The Relative Significance of General Health, Social Interaction Anxiety and Interpersonal Relationship on Quality of Life of Young Adults: A Regressional Study

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In the present study, the relationship and relative contribution of general health, dimension of general health, social interaction anxiety and interpersonal relationship on quality of life of young adults was assessed. For the present study, 250 young adults of Kolkata city were selected through purposive sampling. General health and its dimensions were measured by GHQ-28; Social interaction anxiety was measured through SIAS; Interpersonal relationship and quality of life were measured through IRS and QoLS respectively. The results of the investigation established that general health, dimensions of general health, social interaction anxiety were significantly and negatively correlated with quality of life. On the other hand, Interpersonal relationship was positively correlated with quality of life. Stepwise Multiple Regression Analysis showed that General health, interpersonal relationship and social interaction anxiety were found to be significant predictors of quality of life of young adults of Kolkata City. This study emphasize the importance of improving general health, minimizing social interaction anxiety and enhancing interpersonal relationship in order to subsequently enhance the quality of life of young adults. The future implications of the investigation were also discussed accordingly.

Keywords: General health, Social interaction anxiety, Interpersonal relationship, Quality of life.

Until recently absence of disease in the body was synonymous with being healthy. But with the advancement of several researches in the field of health and positive psychology, it was shown that it is not merely absence of disease which can account for overall general health of an individual. Rather, health has started to be seen as a continuum ranging from absence of disease to overall psychological wellbeing. With this modern conceptualization of health WHO in the year 1948 has come up with a comprehensive definition which clearly conveys the concept of health. According to World health Organization, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." However, the mind body relationship in the conceptualization of illness is not new. There was a time when all the physical illnesses were attributed to invasion of some kinds of spirits in the body which was thought to affect the mind of a person. Then, came the theory of fluids or humors given by Hippocrates. Rather than attributing illness to evil spirits, this theory attributed illness to imbalance of four fluids namely yellow bile, blood, phlegm and black bile in the body. With the advent of civilization and science however too much emphasis was lead on the biological factors associated with illness which resulted in biomedical model of health. Biomedical model was the centre of focus for a considerable period of time until questions were raised about the illness conditions which could not be explained through biology. So, with the later scientific researches, the interplay of biological, psychological and social factors in the illness was accepted. Some diseases like ulcer, coronary heart disease, cancer, type2 diabetes etc. are found to be occurring due to excessive stress and unhealthy lifestyle. The presence of any physical as well as psychological problems disturbs the overall homeostasis of the person suffering from the illness as well as that of their significant caregivers. The presence of general health problems are found to affect one's psychological and social life adversely.

Social interaction anxiety can be described as marked distress or discomfort while talking, meeting or socializing with known as well as unknown people. Social interaction anxiety is the result of thoughts about being negatively judged or evaluated by the people on the other side. Social interaction anxiety can stem from a number of factors ranging from personality traits like introversion, or embarrassing childhood experiences or even from biological problems like over activation of Amygdale. The most extreme form of Social interaction anxiety can result in Social anxiety disorder. It is a persistent and severe fear of social circumstances and not merely shyness. Social Anxiety Disorder has been one of the most usual forms of mental disorder. It has a lifetime prevalence rate of approximately 5–13%. People with SAD are too afraid to face social situations which sometimes strain their significant interpersonal relationship. SAD, apart from impairing education, career and social life does subsequently decrease quality of life. For example, people with SAD generally quit school early, lose their jobs and remain socially isolated. Having co-morbid disorders are very common for a patient who is diagnosed with SAD. These co-morbidities cause additional impairments in life of the patients. Social Interaction Anxiety is significantly different from general anxiety, the later being present in all domains of the person's life whereas the former being present in only social situations.

Interpersonal Relationship is a close bond between individuals who have common interests and goals among themselves. It refers to a mutual social & emotional connection between two or more than two individuals in an environment. Interpersonal relationship includes bonding between parent and child, Siblings, Teacher and Student and also relationship among peers. Interpersonal Relationship serves the purpose of accelerating the personal growth & development of an individual. It acts as a source of enjoyment, provides sense of security, and helps in establishing a personal identity of an individual. The determinants of Interpersonal Relationship includes compatibility among the individuals, adequate communication, honesty, forgiveness, mutual respect and understanding, time spent together and so on. Culture plays a pivotal role in determining interpersonal relationship (Fall, 2007) and so is the use of language among the individual. A healthy interpersonal relationship contributes to the development of self- esteem, greater satisfaction in life, over all state of well-being and better quality of life. On the contrary, unhealthy interpersonal relationship leads to stunted growth of self- esteem, lack of self-identity, frustration, psychological conflicts, poor mental health, development of psychosomatic symptoms including subjective physical complaints such as, body aches, lightheadedness as well as psychological complaints such as feeling blue, irritability, getting agitated easily or Insomnia / hypersomnia (Natving & Albreksten, 1999).

Quality of life means degree of excellence of one's life domains- biological, psychological, social, occupational and other areas of life that contributes to the person and benefits the society at large. The meaning of the term Quality of life can be understood by examining the two words namely "Quality" and "life". "Quality" is an examination of value with respect to some predefined standards. The word "life" encompasses almost every aspect of one's experience" and should not be restricted to any specific domain of life like: physical, social or economic wellbeing. The term Quality of Life indicates overall standard of living of an individual. The term is used in diverse contexts, including the fields of global development, health maintenance and public and private affairs. Quality of life is not merely about wealth and employment but also other psychosocial aspects including built environment, psychological and physical health, education, leisure time and social relationships.

Zumbo et al. (2003) in a research revealed that health status with some other indicators explained about 63% variance in the reported satisfaction with the overall quality of life. General health and general oral health were reportedly related with older people's quality of life in a study done by Kandelman et al. (2008).

In a study which assessed the contribution of socio-demographic factors in HRQoL of patients with end stage renal disease (Paraskevi, 2011) found that widowed / divorced patients showed

lesser scores in the domains of quality of life and higher score on severe depression (subscale of GHQ-28). Less educated patients scored more in the Anxiety / Insomnia and Severe Depression dimensions of GHQ-28. Elderly patients scored significantly lesser in the domains of physical, psychological and social quality of life and they did score higher in social dysfunction domain of GHQ-28.

It was found that adolescents who scored high on SIAS scored low on quality of life than adolescents who scored low on SIAS (Alkhatami, 2015). In yet another study by Salman et al (2016), Quality of life was found to be significantly impaired in patients with social anxiety. In a preliminary study significant change was found in quality of life of the patients after the completion of cognitive behavioral treatments for social anxiety (Eng. et al 2001)

A study conducted recently, to explore Interpersonal support, Professional Quality of Life and Stress of work among Women who are working (Masqsood, etal, 2021) revealed that those women who get interpersonal support from home and colleagues have better professional quality of life and, Interpersonal Support and Compassion Satisfaction are positively related to one another. A study investigating the contribution of resilience, interpersonal relationship restoration and quality of life for people who are undergoing the process of divorce (King, 2000), revealed significant relationship between resilience and quality of life as well as resilience and interpersonal relationship restoration.

Aims and Objectives:

The purpose of the present research is to investigate role of health, social interaction anxiety, and interpersonal relationship on quality of life of young adults belonging to Kolkata city. The role of general health on quality of life has been determined in the past researches but the predictive power of the sub domains of GHQ-28 has not been explored much. Moreover, very few studies assessing the contribution of general health on quality of life have been conducted on general population especially on young adults. Very few studies have been conducted using Social interaction anxiety and Interpersonal

relationship solely as predictors of quality of life. The predictive power of these selected variables together on quality of life has not been assessed much in past. Moreover, these kinds of studies are scant in Indian context especially it is under-studied using young adults of Kolkata city.

Objectives:

1. To assess the relationship of General health and Quality of life of young adults.

2. To assess the relationship of dimensions of General health and Quality of life of young adults.

3. To assess the relationship of Social interaction anxiety and Quality of life of young adults.

4. To assess the relationship of Interpersonal relationship and Quality of life of young adults

5. To assess the relative significance of General health, Dimensions of General health, Social interaction anxiety and Interpersonal relationship in predicting quality of life of young adults.

Hypotheses:

1. There will be no relationship between General health and quality of life of young adults.

2. There will be no relationship between dimensions of General health and quality of life of young adults.

3. There will be no relationship between Social interaction anxiety and quality of life of young adults.

4. There will be no relationship between Interpersonal relationship and quality of life of young adults.

6. General health, Dimensions of General health, Social interaction anxiety and Interpersonal relationship will not predict more than zero percent variance in the quality of life of young adults.

Method

Sample:

Data was collected from 250 young adults through purposive sampling, with age of the

participants ranging from 18 – 30 years. The mean and SD of the age of the present sample was found to be 20.58 years and 2.27 years respectively. The sample consisted of 74 (29.6%) males and 176 (70.4%) females with no diagnosed physical or psychological illness. Among 250 people 62 (24.8%) were high school pass outs, 170 were undergraduates (68%), 18 were Post graduates (7.2%). The sample was selected equally from four zones of Kolkata city (i.e., North, South, East and West).
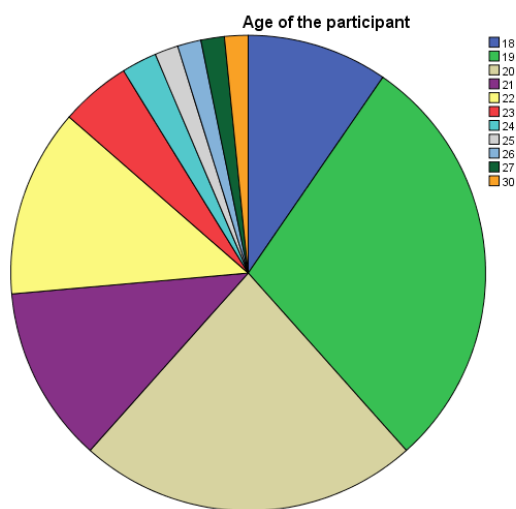

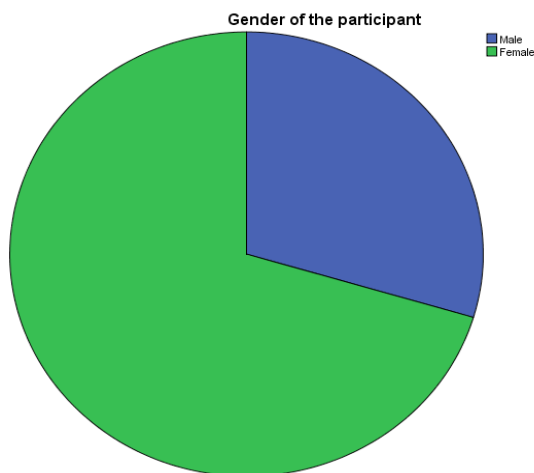**Fig 1: Depicting distribution of age in the sample through Pie Chart**

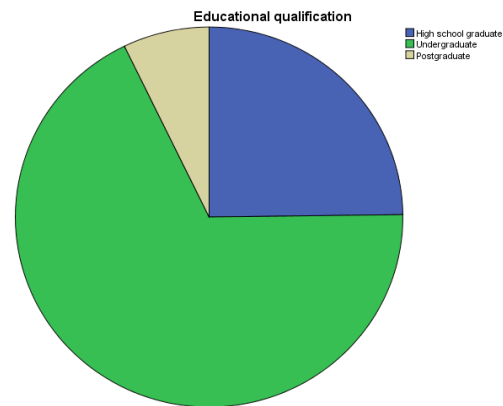**Fig 2: Depicting distribution of gender in the sample through Pie Chart**

Fig 3: Depicting distribution of educational qualification in the sample through Pie Chart

Tools used:

GHQ-28 (General health questionnaire -28) General health questionnaire - 28 developed by Goldberg and Hillier (1979) is a 28 item questionnaire aimed at detecting psychiatric disorders among respondents. It has four subscales - somatic symptom, anxiety and insomnia, social dysfunction, and severe depression. Each subscale has 7 items, thus making this scale 28 item questionnaire. The reliability was calculated using three different methods - Test retest reliability -0.70, Split half reliability - 0.93, Cronbach 's alpha reliability-0.90. The several studies noted that GHQ-28 has high levels of Content Validity and Criterion Validity.

Scoring: The scoring was done according to GHQ method of binary scoring as 0-0-1-1, which indicated more so than usual, same as usual, rather less than usual and much less than usual respectively. The individual scores for each subscale were calculated to get a total score. A low score of 0-4 indicates good psychological well-being. A high score of 5-28 indicates poorer psychological well-being. The scores ranged from 0 to 28.

Social interaction anxiety scale (SIAS) – In the year 1998, Mattick & Clarke developed this scale. It consists of 20 items which measure any distress or discomfort while interacting with other people. This tool tracks social anxiety symptoms. The reliability was calculated by Cronbach's alpha reliability and was found to range from 0.88 to 0.94. The convergent validity was from 0.53 to 0.77.

Scoring: The scores ranged from 0 to 80. The scoring was done using a five point Likert scale as 0,1,2,3,4 which indicated, not at all characteristic or true of me, slightly characteristic or true of me, moderately characteristic or true of me, Very characteristic or true of me and extremely characteristic or true of me respectively. The reverse scoring was done for items 5, 9 and 11. As the scores increased it indicated increase in the level of social interaction anxiety.

Interpersonal relationship scale (IRS) - IRS developed by Schlein et al., (1971) is an original likert type scale of 52 items. The scale is used to assess the quality of relationship with other people. The test retest reliability is 0.92 and Cronbach's alpha is 0.95. The concurrent validity of the test ranges from 0.62 to 0.77.

Scoring - The scoring was done as per the Likert method of scoring as 1,2,3,4,5 which indicated strongly agree, mildly agree, undecided, mildly disagree and strongly disagree respectively. The reverse scoring was done for positive items. As the scores increased it indicated increase in the level of interpersonal relationship.

Quality of life scale (QOL) - The scale was developed by Dr. B.L. Dubey and Padma Dwivedi. It consists of 20 items and is a self-report measure. This is used for evaluating people's quality of life. The reliability of the scale is 0.87 and it is a valid measure.

Scoring - The scoring was done on a five point Likert scale as 1, 2, 3, 4, 5 which indicated strongly disagree, disagree, undecided, agree & strongly agree respectively. The scores ranged from 20 to 100 with higher score indicating better quality of life and vice versa.

Results and Interpretation:

This table reveals the Mean and Standard deviation for General Health , Domains of General Health (Somatic symptoms, Anxiety and insomnia, Social dysfunction, Severe depression), Social Interaction Anxiety, Interpersonal Relationship and Quality of life of the young adults. The Mean and SD of general health was found to be 9.32 & 7.17 respectively. The obtained Mean for the four domains of general health was 2.52, 2.64, 2.20, 1.96 respectively. The obtained SD for the same was 2.00, 2.32, 2.01, 2.32 respectively. The Mean and SD for Social Interaction Anxiety was found to be 40.38 and 16.86 respectively. The Mean and SD for Interpersonal Relationship was found to be 191.46 and 32.19 respectively. The obtained Mean and SD for Quality of Life was 63.06 and 16.77 respectively.

Table 1 Descriptives : Mean and standard deviation for GH, Dimensions of GH, SIA, IR, QoL

Variables	Sample size	Mean	Standard deviation
GH	250	9.32	7.17
GH1	250	2.52	2.00
GH2	250	2.64	2.32
GH3	250	2.20	2.01
GH4	250	1.96	2.32
SIA	250	40.38	16.86
IR	250	191.46	32.19
QoL	250	63.06	16.77

GH = General Health; GH1 = Somatic Symptoms; GH2 = Anxiety and Insomnia; GH3 = Social Dysfunction; GH4 = Severe Depression; SIA = Social Interaction Anxiety; IR = Interpersonal Relationship; QoL = Quality of Life

Table 2: Pearson's product moment r between QoL and GH, Dimensions of GH, SIA, IR.

	QoL
GH	-0.644**
GH1	-0.463**
GH2	-0.508**
GH3	-0.573**
GH4	-0.585**
SIA	-0.451**
IR	0.320**

GH=General Health; GH1=Somatic Symptoms; GH2=Anxiety and Insomnia; GH3=Social Dysfunction; GH4=Severe Depression; SIA=Social Interaction Anxiety; IR=Interpersonal Relationship; QoL=Quality of Life

*Significant at 0.05 level (2-tailed)

** Significant at 0.01 level (2-tailed)

Table 3: Results of stepwise multiple regression analysis while taking QoL as criterion variable and GH, GH1, GH2, GH3, GH4, SIA, IR as predictor variables

Criterion: QoL									
Model	R	R^2	Adjusted R^2	F	Sig	B	β	t	Sig
Constant	0.721	0.520	0.514	88.83**	0.000	58.564		11.300**	0.000
GH						-1.286	-0.550	-11.485**	0.000
IR						0.127	0.244	5.425**	0.000
SIA						-0.193	-0.194	-4.003**	0.000

GH=General Health; GH1=Somatic Symptoms; GH2=Anxiety and Insomnia; GH3=Social Dysfunction; GH4=Severe Depression; SIA=Social Interaction Anxiety; IR=Interpersonal Relationship; QoL=Quality of Life

*Significant at 0.05 level; ** Significant at 0.01 level

This table depicts more or less high negative correlation between General Health (-0.644) and its domains, namely, Somatic Symptom (-0.463), Anxiety and Insomnia (-.508), Social Dysfunction (-0.573), Severe Depression (-0.585) with Quality of life. Moderate negative correlation (-0.451) between Social Interaction Anxiety and Quality of life and more or less low positive correlation (0.320) between Interpersonal Relationship and Quality of life.

Excluded variables: GH1, GH2, GH3, GH4

The results of stepwise multiple regression revealed that out of seven predictors (General health, dimensions of general health : Somatic symptoms, Anxiety and insomnia, Social dysfunction and Severe depression, Social Interaction Anxiety, Interpersonal Relationship) the three predictors namely (General health, Interpersonal Relationship, Social Interaction Anxiety) formed the best subset of variables for explaining the Quality of life. Taken together this subset of variable explained 52% variance in Quality of life scores. As far as the relative significance is concerned general health (β = -0.550) was found to be most significant predictor followed by Interpersonal relationship (β = 0.244) and Social Interaction anxiety (β = -0.194) respectively. As far as the direction of the prediction is concerned General health and Social Interaction Anxiety negatively predicted Quality of life whereas Interpersonal relationship predicted quality of life positively.

Discussion

General health is an overall state of physical, mental and social well being and not merely absence of any disease or infirmity. Social interaction anxiety can be described as a feeling of significant discomfort experienced by an individual while talking, meeting or socializing with others in the society. Interpersonal relationship is a mutual social & emotional connection between two or more than two individuals in a given context. Quality of life is the level of happiness, comfort and health experienced by a person or the society at large.

The aim of the present investigation was to explore the relationship and predictive power of General health and it's dimensions, Social interaction anxiety, Interpersonal relationship on Quality of Life of young adults belonging to Kolkata city.

The first objective of the study was to assess the relationship between general health and quality of life of young adults. It was hypothesized that there will be no relationship between general health and quality of life of young adults. Pearson's product moment coefficient of correlation showed significant negative relationship (-0.644**) between general health and quality of life at 0.01 level of significance. The high scores on GHQ-28 which was used to assess general health of the participants indicated higher psychiatric morbidity. So it is depicted through the present results, as the scores of the participants in general health will

increase, the quality of life scores will decrease accordingly and vice versa. The quality of life is affected if General health which indicates an overall state of well being of the person is either disturbed or improved throughout the life span of an individual. Similar findings were documented in a study by Zumbo et al. (2003) where health status with some other indicators was found to be explaining about 63% variance in the reported satisfaction with overall quality of life. Moreover, in yet another study, general health was reported to be associated with older people's quality of life (Kandelman et al. 2008). Another study which assessed Psychiatric co-morbidity and quality of life among patients who have dermatologic ailments (Ghaninejad et al., 2009) found significant relationship between mental health (assessed through GHQ-28) and Quality of life of patients. In this research lower probability of mental disorder indicated higher quality of life.

The second objective of the study was to assess the relationship between dimensions of general health and quality of life of young adults. It was hypothesized that, there will be no relationship between dimensions of general health and quality of life of young adults. Pearson's product moment coefficient of correlation showed significant negative relationship (-0.463**, -0.508**,   -0.573**, -0.535**) between dimensions of general health namely somatic symptoms, anxiety and insomnia, social dysfunction and severe depression respectively and quality of life at 0.01 level of significance. Higher scores on dimensions of general health indicated higher psychiatric morbidity of the participants. So it is depicted through the present results, that Somatic symptoms, Anxiety and Insomnia, Social Dysfunction and Severe Depression have a negative impact on the quality of life of the participants. Similar finding was documented in a study which assessed the contribution of socio-demographic factors in HRQoL of patients with end stage renal disease (Paraskevi, 2011) found that widowed / divorced patients showed lesser scores in the domains of quality of life and higher score on the severe depression (subscale of

GHQ-28). Less educated patients scored more in the anxiety / insomnia and severe depression subscales of GHQ-28. Elderly patients scored significantly lesser in the domains of physical, psychological and social quality of life and they did score higher in social dysfunction domain of GHQ-28. In yet another study, which assessed mental health, quality of life and health beliefs in patients of Peritonial dialysis and Haemodialysis and investigated differences in early and later years of current treatment (Coccossis et al., 2008) found that HD patients had scored significantly lower in the environmental domain of quality of life and these patients' scores were found to be significantly higher in Anxiety / Insomnia and Severe Depression which are the domains of GHQ 28 depicting more disturbances in these areas of mental health.

The third objective of the present study was to assess the relationship between social interaction anxiety and quality of life of young adults. It was hypothesized that, there will be no relationship between social interaction anxiety and quality of life of young adults. Pearson's product moment coefficient of correlation showed significant negative relationship (-0.451**) between social interaction anxiety and quality of life at 0.01 level of significance. The higher the scores on social interaction anxiety poorer will be the quality of life of the participants. Social anxiety disorder which is being measured by SIAS makes a person uncomfortable in almost every social environment in which one tries to fit in. It does restrict the social relationships of a person therefore worsening one's quality of life. Similar findings were documented in a study in which it was found that adolescents who scored high on SIAS scored low on quality of life than adolescents who scored lower on SIAS (Alkhatami, 2015). In yet another cross-sectional controlled study, which assessed quality of life and social anxiety in patients who are suffering from Acne and Vitiligo (Salman, et al. 2016) found that quality of life has a negative correlation with social anxiety and depression levels of Vitiligo and Acne patients.

The fourth objective of the present study was to assess the relationship between interpersonal

relationship and quality of life of young adults. It was hypothesized that, there will be no relationship between interpersonal relationship and quality of life of young adults. Pearson's product moment coefficient of correlation showed significant positive relationship (0.320**) between interpersonal relationship and quality of life at 0.01 level of significance. The higher the scores of interpersonal relationship better will be the quality of life. The association or bond one does share with one's closest people does impact the psychological and social support one gets in life especially in difficult times. Thus, in turn it determines quality of one's life. Results consistent with this finding were reported in a study conducted recently, to explore Interpersonal support, Professional Quality of Life and Stress of work among Women who are working (Masqsood, et al; 2021). It revealed that those women who get interpersonal support from home and colleagues have better professional quality of life. In another study which assessed addiction to smart phones, interpersonal relationship, loneliness and quality of life among adults as well as adolescents (Safa, et al. 2020) revealed relationship satisfaction to be significantly and positively associated with quality of life.

The last objective of the research was to investigate the relative significance of General health, Dimensions of General health, Social interaction anxiety and Interpersonal relationship in predicting quality of life of young adults. It was hypothesized that General health, dimensions of General health, Social interaction anxiety and Interpersonal relationship will not predict more than zero percent variance in the quality of life of young adults. Among, all the variables which were selected in the study as predictors of Quality of life; General health, Interpersonal relationship and Social interaction anxiety formed the significant subset of predictors. The dimensions of general heath were excluded from the list of the predictors in the stepwise multiple regression. This subset of predictors could explain 52% variance in the quality of life of young adults. As far as the relative contribution is concerned general health was

found to be most significant predictor followed by Interpersonal relationship and Social Interaction anxiety respectively. As far as the direction of the prediction is concerned General health and Social Interaction Anxiety negatively predicted Quality of life whereas Interpersonal relationship did positively predict quality of life. Consistent findings were found in a study which assessed predictors of Quality of life for autistic adults (Mason, 2018). This study reported that having a mental condition turned out be a negative predictor of quality of life of autistic adults. In yet another research which studied addiction of smart phones, interpersonal relationship, loneliness and quality of life among adolescents and adults (Safa, et al. 2020) revealed that relationship satisfaction was significant positive predictor of quality of life. Yet another study investigated quality of life and social anxiety disorder and how fears of negative evaluation (FNE) and positive evaluation (FPE) relate to specific domains of life satisfaction (Dryman, et al; 2016). In this research, social anxiety was measured in terms of FNE and FPE and it was revealed that both these measures were significant predictors of the weighted and satisfaction scores of Quality of life.

Limitation:

The major limitation of the investigation was the limited sample size. The sample size (N = 250) was small as well as non representative of the rural population. As purposive sampling was used, so every individual of the population did not get equal opportunity to be selected in the sample pool. The major variables of the study was assessed using only self-report measures whereas, some other techniques like short interviews, focused GD would have yielded better insights into the nature of the variables. More sophisticated statistical analysis could have been used to understand the underlying mechanisms which are affecting the selected variables.

Future Implications:

In future, the present work could be conducted using a larger sample size selected through probability sampling techniques. The cultural

context should be explored in future studies. The effect of various socio-demographic variables like age, gender, educational qualification, place of residence, socio-economic status etc. on these variables could be studied in future. The variables which were measured here through self-report inventories could be studied later through various qualitative techniques for better understanding of the results.

Conclusion

The present investigation aimed at exploring the relationship between general health, dimensions of general health, social interaction anxiety, interpersonal relationship and Quality of life. The relative significance of general health, dimensions of general health, social interaction anxiety and interpersonal relationship on quality of life of young adults was also explored. General health, dimensions of general health and social interaction anxiety was found to be significantly and negatively related with quality of life. On the other hand, interpersonal relationship was positively related with quality of life. General health, social interaction anxiety, interpersonal relationship significantly predicted quality of life.

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