

Research Article

Forecasting anxiety, depression, and stress based on health-promoting lifestyle and mental well-being of married housewives in Sirjan

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ABSTRACT

Introduction: Due to the fact that a group of experts consider anxiety and stress as the most common diseases of the century, anxiety can weaken forces and affect activities.

Purpose: This study aimed to predict anxiety, depression, and stress of married housewives in Sirjan based on health-promoting lifestyle and mental well-being.

Methods and tools: In this descriptive project a sample of 450 married housewives was selected by random sampling method, who responded to depression, anxiety and stress scale DASS (Goldberg, 1989), lifestyle scale (Larson, 1998) and mental well-being scale (Schwarzer, 1979). Data were analyzed by regression analysis using SPSS20 software.

Results: The results of regression analysis showed that based on health-promoting lifestyle and mental well-being ($p=0.0001$), depression, anxiety and stress of married housewives are predictable.

Conclusion: Increasing the levels of mental well-being and health-promoting lifestyle in married housewives decreases depression, anxiety, and stress and ultimately increases their and their families' health. The results were discussed based on the research literature and conducting more research was emphasized.

Keywords: anxiety, depression, stress, lifestyle, mental well-being.

INTRODUCTION

During the history, since wrong materialist tendencies or cultures rooted, women have always been exploited. It should be acknowledged that women were included in the low state of selection and have always been forced to postpone their selection to sometime later and over time, these wrong cultures ruling societies led to behavior and ethical tensions in women, both those who were in a family environment and those at work and having a role in the family simultaneously. As women's being marginal in society increases, to the same rate their individual and social identity

crisis, mistrust, and the sense of disability, especially anxiety increase in this big population (Birou, 2001). Thus, a group of experts have called stress and anxiety the common diseases of the century (WHO, 2005). Anxiety is an unpleasant emotional state and is usually determined with physical symptoms such as tension, trembling, sweating, palpitations and increased heart rate (Kaplan and Sadok, 2011). Depression refers to a condition that a person experiences a lot of frustration. Emotional feedback is determined with a state of permanent

sadness spite and tears. In cognitive terms, depressed individuals have negative thoughts about themselves, the world, and the future. They also develop irregularities in logical thinking (Biyabangard, 1999). Seliye (1980) has called stress an unknown response of the body to any demand. Exposure to stress may cause a visible reaction, which is called anxiety (Milanifar, 2003). Stress can undermine the forces and affect activities and efforts (Nezaami, 2007). When stressors affect human life, our emotional state, and physiological thinking change from the normal level, and conduct disorders are called in form of anxiety, depression, and other disorders (Rio, 2008). Therefore, anxiety, depression, and stress are considered as a source of failure and lack of compromise, which includes a range of cognitive and physical impairment, to unjustified fears and panic that deprive the individual of much of his resources (Dadsetan, 1997).

Nowadays, it is believed that 70% of diseases are somehow connected with lifestyle of the individual, but only 15 percent of doctors point out the importance of lifestyle changes while dealing with their patients. The importance of lifestyle in the development of diseases process has led to the formation of a new branch of medicine, which is called behavioral medicine that stresses lifestyle changes for the prevention and treatment of diseases (Manshaei, 2007). Lifestyle includes the entire pattern of action and reaction of the individual. Lifestyle is a specific type of reaction in the face of obstacles and difficulties of life. Nowadays, lifestyle and its importance have become as one of the important psychological issues. Lifestyle choices whether consciously or unconsciously affect one's future (Atashpour and Jannatian, 2003).

Life-style includes different factors such as exercise, nutrition, leisure, and especially attitudes and the method of dealing with the stress. Mental well-being or life satisfaction is a field of positive psychology, which attempts to study cognitive (overall judgment about life satisfaction) and emotional (experiences of positive and negative

emotions) assessment of people about their lives. Feeling happiness and life satisfaction are of people's positive attitudes to the world they live in. Satisfaction of life has a close but complex relationship with values. Criteria based on which people assess their mental understanding of happiness are different. In fact, experiencing happiness and life satisfaction is the superior goal of life and feelings of sadness and discontent is often considered an obstacle to carry out tasks (Login and Hubner, 2001).

Mental well-being or life satisfaction is important for several reasons: the provision of mental and physical health, longevity, proving the value of happiness for human, measuring quality of life index, as well as economic and social indicators. In fact, the mental feeling of well-being or life satisfaction is the most important wish and goal of human life that affects mental health more than any other factor (Diener, Sachs, Lucas and Smith, 2003).

Social psychologists believe that anxiety, which is a destructive and devastating factor, is acquired through learning and benchmarking and can decrease life satisfaction of individuals (Noorbala, Bagheri Yazdi and Yasami, 2001). In their study, Samii, Siboni, Alimoradi, and Sadeghi (2012) showed that by training lifestyle modification, depression and anxiety scores had a significant difference. In their article entitled "The relationship between lifestyle with hypertension in residents aged 24-65," Baroogh et al (2010) showed that the lifestyle of people is related to stress and hypertension. In their study, Ang, Kellens, Himbrg and Safren (2005) indicated that there is a significant negative relationship between mental well-being and social anxiety. In their study, Bouton, Levan, Davis and Sanoga (1997) showed that people with social anxiety have lower mental health and well-being compared to normal individuals. In their study, Khosroshahi and Nosrat Abad (2012) showed that people with lower anxiety and depression have more psychological well-being. Therefore, given the importance of provision of health of housewives in preserving

mental health of family members, the aim of this study is predicting anxiety, depression, and stress based on lifestyle and mental well-being of married housewives in Sirjan.

METHOD

The research was survey. The study population was all married women in Kerman in 2015. According to Morgan table, the sample was 450 married women who were selected by simple random sampling. The instruments used in this study were questionnaire of depression, anxiety, and stress scale DASS21, and Walker's questionnaire of health-promoting lifestyle, and mental well-being by Keez and Magiarmou. Depression, anxiety, and stress (DASS 21): depression, anxiety, and stress questionnaire DASS: Each subscale of DASS consists of seven questions, and the final score of each is obtained by the total score for question related to it. Each questions is scored from zero (does not apply at all in my case) to three (completely true in my case). Since this questionnaire is the short form of the original scale (42 questions), the final score of each subscale must be twofolded. Then by referring to the table, the intensity of symptoms can be determined (Fathi Ashtiani, 2009).

Table 1: The intensity of each of the subscales

Intensity	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Slight	10-13	8-9	15-18
Average	14-20	10-14	19-25
High	21-27	15-19	26-33
Severe	28+	20+	33+

Antoni et al (1998) factor analyzed the mentioned scale and the results of their study again showed the existence of three factors of depression, anxiety, and stress. The results showed that 68 percent of the total variance scale is determined by these three factors. Equity of stress, depression, and anxiety in the mentioned study were, respectively, 9.07, 2.89, and 1.23, and alpha coefficients for these three factors were, respectively, 0.97, 0.92, and 0.95.

In Iran, Sahebi and colleagues (2001), on a sample of 400 people from the general population of Mashhad have reported the Cronbach's alpha of this test for depression as 0.77, anxiety as 0.66, and stress as 0.76. Moreover, the correlation coefficient of Beck's Depression Inventory, Perceived Stress Scale, and Zonk's anxiety scale with its subscales for this test have been reported as 0.66 depression, 0.44 stress, and 0.67 anxiety.

Mental well-being questionnaire: Mental well-being questionnaire was developed by Keez and Magiarmou in 2003 with 45 questions and three sub-components of emotional, psychological and social well-being- 12 questions for emotional well-being in a 5-point Likert scale from one (all the time) to five (never), 18 questions for psychological well-being in a 7-point Likert scale from one (completely disagree) to seven (completely agree), and fifteen questions for social well-being in a 7-point Likert scale from one (completely disagree) to seven (completely agree).

Internal validity of emotional well-being subscale in positive emotion was 0.91 and in negative emotion was 0.87. Psychological and social well-being had internal validity of 0.4 to 0.7 and total validity of 0.8 and higher (Keez and Magiarmou, 2003). In Keez and Magiarmou's study (2003), factor validity has been used to assess the validity of the scale. The results of confirmatory factor analysis have confirmed the three-factor structure of this scale. In this study, split-half reliability and test-retest reliability have been reported as 0.86 (Dast, 2004).

Lifestyle questionnaire: This questionnaire has 54 questions with the purpose of measuring health promoting behaviors (nutrition, exercise, responsibility for health, stress management, interpersonal support, self-actualization). It is of six-point Likert-type responses and with the sum of all these dimensions, the total score is obtained for the questionnaire. In the study by Mohammadi Zeidi and colleagues (2011), the validity of the questionnaire is approved. Moreover, its reliability was calculated using Cronbach's alpha.

Cronbach's alpha reliability coefficient usually ranges from zero (0) meaning no reliability to positive one (+1) meaning complete reliability and as the value obtained is closer to positive one, the reliability of the questionnaire increases. Cronbach's alpha for Walker's health-promoting

lifestyle questionnaire is 0.82 and this value for its sub-components has been reported as nutrition 0.79, exercise 0.86, responsibility regarding the health 0.81, stress management 0.91, interpersonal support 0.79, self-actualization 0.81.

Findings

Table 2: Mean and standard deviation and correlation matrix for variables

	Mean	SD	1	2	3	4	5	6	7
1-depression	5.92	2.46	1						
2-anxiety	6.93	1.88	-0.44**	1					
3-stress	7.06	1.80	0.22**	-0.30**	1				
4. Emotional well-being	23.38	3.93	0.34**	0.43**	0.30**	1			
5. Mental Well-Being	17.90	4.12	0.43**	0.20**	0.10*	0.04	1		
6. Social Well-being	41.98	2.21	0.43**	0.45**	0.22**	0.19**	0.27**	1	
7-lifestyle	143.8	23.62	0.23**	-0.10**	-0.20**	-0.12*	-0.04	-0.10**	1

0.01p< **0.05p<*

Table 3: Results of regression analysis to predict depression, anxiety, and stress on well-being and health-promoting lifestyle

Criterion variable	Predicting variable	F	P	R	R ²	β	t
Depression	Emotional well-being	65.52	0.0001	0.59	0.34	* 0.26	6.66
	Psychological well-being					* 0.24	6.11
	Social well-being					* 0.30	7.39
	Lifestyle					* -0.15	-3.92
Anxiety	Emotional well-being	4.485	0.0001	0.58	0.34	* 0.36	9.12
	Psychological well-being					* 0.08	2.07
	Social well-being					* 0.36	8.26
	Lifestyle					-0.01	-0.46
Stress	Emotional well-being	0.041	0.0001	0.36	0.13	* 0.25	5.58
	Psychological well-being					* 0.02	0.60
	Social well-being					* 0.11	2.42
	Lifestyle					* -0.15	-3.36

0.01p<*

RESULTS

This study aimed to investigate the prediction of depression, anxiety, and stress based on lifestyle and mental well-being. The results showed that with increasing health-promoting lifestyle, depression, anxiety, and stress reduced that is quite similar to the results by Samii Siboni, Alimoradi and Sadeghi (2012) and Baroogh et al (2010).

Baledi et al (2003) believe that improving lifestyle can help people stay healthy and deal with everyday stress and a correct lifestyle can have a great role in happiness and prevention of stress and depression. Moreover, the results showed that by increasing the mental well-being, depression, anxiety and stress are reduced which is consistent with the results of Eng, Kells, Hymbrg and Safrn

(2005), Kashdan, Julian, Merritt and Yuzuat (2006) and Bouton, Levan, Davis and Sanoga (1997) and Khosroshahi and Nosrat Abad (2012). To explain these findings, it can be said that anxiety in life is a devastating factor that negatively affects the body and mind and prohibits the person from doing anything. Thus, in such a situation, one cannot expect a person to see the life positively. As the person's concern and worry in public states are more in social situations, this concern will create a fertile ground for anxiety, will reduce the person's mental health and well-being, and will make him have more hopeless vision of life (Varzandeh, 2008).

At the same, by creating devastating effects on a person's physical and emotional state, anxiety causes a vicious cycle between anxiety and mental health of the person, so that tolerating anxiety in social situations endangers a person's psychological well-being. Accordingly, compromising and undermining the psychological well-being factors cause anxiety in the various situations (Heidi and Waring, 1992). Heidi and Waring (1992) believe that people with anxiety and depression always provide a condition for themselves that contributes to being alone and having concerns because of their dependence and fear. Therefore, these have small gains in life and show less satisfaction in marriage and work lives. For this reason, they always have negative emotions, and less happiness, life satisfaction and well-being. Therefore, it is suggested that, as the results of this research show, health-promoting lifestyle and mental well-being increase, and anxiety, depression, and stress reduce to have healthy living, mental attitudes, optimistic and positive attitudes, for the enjoyment of subjective well-being by continuous and proper training, so that more successful and more healthy housewives can be provided for the family and society.

Participants in the study were Sirjan housewives, and the findings cannot be generalized to other housewives in other cities, therefore, it is recommended that similar research in other cities in other strata and age groups be conducted.

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