Factors Affecting Life Satisfaction of High School Female Students in Region 2, Zanjan in 2014

Farimah Farokhi

Department of Psychology, Zanjan Branch, Islamic Azad University, Zanjan, Iran.

Abstract

The life satisfaction does not mean satisfaction of a special situation; but, it is the satisfaction from all experiences of life. In fact, the satisfaction refers to well-being in all (social, moral, etc.) aspects of life. However, this study aimed to investigate the relationship between religious orientation, mental health, and life satisfaction of high school female students in region 2, Zanjan. For this purpose, using multistage cluster sampling method, 314 students were selected from first, second, and third grades as sample. The findings showed that there was a significant relationship between all symptoms of mental health (Physical symptoms, anxiety and insomnia, social function and depression) and life satisfaction.

Keywords: Religious Orientation, Mental Health, Life Satisfaction, Female Students.

1. Introduction

The life satisfaction does not mean satisfaction of a special situation; but, it is the satisfaction from all experiences of life. In fact, the satisfaction refers to well-being in all (social, moral, etc.) aspects of life. The mental health and life satisfaction are features of healthy individuals.Therefore, the global efforts to provide a proper ground to live free of disease belong to prevention and treatment of diseases such as cardiovascular, infectious, and etc. diseases and providing a quiet environment for inner peace and mental health.Despite rapid developments in solving the human body problems, the medical science has not taken effective step to solve the human psychological problems. However, the mental problems play important role in development of physical illness. The promotion of public health is one of the most fundamental issues in all countries which should be considered from various aspects including mental aspect.The main dimension of mental health is ensuring thinking and mental health of people in community. Therefore, the mental health is a science which provides well-being, social well-being, and reasonable compromise and covers all aspects of life including home, school, university, workplace, and etc. The health of individuals and societies has been investigated in physical, mental, and social dimensions. Considering the need to meet the needs and requirements of human through religion, today, the spiritual health is also considered. Despite the conceptualization of health as absence of disease, the recent studies have shown that some adolescents with little psychological disorders have shown low levels of life satisfaction.

The psychological stresses which are created due to modern life and rapid social changes and are intensified by new technology achievements impact significantly on mental health and life quality of people. The psychosocial-social factors play an important role in success of efforts, improving economic developments, and providing health and social services to people. Since the seventeenth century is called logic era, the nineteenth centuryis called progress and development era, and the twentieth century is called the era of anxiety and overcoming physical illness,the human being gets every day more and more aware of psychological factors impact on well-being. The studies show that the psychological distresses threaten the health of people more than other physical disorders. By various mechanisms, the religion leads to mental health of individuals and societies. Some examples of mental health which are caused by religion include hope, motivation and positive thinking in religion, social and emotional supportive networking,

clear and decisive response to creation of world and life, pleasant and reasonable explanation and definition of pain and deprivation, and many other mechanisms.In general, the impact of religion and religious beliefs on health of individual and community is very important. The studies show that the mental relaxation may be achieved by righteous morals and beliefs and good behaviors. The human being always communicates in community. In each area such as cultural, social, and economic areas, the people try to be the best by using their abilities. The health is one of the divine blessings and mental health is one of its aspects. Today, despite significant scientific progresses in psychiatry and psychotherapy, it is observed that some experts emphasize on important and necessary role of religion in mental health and psychotherapy and believe that the religious beliefs and trust in God recover faster the psychological problems.

2. Methodology

This was applied descriptive correlational study. This study investigated the correlation between religious orientation, mental health, and life satisfaction of participants. The population consisted of all high school female students in district 2, Zanjan in 2014-2015 (N= 3000). Using multistage cluster sampling method, 314 students were selected as sample. The research variables included religious orientation (with two subscales: internal and external), mental health (with four subscales= depression symptoms, physical symptoms, anxiety symptoms, sleep disorders, and social dysfunction), and life satisfaction (with five sub-scales: family, friends, school, living environment, and themselves).

3. Findings

3.1. Descriptive findings

Table 1: Mean and standard deviation of mental health components among high school students

Variable	Number	Minimum	Maximum	Mean	Standard deviation
Physical symptoms	314	Zero	20	7.59	4.37
Anxiety symptoms and sleep disorders	314	Zero	21	8.51	4.8

Social function	314	4	19	12.14	2.27
Symptoms of depression	314	Zero	20	8.87	4.85
general health	314	16	66	37.13	11.85

Given that the score above 6 in each component indicates disease symptoms, the above table shows that the participants have a disease symptom in all four components; they have highest problem in social functioning and least problem in physical symptoms.

Table 2: Mean and standard deviation of religious orientation components among high school students

Variable	Number	Minimum	Maximum	Mean	Standard deviation
Internal religious orientation	314	13	42	29.66	4.88

The above table shows that the score and mean of external religious orientation and internal religious orientation among participants was 60 and 38.85 (65 percent) and 45 and 29.66 (66.5 percent), respectively. Although the comparison of percentages showlittle difference, the mean of internal religious orientation is higher than external religious orientation.

3.2. Inferential findings

First main hypothesis: There is a significant correlation between religious orientation components and life satisfaction among high school students.

Sub-hypotheses:

1. There is a significant correlation between external religious orientation and life satisfaction among high school students.
2. There is a significant correlation between internal religious orientation and life satisfaction among high school students.

Table 3: Correlation between religious orientation components and life satisfaction among high
school students

Variable	Family	Friends	School	Living environment	Self	Overall life satisfaction
External religious orientation	0.133** 0.009	0.107* 0.02	0.366** 0.001	0.115* 0.02	0.251** 0.001	0.238** 0. 001
Internal religious orientation	-0.05 0.19	0.051 0.183	- 0.132** 0.01	-0.102* 0.03	-0.074 0/096	0.094* 0.049

*P< 0.05, ** P< 0.01

The table above shows that there is a significant and positive correlation between external religious orientation and all components of life satisfaction (family, friends, school, living environment, and overall life satisfaction). Therefore, the first sub-hypothesis is confirmed. The highest correlation is between external religious orientation and school. There is significant and negative correlation between internal religious orientation and school satisfaction and satisfaction of life environment and there is positive and significant correlation between internal religious orientation and overall life satisfaction.

Second main hypothesis: There is a significant correlation between mental health and life satisfaction among high school students.

Sub-hypotheses:

1. There is significant correlation between physical symptoms and life satisfaction components among high school students.
2. There is significant correlation between anxiety symptoms and sleep disorders and life satisfaction components among high school students.
3. There is significant correlation between social functioning and life satisfaction components among high school students.

4. There is significant correlation between depression and life satisfaction components among high school students.

Table 4: Correlation between mental health components and life satisfaction among high school students

Variable	1	2	3	4	5	6	7	8	9	10	11
Family	1										
Friends	0.438** 0.001	1									
School	0.294** 0.001	0.414** 0.001	1								
Living environment	0.573** 0.001	0.413** 0.001	0.373** 0.001	1							
Self	0.402** 0.001	0.283** 0.001	0.258** 0.001	0.474** 0.001	1						
Overall satisfaction	0.756** 0.001	0.693** 0.001	0.686** 0.001	0.785** 0.001	0.658** 0.001	1					
Physical symptoms	-0.287** 0.001	-0.125** 0.01	-0.121** 0.01	-0.179** 0.001	-0.155** 0.003	-0.243** 0.001	1				
Anxiety symptoms and sleep disorder	-0.265** 0.001	-0.152** 0.001	-0.192** 0.001	-0.222** 0.001	-0.111** 0.02	-0.276** 0.001	0.742** 0.001	1			
Social function	0.116** 0.02	0.026 0.325	-0.011 0.421	0.07 0.109	0.044 0.217	0.067 0.119	-0.294** 0.001	-0.375** 0.001	1		
Depression symptoms	-0.306** 0.001	-0.063 0.134	-0.192** 0.001	-0.278** 0.001	-0.192** 0.001	-0.294** 0.001	0.612** 0.001	0.727** 0.001	-0.337** 0.001	1	
General health	-0.316**	-0.128**	-0.203**	-0.256**	-0.172**	-0.305**	0.864** 0.001	0.905** 0.001	-0.206**	0.855** 0.001	1

	0.001	0.01	0.001	0.001	0.001	0.001			0.001		

*P< 0.05, **P< 0.01

The above table shows that there is significant and negative correlation between all components of life satisfaction. There is significant and negative correlation between physical symptoms and all components of life satisfaction (family, friends, school, living environment, overall life satisfaction, and themselves); this means that by increasing of disease physical symptoms, the life satisfaction decreases. There is high negative correlation between physical symptoms and family satisfaction. Therefore, the first sub-hypothesis is confirmed. There is negative and significant correlation between anxiety symptoms and sleep disorders and all aspects of life satisfaction; this means that by increasing of anxiety symptoms and sleep disorders, the life satisfaction decreases. The highest correlation is for satisfaction of family.Therefore, the second sub-hypothesis is also confirmed. The social functioning has significant positive correlation only with satisfaction of family (P< 0.05). There is also significant negative correlation between depression symptoms and all aspects of life satisfaction.Therefore, the fourth sub-hypothesis is also confirmed.

4. Conclusion

First main hypothesis: there is a significant correlation between religious orientation and life satisfaction.

The findings showed that there is significant correlation between external religious orientation and life satisfaction components (family, friends, school, and living environment) of students. Also, there is significant correlation between internal religious orientation and life satisfaction components (family, friends, school, and living environment) of students.

This is consistent with findings of Donovan et al. (2009) and Shakeri et al. (2007) and it is inconsistent with findings of Oklis(2009). There is highest correlation between family relationships and life satisfaction compared with peers, school, and living environment. The studies on relationship between religion and life satisfaction confirm that there is a positive and direct correlation between religion and life satisfaction. There is a significant and positive

correlation between external religious orientation and all components of life satisfaction (family, friends, school, living environment, and overall life satisfaction). The highest correlation is between external religious orientation and school. Most teenagers like to communicate with their peers and their ideas may influence each other.Therefore, the school is a good environment for exchanging of ideas. The teen likes to get free of family bounds, decide for her/himself, and do not accept the thoughts of his/her parents.For example, the study of 100 works on correlation between religion and life satisfaction showed that in 80% of cases, there is a positive correlation, in 13% of cases, there is no correlation between these two factors, in 7% of cases, there is mixed results, and only in 1%, there is negative correlation. Some concluded that there is negative correlation between some individual aspects of religion (such as belief in God)and life satisfaction.

Second main hypothesis: There is significant correlation between mental health components and life satisfaction.

The findings showed that there is a significant relationship between all symptoms of mental health (physical symptoms, anxiety symptoms and insomnia, social function, and depression) and life satisfaction.

This is consistent with findings of Aray and Ganel (2009) and Dave, Hubner (1994). These researchers investigated mental health components and life satisfaction and concluded that there is significant and negative correlation between life satisfaction and depression; it is not possible that a person will be depressed and still enjoy his/her life. The social dysfunction not only disrupts daily activities such as school performance and interpersonal relations, it but also threatens the physical health. This is inconsistent with findings of Hoda et al. (1993), Maltbay et al (2004), and Eng et al. (2005).There is significant and negative correlation between anxiety symptoms and sleep disorders and life satisfaction; this means that with an increase in anxiety symptoms and sleep disorders, the life satisfaction decreases. The highest correlation was for satisfaction of family.Therefore, the second sub-hypothesis is also confirmed.

There is significant and positive correlation between social function and satisfaction of family. There is significant and negative correlation between depression symptoms and all aspects of life satisfaction.Therefore, the fourth sub-hypothesis is also confirmed. The anxiety symptoms lead

to significantly decrease or increase of weight, sleep disorders, social dysfunction, occupational dysfunction, or disruption in other important areas of life. Since there is positive correlation between mental health components and life satisfaction, the people with anxiety and depression will suffer from social dysfunctions; for example, a student who does not have the patience to do his/her homework.

References

Arslan, C,.Hamarta, E., & Uslu, M,. (2010). The Relationship between Conflict Communication, Selfesteem and Life Satisfaction in University

Students, Educational Research and Reviews, Vol. 5(01), pp. 031-034.

Baier, C. J., & Wright, B.R.(2001). "if you love me ,Keep my comm. And ments", Ametanalsis of the effect. Journal of research in Crime and Delinauency, 38, 3-21.

Baker, M. Groush, R. (1982). Trait anxiety and intrinsic extrinsic religiousness. Jsci stud relig (2122):19-22.

Koening, H.G. (2007). Spirituality and depression. Southern medical. Journal, 7, 737-739.

Koenig, H. G., McCullough,M.E., & Larson ,D.B.(2001). Handbook of Religion an Health, Oxford University Press.

Lucas, R., Diner., E.E., & Such, E. (1996). Discriminanat Validity of well bing measure, Journal of personality and psychology, 71, pp. 616-628.