

Mental Health and Life Satisfaction of Irani and Indian Students

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Present study aims at investigating mental health and life satisfaction of students of students of Iranian and Indian Universities. The samples were selected at random i.e. 50 individuals from each group. General Health Questionnaire 12 items was used to collect data (GHQ-12) and life satisfaction scale and, t test was used to analyze data and the results indicated that there was meaningful differences of general health questionnaire between two groups and results showed that there is meaningful differences between two groups in life satisfaction scale . The results of mental health questionnaire showed that A.M.U. students' scores of mental health questionnaire were less than S.B.U. and also their mental health situation was better than S.B.U. students; also A.M.U. students' scores of life satisfaction scale were more than S.B.U. students, furthermore, A.M.U. students were more satisfied from their life than S.B.U. students. The findings suggest that should do more researches about students' mental health and life satisfaction especially cross-cultural studies.

Keywords: Mental Health, Life Satisfaction.

Mental health in the definition of WHO is regarded as one of the needed factors for general health. According to the experts of this organization health is a status of a well-being of body, mind, and society not only for the lack of disease (Boldero & Fallon, 1995). Kaplan and Sadock (1993) define the mental health as: "a condition of well-being and the feeling in person when can come to terms with society and personal situation and social features are satisfying for him/her".

There are several factors that could be possible predictors of students' life satisfaction, their mental health statues are very important. Many previous studies showed that mental health has effect on life satisfaction. The results of studies say that individuals who have better mental health they are more satisfied from their life. Viren et al. (2007) examined the associations between life satisfaction, loneliness, general health and depression. Life satisfaction was negatively and significantly correlated with suicidal attitudes, loneliness and depression;

and positively with health, which was negatively and significantly correlated with depression and loneliness. Self-concept was negatively correlated with loneliness and depression, depression was positively and significantly correlated with loneliness. Mediation analyses showed that the effects of loneliness and life dissatisfaction on depression were fully mediated by health. Kousha and Mohseni (2000) investigated (1) how satisfied and happy Iranians are, (2) what factors determine their happiness, and (3) whether those factors are the same as, those that determine their happiness among Americans. It was found that at the macro level, Iranians are not a very happy people. Furthermore, the level of their happiness reflects the social of economic statues of most developing societies. Demographic variables did not have much effect on one's happiness are the same in both societies, however, the degree of their importance where is significantly. Sam and David Lackland (2001) examined self reported

satisfaction with life. The students reported on the whole good satisfaction with life. However students from Europe and North America were on the whole more satisfied than their peers from Africa and Asia. It was also found that factors such as the number of friends, satisfaction with finances, perceived discrimination and information received prior to the foreign, sojourn significantly affected the student's life satisfaction. Hyun and Jenny (2006) examined of graduate student mental health. The results showed that almost half of graduate student respondents reported having had an emotional or stress-related problem over the past year, and over half reported knowing a colleague who had had an emotional or stress-related problem over the past year. Self-reported mental health needs were significantly and negatively related to confidence about one's financial status, higher functional relationship with one's advisor, regular contact with friends, and being married. Utilization of counseling services was positively associated with an index of depression symptoms, the number of semesters in school, and identifying as female. Those students who had experienced a significant mental health event in the past year and had higher functional relationships with their advisors were significantly more likely to utilize counseling services. Kenneth et al. (2004) investigated coping resources (Coping Resources Inventory for Stress), perceived stress (Perceived Stress Scale), and life satisfaction (Satisfaction with Life Scale) among American and Turkish university students. Results support the use of transactional stress constructs in studying life satisfaction with students in both countries. American and Turkish students did not differ significantly in regard to perceived stress, life satisfaction, or an overall measure of coping resources; however, they did differ significantly regarding specific coping resources. There were significant sex differences for both countries, generally

favoring males, in regard to specific coping resources. Fujita (2005) examined the life satisfaction set point. Using data from 17 years of a large and nationally representative panel study from Germany, the authors examined whether there is a set point for life satisfaction (LS)-stability across time, even though it can be perturbed for short periods by life events. The authors found that 24% of respondents changed significantly in LS from the first 5 years to the last 5 years and that stability declined as the period between measurements increased. Average LS in the first 5 years correlated .51 with the 5-year average of LS during the last 5 years. Height, weight, body mass index, systolic and diastolic blood pressure, and personality traits were all more stable than LS, whereas income was about as stable as LS. Almost 9% of the sample changed an average of 3 or more points on a 10-point scale from the first 5 to last 5 years of the study.

Researches done across the world on mental health revealed that it has various psychological effects on life satisfaction. Considering the socio-cultural structure of Iranian and Indian society, the impacts of mental health and life satisfaction are different. Therefore, the present study aims to compare mental health and life satisfaction of students between Sistan and Baluchestan University (Iran) and Aligarh Muslim University (India). However, the issue demands further studies. Can mental health account for the occurrence of changes in life satisfaction?

Investigating the effects of life satisfaction on mental health of students, this study attempts to provide answers for the following question: Is there any difference between S.B.U and A.M.U students' mental health and life satisfaction?

Method

Sample:

Statistical community of this research is comprised of Sistan and Baluchestan

University students' of Iran and Aligarh Muslim University students' of India. To collect samples suitable for statistical analysis, 100 individuals were selected for this project. 1- S.B.U students (n=50). 2- A.M.U students (n=50).

Tools:

General Health Questionnaire (GHQ-12): This questionnaire was developed by Goldberg et al. (1997) in order to identify mental disorders psychosis. The validity of the GHQ-12 was compared with the GHQ-28 in a World Health Organization study of psychological disorders in general health care. The GHQ was translated into 10 other languages for the purposes of this study, and validity coefficients were almost as high as in the original language. There was no tendency for the GHQ to work less efficiently in developing countries. Finally gender, age and educational level are shown to have no significant effect on the validity of the GHQ. These were generally high, with the mean area under the ROC curves being 0.88, with a fairly narrow range: Berlin and Mainz at the lower end with 0.83, and Manchester and Bangalore at the top with 0.95 and 0.93 respectively. The overall sensitivity was 83.4% and the specificity 76.3%. At each centre, optimal figures were achieved with rather different thresholds: many centers with 1/2, but Manchester high with 3/4, and Bangalore with a surprising 6/7. Most of the patients at the Bangalore centre were illiterate, and had the questionnaire read out to them. The mean prevalence of ICD-10 diagnoses across the 15 centers was 24%, and data from each centre were standardized to this prevalence in order to calculate the positive predictive values (PPVs) and allow comparison between centers. The current research showed that Alpha=0.7501.

Life Satisfaction Scale: This scale was developed by Huebner (1994) in order to identify students' life satisfaction. Internal consistency (alpha) coefficients have been

reported in various publications (Greenspoon & Saklofske, 1997; Huebner, 1994; Huebner, Laughlin, Ash, & Gilman, 1998). The findings suggest that the reliabilities all range from .70s to low .90s; thus they are acceptable for research purposes. Test-retest coefficients for two- and four-week time periods have also been reported (Huebner, 1997) falling mostly in the .70 - .90 range, providing further support for the reliability of the scale. The present study is reported that $\alpha=0.7577$

Results

Table 1 indicates the two groups were compared with regard to GHQ-12 questionnaire. The result showed that there is meaningful significant difference between two groups in terms of the total score of general health questionnaire. The t value is 4.17. Therefore, there is meaningful significant difference between two groups.

Table-1 Summary of the comparison between S.B.U students' and A.M.U students' in GHQ-12.

Groups	Mean	SD	t value
S.B.U students	16.560	7.987	4.17**
A.M.U students	10.780	5.643	

**p<.01

Table 2 indicates the two groups were compared with regard to Students' Life Satisfaction Scale. The result showed that there is meaningful significant difference between two groups in terms of the total score of students life satisfaction scale. The t-value is -4.25. Therefore, there is meaningful significant difference between two groups.

Table-2 Summary of the comparison between S.B.U students' and A.M.U students' in life satisfaction scale.

Groups	Mean	SD	t value
S.B.U students	27.580	6.522	-4.25**
A.M.U students	32.240	4.187	

**p<.01

Discussion

Mental health is a specialized field of psychiatry and its objective is to safeguard mental health by preventive measures, controlling factors effective on the development of mental diseases, timely diagnosis of mental diseases, prevention from complications due to relapse of mental diseases and the providing a healthy environment as a contributory factor on sound human relationship (Milanifar, 1997). Present study investigates this issue and tries to provide answers for the following question with regard to mental health and life satisfaction of students.

Question: Is there any difference between S.B.U and A.M.U students' mental health and life satisfaction? To answer the question, based on mean mental health, independent t-test was used and results indicated that there is significant difference between S.B.U and A.M.U students' mental health. The A.M.U students' mental health was better than S.B.U. The answer to the question is in conformity with research of Viren et al. (2007), Kousha and Mohseni (2000). The answer to the question is indicated that students of Sistan & Baluchestan University were more vulnerable than Aligarh Muslim University in mental health. Considering the fact that in indigenous culture of Sistan and Baluchestan emotion demonstration is less, the symptoms of psychological disease are in physical forms and symptoms and despite Iranian students Indian students are more happier and they reveal their emotions such as laughing, crying, singing, and etc.

To answer the question, based on mean life satisfaction scale, independent t-test was also used. The answer of this question is in conformity with research of Sam and David Lackland (2001), Viren et al. (2007), and Kenneth et al. (2004). The results indicated that there is a significant difference between

the two groups. The A.M.U students' life satisfaction was better than S.B.U students' because AM.U students' have had better mental health statues than S.B.U students'. Furthermore, rich mental health is cause of life satisfaction and poor mental health makes life dissatisfaction.

The results of studies conducted in the past as well as the results of the present study the results of this study showed that life satisfaction improves students' mental health. Considering the fact that the life dissatisfaction of students' gives rise to emotional and psychological problems, life satisfaction can improves level of mental health.

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