



Happiness and its relation to psychological well-being of adolescents



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ABSTRACT

In the present decade, adolescents' mental problems are known as critical problems which have many destructive consequences. This study aimed to measure students' happiness and psychological well-being status in a sample of high school students. The cross sectional study consisted of 403 randomly selected high school students in Tabriz, Iran. Numerous variables including general health status, happiness, self-efficacy, perceived stress, hopefulness and life satisfaction were measured by using self-reported written questionnaires. Significant relation observed between happiness and psychological well-being ($r = 0.48$). Those students with good relationship and those who had reported to enjoy attending social events indicated better mental health status. No causal inferences were investigated due to the non-experimental nature of the study. The findings also revealed that students with higher happiness score have a better school performance. Integration of happiness promotion initiatives into the comprehensive school health programs is recommended to have pleasant environments for a healthy population of adolescents.

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1. Introduction

Mental disorders among adolescents and pupils are known as one of the common health problems with many serious consequences and impacts such as substance abuse, social detachment, decreased academic achievement and increase of students' drop outs (Bahrami et al., 2011; Saban et al., 2013). Numerous research evidences exist that reported progressive development of mental disorders among adolescents (Magsodi et al., 2010; Power, 2010; Bayera et al., 2010). Based on a report of the World Health Organization (WHO) mental health problems among children and adolescents have increased in recent years and will continue to rise up to 50% until 2020 (Bayera et al., 2010). It was also estimated that three quarters of psychiatric disorders will appear in adolescence or early adulthood ages (Aires et al., 2011; Chisholm et al., 2012; Jacka et al., 2011). Furthermore, The National Co-morbidity Survey Replication's report has recently indicated that more than 22% of adolescents had already experienced a clinical mental health problem (Jacka et al., 2011). In general, poor

mental health may have negative effect on physical health as well as subjective well-being. Consequently lack of mental well-being could lead to the development of mental disorder and the loss of functional ability.

Achieving the optimum health among adolescents is strongly related to mental health status of young people that reflects importance of promoting mental health of adolescents in their critical ages (Kimber et al., 2008; Patel et al., 2010). A healthy mental status greatly affects the lives of individuals and communities due to a higher quality of life, better physical health, social integration and overall well-being (Morasae et al., 2012).

Happiness is known as one of the important determinants of subjective well-being (Honkanen et al., 2005). Happiness is a remarkable trait for people and has effects on mental health status and also is influenced by the integrity of mental capabilities. (Fowler and Christakis, 2008). Happiness is a key factor of human daily life and was introduced as a main component of health by the World Health Organization (Cohn et al., 2009). There are research evidences that indicate significant correlations between happiness and general health outcomes such as commitment to have higher levels of physical exercise, having a healthy sleeping pattern, healthy diet and commitment to abstain from smoking or drinking alcohol excessively (Bloodworth and McNamee, 2007; Kawada

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et al., 2009; Mojs et al., 2009; Stubbe et al., 2007). Individuals who are happy engage in a lesser degree with unhealthy and high risk behaviors (Graham et al., 2004). Piqueras et al. (2011) revealed that people who are happier achieve better life outcomes i.e. higher coping skills, supportive relationships, good financial performance and physical health as well as longevity. Johnson et al. also suggested that having a satisfactory life, being healthy and an economically good life result in happiness (Farzianpour et al., 2011).

Main purpose of the present study was to answer the following questions: (1) is students' psychological well-being be affected by their happiness status? (2) What type of demographic and cognitive factors could interfere with mental health status and happiness trait among a sample of Iranian adolescents?

2. Methods

2.1. Participants and procedure

This study which evaluates happiness and its relation to psychological well-being was a part of a large scale research project that had been conducted among high school students in Tabriz, Iran during 2013–2014. The main goal of the study was to provide required knowledge for designing and implementing of mental health promotion program in the target high schools. The sample for this study consisted of 403 students enrolled in the grades of 9–12. Four schools were randomly selected and using quota sampling method students were recruited in each class. The ethics committee approval and permission from the students' parents were obtained before the study initiation. Students were also provided with the instructions to complete the study questionnaire. The age range of the students was between 15 and 19 and 200 (49.6%) of them were girls and 203 (50.4%) boys.

3. Measures

3.1. Demographics

Background data included age, educational grade, having history of smoking in the past 6 months, enjoy of attending parties, willingness to spend time with parents, have a healthy diet, have/had a boy/girl friend and have/had a mental health problem. A "yes/no" response option was determined for the included items.

3.2. Psychological well-being

Psychological well-being was measured by the Persian version of the Goldberg's General (Moeini et al., 2008) Health Questionnaire (GHQ-28) including 28 items and four subscales. Each subscale of the questionnaire includes seven items in the somatic symptoms, anxiety/insomnia, social dysfunction and severe depression domains. The estimated alpha coefficient for the translated version of the questionnaire was reported to be 0.93. All items of the scale are scored on a four point scale (0–3) and a higher score indicates poorer mental health status.

3.3. Happiness

A Persian translated version of the Oxford Happiness Questionnaire was used to measure happiness (Ramesh et al., 2013) which was validated previously for use in Persian speaking populations. This questionnaire consists of 29 items and responses are being given on a 6 points Likert-type scale from 'strongly disagree' to 'strongly agree'. The lowest and highest possible scores could be 1 and 6. Higher scores on the scale represent higher levels of happiness. The reported estimate of the alpha coefficient for the

translated version of the questionnaire was 0.90 indicating internal consistency of the scale.

3.4. General self-efficacy

The 17 items Sherer's scale (Charkhabi et al., 2013) was used to measure general self-efficacy. Each of the items on the scale was measured based on the ordinal 5 point Likert type scale with 1 = strongly disagree to 5 = strongly agree (at the opposite ends of the continuum), and 3 = neutral (in the middle). The lowest possible score was 17 and the highest was 85. Validation of the General Self-efficacy Questionnaire in Iran was carried out by Najafi et al. and the reported alpha coefficient was 0.83.

3.5. Perceived stress

Subjective stress was measured by the translated and validated version of the Cohen's Perceived Stress Scale (Maroufizadeh et al., 2014) to check whether the study respondents have experienced or perceived stress during the recent month of his/her life. The scale is consisting of 10 items that need to be answered based on a 5-point Likert type scale ranging from 0 (never) to 4 (very often). A higher score in the scale represents the least stress. The reported reliability coefficient for the Persian translated version of the scale was 0.80 which is indicating an acceptable internal consistency.

3.6. Hopefulness

Hopefulness was measured by the Snyder's Hopefulness Scale (Thimm et al., 2013) which includes 12 items. Responses for items are coded by a 4 Likert-type scale, from 1 (definitely false) to 4 (definitely true). The reported estimated alpha coefficient for the translated version of the questionnaire was 0.67.

3.7. Life satisfaction

The Persian version (Athay, 2012) of the satisfaction with life scale (SWLS) was applied to measure life satisfaction which was originally developed by Diener et al. Life satisfaction scale has five item including: "In most ways my life is close to my ideal". Responses to items are coded based on a 7-point Likert type scale (from 1 = strongly disagree to 7 = strongly agree). The reported estimated reliability coefficient for the Persian translated version of the questionnaire was 0.82, indicating a reliable internal consistency.

3.8. Statistical analysis

Psychological state of well-being was considered as the dependent outcome of interest by coding zero for being healthy and coding one for being unhealthy. For investigating the relationship between happiness and the demographic and psychological well-being, self-efficacy, hopefulness, life satisfaction and stress a series of simple and multiple logistic regressions were performed. In the univariate analyses, all demographic or psychological well-being related variables were entered separately and those variables that indicated significant correlation were entered for multivariate analysis in the next step.

4. Results

As shown in Table 1, of 403 students, 302 (74.9%) were indicated their willingness to attend parties. Among the respondents 208 (51.6%) reported to have/had boy or girl friends, 294 (73%) stated that they enjoy spending time with parents and 250

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