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Study and Comparison of General Health, Quality of Life and Life Expectancy in Deserted and Normal Women

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A B S T R A C T

The present study was conducted aiming to study and compare the general health, quality of life and life expectancy in deserted and normal women. For this purpose, a sample of 70 women (35 deserted women and 35 normal women) from the women supported by Imam Khomeini Relief Foundation were selected and studied using The General Health Questionnaire (GHQ-28), The World Health Organization Quality of Life and the Snyder's Hope questionnaire. Data were analyzed using the t-test. Results obtained from the t-test showed that there are significant differences between general health, quality of life and life expectancy in deserted and normal women.

Keywords: General Health, Quality of Life, Life Expectancy.

INTRODUCTION

A phenomenon called "female-headed households" is a social reality which is found in all societies and exists due to variety of reasons. Female-headed households are one of the most vulnerable people in society(Selvamani & Singh, 2018; Sen, 2011). The results from the studies indicate that the female-headed households face many problems and experience many physical, psychological, social and cultural injuries(Forouzan & Beiglarian, 2003). Therefore it is expected from all the capable people and governmental and nongovernmental support organizations to make effort to empower these women in different aspects so the quality of life of these women and their children increases.

According to the definition by State Welfare Organization of Iran, “female-headed household” is a woman responsible for earning her and her family members’ financial and moral livelihood. Divorced women, women married to addicts and unemployed, widows, women married to disabled husbands and women whose husbands have migrated, are considered as female-headed households(Maleki, Maleki, Maleki, & Mirziee, 2016). Vulnerability of female-headed households may cause severe social and cultural abnormalities in their children and community and cause severe damage to the body of the society(Ahmed, Barnett, & Longhurst, 2015; Forouzan & Beiglarian, 2003). Attention to women’s psychological health and their quality of life is one of the most important issues considered by different communities. Psychological health has been described as a level of psychological welfare where the absence

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of psychological disorder is just one aspect of this variable (Feldman & Snyder, 2005; Heintzelman & King, 2014; Waytz, Hershfield, & Tamir, 2015). The World Health Organization has defined psychological health as a welfare state in which an individual can flourish his abilities, can deal with the stresses of normal life, productively works and is able to participate in the society.

From the positive psychology point of view, psychological health includes a person's ability to enjoy life, to create a balance between individual and social activities and make efforts to achieve psychological resiliency. Psychological health can also be defined as the right expression of excitements and successful adaptation to environmental demands(T. Jackson, 2009; Møller, 1998; Northrop, 2014). Therefore, necessity of attention to women's psychological health is of the important topics and issues that should be examined more carefully.

In this regard, by putting female-headed households into their real place and enhancing the quality of life of these people and their children, a major step towards development can be picked up [5]. In general, quality of life includes various physical, psychological and social dimensions which encompass a wide zone of person's life. According to Flanagan, the impact of these dimensions on quality of life and different people is different(Bridges, Huxley, Mohamad, & Oliver, 2005; Connell, O'Cathain, & Brazier, 2014). Thus, it can be inferred that quality of life is a general concept that covers all environmental aspects such as financial satisfaction, vital needs, plus transitional aspects of life such as personal development, self-knowledge and health(T. Jackson, 2009).

However, female-headed households is a social reality and it must be admitted that these women would undergo a lot of psychological and economic pressures in the society and these pressures have a negative impact on their performance in life and cause reduced psychological health, quality of life, satisfaction and hope in their lives(Firoozabadi & Imani Jajarmi, 2006). Hope can boost person's satisfaction and subjective welfare(Diener, 1995; Hagerty, 2015). Hope reduces the threat assessment of an event on one hand and on the other hand, increases the person's efforts for a successful adaptation. Ability to deal with stress and reinterpretation of aversive experiences to adjust or reduce their harmful effects is one of the characteristics of tough people. In addition, there is a greater chance that hopeful individuals assess the stressful situations positively (Al-Attiyah & Nasser, 2016; J. B. Jackson, Miller, Oka, & Henry, 2014; Worell, 2001) and care more about the positive life events(Forouzan & Beiglarian, 2003). Hence, according to what was said; this study aims to compare the psychological health, quality of life and life expectancy in deserted and normal women. Other studies have been done in this regard which some of them will be investigated:

Findings of Khazaeian, Kariman, Ebadi, and Nasiri (2017) research showed that nearly 44 percent of female-headed households have a poor situation from the psychological health point of view. Variables of age, social trust, sense of belonging, social participation, social capital, social network size and frequency of contact with network members, have a significant correlation with psychological health. Regression analysis results showed that the financial support, emotional support, service support and social participation are the most important social factors predicting the psychological health of the studied people. Thus, the social capital of the network, particularly in the functional capacity, is more considered in determining psychological health status than the general social capital.

In a research conducted by Veisani and Delpisheh (2015) The subject of the research was psychological health of female-headed households under coverage of Welfare Organization of Tehran and the main objective of this study was to determine the psychological health status of female-headed households under coverage of Welfare Organization of Tehran. The findings of

the study showed that 77% of female-headed households studied in this research do not have complete psychological health and only 23% of them have complete psychological health. It also shows that there is no relationship between the cause of them and their psychological health. But regarding the two variables of education and supervision period, a relationship exists between these two variables and their psychological health. And it can be concluded and suggested that attention to psychological status of female-headed households through consultation meetings and workshops (self-knowledge, life skills, coping with stress and anger) may also be important. It is worth mentioning that attention to economic status of female-headed households is very important and necessary.

Research findings of a study with the subject of the quality of life of female-headed households under the coverage of State Welfare Organization of Iran and women employed in the service jobs suggests that female-headed households under the coverage of State Welfare Organization of Iran and female-headed households employed in the service jobs have a moderate life quality but this quality is higher in the female-headed households employed in the service jobs(Veisani & Delpisheh, 2015).

Loeber, Farrington, Stouthamer-Loeber, and Van Kammen (1998) research findings about the impact of the female-headed households ' employment on the psychological health of their children also demonstrated that the psychological health of children in female-headed households compared to the children of non-working women, have statistically significant differences. This means that children of working women have higher self-esteem than the children of non-working women. Children of female-headed households have also lower social dysfunction and anxiety scores than the children of non-working women. But life satisfaction has been reported dramatically higher among children of non-working women than female-headed households' children.

According to Dunn, Lewis, Bonner, and Meize-Grochowski (1994) study, quality of life of female-headed households is affected by their physical, psychological and social health. Based on the obtained results, quality of life in female-headed households employed in the services has a significant relationship with physical, psychological and social dimensions and there was no significant relationship between them and the environmental dimension.

Worell (2001) stated in a study on the female-headed households that emotional problems of the female-headed households are associated with trauma and victimization. Based on the above research results and due to the necessity of the research, this study has sought to answer the following questions:

1. Are there any significant differences between psychological health of female-headed households and normal women?

2. Are there any significant differences between quality of life of female-headed households and normal women?

3. Are there any significant differences between life expectancy of female-headed households and normal women?

METHODOLOGY

The aim of the present study is its applicability and data collection method is scientific - comparative. The statistical population of this study included all women covered by Ala-e Marvdasht’s Imam Khomeini Relief Foundation (both urban and rural) in 2017. The sample was

selected using the simple random sampling method. The sample size of this study was decided as 30 subjects for each group of normal and deserted women, in total 60 subjects. However, considering a 20% chance of loss or decline, the final volume of 72 samples was selected which at the end, 35 questionnaires were analyzable from each group of normal and deserted women and they were used in the final analysis. In this study, three tools were used to evaluate the variables:

1. The General Health Questionnaire: To measure the psychological health variable, the General Health Questionnaire, 28-point form, will be used. Noorbala et al. (2017) has cited the reliability coefficients of this questionnaire using three methods of test-retest, split-half and Cronbach's alpha, as 0.70, 0.93 and 0.90, respectively and reported its validity using three methods of concurrent validity, correlation of subscale with the total score and factor analysis in a proper level.

2. Quality of Life Questionnaire: In this study, to assess quality of life, Short Form Quality of Life Questionnaire of WHO (World Health Organization Quality of Life Group, 1998), which contains four factors, physical health, psychological health, social relationships and perception of the environment, was used. In Iran, the questionnaire was translated by Nourbala et al. (2007) and its validity and reliability was determined. The reliability coefficients of the questionnaire have been reported by the World Health Organization Quality of Life Group, using Cronbach's alpha for the subscales and total tools between 0.73 and 0.89.

3. Snyder's Hope scale: 12-item hope scale by Snyder was used to verify the life expectancy of the sample. In a research conducted by Fallah, Golzari, Dastani, and Akbari (2011) on 660 female students in Tehran, reliability of Snyder's hope scale was investigated with internal consistency method and Cronbach's alpha coefficient was calculated 0.89. Snyder's Hope scale highly correlates with the scales that measure similar psychological processes. In order to analyze the data, descriptive statistics (calculating the mean and standard deviation, frequency) was used, to answer research questions inferential statistics was used and to test the hypotheses, the T-test for independent groups was used.

RESULTS

Table 1 shows the mean and standard deviation of General Health and its dimensions in the sample group.

Table 1. The mean and standard deviation of General Health and its dimensions in the sample group.

Scale index	situation	m	SD	N
Anxiety	Normal	8.54	1.02	35
	Deserted	11.07	1.17	35
Depression	Normal	8.12	2.54	35
	Deserted	12.48	2.38	35
Physical Symptoms	Normal	7.56	3.65	35
	Deserted	7.79	2.97	35
Social dysfunction	Normal	7.19	2.12	35
	Deserted	10.74	2.41	35
Overall General Health	Normal	32.27	6.87	35
	Deserted	41.15	6.55	35

As the results indicate the general health of the normal women is (32.27) and for the deserted women is (41.15). According to the questionnaire (GHQ-28) lower score shows the higher general health of older shows so general health of the normal women is better than the deserted women. Table 2 shows the mean and standard deviation of the quality of life scores and

its dimensions in the sample groups.

Table 2. The mean and standard deviation of the quality of life scores and its dimensions in the sample groups.

Scale index	situation	m	SD	N
Physical Health	Normal	22.24	3.12	35
	Deserted	17.35	2.61	35
Psychological Health	Normal	19.78	3.78	35
	Deserted	16.27	4.32	35
social relationships	Normal	9.42	2.21	35
	Deserted	8.57	2.72	35
perception of the environment	Normal	20.56	2.55	35
	Deserted	16.29	2.49	35
Overall General Health	Normal	72.92	5.27	35
	Deserted	64.14	5.42	35

According to the above table, the average overall quality of life in a sample of normal women is obtained as (72.92) and in the sample of deserted women is (64.14). Table 3 shows the mean and standard deviation of the life expectancy scores in the sample groups.

Table 3. The mean and standard deviation of the life expectancy scores in the sample groups.

Scale index	situation	m	SD	N
Hope	Normal	18.02	4.34	35
	Deserted	14.25	3.71	35

According to the information provided by the above table, the average hope in a sample of normal women is obtained as (18.02) and in the sample of deserted women is (14.25). Table 4 shows Levine's test results along with the t-test final results for comparison of general health of normal and deserted women.

Table 4. Levine's test results along with the t-test final results for comparison of general health of normal and deserted women.

Levine's test		**t-test**		
F	Sig.	T	fd	Sig.
0.82	P > 0.05	4.58	33	0.01

As the results obtained from the above table shows, the obtained amount in Levine's test (F = 0.82) is higher than the significance level (0.05) so in conclusion we can say that there is no significant difference between the variances of the two groups regarding the general health variable and the assumption of homogeneity of variance is met. The results of t-test also show that the obtained value of (T=4.58) with degree of freedom of (df = 33) is significant on the (0.01) level. As a result we can say that there is a significant difference between normal and deserted women's general health and the research hypothesis is confirmed.

Table 5 shows Levine's test results along with the t-test final results for comparison of quality of life of normal and deserted women.

Table 5. Levine's test results along with the t-test final results for comparison of quality of life of normal and deserted women.

Levine's test		**t-test**		
F	Sig.	T	fd	Sig.
1.05	P > 0.05	3.62	33	0.01

As the results obtained from the above table shows, the obtained amount in Levine's test (F = 1.05) is higher than the significance level (0.05) so in conclusion we can say that there is no significant difference between the variances of the two groups regarding the quality of life variable and the assumption of homogeneity of variance is met. The results of t-test also show that the obtained value of (T=3.62) with degree of freedom of (df = 33) is significant on the (0.01) level. As a result we can say that there is a significant difference between normal and deserted women's quality of life and the research hypothesis is confirmed. Table 6 shows Levine's test results along with the t-test final results for comparison of life expectancy of normal and deserted women.

Table 6. Levine's test results in along with the t-test final results for comparison of life expectancy of normal and deserted women.

Levine's test		**t-test**		
F	Sig.	T	fd	Sig.
0.44	P > 0.05	3.24	33	0.01

As the results obtained from the above table shows, the obtained amount in Levine's test (F = 0.44) is higher than the significance level (0.05) so in conclusion we can say that there is no significant difference between the variances of the two groups regarding the life expectancy variable and the assumption of homogeneity of variance is met. The results of t-test also show that the obtained value of (T=3.24) with degree of freedom of (df = 33) is significant on the (0.01) level. As a result we can say that there is a significant difference between normal and deserted women's life expectancy and the research hypothesis is confirmed.

CONCLUSION

The present study was conducted aiming to study and compare the general health, quality of life and life expectancy in female-headed households and normal women. The results of the study showed that:

Women, who live below the poverty line and are fighting with problems alone, are more vulnerable to depression traumas. Many female-headed households that have taken custody of a family due to several reasons such as husband’s immigration, imprisonment or disability and divorce are among the most vulnerable segments of society. Two factors are effective in increasing poverty among female-headed households[15]. It seems that due to the breadth and complexity of mental health problems in the society and the growing need for mental health services, officials must think about the organizational structure of mental health system in life and quick and enforceable measures because existence of depressed mothers in current society will cause depressed generation in the future society .

Results of the study showed that regarding the quality of life of normal and deserted women there is a significant difference between normal and deserted women's quality of life. One of the main outcomes of women’s activity in the society is incidence of stress and psychological pressures which occur in women more than men or men overcome them easier. Situational stress that occurs to female-headed households makes them psychologically beat and they have to make unexpected changes in the direction of more consistence with the events and circumstances of life, and this reduces their quality of life. For female-headed households, stress is not just a response to physical changes and physiological needs but it also includes psychological, emotional and behavioral responses, too. Studies show that women are more prone to psychological disorders caused by stress and anxiety than men and these disorders are seen more in the female-headed households who are responsible for dealing with the children

and doing the housework and outside work. Working women facing a crisis live in stressful situations. Compared to the rest of women, they complain more about physical problems (nightmares, digestive disorders, back and spine pain), while most of them are at risk for mood disorders. Based on researches conducted at Yale University, female-headed households have an undesirable quality of life compared to employed women and housewives(Worell, 2001).

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