

Shikha Tyagi, Ph.D.

shikha.tyagi80@gmail.com

Abstract

Quality of Life (QOL) is a broad term capturing importance of physical, psychological, social and environmental characteristics in one's life. It has been observed that today's youth exhibits their impairment through various ways i.e., substance abuse, physical inactivity, high risk sexual behaviour, injury, violence and others. Thus, the QOL of youth requires proper attention. Evidence suggests that many of these problems can be reduced by promoting protecting strategies. This study was designed to evaluate the Quality of Life of youth of age 16 to 24 years. The WHO Quality of Life (QOL- BREF) Scale was used for collecting the data on different domains- physical, psychological, social and environmental Quality of Life of youth and same was collected for 60 youths of National Integration Camps (NIC). The descriptive analysis showed the moderate QOL of youth population. The youth's QOL was found significantly correlated with the domains of social ($r=0.76$), environmental ($r=0.71$), psychological ($r=0.70$) and physical ($r=0.59$). QOL of male participants was found better than their female counterparts. On the basis of result, it is stated that all the domains of QOL are necessary for happy and healthy life.

Key Words: Physical, Psychological, Social and Environmental Quality of Life.



Scholarly Research Journal's is licensed Based on a work at www.srjis.com

BACKGROUND

Quality of Life (QOL) is concerned with overall well being of an individual in the society and mostly includes sense of subjective well-being, happiness and life satisfaction. It does not directly refer to various indicators like "health status", "lifestyle", "life satisfaction", "mental state" or "well being". World Health Organisation (1998) has also defined quality of life as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, standards, expectation and concerns. In fact, individuals and societies as a whole are affected in a complex way by physical health, psychological state and level of independence, social relationships and their relationship to salient features of their environment. Therefore, quality of life for majority is used to evaluate their general well being.

The purpose of evaluation of quality of life index is to provide a tool for measuring development and monitoring for which the physical health, psychological state, social adaptation, environment and economic dimensions are the key indicators of the quality of life in the community. Quality of life analysis can also be used to comment frequently on designing key issues that affect people and contribute to the public debate and ultimately proving about how the quality of life in community is being contributed.

The World Health Happiness Report recently published is a landmark survey on the state of quality of life and is a burning example of the same. This report covers 156 countries for survey where the happiness level and substantial well being for India ranks at 122nd at world happiness level. This is a

clear indication that India is far behind even from its neighbouring countries like Pakistan, China, Nepal, Sri Lanka and Bangladesh. (Hindustan Times, March 2017)

A further report appeared in Hindustan Times, March 2018 speaks that the quality of life and levels of living across the major states of India has also been analysed using 17 indicators covering income, quality of housing, health status and educational attainment of the population. UP, MP, Bihar, Orissa and Assam are the least developed state in terms of quality of life. On the other hand Kerala, Punjab, Maharashtra, Himachal Pradesh are the most developed states in terms of quality of life index.

PROBLEM

Following the same analogy a descriptive study of youth's QOL has been analysed in the present study. Youth being the prime resource of every country is supposed to have QOL because he as individual is the window of opportunity that sets the stage for healthy, qualitative and productive adulthood and to reduce the problem in the later stage of life. Present society expects its younger generation to be producing and responsible. An estimated 2.6 billion young people of age 10 to 24 years presumed to be healthy globally. But, quality of life review of young people in the age group of 10 to 30 years examines and identifies issues of their low quality of life (WHO, 2016). In India, population aged 10 to 24 years accounts for 373 million (30.9%) of the 1,210 million of India's population among them 110 and 273 million live in urban and rural India. A major percentage of this young population has a poor QOL.

This poor quality of life and health of young people hinders their ability to grow and develop to their full potential because of substance abuse, physical inactivity, high risk sexual behaviour, injury, violence and others. There should be awareness of environmental and individual determinants of their QOL that underlie multiple risk behaviours, health literacy and the adoption of care seeking behaviours. (PMNCH Knowledge Summary, 2016)

So, it is important to identify and prioritise the issues of QOL which guarantee improvement of their quality of life and life satisfaction and ensures individual growth to achieve better sustainable development. With this background the present study was planned to analyse the quality of life of youth.

OBJECTIVE

The aim of the study is to analyse youth's general quality of life in four domains – physical, psychological, social and environmental and to investigate the relationship between the different domains of quality of life.

METHOD

Sample consisted of 60 youths (30 male and 30 female) and was drawn from National Integration camp (NIC) held at Om Shanti Retreat centre, Gurugram organised by Union Ministry of Youth Affairs and Sports and Raj Yoga Education Research Foundation (RERF) Mount Abu, Rajasthan.

INSTRUMENTATION

Assessment of youth’s quality of life was conducted with use of WHO Quality of Life instrument - The WHOQOL – BREF. The quality of life questionnaire consists of 26 questions and respondents were asked to answers using a 5- point Likert scale. Two items measure Global QOL and health, and the remaining 24 items are the part of one of the following four domains: – physical QOL (seven items), psychological QOL (six items), social QOL (three items) and environmental QOL (eight items). The quality of life in respective domains was expressed as a mean value. The higher score denote the better quality of life. The relationship between different domains was assessed by using Pearson’s coefficient of correlation (r).

RESULTS & DISCUSSIONS

Firstly, all the mean and SD for all the four domains of QOL and Global QOL for males and females were obtained.

Table No.1 Mean & SD of youth’s QOL

Domain	Male		Female		Total	
	Mean	SD	Mean	SD	Mean	SD
Physical	13.83	1.62	14.06	2.95	13.95	2.36
Psychological	14.16	2.21	14.1	2.73	14.13	2.46
Social	14.36	3.12	13.93	3.06	14.15	3.07
Environmental	13.83	2.42	13.16	2.87	13.5	2.65
Global QOL	56.2	5.75	55.26	8.88	55.73	7.44

The result indicates a moderate quality of life (QOL) profile of youth. Youth’s Global QOL & health is found (55.73) which shows moderate QOL and health. From the table it is also clear that male and female subjects obtained almost similar mean score on various dimensions of QOL. The scores demonstrate maximum difference on Physical domain followed by Social and Environmental domain.

Table No. 2 Correlation Analysis of QOL & its domains

Sample	DOM. 1	DOM.2	DOM.3	DOM.4
Total (60)	0.59	0.70	0.76	0.71
Male (30)	0.14	0.57	0.84	0.67
Female (30)	0.72	0.79	0.76	0.77

Fig. no 1 Radial Venn diagram showing the QOL correlation with its domains

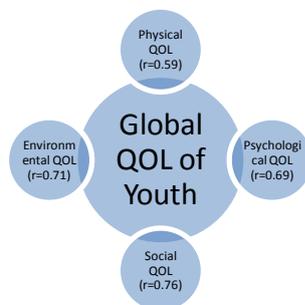


Table no. 2 and the diagram define the nature of the relationship between Global QOL and its domains. The dimensions of QOL are positively correlated with each other. The above mentioned

table reveals that social domain ($r=0.76$), environmental domain ($r=0.71$) and psychological domain ($r=0.70$) are strongly correlated with Global QOL. Physical domain ($r=0.59$) shows a comparatively low level of relationship with QOL. Results indicate that male QOL on the physical domain (0.14) has the lowest correlation with QOL whereas, female QOL is highly correlated with the physical ($r=0.72$), psychological ($r=0.79$), social ($r=0.76$) and environmental ($r=0.77$) domains.

QOL has a strong relationship with growth and development. Hence, it is clear that physical health, psychological state, social skills and environment adaptation have a positive connection with QOL. This is very clear from the result because all the Global QOL and physical, psychological, social and environmental QOL are positively correlated with each other. The study by Sarika Manhas et al. (2014) also highlights the impact of emotional intelligence on QOL. The result of this study also finds a similarity with the study conducted by A. Radha krishnan Nair et al. (2013), where their results supported the hypothesized relationship between greater well being and social and psychological components.

CONCLUSION

It is safely concluded that there is a positive relationship between QOL and physical health, psychological state, social skills and environmental adaptation. Therefore, it can be said that physical, psychological, social and environmental QOL are the best indicators of an individual's positive QOL and health. However, this study can be concluded with the positive note on that an intervention of physical, psychological, social and environmental skills training can be utilized for enhancing the Global QOL of youths.

REFERENCES

- Abhimanyu Kulkarni. (March 20, 2017). "India ranks 122nd in World Happiness Report, behind its neighbours Pakistan and China." *Hindustan Times*.
- Abhimanyu Kulkarni. (March 20, 2017). "India ranks 122nd in World Happiness Report, behind its neighbours Pakistan and China." *Hindustan Times*.
- A. Radhakrishnan Nair, Sreehari Ravindranath, Joseph Thomas. 2013. "Can Social Skills Predict Wellbeing? : An Exploration." *European Academic Research: An International Journal*, 01(05): 712-720.
- Bajendra K Parashar. March 26, 2018. "Uttar Pradesh among states with lowest Quality of Life." *Hindustan Times*.
- Michael Wertheimer & Leon Rappoport. 1998. "A Brief Overview Of Quality of Life Research"-*The Psychology and The Problems of Today*. University of California, Scott, Foresman. 407-410.
- Sarika Manhas, Anupa Sharma, Manisha, 2015. "Relationship between Quality of Life and Emotional Intelligence of the Sample Youth." *Int J Cur Res Rev*, 07(02). 01-03.
- Sharma, Avdesh. 2009. "Spirituality and Mental Health." *Indian Psychiatric Society, Medical Wing, Rajyoga Education and Research Foundation, Mt. Abu*.
- Sujatha, Jayakumar, K. N. 2017. "Relationship between Psychological Well being and Life Skills among students of Women College." *The International Journal of Indian Psychology*, 4(4): 1-7.
- UNFPA. 2014. "The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future. State of World Population." New York: <http://www.unfpa.org/swop> (Assessed on June 2016)
- WHO. 2014. "New attention to adolescent health, Health for world's adolescents." (Assessed on June 2016) Available from: www.who.int/section1/page1/newatt

WHO. 2014. "Summary, Health for the world's adolescents. A second chance in the second decade." (Assessed on May 2016) Available from: www.who.int/adolescent/second-decade

WHO. 1996. "World Health Organisation Quality of Life." (Assessed on June 2016) Available from: www.who.int.mental-health.media

WHO. 2002. "WHOQOL Spirituality, Religiousness and Personal Beliefs." (Assessed on June 2016) www.who.int.mentalhealth.media

WHO. 1996. "WHOQOL-BREF Introduction, Administration and Scoring. Field Trial Version." World Health Organisation, Department of Mental Health (Assessed on June 2016) www.who.int/mentalhealthrh

WHO. 2016. "Adolescents: Health Risks and Solutions." (Assessed on June 2016). www.who.int.mediacentre.factsheet

WHO. 2016. "Act Now For Adolescents. PMNCH Knowledge Summary # 35 Women Children's and Adolescent's Health." www.who.int.publications.summary

WHO. 2016. "Promoting Health Through the Life-course. A Lancet Commission on adolescent health and well being." (Assessed on June 2016). www.who.int.life-course.news.events