Relationship Between General Health and Self-Efficacy in Women Referred to Health Center No.2 in Chaloos (2012)

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Abstract: Background and aim: Women's health is base of family and society's health. Self-efficacy is one of the factors which would lead to promotion of general health in women. Methods: In this descriptive-analytical study, General health status and self-efficacy of 130 women who referring to health center No.2 in Chalus were measured by standard General health questionnaire (GHQ-28) and standard Self-efficacy questionnaire (General Self-Efficacy Scale-GSE) (Schwartzer and Jerusalem). Samples were selected by simple random sampling method. Results: Mean and standard deviation of general health and self-efficacy were 20.92±14.09 (desirable) and 29.76±6.07 (moderate). 34.6% of women complained from physical symptoms; 36.2% had anxiety and sleep disorder; 53.1% had impairment in social functioning; and 14.6% had some symptoms of depression. In general, 27% of women had some kind of health problems. There were a signification relationship between general health and marital status, between marital status and depression and between general health and self-efficacy. Conclusion: General health and self-efficacy in these women are inadequate and planning educational program for promotion general health based on self-efficacy theory is necessary.

Key words: General health • Self-efficacy • Women

INTRODUCTION

Women are half of the population of the country, managers and teachers of the families and activists of the society and their health forms the basis of the health of half of the population, family and the society [1]. The importance of the position of woman in the society and her role in the full development of Iran is evident and being informed of their health status and the effective factors can be the basis of the planning and policy making to modify their progress status [2].

Women health is one of the development indicators. Thus, recognizing the needs and mental, emotional characteristics and capabilities of women is of great importance in social and economical aspects [3]. General health is consisting of three physical, mental and social responses to the internal and external drives to maintain stability and comfort [4]. Landun et al. wrote about women health as: Health is a dynamic, varied concept based on possible realities. Health is the initial rights of an individual and is necessary for the development of the communities [1].

Although the statistics show the long life of women compared to men, their life quality is seriously problematic. Women are more suffering from acute and chronic complications and long and short term disabilities [5]. Women health is affected by mental, social, emotion, economical, cultural and environmental biological factors and it starts from fetal period. Then, each stage (breastfeeding, childhood, adolescence, youth, pregnancy and elderly period) is based on the previous stage. In the study performed by Shahrokhi about the general health status of worker women of Qazvin factories, the results showed that women were suffering from general health status dysfunction [6]. In a study performed by Marianne J. Legato et al., about the women perception of their general health, coronary disease was mentioned. They found that the increase of women knowledge about
the risk of heart diseases increased the preventive health behaviors and preventive tests being performed by gynecologists. 74% of the study women scored about their health “relatively” or more aware [7]. In a study performed regarding the effectiveness of collective counseling with logo therapy approach on improving general health of earthquake-stricken women Qanbari et al., the data analysis showed that collective counseling with logo therapy improved the general health dimensions including physical status, depression and mental health. But there was no significant difference in social function [8]. The factors resulting into the improvement of general health of women is self-efficacy. Olsary considered self-efficacy the belief in the ability to organize and taking the required measurements to achieve a definite goal. He believed that one of the important factors in creating the motivation for a person is his belief in his ability for taking measurement and influence [9]. Self-efficacy is raised as one concept of social learning concepts and it was first developed for the first time by Bandura in 1997 [10]. Self-efficacy is the assurance a person feels about a special task. This concept affects the attempt and performance of a person. In behavior change process, improving self-efficacy is of great importance. Repetition of the performance and simplification and dividing a task to smaller stages can make a person able in each stage and lead into full self-efficacy [11]. Bandura believes that people judgment about their capabilities (self-efficacy) is dependent upon their physical state and they are affected by a person emotional status and life quality in all aspects. Negative emotions such as fear, anxiety, tension and depression cause that people underestimate their abilities in their duties and this is low self-efficacy. However, low self-efficacy causes that mental states as fatigue, anger and pain are created and lead into the problem of life quality [12]. According to Bandura, there are four major sources for self-efficacy including the previous successful experiences, substitute experiences, verbal encouragement and physiological arousal (emotional state and physical conditions) [13, 14].

In a study performed by Zedlin and Pajares about women self-efficacy beliefs in math, scientific and technology careers, the findings showed the importance of the perceived self-efficacy sources for women in male-dominant fields. According to the results of the study, self-efficacy leads into the required stability and flexibility to overcome the scientific and career barriers [15] According to Fitzgerald, self-efficacy feeling is consisting of two important principles as expectations and perception of a person of his abilities to do special behavior and believing in the fact that doing special behavior leads into a good premonition (outcome expectation) [16]. High self-efficacy leads into high attempt, resistance and flexibility. The people with high self-efficacy can be affected effectively of their life events and expect more success compared to the individuals with low self-efficacy [17]. This study is a part of semi-empirical design. The current is aimed to determine the relationship between the general health and self-efficacy of women referring to health center No. 2 of Chalus (Chalus was selected due to the fact that one of the researchers was local resident of the city). The results of the study are applied in the design of good interventions to improve the general health of women by self-efficacy theory.

MATERIALS AND METHODS

The cross sectional study was conducted in 2012 in health center No.2 of Chalus. The health status and self-efficacy of 130 women referring to the center being selected randomly were investigated by General health questionnaire (GHQ-28) and standard self-efficacy questionnaire (General Self-Efficacy Scale-GSE). In an initial study conducted on 10 similar women, besides calculating the mean and standard deviation of general health and self-efficacy, within 10 days, the questionnaire was completed twice. The validity of the general health and self-efficacy questionnaire was achieved based on content validity test (panel of 10 experts) and the reliability of two questionnaires was obtained based on test-retest and Cronbach’s Alpha test (cut of rate=0.8). The sample size based on the mean and standard deviation of general health and self-efficacy of the initial study 5(s), confidence coefficient 1.96(2), accuracy 0.85(d) and by the following formula and considering the value were calculated for 130 subjects.

\[ n = \frac{z^2 \cdot s^2}{d^2} \]

The data collection instruments were standard general health questionnaire and general self-efficacy questionnaire. The general health questionnaire (GHQ-28) is one of the screening instruments applied in epidemiological studies of mental disorder including 28 questions being developed by Goldberg in 1972. The design aim was the identification of mental disorder in health center and various situations. The questionnaire is one of the most common screening instruments of mental
disorder with considerable effect on the progress of behavioral sciences and psychology studies [18]. The questionnaire was completed by Goldberg and Hillier in 1979 and the questions were consisting of four scales of physical signs, anxiety, sleeping disorder and social function disorder and major depression [19]. The multiple choice questions were (no, little, much, much more). The scoring for general health questionnaire was Likert scale and the items were scored as (0-1-2-3) and the maximum score of a subject was 84(18). The score 0 to 27 showed good general health, 28 to 55 showed nearly good general health and 56 to 84 showed bad general health. Palahang et al. in the investigation of validity of the 28-item questionnaire of general health based on Likert scale reported cut-off score of 22. The reliability coefficient (by test retest) was 0.91. The classification of the obtained score in this questionnaire based on cut-off score was such that scores 0 to 27 showed good general healths and scores 28 to 84 showed bad general healths [20]. To evaluate the self-efficacy, General Self-Efficacy Scale-GSE was applied. The questionnaire was translated into Persian by Nezami et al., (2006) and was applied in various studies in Iran. The scale was consisting of 10 questions “If I attempt more, I can solve hart problems” and the answers are not at all true, hardly is true, almost true and completely true. It is graded from 1 to 4. The high score in this scale show high general self-efficacy [21]. The scoring method Schwarzer and Jerusalem was conducted based on four-item Likert scale. In 10-item scale, the scores were ranging 10 to 40. The scores ranging 10 to20 showed low self-efficacy, scores 21 to 30 showed moderate self-efficacy and the scores higher than 30 were considered as high self-efficacy [22]. The questionnaires were completed by the subjects within 15 min. The data entered SPSS software (version 19) and by descriptive statistics as absolute and relative frequency distribution and analytical statistics including chi-square test and Spearman correlation coefficient were applied to evaluate the relationship between the variables. The significance level was α=0.05. The written consent was obtained and subjects name and their data were confidential. One of the limitations of the study was its cross section and the number of the subjects because of the limited time in the framework of a research plan.

**RESULTS**

The women in the study aged 20-61 and most of them (51.5%) were below 29 years old (mean age 20.36). 80% of the subjects were married. The education level of most of them (59.2%) was moderate and 40.8% were studying in University and no one was illiterate. 66.9% of them were housewives and 33.1% were employed.

The mean general health score in women was 20.92 with standard deviation 14.09 (good) and the mean of self-efficacy score was 29.76 with standard deviation 6.07 (moderate). 71.5 of them had good general health, 24.6% had almost good general health and 3.8% had bad general health (Table 1).

The obtained score of women in various parts of general health questionnaire showed that 34.56% of women complained about the physical pains, 36.2% had sleep disorder, anxiety and 53.1% social function disorder and 14.6% had some signs of depression. Among the studied women, 35 (27%) had the score of equal or above 28 and it showed the dysfunction of their general health (Table 2).

By doing Spearman correlation coefficient, there was a negative correlation between general health and self-efficacy as r=-0.39 at significance level 0.01 (P<0.001) as by the increase of the score of general health

<table>
<thead>
<tr>
<th>General Health Score</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Good (0-27)</td>
<td>93</td>
<td>71.5</td>
</tr>
<tr>
<td>Almost good (28-55)</td>
<td>32</td>
<td>24.6</td>
</tr>
<tr>
<td>Bad (56-84)</td>
<td>5</td>
<td>3.9</td>
</tr>
<tr>
<td>Sum</td>
<td>130</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obtained score</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatization</td>
<td>85</td>
<td>65.4</td>
<td>45</td>
<td>34.6</td>
</tr>
<tr>
<td>Anxiety and sleep disorder</td>
<td>83</td>
<td>63.8</td>
<td>47</td>
<td>36.2</td>
</tr>
<tr>
<td>Social function disorder</td>
<td>61</td>
<td>46.9</td>
<td>69</td>
<td>53.1</td>
</tr>
<tr>
<td>Depression</td>
<td>111</td>
<td>85.4</td>
<td>19</td>
<td>14.6</td>
</tr>
<tr>
<td>General health</td>
<td>95</td>
<td>73</td>
<td>35</td>
<td>27</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Self-efficacy score</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Below 20 weak</td>
<td>7</td>
<td>5.4</td>
</tr>
<tr>
<td>20-29 Moderate</td>
<td>53</td>
<td>40.8</td>
</tr>
<tr>
<td>30-40 good</td>
<td>70</td>
<td>53.8</td>
</tr>
<tr>
<td>Sum</td>
<td>100</td>
<td>130</td>
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dimensions, the self-efficacy score was reduced. By chi-square test, there was a significant correlation between general health and marital status (P<0.03) but there was no significant association between general health and age and the number of children. Chi-square test showed that there was a significant association between marital status and depression (P<0.006) but there was no significant association between self-efficacy and demographic variables.

DISCUSSION AND CONCLUSION

The studies performed in Iran showed that women community for various reasons had more problems compared to men and they are not healthy and they experience various psychological and physiological disorders [23]. Self-efficacy is a behavioral perception increasing the obligation to a work planning and behaviors of health promotion [24] and it has major role in acceptance and continuance of the behaviors and it is the most important personal factors in behavior change [25].

The descriptive-analytical study (cross section) was conducted on 130 women referring to health center with the aim of determining the relationship between the general health status and self-efficacy. The results showed that 27% of women didn’t have good general health. In the study performed by Shahrokhi on 120 employed women in Qazvin factories in 2001, totally 35% of women were suffering from general health status disorder. The reasons are the lack of observing health criteria from women as good nutrition, rest and balanced activity, the low health information, financial problems and inadequate consideration of mental health issues [6]. The findings emphasized on the additional survey and required intervention in women with bad general health.

In the current study, in terms of the general health dimensions, the most important disorders were social function disorder, anxiety and sleep disorder, somatization and depression as in 53.1% of the women, the highest general health disorder was about their social function status. 36.2% of them had sleep disorder and anxiety and it can be the origin of some of the mental problems. 34.6% of the subjects had somatization and 14.6% had some signs of depression. The results were in line with the findings of Shahrokhi study [6]. In the study, housewives (54%) had low social function. It seems that housewives had the role of spouse and mothers and due to the lack of information about social function had fewer roles.

Larson believed that employed women besides the career duties have more disorder compared to men and they are more responsible to the free activities at home and it leads into their depression [26]. In the study performed by Shahrokhi, 35% of the women were suffering from anxiety and sleep disorder and 26.7% had somatization and 20% had some symptoms of depression [6].

 Totally, the analyzes of the findings emphasized on the necessity of required interventions about improving the social function, elimination of anxiety problems and sleep disorder, improving physical status and coping with depression.

The results of the study showed that the more the general health dimensions score, the worse their general health. There was a significant association between general health and marital status and depression (P<0.03) and it is in line with the study of Shahrokhi. The depression score was high among single and divorced women (P<0.006). It is because single women (namely those living alone) have low emotional and mental supports and they are mostly suffering from depression. It seems that marital status was an effective factor in increasing general health. There was a negative correlation between self-efficacy score and general health score among the women (P<0.001). By the increase of self-efficacy score, the general health score is reduced and it showed good general health status. This finding showed the relationship between self-efficacy and general health and it was in line with the results of the study performed by Afruz et al. about the relationship between self-efficacy and mental health [27] and the study of Marianne J. Legato et al about women perception of their general health [7]. Thus, to improve the general health of women, we should plan to increase their self-efficacy. The findings of the current study at education level (for encouraging the women to attend the group discussions and the effect of these sessions on general health and self-efficacy), research level (the aim of improving the physical and mental health of women) and management level (with the aim of improving the quality of family life) are applied. Finally, based on the results of the study, the general health and self-efficacy of women were moderate and most of them had general health problems. Based on the relationship between general health and self-efficacy, the design of intervention is recommended to increase the self-efficacy and improving their general health. The limitations of the study are its cross section nature and the number of the subjects due to the limited time in the form of a research plan.
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REFERENCES

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