

# FAMILY SATISFACTION AS A PREDICTOR OF MENTAL HEALTH AMONG YOUNG EDUCATED ADULTS

# ANEEQA KOMAL<sup>1</sup>, IFFAT BATOOL<sup>2</sup>, YA. SAKINA<sup>3</sup>

12 Department of Psychology, GC. University, Lahore. 3National Agriculture Research Department (NARC)

CORRESPONDENCE: DR. IFFAT BATOOL, E-mail: dr.iffatbatool@gmail.com

Submitted: December 14, 2016 Accepted: June 10, 2017

# **ABSTRACT**

#### **OBJECTIVE**

To investigate the extent to which family satisfaction predict mental health of young adults.

# STUDY DESIGN

Correlational research design

#### PLACE AND DURATION OF STUDY

The study was conducted in Higher Education Commission recognized institutions of Lahore during 2015-2016.

#### **SUBJECTS AND METHODS**

Convenient sampling was used to select 100 male and 100 female (N=200) young adults with age range from 18 to 28 years (M=22.73, SD=2.015). The respondents had education level from intermediate to post graduation level. For data collection satisfaction with family life scale and general health questionnaire were utilized. For mean differences t-test and for finding relationship among the variables Pearson correlation and multiple regression was used.

# **RESULTS**

Findings revealed positive significant relationship between family satisfaction and mental health of young adults. Results indicated that family satisfaction scores significantly correlated with general health (r=.25, p<.01). Further, it was found that overall women (M=15.80, SD = 6.20) have higher score on general health as compared with men (M=14.16, SD = 5.43).

# CONCLUSION

The results revealed that family satisfaction is an important predictor of mental health. It was also concluded that family satisfaction more critically related to women health as compare with men.

# **KEY WORDS**

Family satisfaction, mental health, young adults.

# **INTRODUCTION**

Family is defined as two or more individuals related by blood, marriage, or adoption who reside in the same household<sup>1</sup>. Satisfaction or approval with family life has been directly related to a variety of other family wellness variables, including higher family cohesion, adaptability, communication and overall family functioning<sup>2,3</sup>. Family is the essential unit of society, and is perhaps the "oldest and most resilient institution" in society<sup>4</sup>. Family satisfaction refers to the response to existing family functioning in comparison with an individual's internal sense of what is most appropriate or desirable. Satisfaction is a mental or rational appraisal and an emotional response to what was and what could be<sup>5</sup>.

Youth is a period of discovery, exploration, and instability that occurs between middle childhood and late adolescence. In these phases of life, it is very crucial for a person to be mentally satisfied and satisfied with his/her family life in an attempt to recognize and understand characteristics and behaviors connected with quality family life, researchers have focused on variables linked to the large construct of satisfaction with family life. Family always consists of individuals who interact with each other and learn almost each and everything from each other and they are tied with each other by emotions and sentiments. The bigger social structure imposes on individuals through the family.

Theoretical model indicates that close relations and the support given by close ones specifically family is an ultimate requirement of all irrespective of their culture<sup>7-9</sup>. People who have strong bonds with others are able to get maximum psychological well-being <sup>10-16</sup>. Family plays a significant role in the growth or development of youth's mental health and well-being. Numerous studies have shown that family is a significant protective aspect in the lives of urban youth <sup>17-18</sup>.

A state of well-being in which every individual understands his or her own potential, can manage with the normal stresses of life, can work efficiently and fruitfully, and is able to make a contribution to her or his community is termed as mental health<sup>19</sup>. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity<sup>20</sup>. This definition stresses more on the people's physical and emotional quality of life than on rates of identified diseases<sup>19</sup>.

Mental health is determined by the attitude a person feels about himself, others and how he is able to experience and alter to day-today living conditions. The teacher can help his students to accept themselves, regards themselves and learns to get along happily and successfully with others and make hearty good adjustments to living healthfully and actively. He is concerned with helping them manage mental health and general health so that they may be developed into mature, responsible and well-adjusted adults<sup>19</sup>.

A lot of work has been done in the west. There is a need to study family satisfaction and mental health in a collectivist culture like Pakistan. Objective of the current study is to find the relationship between Family Satisfaction and Mental Health and to determine

# Journal of Pakistan Psychiatric Society

whether family satisfaction can predict mental health. On the basis of the aforementioned literature it was be hypothesized that:

H1: There would a strong positive relationship between family satisfaction and general health of young adults

H2: There would be a predictive relationship between family satisfaction and mental health

H3: Male and female young adults would differ significantly in terms of family satisfaction and mental health.

H4: Young adult girls will have high general health or mental health as compare to young adult boys

# **SUBJECTS AND METHODS**

# **Participants**

Co relational study was conducted by using convenient sampling method on a sample of 200 participants with demographic characteristics mentioned in Table 1. The inclusion criteria were (a) age ranged from 18 to 28 years (b) education level from intermediate to post graduation level. In addition, those participants were excluded from the study who did not fulfill the inclusion criteria.

#### Instruments

Satisfaction with family life scale: The Satisfaction with Family Life (SWFL) scale21 is a modified version of the Satisfaction with Life scale22 in which the words family life replaced the word life in each of the original items. This scale shows an alpha reliability of .94 and strong internal consistency. The SWFL scale is composed of five items that require respondents to agree or disagree with global statement about family life on a 7 point Likert-type scale ranging from 1=strongly disagree to 7=strongly agree. Scores may range from 5 to 35. High scores indicate high satisfaction rate.

Cronbach's alpha coefficients obtained from the present sample were .84 for affective quality of satisfaction.

General health questionnaire: The twelve-item General Health Questionnaire (GHQ-12) is intended to screen for general (non-psychotic) psychiatric morbidity23. The GHQ-12 comprises 12 items describing mood states, six of which are positively phrased and six negatively phrased. Each item of GHQ-12 has four possible responses option. Item scores were coded or recoded according to the scoring method. It is a four-point rating scale where categories range from often designated as 1 to never designated as 4. Cronbach's alpha reliability values obtained from the present research sample were .75. Alpha coefficients represent that scale is reliable and internally consistent measure.

# **Procedure**

The present research was approved from the departmental review committee. In addition, before carrying out the main research, a trial phase was done to decide the language and cultural suitability of the instrument exploited in the study to enquire about the appropriate age level to undertake the second phase of research. Expert opinion was sought for the same purpose. Trial phase of the research was carried-out with a sample of 30 young adults. Experts recommended that both scales were culturally and linguistically appropriate for Pakistani young adults. In accordance with the suggestions given by

the experts, the participants did not exhibit any difficulty regarding the questionnaires.

The participants were directed to read each and every statement carefully and mark their response by selecting the most suitable statement which they deem the most appropriate. Personal demographics of the participants were obtained on separate sheet. The participants were given assurance that their personal information and data will not be leaked or provided to anyone. It will be kept fully confidential and we acknowledged their cooperation and participation in the study.

# **RESULTS**

The present study included 200 young adults, age ranging from 18 to 28 years, and their minimum education was intermediate. Table 2 shows mean, standard deviation, Cronbach's alpha value, potential and actual response range, and skewness values. It was found that both scales have satisfactory reliability and Skewness range. Results indicated that family satisfaction scores significantly correlated with general health (r = .25, p < .01); although it is a weak correlation, it showed that increase in the family satisfaction increased general health and decrease in family satisfaction decreased general health (See Table 3).

Multiple regression analysis has been carried out to find the significant predictors of general health among gender, age and family satisfaction. It was found that family satisfaction (B=.20, p<.01) significantly predicted the general health. R2 for general health model was 8%. The positive B value indicated that increase in predictor increases one standard deviation change in the general health scores (Table 4).

Table 5 showed the mean difference between men and women on the family satisfaction and general health scores. Results indicated that there was significant mean difference between men and women with respect to general health (t=-1.99, p<.05). Further, it was found that overall women (M=15.80, SD=6.20) had higher score on general health as compared with men (M=14.16, SD=5.43).

Table 1 Demographic Characteristics of the Participants (N = 200)

Variable	F	%	
Age groups			
18 - 22 years	98	49.0	
23 - 28 years	102	51.0	
Gender			
Men	100	50.0	
Women	100	50.0	
Family system			
Nuclear	97	48.0	
Joint	79	37.0	
Single parenting	29	14.5	
Monthly income			
Below-10000	04	2.0	
10000-25000	18	9.0	
25000-50000	62	31.0	
Above 50000	116	58.0	

Note. f= frequency. % = percentage

# Journal of Pakistan Psychiatric Society

**Table 2** Psychometric Properties of the Study Scales (N = 200)

		M(SD)	α	Rai		
Scale	k			Potential Actual		Skew
FS	5	24.38 (7.13)	.84	1-7	2.0-7.0	47
(GHQ-12)	12	14.98 (5.87)	.75	1-4	1.0-2.3	.02

Note. FS= family satisfaction, GHQ= General Health Questionnaire, k = no. of items.  $\alpha$  = Cronbach's alpha

**Table 3** Inter-correlation between Family Satisfaction and General Health (N = 200)

Sr.#	Variable	1	2	M(SD)
1.	Family Satisfaction	-	.25**	24.38(7.13)
2.	General Health		-	14.98(5.87)

*Note.* \*\*p < .01,

**Table 4**Gender, Age and Family Satisfaction as a Predictor of General Health (N = 200)

		95 CI % General Health		
Variable	В	UL	LL	
Constant	7.88	-2.54	18.30	
Gender	1.52	80	3.11	
Age	00	40	.40	
FS	.20	.09	.31	
R	.28			
$R^2$	.08			
F	5.52**			

Note. \*\*p< .01, FS= family satisfaction, B = coefficient of regression, LL = lower limit, UL = upper limit.

**Table 5**Mean Differences on the Family Satisfaction and Mental Health between Men and Women

Men (n=100)				Women (n= 100)			95 % CI		
Variable	М	SD	М	SD	t(198)	p	LL	UL	Cohen'sd
Family satisfaction	24.07	6.73	24.69	7.53	61	.54	71	1.4	.09
General Health	14.16	5.43	15.80	6.20	-1.99	.04	-3.3	02	.28

Note. CI = confidence interval. LL = lower limit. UL = upper limit. N = 200.

# **DISCUSSION**

Present study was set out to investigate relationship between family satisfaction and mental health of young adults. The finding of the current study was consistent with the stated hypotheses of study and showed that there was significant relationship between family satisfaction and mental health of young adults. Therefore, increase in the family satisfaction increased general health and decrease in family satisfaction decreased general health. These findings were consistent with previous literature, and they argued that the reasons behind this factor might be social adjustments, positive attitude

towards parental family of origin and childhood experiences <sup>24,25</sup>. Similarly, family satisfaction was a significant predictor of mental health. This finding was supported by the literature. They argued that according to Bowlby theory attachment factor predicts the later relationship among the significant others<sup>28, 29, 30</sup>. The study also investigated the differences among men and women in terms of family satisfaction and mental health. Present study suggested that women have high general health as compared to men. These findings are consistent with the number of previous findings previous research<sup>19, 24-28</sup>. The major reason behind this factor might be vitality, ratio of men and women, women empowerment, disorder diagnosis, and culture specific practices<sup>29,20</sup>.

# LIMITATIONS OF THE STUDY

The present study was conducted with colossal input but there are certain limitations which are to be taken into consideration. Owing to paucity of time, sample were restricted geographically as the sample was obtained from Lahore, Faisalabad, and Sialkot. To know the effects or impact of studies at macro level, far flung areas of Pakistan could not be reached. The sample size of the study was small and the age range is narrow. The sample was consisted of literate population; the perspective of illiterates was not included in the study.

# **RECOMMENDATIONS**

Pakistan is a pluralist society where all sort of diversities like cast, creed, race and provincial identities exist. All the young adults belonging to different areas of Pakistan vary in respect of satisfaction level and mental health. The need of further study is required to get acquaintance with the phenomenon of mental health and satisfaction.

The research undertaken brings to limelight the significance of family satisfaction, functioning at micro level and mental health of young adults. It also compels us to conduct a research to the fact that how messy and chaotic environment affects the satisfaction level and mental health of young adults belonging to educated families. Another research can also be conducted keeping in view the existing milieu in a house where poverty prevails, domestic violence is in rife, congested situation, dependence on parents for day to day needs, joblessness, daily mutual feuds and scarcity of resources. This research has also depicted inconsistency in gender health, i.e. young girls are enjoying better mental and general health than the boys.

# **REFERENCES**

- Cherlin AJ. Marriage, Divorce, Remarriage. 1981; Cambridge, MA: Harvard University Press.
- PoffRA, Zabriskie RB, & Townsend J. Modeling family leisure and related family constructs: a national study of us parent and youth perspectives. Journal of Leisure Research, 2009; 42(3): 365-391.
- Ayon C, Marsiglia FF, & Bermudez-Parsai M. Latino family mental health exploring the role of discrimination and familismo. Journal of Community Psychology, 2010; 38(6):742-756
- Olson DHL. Family inventories: Inventories used in a national survey of families across the family life cycle. 1982; St. Paul, Minn: Family Social Science, University of Minnesota.
- 5. Ross CE, & Joan H. Hardship and depression. Journal of Health

# Journal of Pakistan Psychiatric Society

- and Social Behavior, 1985; 26: 312-327.
- Baumeister R, & Leary M. The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 1995; 117:497–529.
- Ryan RM., & Deci EL. The darker and brighter sides of human existence: Basic psychological needs as a unifying concept. Psychological Inquiry, 2000; 11:319–338.
- Ryan RM., La Guardia JG, Solky-Butzel J, Chirkov VI, & Kim Y. On the interpersonal regulation of emotions: Emotional reliance across gender, relationships, and culture. Personal Relationships, 2005; 12:146–163.
- 9. Diener E. Subjective well-being. Psychological Bulletin, 1984; 95: 542–575.
- Peterson C, Park, N, & Seligman ME. Orientations to happiness and life satisfaction: The full life versus the empty life. Journal of happiness studies, 2002;6(1): 25-41.
- Erikson EH. Psychological issues: Identity and the life cycle.1959;
  New York, NY: International University Press
- 12. Ryff C D. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology, 1989; 57: 1069–1081.
- Ryff CD, & Heidrich SM. Life experiences and well-being: Explorations on what happens and how it matters. International Journal of Behavioral Development, 1997; 20: 193–206
- Uchida Y, Kitayama S, Mesquita B, Reyes JA, & Morling B. Is perceived emotional support beneficial? Well-being and health in independent and interdependent cultures. Personality and Social Psychology Bulletin, 2008; 34(6):741-754.
- Unger JB, Ritt-Olson A, Teran L, Huang T, Hoffman BR, & Palmer P. Cultural values and substance use in a multiethnic sample of California adolescents. Addiction Research & Theory, 2002; 10(3):257-279.
- Pryor-Brown L, & Cowen EL. Stressful life events, support, and children's school adjustment. Journal of Clinical Child Psychology, 1989; 18: 214-220.
- 17. Moreno C. HBSC Peer Culture Focus Group. Cross-national associations between parent and peer communication and psychological complaints. International Journal of Public Health, 2009; 54 (Suppl. 2): 235–242.
- Mirowsky J, & Catherine ER. Social causes of psychological distress. New York: Aldine-de Gruyere coronary heart disease and all causes mortality. Preventive Medicine, 1989; 36(5): 561–568.
- World Health Organization. Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. 1988; Geneva, Switzerland: World Health Organization, Division of Public Information and Education for Health
- Zabriskie R, & McCormick B. Parent and child perspectives of family leisure involvement and satisfaction with family life. Journal of Leisure Research, 2003; 35:163-189.
- 21. Goldberg DP, & Williams P. A user's guide to the General Health Questionnaire. 1988; Basingstoke NFER-Nelson
- 22. Hardy GE, Shapiro DA, Haynes CE, & Rick JE. Validation of the General Health Questionnaire-12: Using a sample of employees from England's health care services. Psychological Assessment, 1999; 11(2):159-165.
- 23. Riley M. Aging and society. 1968; New York: Russel Sage.
- 24. Sears RR. Sources of life satisfaction of the Terman gifted men. American psychologist, 1977; 32(2): 119-128.
- 25. Swami V, Chamorro-Premuzic T, Sinniah D, Maniam T, Kannan K,

- Stanistreet D, Furnham A. General health mediates the relationship between loneliness life satisfaction and depression. Social Psychiatry Psychiatric Epidemiology, 2007; 42:161-166.
- 26. Ross CE, & Joan H. Hardship and depression. Journal of Health and Social Behavior, 1985; 26: 312-327.
- 27. Ross CE, & John M. Explaining the social patterns of depression: Control and problem solving-or support and talking. Journal of Health and Social Behavior, 1989; 30: 206-219.
- 28. Mental Health Foundation. Mental health statistics: men and women. 2018; Retrieeved form https://www.mentalhealth.org.uk/statistics/mental-health-statistics-men-and-women
- Prior P. Gender and mental health. 1999; New York: New York University Press.
- 30. Morrow KN. Mental health of college students. 2009; New York: Nova Science Publishers.

Sr. #	Author Name	Affiliation of Author	Contribution	Signature
1	Aneeqa Komal	Department of Psychology GC University Lahore	Planning, Writing, Proof Reading research design report writing & data collection	Charago.
2	Dr. Iffat Batool	Department of Psychology GC University Lahore	Concept, Execution Statistical Analysis	SWal Balok
3	Ya. Sakina	Chairman Department of Psychiatry, LUMHS	Data Collection Interpolation of data	1 Sakina