

STATISTICAL ANALYSIS OF THE MENTAL AND PHYSICAL HEALTH OF YOUNG ADULTS WITH THE DEMOGRAPHIC VARIABLES AND THE SOCIAL SUPPORT

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ABSTRACT: *This paper addresses the question of early discrepancies in illness cognitions and mood between 72 stroke patients and their informal careers, and examines whether discrepancies are predictive longitudinally of the patient or career mood. 72 couples who acted as controls in a randomized controlled trial of a stroke workbook-based intervention were assessed approximately 3 weeks post-discharge (T1), 7 weeks later (T2), and finally 5 months thereafter (approx 190 days post-discharge, T3). Participants were assessed in terms of mood (HADS); perceived control over the recovery (RLOC), recovery confidence, and perceived patient disability. Discrepant responses were calculated by subtracting career scores from patient scores. Descriptive results show that at the stage of T1, careers identify patients to be more disabling than they see themselves to be, careers are supplementary concerned and not as much of disheartened than patients, and patients have better improvement assurance. Supposed organize did not change between groups. Differences within married couples in emotions following a stroke, or in recovery beliefs, have differential effects. It is proposed that dyadic or individual coping, and premorbid marital interaction may mediate potential negative effects of discrepant responses to acute stroke.*

Key Words: Statistical Analysis, Mental And Physical Health, Young Adults, Demographic Variables, Social Support

1. INTRODUCTION

Social support is very important for the overall well-being of the individual's mental as well as physical health. The theory, research, and the practice of social support suggest that individuals who report high levels of social support are in better physical and mental health than those who have low-level [1]. There is a significant relationship between emotions and health. Anyone who has positive emotions and beliefs is likely to enhance their physical and mental health. As expected, being in a good mood will cause a refreshed mind to relieve some of the stresses. Laughing is said to have a good deal of influence on reducing or forgetting about the hassles of daily life. Strong social support is necessary to help succeed in achieving these traits of overall physical well-being[2].

Social support essentially predicts the outcome of physical and mental health for everyone. However, social support can be detrimental to a person's overall well-being. For example, people with schizophrenia or Drug and alcohol addicts are more likely to relapse when they return home to live with family than if they live alone[3]. Similarly, social networks can have a negative effect on girls with eating disorders [3].

However, the type, amount, and providers of social support fluctuate with age and social context [4]. The initial level of social support essentially predicts the outcome of older adults' general health in the following years. Inadequate initial social support at the beginning of retirement would predict that older adults will develop depressive symptoms over time. Older adults would be able to ignore the negative effects in their lives with help and reinforcement from others. This is considered a psychological effect. Not enough social support would likely make the individuals notice their daily hassles and life stressors much more clearly. This step could accelerate the deteriorating effect of their physical and mental health. Unfortunately, there is no relationship found between social support and major life events. Whatever happens to older adult as they nearing to their death, it will happen,

regardless of the amount of social support available in the environment[5]

Young adult and Adolescents could develop some kinds of sensitive feelings, which may impact on their health if they do not get adequate social attention from others. They may become involved in an unfortunate situation that makes them feel overwhelmed or awkward. The adolescent is still developing, could easily experience some strain to their emotion if no help is immediately available. Anxiety and depression are two main psychological disorders that often can be seen among the Young adult and Adolescents. For Young adults and Adolescents, family support is the most important element in their lives. As part of their growth experience, Young adult and Adolescents usually expect a lot of things from their parents. Inadequate support from the parents will likely increase the chance of getting depression among Young adults and Adolescents who get into an unfortunate situation with their parents. This occurs because adolescents usually become confused when they expect to get plenty of help and positive reinforcement from their parents, but it does not happen [7].

One's socioeconomic status also is a major factor in whether or not an individual gets enough social support. The socioeconomic status is the measurement of the level of income each person has to determine their level of economic status in our society[8]. As expected, anyone who comes from a lower socioeconomic class would be more likely to receive less social support. They basically do not have enough resources in their environment available to assist with social support. Individuals with low socioeconomic status also tend to have less self-control [9]. Consequently, they become more sensitive to stressors in their environment and less able to control their reactions. It means those adults would trigger some frustrations when they face any kind of stress[10]. Unfortunately, the social strain, which is common in their daily lives, increases the risk for lower social class individuals to develop some kinds of physical and mental illness or a lower sense of well-being. This should not come

to surprise that adults who have higher socioeconomic status tend to receive more social support [11].

2. MATERIAL AND METHODS

Each individual was given a consent form that briefly explained the procedures of the study and asked to sign the form if he or she was willing to participate. He or she was then given a questionnaire. The participants from the church group and from the movie theater were asked to fill out the questionnaire and return it to the researcher. The study analyzes the data from a survey of 200 young Adults from a different area, including 100 males and 100 females age between 17 to 20years (Median=19 years).

2.1 Measurement The Likert Scale of MOS SOCIAL SUPPORT SCALE (Last updated 03.02.06) developed by Sherborne & Stewart [12] is utilized to measure the social support of the individual containing 19 items. Each item has five options 1=None of the time, 2=A little of the time, 3=Some of the time, 4=Most of the time, and 5=All of the time from the close friends and close relatives in their social network. The scale score varies from 15 to 87 where higher value means more support from his/her social network.

3. RESULTS

Table 1: Descriptive Statistics of Social Support

Sample	Std. Deviation	Min.	Percentile			Max.
			25	50	75	
200	14.442	15	55	65	72	87

Table 2: Gender Comparison on Social Support Score

Gender	Sample	Mean	Std. Deviation	t	P
Male	100	58.79	14.639	3.57	P<0.01
Female	100	65.89	13.404		

In table 2, we see that females have significantly higher social support than males.

Table 3: Family structure-wise Comparison of Social Support Score

Gender	Sample	Mean	Std. Deviation	t	P
Nuclear	124	62.77	14.984	0.523	p>0.05
Joint	76	61.67	13.570		

There is no significant difference in social support by the family structure in table 3 statistics, which also shown graphically by graph no. 2 below.

Table 3: Descriptive of on Social Support by Birth Order

Birth Order	n	Mean	Std. Deviation	Lower Bound	Upper Bound
First	50	60.96	16.471	56.28	65.64
Middle	112	63.40	12.698	61.02	65.78
Last	38	61.88	16.008	55.42	68.35
Total	200	62.54	14.221	60.50	64.59

Table 4 shows no dissimilarity on social support by considering birth order i.e. no advantage or distance of birth order on social support.

Table 4: Descriptive Statistics of Social Support by Socioeconomic Status

Socio-economic Class	Sample	Mean	Std. deviation	Minimum	95 % Confidence Interval	
					Lower Bound	Upper Bound
Upper	87	64.82	13.193	29	62.00	67.63
Middle	80	59.90	15.868	15	56.37	63.43
Lower	33	61.43	13.302	18	56.47	66.40
Total	200	62.54	14.221	15	60.27	64.34

There is a significant difference in social support between upper and middle socioeconomic status, but there is no significant difference between upper and lower and middle and lower.

4. DISCUSSION

This study compared the level of social support between gender, among birth order and socioeconomic status.

The female higher birth order as compared male of the given age and socioeconomic status. Social support is an influential predictor of the livelihood of a healthy and long life[13]. Social support despite an individual's socioeconomic position, physical condition threat behaviors, and utilization of services of heaths have well-built behavior on the status of health of older citizens[14]. Social support operates as a shield and alters improvement patterns [15]. A person aging is becoming one of the severe issues in developing countries similar to that of Pakistan. Family structures and livelihood provision of the public also appear to be changed in the wake of population aging in Pakistan.

Although citizens are rooted in the family network, shifting family structures may influence the model of support in hope. The availability of partners in afterward ages is the main cause of support in matters involving illness and arousing support. Widowhood, which is principally the occurrence of women in societies in Pakistan, where women are less likely to remarry in old age, might give way unfavorable cost for functional health ranking of older adults due to being short of influential and exciting support. It could be one of the vital factors for boy first option in societies like Pakistan.

5. REFERENCES

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