Predicting the quality of life based on happiness and hope in single-parent teenagers

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ARTICLE INFORMATION	*ABSTRACT*
Article type Original research Pages: 20-27 Corresponding Author's Info Email: Nemati_b1983@yahoo.com **Article history:** Received: 2022/07/14 Revised: 2022/11/09 Accepted: 2022/11/15 Published online: 2023/04/22 **Keywords:** *Quality of life, happiness, hope, single-parent teenagers*	**Background and Aim:** The present study was conducted with the aim of predicting the quality of life based on happiness and hope in single-parent teenagers. **Methods:** The current research population was female elementary school students in Semnan city, from which 220 single parents (12 to 16 years old) who met the criteria for entering the study were selected according to the criteria. The measurement tools in this research included the World Health Organization Quality of Life Questionnaire (1991), Oxford Hills and Argyll Happiness Questionnaire (2002) and Schneider et al.'s Hope Questionnaire (1991) and statistical analysis using SPSS version 23 software and multiple regression test. It was used simultaneously. **Results:** The results showed that happiness variables and hope components (strategic thinking and agentic thinking) can explain 23.2% of the variance of quality of life and it is significant at a level less than 0.01. **Conclusion:** Based on the obtained results, it can be said that the quality of life of single-parent teenagers can be predicted with the help of hope and happiness.

Introduction

The temporary or permanent absence of one of the parents for various reasons such as death, divorce, separation, legal violations, being in prison, job requirements such as military service, illegitimate birth and other reasons is called the single parent phenomenon. In this situation, the child or children live with only one parent (Motamadi et al., 2021). Single-parent teenagers suffer from various problems and problems due to their conditions (Masoodi, Kalanterhormzi, and Farah Bakhsh, 2018). Living with only one parent probably causes various issues and problems for the child, including: Feeling lonely, feeling responsible for divorce, feeling conflicted in loyalty to parents, not knowing how to deal with parental conflicts, and facing family instability, occurrence of deviant behavior and committing crime, depression (Boring et al., 2015); feelings of inadequacy, emotional withdrawal, anger (Valdez et al., 2011); Subversion, aggression and distractibility, difficulty in getting along with peers, as well as lack of self-control, and impulse control disorder (Floyd, 2011). Also, sometimes single parents have inappropriate interactions with their children due to the pressures caused by their care and responsibility in performing parental functions, which can effectively create impulsivity in their children (Mahdovian Fard, Sepehri Shamlou, and Zahid, 2019). In many cases, parents with aggressive behaviors show this behavior in dealing with their children, which can cause many unwanted consequences such as attention disorder and anxiety in children (Mirjalili, Zandavanian, and Salehzadeh, 2020). Therefore, paying attention to the quality of life of children in single-parent families is of particular importance.

Quality of life is a powerful force in maintaining and promoting health and well-being in different societies and cultures (Partovi, 2021). The World Health Organization has considered the four dimensions of physical, mental health, social relations and living environment for quality of life (Harlatad et al., 2019).

In terms of the importance and comprehensive scope of quality of life and the factors affecting it, it has always been the attention of researchers, during the last few decades, the quality of life has created the belief that one of the factors related to the quality of life is the increase of hope (Heidari et al., 2015). Several studies have shown that hope can be an effective factor in reducing the tension in adolescent life (Morgenthaler et al., 2016).

Hope enriches life and is the foundation of a person's view and interpretation against difficulties. Being optimistic about the future, expecting success and setting goals to achieve it depends on the level of hope of the individual (Fletcher, 2018). The hope of human life is purposeful and when there are various problems, adversities, sufferings, sorrows and misfortunes, it prevents them from psychological collapse and prevents despair and discouragement (Saiko et al., 2016). Hope, the perceived capacity to produce paths towards desirable goals, is related to goals and includes two dimensions of perceived motivation and path towards the goal. Therefore, hope will be strong when the possibility of achieving a goal motivates a person towards it and leads to the preparation of an effective strategy to achieve it. While repeated negative experiences and challenging but insurmountable obstacles lead to negative emotions such as the feeling of sadness and prevent goal setting and motivation towards it (Winter-Lindqvist, 2017). Hope seems to have a very close relationship with well-being, health and quality of life (Mardiha et al., 2022).

One of the variables that is closely related to the quality of life is happiness. Hope and happiness are the most important motivation in humans (Islami, Haj Hosseini and Ejeei, 2017). Happiness is achieved when people's life activities have the greatest convergence or compatibility with their deep values and their ability and efficiency in different fields and they commit to these values and capabilities. Under such conditions, there is a feeling of vitality and confidence (Bashirgonbedi et al., 2019). This state is represented by people who have obtained a high correlation between it and the measures of happiness (Marmerchi Nia & Zoghi Paydar, 2017).

Happiness is one of the most important positive emotions, and this emotion is considered one of the main human emotions and is one of the first emotions that appear during transformation (Mikaeili & Samadifard, 2019). Happiness is the amount of positive value that a person places on himself and has two aspects of emotional factors - expressing the emotional experience of happiness, satisfaction and positive emotions of the individual and - cognitive evaluation factors of satisfaction from different realms of life

expressing happiness (Iranpour, Erfani and Ebrahimi, 2017). There is a strong correlation between mental health, happiness, and quality of life, and of course, all of them are influenced by people's lifestyles (Islami et al., 2013). Being happy is one of the most important psychological needs of humans, which has a major impact on the formation of personality and mental health. This concept is a type of evaluation that a person makes about himself and his life and includes things like life satisfaction, the frequency and intensity of positive emotions, and the absence of negative feelings such as depression and anxiety. Its different aspects are in the form of cognitions and emotions (Ferrario et al., 2013). Happy adolescents live longer, feel more satisfied in social activities and collaborations, and have better health and the ability to solve and cope with problems (Tsunlak et al., 2017). Researchers associate the increase of happiness in teenagers with the state of appetite, sleep, memory, friendship, family relationships and ultimately the reduction of risky behaviors (Jang, 2016). Also, the results of Bitsko et al.'s study (2008) showed that happiness plays a role in improving the quality of life of teenagers. According to what has been said, the present study tries to predict the quality of life of single-parent teenagers based on the role of two constructs of hope and happiness.

Method

The present study aimed to predict the quality of life, based on happiness and hope in single-parent teenagers. The current research population was female elementary school students in Semnan city, from which 220 single parents (12 to 16 years old) who met the criteria for entering the study were selected according to the criteria. The measurement tools in this research included the World Health Organization's Quality of Life Questionnaire (1991), the Oxford Hills and Argyle Happiness Questionnaire (2002), and the Schneider et al. Hope Questionnaire (1991).

Tools

1. Quality of life questionnaire. Quality of life was an initiative of the World Health Organization, which was first implemented in 1991. The aim of this plan was to create an international and culture-independent tool to evaluate people's quality of life. This tool (questionnaire) evaluates people's perception of their value and cultural systems, as well as their personal goals, standards, and concerns. This questionnaire measures 4 broad areas, which are:

physical health, psychological health, social relations and environment. In addition, this questionnaire can also evaluate general health. Questionnaire items are also evaluated on a 5-option scale. The research shows that the differential validity, content validity, and internal reliability (Cronbach's alpha, 0.80 for physical health, 0.76 for psychological health, 0.66 for social relations, and 0.80 for the environment) are adequate. To check the validity and reliability of this questionnaire in Iran, Nejat et al.'s research (2015) was conducted on 1167 people from Tehran. The participants were divided into two groups with chronic and non-chronic diseases. Test-retest reliability for subscales for physical health was 0.70, mental health was 0.73, social relations was 0.55, and environmental health was 0.84. Internal consistency was also calculated using Cronbach's alpha, which was 0.77 for physical health, 0.77 for mental health, 0.75 for social relations, and 0.84 for environmental health.

2. Oxford Hills and Argyll standard happiness questionnaire 2002 short form. The Oxford Happiness Questionnaire by Hills and Argyle (2002) has 8 questions and measures happiness based on a six-point Likert scale (questions 1, 4 and 8 are scored in reverse). To calculate the total score of the questionnaire, add the score of all the items of the questionnaire together. The score range of this questionnaire will be between 6 and 48. The higher the score obtained from this questionnaire, the higher the level of happiness and vice versa. In his project, Deshiri et al. (2014) the validity of content, form and criteria of this questionnaire have been evaluated. Cronbach's alpha coefficient calculated in the research of Deshiri et al. (2015) for this questionnaire was estimated to be above 0.71.

3. Schneider's life expectancy questionnaire. The hope questionnaire prepared by Schneider, Harris, Anderson, Holleran, Ironic et al. (1991) has 12 questions and its scoring method is based on a 5-point Likert scale (questions 3, 7 and 11 are scored in reverse). This questionnaire measures two subscales of agent and strategy: 1- Measuring operative thinking (4 phrases) questions, 2, 9, 10 and 12, measuring strategic thinking (4 phrases) questions 1, 4, 7 and 8, and deviation phrase (4 phrases) questions, 3, 5, 6 and 11. To get the overall score of the questionnaire, calculate the total score of each question. Higher scores indicate higher life

expectancy in the respondent and vice versa. The validity and reliability of this questionnaire has been examined and confirmed by the professors of the field of management and experimental study of the University of Mashhad and teacher education (Karimian, 2012). Bryant and Vangross (2001) found the internal consistency of the entire test to be 0.791 to 0.711.

The mean and deviation of the participant's age was 13.54 (2.29). 52.72% of the participants lived with their mother and 47.28% lived with their father. Descriptive findings of research variables are reported in Table 1.

Table 1. Descriptive findings of research variables									
variable	Mean	Standard deviation	Min	Manx	Skewness	Kurtosis	TF	VIF	Durbin-Watson
quality of life	61/1	15/179	37	88	0/114	1/-575	-	-	
happiness	23/1	6/825	12	41	0/711	0/385	0/94	1/064	1/642
hope total score	25/33	8/877	10	40	0/-369	1/-091	-	-	
factorial thinking	13/6	7/112	4	28	0/057	1/-314	0/708	1/412	
strategic thinking	11/8	2/602	4	13	0/-893	1/929	0/686	1/458	

In order to check the assumption of normality of univariate distribution, skewness and skewness values and to evaluate the assumption of collinearity of variance inflation factor (VIF) and tolerance coefficient were investigated. Examining the data of the present study showed that the values of skewness and statistical kurtosis of the variables of the present study are between ±2, so from this point of view, the data are optimally distributed. Also, according to the value of the variance inflation factor, which is less than 10 and the tolerance coefficient is more than 0.10, no collinearity has occurred in the research variables. Durbin-Watson test (1/642) was used to check the independence of observations (independence of residual values or errors) from each other, which indicates that the assumption of independence of errors is met.

The correlation between research variables is reported in Table 2.

Table 2. Correlation between research variables					
variable	1	2	3	4	5
quality of life	1				
happiness	0/336**	1			
hope total score	0/385**	0/193**	1		
factorial thinking	0/219**	0/182**	0/781**	1	
strategic thinking	0/371**	0/133*	0/758**	0/190**	1

*$p<0.05$, **$p<0.01$

The findings showed that the relationship between quality of life and happiness (r=0.336) and hope (r=0.385) is positive and significant at the 0.01% level. The correlation of quality of life with factor thinking (r=0.219) and strategic thinking (r=0.371) is positive and significant at the level of 0.01%. Multiple regression was used simultaneously to determine the role of each component in predicting the quality of life (Table 3).

Model	Sum of squares	Df	Mean squares	F	Sig.	R	R^2	Adjusted R^2
Table 3. The results of the regression model test for predicting quality of life based on happiness and hope in single-parent teenagers								
Regression	11727/998	3	3909/333					
Residual	38732/598	216	179/318	21/801	0/001	0/482	0/232	0/222
Total	50460/595	219						

According to Table 3 (F=21.801 and P=0.001), the model is statistically significant and shows that at least one of the predictor variables significantly predicts the criterion variable. Also, the multiple correlation coefficient of 0.482 and determination coefficient of 0.232 shows that happiness variables and hope components (strategic thinking and agentic thinking) can explain 23.2% of the variance of quality of life. T-test was used to determine the unique role of each predictor variable (Table 4).

variable	B coefficient	SE	β	T	Sig.
Table 4. Standard, non-standard coefficients and t-statistics for predicting quality of life based on happiness and hope in single-parent teenagers					
constant	32/403	3/794		8/541	0/001
happiness	0/61	0/136	0/274	4/501	0/001
factorial thinking	0/282	0/158	0/11	1/781	0/076
strategic thinking	0/866	0/169	0/313	5/136	0/001

Based on the results of Table 4, the significance test of t in the regression for the coefficient of happiness (β = 0.274) and strategic thinking (β = 0.313) is significant at a level less than 0.01. Strategic thinking has a greater unique contribution in predicting the quality of life.

Conclusion

The present study was conducted with the aim of predicting the quality of life based on happiness and hope in single-parent teenagers. The current research population was female elementary school students in Semnan city, from which 220 single parents (12 to 16 years old) who met the criteria for entering the study were selected according to the criteria. The measurement tools in this research included the World Health Organization's Quality of Life Questionnaire (1991), the Oxford Hills and Argyle Happiness Questionnaire (2002), and the Schneider et al. Hope Questionnaire (1991). Statistical analysis was done by SPSS software version 23 and multiple regression test was used simultaneously. The results showed that the relationship between quality of life and happiness and hope is positive and significant. The correlation of quality of life with factor thinking and strategic thinking is positive and meaningful. To determine the role of each component in predicting quality of life, multiple regression was used simultaneously. Happiness variables and components of hope (strategic thinking and agentic thinking) can explain 23.2% of the variance of quality of life. T-test was used to determine the unique role of each predictor variable. Strategic thinking has a greater unique contribution in predicting the quality of life.

In general, the results showed that there is a positive and meaningful relationship between the quality of life investigated and the components of hope and happiness. Quality of life is a multidimensional construct and each of its dimensions can be related to hope and happiness independently or in a synergistic interaction with other dimensions. Since many factors play a role in the quality of life and the level of happiness of people, it is important to investigate the difference between these factors in single-parent teenagers and other teenagers.

Stress and mental pressures are among the inseparable factors of life in the 21st century, and how to face and cope with these factors, especially in the early teenage years, is very important in people's mental health and

overshadows their quality of life. On the other hand, adolescence is associated with extensive changes in cognitive, neuro-biological and social fields (Sotoudeh, 2010). Happiness and peace of mind create fertile grounds for wisdom and thought (Arzeen et al., 2013). Research has shown that hopeful and optimistic people have better immunity due to high mood (Sagerstrom et al., 1998). Also, increasing happiness has a direct effect on job performance and leads to increasing productivity and reducing behaviors such as absenteeism, tardiness and underwork (Ergli, 2001) and since unhappiness has a negative effect on people's performance, this issue is important. Happy people have high self-esteem, strong friendships, and meaningful religious beliefs (Myers, 2002). Research shows that happiness, regardless of how it is acquired, can improve physical health and thus increase the quality of life. People who are happy feel more secure, make decisions more easily, have a more collaborative spirit, and are more satisfied with those they live with (Myers, 1996). On the other hand, happiness is the opposite of depression, and many studies have shown that depression is related to the weakness of the body's immune system, and its lack can eliminate the weakness of the immune system. Also, happiness and positive mood add to the better functioning of the immune system (Alipour et al., 2000).

Since the period of adolescence is associated with extensive changes in cognitive or neuro-biological and social fields, there is a place for longitudinal research to be conducted in accordance with the quality of life in adolescence and to follow up the hope and happiness of the investigated adolescents in consecutive years. In this way, measured and effective behavioral programs in creating happiness and happy environments that have a scientific foundation can be established in the country's educational institutions, creating a foundation and a happier future in the country. In this research, the possibilities of the research team were such that 220 dance students of Semnan province were selected and examined. Nevertheless, it is suggested that this issue be studied more widely in the statistical community of young people, employees, first-level officials and various statistical communities, so that more stable results can be obtained about the relationship between the quality of life and the hope of happiness in people.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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