Research Paper Medical Science

A Study of Well Being Status Among Young Individuals In Urban Areaof Pune District, India.

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ABSTRACT

Introduction: The years between the ages of 16 and 25 can have a significant impact on the mental wellbeing of individuals throughout the remainder of their adult lives. Evidence indicates that adolescence and early adulthood is the peak age of onset for mental ill health and the period when there is a need for early intervention. Research is needed that explores young people's mental health profile in greater depth.Objectives: this study was done with following objective (1)To study the wellbeing status of urban youth of 18 to 25 years of age with special focus on mental health. (2)To assess the association of wellbeing with some socio demographic variables. (3)To provide suitable recommendations based on study findings. Methodology: This was a community based cross-sectional study carried out in urban field practice area of a medical college in Pune. The subjects included in the study were young individuals in the age group of 18 to 25 year. For assessing the well-being status of study participants WHO (Five) Well-Being Index (1998 version) questionnaire was used. Results were analyzed by software package-Epi info. Results: The prevalence of poor well-being in present study is 22.28%.Well-being status was significantly associated with stress factor in life and Exercise, meditation, yoga have protective effect against poor well-being. Well-being status was not significantly associated with type of family and per capita income

KEYWORDS

Introduction:

The famous Indian scientist APJ Abdul Kalam once said, "In a democracy, the well-being, individuality and happiness of every citizen is important for the overall prosperity, peace and happiness of the nation."[1] World Health Organization has also stated that health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity.

According to world health organization youth are defined as those in the age group of 15-24 years.[2]India has one of the largest proportions of population in the younger age groups in the world making it to 30.5% of the total population. India is thus set to become youngest country in the world by 2020.[3]This population group includes adolescents, juveniles and early adulthood individuals. Youth is a stage of life with characteristics of transition. These population groups have many characteristics which make them biologically vulnerable for various physical and psychological disorders. There are numerous biological, hormonal and psychological changes happening in their body affecting their psyche and soma to a larger extent. These changes have been found to be ultimately impact their social functioning. This period of life experiences the secondary school and college days of life. Acculturation has shown the major effect on this age group which has imbibed the western culture in maximum way. Exposure to westernized life style has led to easy availability of addictive substances, relationship problems & many health disorders. All these things have been found to be making the quality of life of these young individual poor and affecting negatively their well-being status.

Wellbeing can be described as a combination of how we feel (our emotions and life satisfaction) how we function (Relationships with others, personal control, purpose in life and independence).India ranks 26th in global youth well-being ranking with Australia occupying first place.[4]Available literature on this research area shows that stress levels have increased in the lives of youth in India. Youth is quite often a period of personal adjustment and stress, and previous research has found that youth are more vulnerable to the negative effects of stressful life events.[5]Prevalence of mental disorders is greatest among younger people aged 16-24 years than at any other stage of the lifespan.[6]One in seven youth experienced symptoms or behaviours suggestive of mental health disorders. The reasons for concern are that the years between the ages of 16 and 25 can have a significant impact on the mental wellbeing of individuals which has been seen to persist throughout the remainder of their adult lives. It clearly spells out the need and importance of early diagnosis and timely intervention for the benefit of the affected individuals, their families and ultimately the nation.

In addition to this problem, the qualitative and quantitative research in this field indicated that adolescents and young adults prefer to rely on themselves rather than to seek external help for their problems. Again, this common barrier to help-seeking has also been reported in previous reviews of cross-sectional studies.[7-8]This ultimately has led to increased stressors in their life affecting the quality of the well-being of lives of these youth. To address this, a study was planned to assess the well-being status of the youth residing in the urban field practice area of a medical college in Pune.

Materials and methods

After institutional ethical committee approval a cross-sectional study was planned in urban field practice area of a medical college in Pune. The study was planned for a duration of 6 month from 1 May 2015 to 1 November 2015. The sampling frame was formed by all the college going students from the field practice area. The area has some reputed educational institutes running various professional courses for college students. On feasibility grounds one such educational institute premise was selected for recruiting college going

students as study subjects. Purposive sampling method was used to enroll study participants. The college going students were approached in their college campuses. The purpose of the study was explained to them in detail and an appeal was made them to enroll in the study. Thus the inclusion criteria for the study was college going students above the age of 18 years and willing to participate in the study. All study subjects signed a written informed consent form. The study tool was a questionnaire with two parts. Part one was formed by sociodemographic variables and part two was made up of WHO (Five) Well-Being Index (1998 version) questionnaire. The WHO-5 Well-being index is a short questionnaire consisting of 5 simple and non-invasive questions, which takes into account how the person has been feeling over the last two weeks .The scale has adequate validity both as a screening tool for depression and as an outcome measure in clinical trials and has been applied successfully as a generic scale for well-being across a wide range of study fields. The tool has sensitivity of 0.89 and specificity of 0.86.[9]The tool has raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life. A score below 13 indicates poor wellbeing and is an indication for testing for depression under ICD-10. To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.[10]The results were analyzed by software package-Epi info 7.Descriptive statistics were used and percentages were calculated. Chi square test was used as a test of association with P value of 0.05 and less as significant.

Result:

Table no.1 demographic distribution of study participant

Age	Number of participants
18-19	52(34.44%)
20-21	59(39.07%)
22-23	31(20.61%)
24-25	9(5.96%)
Gender	
Male	101(60.84%)
Female	65(39.16%)
Type of family	
Nuclear	98(59.04%)
Joint family	59(35.54%)
Three generation family	9(5.42%)
Exercise /meditation/yoga	
Yes	59.64%
No	40.36%
Stressful event	
Yes	27
No	139

Table no. 2. Distribution of study population according to well being status

Well Being status	Number of participants
Normal well being	37 (22.29%)
Poor well being	129(77.71%)

In the present study, the study participants were in the age group of 18-25 year with mean age of 20.4 and standard deviation of 1.82. Among the 166 participants 65(39.1%) were female and 101(60.84%) were male. The study participants were from different faculties like MCA, engineering, pharmacy, medical, hotel management etc. in our study most of the students i.e. 103 (62.04%) were engineering students followed by pharmacy students 24(14.45%). 98(59.04%) participants were belonging to nuclear family, 59(35.54%) to joint family and 9(5.42%) were from three generation family. 77.6%nparticipants were belonging to socioeconomic class 1 by modified B.G.Prasad classification. 59.64% of participants were practicing any of exercise, meditation or yoga while 40.36% participants were not doing any of these activities. In our study, it was found that 37(22.29%) participants were having poor wellbeing and 129(77.71%) were having normal wellbeing. Most of the students i.e. 41.57% were having wellbeing score in the range of 60-80 followed by 31.33% students having score in the range of 40-60. 8.44% participants were having score below 40.

Poor wellbeing was significantly higher in those having any stressful event in life. ($\chi 2$ = 46.41, D.O.F. = 1, p value <0.0001)

Poor wellbeing was significantly lower among those individuals who were involved in activities like meditation/exercise/yoga. ($\chi \mathbf{2}$ = 19.329, D.O.F = 1, pvalue < 0.00001)

No significant difference was found between wellbeing status of male and female. ($\chi \mathbf{2}$ = 0.000, D.O.F = 1, p value = 0.996). The wellbeing status was not significantly associated with type of family.

Table no. 3 association of well being status with different variables

	Poor well being	Normal	Chi square	Dof	P value
Exercise/meditation/yoga					
Yes	10	89	19.329	1	<0.0001
No	27	40			
Stressful event in past 2 weeks					
Yes	20	7	46.41	1	<0.0001
No	17	122			
Gender					
Male	14	51	0.000	1	>0.05
Female	23	78			
Type of family					
Nuclear	22	76	0.017	1	>0.05
Joint andThree generation.	15	53			

Discussion

The prevalence of poor wellbeing in present study is 22.28%. in a study on Australian youth prevalence of poor mental wellbeing is 7 %.[11]In our study, the mean WHO 5 score was 66 with Std Dev 18.5. similar results were obtained In Danish general population studies[12-13]with the mean WHO-5 score of 70. Wellbeing status was significantly associated with stress factor in llife. Exerciseise/meditation/yoga have protective effect against poor wellbeing. This is in accordance with the published literature. In a study by Penedo et al, they found that exercise, physical activity and physical-activity interventions have beneficial effects across several physical and mental-health outcomes. Participants in randomized clinical trials of physical-activity interventions show better health outcomes, including better general and health-related quality of life, better functional capacity and better mood states.[14]

Alfermann D et al, in their study had similar results. They found that Physical self-concept, self-esteem, and subjective well-being were improved significantly in person undergoing physical exercises.[15]

Wellbeing status was not significantly associated with type of family and per capita income. A study by McFarlane et al indicated that the configuration of the family was not the key determinant of effectiveness of family functioning. Instead the style of parenting turned out to be the main determinant of both family functioning and well-being of the adolescents.[16]In the present study, possible reason for this may be that as the study participants were living in hostels and in our study we measured the wellbeing of only past two weeks, the effect of type of family was not reflected upon their well being. Huurre T et al stated that parental socioeconomic status has effects on early adult and adult well-being and health behavior.[17]

Limitation

In the present study, all stress factors which can influence the well-being of individual were not tested. We limited our study to the most common factors influencing the well-being.

Recommendations

All the young individual should be screened for well-being status at entry level in college or work place and then on periodic basis. Well-beingstatus should be a part of health examination of young individual. Counselling and specialist service should be made available for individuals with poor wellbeing. Further assessment for depression and other psychiatric problem should be done in individual with poor well being

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