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Predicting Resilience and Mental Health of Adolescents Based On Parents' Lifestyle

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A B S T R A C T

The aim of this study was to predict resilience and mental health of adolescents based on parents' lifestyle. The statistical population of this study is all male students of the first year of high school in district one of Tehran who was studying in the academic year of 2018. To select the sample using multi-stage cluster sampling method and based on Morgan table, 360 people were selected and students answered the Goldberg Mental Health Questionnaire and Connor, Davidson and their parents to the Miller and Smith Lifestyle Questionnaires. The obtained data were analyzed using simultaneous regression method. The findings of the study were that the best predictor of resilience and mental health of adolescents is related to parents' lifestyle. According to the results of the present study and also the key and pivotal role of lifestyle in predicting resilience and mental health of adolescents, training, treatment and effectiveness courses to improve the quality of life of families and to increase the level of resilience and mental health of adolescents it is possible.

Keywords: Resilience, Mental Health, Lifestyle, Students.

INTRODUCTION

In most human societies, both historically and in contemporary times, the five basic institutions are considered to be influential in the formation of individuals, which are: community, family, homosexuals, school and religion. Factors such as the mass media and propaganda and certain ideologies may have overshadowed the influence of these institutions to some extent, but in any case the fundamental effects of these institutions in individuals and communities cannot be ignored. Understanding these factors, especially in relation to mental health, is essential because, as mentioned, they are very important in the design and development of personality (World Health Organization, 2001).

The concept of family and this social institution is considered as the basis of work for every government and society, and every society, in accordance with its values, first goes to the family in order to raise its future citizens. This issue becomes even more important when society needs new citizens with a new way of thinking due to structural and infrastructural changes. That is why the family is one of the first institutions that must change in society and there will be

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no change in it except through scientific understanding of its functions and ills(Ohlsson-Wijk, Turunen, & Andersson, 2020; Popenoe, 2012).

The family is the first institution in which children's personalities evolve. In this process, the family and children interact very closely with each other, so the function of each individual within the family system affects the function of other members.

The main core of any society and center for maintaining mental health is the family environment and is not only a place to meet the emotional, material, evolutionary and spiritual needs of its members, but also the source of human emotions and the center of the most intimate interpersonal relationships(McMunn, Nazroo, Marmot, Boreham, & Goodman, 2001; Sadowski, Hunter, Bangdiwala, & Muñoz, 2004). Each family, as it grows and develops, produces and transmits fundamental and enduring assumptions about the world in which it lives(Goldenberg & Goldenberg, 2012; Reiss, 1981). Lifestyle is a way of life that people have chosen and is based on the family, which is actually influenced by culture, race, religion, economic, social status and beliefs. According to the World Health Organization, lifestyle refers to people's way of life with a full reflection of social values, attitudes and activities. Also, it is a combination of behavioral patterns and individual habits throughout life (physical activity, nutrition, alcoholism, smoking ...) that has been created following the process of socialization (Ambrosini et al., 2009; Araújo Jr et al., 2013; Kason & Ylanko, 1984).

The World Health Organization considers mental health to be fair and appropriate with the ability to communicate in a harmonious and coordinated manner with others, to change and modify the individual and social environment, and to resolve conflicts and desires of the individual and social environment, and to resolve conflicts and personal desires. Mental health is related to the characteristics of internal empowerment or internal sources of power. Having these internal resources increases a person's ability to maintain his / her adaptive growth despite adverse conditions and negative events(Friedli & World Health Organization, 2009; World Health Organization, 2006). The family can be a constructive factor in the child's physical, mental, emotional, and mental and the like, or a factor in the child's deviation. The family is one of the most important and basic institutions that help the child's development and growth. And the child is the first in the group to touch the world around them(El-Sheikh, Cummings, Kouros, Elmore-Staton, & Buckhalt, 2008). Adolescence is a critical period in every person's life, in other words, it can be called a period of crisis. This period is accompanied by intense emotions, feelings of insecurity, incompatibility and aggression. In this period, society requires adolescents to be independent and to change their relationships with adults and find adaptation and job preparation(Crocetti, 2018; Petrescu, Păunescu, Petrescu, Pitigoi, & Mircica, 2019), while adolescents are often moody, pessimistic, irritable, and aggressive. In fact, this period can be described as a period of conflict, because adolescents strive for intimacy, but are afraid of intimacy and often avoid it and rebel against control. While they need guidance and organization. They are usually very self-centered and shy and are preoccupied with their world. In such situations, adolescents feel very unstable and lost, which is very stressful and anxious for them(Kroger, 2004; Tarrant et al., 2001).

The family environment can be a key factor in resilience; the family is effective in providing resilience by providing a supportive and cohesive environment. Several studies have emphasized the role of family processes as a supportive factor. For example, the router found that a teenager's good relationship with at least one parent would protect him or her from certain risky behaviors. Perkins and Jones cited two family factors: 1. Family support 2. Parents' positive interaction with their children, sense of purpose, and religious attitude are among the supportive factors in resilience (Benzies & Mychasiuk, 2009; DiClemente et al., 2018; Yeung & Li, 2019).

According to the theoretical foundations, the present study seeks to determine the relationship between resilience and mental health of adolescents with the lifestyle of parents and them. Can adolescents' resilience and mental health be predicted based on their parents' lifestyle?

In a society where raising a child is intertwined with play, tolerance, and kindness, the basic personality of individuals becomes modest and easy-going (Shiner & Masten, 2012). Strict upbringing creates a fast-paced human being. Without merely biasing the theories of psychoanalysts - who seek the defining element in a child's future personality in his or her early years - one can cite Erikson (1956), who says: "They subconsciously place the basic rules of their cultural patterns in the child's nervous system".

By exploring man's unconscious conscience, Freud considered the effects of the past to be influential in his mood, and in this way the influence of the family on the child became important again (Cleverley & Phillips, 1986; Freud, 1952). Gore studies in Russia have shown that even the swaddling of a child in the family and its methods have an effect on the child's psyche and may cultivate blind obedience to adults.

Resilience is one of the protective factors along with other protective factors that play an important role in the success of people and surviving bad situations. Benard (1995), introduces several characteristics of families that are associated with personal resilience. He states that the parent-child relationship, the least conflict in the family environment, supporting each other is related to resilience. The combination of factors leads to the formation of resilience. One of these factors is the type of relationship and interactions in the family. It is more about how people are able to cope with stressors and how the family affects this basic ability of individuals (Cowan, Cowan, & Schulz, 1996; Patterson, 2002). It can be said that resilience refers to factors and processes. To separate the developmental trajectory from the path of problematic behaviors and psychological damage and lead to adaptive consequences in spite of adverse conditions.

Psychological resilience is defined as the ability to overcome difficulties and overcome situations in life. From Newman's point of view, psychological resilience is also referred to as the ability to adapt to difficulties. In the disease stress model, it is believed that if a person suffers from a disease or disorder that they first have a biological, psychological or psychosocial background for the disorder or disease and then be stressed. While many people have all kinds of diseases, not everyone gets them. What prevent people from coping with stress are the methods they use to moderate stress. These effective methods are based on the characteristics of resilience (Gallo et al., 2004). Resilience is not only about increasing a person's endurance and resilience in the face of adversity, but more importantly, maintaining and promoting mental health. Psychological resilience gives people the ability to face problems without being harmed and even consider these situations as an opportunity to improve and grow their personality.

METHODOLOGY

According to the type of research, which is a correlation, the research method in this field research is. And the number of samples according to Morgan table according to the number of the target population was 372 people. Sampling was also done by one-stage cluster random sampling method.

All male students in the first year of high school are studying in the year 2017-2018 in the Tehran and their parents, who number 12,000. The number of samples according to Morgan table is 372 people. Sometimes, it is not possible to select samples directly from members of the

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community. For example, in some studies it is not possible to make a list of members of the community. It is clear that in such cases the researcher cannot use simple, regular or stratified random methods. In such cases, cluster random sampling is used. Cluster sampling is similar to simple random sampling, except that in cluster sampling, groups are randomly selected instead of individuals. The advantage of cluster sampling is that this method is used when it is difficult or impossible to select samples from community members. The main disadvantage of this method is that the selected sample may not be fully representative of the real community. Cluster sampling is performed in single-stage and multi-stage. In single stage, sampling operation using cluster only once, if in several stages this operation is repeated more than once.

After making the necessary arrangements to find out the number of the population and the sample of the research, and during the sampling phase, the officials of the selected (randomly) schools asked the students and their parents to attend the school on the appointed date. After providing information on why and how to answer the questionnaires, they were given separate envelopes containing questionnaires for parents and students. It should be noted that the absence of all parents in one day, the absence of both parents (parents) and in some cases the absence of one of them is one of the problems and limitations of sampling based on pre-determined detailed planning. Was. Students and their parents were asked to finally submit a package containing the answers to the esteemed authorities within three days. The data collection tool was a questionnaire.

Miller and Smith Lifestyle Questionnaire: This questionnaire has twenty questions that have been translated from the main questionnaire into Persian and then into English (each time by three people). The validity of the questionnaire was confirmed by the faculty of Isfahan University of Medical Sciences after translation by open translation method and its reliability in a pilot study of 20 patients with lung disease 86% and Cronbach's alpha of each question above 0.5 In order to obtain reliability, a lifestyle questionnaire was administered to 30 nurses with an interval of two weeks and the Cronbach's alpha rate was 85%.

Connor & Davidson Resilience Questionnaire: This questionnaire was prepared by Connor and David Sean (2003) by reviewing research sources in the field of resilience from 1991 to 1979. The Resilience and Davidson Questionnaire is a 10 that scores on a Likert scale between zero (never) to five (almost always). The reliability coefficient of the questionnaire was obtained from Cronbach's alpha method of 70%.

Goldberg Mental Health Questionnaire: The test has 28 questions that include four subscales - each subscale has seven questions. Taghavi in Iran reported the reliability of this questionnaire with three methods of re-measurement, halving and Cronbach's alpha of 70%, 93% and 90%, respectively.

After collecting data and information using descriptive and inferential statistics and statistical tables and graphs and using SPSS software, the collected data were analyzed.

RESULTS

Table 1. Gender of student parents

	N	Percent	Valid percentage	Cumulative Percentage
Female	156	43.3	43.3	43.3
Male	204	56.7	56.7	100.0
Total	360	100.0	100.0	

As can be seen, 43.3% of the studied parents are women and 56.7% are men.

Table 2. Age group of student parents

	N	Percent	Valid percentage	Cumulative Percentage
Under 40 years	33	9.2	9.2	9.2
Between 40 and 45 years	135	37.5	37.5	46.7
Between 45 and 50 years	146	40.6	40.6	87.2
Over 50 years	46	12.8	12.8	100.0
Total	360	100.0	100.0	

As can be seen, 9.2% of the studied parents are under 40 years old, 37.5% are between 40-45 years old, 40.6% are between 45-50 years old and 12.8% are over 50 years old Education level of student parents.

Table 3. Education level of student parents

	N	Percent	Valid percentage	Cumulative Percentage
Diploma	78	21.7	21.7	21.7
Associate Degree	127	35.3	35.3	56.9
Bachelor	83	23.1	23.1	80.0
Master's degree and higher	72	20.0	20.0	100.0
Total	360	100.0	100.0	

As can be seen, 21.7% of parents have a diploma level of 21.7%; 35.3% have a master's degree, 23.1% have a bachelor's degree and 20% have a master's degree or higher.

Table 4. Adolescent age group

	N	Percent	Valid percentage	Cumulative Percentage
14 years	73	20.3	20.3	20.3
15 years	164	45.6	45.6	65.8
16 years	123	34.2	34.2	100.0
Total	360	100.0	100.0	

As can be seen, 20.3% of adolescents are 14 years old, 45.6% are 15 years old and 34.2% are 16 years old.

Table 5. Descriptive status of unhealthy lifestyle

Mean	Std. Deviation	Variance	Min.	Max.	Kurtosis	Skewness	N
52.38	14.47	209.65	21	93	-0.082	0.361	360

As the indicators of the tendency to the center and the dispersion of the unhealthy lifestyle index show, the average dimension of the unhealthy lifestyle has been reported 68.87.

Table 6. Descriptive status of resilience

Mean	Std. Deviation	Variance	Min.	Max.	Kurtosis	Skewness	N
31.88	8.73	76.302	13	54	-.297	.376	360

As the indicators of center tendency and dispersion of the resilience index show, the average resilience dimension is reported to be 31.88.

Table 7. Descriptive status of mental health index

	Depression	Anxiety	Social function	Physical health	Mental Health
Mean	12.38	13.87	14.65	13.41	54.32
Std. Deviation	3.79	4.601	5.01	4.50	13.46
Variance	14.39	21.17	25.19	20.25	181.26

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Min.	7	7	7	7	28
Max.	23	24	25	26	87
Kurtosis	-.169	-.921	-.868	-.470	-.279
Skewness	.730	.487	.450	.446	.327
N	360	360	360	360	360

As the indicators of the tendency to the center and the dispersion of the mental health index show; Mean depression dimension 12.38; Anxiety 13.87; Social Function 13.41; Physical health reported 13.41 and total mental health 54.32.

Table 8. Regression test of the effect of unhealthy lifestyle of parents on adolescent resilience

Model	R	R ²	Adj. R ²	Df	Mean squares	F	Sig.	Durbin-Watson
Simultaneous	0.581	0.337	0.333	2	4616.9	90.77	0.001	1.528
Model	Non-Std. coefficients		Std. coefficients		t	Sig.	Tolerance coefficient	
	B	Error estimation	Beta					
Constant	24.899	2.755			9.036	0.001	0.772	
Unhealthy lifestyle	-0.140	0.030	-0.233		-4.747	0.001		

Simultaneous regression model shows that the coefficient of determination of the model is 0.337 (standard coefficient: 0.333). In other words, the regression test shows that the regression model was able to predict 0.34% of the variance of adolescent resilience. The significance level of F statistic is less than 0.000, which means that the change shown by the model is not due to chance. The reported beta coefficients indicate that the predictor of adolescent resilience (beta coefficient) is lifestyle (0.233).

Table 9. Regression test of the effect of parents 'unhealthy lifestyle on adolescents' mental health

Model	R	R ²	Adj. R ²	Df	Mean squares	F	Sig.	Durbin-Watson
Simultaneous	0.677	0.458	.455	2	14912.24	151.03	0.001	1.536
Model	Non-Std. coefficients		Std. coefficients		t	Sig.	Tolerance coefficient	
	B	Error estimation	B					
Constant	56.391	3.839			14.689	0.001	0.772	
Unhealthy lifestyle	0.356	0.041	0.383		8.634	0.001		

Simultaneous regression model shows that the coefficient of determination of the model is 0.458 (standard coefficient: 0.455). In other words, the regression test shows that the regression model was able to predict 0.46% of the variance of adolescents' mental health. The significance level of F statistic is less than 0.000, which means that the change shown by the model is not due to chance. The reported beta coefficients indicate that it is the best predictor of adolescent mental health with lifestyle (0.383).

CONCLUSION

Parents 'unhealthy lifestyle predicts adolescents' resilience and mental health. Regarding the prediction of adolescents' mental health, the simultaneous regression model showed that the coefficient of determination of the model was 0.337 (standard coefficient: 0.333). In other words, the regression test showed that the regression model was able to predict 0.34% of the variance of adolescent resilience. Reported beta coefficients indicate that the best predictor of adolescent resilience (beta coefficient) is lifestyle (0.233). In relation to predicting adolescent resilience, the simultaneous regression model showed that the coefficient of determination of the model was 0.458 (standard coefficient: 0.455). In other words, regression test showed that the

regression model was able to predict 0.46% of the variance of adolescents' mental health. Reported beta coefficients indicate that the predictor of adolescent mental health (beta coefficient) is lifestyle (0.383). On the other hand, parents' unhealthy lifestyle is another factor affecting adolescents' mental health and resilience. Healthy behaviors are part of the right lifestyle and indicate a person's desire for stability and balance, reduce the likelihood of disease and lead to health and well-being. Such a lifestyle causes pleasure and satisfaction; therefore, people's lifestyle and health behaviors have a significant impact on people's health status; In this regard, as the findings of this study showed, unhealthy lifestyle of parents has a significant impact on the levels of mental health and resilience of children. A healthy lifestyle is a valuable resource for reducing the prevalence and impact of health problems, promoting health, adapting to stressors and improving the quality of life. Parents who have a good lifestyle in various areas of health, social relationships, psychological issues and nutrition they have a good performance, with the increase of parents' lifestyle, their psychological problems have reached the lowest level and the consequence is the increase of their children's mental health. For example, parents who take advantage of the guidance and advice of others when facing problems in their lives, take enough time to rest or at least once a day for fun with family, in addition to mental health self and the psychological readiness they show also affect their children's levels of mental health and resilience. Parents who have a healthy lifestyle, with the right patterns of self-care, good social relationships, adequate social support, and giving importance to various aspects of life have a good ability to deal with life problems and by transmitting these behavioral and intellectual values to their children. And their resilience levels increase.

An unhealthy parenting lifestyle predicts adolescent resilience. Simultaneous regression model showed that the coefficient of determination of the model was 0.193 (standard coefficient: 0.190). In other words, the regression test shows that the regression model was able to predict 0.19% of the variance of adolescent resilience. The findings of this study indicated that some parents who have a healthy lifestyle have more resilient children. And on the other hand, from parents with unhealthy lifestyles, their children will have lower levels of resilience. Resilience is considered to be one of the most important abilities of an individual to cope effectively and efficiently, as well as proper adaptation to daily stresses. Resilient people are optimistic and have a positive and energetic approach to life, and even in stressful life situations, they experience positive emotions, which explains their ability to successfully return to the desired past position. Studies in this field also show that resilient individuals have the ability to effectively adapt to stressful living conditions. In this regard, children whose parents have unhealthy lifestyles are more prone to weakness and disability in the face of life challenges, parents do not have the desired social circle, are not able to face problems in the face of counseling, Parents who do not spend enough time on rest and peace of mind, face mental problems such as burnout, fatigue, chronic stress, aggression, and similarly, their children suffer from psychological problems and cannot be in such an environment. Be patient with life's problems and show flexibility. According to social learning theory, people learn patterns of behavior in the environment, since one of the most important environments in which adolescents spend a lot of time is the family, unhealthy behavioral and intellectual patterns of parents over time during the process of imitation and Socialization is internalized in children and children grow up with such unhealthy patterns and the result is a lack of resilience. As a result, as this study showed, parents' unhealthy lifestyle has a significant effect on their children's resilience levels.

Parents' unhealthy lifestyle predicts adolescents' mental health Simultaneous regression model showed that the coefficient of determination of the model was 0.332 (standard coefficient: 0.330). In other words, the regression test shows that the regression model was able to predict

0.33% of the variance of adolescent resilience. In explaining such a finding, it should be noted that having a healthy and unhealthy lifestyle has important effects on mood and mental health.

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