



# Evaluation of the Effect of Demographic Factors on Mental Health of Young Population in Ahvaz City

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**Abstract:** Numerous studies have confirmed the effect of gender and age and demographic factors on mental health and several theoretical explanations have been presented to explain the effect of gender differences on the health level of people in the community. The objective of this study was to evaluate the mental health of young people in Ahwazi city and its relationship with variables of age, gender, and field of study. This study was performed on 149 young people of Ahwazi aged between 20 and 30 years using descriptive-analytical method. Census sampling method was used in this study. Data were collected using Personal Information Questionnaire and Goldberg's 28-item General Health Questionnaire (GHQ-28). They were analyzed by SPSS software using independent one-way ANOVA at a significant level of 0.05. Based on the results obtained from Goldberg's Questionnaire (GHQ-28), 89 (59.7%) of young people were healthy (score 24-38), 52 (34.2%) of them were vulnerable (score higher than 38) and 90 (1.6%) of them were unhealthy. Independent T-test and analysis of variance showed a significant relationship between mental health, gender, education, and economic status ( $p < 0.05$ ).

**Keywords:** Age, Gender, Mental Health, Demographic Factors.

## INTRODUCTION

Mental health is one of the most important factors in the promotion and development of human beings. Its importance for human growth and development is clear for everyone (Nasiri et al., 2014). Mental health is one of the important dimensions of health related to thoughts, feelings and behavior. It is a set of factors playing an important role in preventing or development of cognitive, emotional and behavioral disorders in humans. In other words, mental health is a level of healthiness, in which people recognize their capabilities, overcome their life natural stresses and work effectively and get engaged in common social works (Nabavi, 2012). Mental health helps people adapt to others and to cope with life problems. In addition, mental health is essential for maintaining and sustaining the social, occupational and educational performance of the people living in a community. It also improves human's growth, development and personality (Rafati et al., 2012). Mental disorders are associated with great pain and suffering, increased risk of death or disability (Tavabi, 2011). Several factors affect the mental health of humans. While the mutual effects of individual and environmental factors are not separable, we decided to provide a general division of individual factors (including: genetics and physiology, gender, personal beliefs, and life skills) and the environmental factors (cultural, social, economic factors, and family environment, etc.) affecting mental health. In addition, factors such as diseases including heart disease, anxiety, depression, high unemployment and low income, limited education, stressful situations, gender discrimination, unhealthy lifestyles, psychological problems and violations of the law affect the mental health, suggesting that mind and community may have a mutual effect on health and behavior.

A number of researchers argue that social identities such as age, race, gender and marital status, job status, and socioeconomic status are directly related to the health status of individuals, and several field studies confirm these theoretical claims. One of these factors is gender, which determines the mental health and mental illness. It refers to distinctive social and biological characteristics of men and women. Gender is a

powerful social determinant of health, associated with other characteristics such as age, family structure, interaction, income, education and social support and culture. Gender is a vital element in health inequality in the developing world and this inequality affects the mental health. Economic and social policies, which cause sudden, destructive and severe changes in income, employment and social capital, significantly increase the gender inequality against women and increase the severe mental disorders, if not controlled (Pryzgoda & Chrisler, 2000). The general rate of mental disorders is almost equal in men and women, but a significant difference in the pattern of mental illnesses can be found. Women are more exposed to mental health under the effect of social and economic factors and living conditions, compared to men. The experience of emotional distress, sexual violence, domestic violence, pressures caused by multiple roles and sexual discrimination against women are more and more than one fifth of women experienced rape or sexual violence throughout their lives. Depression is the most common mental health problem. The level of mono-polar depression in women is twice than that in men. In contrast, alcohol dependence is twice and the possibility of antisocial personality disorder is three times more in men than those in women (Guastello & Guastello, 2003). Moreover, unmet economic and occupational needs of individuals lead to severe mental stresses in individuals, threatening their mental health. Job security, creating job, fair employment, and works appropriate to individuals contribute to increased mental health, well-being and job satisfaction (Murray, 2008).

Mental health is necessary for maintaining and sustaining the social, occupational and educational performance of people in a community (Bahryan, 2004). In fact, the health is respondents of physical, psychological, and social situations to the internal and external stimuli to maintain stability and comfort (Shariati et al., 2002). In the National Plan to Examine the Health and Disease in Iran using the GHQ 28 questionnaire, the rate of disorders in people over the age of 15 years old was reported to be 21% (Nourbala, 2009). The results of the research indicate that most deaths among young people and people of working age are due to suicide and these events are more or less related to their mental health (Soltaniyan et al., 2004). One of the important concepts in mental health is the concept of mental security. If a young person does not have a mental security, his or her life will be meaningless and he or she would not have a mental health. The mental security means having a psychic and spirit free of fear and this is a pleasant gift for those who live in peace in the light of this security (Molavi et al., 2009). This study evaluates the mental health regard to different individual and economic variables, age, gender, education level. Studying this issue and its effects on mental health is important.

## Methodology

The research population included all young people aged 20-30 years old in Ahwaz. Samples were selected using a multi-stage proportional random sampling approach and attempts were made so that clusters with high populations to have more odd for sample selection. Hence, in each district, sample blocks and statistical sample were selected proportional to population. Sampling method in this study was multi-block stage sampling, meaning that a list of blocks in each district is selected first. Then, an alley was selected as the statistical sample, and finally, research questionnaires were distributed randomly within each of the selected blocks and data were collected from members of households. The sample size was calculated 149 people with 96% confidence level and the error of 4%. The data collection tool included GHQ-28 standard mental health questionnaires. The General Health Questionnaire was developed by Goldberg in 1972 and its goal was to identify mental disorders in different environments. Questionnaire questions examine the mental status of a person in a recent month. In selecting the questions, four areas were considered (Cheraghyan, 2005).

1. Melancholia, which included questions about the physical status
2. Anxiety and feeling of psychological distress
3. Social dysfunction
4. Depression

In this study, 28-item standardized questionnaire was used and answers were scored in a Likert scale (0-1-

2-3). The cut-off point in this study was in this way that subjects with a score of 22 and below it were classified healthy and those with a score of 23 and above were considered in a mental disorder group (4.1). The Goldberg and Mary meta-analysis showed that the mean sensitivity of the GHQ-28 questionnaire is 84% and its specificity is 82% (Cheraghyan2005). Cronbach's alpha values for physical symptoms, anxiety, social function, depression, and mental health status was obtained 0.84, 0.85, 0.79, 0.81, and 0.91, respectively. The collected data were analyzed using SPSS software and univariate and multivariate logistic regression (to determine the relationship between factors related to mental health) at the significant level of  $P \leq 0.05$ . Physical, psychological, social, and cultural status of each community and providing the necessary conditions for the realization of a dynamic and healthy life would guarantee the health of that community for future years. To achieve such a goal, prevention of emotional disorders, anxiety and depression is essential. In addition to undesirable personal effects in young population, these disorders will have many social problems for the communities. The present study was conducted to evaluate the level of psychosocial health of some related factors in order to provide a strategy for strengthening positive factors and eliminating negative factors affecting the mental health. To achieve this goal, this question is asked that the effect of demographic factors is on mental health of young people.

## Results

In this study, 149 young people aged 20-30 years old participated, which 60 of them were male and 89 were female. In addition, 134 (89.9%) were single and 15 (10.1%) were married. The findings of this study showed no significant relationship between the variables of marital status, economic status and mental health status (Table 1, 3 and 4), while a significant relationship was found between mental health and gender ( $p \leq 0/001$ ) (Table 2), and single marital status ( $P = 0.041$ ).

**Table 1:** mean of mental health based on level of education

Variable	n	%	mean	Test result
Bachelor	50	33/6	22/22 $\pm$ 12/98	P=0/342
Master	41	27/5	20/35 $\pm$ 9/06	
PhD	36	24/2	18/92 $\pm$ 10/73	
High school and lower	22	14/8	23/85 $\pm$ 11/31	

**Table 2:** mean of mental health based on gender

variable	n	%	mean	result
Male	60	40/3	16/84 $\pm$ 9/2	p <0/001
Female	89	59/7	24/05 $\pm$ 11/59	

**Table 3:** mean of mental health based on age

age	n	%	mean	result
2-20 years	48	67/328/2	21/02 $\pm$ 12/12	P=0/922
25-30 years	101	67/8	21/21 $\pm$ 10/85	

**Table 4:** mean of mental health based on marital status

Marital status	n	%	mean	result
Divorced or spouse-deceased	21	14/1	23/54 $\pm$ 14/76	P=0/041
Married	28	18/8	23/17 $\pm$ 8/42	
single	100	67/1	19/65 $\pm$ 10/40	

**Table 5:** mean of mental health based on economic status

	n	%	mean	result
poor	9	6/0	25/11 $\pm$ 11/62	P=0/178
Moderate	61	40/9	22/89 $\pm$ 12/04	
Good	54	36/2	18/88 $\pm$ 9/53	
Very good	25	16/8	20/36 $\pm$ 12/03	

## Discussion and Results

The findings of this study showed that 59.7% of subjects were healthy students, 34.2% were vulnerable students, and 6.1% were unhealthy students. The result of the study conducted by Rafati et al on the students of Jiroft University of Medical Sciences (53.6%) was in contrast to that of the present study (Rafati et al., 2012). However, the result of the study conducted by Mosalla-Nejad (3.7%) was in line with that of this study. In this study, no significant relationship was found between mental health and educational level. This result was in line with the results of the research conducted by Rafati et al and Zare and Bohrnai and Namdar (Rafati et al., 2012). In a study conducted in Saudi Arabia, a significant relationship was found between students' academic years and their mental health. In addition, the results showed that students at higher academic years showed higher rates of anxiety and depression due to increased stress and working load at higher academic years, which this result was not consistent with that of this study. The age of people did not show significant relationship with a mental health score, which it was not in line with results of the study conducted by Imani.

In the research conducted on Hormozgan young people, a significant relationship was found between age and mental disorder, so that with increasing the age, mental health of young people improved due to adaptation to the surrounding conditions (Imani, 2013). However, in a study conducted by Soleiman Zadeh in Kerman (2012) and a Gyon in the United States, no correlation was found between age and mental health score (soieimani zadeh 2008), which its reason can be the knowledge level of people of mental disorder at any age and access to consulting services. In the present study, a significant relationship was found between gender and general health, especially in the dimensions of physical symptoms, anxiety and insomnia, and social dysfunction. The disorder was significantly higher in girls than that in boys and boys had better mental health than girls, which is consistent with results of the studies conducted by Khosrowjerdi, Khanzadeh, Rafati et al., and Bireau et al( rafati 2012) However, no significant relationship was found between gender and mental health in the study conducted by Namdar on adolescents (Jadon, 2010). Thus, it seems that girls to be more vulnerable to stress than boys and they are more dependent on their families and enjoy less social support.

According to the results of this study, a relationship was found between mental health and marital status, which is in line with the results of the research conducted by Lopez Barkona and Ansari (Biro, 2010). The research conducted by Lopez showed that married people had higher mental health than single subjects. Researchers attributed this result to wives psychological support and their influence on creating peace of mind in their husbands (Lopez, 2009). However, no significant relationship was found between these variables in the study conducted by Ernstnab (2012), which is not consistent with result of the present study. In this study, no significant correlation was found between economic status and mental health, which is consistent with the results of the research conducted by Dadkhah et al and Soleymanizadeh (2008) and Zare et al (2013). As many people do not have tendency to express their problems to others explicitly, asking questions, especially questions on economic status, can influence their answers and can be involved in interpretation the results of study. According to the results of different studies, it seems that relatively high number of young people to suffer from mental health. It is hoped that this rate to be reduced by the efforts of authorities and solving the young people problems. It is also recommended that more studies to be conducted on all psychiatric disorders. Holding free discussion sessions to hear the views and problems of young people, especially in universities, and taking step to solve them, and holding educational workshops on life skills for students, and regularly evaluating of the students' mental health can also improve mental health of students.

## References

1. Bahreynian, SA, Nourali, A. Investigating the Health Status of Interns of Shahid Beheshti University of Medical Sciences. Journal of Medical Research (Shahid Beheshti Medical School). 28 (1): 65-70;
2. Biro E, Baiajti I, Adancy R, Kosa k. Determinants of mental well-being in medical students. soc Z.
3. Cheragian, B (2005). Epidemiologic pattern of migraine headaches and stress of teachers in Shiraz, Thesis, Shiraz: School of Public Health, Shiraz University of Medical Sciences, Shiraz, Iran.

4. Guastello, D. D., & Guastello, S. J. (2003). Androgyny, gender role behavior, and emotional.
5. Imani Z, Khdemi Z, SODAGAR s, Naghi Zadeh F. Health status of nursing students in Hormozgan university of medical science using General Health 2013;295-304
6. Iopez Barcena j, Gonnzalez-de cossio Ortiz M, Epidemiological health factors and their realation with academic performance during the first year of medical school. 2009; 145 (2): 81-90.
7. Jadon NA, YaqoobR, Reza A, SHEHZADma, eietyZeshan SC. Anxiety and depression among medical students. 2010;60(8): 699-702.
8. laleh soleimanizadeh, F Soleimanzadeh, Association Mental Health and Education stressful factors in kerman 2008;3:17-24.
9. Molavi, P, Sadeghi Movahed, F, Nasiri Azari, M (2009), Investigating Factors Affecting Mental Health of Students of Ardabil University of Medical Sciences. PhD Dissertation, Ardabil University of Medical Sciences.
10. Murai H, Nakayama T. A one-year follow-up study on predictors of temporary leaves and dropouts among students at awomen's junior college. Journal of Epidemiology. 2008; 18(1):26-36.
11. Nabavi S. Surveying mental health status of new students of medical branch, Islamic Azad University using MMPI inventory in 2006-2007 educational year. Med Sci J of Islamic Azad University 2012; 21(4): 292-7. [Farsi]
12. Nasiri M, Zarea K, Nasiri M, Saidkhani V. The relationship between attitude toward Islamic covering and mental health among the students of Bushehr University of Medical Sciences, 2012. JentashapirJ of Health Res 2014; 6(3): 107-115.
13. Noorbala, AH, Muhammad, K, National Plan of Health and Disease in Iran. Tehran: Publications of the Ministry of Health and Medical Education; 1999.
14. Pryzgoda, J., & Chrisler, J.C. (2000). Definitions of gender and sex: The subtleties of meaning. Sex Roles, 43(7/8): 553-569.
15. Rafati R, Rafati Sh, Mashayekhi F, Pilehvarzadeh M, Mashayekh M. The comparison of the mental health and self- esteem in the gifted and normal adolescents of high schools in Jiroft City in the year 2012-2013.
16. Shariati, M, Kaffashi, A, Ghalebandi, MF, Fateh, A, Ebadi, M, investigating the mental health status and its related factors in medical students of Iran University of Medical Sciences. Quarterly journal of medical sciences university of Jihad. 2002, Volume 1 (3): 29-37.
17. Soltaniyan, A, Bahreini, F, Namazi, S, Amiri, M, Qaedi, H, Kohan, Gh. Investigating the mental health status of high school students in Bushehr Province and the factors affecting it in the academic year of 2003-2004 Southern Medical Academy. Bushehr University of Medical Sciences. 2004; 7 (2): 173-182.
18. Tavabi AA, Iran-Pour E. The association between religious beliefs and mental health amongst medical students. J Pak Med Assoc 2011;61(2):135.
19. ZareN, Daneshpajooh F, Amini M, Razeghi M, Fallahzadeh M. The relation between self esteem, general health and academic achievement in students of shiraz 2007;7(1):59-67.