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A Survey on Socio-demographic Factors Related to Migrant's Quality of Life (18-29 Years Old): A Case Study of Hesarak, Karaj, Iran in 2012

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Abstract

Objective: Given that Iran's population is Migrant's young, it is worthwhile (decent) to study the quality of life (QOL) of this stratum of society. The main objective of this study is to examine socio-demographic factors associated with QOL in a group of Adolescents (18-29 years old) of emigrants.

Materials and Methods: Data were collected from the structured questionnaire designed for 400 migrants, who were selected using systematic random sampling. Statistical methods of Cronbach's alpha for assessment (tools) reliability, Pearson correlation coefficient for testing hypotheses, analysis of variance to test statistical comparison and regression were used in this study.

Results: According to research findings there is a significant relationship between the variables including: age (r = −0.241), housing status (t = 22.90), social class identity (f = 14.95), religious orientation (r = 0.41), social capital (r = 0.12), self-esteem (r = 0.34), and the QOL of migrants.

Conclusion: Based on research findings, it can be concluded that the variable of QOL is affected by other variables including: Religious orientation, self-esteem, age, education, and housing status. And any changes in each of these variables will change the QOL of Migrant's young.

Keywords: Quality of Life, Self Esteem, Socio Demographic Factors

Introduction

The concept of "quality of life" (QOL) was appeared in the late 1960s and early 1970s as part of social life indicators. QOL as the social and economic policy, includes all or part of the major areas of life and its subsets. In addition to improving the material and spiritual conditions of the individual, it encompasses social values such as freedom, justice and assurance of normal conditions of life for present and future generations (1). The main challenge in practicing the concept of QOL revolves around defining the term "QOL" and hence that despite the QOL is used for many years there is no general agreement over the concept of QOL. According to its vision and direction of research, each field and discipline provides specific definition in relation to this concept. QOL is defined by World Health Organization (WHO) as "an individual's perception of their position in life in the context of the culture and value systems in which they live,

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and in relation to their goals, expectations, standards and concerns." Health-related QOL (HR) is one of the essential aspects of human health, which is embedded in a physical, mental and social context (2).One previous study had explored the HR QOL and related factors of rural-to-urban female migrant workers living in the factories in Shenzhen city of China with a cross sectional study, and its results showed that the subjects suffered from poor health and demonstrated considerable decrements (compared with general rural women) on seven SF-36 domains (except for physical functioning (3). Studies showed that health promotion activities in the workplace had the capacity to influence both individuals and populations (4,5). However, it is generally accepted that in reality the QOL is a multidimensional fact. These dimensions include physical, emotional, and socio-economic dimensions. WHO defines the QOL as: Understanding of individuals (people) from life, in the format of culture and values prevailing in society and in relation to objectives, expectations and their own interests (6). Based on this definition, QOL is closely associated with al status, psychological status, personal beliefs, the self-reliance, social relationships and environment. The term QOL has been mostly used in the field of medicine for measurement and evaluation of disease type and mode. Therefore, over recent years, lots of research works have been done within the context of medicine in order to explain this term and its management and specially, to discuss health-related QOL. However, the QOL is a concept broader than a mere medical discussion and also can be used in areas such as psychology, sociology and environmental studies and regional economy (7). Ventegodt et al. expressed that the QOL is equivalent to the happiness of life. Other scientists consider the QOL equivalent to a sense of satisfaction and/or fulfilling life goals, hopes and wishes (8). The people from different provinces and cities and countries with different cultures and different families come together and begin new stage of life and responsibility. Despite all the benefits of this new course, it is also associated with high stress including changes in daily habits, , restrictions on choice and freedom, anxiety, problems related the neighborhood , fear of making relationships with others, and inability to deal effectively with the issues mentioned (9,10). The stress of new life, besides (together with) the hardships and, previous back-ground and also due to the definition of health which is presented as the consequent of physical health, mental health and social health of people, act in cooperation (interaction) with each other (11), and may global stress mediated the relationship between care giving status lead to mental and physical problems in migrants and thereby adheres the QOL in the lower stratum of society (12). Given that human resources are considered as unmatched and major capitals in any organization and the survival and continued existence of the relevant organization depends on them, changing world of today calls for the organizations to look for new tools in order to survive, especially when the properties of this rapidly changing and profound changes have been undertaken in all social strata. Moreover, having access to the research results, it would be possible to conduct a useful panning method. By obtaining an accurate understanding of the factors affecting QOL for immigrants , the government and related organizations can follow effective policies on them' life and their living conditions. On one hand, they can identify potential factors associated with decreasing QOL among them and consequently they can reduce these factors with expertise, and on the other hand, through an accurate and systematic planning, they could provide necessary conditions for enhancing the QOL for them and can prevent their isolation and abnormality in their lives. By highlighting factual dimension, this study aims to investigate the relationship between economic and demographic variables and also social capital, religious orientation, and self-esteem factors with QOL of this group.

The overall objective of this study is to identify socio cultural factors related to QOL of migrants.

Materials and Methods

A quantitative method has been used in this study. The main technique of this survey is scaling. And necessary information is collected through a questionnaire. The scholar of this study follows the deductive approach when conducting this technique. He starts his work with theoretical or applied research. And finalize it with experimental measurements and data analysis (13). The population investigated in this study is consisted of troops in a young (18-29 years old), and due to confidentiality of information. Sample population in this research, includes part of the research community which is also representative of the community: Cochran formula have been used for determining sample size in this study. Accordingly, 400 of young of migrants have been selected and were questioned using systematic random sampling. In this study, the QOL is considered as a dependent variable. For its assessment, the WHO's QOL Short scale is used. In origin this questioner considers 24 dimensions for QOL. According to initial conceptual framework in designing this scale, these dimensions (24 dimensions) were included in 6 domains. 4 questions were considered for each dimension. Recent analyzes on these six domains provide the experts and researchers with a new version, which is the WHO QOL-BREF scale. This scale has been used in this study. This scale tends to study the four domains of QOL, including: 1-physical health, 2-mental health, 3-environment, 4-relationships with others (14). Reliability of the scale, have been measured by many researchers in different countries

around the world and have been tested widely in different environments and different cultures. Consequently, its reliability and validity have been obtained. According to the results reported by designers of the WHO's life scale which is organized in 15 international centers, Cronbach's alpha coefficient have been reported between 0.73 and 0.89 for the four subscales and total scale (15). Reliability and validity of this questionnaire in Iran were measured by Moradi and the extent of its validity and reliability have been reported in a desirable level (14).

Results

According to Table 1, among the total number of respondents in this study, the youngest person has had 18 years of age and the oldest respondents had 29 years of age. Educational status of respondents indicates that %20, i.e., 80 (maximum number) of the respondents have studied 12-10 years and % 20, i.e., 80 (minimum number) of the respondents have spent 0-5 years at school. Most of the respondents are living in private homes. 62.7% of respondents were Farsi speaking people and 37.3% of them were non-Farsi speaking people. The highest number of respondents was from lower social levels while the lowest number of respondents was from higher social levels. In this study, there were eight hypotheses of which 6 were confirmed while 2 hypotheses were rejected. These hypotheses are age-service term performed-education-housing type-ethnicity-social class. The results (Table 2), indicate that there is a negative and significant relationship between two variables. This means that with increasing age, the QOL is diminished. According to the significant level (P < 0.001) and the Pearson coefficient (r = 0.241) this hypothesis is significant at least 99%. Statistics included in Table 2, shows that there is no significant relationship between education and QOL. The coefficient calculated for this variable (r = 0.09) with a significant level (P = 0.072) indicates that the above hypothesis can be rejected. The statistics contained in (Table 2), shows that there is a significant and positive relationship between the time spent in new place and QOL.

The coefficient for this variable (r = 0.21) with a significant level (P < 0.001) indicates that the above hypothesis is significant at the 99% confidence. Table 3, shows the mean difference of QOL in migrants population in terms of housing conditions. Results based on T test confirm the above hypothesis and has shown a statistically significant difference. The observed difference between mean scores of QOL of people in each group based on T-test (90.22), is significant at the level of 99%. Statistics included in (Table 4), shows that there is no significant relationship between ethnic and QOL. The coefficient for this variable equal to (T = −4.47) with a significant level (P = 0.252) which indicates that the above hypothesis can be rejected.

Table 1. Distribution of respondents by age

Variable	Groups	Frequently	Percentage
Age (year)	18-21	210.0	52.6
	22-25	70.0	17.7
	More than 26	70.0	17.7
Education	Illiterate	25.0	6.2
	School	100.0	25.0
	High school	195.0	48.75
	University	80.0	20.0
Housing type	Personal	208.8	52.2
	Impersonal	191.2	47.8
Ethnicity	Persian	250.8	62.7
	Non-Persian	149.0	37.3
Social level	Low	17.2	4.3
	Average	118.8	29.7
	High	264.0	66.0

Performed during the service, education, housing type, ethnicity and social class of the sample

Table 2. Pearson correlation coefficient between background variables (age, education) and quality of life (QOL)

Variable	Age	Education
Life quality	-0.214	-0.190
Significant level	0.00	0.072

Table 3. The average difference in test quality with regard to housing conditions

Housing conditions	Frequency	Life quality	Standard deviation	T value	Significant level
Personal	209	71.33	9.69	22.90	< 0.001
Impersonal	191	61.79	12.40		

Table 5 shows the mean difference of QOL in migrant population in terms of social class. Results based on F test confirm the above hypothesis and has shown a statistically significant difference. Mean QOL for those living in upper classes of society is equal to (62.25), while this score is equal to (54.78) for the middle class and (39.47) for those who living in lower strata of society. The results show that the difference between people who are living in upper classes of society and lower strata of society is significantly high and mean QOL in upper classes is higher than the score for lower strata. Based on the value of F test (14.95) and a significant level of 0.004, this hypothesis is confirmed. Considering the results shown in Table 6, the coefficients for the variables of religious orientation and the QOL is equal to (0.41) with a significant level (P < 0.001), which indicates a direct and positive relationship between these two variables. This means that with increase or decrease in the level of religious orientation of individuals, the quality of their life would increase or decrease. The results included in table 7, indicates that there is a significant and positive relationship between social capital and QOL of them. This means that with increase in social capital among individuals, the quality of their life would be far better. Considering the significant level (P = 0.013) and the Pearson value calculated as (0.12), it can be said that the above hypothesis is confirmed, in Table 6, the relationship between the self-esteem of individuals and QOL of the them are shown. Considering Pearson's coefficient (r = 0.340) and significance level (P = 0.003), there is a significant relationship between self-esteem and QOL in with 95% confidence. Moreover there is a significant and positive relationship between religious orientation and QOL of them. This means that with increase in religious orientation among individuals, the quality of their life would be far better. Considering the significant level (P < 0.001) and the Pearson value calculated as (0.41), it can be said that the above hypothesis is confirmed. Consequently our hypothesis is confirmed. This means that with increase in religious orientation level of individuals, the quality of their life would be improved.

Discussion

According to theoretical bases of this study, QOL, ranges from raw material resources to the state of mind of person and includes objective and subjective conditions in which he lives. Indicators of QOL include: mental and physical health, social relationships, life satisfaction, and sense of satisfaction of material and spiritual needs, living conditions, housing conditions, family integrity, educational status of children (16), willingness to criminal and delinquent behavior in family members, alienation from society and himself, and interest in future life expectancy, desire and willingness to migrate and desire to be isolated (12). Consequently, it covers objective and quantitative aspects of QOL such as living conditions and subjective aspects such as life satisfaction. There were 8 hypotheses in this study, of which 6 were confirmed and 2 hypotheses were rejected. In the first stage of analysis, among the independent variables and QOL, Pearson correlation coefficient was calculated. Pearson coefficients which were calculated for variables, includes: age (r = −0.214), religious orientation, (r = 0.41), social capital (r = 0.12), self-esteem (r =0.34), and all of these variables have a significant relationship with the dependent variable. But due to significant level, variable of educational proficiency can be rejected. Ghaffari and Anugh point to the significant in relationship between social capital and QOL and Bowling et al. point to the role of

Table 4. Average test quality on ethnicity differences

Ethnicity	Frequency	Life quality	Standard deviation	T value	Significant level
Persian	210	64.57	12.49	4.47	0.252
Non-Persian	190	66.97	11.82		

Table 5. Migrants test the quality of life (QOL) score of the sample in terms of class identity

Social level	Frequency	Average	Standard deviation	F value	Significant level
Low	17	62.256	8.225		
Average	119	54.782	7.661	7.952	0.004
High	265	39.478	7.014		

Table 6. Pearson correlation coefficient between the main variables and quality of life (QOL)

Ethnicity	Frequency	Life quality	Standard deviation	T value	Significant level
Persian	210	64.57	12.49	4.47	0.252
Non-Persian	190	66.97	11.82		

Table 7. Pearson correlation coefficient between background variables

Self-esteem	Social capital	Religious orientation	QOL
0/34	0/120	0/410	Significant level
0/003	0/013	0/000	

QOL: Quality of life

acculturation and social capital (17), Moradi emphasizes on the important role of variables such as social capital, religious orientation, coping methods and acculturation in destination, acculturation pressures and also points to the demographic variables and their relation with quality of mental health of immigrants (14), Wagner et al, point to investigating and determining the role of social participation, demographic variables, and to the use of health services (18), Bowling et al emphasizes on the relationship between social capital and QOL (17) and the same results were obtained in a similar manner and is consistent with the results of this study. In order to test the hypotheses that their independent variables are in nominal or sequential measurement level, the t-test has been used for comparing two means and the F test has been used for comparing more than two means. Analysis indicate that among 3 hypothesis that their independent variables are in nominal or ordinal measurement level, two variables, including social level (F = 7.952) and housing conditions (T = 22.90), have been approved in the variance analysis, whereas the ethnicity variable (T = 4.47) has been rejected, and has no significant relationship with dependent variable. Based on theoretical arguments and findings of this research, factors associated with QOL of migrants in this community are somewhat clear. One of these factors is social capital in society. With the transition of societies from traditional form into industrial and post-industrial form, the importance of debates about the QOL in society has been given rises in a way that international organizations including the WHO have given attention to QOL. Entering this new society that has changed all the structures of society in some way has influenced the QOL of people. In our society as a society which is passing from semi-industrial form into industrial form, this debate has become more critical. During this transition any changes in living environment of young people, is seen more frequently, because their lives has been fluctuated and changed during this transformation. However, these changes not only have affected their lives, but also have influenced the values and norms of migrants as the actors in the system.

These changes plus the spatial and environmental changes of them may result in a kind of cultural confusion and mental disorders due to lack of complete separation from the past living conditions. However, it is obvious that all people do not respond to these changes in the same way. One of the other factors associated with QOL of migrants that can be pointed is the role of religious values in society. Although our society has entered the industrialization process, alongside these changes, values and religious beliefs have retained their role and can play a role as the monitoring force, in order to monitor the behavior of individuals. Religion implies what man does, or how deeply he feels, or what affects his will. It invites him to obedience or threatens him with punishment, or reward him by promised or committed him to the community. Eric Fromm believes that even the meanest person has shadow of religion in his believes, If there is no divine system, people start to think of creating it and if they do not have a god to worship, they create it. They worship trees, statues, demonic forces, sun, fire, and the Totem to feel relax. Therefore, religion, as a common believes of a group of people, can have a supportive role for young people, especially migrants can provide positive experience. Psychiatry and religion both have stressed the importance of people and the significance of their experiences, and try to improve the satisfaction of mankind in terms of social exigible. Results of this study indicate that migrants with a strong religious orientation and believes, has a better QOL.

Conclusion

Based on research findings it can be concluded that the variable of QOL is affected by other variables including: religious orientation, self-esteem, age, education and housing status. And any changes in each of these variables will change the QOL of Migrant's young.

Ethical issues

In this study was considered ethical issues and all the participant are not be identifiable in any way by a reader of the final report or dissertation.

Conflict of interests

We declare that we have no conflict of interests.

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