

Gender Disparities in Psychological Distress and Quality of Life: An In-depth Examination Among University Students

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Abstract:

The objective of this study was to investigate the association between psychological distress and quality of life in University of Kashmir students. The sample comprised 300 students (190 females and 110 males) enrolled across various departments. The instruments utilized for assessing Quality of Life and Psychological Distress were the WHO Quality of Life-BREF, 1991 (WHOQOL-BREF), and Kessler's Psychological Distress Scale, 1992 (K10), respectively. The findings revealed a notable negative correlation between psychological distress and all dimensions of quality of life, including physical, social, environmental, and psychological aspects. Moreover, concerning gender, a significant difference was observed in the physical dimension, with male students scoring higher than female students, and in the environmental dimension, where females outscored males on Quality of Life.

Keywords: Quality of life, Psychological Distress, University Students.

Introduction

Quality of life is a complex concept often defined as subjective well-being, with its roots in Bentham's utilitarian theory of 'the greatest happiness of the greatest numbers' (1789). Subjective well-being, a crucial aspect of this construct, comprises three interconnected components: life satisfaction, pleasant effect encompassing positive moods and emotions, and unpleasant effect involving negative moods and emotions (Bradburn, 1969; Diener & Emmons, 1984). While subjective quality of life pertains to overall satisfaction, objective quality of life involves meeting societal demands, encompassing material wealth, cultural expectations, and social status. Renwick and Brown (1996) articulate quality of life as "the degree to which a person enjoys the important possibilities of his/her life," with enjoyment involving satisfaction and the attainment or possession of certain attributes.

Quality of life encompasses three fundamental domains: being, belonging, and becoming. The being domain, focusing on "who one is," consists of three sub-domains. Physical being addresses aspects such as physical health, personal hygiene, and exercise. Psychological being involves psychological health, cognitive processes, and emotions. Spiritual being reflects personal values and spiritual beliefs, whether associated with organized religions or not.

The belonging domain assesses the person's connection with the environment and includes three sub-domains. Physical belonging pertains to connections with physical environments like home, neighborhood, and workplace. Social belonging involves acceptance in social environments, including family, friends, and coworkers. Community belonging considers access to community resources such as income, health, and employment. Becoming relates to purposeful activities aimed at achieving personal goals, hopes, and wishes, with three sub-domains. Practical becoming involves day-to-day actions like school and work. Leisure becoming encompasses activities promoting relaxation and stress reduction. Growth becoming includes activities enhancing knowledge and skills.

Moreover, quality of life intersects with the perception of meaning, with the pursuit of meaning being a significant aspect of human life, as emphasized by Frankl (1963). In summary, quality of life is a dynamic, multidimensional concept incorporating objective, subjective, macro-societal, and micro-individual elements, reflecting positive and negative influences that interact with one another (Lawton, 1991). The theoretical scope includes physical health, psycho-social well-being, psychological health, social role functioning, and independence (Ziller, 1974).

Researchers indicate the intricate nature of defining factors influencing quality of life, with a predominant focus on health, employment, and environmental aspects. Hughes (1990) outlines key components of quality of life, encompassing: ¹ Physical environmental factors, encompassing accommodation quality and access to public services.

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1. Social environmental factors, including social support, networks, and leisure activities.
2. Socio-economic factors, embracing standard of living, income, and other forms of wealth.
3. Cultural factors, considering a person's class, gender, and religious orientation.
4. Health factors, involving general health and mental well-being.
5. Personality factors, reflecting dominant personality dimensions such as optimism or pessimism.
6. Autonomy factors, addressing the independence and freedom in decision-making.
7. Subjective satisfaction, gauging the individual's fulfilment and satisfaction in various crucial life areas (Bond & Corner, 2004).

Quality of life theory

In 1962, Abraham Maslow introduced the "Quality of Theory" (QOL) in his book "Towards a Psychology of Being," presenting a psychological theory of life that holds significant importance in understanding human quality of life. Maslow asserted that achieving a fulfilling life involves meeting needs, simplifying the perspective to encompass happiness, health, and the assumption of responsibility for one's needs. Through a universal personal development roadmap, Maslow addressed this challenge by proposing a progressive set of needs, conceptualized in a staircase format, popularly interpreted as the pyramid or his hierarchy of needs. Maslow envisioned the ideal life as a journey through eight needs, emphasizing the development of individuals towards increased independence, activity, and responsibility (Maslow, 1962). His portrayal of human nature underscores the influence of requirements, progressing from fundamental needs to self-realization. To satisfy these needs, Maslow proposed cultivating spontaneity, autonomy, and accountability. This theory can find a contemporary interpretation within the life mission theory, asserting that every individual possesses significant inherent skills applicable in both personal and professional domains (Maslow, 1962).

Psychological Distress

Psychological distress denotes a state of psychological discomfort disrupting daily activities, resulting from an individual's inadequate coping with stressful situations, leading to emotional turmoil. This condition, as described by Ridner (2004) and Horwitz (2007), manifests when individuals respond to specific stressors, experiencing temporary or lasting discomfort. Emotional disturbances, affecting day-to-day living and social functioning, contribute to psychological distress (Wheaton, 2007).

Mirowsky and Ross (2002) define psychological distress as an individual's emotional suffering, encompassing depression and anxiety, each comprising mood (e.g., sadness, anger) and malaise (e.g., restlessness, upset stomach) symptoms. Abelaff (2000) characterizes psychological distress as maladaptive psychological functioning in stressful situations, while Dohrenwend and Dohrenwend (1982) define it as a "nonspecific mental health problem."

Psychological distress, often synonymous with mental distress, is clinically identified as a range of troubling or confusing symptoms within an individual's internal life. Traumatic experiences, substance abuse, stress, and sleep deprivation are common underlying causes. Manifestations vary, but typical symptoms include unhappiness, anxiety, loss of interest in usual activities, isolation from others, and changes in habits or behaviors.

Common symptoms, as outlined by the University of Melbourne, encompass anxiety, panic attacks, irritability, tearfulness, hallucinations, delusions, odd behaviors, extreme weight changes, and suicidal thoughts/actions. The Medical Model posits psychological distress as a product of physiological factors, akin to physical diseases, suggesting medical treatment is essential (Kaplan & Sadock, 1998; Novello, 1999).

The Interpersonal Theory attributes psychological problems to patterns of interaction with others, emphasizing the impact of relationships on behavior. This theory seeks to alleviate factors contributing to psychological distress within relationships (Carson et al., 1996). The Psychodynamic Theory views psychological distress intrapsychically, attributing it to unconscious forces shaped by childhood experiences (St. Clair, 1996; Box, 1998).

The Cognitive Theory highlights negative mental actions, thoughts, or experiences as influencers of psychological distress. Individuals exhibiting distorted, pessimistic views often succumb to negative emotions and behaviors, as described by Barlow and Durand (1996) and Weinrach (1998). The cognitive perspective emphasizes the impact of negative perceptions on an individual's feelings and behavior, contributing to psychological distress.

Objectives

- To assess psychological distress and quality of life among students of the University of Kashmir.

- To study the relationship between psychological distress and quality of life among the students of the University of Kashmir.
- To study the difference in psychological distress and quality of life concerning Gender.

Literature review

A literature review serves as a structured compilation of text aimed at evaluating critical statements within existing knowledge on a research topic. An exemplary literature review is characterized by a coherent flow of ideas, proper referencing, precise terminology, and an impartial overview of preceding research on the subject. It involves the incorporation of available information, both published and unpublished, presenting ideas, data, and evidence from a specific standpoint to fulfill defined objectives or express particular views on the research topic, with a thorough evaluation of these documents related to the proposed research.

Regehr, C., Glancy, D., & Pitts, A. (2013) conducted a study on "Interventions to Reduce Stress in University Students," involving 24 studies with 1431 students. Cognitive, behavioral, and mindfulness interventions were found to be associated with decreased symptoms of anxiety.

Redhwan et al. (2013) explored "Quality of Life Among University Students in a Single Malaysian Institute." Their cross-sectional study of 239 university students revealed the highest average score of quality of life, with males scoring higher than females in the environmental domain.

Heather et al. (2013) investigated "Poor Mental Health in Ghana: Who is at Risk?" Their study focused on measuring psychological distress, women's attitudes toward decision-making, intimate partner violence, partner control, and partner abuse. Results showed a prevalence of psychological distress, higher among women, particularly those experiencing physical abuse and increased partner control.

Mariane et al. (2012) delved into "Quality of Life in Rural and Urban Adults 65 Years and Older." Their study found that while older adults reported high levels of quality of life, rural older adults exhibited lower social functioning compared to their urban counterparts.

Mahmoud et al. (2012) explored "The Relationship Among Young Adult College Students' Depression, Anxiety, Stress, Demographics, Life Satisfaction, and Coping Styles." The study of 508 students aged 18-24 revealed maladaptive coping as the main predictor of depression, anxiety, and stress.

Abhay et al. (2011) assessed "Quality of Life Among Rural and Urban Elderly Population of Wardha District, Maharashtra, India," finding significant differences between urban and rural elderly populations in various quality of life domains.

Pekmezovic et al. (2011) examined "Factors Associated with Health-Related Quality of Life Among Belgrade University Students," revealing multiple factors adversely associated with students' health-related quality of life.

Stallman (2011) investigated "Psychological Distress in University Students: A Comparison with General Population Data," identifying predictors of psychological distress and noting higher prevalence of mental health problems among university students.

Gul et al. (2009) studied the "Prevalence of Depression, Its Correlation Among Students, and Its Effect on Health-Related Quality of Life in a Turkish University," finding widespread depression negatively impacting students' health-related quality of life.

Marshall et al. (2008) explored "Perceived Stress and Quality of Life Among Doctor of Pharmacy Students," revealing a significant negative correlation between stress and mental health-related quality of life among 3rd-year pharmacy students.

Bayram and Bilgel (2008) investigated "Prevalence and Socio-Demographic Correlation of Depression, Anxiety, and Stress Among University Students," finding higher anxiety and stress among female students.

Mabitsela (2003) examined the perception of "Psychological Distress as Understood by Pentecostal Pastors," revealing common views among pastors aligned with medical, interpersonal, and cognitive schools of thought on psychological distress.

Methodology:

The essence of any research work lies in its research methodology, which determines the success of the study based on the adopted approach, tools, and techniques. Ishak and Alias (2005) emphasize that research methodology encompasses key elements such as paradigm, theoretical model, phases, and quantitative or qualitative techniques. This chapter aims

to systematically address the research questions by outlining the overall research design, research instruments, sample description, and the reliability and validity of these instruments. In the conducted study, involving 275 University of Kashmir students (190 females and 110 males), the WHO's Quality of Life-BREF (WHOQOL-BREF) assessed the quality of life, while the Kessler Psychological Distress Scale (K10), consisting of 10 items, measured psychological distress.

Results:

Correlation Analysis

Table no. 1 presents Pearson's Correlation for Quality of Life and Psychological Distress.

	Physical	Social	Environment	Psychological
Psychological Distress	-.447**	-.378**	-.317**	-.615**

Note **. Correlation is significant at the 0.01 level.

The above table no.1 indicates that psychological distress is significantly negatively correlated with physical, psychological, social, and environmental dimensions of quality of life.

t-test Analysis

Table No. 2: Comparison of mean scores on psychological distress, physical, psychological, social, and environmental dimensions of quality of life between male and female university students.

Variable	Gender	Mean	T
Psychological Distress	Male	2.4812	.141
	Female	2.4932	
Physical	Male	3.5765	2.889**
	Female	3.3744	
Psychological	Male	3.3490	.826
	Female	3.2754	
Social	Male	3.4196	504
	Female	3.6368	
Environment	Male	3.0956	3.477**
	Female	3.3388	

Table no. 2 reveals that no significant difference was found between male and female university students on psychological distress and dimensions (psychological & social) of quality of life.

Comparison of Means reveals that male students have more physical quality of life than female students. And female students have more environmental quality of life than male students.

Conclusion and Discussion:

The present study aimed to understand Gender Disparities in Psychological Distress and Quality of Life among University Students. After following methodological and analysis procedures the findings are presented as follows;

The observed significant negative correlation between psychological distress and all dimensions of quality of life suggests that as psychological distress increases, the overall quality of life, including physical, social, environmental, and psychological aspects, tends to decrease among university students. This finding aligns with the expectation that mental well-being is intricately linked with multiple facets of life satisfaction.

In the context of the comparative analysis, the lack of significant gender differences in psychological distress and social and psychological dimensions of quality of life implies that on average, male and female university students in the study experience similar levels of psychological distress and satisfaction in these domains. However, the significant differences in the environmental and physical dimensions suggest that gender disparities exist in how male and female students perceive and experience their environment and physical well-being.

The higher scores of female students in the environmental dimension signify that, in this study, females reported a more positive perception of their environmental quality of life compared to males. Conversely, the higher scores of male students in the physical dimension indicate that, on average, male students reported a higher satisfaction with their physical well-being compared to female students. This finding is also in line with Arzu, Tuzun, and Eker (2006).

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