



The comparison of mental health and happiness and a life expectancy in children of veterans and non-veterans in Shahed schools of Qom, 2015

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ABSTRACT

According to the psychological and social changes of adolescence, people in relationships with family, school and peers experience conflict. In shaping attitudes and views of adolescent, emotional aspects of relationships between parents and children are very important. Meanwhile, reviewing of the factors that influence the development of mental health, happiness and hope in the lives of young people involved, become important. This study aimed to evaluate the mental health, happiness and life expectancy in children of veterans and non-veterans in Qom's Shahed schools, 2015. This was a descriptive-comparative study. Questionnaires were completed by 286 high school female students in Qom through multi-stage sampling (cluster and stratified). Research tools: demographic questionnaires and 3 standard questionnaire (Oxford health, happiness and life expectancy, Schneider). The data collected were analyzed by SPSS software. Mental health, happiness and life expectancy in students with veteran and non-veteran parents were not significantly different. Among the studied variables, only the average had a significant relationship with all three of these variables. Kids are the future of the country, so their public health, happiness and life expectancy is of particular importance. Therefore, planning for them, makes the future of the country. To have a healthy and happy society, it is useful to have a special look at this generation.

Keywords: Mental health, happiness, life expectancy, veterans, teen

INTRODUCTION

In recent decades, the issue of mental health has been considered as one of the important aspects of health, even according to the latest researches in various countries, the highest incidence and prevalence had been in mental illness and the highest health priorities is related to these kinds of diseases [1]. In the meantime, experts and researchers look for factors that have an impact on mental health. On the other hand, adolescence is one of the most critical period in human evolution, and it is in this period that we see rapid changes in the physical, emotional, cognitive and social aspects [2]. In modern societies adolescence is taken into account about 10 years between the ages of 11 and is 22 years of age [3]. Due to major changes in the biological, psychological and social aspects in adolescence, people in relationships with family, school and peers are struggling with the challenges [4]. In the meantime, parents play an important social role in the lives of children. [5]. As we know, in shaping attitudes and views of adolescent social, emotional aspects the relationships between parents and children plays an important role [6]. Based on these, the factors that influence the development of mental health, happiness and hope that have a significant impact on adolescents' lives, become important. Iranian mental health survey that was conducted by Noorbala in 2004 in the whole country, province and city of Tehran, on 35,014 people in over 15 years (about 0.001

of households) using 28-item questionnaire of mental health, reported that levels of mental health in girls and boys are 64% and 72.2%, respectively, as well as a feeling of wellness percentage decreases with age [7]. Happiness is one of the important indicators of mental health in the community. According to Argyle et al. (2001) the three essential components of happiness are: positive emotions, life satisfaction and the absence of negative emotions such as depression and anxiety. He and his colleagues found that positive relations with others, purpose of life, personal growth, love others and nature are of the components of happiness. Genuine happiness theory also suggests that happiness is categorized into three types: enjoyable life, pleasant life (committed), meaningful life. [9]. Ericsson theory of happiness depends on people to use strategies that are consistent with the character and environment to keep track of their goals. Objectives and tasks in turn affected by people's stages of development, life goals, needs and their values. The orientation of goals of higher personal standards will lead to negative affectivity and the move of people towards their goals is the main reason of positive changes in their happiness and vice versa [10]. Ryan and Deci (2001) in their theory as autonomy expressed three basic psychological needs in relation to the happiness that include: 1-autonomy, 2-worthiness, and 3-fulfillment; that their met is essential for psychological development, prosperity and integrity or perfection and the experience of vitality and self-congruency. In general, success in activities that feel there is autonomy leads to happiness and vitality [11]. Results of a study in 2015 on 27 thousand and 883 Iranians with an average age of 18 to 65 years demonstrated that 39.3% of people have moderate levels of happiness. 4.35% described their happiness low, and meanwhile, only 3 percent reported their happiness level as very high. The findings of "people's happiness and the factors influencing it," from the 30 provinces studied, showed the Zanjan province with 69.3% of average happiness rating, as the happiest province and Yazd with 12.3% of average happiness rating, is listed as the lowest level of happiness. Happiness decrease with each year, as the other significant results of this study, showed that for a reduction in the percentage of people happiness with increase each year to their age. Many studies show the relationship between mental health and happiness. So that happiness increases with an increase in mental health [12]. Yeng Prang Savan et al (2012) in a study evaluated the correlation between happiness and mental health and demographic association, among a national group of Thai adults. They, in their review, investigated the relationship between happiness and Community Mental Health among university students of Thailand Open. The sample was 60,569 people in 2009 that random sampling method was used for it. To measure happiness, the short Thailand mental health indicators (TMHI) was used which has a strong association with happiness. The socio-demographic and happiness data analysis has an impact on age and gender but they are not related with marital status and income. The evidence also indicates that happiness is in Thailand. In addition to these results, continuous monitoring of happiness among Thais will be useful and usable for research compared with other countries in Southeast [13]. Dmyrbatry et al (2013) have done a descriptive study as psychological well-being, happiness and life satisfaction on music students. The aim of this study was to evaluate the mental health of undergraduate music students, in terms of depression, anxiety and stress, happiness and satisfaction with life. Random sampling in one of the universities in Turkey with self-report is done and 69 students (46 women and 23 men) in the age range 17 to 24 years were selected and randomly divided into two groups. Data gathering tool included researcher-made socio-economic and demographic questionnaires, a scale to measure stress, anxiety and depression (DASS), Oxford Happiness Questionnaire and the Satisfaction with Life Scale. The results show that a significant relationship is between economic status and happiness and life satisfaction. Significant negative correlation is there between depression and happiness and depression and life satisfaction. The difference between depression, stress as well as happiness and life satisfaction for students in first and second groups was not significant. [14]. Akstrymyra and Fernandez (2006) in a correlation study aimed to investigate the relationship between emotional intelligence as a predictor of mental, physical and social health among the students. In their review, they investigated the relationship between emotional intelligence, anxiety, depression and mental, physical and social health among the college students. The intended sample consisted of 184 university students (38 males and 146 females) who were sampled by cluster random sampling method. The emotional intelligence was assessed using Trait meta-mood scale which considered three aspects of attention, clarity and modify the mood. The questionnaire included the Beck Depression Inventory, Spielberger State-Trait, and 12 mental health questions. The result showed that depression and anxiety was along with low levels of emotional attention, emotional clarity and mood modify. Depression and anxiety associated with low social functioning, mental health, vitality and general health [15]. Stats in 1986 and Schneider in 2002 have found that most people are willing and able to learn positive ways to generate excitement. Happiness and positive emotions helps people to create lasting change for a better life. Positive emotion, increases hope. Hope means that people have more confidence in their potential [16]. Life expectancy in all aspects of life is an essential element. Hope is to believe in the ability to feel better in the future. Hope with its penetrating force is individual activities provocative to gain new experiences and new forces make in person. Hope as a human coping resources to cope with problems and diseases is considered, therefore, has a significant role in health and mental health [17]. Expectancy theory suggests that emotions arise as a result of goal-

oriented ideologies. The more goal is important and more likely to succeed in achieving the goal, has a positive impact that is experienced by the individual. So, hope is a very important factor in mental health. [18]. Mohammadi and Bahraini (1393) also showed that happiness is associated with life expectancy so that more hopeful people are happier. They also said that life expectancy is one of the symptoms of mental health. . So we can conclude that the three components of mental health, happiness and life expectancy are connected together [19]. According to various studies (Bvrsaks 2006, Hausmann, 2009) warm parent-child relationship is the most important factors for mental health and consequently it is considered as life expectancy and happiness. During the warm and loving relationship between parent and child the child is supported by the father and trusts in his/her abilities and the sense of empowerment and control over his/her mind grows. In contrast, the absence of this warm and supportive relationships in interactions between veteran father and child inhibits the growth of the beliefs and feelings of competency and thereby reduces mental health and happiness in the child [20]. Iranian veterans accounted for considerable percentage of the population (according to the martyr Foundation and Veterans Affairs, 600 thousand of the population are veterans, plus their families they are 836 thousands and 218 people) who are faced with numerous social and psychological problems [21]. The results found by Bahrenian and Borhani (2003) showed that 28.9% of the wives of warriors based on Beck has had severe depression. In wives with deep depression, the suicidal thoughts, hopelessness and decline was seen widely, so that, more than 50 percent have intellectual pursuits related to death. It is worth noting that the GHQ test results showed 86 percent of veterans' wives suggestive of a mental disorder. Overall, this study introduced 7.6% of veterans' wives healthy, and 92.4% wives suggestive of a mental disorder. Beck test also showed that 3.7% of them are healthy and 96.3% are suffering from various degrees of depression (from border to profound) [22]. In Iran, the war as a vast and important events in the history of contemporary developments which lasted eight years and imposed many losses on our country that one of the most unusual problems and consequences of war is the subject of veterans. So that if a lot of problems and the debris of war over many years after the end gradually disappear, its signs and physical and psychological consequences of injury often remain. Now the children of war veterans make up a substantial portion of the second generation, who normally based on their personal characteristics and families, have achieved to the perceptions and attitudes through interacting with their parents, and under the influence of surrounding social issues, have changed their pattern values, and beliefs [23]. The problems caused by the surge in veteran fathers lead these fathers face with problems and difficulties to interact with their families and participate actively in the development of children that these problems are impressive in mental health, happiness and hope to the lives of their children and should be taken into consideration. Therefore, it can be said that with the ever-increasing importance of mental health and well-being and happiness in life expectancy and its effect in strengthening the mental faculties of man, to cope with the complexities and problems of today's world and considering the importance of mental health and happiness, and by extension of life expectancy in the adolescent group, and because of the sensitive nature of this stage of their lives, the need for research of this kind is increasingly seen and such studies to evaluate the mental health and life expectancy and happiness on veterans' children is of the utmost priority and urgency.

MATERIALS AND METHODS

This study is based on descriptive and comparative purposes and its variables are: Mental health and happiness and life expectancy among the children of veteran and non-veteran fathers. The population, according to the Ministry of Education in Qom consists of all veteran father female students from high school in 4 Shahed schools of Qom in 2015, for 500 students, and their counterparts in the same schools in the non-veteran families to 584 people - a total of 1084 high school students are studying in Shahed schools of Qom. A sample of 119 veterans' children and children of non-veterans in the group of 167 patients were calculated. The multi-stage sampling method is used. In the first stage with cluster sampling randomly selected 2 schools among 4 schools and in the second phase the sampling was conducted by stratified sampling with proportional allocation, among the students from each 3 grades; which contains both veterans and non-veterans' children. A questionnaire was available to students; and after the filling, was taken in the same location. The data in this study was conducted using a questionnaire. And finally the results were compared between the children of veteran and non-veteran fathers. The research tools include 4 questionnaires. The first questionnaire consisted of demographic characteristics including age, family size, health status of students and family members, the average of the previous year, parent education, type of injury, disability percent, parental employment status, socio - economic family class, and student mobility in exercise. The second survey, is mental health questionnaire (GHQ28) hat it is based on self-report and its main goal is to differentiate between mental illness and health. This 28-item questionnaire has four scales of anxiety, insomnia, social dysfunction and symptoms of depression that in which for each scale there are 7 questions. In each scale the over 6 score, and in total the score higher than 22 indicates morbid symptoms [24]. Oxford Happiness Questionnaire (OHI)

among the questionnaires of happiness has a prominent place. The Questionnaire has 29 questions that each item contains 4 expressions: the first expression has zero score, the second 1, the third and fourth have 2 and 3 scores, respectively. Fourth questionnaire is the Schneider questionnaire (ADHS) that is made by Schneider et al. (1991) to measure hope, has 12 expressions and is of the form of self-report (Mirzaeian, 2014: 131). This 12-item scale designed by Schneider for ages 15 and older and short time (2 to 5 minutes) is sufficient to respond to it [25]. In this research, the data are of quantitative (age, average years ago, and the percentage of injury in father), qualitative (parents' education, father's occupation as a rank in terms of scale (socioeconomic class) and nominal (type of injury in father, Marital status of parents) form, and in terms of the number of variables are multivariate (mental health, happiness and life expectancy) and in terms of the number of groups contains two groups (son of veteran and non-veteran). After collecting data, we engaged the data mining and the data analysis was performed using SPSS 20.

Findings:

Findings from the study indicated that 58.4% of the fathers of students were veterans and 41.6% are non-veterans and most of them (49.1%) were 25-50% veterans with physical troubles. The average age of students with veteran fathers was 16.52 years. Also, the findings showed that the difference between average scores of students with veteran and non-veteran fathers in two groups is statistically significant (p -value < 0.001) and it was higher in students with non-veteran fathers than the students whose fathers were veterans. The graduation status of veteran and non-veteran fathers has no significant difference. The highest percentage of both veterans and non-veterans fathers' graduation level was secondary school status (32.9% veterans and 32.8% non-veterans). The highest percentage of mothers in both groups were formed with the status of secondary school (44.9% in veterans, and 45.4% in non-veterans group). The average score of students with veteran fathers is 18.11 and in non-veteran fathers is 18.16 which is statistically significant difference (p -value > 0.001). The physical condition of students with non-veteran and veteran fathers had no significant differences and was similar. 99.4% of students with veteran fathers and 99.2% of students with non-veteran fathers were healthy (p -value = 0.066). The majority of fathers' occupational status has been self-employer in both groups (40 percent of veterans and 45.4% in non-veterans). The majority of mothers were housewives in both veterans and non-veterans groups (76.6% veterans, and 69.7% non-veterans). Based on the results, the majority of students in both groups had announced that now their parents are living together, and in this case no significant difference between the two groups found (p -value = 0.456). 88.6% of students in veteran fathers group, and 80.7% of students in non-veteran group said that do not have an ill person at home and no significant difference in this respect between the two groups found (p -value = 0.769). 75.5% of students with veteran fathers and 80.7% of students with non-veteran fathers knew enough monthly income to meet family needs and no significant difference in this respect between the two groups was found (p -value = 0.172). 85% of students with veteran fathers and 82.4% of students with non-veteran fathers announced that they have car and no significant difference in this respect between the two groups was found (p -value = 0.558). 87.9% of students with veteran fathers and 91.6% of students with non-veteran fathers had home ownership and in this respect between the two groups was found (p -value = 0.449). 20.4% of students with veteran fathers reported their home area as less than 100 m and 20.2% of the non-veteran group reported their home area as 100-130 m, and in this respect between the two groups was found (p -value = 0.950). Fisher's exact test showed that the students with veteran and non-veteran fathers in terms of the number of people who live together in a home were not significantly different (p -value = 0.284). 56.6% of students with veteran fathers and 59.7% of students with non-veteran fathers with three or four people living in a house. Chi-square test of exercise per week showed no significant difference between the two groups of students (p -value = 0.737). 50% of students with veteran fathers and 47.4% of students with non-veteran fathers do sport at school and 3.6% of students with veteran fathers and 6.1% of students with non-veteran fathers do professional exercise (Table 1). Findings from the study showed that the average mental health in students with veteran fathers is 25.37 and their standard deviation is 15.56; the scales are 23.68 and 15.17 in the other group, respectively. It was also observed that more than half of the students (53.9% and 59.7% in the two groups) had no problem in terms of mental health. Averages of the physical symptoms, as one of the mental health fields, are 75.6 (SD = 4.46) and 5.55 (SD = 4.09), respectively. We have seen the majority of students (54.8%) whose fathers were veterans and 68.1% of students whose fathers were non-veteran had no problem in terms of physical symptoms. Anxiety, sleep disturbance is one of the areas of mental health, and result showed that the mean and standard deviation of students with veteran fathers in this area were 6.01 and 4.41 respectively; and in students with non-veteran fathers, the figures were 6.15 and 5.15, respectively. And the majority of students did not show any symptoms. 64.6% of students with veteran fathers and 61.5% of students with non-veteran fathers had no problem in terms of symptoms of anxiety and sleep disorders. Radfar et al, also reported in their study that 61.5% of the sons of veteran fathers are in terms of anxiety without difficulty that is consistent with our results. Average social interaction among students with veteran fathers was 7.36 with SD = 3.39, and in showed that 48.2% of the students

had mild level of social interaction. Average social interaction among students with nonveteran fathers was 7.64 with SD = 3.11, and in showed that 56% of the students had mild level of social interaction. Radfar et al concluded in their study that 57.2% veteran fathers' sons are in term of physical symptoms without problems. Average score of depression symptoms in students with veteran fathers was 5.17 with SD = 5.73, that most of them (68.9%) had no symptoms of depression. Average score of depression symptoms in students with non-veteran fathers was 4.57 with SD = 5.40, that most of them (71.6%) had no symptoms of depression. It should be noted that the results showed that 6.7% and 6.9% of the two groups had severe depressive symptoms. In a study conducted by Rahmani et al, they showed that the most of samples in veteran and non-veteran groups had mild to moderate depression that do not require treatment that is consistent with this study because we found that most students (71.6%) had no depressive symptoms. It should be noted that Rahman et al in their study had used the Beck Depression Inventory. The lack of depression in this study is consistent with the same number in Rahmani's study. (Table 2) Average happiness of the children in both groups were equal (62.65), and standard deviation of happiness in students with veteran and non-veteran fathers, were 20.51 and 21.99 respectively. It was observed that most students (64.1%) whose fathers were veterans and 58% of students whose fathers were non-veterans had happiness at a high level. (Table 3). The mean (SD) of life expectancy of children with veteran and non-veteran fathers in this study are 42.02 (6.11) and 41.82 (6.73), respectively. Which indicates that the majority of students in both groups had a life expectancy at a high level. Average mental health in the area of physical symptoms in the two groups had significant differences (p -value = 0.021). In this context, the average score of students whose fathers were veterans (4.46 ± 6.75) was higher than students with non-veteran fathers (4.09 ± 5.55) (Table 4). Average mental health in the areas of anxiety symptoms and sleep disturbances in children with veteran and non-veteran fathers were not significantly different (p -value = 0.810). The average in students whose fathers were veteran was 6.01, and 6.15 in students with non-veteran fathers. Average mental health in the area of social action in veteran and non-veteran students were not significantly different (p -value = 0.473). The average score in this area in veterans and non-veteran students were 7.36 and 7.64, respectively.

Average mental health in the area of depression in veteran and non-veteran students had no statistical significant difference (p -value = 0.383). The average score in this area in veterans and non-veteran students were 5.17 and 4.57, respectively. Overall, the results showed that the mean and standard deviation of student's mental health were 25.37 and 15.56 in veteran fathers and 68.23 and 15.17 in the other group. However, the average mental health in students with veteran fathers was more but this difference was not statistically significant (p -value = 0.362). A part of the study was to investigate the factors affecting mental health. The results showed that among the variables that were examined in this study, only the last year average had a significant relationship with mental health (p -value = 0.010). Beta coefficient is -1.894, i.e. with the increase of the average score, mental health units is reduced as much as 1.8. It should be noted that the coefficient of determination was obtained 0.03; and shows that although the average and mental health together have linear correlation, but the correlation is not very significant, and only have 3% common variance. Veteran and non-veteran average happiness score were 42.04 and 41.82, respectively. Although the average score of students whose fathers were veterans is higher than other students, but this difference was not statistically significant (p -value = 0.796). Also, results showed that only the last year average had a significant relationship with happiness of the students (p -value = 0.009). The beta coefficient was 2.712, and it means that one score increase in average increases the happiness in student as much as 2.7. In order to achieve to Sixth particular goal of Research (compared the life expectancy of veterans and non-veterans fathers' children of Qom Shahed schools in the academic year 2015-2016) the Table (4-23) is regulated. The beta coefficient was 0.812, and it means that one score increase in average increases the life expectancy as much as 0.8 units. It should be that the coefficient of determination was 0.02 indicating that although there was a linear correlation between life expectancy and average, but this correlation is not significant and there is only 2% common variance.

DISCUSSION

Every war, even indirectly can cause problems for people who are associated with this phenomenon as the cause. Children of veterans are also not exempt from this rule. Veterans may unconsciously cause tension in their family environment and this can have a negative impact on their children. So the researcher compared mental health and happiness and life expectancy in children of veterans and non-veterans. The findings of this study showed that mental health, happiness and life expectancy covered in students whose fathers were veteran and non-veteran were not significantly different. Among the studied variables, only the average had a significant relationship with all three of these variables. The last year the average had a positive significant relationship with mental health. (p -value: 0.010). Happiness also showed a significant positive correlation with the grade point average (p -value: 0.009). The

positive correlation means that students with higher grade point average and improving education primarily taken from their activities more fun and secondly, in most cases they are happier and are more satisfied with their lives. This represents less depression will be among them. Life expectancy was another variable that was covered and positively correlated with grade point average. With increasing grade point average life expectancy in students is higher and they will feel better in the future.

Table (1) the distribution of the living conditions of veteran and non-veteran students in two groups of schools of Qom Year 2016

Test results	Non-veteran		Veteran		group Condition
	Percent	Frequency	Percent	Frequency	
*p-value=0/456	96/6	115	98/2	164	yes
	3/4	4	1/8	3	no
** $\chi^2 = 0/087$ df=1 p-value=0/769	12/6	15	11/4	19	yes
	87/4	104	88/6	148	no
** $\chi^2 = 1/868$ df=1 p-value=0/172	80/7	96	72/5	121	yes
	19/3	23	27/5	46	no
** $\chi^2 = 0/343$ df=1 p-value=0/558	82/4	98	85/0	142	yes
	17/6	21	15/0	25	no
*p-value=0/449	91/6	109	87/9	145	Personal
	5/9	7	9/1	15	Leased
	0/8	1	2/4	4	Mortgage
	1/7	2	0/6	1	Organizational
** $\chi^2 = 0/707$ df=4 p-value=0/950	26/1	31	27/5	46	No reply
	18/5	22	20/4	34	Less than 100
	20/2	24	18/6	31	100 to 130
	11/8	14	13/2	22	130 to 160
	23/5	28	20/4	34	>160
*p-value=0/284	0	0	2/4	4	2
	59/7	71	56/6	94	3 or 4
	40/3	48	41/0	68	5 and more
** $\chi^2 = 1/269$ df=3 p-value=0/737	47/4	54	50/0	83	In the school sports
	40/4	46	41/6	69	Occasionally I exercise
	6/1	7	4/8	8	I go clubs regularly.
	6/1	7	3/6	6	Professionally

Table 2 Comparison of Mental Health of veteran and non-veteran students in two groups of schools of Qom Year 2016

The T-test results	Non-veteran		Veteran		Fathers mental health And its scales
	Standard deviation	Average	Standard deviation	Average	
t=2/316 df=283 p-value=0/021	4/09	5/55	4/46	6/75	Physical symptoms
t=0/241 df=279 p-value=0/810	5/15	6/15	4/41	6/01	Symptoms of anxiety and sleep disorders
t=0/719 df=278 p-value=0/473	3/11	7/64	3/39	7/36	Social action
t=0/873 df=278 p-value=0/383	5/40	4/57	5/73	5/17	Depression
t=0/913 df=284 p-value=0/362	15/17	23/68	15/56	25/37	general health

Table 3 Comparison of the happiness of veteran and non-veteran students in two groups of schools of Qom Year 2016

The T-test results	None-veteran		Veteran		Fathers
	Standard deviation	Average	Standard deviation	Average	
t=0/259 df=284 p-value=0/796	6/73	41/82	6/11	42/02	happiness

Table 4 Comparison of the variable life expectancy of veteran and non-veteran students in two groups of schools of Qom Year 2016

The T-test results	None-veteran		Veteran		Fathers
	Standard deviation	Average	Standard deviation	Average	
t=0/001 df=284 p-value=0/999	21/99	62/65	20/51	62/65	Life expectancy

CONCLUSION

As we know students are the future of this country. Public health and happiness as well as their life expectancy is of particular importance. So for a healthy and happy society, we must have a special look to the young generation. While in this study it was found that the percentage of students face with problems in the field of mental health and happiness and hope to life, therefore, mental health nurses with specialized training in promoting public authorities in coordination with the Education and the Health Ministry should take steps to eliminate this problem. This information can also raise awareness of veterans' families and officials towards children's mental health and also provide the groundwork for future studies.

REFERENCES

- [1] Dennerstein L. Psychosocial and mental health aspects of women's health. *World Health Stat Q*: 1993; 46(4):234-6.
- [2] Santrak, J,W. *Santrak Psychology*, Tehran: Nashr Resa,2013,: 125(Persian).
- [3] Aghaei, A. Afsar, F. & Nouri, A. A comparison of the psychological characteristics of adolescence and drawing its profile according to parents and adolescents in Isfahan City (Iran). *Procedia - Social and Behavioral Sciences*, 2012,46, 2193 – 2197 (Persian).
- [4] Li, D, Zhang, W. Li, X. Zhen, S. & Wang, Y. Stressful life events and problematic Internet use by adolescent females and males: A mediated moderation model. *Computers in Human Behavior*: 2010; 26 (5), 1199–1207.
- [5] Heaven, P. C. L. Ciarrichi, J. & Leeson, P. Parental styles and religious values among teenagers: A 3-year prospective analysis. *The Journal of Genetic Psychology*: 2010; 171 (1), 93–99.
- [6] Mohebi Noredinvand, M.& Moshtaghi, S. & Shahbazi, M. The relationship between affective family emotional with growing of social skills and academic achievement of boys and girls grades fourth and fifth Masjed Soleiman city. *The research in curriculum development of knowledge and research in educational science curriculum*. 8(30),2011: 84- 93(Persian).
- [7] Norbala, A. Social-Mental health and solutions for improvement. *Journal of Clinical Psychology and Psychiatric Iran*. 17(2),2011:151-156(Persian).
- [8] Hezarjaribi, J. & Safari shali, R. Studying about the concept of social happiness and effect factors on it. *planning Welfare and Social Development*. 3,2010: 32-72(Persian).
- [9] Argyle, m (2001) *the psychology of happiness*, New York: Elsevier North- Holland.
- [10] Erikson, K. (2003) should happiness be our ultimate goal? Available at: <http://www.google./karleriksonterpriscecs.htm>.
- [11] Rayan, R.M. & deci, E.I. (2001) on happiness and human potentials: A review of research on homdonic and edaimonic well-being. *Annual Review of psychology*, 52, 141-161.
- [12] Shokohi Moghadam, S. & Zivari Rahman, M. Lesani, M. The stdying sport role in mental health and happiness high school students in Kerman, *Journal of Health and psychology*,1(3),2011: 63.
- [13] iengprugsawan, V, Somboonsook, B, Seubsman, S, Adrian, C. leigh(2012) Happiness, Mental Health, and Socio-Demographic Associations Among National Cohort of Thai Adults, *JHappiness Stud*. 2012 December; 13(6): 1019–1029. doi:10.1007/s10902-011-9304-4.
- [14] Demirbatir, Erol, Helvaci, Ayhan, Yilmaz, Nilufer, Gul, Gulnihal, Senol, Ajda, Bilgel, Nazan(2013) *The Psychological Well-Being, Happiness and Life Satisfaction of Music Students*, *Psychology* 2013. Vol.4, No.11A, 16-24 .
- [15] Extremera, N, Fernandez, p. Emotional intelligence as predictor of mental, social and psychosocial health in university students. *The spanish Journal of psychology* 2006, vol. 9(1): 45-51.
- [16] Darrodi H, Part of couple's therapy group hoping to increase the marital satisfaction of married couples and addicts. M. Sc. Dissertation. Tehran: Tehran University of Social Welfare and Rehabilitation Sciences: 2010: 12-15. (Persian).
- [17] Mirzaeeyan, B.& Hasanzadeh, R. & moslehi Joybari, M, The share of female teachers hope to in the prediction of future happiness female students, *Journal of Women and Society*, 5 (1),2014: 121-138(Persian).

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- [18] Cohn, M. A. & Fredrickson, B. L. In search of durable positive psychology interventions: predictors and consequences of long-term positive behavior change. *The journal of positive psychology*: 2010; vol. 5: 355-366.
- [19] Mohammadi, H. & Bahreinian, A. & Mortazavi, M. The studying of effect of spiritual intelligence training on mental health of high school students. *Study on Religion and Health*. 3,2014: 36-51(Persian).
- [20] Lamb, M. E. *The role of the father in child development* (5th Edition) Hoboken, NJ: published by John Wiley & Sons. Canada:2010:150.
- [21] Rahmani, K. & Nataj, K. The comparison of self-esteem and depression in veterans and non-veterans, Shahed guid of Sari city. *Journal of veteran*. 4 (16) (2014): 29-34(Persian).
- [22] Bahreinian, A. & Borhani, H. studying Mental health in a population of veterans and their spouses in Qom, *medical research*,2003. 27 (4) (Persian).
- [23] Fakhri, Z. Danesh, E. Shahidi, S.H. & Salimi nia, A. Quality of value system and self-efficacy in children having veteran and non-veteran father, *Journal of Applied Psychology*. 6 (424),2012: 25-42(Persian).
- [24] Khosravi, Z. & Cheragh malae, L. A comparative study of social commitment, happiness and mental health of students and university students with emphasis on the gender factor. *Journal of Women's Studies*.10 (1),2012: 7-35(Persian).
- [25] Khalaebari, J. & Ashori, A. The relationship between acquired identity, perceived parenting practices and life expectancy in perceived stress among female students in Sama high schools of Gilan Province, *Journal of Educational Psychology*,1(9),2013:99-108(persian).