EFFECTIVENESS RESILIENCY TRAINING ON IMPROVES THE QUALITY OF LIFE OF FEMALE-HEADED HOUSEHOLD

LEYLA HAYDARI ¹, BAYAN SAEIDI ²

1- Master of Clinical Psychology, Women's Advisor, Office of Education in Kurdistan. 

(*Corresponding Author: banoan2014@chmail.ir)

2- Master of Clinical Psychology

ABSTRACT

The purpose of this study resiliency training effectiveness on improving quality of life Female heads of household is the cultural city of Sanandaj. Is the Study experimental pretest-posttest design with control group. Total sample of 30 students with the highest scores on the stress questionnaire were randomly selected and divided into two groups (n=15) and the control group (n=15) were divided into a Resiliency training 10 sessions were, at the end of the training of both groups were assessed. For data analysis, (t) test and univariate analysis of covariance (ANCOVA) was used. The results showed that a group of resiliency improves quality of life and changes in the level of 0.05 are significant, and this change has been the result of the independent variable. The findings of this study indicate that the result can be a resiliency training program on improve the quality of life of women heads of household use.

Keywords: Resiliency training, quality of life, female-headed household.

INTRODUCTION

Female-headed households are a group for society that due to progressive issues and problems suffering are considered as one of the affected segments of the society need to be studied. In the third world countries where being a woman has consequences and being the head of the household can make more complex problems (13).

According to done the survey, worry, anxiety and stress the greatest concern female-headed households has been than their future and their childrens. These factors can have a
significant impact on the quality of women's lives. According to quality group the World Health Organization's definition, quality of life for the individual's perception of their position in life, given the cultural fabric of society, and objectives, standards and individual concerns and variables such as physical health, psychological status, independence and social interaction arises.

Quality of life an understanding are that people's of their position in life, in the cultural field and value systems. And the goals, aspirations and standards in relation (15).

Female-headed households are among the most vulnerable groups of society that factors such as divorce, addiction or disability of spouse, being abandoned by immigrant men and recklessness makes this wide range of Iranian families more vulnerable. According to the definition of Welfare Organization, women heads of households are those who are responsible for the physical and spiritual livelihood of themselves and their family members (4). Research performed shows that today 60 percent of the women around the world are breadwinners for the family and 37/5 percent of the worlds' households are supervised by women (2).

Quality of life related with mental health the people. And to express moods and changes and the ability of individuals and satisfaction of the functions of life. related quality of life and mental health in intervention, the sense of well-being and life satisfaction at the center of the important. And hence the quality of life, concept beyond health, although it is dependent (23). Quality of Life for the World Health Organization are: 1. Physical Health, 2. The psychological aspects (mental health), 3. social relations, 4. Social environment (30).

According to the research unit, of the University Of Toronto, Canada in 1994, quality of life is a situation that a person gained the important feature of life and enjoyed. the features of the opportunities and constraints posed by the individual's in the life and in the interaction of individual and environmental factors will be shown (10).

Abrams (1973) defines, term quality of life, the degree of satisfaction or dissatisfaction that people in many aspects of their lives, they feel. Or, more simply, quality of life, providing the conditions for happiness. Cutter (1985) defines, as well as quality of life, satisfaction with life and the environment that needs desires, preferences, lifestyle and other tangible and intangible factors that have an impact on the overall well-being, in the covers (10).
Today, some capacities are considered that play a significant role in quality of life. One of these components is resilience. Resilience is the ability of humans to adapt in the face of disaster or overwhelming stress, overcoming and even strengthening by those experiences. The characteristic is supported and developed with the internal capabilities of person and her social skills and interaction with the environment, and is reflected as a positive attribute (22). According to ARC and et al. (2008), people with resiliency return to the normal state after facing stressful situations often with positive emotions. Resilient people without reducing their health and without suffering mental illnesses pass the stressful events, it also seems that in some cases, despite their hard experiences, they progress and become successful (29).

The term resiliency refers to the factors and processes that protect the physical and mental growth from the risk of involving in problematic behaviors and psychological harms and despite the adverse conditions it leads to the maladaptive consequences. Put it simply, resiliency means the positive compliance in response to adverse conditions (28). resiliency is the ability of humans to adapt in the face of disaster or overwhelming stresses, overcoming and even being strengthened by the experience. The option is supported and developed with the internal capabilities and social skills and interaction with the environment and it is crystallized as a positive feature (22).

According to ARC and et al. (2008), people, who have resiliency, return to normal state often by creating positive emotions after stressful encounters. Resilient people, without reducing their health and without suffering mental illnesses, pass the stressful events, it also seems that in some cases, despite their hard experiences, they progress and become successful (1, 22).

Considering the problems that female heads of household deal with and also few studies in this area, in this study we seek to know if the resiliency training can on improve the quality of life of women of female-headed household.

**Given the purpose of the research, hypotheses examined were:**

1. Resiliency training will cause to improve physical health, the female-headed household in Sanandaj city.
2. Resiliency training will cause to improve mental health, the female-headed household in Sanandaj city.
3. Resiliency training will cause to improve Healthy living environment, the female-headed household in Sanandaj city.
4. Resiliency training will cause to improve social relations, the female-headed household in Sanandaj city.

**RESEARCH METHODOLOGY**

**Research projects:** This study was conducted in a semi-experimental research component and the target component is applied research and the test was conducted As a quasi-experimental design with pretest and posttest control group.

**Diagram layout is as follows:**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Pretest</th>
<th>Experiment</th>
<th>posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>R_E</td>
<td>T_1</td>
<td>X</td>
<td>T_2</td>
</tr>
<tr>
<td>R_C</td>
<td>T_1</td>
<td>---</td>
<td>T_2</td>
</tr>
</tbody>
</table>

**Statistical Society:** Statistical Society the study included all teachers, women heads of households who were in the city of Sanandaj in the first half the years of 1393.

**Sampling method:** Using sampling available and voluntary, stress questionnaire was given to 100 of them. Of the target population, Subjects in the stress questionnaire A score above the cut-off point (21) were, A Count of 30 patients were selected. And randomly in two groups, experimental (n = 15) and control (n = 15) were replaced.

**Method of practice:** After replacement of the subjects in the experimental and control groups, after the pretest for both groups, the experimental group, during 10 sessions were Resiliency training. Experimental intervention within 10 sessions 1 hour as following describe, did for the experimental group, it should be noted that the curriculum is adjusted in relation to resiliency in three dimensions and provided, Understanding the concept of resiliency and features abiding people / Protective factors, internal and external/ Understanding how to build resiliency. After completing the education was completed of both groups the post-test.

**Method of treatment:**

Experimental intervention is as follows. First session: pretest run, referrals familiarity with other group members, general description of the meetings for members. Second session: understanding the overall context of the discussion, resiliency is defined, features introduced abiding people. Third session: understanding the causes of domestic support, sense of optimism, self-esteem and locus of control. Fourth session: understanding of external support, social protection systems, individual responsibility, and acceptance meaningful roles. Fifth Session: understanding how to build resiliency, establish and maintain contact with others, to stress the acceptance of change. Sixth Session: more ways to build resiliency, purpose and hope for the future and act. Seventh session: more ways to build resiliency, self-awareness and growing self-

**Research Tools**

1. **Quality of Life Questionnaire:**
   To assess the quality of life, of the short version the Quality of Life Scale, the World Health Organization (1998) was used. Which contains 26 questions? in general, the questionnaire has 4 subscales, scope, assessment of the life, that include the assessment of physical health (7 items), mental health (6 items), social relations (2 items) and environment (8 items). In the results reported by makers group the quality of Life Scale, the World Health Organization that was conducted at 15 international centers, cronbach's alpha coefficient between 0.73 to 0.89 for the four subscales and total scale has been reported (14). As Rahimi (2007) Quality of Life Scale reliability, using Cronbach's alpha for the total scale equal to 0.88, public health 0.70, mental health 0.77, social relations 0.65 and environment quality of life 0.77 reported.

2. **Resiliency Scale (CD-RISC):**
   Conner-Davidson Resilience Scale (Conner-Davidson (2003) CD-RISC) is a 25 item instrument, the construct of resilience in Likert scale from zero to 4 measures. Resiliency minimum score of 0 and a maximum score of 100 is the subject of this scale. Producers of the scale propose that this questionnaire is nice to be able to differentiate them from non-abiding abiding groups of clinical and non-clinical and non-clinical and clinical research, and can be used in situations (12). Reliability and Validity of Persian scale resiliency in preliminary studies of normal subjects and patients have confirmation (1).

**Method analysis the data**
In the present study, in addition to the descriptive data for Ermont theory study of inferential analysis of covariance univariate (ANCOVA) was used for the mean of two independent t-test was used. (6). it should be noted that all statistical data using SPSS software version 20 was analyses.

**FINDINGS**
Data related to the hypotheses of the study, were analyzed using analysis of covariance. Covariance test, powerful than two default, regression and analysis of variance (8). The advantage of this method for the assumption of homogeneity of statistical regression and error equality, groups studied were used. Hypothesis 1: "resiliency training will cause to improve physical health, the female-headed household in Sanandaj city". For statistical analysis of data in this hypothesis
was used analysis of covariance. Is provided the data for this hypothesis in Table 1.

<table>
<thead>
<tr>
<th>variables</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>group</td>
<td>54/37</td>
<td>1</td>
<td>54/37</td>
<td>34/70</td>
<td>0/000</td>
</tr>
<tr>
<td>pretest</td>
<td>57/372</td>
<td>1</td>
<td>57/372</td>
<td>34/709</td>
<td>0/000</td>
</tr>
<tr>
<td>Error</td>
<td>1/566</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contents, table 1 show that the effect of the independent variables (resiliency training) on the dependent variable (physical health) is significant. 

\( F = 34/709 \) and \( P \leq 0/001 \). Thus, we can conclude that resiliency training has significant and positive impact on physical health, the female-headed household. And the significant based the average of the experimental and control groups, favor of the experimental group. Also the leven test results showed that are equal together, error variances groups the study, the calculated \( F \)-value (0/222) is not significant in level 0/05. Hence, the hypothesis is confirmed.

Hypothesis 2: "resiliency training, will cause to improve mental health, the female-headed household in Sanandaj city." for statistical analysis of data in this hypothesis was used analysis of covariance. Is provided the data for this hypothesis in Table 2.

<table>
<thead>
<tr>
<th>variables</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>group</td>
<td>142/200</td>
<td>1</td>
<td>142/200</td>
<td>49/62</td>
<td>0/000</td>
</tr>
<tr>
<td>pretest</td>
<td>134/660</td>
<td>1</td>
<td>134/660</td>
<td>38/93</td>
<td>0/000</td>
</tr>
<tr>
<td>Error</td>
<td>2/928</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contents, table 2 shows that the effect of the independent variables (resiliency training) on the dependent variable (mental health) is significant. 

\( F = 38/93 \) and \( P \leq 0/001 \). Thus, we can conclude that resiliency training has significant and positive impact on mental health, the female-headed household. And the significant based the average of the experimental and control groups, favor of the experimental group. Also the leven test results showed that are equal together, error variances groups the study, the calculated \( F \)-value (2/17) is not significant in level 0/05. Hence, the hypothesis is confirmed.

Hypothesis 3: "resiliency training, will cause to improve healthy living environment, the female-headed household in Sanandaj city.". for statistical analysis of data in this hypothesis was used analysis of covariance. Is provided the data for this hypothesis in Table 3.

<table>
<thead>
<tr>
<th>variables</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>group</td>
<td>29/34</td>
<td>1</td>
<td>29/34</td>
<td>10/69</td>
<td>0/003</td>
</tr>
<tr>
<td>pretest</td>
<td>32/840</td>
<td>1</td>
<td>32/840</td>
<td>11/96</td>
<td>0/002</td>
</tr>
</tbody>
</table>
Contents, table 3 shows that the effect of the independent variables (resiliency training) on the dependent variable (healthy living environment) is significant. ($F= 11.96$ and $P \leq 0.002$). Thus, we can conclude that resiliency training has significant and positive impact on healthy living environment, the female-headed household.

and the significant based the average of the expermental and control groups, favor of the experimental group. Also the levin test results showed that are equal together, error variances groups the study, the calculated $F$-value ($0.390$) is not significant in level 0.05. Hence, the hypothesis is confirmed.

Hypothesis 4: "resiliency training, will cause to improve social relations, the female-headed household in Sanandaj city.” for statistical analysis of data in this hypothesis was used analysis of covariance. Is provided the data for this hypothesis in Table 4.

Contents, table 4 shows that the effect of the independent variables (resiliency training) on the dependent variable (social relations) is significant. ($F= 47.87$ and $P \leq 0.001$). Thus, we can conclude that resiliency training has significant and positive impact on social relations, the female-headed household. And the significant based the average of the expermental and control groups, favor of the experimental group. Also the levin test results showed that are equal together, error variances groups the study, the calculated $F$-value ($2.59$) is not significant in level 0.05. Hence, the hypothesis is confirmed.

| Table 4: Analysis of covariance of the effect of resiliency training on social relations |
|----------------------------------------|---------|----------|-------|
| variables               | Sum of Squares | df | Mean Square | $F$ | Sig |
| group                   | 88/25     | 1  | 88/25       | 91/94 | 0/000  |
| pretest                 | 45/95     | 1  | 45/95       | 47/87 | 0/000  |
| Error                   | 1/960     | 27 |             |      |       |

DISCUSSION AND CONCLUSION

In this study, that the effect of resiliency training on the components of quality of life female-headed household were examined, we have tried to answer the question, that, do resiliency training leads to improved quality of life female-headed household in the experimental group compared with the control? To find the answer to the above question 4 hypotheses are formulated and evaluated. According to the results, we can conclude that resiliency training have the significant effect on components of quality of life female-headed household the experimental group compared with the control group. And in this study resiliency
training, leading to improving and increase physical health, mental health, social relationships and healthy living environment, in the female-headed household in the experimental group. In the explanation for this finding could be argued that when person a high degree of resiliency, reduced the patient's personality type (in the patient's personality sick person's character is ready for the stress and negative emotions) and can successfully overcome the obstacles and difficulties. And thus the quality of life is affected by the type of response and success. Resiliency is a psychological construct that with changes in people attitude style followed by the mental health field and provides compatibility. There is also a close relationship between mental and physical health mental health would be the foreground physical health. Also abiding people, sense of humor and irony as one of the features are internal. This can be an important protective factor and as a manufacturer free energy and considered one of the most important emotions that the dimensions of biological, psychological, social and involved that including the improvement of the respiratory, cardiovascular and mental health and peace and harmony in life's path (11). Also, people who have a positive attitude can de-stress and can make decisions about their physical and mental condition and in total, they believe in their abilities with the high quality of life. And in the dimensions the social, emotional and physical than his good performance. Wolf (1995) about positive impact, resiliency on mental health, on the basic features of abiding people by enhancing mental health, insists on such as social power, empowerment, problem solving, autonomy and a sense of purpose and belief in the brighter future. Resiliency is one way of promoting mental health, and positive adaptation and compromise, emotional and cognitive and social abilities increases and the quality of work, and social commitments, increases will. Resiliency through increased levels of positive emotions, strengthen self-esteem and coping successfully with negative experiences. people who have high self-esteem social relations are usually more successful and can have effective interpersonal relationships with others and used the sources of support in their time of need. Accordingly, resiliency by strengthening self-esteem as an intermediate mechanism to adapt lead wills a positive and well-being (26).

ACKNOWLEDGEMENT
All those who helped me in this research, including professor and advisor and the ones
participating in this study, I have my utmost gratitude.

**REFERENCE**


