The Effect of Family Structure on the Mental Health of Children in Shahid Bahonar University students

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Abstract: The aim of this study is to determine the effect of family structure (growing - chaotic) on mental health of Shahid Bahonar University students and the type of students' family structure and their mental health. The sample is 384 students (172 boys and 212 girls) which are chosen randomly. To collect the data, two questionnaires were used: the family structure measure by Touiserkani (with 36 articles) and the General Health from Goldenberg (GHQ 28). The posited model include the independent variable of family structure (self value, communication model, family rules and family system) and the dependent variable of mental health (somatic symptoms disorder, sleep disorder and anxiety, social function disorder and depression) and intervening variables such as parents' literacy, educational major, sex, age and martial statute. Fit of the above model to the data was done by Structural Equation Modeling (SEM) using Amos 18, and SPSS 18. The results of model indicate that family structure has a significant effect on the mental health of children. Also sex and martial statute of students have a significant effect on the mental health and parents' literacy has a significant effect on the family structure.

[Mahmoud Zivari Rahman, Roohollah Cheraghpoor and Solmaz Shokouhi Moqhaddam. **The Effect of Family Structure on the Mental Health of Children in Shahid Bahonar University students.** *J Am Sci* 2013;9(1s):102-108]. (ISSN: 1545-1003). http://www.jofamericanscience.org. 14

Keywords: Family Structure, Growing Family, Chaotic Family, Mental Health

1. Introduction

If people in past centuries than any other thing at illness was contagious, today's developments in health conditions in most parts of the world has faced this kind is less than the risk of. What is striking, however more mental disorders, with a variety of different severity and there is not a good mental health (World Health Organization, 2007). Mental health in the aftermath of that negative emotion such as anxiety, depression and hopelessness was pale and morbid symptoms appear to prevent the people. In recent decades, the issue of mental health as an important aspect of health has been considered, even the most recent research is that different countries have shown that the highest incidence and prevalence of mental illness have the highest priority Mental illness is related to health (WHO, 2007). In 2001, the World Health Organization called the mental health and noted that this year; all nations have a duty to their mental health, their families and communities to improve. Since the area of human growth and development as one of the most sensitive period of adolescence period that saw rapid changes in physical, cognitive, emotional and social, are (Santrak, 2008), to investigate the factors that can

influence the mental health of adolescents and role of youth, is felt more than ever. One factor in mental health problems and emotional problems among adolescents and young people in particular, it has been noted, it is the role of family .Perhaps the Cain killed Abel, the first affected family named on earth pause.

Most psychologists believe that regardless of the school, the interactions between parents and children with emotional and cognitive development of children as they (Freud, 1964). Bernard (2006) indicated that disputes between parents and children are a factor in Figure 2 of their fault. The moderating role of sense of guilt can have on children's emotional problems. Well as physical and verbal conflict between parents and children can cause physiological problems, problems that remain even after the conflict (Davie & Cummings, 2001).

McFarlane (2010) found that the form of family and family relationships among adolescents with mental health, there is a significant relationship (Fishing, 2003). Nuler and macro (1999) Lack of sufficient emotional atmosphere in the family, including the family environment stress factors period disorders as

adolescents. Family support and loneliness, anxiety and depression are related (Mazaheri, 2012)

Happy (1999) and Mashhadi-Zade (2003) in their study on the relationship between the performance of students, single parents and the general health of the children were reported to have meaning. Research on Democracy (2002) reported a direct relationship between family functioning and symptoms of depression and pessimism and also Fishing (2003) showed the effectiveness of family and adolescent mental health problems are related. Goljuei (2007) showed that the degree of control exercised by the parent, the amount of love and Trdshdgy by parents of juvenile offenders in the three groups, there was a significant relationship disciplined and smart and disciplined. Qarqany (2003), Kaheni et al., (2001), Sharifzade (1998), Khajuei (2010), Wang (2006) and Corey (2006) suggests that mental disorders or mental health of individuals based on age, gender, field of education and marital status can vary. Shafizadeh (1996), Sager (2005) and Mohammadi (2009) have shown that the emotional climate of the family or families of individuals affected parents is illiterate.

Scientists and experts in the field each way and a classification of various types have family. Sharafi (2003) in terms of the quality of family relationships and inner strength to break four families 4, shaken family of five families of 6 and the balance is divided into seven noble families. As a more general classification Styr (2007) suggests a family of two can be confused thriving 8 and 9 were considered. He believes every household (thriving, excited and intermediate), there are four principles or components of family type and its characteristics identified. These components are: 1 - Each member of the family feel about your family's values, what values, positive or negative value (its value in the family). 2 - What is the relationship between the family members together (between family members)? 3 - What kind of family is that members must adhere to the rules and follow them (family code)? 4 - How to link together members of the community (the family)?

Also in troubled families, low self-worth, communication, indirect, vague and inaccurate, dried and steeped in principle, inconsistent, and even link with society is based on fear and calm the anger and blame. He believes that the emotional environment is affecting family members in mental disorders.

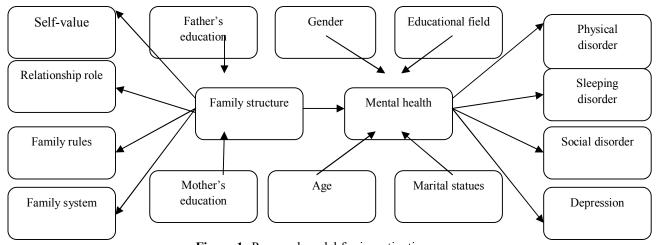


Figure 1: Proposed model for investigating

Styr to view the results of the studies try to model the effect of family structure on children's mental health to give.

Overall dimensions of the study can be stated this way:

1 - From the theoretical design of such a model can be a good picture of relationships between background variables, the study shows. 2 -After the methodological study using the new statistical methods provide experiences in this regard. According to the results of the studies, the quality of relationships within the family structure and the strength of the relationship undeniable personality, behavior, emotional and mental health of children. This study used structural equation modeling seeks to answer the following questions:

- 1 Does the family make an impact on children's mental health?
- 2 Do gender, age, marital status, academic major impact on the mental health of children?
- 3 Is the level of education has an impact on family structure?

2. Methods

This research is a descriptive and causal-comparative study

2.1. Population, sample and sampling

The study population consisted of all students enrolled in martyr Bahonar University academic year is 90-1389. Sample of 384 was determined based on a formula equal to Cochran. Random sampling-stratified sample size for each class based on gender, academic discipline commensurate with the volume set.

2.2. Instruments

Questionnaire to determine the structure of the family (and confused thrive) in this study used a questionnaire to measure 36 points of family Manufacturing League (2009) is based on household characteristics and thriving in turbulent Styr (2007) has been developed. This questionnaire has four components, feel valued by their family members, communicating with other members of the family, and the family is the family rules. Akabery (2010) alpha reliability coefficient of the questionnaire using 92/0 and the retest 93/0 and the formal validity of the numerical methods Sigma 82/0 is obtained. In this

study the validity of a questionnaire to build families using Confirmatory Factor Analysis 10 (CFI) was examined and the statistics obtained in Figure 2 and the results of the model Confirmatory factor analysis fit, reasonable and acceptable, obtained. The indices 941/0 = GFI, 962/0 = IFI, 886/0 = TLI, 96/0 = NFI, 962/0 = CFI suggests that latent variable measurement model construction of suitability and validity of a nice family has.

To measure health mental health questionnaire Public examinees Gladenberk and Hiller (1979) (GHQ-28) was used. The questionnaire consists of four subscales disorder physical symptoms, disturbance, anxiety, social dysfunction and depression is that each has 7 questions. A score below 23 on the scale of mental health symptoms, the score between 37-23 indicates moderate mental health and mental health score higher than 37 indicates a low or is having psychological problems. Jamali Zavare (2009) The reliability of the questionnaire using Cronbach's alpha to 0/91 and the subscales of it this way, physical symptoms, 77/0, anxiety and sleep disorders 83/0, impairment in social functioning 64/0 and depression in 86/0 earned a.

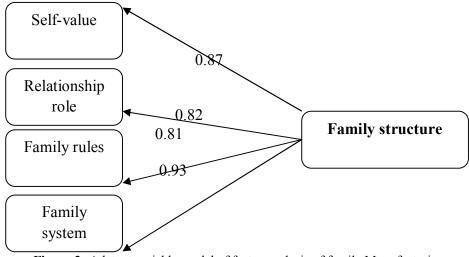


Figure 2: A latent variable model of factor analysis of family Manufacturing

3. Methods of data analysis

To evaluate the proposed model, a two-step approach and Gerbyng Anderson (1988) was used. First, the measurement model and the structural model based on the results of the first stage and the second stage using structural equation 11 (SEM) were calculated. All analyzes were performed using the software Spss18 and 18 Amos. To examine the effects on the model proposed by Baron and Kenny method and their significance (1989) Sobel test (1982) was used.

For an estimate of nominal variables and rank (gender, age, marital status, and parental education), initially using analysis of Bayesian 12 (Ghassemi, 2011) these variables vary slightly turned, and then the model analysis have been. Determine the adequacy of fit of the model proposed by using several indicators fitness value chi 13 index, normalized chi chi 14 (ratio of chi-square to degrees of freedom), the indicator plots 15 (GFI), the index plots of modified 16 (AGfI), index of fitness norms

The 17 (NFI), the comparative fitness index 18 (CFI), the incremental fitness index 19 (IFI), Tuker Index -

Lewis 20 (TLI) and the root mean square error of approximation 20 (RMSEA) was performed.

4. Results

General profile of respondents is presented in Table 1.

Table 1: General characteristics of the frequency distribution and percentage of students

	Gender		Marital statues		Age		Educational field			Parent's Education		
Respondent's profile	Male	Female	Single	Married	<21	>21	Science	Engineering	Social science	Under Diploma	Diploma & post.D	Bachelor & above
Frequency	172	212	290	94	143	241	73	192	119	120	172	92
Percentage	44.8	55.2	75.5	24.5	37.2	62.8	19	50	31	31	45	24

Table 2 shows the construction of family and mental health of students that is based on the 28.4% of families thrive,55.2 % of households intermediate and 16.4% of household mess are, as well as table data shows that 44.8% of students with high mental health, 31.5% of mental health, average 23.7% percent of poor mental health.

Table 2: Frequency distribution and descriptive statistics of family structure and mental health of students

Variables	Kind of family	F	%	Mean	SD	Skewness	kurtosis	Min-Max	
Family	Thrive	109	28.4						
Structure	Intermediate	212	55.2	130.2	22.48	0.264	-0.194	62- 178	
	Mess	63	16.4						
Mental	High	172	44.8						
Health	Medium	121	31.5	28.17	14.34	0.582	0.582	3- 76	
	Low	91	23.7						

Structural Equation Models: Method for evaluation of the proposed model structural equation (SEM) was used. Before examining the structural coefficients, fitness model were studied. Fitting fitness index based on the initial model used in this study are reported in Table 3. Given that fitness values of the parameters of the model suggest that the proposed model needs to be improved. Therefore the next step is the estimation amendment 22 (MI) at the output 18 Amos and reforms proposed by the

variations observed outside the rules of the family to the family system and depression, anxiety and sleep disorders were added as a result of these changes, the second pattern or template is modified end (Figure 3) is fitted to the data based on fitness parameters are shown in Table 3.

As set forth in Table 3 show that the first model is not a good fit, the fit indices of the proposed amendment adding routes (MI) are acceptable model improved fitness indices.

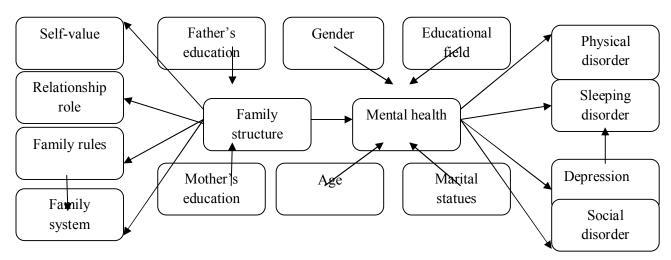


Figure 3: The final pattern of antecedent and consequences of mental health research

Table 3: Indicators fitness for models 1, 2

Fitness Indicators	X ²	X ² /Df	Df	GFI	AGFI	IFI	TLI	CFI	NFI	RMSEA
Model		A /DI	וע							KWISEA
1	231/62	3/20	72	0/924	0/889	0/933	0/914	0/932	0/905	0/076
2	186/558	2/66	70	0/937	0/906	0/951	0/936	0/95	0/924	0/056
Independent model	731/097	7/27	75	0/66	0/53					0/218

Suitability index values for GFI higher than 90/0 indicates the model is a good fit. AGFI index values close to 95/0 represents a good fit. The indicators of IFI, CFI, TLI and NFI values of 0/90 or higher is considered acceptable as the goodness of fit of the model is a good indication. With RMSEA index values close to 05/0 or less indicates a good fit of the model and the 08/0 or less indicates a reasonable error of approximation is higher than 10/0 of the model is required to rule out (Ghassemi ,2011) . Thus, the final model fit indexes values (Model 2) and the boundary of the acceptable values mentioned above, we can say that the model presented in this study is acceptable. Path coefficients between

variables in the final model and their significance levels are reported in Table 4. Regression analysis shows that mental health has a significant impact on the family structure.

It also shows that the coefficients of the exogenous variables and father's education, mother's education, family structure have a significant effect on the latent variable. Mental health component of the regression coefficients (physical dysfunction, anxiety and insomnia, social dysfunction and depression) is significant, ie the four variables, latent variables are mental health. Load factor also shows the impact on the family system and family rules are anxious depression.

Table 4: Structural model paths and standardized coefficients in the final model

Pathway	Load	Sig	Pathway	Load	Sig
	Factors			Factors	
Family Structure→ Self-Value	0.894	0.00	Mental Health→ Physical. D	0.505	0.000
Family Structure→ Relation In Family	0.857	0.00	Mental Health→ Anxiety	0.615	0.000
Family Structure → Family Rules	0.755	0.00	Mental Health→Social. D	0.336	0.001
Family Structure → Family System	0.663	0.00	Mental Health→Depression	0.403	0.001
Mother's Education→Family Structure	0.523	0.00	Mental Health→Marital Statues	0.122	0.049
Father's Education→ Family Structure	0.634	0.00	Mental Health→Gender	0.177	0.002
Family Structure → Mental Health	-0.69	0.00	Family Rules→Family System	0.292	0.000
Mental Health→ Age	0.067	0.22	Depression→Anxiety & Sleep.D	0.476	0.000
Mental Health→Educational Field	0.034	0.25			

5. Discussion

The results showed that 2/55% of students with moderate or intermediate family, 4/28 of a thriving families, and 4/16 of a family are upset. Also, 8/44% of students with high mental health, 5/31 percent have mental health average 7/23% of mental health are low. Soltanian et al (2007) showed that 7/40% of students had psychiatric disorders. Announced in 1381 that 20 percent of the Iranian population suffers from one form of mental health problems (Washington,2003). Amirhoseini (2007) argues that in 1380, 50 percent of people suffering from mental and behavioral disorders and at least 50 percent of psychiatric patients occupy beds in Europe and America. Corey (2006) in their study concluded that mental health among youth 18-15 years has declined.

The results of the study showed that mental health by making the antecedent variables of family, gender and marital status are defined in the proposed model. The result of the Breadth (2008), vernal

(1998), Mohammadi (2009), Fishing (2003), Goljvui (2007), Oergany (2003), Party (2002), Hamidi (2005) and AH (1385) that believe the impact on the family, very broad and stable personality characteristics and mental attitudes and beliefs, values and behaviors of many children and their families, parents, sister, brother and ... Taught and learned as a direct or indirect impact on their mental health, it is consistent. Also comments Sobhani-Nia (2008) argues that the roots of anxiety and conflict in individual, family conflict, poor family upbringing and family environment is stressful and unhealthy Asgharian (2009), respectively, which causes depression, family problems, history family, learning difficulties, communication problems and expression, these results confirm. So we can say that if the family will strengthen the confidence of children, not destructive criticism, there is a necessary discipline in the family, the family appreciated currency is appropriate. management accounts are correct, the emotional

exchange, participation, rights and democracy There must be mutual respect, the children of these families will have less depression. Also, you acknowledge that you have healthy relationships and direct family members; they can support each other, optimistic, positivity and be responsible members of the family will have a great social function.

Another finding of this study is that the components of its value in family communication, family members, family rules and family system in order to build the best relationship with their family is both flexible and family rules and management is satisfactory and relationships within the family and outside the family, the community spirit and with mutual respect, the family is going to flourish. Also, it was shown that the model has a significant impact on the family system, family rules, ie rules governing family households make up the family.

Other research findings indicate that family structure has a significant relationship with the level of education of parents. Obviously, people who have more education, skills training and a balanced healthy life and having a family are more successful in their lives.

Analysis of the survey data shows that gender differences in mental health between alpha level 0/05 there. The results Nazemi Ardekani (2007) showed that the physical symptoms of the disorder are more girls than boys. Hieratic (2002) suggests that depression and anxiety are more girls than boys with broken families. Kelagry (1999) concluded that sleep apnea is more common in women than men and Sager (2005) based on the results of several studies suggest that dysfunctional families and troubled on the delinquency of girls .spend with family members and the family atmosphere is not good, will have greater impact on girls than boys. So parents need to know that girls are more sensitive to their behaviors and these behaviors are easily influenced. Parents can create a mood of intimate relationships, and morale happiness hope they are successful in improving the mental health of their children.

The findings of this study indicate that students' mental health, according to their age difference is not significant. Curie Research (2006) showed that mental health in America at the age of 18-15 years old 14-12 years has declined. Khajuie (2010) suggest that the mental health of students according to their age difference is not significant to believe and to recognize his new position. The youngest parents move to the new position hurts awkward teenagers and young person is seriously injured and may threaten his psychological health. Between brothers and sisters, do not trust the children and to prevent mental health problems in the family environment poses a risk to children.

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12/22/2012