Happiness as Related to Mental Health among University Students

Sameera Shafiq

Rifqa Anam Naz

Madiha Ansar

Tanzeela Nasrulla

Maham Bushra

Sohail Imam, Ph.D.

Department of Psychology
University of Gujrat
Hafiz Hayat Campus-Gujrat
Pakistan

Abstract

The present study aimed to investigate the association between happiness and mental health among 100 students (30 males and 70 females) of University of Gujrat by using convenient sampling technique to collect data through self-administered questionnaires of Subjective Happiness Scale to measure happiness and General Health Questionnaire to assess mental health. Findings revealed significant moderate positive correlation between happiness and mental health. Findings also indicated no significant gender differences in the level of happiness and mental health among youth. Moreover, socio-demographics were found not to play any significant role among university students in their happiness and well being.

Keywords: Mental Well Being, Happiness, Youth, Health Psychology

1. Introduction

Luckily the population existing in 20th century has been considered to have good prospect than ever before in the history, due to improvements in facilities of education, nutrition, hygiene and health as a result of the people's actions (Nutbeam 2000). Health psychology comprised of the scientific strategies that promote and maintain health, prevent disease, and increase life expectation in artistic manner (WHO, 1998) consequently has resulted in contentment, happiness, and life satisfaction. The terms happiness and mental health are both used with different meanings, some of which overlap. The issues related with the definition and the origin of happiness has been dissected from approaches emerging from the fields of biology, psychology, religion, and philosophy. Especially positive psychology has applied the scientific method to answer questions pertaining to what happiness is, and how it might be attained? Happiness is considered to be a positive psychological and pleasant emotional state of wellness and is empirically associated with mental health (Salehi, Hajizad & bagheri, 2011; Kamkary & Shokrzadeh, 2012; Mostafai, 2012; Sasanpour, Khodabakhshi, & Nooryan, 2012). According to Layard (2005), all the individuals experience similar kind of happy feelings therefore have sensed it in same fashion, while Gilbert (2006) suggested that happiness and joy is highly subjective and idiosyncratic in nature. Keyes (2002) has elaborated the concept of happiness as an aspect of wellbeing that is has deeper meanings rather just the absence of intense negative emotions. The enduring characteristics of happy people are greater life satisfaction, high positive mood, high aims with contribution to society, purpose in life, social integration, acceptance of not only own self but also others along the sideway with personal growth. Veenhoven (1984) describe happiness as the commendatory evaluation of the overall quality of one's life and the appreciative intensity with which one likes to live his or her life. Thus, happiness is a state of mind and can be measured using questioning techniques or direct questions.

Health is the state of being free from illness or injury. According to WHO (2001), the health is not considered merely free physical state of illness but is a balance of physical, mental and social well-being where particularly mental health refers to cognitive and emotional regulation about how a person thinks, feels and behaves in different situations and under different stresses. Mental health is thought to be an integral part of health that is beyond the elimination of disorder for any given states and capacities, and is intimately connected with physical health and behavior. According to WHO in 2001 mental health is a state of well-being with a sense and understanding of abilities and strategies to handle casual life stresses, thereby resulting in productive work performance and fruitful contribution to community prospect. Mental and physical health cannot exist alone and are considered two faces of the same coin, encompassing occupational and social functioning as interdependent constructs. They are considered separate and mutually exclusive only if construct of health is seen in restrictive way as the absence of disease (Sartorius 1990). The in-depth identification and understanding of health as a state of balance in the self, others, and the environment is considered beneficial not only to individuals but to the communities at large to investigate ways to seek its improvement and betterment. Mental health referred to balance, harmony, and fitness. Vaillant (2003) has suggested that mental well being of general or average people is not considered as healthy, for it mingled within the health, the subtle amount of psychopathology and deviance. Since, sound mental health is reflected in behavioral outcomes at all stages of life, therefore, it can be said, "there is no health without mental health" (Mental Health Network, 2012, p.1). Research have supported the view that the social factors of mental ill-health are also associated with drugs, crime or other factors, indicating complex interactions between these antecedents, behavior and mental health (Walker, Moodie & Herrman, 2004).

Various researchers have also revealed an association between the variables of mental health and happiness among general population. Aghili (2012) conducted the research on mental health and happiness in Iran, which reveal that the individuals, who have high level of mental health, have the level of happiness among youth. Salehi (2011) has studied the religious association with students' happiness and mental wellbeing. The findings showed the presence of a positive significant correlation between happiness, mental health and religiosity among students. Kamkary (2012) conducted a study on mental health and happiness in Tehran on adults, age ranged from 15-29 years. Findings revealed a significant positive correlation between mental health and happiness in youth. In the present study, happiness is operationalized as a state of mind in which a person appraises his/her worth of life as satisfactory in absence of negative emotions. Lyubomirsky and Lepper (1999) have constructed Happiness Scale to measure happiness. Mental health is operationally referred to cognitive and emotional wellbeing, through which an individual work efficiently, perform an optimal role in the absence of any mental illness in society. It is measured by General Health Questionnaire (GHQ-12; Hankins, 2008). Martin Seligman proposed that psychological studies of happiness have decreased the problems and have improved the psychological well being by creating a positive thought about human efforts in understanding these phenomenon (as cited in Kamkary & Shukrzaday, 2012). In happiness theory, Seligman and Royzman (2003) have elaborated three different types of happiness depicted in the following figure.
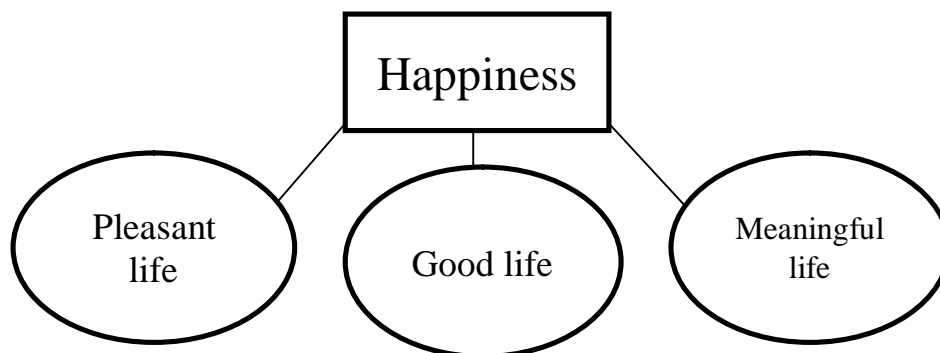

Figure 1: Kinds of Happiness proposed by Seligman, & Royzman, 2003

In figure 1, the first two types of happiness measure the happiness of an individual as he or she perceives or feels it to be, thereby exhibiting its endogenous subjective nature. However, the third type of happiness namely meaningful life is classified as objective at minimum level as it add up to serve a purpose that is larger and more worthwhile than the just the self's pleasures and desires (Seligman & Royzman, 2003). In pleasant or happy state of mind, an individual is capable of recognizing his or her own abilities against any environmental stimulus.

With the realistic realization of one's abilities and skills, one exhibits a positive response while dealing effectively with the stresses of life (WHO, 2001). Happy people are more positively functional than unhappy people. Happier people are productive and more socially engaged in life than less happy people (Huppert, 2009) According to Argyle and Martin (1995), happiness is involved positive excitement, life satisfaction and the absence of negative emotions, anxieties, depressions and stresses which are opposite of mental health (as cited in Mostafai, 2012). Happiness is a positive mental state in which persons have more social involvements and commitments. Subjectively happier student would experience life as something pleasurable. He or she would engage consistently in productive and socially functional way. This healthy performance productivity and coping of life stressors revealed a positive mental health which can be depicted with the help of a diagram given below:
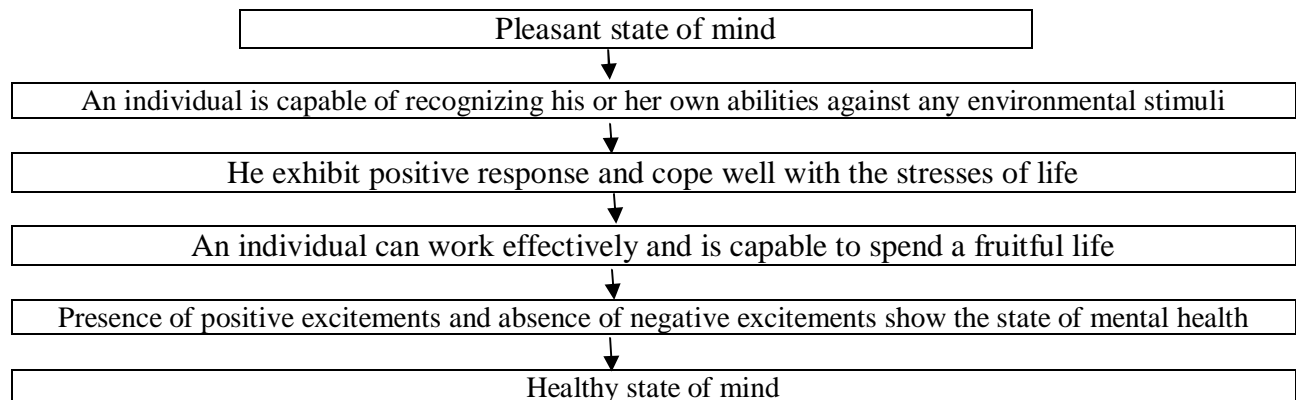
Pleasant state of mind

↓

An individual is capable of recognizing his or her own abilities against any environmental stimuli

↓

He exhibit positive response and cope well with the stresses of life

↓

An individual can work effectively and is capable to spend a fruitful life

↓

Presence of positive excitements and absence of negative excitements show the state of mental health

↓

Healthy state of mind

Figure 2: Conceptual Framework developed precisely in the context of Seligman's Theory

2. Review of Literature

Kamkary and Shokrzadeh (2012) investigated the relationship between mental health and happiness in youth for prediction of a positive association between the two variables. Data were collected by using MMPI-2 and Happiness scale from sample of 15 to 29 years old youth. Results showed a significant positive level between mental health and happiness. A comparative study was conducted by Mostafai (2012) regarding mental health and happiness. Data were collected from 720 females through General Health Questionnaire (GHQ) and Happiness Inventory. Findings indicated high level of happiness and mental well-being among athletes while low level of mental health and happiness among non-athletes. Sasanpour, Khodabakhshi, and Nooryan (2012) have conducted a research to investigate the association between emotional intelligence, happiness and mental health in 120 Medical Sciences students. Results showed a significant positive relationship between emotional intelligence, happiness and mental health. Another study conducted by Salehi, Hajizad and Bagheri (2011) to examine the relationship between happiness and mental health among 385 university students with religious notion. Questionnaires of religious notion test and Oxford happiness and mental health (scl-25) were used for data collection. Findings showed a significant positive association between religious notion, happiness and mental health among students.

Davari and Bagheri (2012) examined gender difference in mental health status and associated demographic factors. Sample of 274 teachers were chosen with cluster sampling. Results showed that female teachers had low scores on mental health as compared to men. Another study conducted by Vera-Villarroel, Celis–Atenas, Pavez, Lillo, Bello, Díaz, and López (2012) has explored association between happiness and socio-demographic variables such as age, sex, socioeconomic status, educational level. 520 participants with age range of 19-29 years were selected. Findings revealed positive relationship between happiness and higher socioeconomic status. Regarding age, the results revealed higher level of happiness before twenties. However, no significant gender differences were found. Abdel-Khalek (2006) has investigated gender differences in happiness, physical health, mental health, and religiosity. 2120 male and female undergraduates of Kuwait were selected. Results showed a significant relationship between happiness and mental health. Results also indicated higher mean scores of both Happiness and mental health among males than females. But contradiction in gender differences on mental health is found in the findings of some other studies as Davari and Bagheri (2012) has stated that females have low mental health than males. However, other studies have found no significant differences in happiness between the gender (Cheah & Tang, 2011; Cheah & Tang, 2013).

Age has not being considered a significant factor in determining mental health and has been found to have no relationship with mental well bing (Davari & Bagheri, 2012; López, et. al., 2012) and happiness (Cheah & Tang, 2011; Cheah & Tang, 2013). Cheah and Tang (2011) have also examined the role of socio-demographics on individual's level of happiness. Findings revealed that happiness is insignificantly related by income and education. However, physical health, ethnicity and marital status have significant relationship with happiness. Cheah and Tang (2013) aimed to examine the socio demographic determinants of happiness and mental health. Results of 415 adult respondents indicated that income is not statistically significant in determining individuals' happiness. Based on the findings of the above cited researches, the following questions are formulated for the study: (1) What is the relationship between happiness and mental health among university students? (2) Is there any gender difference between male and female students in the level of happiness and mental health? And (3) what is the relationship of happiness and mental health with the socio-demographics? Therefore, the present research was designed with the objectives:

- To examine relationship between happiness and mental health among university student and to investigate gender differences if any.
- To explore the impact of socio-demographics of relationship between happiness and mental health.

The following hypotheses have been stated for the investigation.

H 1:   There will be a relationship between happiness and mental health among university students.

H 2:   there will be higher level of happiness and mental health in males as compared to than female students.

H 3:   Socio-demographics will have the relationship between Happiness and Mental Health among university students.

2.1 Rationale of the study in the Context of Pakistan

The current study aims to investigate the relationship between mental health and happiness among university students. The role of socio-demographics has also being investigated in the male and female students. The study of problems and issues related with mental health and happiness among university students has not gained maturity in Pakistani academia yet. Reviewed literature revealed a need of research on university student's mental health, and happiness especially in Pakistan. The current study would add up to the existing body of knowledge regarding the significance of socio-demographic variables on relationship between mental health and happiness of youth. Keeping in view the support of an idea of happiness as a predictor of mental well-being, present study would provide a guideline for health professionals and counselors working in educational setups to reduce the unhappiness of their clients by suggesting them such remedies that can enhance their mental health. Study would also reveal gender differences of mental health and happiness according to Pakistani culture (if any), as there are controversial findings in the research results of previous literature indicating males had a significantly higher self-rating mean score of happiness and mental health than females (Abdel-Khalek, 2006) while others found no significant gender difference (Vera-Villarroel, Celis–Atenas, Pavez, Lillo, Bello, Díaz, & López, 2012; Cheah & Tang, 2013).

3. Method

A correlational design was used to examine the relationship between happiness and mental health among male and female university students.

3.1. Sample

100 students from University of Gujrat were selected through purposive sampling technique. Social sciences students who are doing BS (Hons) including BS 7th and Master 3rd semester with age below 25 are included in the study sample. Among them, frequency of female (n=70) and male (n=30) students. Students' age ranged from 18 to 24 years. Father's monthly income ranged 15 thousand to 1 lac. 64% students were from urban residence and 36% were from rural residence. 58% has nuclear family system and 42% has joint family system.

3.2. Instruments

The following valid and reliable instruments are used after taking permission from the authors.

3.2.1. General Health Questionnaire

General Health Questionnaire (GH-12) is a 4-point, reliable and valid instrument to assess the psychological state of the general population without any psychiatric disorder (Hankins, 2008).

3.2.2. Subjective Happiness Scale

Happiness of students was measured with Subjective Happiness Scale (SHS) (Lyubomirsky & Lepper, 1999). A 4- item scale is rated on 7-point likert scale ranging from one to seven, except to 4th item which is scored reversely with high score high score indicating high state of subjective happiness.

3.3. Procedure

First of all, permission was obtained from head of department before collecting data from the students. Pilot study was conducted on sample of conveniently selected 10 students (3 male, 7 females) from target population to check the language difficulty level. Those students who were agreed to participate were asked to fill the questionnaire and demographic data sheet. They were informed that the information derived from them will be kept confidential and will not be used for any other purpose except research. The instructions about how to respond to the statements, written on the booklet of the questionnaires, were read to them and they were encouraged to ask and to repeat the statement if they could not follow it. The questionnaires were found readable and understandable. Later the questionnaires were administered on 100 students, again selected conveniently. Informed consent from the participants was taken from them and then all questionnaires were personally handed over to all the participants. The following instructions were given to respondents before questionnaires were handed over to them: "Whole information will be confidential and only used for research purpose. It is requested to you to show serious and careful attitude toward filling the questionnaire. It is requested to you to provide only required information. Fill the questionnaire individually. Read each item of the questionnaire carefully and then choose anyone option that is more suitable according to their opinion". Time taken for completion of questionnaire was 10 to 15 minutes approximately.

4. Results and Discussion

The current study has investigated the relationship between happiness and mental health among University students. The role of demographic variables (age, gender, region of residence, family system and socio-economic status) was also examined. Statistical Package for Social Sciences (20th version) was used to compute the results. Descriptive analysis was run to explore frequencies and percentages of demographic characteristics of respondents. Inferential analysis was conducted to test the hypotheses for the study.

Table 1: Demographic Characteristics of the Participants (n=100)

Characteristics	n	%
Age (years)		
18-21	60	60
22-24	40	40
Gender		
Male	30	30
Female	70	70
Father's Monthly Income (rupees)		
15-40 Thousand	42	42
41-65 Thousand	40	40
66-99 thousand and above	18	18
Region Of Residence		
Urban	64	64
Rural	36	36
Family System		
Nuclear	58	58
Joint	42	42

The table 1 shows the frequencies and percentages of demographics including students' age, gender, fathers' monthly income, region of residence, and family system.

Table 2: Test for Normality of the Data on Subjective Happiness Scale (SHS) and General Health Questionnaire (GHQ)

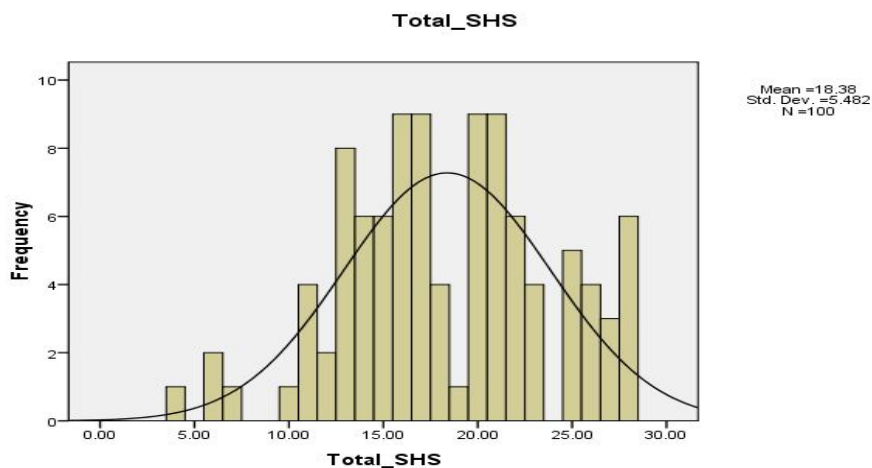|	Statistics	Total_SHS	Total_GHQ
N	Valid	100	100
	Missing	0	0
Mean		18.3800	13.7900
Std. Error of Mean		.54824	.42314
Median		18.0000	14.0000
Mode		16.00[a]	15.00
Std. Deviation		5.48235	4.23142
Variance		30.056	17.905
Skewness		-.108	.232
Std. Error of Skewness		.241	.241
Kurtosis		-.349	1.890
Std. Error of Kurtosis		.478	.478
a. Multiple modes exist. The smallest value is shown			

Figure 3: Frequency Distribution and Histogram representing Normal Distribution of data on scores of Subjective Happiness Scale (SHS)
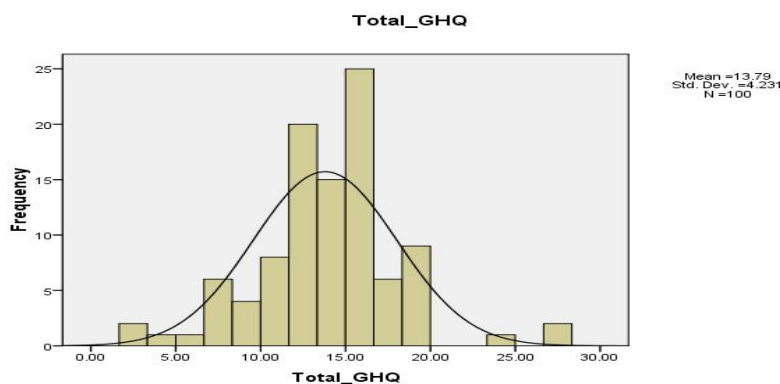

Figure 4: Frequency Distribution Table and Histogram representing Normal Distribution of data on scores of General Health Questionnaire

The table 2, figure 3 and figure 4 shows the normal distribution of scores obtained on Subjective Health Scale (SHS) and General health Questionnaire (GHQ) for the sample of the students with age range 18 to 24 years.

Table 4: Means, Standard Deviations and Correlation for the Scores on the Scales SHS and GHQ

	n	M	S.D	r
SHS		18.3	5.4	
	100			0.63*
GHQ		13.7	4.2	

*p < 0.05

The table 4 suggests that there is a significant moderate positive correlation between the mental health and happiness (r= 0.63; p < 0.05). Hence, the first hypothesis of the present study has been accepted. These results are consistent with the findings of the previous researches (Kamkary & Shokrzadeh, 2012; Mostafai, 2012; Salehi, Hajizad & Bagheri, 2011; Sasanpour, Khodabakhshi, & Nooryan, 2012) as they have indicated a significant positive association between the two variables.

Table 5: Comparison of male and female students on Subjective Happiness Scale (SHS) and General Health Questionnaire (GHQ)

	Male (n=30)		Female (n=70)			
Measures	**M**	**SD**	**M**	**SD**	**t-value**	**p**
SHS	17.2	4.6	17.3	4.6	-.175	.86
GHQ	21.1	4.8	22.7	3.9	-1.76	.08

Note. p=n.s

The table 5 reveals that mean score for male and female for happiness are 17.2 and 17.3, which suggest that there is no significant difference of male and female in the level of happiness, whereas mean score for mental health of male and female students is 21.1 and 22.7 respectively with no significant difference in the level for both the groups. Hence hypothesis 2 of the study has been rejected. Findings of the study indicated that there are no significant gender differences on happiness and mental health of students are in agreement with findings of some of the previous researches (Lyubomirsky & Lepper, 1999; Cheah & Tang, 2011; Vera-Villarroel, et.al., 2012; Cheah & Tang, 2013) as they found no significant gender differences among male and female students.

Table 6: Mean, Standard Deviation, and t-test for demographic variables on SHS and GHQ

	Age 18-21 years (n=60)		22-24 years (n= 40)			
Measures	M	SD	M	SD	t-value	p
SHS	18.6	5.6	17.9	5.2	0.6	0.52
GHQ	13.6	4.1	14.0	4.3	-0.54	0.58
	Region of Residence Urban (n=30)		Rural (n=70)			
Measures	M	SD	M	SD	t-value	p
SHS	17.2	4.6	17.3	4.6	-.175	.86
GHQ	21.1	4.8	22.7	3.9	-1.76	.08
	Family System Nuclear (n=70)		Joint (n=70)			
Measures	M	SD	M	SD	t-value	p
SHS	17.2	4.6	17.3	4.6	-.175	.86
GHQ	21.1	4.8	22.7	3.9	-1.76	.08

p=non significant

Findings of the table 6 of present study also revealed no significant difference between happiness and mental health for the groups in age, area of residence, and family system. Hence, the hypothesis 3 of the study has been rejected. Results also indicated that age has no relationship with happiness and mental health. This finding is in line with that of Davari and Bagheri (2012) as they have found that age and income respectively did not affect the happiness and mental health problems of students. While explaining these results, it can be said that overall findings of the demographic variables (area of residence and family system) suggested that the students came from different backgrounds but they have experienced a uniform and fair environment at University.

With consistent and effective use of coping strategies, they are overcoming youth related conflicts, directing and fulfilling demands, duties, and responsibilities of both educational and family domains and managing their study life in a better way.

Table 7: Mean, Standard Deviation, and one-way ANOVA for socioeconomic status on SHS and GHQ

	Socio-economic Status							
	Low (n= 42)		Medium (n= 40)		High (n= 18)			
Measures	M	SD	M	SD	M	SD	F	p
SHS	19.0	5.3	18.2	5.3	17.2	6.1	0.73	0.48
GHQ	14.0	3.7	13.5	4.5	13.7	4.7	0.12	0.88

p=non significant

Findings of the table 7 revealed no significant relation between happiness, mental health and socio-economic status. This is consistent with Cheah and Tang (2011, 2013) as they have found no significant relationship between happiness and socio-economic status. It is because the students are studying under same rules and regulations, are utilizing curriculum and extra-curriculum facilities equally. Now in modern situation equal rights are also exercised by both male and female. University environmental facilities of scholarships and fee waive off have supported majority of students to get freedom from the stress of how to pay fee or how to bear other expenditures. They are just enjoying their studies and that is why it is not affecting their happiness and mental health related issues.

5. Conclusions

The current study has investigated the relationship of demographics and happiness and mental wellness about youth. Overall, results supported that there is no significant difference between happiness and mental health among male and female students of Gujrat University. Demographic variables including gender also did not played a significant role on study variables. However, moderate positive significant association is found between the variables of happiness and mental health among youth studying in the University of Gujrat.

The limitations and future directions based on the findings of the present study are given below

- The scales were not adapted to the cultural norms. It is suggested that future researches should take into account the translation of scales in local language.
- The sample of this study was conveniently selected hence no claim can be made about sample being representative of general population.
- Findings of present research cannot necessarily be generalized because sample was relatively small. It is suggested that future researches should focus on the selection of large sample from multiple educational institutions.
- This was a cross-sectional study therefore causal inference cannot be made. Experimental and longitudinal studies would be supportive in establishing causal relationships and for understanding of moderating role of socio demographics in happiness and mental health relationship respectively.
- Some of the plausible variables such as personality factors have not been taken into consideration while conducting this study. These variables might have influence the strength of happiness and mental health relationship.

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