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COMPARING RESILIENCY, QUALITY OF LIFE, AND MENTAL HEALTH IN STUDENTS OF SHIRAZ CITY

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ABSTRACT

This study aims to compare resiliency, quality of life, and mental health of third-grade high school students in Shiraz city. For this purpose, 340 third-grade high school students in the academic year 2014-2015 (178 females and 162 males) were selected using multistage cluster sampling. Measurement instruments used in research included the Connor-Davidson Resilience Scale (2003), WHO Quality of Life-BREF (WHOQOL-BREF) (1993), and Depression, Anxiety and Stress Scale (Lovibond & Lovibond, 1995). Findings were analyzed using independent t-test. The results showed that there is a significant difference between male and female students in terms of the resilience, quality of life, and mental health. In other words, the mean value of resilience and quality of life in boys was higher than girls. In addition, the mean value of mental health (anxiety, depression, stress) in girls was higher than boys.

Keywords: resilience, quality of life, mental health, students

INTRODUCTION

One of the aspects of community health assessment is mental health of the community. Undoubtedly, mental health plays an important role in ensuring the dynamism and efficiency of any society (WHO, 2001). Mental health is one of the essential concepts in the complex world of human beings. Its definition is difficult and

its actual measurement is almost impossible. Experts have offered various definitions of the concept, though almost all of them have the same stance which is responsibility and normal lifestyle choice. Unfortunately, mental health is an ambiguous and sometimes confusing term because most people consider it as a personal need. Mental health is in contrast to physical health. Physical and mental health is one of the most basic human needs. As the physical health is continuation of a person's life, mental health is also one of the essential human needs (WHO, 2001). Quality of life is something more than physical health, quality of life, including feelings of being healthy, the basic level of satisfaction, and the valuable sense. Abstract and complex concept includes diverse backgrounds which all of them are involved in personal satisfaction and self-esteem (Bowling, 1991).On the other hand, quality of life is a powerful force to guide, protect and advance the health and well-being in different societies and cultures (Testa and Simpson, 1996).The World Health Organization considers four dimensions, including physical and mental health, social relationships and living environment for quality of life (Rahimi and Kheir, 2007). Mental health includes the ability to live with happiness, productivity and the absence of problem.

Resilience is one of the factors that affect mental health (Freiburg, 2005). Resilience is defined as the success of resistance against intimidating and challenging situations. Resilient individuals are those who reduce the adverse effects of chronic stress and maintain their mental health (Wilson et al., 2004). Resilience is one of the concepts and structures in psychology, referring to positive dynamic process of adaptation with bitter experience (Luthar and Cichiti, 2000; Mostan, 2001). Having a good quality of life is human desire. Over the years, finding the good life and how to achieve have attracted philosophers' attention. Accordingly, various definitions of good living and quality of life have proposed by scholars (Hanstd, 1999). Also, people who have high mental health enjoy their life and it is beyond surviving from the stress and life's adversities (Bonano, 2004).

In general, studies have shown that women have lower mental health compared to men. While mental health in women brings happiness and vitality and increases confidence in them, the lack of it will bring anxiety, stress, anxiety and frustration of life (Banaian, Parvin, and Kazemian, 2006). Women are exposed to psychological trauma

more than men because of the emotional sensitivity. Although the women lived longer than men, they are at greater risk of mental disorders such as depression, anxiety, and appetite disorders in comparison with men. Information obtained from World Bank research shows that depressive disorders constitute 30 percent of neuropsychiatric disabilities for women and 12.6 percent for men in developing countries. According to studies, the prevalence of mental disorders, especially depression and anxiety, in Iranian women is 2.5 times higher than Iranian men (Ahmadi et al., 2006).

Women also experience more anxiety disorders, including generalized anxiety disorder and panic disorder. Moreover, eating disorder occurs more than 90% in women. In fact, almost one third of women will have an anxiety disorder over the life. The results of epidemiologic research on the different nations indicated that anxiety disorders are common and occur mainly in women (Kornstein & Clayton, 2002). Women experience anxiety disorders at any age, although its rate decreases at old age (Kessler et al., 1194). Difference in prevalence of somatoform between men and women is remarkable. Gender is an important factor for psychosomatic disorders. When a few criteria are considered for diagnosis of somatization, somatization syndrome increases 30 to 150 times (Rasucki, Howard & Mann, 1998; Lindal & Stephenson, 1993).

Mahmoudi (2008) investigated the relationship between resiliency and quality of life on 160 high school students (65 girls and 95 boys) in Bardsir city. The results indicated that there is a significant positive relationship between resiliency and quality of life, and there is also a difference between girls and boys in terms of quality of life and boys have a higher quality of life and resilience than girls. Considering the importance of resiliency, mental health and quality of life among teenagers, this study aims to compare resiliency, quality of life, and mental health of third-grade high school students in Shiraz city.

RESEARCH METHODOLOGY

This study is an ex post facto research. Ex post facto design is a quasi-experimental study examining how an independent variable, present prior to the study in the participants, affects a dependent variable. A quasi-experimental study simply means participants are not randomly assigned (Pasha Sharifi, Sharifi, 2004).

Statistical Population and Sampling Methods

The statistical population included all third-grade high school students in the academic

year 2014-2015 in Shiraz city using multistage cluster sampling. Among four regions of education, two regions were randomly selected and four schools (2 girls' school and 2 boys' school) in each region were randomly selected. Finally, the statistical sample included 340 third-grade high school students (178 females and 162 males).

RESEARCH INSTRUMENTS

A) Connor-Davidson Resilience Scale (2003)

Connor-Davidson Resilience Scale (2003) includes 25 items and five points (never, rarely, sometimes, often or always). Method of scoring is from zero (never) to four (always). In order to use this scale in Iran, Joukar (2007) calculated the reliability by Cronbach's alpha and 0.93 was obtained. It was absolutely consistent with the reliability of the scale reported by makers. Mohammadi (2005) reported the Cronbach's alpha coefficient as 0.87. Moreover, Besharat (2007) reported the Cronbach's alpha coefficient as 0.84. Hence, the scale has the acceptable validity and reliability.

B) WHO Quality of Life-BREF (WHOQOL-BREF) (1993)

WHOQOL-BREF has 25 questions. 23 questions are related to 4 areas, including physical health, mental health, social relations, and environmental health. Each item scores from 1 to 5.Thus, physical health scores between 7 and 35; mental health scores between 6 and 30; social relations score between 2 and 10; finally living environment scores between 8 and 40 (Nejat et al., 2006).This inventory was standardized in Iran by Nejat et al. (2006) using three groups of patients with chronic and non-chronic diseases. The reliability was calculated as 0.83 using Cronbach's alpha.

C) Depression, Anxiety & Stress Scale (DASS)

Depression, Anxiety & Stress Scale (DASS) prepared by Lovibond (1995) is used to study mental health. It includes 23 questions. This scale is more likely to distinguish depression, anxiety and stress (Anthony et al., 1998 and Lovibond and Lovibond, 1995). The score is between 0 and 4. Zero is related to strongly disagree and four is related to strongly agree. Cronbach's alpha for factors of anxiety, depression and stress on this scale included 0.84, 0.87, and 0.74, respectively. Test-retest reliability of the factors of anxiety, depression and stress included 0.79, 0.73, and 0.65, respectively.

FINDINGS

- First hypothesis: there is a difference between girls and boys in terms of resiliency.

Table 1: t-test to determine the difference between girls and boys in terms of resiliency

Variable	Gender	Number	Mean	SD	T	df	Sig.
resiliency	Male	162	64.29	11.60	4.41	338	0.001
	Female	178	58.04	14.49			

The results of the analysis of the first hypothesis by t-test showed that the mean value of resiliency in male students is higher than female students and the difference is significant (t=4.41, P<0.001).

- Second hypothesis: there is a difference between girls and boys in terms of quality of life.

Table 2: t-test to determine the difference between girls and boys in terms of quality of life

Variable	Gender	Number	Mean	SD	T	df	Sig.
Physical health	Male	162	27.68	3.43	6.66	338	0.001
	Female	178	24.90	4.24			
Mental health	Male	162	19.72	3.63	1.81	338	NS
	Female	178	18.97	4.01			
Social relations	Male	162	28.62	4.97	3.46	338	0.001
	Female	178	26.63	5.64			
Living environment	Male	162	19.38	5.92	3.43	338	0.001
	Female	178	21.37	4.74			
Quality of Life	Male	162	103.67	7.20	4.66	338	0.001
	Female	178	99.66	8.66			

The results of the analysis of the first hypothesis by t-test showed that the mean value of physical health in male students is higher than female students and the difference is significant (t=6.66, P<0.001). The mean value of social relations in male students is higher than female students and the difference is significant (t=3.46, P<0.001). The mean value of living environment in female students is higher than male students and the difference is significant (t=3.43, P<0.001). The mean value of quality of life in male students is higher than female students and the difference is significant (t=4.66, P<0.001).

- Third hypothesis: there is a difference between girls and boys in terms of mental health.

Table 3: t-test to determine the difference between girls and boys in terms of mental health

Variable	Gender	Number	Mean	SD	T	df	Sig.
Stress	Male	162	12.83	5.49	4.77	338	0.001
	Female	178	15.70	5.57			
depression	Male	162	8.59	5.83	4.01	338	0.001
	Female	178	11.36	6.92			
Anxiety	Male	162	10.04	6.01	4.39	338	0.001
	Female	178	13.02	6.48			

The results of the analysis of the first hypothesis by t-test showed that the mean value of stress in female students is higher than male students and the difference is significant (t=4.77, P<0.001). The mean value of depression in female students is higher than male students and the difference is significant (t=4.01, P<0.001). The mean

value of anxiety in female students is higher than male students and the difference is significant (t=4.39, P<0.001).

DISCUSSION AND CONCLUSION

There is a difference between girls and boys in terms of resiliency.

The results of the analysis of the first hypothesis by t-test showed that the mean value of resiliency in male students is higher than female students and there is a significant difference between two groups. These findings are consistent with the findings of Mahmoudi (2008) and are inconsistent with the findings of Jalili and Hossein Chari (2010), and Khalatbary (2010). Mahmoudi (2008) showed that there is a difference between girls and boys in terms of resilience and quality of life and resilience for boys are higher than girls. The resiliency emerges with the experience of hardship and adversity. Studies on most powerful families in times of crisis have shown that 75% of the families experience positive events in the midst of resentment or disappointment. Many families have reported that their relationship has strengthened more than ever when facing the crisis jointly. A crisis could be more attention to the important and valuable issue in life.A painful loss can lead us to new directions; in other words, the end of a way is the beginning of another way (cited in Walsh, 2006). According to the research findings, it can be said that the reason for resilience in boys is that they face many challenges and difficulties; thus, they can overcome their problems easilyand if they fail, they will not get discouraged easily. Hence, boys are expected to have higher resiliency in comparison with girls.

There is a difference between girls and boys in terms of quality of life.

The results of the analysis of the second hypothesis by t-test showed that there is a significant relationship between boys and girls in terms of all components of quality of life (physical health, psychological health, social relations and living environment). The mean value for all components other than living environment in boys was higher than girls. The mean value of quality of life in male students was higher than female students and the difference is significant. These findings are consistent with findings of Mahmoudi (2008); Javadi (2010), Jelyn et al. (2004) and Arrington (2006) and are inconsistent with the findings of Sarkosky and Green (2006). According to Coleman, there is a great quality of life when a person's hope is consistent with experiences and the reverse is also true; In other words, the quality of life is low when a person's hope is not consistent with

experiences. However, it does not mean that a person's hopes become positive and then get fulfilled. Coleman believed that a person's purpose should be based on the reality and the distance between hope and achievement becomes short (Hassanshahi, 2009). Forasmuch as girls' restrictions are higher than boys, the quality of life is lower for girls. Girls are restricted from family and community and feel less secure. Girls give more importance to their appearance and if their appearance does not seem appropriate, they will become discouraged and will not enjoy their life.

There is a difference between girls and boys in terms of mental health.

The results of the analysis of the third hypothesis by t-test showed that there is a significant relationship between boys and girls in terms of all components of mental health (stress, depression and anxiety) and the mental health of boys is higher than girls. These findings are consistent with findings of Rostami et al. (2008).

Albert Elis believes that any person may have two different ideas of accident when faced with an unfortunate accident. One idea is rational, leading to the logical conclusion and safe and efficient character. Another idea is illogical and irrational, leading to incorrect conclusion and unhealthy character. Elis believes that a person is not passive and he/she is active and has the power of choice and responsibility. One must ignore deviant thinking, behavior, and disproportionate emotions and eventually regain the mental health (Khoda Rahimi, 2005). We can say that the psychological damages for girls are higher than boys.

Forasmuch as girls' restrictions are higher than boys, the mental health is lower for girls. The boys can be independent from an early age, but girls cannot be independent because of lack of proper security. Society provides restrictions for girls; for example, they cannot select any job which they like. Forasmuch as the girls are irritable more than boys, they are more vulnerable and are worried about being ridiculed by people. The psychological causes related to the high prevalence of mental disorders in girls include their sensitivity to performance because the girls are always judged by boys. Another possible reason may be the reluctance of men to talk about their weaknesses, because they consider it in sharp contrast with their masculine traits.

According to research findings in the variables of quality of life, more attention should be given to resiliency and mental health of girls. In addition, it is necessary to improve the quality of life, resiliency and

mental health among students through training.

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