiadas por mulheres em Isfahan, Irã)

La relación entre el estrés de los padres y la calidad de vida (Estudio de caso: hogares encabezados por mujeres en Isfahan, Irán)

**Resumo**
Este estudo tem como objetivo identificar a relação entre o estresse parental e a qualidade de vida (CdV) de famílias chefiadas por mulheres em Isfahan, Irã. Materiais e Métodos: Trata-se de uma pesquisa descritiva do tipo correlacional. A população estatística do estudo incluiu todas as famílias chefiadas por mulheres em Isfahan durante o primeiro semestre de 2018. Um método de amostragem conveniente foi usado e 341 indivíduos foram escolhidos. Para a coleta de dados, utilizou-se o Parenting Stress Questionnaire desenvolvido pela Abidin e o questionário QoL (WHO-36). O Coeficiente de Correlação de Pearson e a Análise de Regressão Múltipla Stepwise foram empregados para a análise dos dados. Resultados: os resultados mostraram uma correlação significativa entre o estresse parental e a qualidade de vida de famílias chefiadas por mulheres (P <0,01). Conclusão: De acordo com os resultados, o estresse parental desempenha um papel vital na qualidade de vida das famílias chefiadas por mulheres.

**Palavras-chave:** Estresse parental. Qualidade de vida. Famílias chefiadas por mulheres.

**Resumen**
Este estudio tiene como objetivo identificar la relación entre el estrés de los padres y la calidad de vida (CdV) de los hogares encabezados por mujeres en Isfahan, Irán. Materiales y métodos: Se trata de una investigación descriptiva de tipo correlacional. La población estadística del estudio incluyó a todos los hogares encabezados por mujeres en Isfahan durante el primer semestre de 2018. Se utilizó un método de muestreo conveniente y se eligieron 341 sujetos. Para la recolección de datos se utilizó el Parenting Stress Questionnaire desarrollado por Abidin y el cuestionario QoL (WHO-36). Para el análisis de datos se emplearon el coeficiente de correlación de Pearson y el análisis de regresión múltiple escalonada. Hallazgos: Los resultados mostraron una correlación significativa entre el estrés de los padres y la calidad de vida de los hogares encabezados por mujeres (P <0,01). Conclusión: Según los hallazgos, el estrés de los padres juega un papel vital en la calidad de vida de los hogares encabezados por mujeres.

**Palabras-clave:** Estrés parental. Calidad de vida. Hogares encabezados por mujeres.

**Abstract**
This study aims to identify the relationship between parenting stress and quality of life (QoL) of female-headed households in Isfahan, Iran. Materials and Methods: This is a descriptive research of correlational type. The statistical population of the study included all female-headed households in Isfahan during the first half-year of 2018. A convenient sampling method was used and 341 subjects were chosen. To collect data, the Parenting Stress Questionnaire developed by Abidin and QoL questionnaire (WHO-36) were used. Pearson Correlation Coefficient and Stepwise Multiple Regression Analysis were employed for data analysis. Findings: Results showed a significant correlation between parenting stress and quality of life of female-headed households (P<0.01). Conclusion: According to the findings, parenting stress plays a vital role in the quality of life of female-headed households.

**Keywords:** Parenting stress. Quality of life. Female-headed households.


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