



The comparison of mental health, depression and quality of life between divorced and non-divorced women

Maryam Malmir^{*1}, Marzieh Fakhraie Drband²

[1] Faculty Member of Sociology department, Payame Noor University, 19395-4697, I.R of IRAN

[2] MA. Student, Dept. of Family Counseling, Payame Noor University, Sari, Iran

*Corresponding author's E-mail: maryammalmir7@yahoo.com

ABSTRACT

The aim of this study was to compare the quality of life, depression and mental health of divorced and non-divorced women in Sari by means of a comparative descriptive study was conducted. The population of this study were all of divorced and non-divorced women of Sari. 289 of divorced and non-divorced women were selected according to Morgan's table. The Quality of Life Questionnaire SF_36, Beck Depression Questionnaire and the General Health Questionnaire (GHQ) was used to collect information. Analytical K-S test and independent t-test was used for the analysis of data. The results showed that there is a significant difference between the quality of life among divorced and non-divorced women ($p < 0.01$). Also there is a significant difference between divorced and non-divorced women from the perspective of dimension of the quality of life such as physical functioning, role limitations due to emotional problems, a sense of life, mental health, public health and the physical and mental aspect ($p < 0.01$), there is a significant difference between divorced and non-divorced women in mental health ($p < 0.01$). There is a significant difference between divorced and non-divorced women among mental health as in depression and social symptoms as well ($p < 0.01$), but there is no significant difference between divorced and non-divorced women in social dysfunction, anxiety and insomnia ($p > 0.05$).

Keywords: quality of life, depression, mental health, divorced women, non-divorced women.

1. Introduction

Divorce and separation are the main cause of failure of the basic structure of society e.g. the family. Divorce in dictionary means getting rid of marriage contract phenomenon and a phenomenon which lets men and women disintegrate and separate their marriage under circumstances (Malek Mahmudi, 2002). Unfortunately, the number of separation of couples is increasing in our society (Afshari Monfared, 2010) and the figures show that Iran is the world's fourth country in divorce (Mahmoodian, 2003 and the Keyhannia, 2006). As the rate of divorce has increased in family life, its consequences are threatening every day the public health and community life over the past. In the meantime, we can pay attention to the consequences of divorce on the divorced women. Divorced and disintegration of life contribute to imbalance of emotion among family members and since it is a severe stress, psychiatric disorders particularly in women whose emotional index of their personality is very possible (Ghoddusi, 2010) and today the number of women who have lost their spouses through divorce and have to take sole responsibility for their children is increasing.

These women feel desperation due to social and economic pressures and despite financial support from public and private institutes often have limited and painful life and negative features of their life cause of unhappiness and feelings of depression (Moti', 1999; quoted Farzadfar, 2006). Therefore, it seems that these women experience lower quality of life. Because the quality of life is described and defined in the form of satisfaction or achieving the desires (Aggernaes 1988 quoting Hornquist 1985) and degrees that people have conditions such as good and suitable communication with others, respect for self and having the ability of creating happiness (Naess 1986 According to the Hanestad 1992). Also it is expected that the demographic characteristics of divorced women have a meaningful relationship with their quality of life. For example, divorced women with lower age, psychologically are very vulnerable and the possibility of further damage due to the shock of their divorce is more, also the possibility of damaging their social relations as a result of social insecurity is higher. Research on quality of life and its dimensions shows that quality of life is associated with many factors. In this paper, we're studying the comparison of mental health, depression and quality of life between divorced and non-divorced women in Sari.

2. Literature Review

Health is a complex structure. It means the experience and optimal psychological functioning, although the question is how are you? It seems very simple, theorists believe that the health issue is very complex and controversial. There are many misunderstandings, conflict, behavioral disorders in human society, in the family, school, etc. there is a risk of mental disorder in all those men and women, children and adolescent and adult. Improper functioning of cultural and health institutions compromise people in a community. In everyone's daily life there are conflicts and frustrations that led to harsh and violent behavior that none of them aren't the symptoms of mental illness, but behaviors that people show to establish their existence. Physical or mental health, expansion of mind and ultimately the happiness for relaxation are phenomena that are realized in relation to the human environment. According to the assessment of year (1990) when

both mortality and disability are considered, mental illness as one of the most important and the most significant diseases will appear. Forecasts indicate that the share of psychological and neural lesions is increased about 50 percent. When it comes to happiness, a lot of people think that to achieve this, they need only to high living standards. They make a mistake in standard of life and quality of life. The fact is that the standard of living has little relationship with standard of happiness. Health is one of a series and components of quality of life that includes all aspects of life, then we can say that the quality of life has a broad concept and health is a central of quality of life.

Quality of life has a multidimensional and complex concept and include objective and subjective factors often perceived as certain satisfaction in life, physical health, social and family health, hope, etiquette and mental health services. The word of quality of life has no clear origin. Although it is attractive and general, but has not a universally accepted definition. Any statement that is used to define the quality of life, the quality of life of an individual depends on his objective and external facts of his life and internal perceptions of his mind from these factors. However, Generally speaking, the quality of life is related the component (s) of success or satisfaction more or less in public life. The concept of quality of life has some interesting characteristics: (a) refers only to human life. (b) Rarely used as plural (i.e., as qualities of life). (c) It is as a general and indivisible word that means pure. (d) It is difficult to classify to separation part from sociology of science (Dissart, 2000).

The concept of quality of life is significantly heavy (and vague), the concept of quality of life is understanding human growth and developmental processes, the average life expectancy of people in their communities and the extent to which these processes are influenced by environmental factors and psychological value systems (transition) (Romney, 1997).

Studies on the quality of life can be either transverse or longitudinal levels, simple or multiple variables. Two famous model have been suggested to explain the relationship between quality of life and other variables: Models from top to bottom: Based on this assumption that quality of life is a constant feature that causes certain output (result) in life and bottom-up model, which relies on his thesis that certain variables affect quality of life (Evans, 1994).

Therefore, the study of the effects of divorce on people especially women have a particular importance and generally, researches related to quality of life of divorced women is very sporadic and incomplete and is needed to examine these outcomes more scientific and in different cultures.

A few people may not feel moments of anxiety and depression in their lifetime. Depression is a common emotional disorder. If the severity of this case become unusual, the life become hard and he is weary of everything, even himself. Basically, it seems this claim is not a problem that depression is a part of life. Thoreau said, "Most people's lives are turned off in the dumps" and Schopenhauer wrote: "life fluctuates between boredom and sadness." Depressed people tend to describe the outlines of their failures internal and external outlines of their successes, in other words, express their failures and not talking about their success. Today,

scientists of psychology and psychiatry know human as a set of units of biological-psychosocial (Noorbala, 2002).

Ansarfard F. (2014) in a study as to determine the relationship between mental health and quality of life in patients with asthma studied these two variables and the result showed that the domains of the quality of life in patients with asthma, including signs and symptoms, physical activity, emotional function, social function, understanding the health of patients with asthma is associated with all aspects of mental health. Therefore, special care in the field of psychology could be causing these patients to improve their quality of life.

Jafari Kandovan (2011), in a study pay to compare the lifestyle, quality of life and mental health of staff military and nonmilitary university and the results indicated that compared the average mental health variables, in most subscales were significantly different between the two groups and the mental health of staff in military university was more. The differences between the variables of lifestyle and quality of life was not significant in two groups. According to the findings, the mental health staff in military university was higher but there is no significant difference between groups in style and quality of life. High rates of mental health among the staff of military university can be as a result of the implementation of prevention programs and promoting mental health and job security and transparency of promotion processes.

Morales et al. (2008) in Mexico tried to investigate the role of depression in dialysis patients' quality of life. The aim of this study was to investigate the quality of life in patients with end-stage renal disease, as well as the relationship between the disease and depression. In this study, it was found that kidney patients' social and mood disorder functioning and depression is the most stable predictor of quality of life for patients.

A group of researchers (Bouferdy et al., 2000) have had a survey George Mason University employees' quality of life. They studied on the following factor: perceived organizational support, the impact of organizational commitment, family culture and culture of work, resource of pressure and stress and sources of satisfaction, gender differences in the quality of working life, differences of race and ethnic in the quality of working life, forecasts and understanding the impact of organizational support and organizational commitment and found the workload and responsibilities of the home and family are the most powerful sources of stress in the quality of working life.

This study seeks to answer whether there is a significant difference between the mental health and depression and quality of life among divorced and non-divorced women in Sari?

Hypotheses

- I. There is a significant difference in the quality of life between divorced and non-divorced women in Sari.
- II. There is a significant difference in depression between divorced and non-divorced women in Sari.
- III. There is a significant difference in mental health between divorced and non-divorced women in Sari.

3. Methodology

In this study, given that the aim was to compare the quality of life, mental health and depression in divorced and non-divorced women, so the research methods is descriptive and causal-comparative. The first population are all divorced women who referred to family court in Sari. According to statistics released by the Department of Civil Registration of Sari, 353 people are divorced in 2014 and the second population are 24125 non-divorced women who normally live with their husbands in Sari and are similar to divorced women in terms of age, education and socio-economic conditions. The sampling method was performed by available and random cluster (72 divorced, 217 non-divorced), as well.

In this study, a questionnaire was used to collect data. In this study, three standard questionnaires were used to assess the variables of quality of life, mental health and depression as the main tool for data collection.

In this study, analyzed test of Kolmogorov-Smirnov test (to determine the normality of the data) and independent t test (since the data is normally distributed, parametric statistical methods - the independent t test- was used to compare the quality of life, mental health and depression among divorced and non-divorced women in Sari) was used. Statistical operations were done by SPSS16 software.

4. Finding

The descriptive findings

29.4 percent of the sample aged between 20 and 30 years, 24.9 percent of them aged 31 to 40 years, 28.7 percent 41 to 50 years, 11.4 percent are in the range of 51 to 60 years and 5.5 percent of them are 60 years and older.

25.3 percent of the sample are diploma and lower, 37 percent are associate degree, 32.2 percent are bachelor and 5.5 percent have a master's degree.

The inferential findings

As it can be seen in Table 1, since the significant level is greater than $\alpha=0.05$ the distribution of all data variables is normal parametric tests (t-test) was used to study statistical hypotheses related to them.

Table 1: The results of Kolmogorov-Smirnov test to determine the normality of the data

Variable	n	z	sig	Test result
Quality of Life	289	0.788	0.564	The data is normal
Mental Health	289	0.592	0.875	The data is normal
Depression	289	0.840	0.481	The data distribution is normal

The first hypothesis test: There is a significant difference in the quality of life between divorced and non-divorced women in Sari.

Table 2: Results of independent t test to illustrate the difference in quality of life between divorced and non-divorced in women

Groups	Variable	Mean	Standard deviation	t	DF	sig
Non-divorced women	Quality of Life	73.84	8.64	11.105	287	0.001**
Divorced women		61.79	9.80			

** In the level of $p < 0.01$ is significant.

According to Table 2 and independent t test results and according to the t and $p < 0.05$, the null hypothesis is rejected, which means that there is a significant difference in the quality of life between divorced and non-divorced women. According to the results of t test the mean of divorced women is higher than non-divorced women.

-The second hypothesis test: There is a significant difference in depression between divorced and non-divorced women in Sari.

Table 3: Results of independent t test to illustrate the difference in depression between divorced and non-divorced in women

Groups	Variable	Mean	Standard deviation	t	DF	sig
Non-divorced women	depression	74.84	8.22	14.187	287	0.001**
Divorced women		59.92	9.64			

** In the level of $p < 0.01$ is significant.

According to Table 3 and independent t test results and according to the t and $p < 0.05$, the null hypothesis is rejected, which means that there is a significant difference in depression between divorced and non-divorced women. According to the results of t test the mean of divorced women is higher than non-divorced women. Also to illustrate the difference between the dimensions of depression among divorced and non-divorced women independent t test was performed on the dimensions of depression.

-The third hypothesis test: There is a significant difference in mental health between divorced and non-divorced women in Sari.

Table 4: Results of independent t test to illustrate the difference in depression between divorced and non-divorced in women

Groups	Variable	Mean	Standard deviation	t	DF	sig
Non-divorced women	mental health	43.77	5.68	9.801	287	0.001**
Divorced women		37.28	5.57			

** In the level of $p < 0.01$ is significant.

According to Table 4 and independent t test results and according to the t and $p < 0.05$, the null hypothesis is rejected, which means that there is a significant difference in mental health between divorced and non-divorced women. According to the results of t test the mean of divorced women is higher than non-divorced women. Also to illustrate the difference between the dimensions of depression among divorced and non-divorced women independent t test was performed on the dimensions of depression.

5. Discussion & Conclusion

The aim of this study was to compare the quality of life, depression and mental health of divorced and non-divorced women in Sari. The results showed that there is a significant difference in the quality of life between divorced and non-divorced women ($p < 0.05$). In other words, non-divorced women have higher quality of life in comparison with divorced women. The results of the research are consistent with results of Sarvari Khorashad (2005), Lee et al. (2010) and Reid et al. (2010). But does not match with the results of Schmitz et al. (2004) and Rodrigo et al. (2010). The probable reason for this lack of consistency may be due to the differences in study population and used tools; since most of this research has been done on patients and many factors can be involved in relation to quality of life. The other results of this research was that there is a significant difference in dimensions of the quality of life as physical functioning, role limitations

due to emotional problems, a sense of life, mental health, public health, the physical and mental aspect among divorced and non-divorced women ($p < 0.01$). But there is not a significant difference in terms of role limitations due to physical health and social functioning among divorced and non-divorced women ($p < 0.05$). These results are consistent with the results of the researches of Sarvari Khorashad (2005), Lee et al. (2010), Salgoero et al. (2010), Ross et al. (2009) and Keyvarnia et al. (2010). In connection with this result, it can be said that the quality of life in its various aspects is affected by things like divorce.

The results showed that there is a significant difference in the depression between divorced and non-divorced women ($p < 0.05$). In other words, divorced women have higher mean of depression in comparison with non-divorced women. The results of the research are consistent with results of Gladys et al. (2009), Alian.H. (2005) and Jordi.Kh. and Khanzdah (2007). The other results of this research were that there is a significant difference in all components of depression among divorced and non-divorced women ($p < 0.05$). In other words, the divorced women have a higher mean scores compared to non-divorced women.

The results showed that there is a significant difference in the mental health between divorced and non-divorced women ($p < 0.05$). In other words, non-divorced women have higher mean of mental health in comparison with divorced women. The results of the research are consistent with results of Ross and Hayes (2008) and Anonimas (2005).

The results showed that between the dimensions of mental health of divorced and non-divorced women there is a significant difference among social symptoms and depression symptoms ($p < 0.01$); but between divorced and non-divorced women there is no significant difference in social performance, anxiety and insomnia ($p < 0.05$). In this area the researches of Ahmadi (2000), Khatami and Najafi (2005) and Narimani et al. (2007) can be noted.

In relation to this result, it should be stated that non-divorced women have a better performance in dealing with mental health problems such as depression and social symptoms of mental disorders and less likely to develop this disorder and compared with divorced women have better ability to fight against these factors.

In a general conclusion based on the results of this study and previous research can be concluded that having healthy women is as a source of growth and development of the country. So it should be provided conditions to keep women healthy; as one way of achieving this is providing favorable conditions and facilities for orientation and to promote marriage and no divorce between them; therefore it is recommended that Authorities and stakeholders try to plan on it push women to physical and mental health with the encouragement; since a community, an organization, or even a family will be able to progress and evolve only when have healthy and value people. As a person have intelligence, skill and perfection, could benefit the same amount of mental health and ultimately gain interest for communities, organizations and families from all of that knowledge and perfection.

References:

1. Aqajani, S., Asadi Noghabi, AA (2002), the theory of mental health counseling, Tehran, Nashr.
2. Bagheri Yazdi, A. (2006), the mental health applications, Tehran, Aramesh, First printing.
3. Bar-On R., J. D. A.(2000). The Bar-On E –i: YV: technical manual. Toronto, Canada: Multi Health systems.
4. Barsade , s. g. (2000). The ripple effect: Emotional contagion in groups. Working paper, new haven, ct: yaie university press.
5. Bazzazian, S and Besharat, MA (2009), to compare emotional intelligence, mental and physical health of careers of Applied Psychology 3 (1 (9)): 7-27.
6. Corsini, R.J (1999). The dictionary of psychology. Publishing office: Brunner/Mazel.
7. Fox KR. (1999); The influence of physical activity on mental well- being. Public Health Nutr.,2 (3A): 8- 411.
8. Golman , D. (1998). Working with emotional intelligence. New York: Bantam Books.
9. Hein, S. (2004) Short Definition of Emotional Intelligence. Emotional Intelligence, Homepage.
10. Holaha P, Seyers E, (1995), Intelligence and instrests, Psychological bulletin, 121: 219-245.
11. Jon chadwich, Tanni Grey Thompson, (2010) Physical Activity strategy and Action plan -,6-10.
12. Joseph B. Lyons, Tamera R. Schneider, (2005).The influence of emotional intelligence on performance.
13. Lee.W, KO I.S, Lee.KJ. (2005) Health promotion behaviors and quality of life among community – dwelling elderly in Korea. International Journal of nursing studies; 49(2).pp:129-137.
14. Luoshao S, Lei F, Zhang Q. (2009) Research on influence of emotional intelligence to university teaching of physical education. Journal of Xiangnan University..
15. Michael J.Annear, GrantCushman, BobGidlow. (2009) Leisure time physical activity differences among older adults from diverse socioeconomic neighborhoods. J.Health & Place.15. pp: 482–4.
16. Milanifar, B. (2003), Mental Health, Tehran, Ghomes publication.
17. Parker, J. D. A., Summerfeldt, L., & Majeski, S. (2004). Emotional Intelligence and academic success: examining the trans from high school to university. Personality and Individual Differences. 36: 163 – 172.
18. Pour Afkari, N. (1997), a comprehensive dictionary of psychology-psychiatry-related context, Tehran, Ney Publishing, second edition.
19. Rahim, P Minors , (2003) Effects of emotional intelligence on concern for quality and problem solving, - Managerial Auditing Journal, -18(2): 150-155. emeraldinsight.com
20. Russel, Altmaier and Veizen (1987). Job-related Stress and Burnout, J.APP.Psych. N (2) vol (11), pp (269-274).

21. Shamloo, S. (1989), schools and theories in personality psychology, Tehran, Roshd Publishing.
22. Shamloo, S. (2003), Mental Health, Tehran, Roshd Publishing.
23. WHO- Qol Group.(1996) What Is Quality Of Life? Word Health forum;17:354-356.
24. World Health Organization (1995), Health Gools for The year 2010,Life style for Health ,fitness ,and Wellness.