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Comparison of general health between migrant men and women inhabitant of Emam town in Chamestan city

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Abstract

The global health organization, that has determined its aim to achieve the highest level of health for all people, defines health in its statute as follows: health means the full physical, mental and social status not merely the lack of disease or disability. The purpose of this study was to compare general health between migrant men and women inhabitant of Emam town in Chamestan city. The research method was causal-comparative and the statistical population of this study included all inhabitants of Emam town that were the migrants of Sistan and Baluchestan province to Mazandaran among whom 70 subjects (35 men and 35 women) were elected randomly. Data collection tool included general health questionnaire with 28 questions and 4 sub-scales (physical symptoms, depression symptoms) that the respondents gave social t response and two t anxiety symptoms. For data analysis, the independent sample test was used. The obtained results show that there is a significant difference between migrant men and women in terms of physical symptoms, anxiety symptoms and total general health with 99% probability and in terms of depression with 95% probability. There is no significant difference in terms of social function with 95% probability.

Keywords: general health, physical health, mental health, migration

Introduction

The subject of health has been raised since the creation of human and in many centuries and eras, but whenever it was discussed mainly its physical dimension was considered and other dimensions especially mental dimensions have been less considered. The global health organization made the authorities of all countries pay attention to supply physical, mental and social health of people and focuses on the point that one of these dimensions are superior to others.

Definition of health by the global health organization

Health is the wellbeing status of physical, mental and social conditions. And mental health refers to the ability to establish appropriate and coordinated relationships with others, correct the environment and solve the contradictions. According to the reports of this organization, the world in the next two decades will see major changes in epidemiological field of disease and health needs of people, so that non-contagious diseases like mental diseases are rapidly replaced by infectious and contagious diseases and are placed at the top of factors which create disability and early death. According to the estimates of this organization, the prevalence of mental disorders is increasing in developing countries.

According to the statistics of the global health organization, 1% of the people in the world suffer from severe mental health and 15% suffer from slight mental health. In fact, mental disorders are considered as the serious and common problems of health so that they compose almost 20% of the total patrons to public health centers in the world. The sectional prevalence of mental disorders in Iran was reported as 18% while in social-economic development planning, the lowest priority was given to them. This increase is due to the dependency on increasing growth of population, rapid changes like urbanization, breakdown of extensive families and economic problems. The studies conducted on the prevalence of mental disorders in different countries in the world show that this prevalence is variable in these countries. Several studies have been conducted so far on the prevalence of mental disorders with the help of different questionnaires and tests. The prevalence rate was fluctuated to 41%. The epidemiological studies in our country with disorders and limitations of these studies show that the prevalence of these disorders in Iran is not statistically less than the statistics of other countries and the statistics presented by the global health organization. The studies conducted in Iran show the amount of mental disorder in public population in a range from 11% to 43% and in a study it was also reported to 53%.

Health promotion

The concept of general health

General health refers to the set of knowledge and art preventing the disease and supply maintain and promote human health by using the collective effort that leads to the development of society. This concept was developed in the area of human life and is somehow considered as the guarantee of human and society health. Thus, according to the definition of the world health organization the standard which was presented from health included the field of missions, tasks and activities of general health so that it progresses from person to society. From the above approach, health refers to the supply of full physical, mental and social welfare which its meaning is not limited to the lack of disease and disability but includes 3 aspects of body, soul and society.

The definitions of health

Health refers to the supply of full physical, mental and social welfare, not only the member that the person who has no physical disease (merely) cannot be considered as a healthy person but also the healthy person is someone who has mental health and is socially in comfort and peace, because the scientific studies have shown that the reason and root of most physical disabilities maybe the emotional and intellectual ravages. For example, today it is believed that the worries and most emotional feelings of human can be an important factor to cause ulcers.

General health

The issues related to human body are studied from two attitudes in medical sciences. One is to recognize the ways of keeping health, protecting its value and preventing whatever that embeds the human health which is called health. Another approach is the treatment of body diseases while human sends away and fights against his diseases by studying and recognizing different medicines and using them. It is obvious that preventing diseases and observing health are more important than treatment. Thus, some guidelines on human body that have been accepted by the scientists of this scientific discipline must be considered by everyone in order to supply the social health by observing the personal and social health.

Personal health

In personal health, everyone observes the health directives that have already experienced or learned. For example, every person must observe the health of their body organs like hand, face, teeth and eyes in order to study health.

Social health

In social health, everyone must observe the social and public rules and guidelines of health.

Mental health

Mental health means the prevention of mental diseases and making the mental atmosphere of society healthy, so that people can establish the relationships with the environment and achieve the highest aim of human evolution. All schools believe that the main purpose of mental health is peace, safety and health of human soul and being free of any anxiety. In mental health, they attempt to keep their mental health because according to the definition of the world health organization, health means having no mental, social and economic problem and physical health for every person in society.

Migration and health

Since hundreds of years ago, migration has been considered as one of the factors which reduce physical and mental health. The development of general health in America was established in 1902 and its biggest task was to quarantine and examine migrants in terms of physical and mental diseases. Some experts say that migrants must tolerate lots of difficulties and pressure to transfer to another country. Migration certainly affects the level of health in society especially when the migrants from the countries where infectious diseases are prevalent.

Hypothesis

1. There is a significant difference between general health and migrant men and women inhabitant of Emam town in Chamestan city

Research question

1. Is there any significant difference between general health and migrant men and women inhabitant of Emam town in Chamestan city?

Main objectives

1. To compare and study general health between migrant men and women inhabitant of Emam town in Chamestan city.
2. To provide the suggestions and guidelines to the relevant organizations in order to evaluate the programs and plans

Secondary objective

1. To study general health between migrant men and women inhabitant of Emam town in Chamestan city.

A. Research method type

Research method type: causal-comparative

Statistical population: it includes all inhabitants of Emam town that were the migrants of Sistan and Baluchestan province to Mazandaran.

Statistical sample and sampling method: the number of 70 subjects (35 men and 35 women) was randomly selected among the inhabitants of Emam town. They were the migrants that had migrated from Sistan and Baluchestan province to Mazandaran at the early revolution period.

B. Data collection method

C. Data collection tool

General health questionnaire with 28 questions and 4 sub-scales (physical symptoms, depression symptoms) that the respondents gave social t response and two t anxiety symptoms. And each scale has 7 questions. At each scale, form the score of 6 upward and in general from the score of 22 upward indicate the diseases symptoms. The sub scale of none or at least limit includes the people who gained the score less than 6 and in general less than 22 and enjoy mental health.

D. Data analysis method

A. Descriptive statistics: the frequency distribution of mean, standard deviation and mean deviation error
B. Inferential statistics: for the mean comparison of two independent statistical samples of quantitative data, the independent two sample t test is used. The independent two sample t test is used for the mean comparison of two populations. In t test, it is assumed for the two independent samples that the variance of these populations is equal. For the sample, the mean score of respondents' opinions is used according to gender about each research hypothesis in order to study the significant difference.
C. The used software in data analysis: spss

A. Descriptive statistics:

General health of migrant women

The general health questionnaire with 28 questions and 4 sub-scales (physical symptoms, depression symptoms) that the respondents gave social t response and two t anxiety symptoms. And each scale has 7 questions. At each scale, form the score of 6 upward and in general from the score of 22 upward indicate the diseases symptoms. The sub scale of none or at least limit includes the people who gained the score less than 6 and in general less than 22 and enjoy mental health.

Table 1. Descriptive statistics of general health scales in migrant women inhabitant of Emam town

general health	Depression Symptoms	social function Symptoms	Anxiety Symptoms	Physical symptoms	statistics	Subscales
1	21	5	11	13	Frequency	Zero or minimum limit (Score (0-6
2/85	60	14/28	31/42	37/14	Percent	
16	2	3	3/72	3/69	average	
23	4	15	8	8	Frequency	Slight (Score 11-7)
65/71	11/42	42/85	22/85	22/85	Percent	
30/82	9	9	9/75	9/35	average	
10	8	12	13	12	Frequency	Average (Score 16-12)
28/57	22/85	34/28	37/14	34/28	Percent	
48/6	14	13/58	13/92	14	average	
1	2	3	3	2	Frequency	Severe (Score 21-17)
2/85	5/71	8/57	8/57	5/71	Percent	
66	19/5	18	18/33	17/5	average	

As the table shows, about 3% of migrant women are without disease symptoms. About 66% of them have the symptoms of lack of mental health at a slight level and about 31% of women have the symptoms of lack of mental health at average and severe levels. 37% of women have no physical symptoms and 34% of them have physical health of lack of mental health at average level. Also 37% of women have anxiety symptoms at average level and 42% of them have lack of social function at slight level. It is interesting that 60% of these women have no depression symptoms.

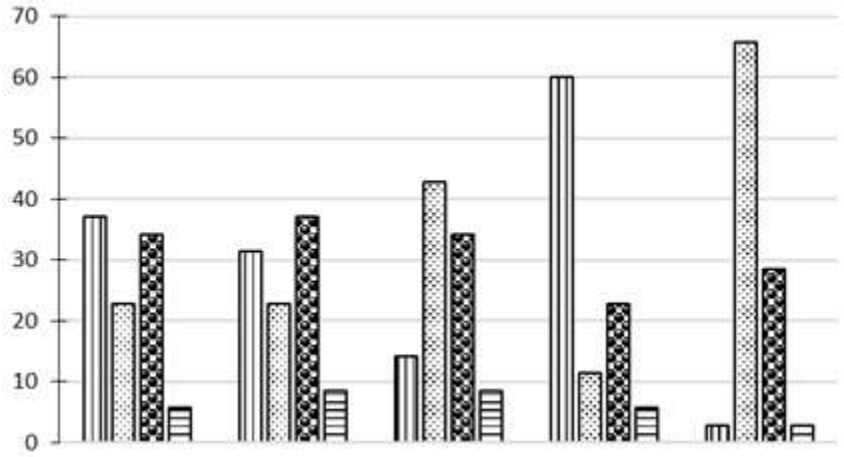


Figure 1. General health of migrant women at different sub scales

General health of migrant men

Table 2. Descriptive statistics of general health scales in migrant men inhabitant of Emam town

general health	Depression Symptoms	social function Symptoms	Anxiety Symptoms	Physical symptoms	statistics	Subscales
16	29	6	21	24	Frequency	Zero or minimum limit (Score (0-6
45/71	82/85	17/14	60	68/57	Percent	
16/5	1/34	4/5	3/57	3/37	average	
15	2	18	10	8	Frequency	Slight (Score 11-7)
42/85	5/71	51/42	28/57	22/85	Percent	
28/4	10	9/27	9	8/25	average	
4	2	9	3	3	Frequency	Average (Score 16-12)
11/42	5/71	25/71	8/57	8/57	Percent	
49	13	13/22	13/33	13	average	
0	2	2	1	0	Frequency	Severe (Score 21-17)
0	5/71	5/71	2/85	0	Percent	
0	21	19/5	18	0	average	

As the table shows, about 46% of migrant men are without disease symptoms. About 43% of them have the symptoms of lack of mental health at a slight level and about 11% of men have the symptoms of lack of mental health at average and severe levels. 68% of men have no physical symptoms and 22% of them have physical health of lack of mental health at slight level. Also 60% of men have no anxiety symptoms and 51% of them have lack of social function at slight level. It is interesting that 82% of these men have no depression symptoms.

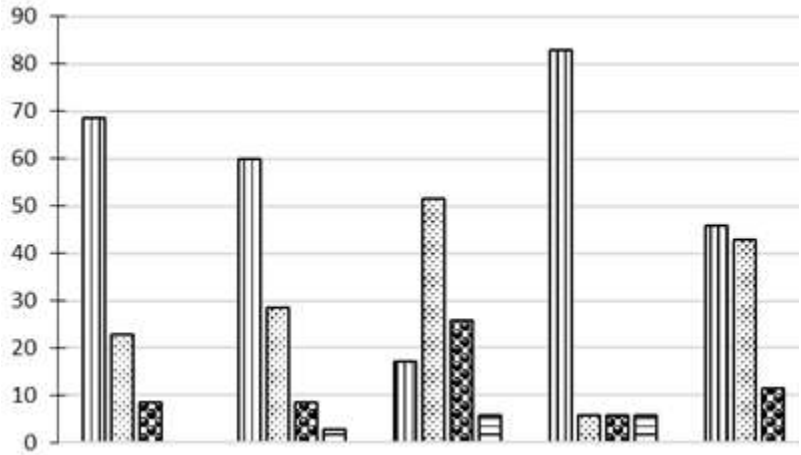


Figure 2. General health of migrant men at different sub scales

General health of migrant men and women

Table 3. The percent of migrant people inhabitant of Emam town at any sub scale of general health

Severe (score 84-(61	(Average (score 60-41	(Slight (score 40-23	Zero or minimum limit (Score (22-0	Mental health
2/85	28/57	65/71	2/85	women
0	11/42	42/85	45/71	men

As table 3 shows, more than 90% of migrant women have the symptoms of lack of mental health at slight and average levels and only 3% have mental health or slight symptoms of lack of mental health. Also, about 3% of women have the symptoms of lack of mental health at severe level that this amount is zero for migrant men. Thus, it can be concluded that the migrant men. Thus, it can be concluded that the migrant men inhabitant of Emam town have a better status than women in terms of general health.

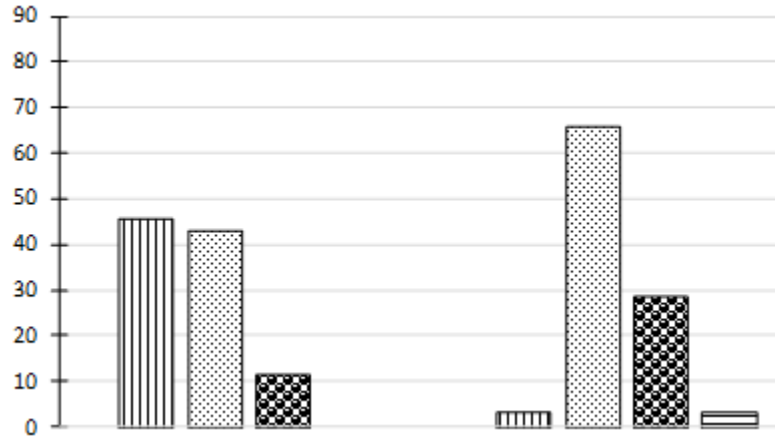


Figure 3. The general health of migrant men and women at different sub scales

B. Analysis of inferential statistics (hypotheses testing)

Hypothesis: There is a significant difference between general health and migrant men and women inhabitant of Emam town in Chamestan city.

Hypothesis H0 shows the lack of significant difference between general health and migrant men and women inhabitant of Emam town in Chamestan city. Hypothesis H1 shows the presence of significant difference between general health and migrant men and women inhabitant of Emam town in Chamestan city. To compare the mean of two independent statistical samples, the independent two sample t test was used. The output of this test was given in the following two tables.

Table 4. The statistics related to two groups of men and women

Mean Standard error	Standard deviation	mean	number		components
0/85	5/07	9/31	35	women	Physical symptoms
0/60	3/60	5/31	35	men	
0/88	5/23	10/14	35	women	Anxiety symptoms
0/71	4/22	6/37	35	men	
0/73	4/34	10/48	35	women	Social function symptoms
0/66	3/96	10/05	35	men	
1/07	6/37	6/54	35	women	Depression symptoms
0/95	5/66	3/62	35	men	
1/92	11/37	36/48	35	women	Total general health
1/86	11/03	25/31	35	men	

General health is higher in women than men and as the mean is higher it shows the adverse status of mental health.

Table 5. The independent two sample t test

standard error of	Difference	significance level	Degrees of	t statistics	components

differences	mean		freedom		
1/05	4/00	0/000**	68	3/802	Physical symptoms
1/13	3/77	0/001**	68	3/31	Anxiety symptoms
0/99	0/42	$0/668^{ns}$	68	0/43	Social function symptoms
1/44	2/91	0/047 *	68	2/02	Depression symptoms
2/67	11/17	0/000**	68	4/17	Total general health

**difference is significant at 0/01 level. * difference is significant at 0/05 level. Ns shows the lack of significant difference.

As the above table shows, there is a significant difference between migrant men and women in terms of physical symptoms, anxiety symptoms and total general health with 99% probability and in terms of depression with 95% probability. There is no significant difference in terms of social function with 95% probability. There is no significant difference in terms of social function with 95% probability.

Findings

As table 3 shows, more than 90% of migrant women have the symptoms of lack of mental health at slight and average levels and only 3% have mental health or slight symptoms of lack of mental health. Also, about 3% of women have the symptoms of lack of mental health at severe level that this amount is zero for migrant men. Thus, it can be concluded that the migrant men. Thus, it can be concluded that the migrant men inhabitant of Emam town have a better status than women in terms of general health. The general health mean in all scales and in total general health in women is higher than men. As this mean is higher, it shows the adverse status of mental health. Thus, there is a significant difference between migrant men and women in terms of physical symptoms, anxiety symptoms and total general health with 99% probability and in terms of depression with 95% probability. There is no significant difference in terms of social function with 95% probability.

Conclusion

Mental health is the most basic component of social welfare and social capital is one of the important variables which affects the wellbeing and health of society. The results of some studies show that in Iran, we are facing the erosion of social capital and prevalence of mental disorders. Both these phenomena are more in women than men. This study examined mental health and physical health between the migrant men and women from Sistan and Baluchestan province. The results of this study showed that mental health in women is less than men and there is a significant difference between them. Most psychological disorders like anxiety and depression are more prevalent in women and also the phenomenon of migration can be effective as a factor to reduce mental health. Another point that can be stated is that the presence of necessary life facilities, employment, social welfare and achieving social capitals in men has made this concern less in them and increased life expectancy in people to have better mental health. These results are consistent with the most results of conducted studies. Perhaps some studies have not mentioned it directly but in terms of social functions, there was no significant difference between men and women in this study. This study is consistent with the study of the relationship between social capital and mental health conducted by Fariba Seydan and Mahbubeh Abdol Samadi.

The results of the study that was conducted to study and compare life expectancy and general health in working and non-working women in the west Azerbaijan province showed that there is no significant difference between the amount of physical symptoms, anxiety and like expectancy in working and non-working women while there is a

significant difference in terms of performance disorder. This disorder was more in working women than non-working women in the west Azerbaijan province. (Marziyeh Arefi, Mehri Muhammadi, Roya Yavarian 1386).

It can be stated that the insufficient access of women to social capitals and sources is associated with their mental health and the presence of gender discrimination in society is an important factor in reducing the level of health and occurrence of mental disorders in women was more than men.

References

Berk LE. Development through the lifespan. Boston: Allyn & Bacon; 2005.
Dennerstein L. Psychosocial and mental health aspects of women's health. World Health Stat Q. 1993; 46(4):234-6.
Ealati A, Abonajmi M. Study of mental health of Urmia University of Medical Sciences' hospitals staff. (Dissertation) Urmia: Urmia University of Medical Sciences; 2006.
Omidi A, Tabatabaee A. Epidemiology of mental disorders in Natanz city. Andisheh & Raftar J 2004; 8 (4): 32-
Perry EI. From achievement to happiness. J Women History 1993; 5(2):75-94.
Robinson L. Psychiatric nursing: human experience. New York: Saunders Co; 1983.
Sabaghyan Z. School, happiness and life expectancy. Peyvand J 2006; 309: 28. (Persian)
Vahedi Sh. Psychosocial effects of working women on children and their family. Urmia: