QUALITY OF LIFE AND MENTAL HEALTH AMONG UNIVERSITY STUDENTS:A COMPARISON OF SPORTS PARTICIPANTS AND NON-PARTICIPANTS

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DEDICATION

I dedicate my humble efforts to my Mother. After Almighty Allah I worship her. I pray for her long, happy and healthy life. Without her, I am nothing.

ACKNOWLEDGEMENT

I acknowledge my hearty thanks to my worthy supervisor Prof. Dr. Muhammad Tahir Khalilyfor his continuous support, guidance and timely feedback and valuable advice at each stage of this dissertation. No doubt, he is a great person, scholar, teacher, leader, communicator, and healer. He inspires the young minds through his majestic prowess of knowledge, skills and expertise. His humorous style always push up me and all my fellows to work hard and come out of the best. His visionary personality is not less than a blessing for the researchers, healers and learners in Psychology discipline.

I also acknowledge a useful assistance of my brother like student ALEEM ASHRAF for his timely assistance in statistics and finding of relevant literature. His feedback always gives me a delight and uplifts my performance.

SHEERAZ ILYAS SHAIKH
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CERTIFICATE

CERTIFIED THAT MR. SHEERAZ S/O MUHAMMAD ILYAS SHAIKH CARRIED OUT THIS RESEARCH WORK IN PARTIAL FULFILMENT OF REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN PSYCHOLOGY, INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD. AND THAT HIS WORK IS ORIGINAL AND FIT FOR PRESENTATION.

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Dissertation Approved

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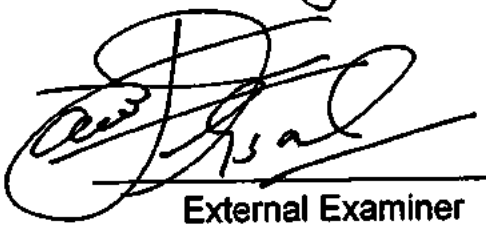

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ABSTRACT

Quality of life (QoL) is the overall wellbeing of people and social orders. Various studies in different cultures have found a detrimental relationship between Quality of life and mental wellbeing. Sports and other physical activities are viewed worldwide to have a strong role in improving the quality of life, and numerous academic studies show it can impact physical and mental health, social life and life opportunities.The present research aims to examine the relationship between quality of life in the context of mental health among Sports participants and non-participants. This is a correlational study that seeks to find the strength of relationship between two characteristics viz. Quality of Life and Mental wellbeing among Sports participants and non-participants at university level. Quality of Life Inventory (QOLI), The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) instruments were applied to the participants.98 male and female graduate and post graduate students from University of Sindh, Jamshoro (age range from 18 to 30 years) were selected through simple random sampling technique.The results indicated that the total QLI score is significantly correlated with total scores of WEMWBS for sports participants and non-participants ($r = .661$, $p < .01$). An association has also been recorded in different subscales of QLI and WEMWBS. Significant differences were found between the total scores of Quality of Life Inventory (QLI) among sports participants and sports non-participants ($t=3.801$, $p=.000$). The same results have been recorded on almost all subscales of QLI except Social Support and Money where the score indicates ($t=1.334$, $p=.185$) and ($t=-.779$, $p=.438$) the value of t is 3.801, $p=.0000$ among sports participants and sports non-participants.

Chapter No. 01

INTRODUCTION

1.1. Conceptual Background of the Study:

Sports and other physical activities have a profound effect not only on our physical health but on our positive mental and social wellbeing as well. Research has proven that sports and persistent physical activities help an individual to fight with even chronic diseases like cardiovascular disease, cancer, diabetes and obesity. Sport projects that specifically focus on health outcomes generally emphasize:

- Sports are used as reliable tool to achieve positive mental health and avoid depression and stress-related issues.
- Sports are vital to inculcate health-related information to masses especially to 'at risk' groups.
- Sports are specifically helpful to promote healthy lifestyle among people of all ages across the globe.
- Sports are used to mobilize different groups to promote health campaigns, and other awareness campaigns.
- The use of sports as a tool to enhance competence among youth, promote culture, raise awareness, and the soft image of a nation.

Etymologically the word "Health" has been taken from the Anglo-Saxon word 'hoelth', which implied a condition of being sound, and was by and large used to construe the quality of being prudent and sensiblebody. Preceding the time of the somewhat enigmatic doctor, physician

and scientist known as Hippocrates (c 460-377 BCE), health was seen as a heavenly blessing. Hippocrates was credited with the spearheading the move far from divine and supernatural ideas of health, and utilizing empirical observation as a premise for obtaining health information. He was credited with empowering an attention on ecological sanitation, individual cleanliness and, specifically, balanced weight control plans – "let nourishment be thy medication; and let thy medicine be thy sustenance". He conjectured that what we are of view about "health"may be characterized as a delicate balance of four liquids: blood, yellow bile, dark bile, and phlegm/ mucus. Before him, illness is mainly due to an unevenness or imbalance of homeostasis of these liquids.

Nevertheless, a divine view of health persists to this era. For example, Prophet Muhammad (Peace be upon him) view of health, sickness and death which has been inferred from the following verse in the Holy Qur'an; ***"The Lord of the worlds; it is He who heals me when I am sick, and He who would cause me to die and live again"*** (Al-Qur'an 26: 80).

Usually the definition of the term "Health" is quoted what World Health Organization (WHO) has officiated decades ago in 1948 ***"a complete state of physical, mental and social wellbeing, and not only the absence of disease or infirmity"***. There are some other widely accepted definitions of the term "Health" also prevail. Like Bircher (2005), Saracchi (2007) and other scientistsdefined health as "a state of wellbeingthat comprises of being active, free of sickness or infirmity and peculiarities of physical and mental potential. In addition to this, it also fulfills the demands of life commensurate with age, society, and personal responsibility".

The mental health, being the part of general health, can be defined as "a well-being state of an individual that stirs him or her to fulfil his/ her own potential and help to cope up with everyday life stressors so that he/ she can function effectively and efficiently in his/ her

environment" (WHO, 2014). In simple possible words, mental health incorporates all the three significant domains viz. cognitive, behavioral and affective and can well be described as the wellbeing of our emotional, psychological and social aspects of our personality. Mental wellbeing influences and/or can determine how an individual thinks, feels and act/ reactin his/ her environment. The significance of mental wellbeing cannot either be denied or ignored from cradle to the death, throughout life and across all the developmental stages. Good mental health be the reason of people to enjoy life as well as to cope with different problemsof everyday life. It offers a feeling of well-being and inner strength. Like physique, an individual has to perform and follow certain persistent and rigorous activities to protect and in some cases to improve mental health. Just like, following the recommended dietary plan (eating right in the sense what to eat and how much to eat)in addition to regular exercises can help to maintain good mental health. Thinking that people automatically have good mental health or they don't have mental illness is something like living in a fools' paradise. They have to have work and be active to keep their physique as well mind healthy.World Health Organization produces an evidence and suggests that a large portion of world's population, almost 50% the entire world's, are influenced by mental illness that puts a negative impact upon their self-esteem, socio-relationships and to perform life's everyday functions (Storrie, Ahern, and Tuckett, 2010). The relationship between physical health and mental health is reciprocal. It means positive physical health leads positive mental health and vice versa. So, an individual's psycho-socio-emotional wellbeing impactspositive physical health whereas poor mental health leads to problems such as substance abuse (Richards, Campania, and Muse-Burke, 2010).

Wilson and Cleary (1995) propagated a model that includes five measurements in order to quantify treatment results. Following are the five dimension: (i) natural and physiological

factors— this deals with our physical status and the functioning of our vital organs, (ii) manifested symptoms— this deals with how an individual reports himself or herself following the natural and physiological factors, (iii) functional status— this deals with how much an individual is effective and efficient in his/ her everyday life following the natural and physiological factors and manifested symptoms, (iv) general wellbeing discernments—this deals with how an individual reports being physical and mentally fit and not having any worth mentioning ailment either physical and/ or psychological following the natural and physiological factors, manifested symptoms and functional status, and (v) overall quality of life— this is rather overall state of an individual of being healthy and optimum functioning of body, mind and soul following the natural and physiological factors, manifested symptoms, functional status, and general wellbeing discernments. These elements are not independent but rather may be inter-connected with one another. As in the case of adiabetes, for example, the patient reports the neurotic symptoms like having anxiety and depression that further encounters an increase in serum glucose (an aftereffect of less vigilant glucose checking). This leads an individual to experience gloom or sadness which might prompt debilitation in physical and social exercises. Interesting and worth mentioned thing is that the measures of biological and physiological elements are often contradict with the patients' own reports of description of symptoms, his or her capacity and capability to function— social, cognitive, emotional, familial, academic, and professional, perception of his/ her general wellbeing, and overall quality of life.

Quality of life (QoL) is the overall wellbeing of people and social orders. It has an extensive variety of settings, including the fields of global development and advancement, human services, governmental issues and employment. Quality of life ought not to be mistaken for the idea of standard of life, which is constructed basically in light of earning or financial

status. Rather, standard pointers of the quality of life incorporate wealth and employment as well as the built environment, physical and emotional wellbeing, education, entertainment and recreation time, and social belonging(Gregory, Derek; Johnston. Ron; Pratt, Geraldine; Watts, Michael; Whatmore, Sarah, eds. June 2009).Virtually every realm of public policymaking and service delivery in a democratic society is now influenced by notions of Quality of Life (QOL).A thorough literature review by the Scottish Executive Social Research (2005) concludes that the term 'Quality-of-life' denotesvarious meanings. The following three main notions can be discerned:

1.1.1. Quality of environment

The term Quality-of-life generally describes the nature of living environment. Scientists have utilized this expression in bids against natural debasement. For example: constructing new streets, roads and buildings is said to damage the quality-of-life. In a comparable manner, socio-psychologists discuss quality-of-life when they go for societal benefits at individual level. Psychological QOL-indexalso include things on financial abundance and social balance. Hence, it is extracted that outside conditions for a decent life are, indeed cause the good life itself. 'Livability' is more suitable term could be alternating Quality of Environment.

1.1.2. Quality of performance

The term quality-of-lifecan also be used to indicate how swiftly individuals adapt. This utilization of the word is basic in the rehabilitation and therapeutic profession. Medicinal specialists including doctors and pharmacists allude to quality-of-life as (restored) capacity to work and affection. In their diagnostic tools it is usually measured by physical capacity, commonly known as 'performance status'. In psychological research literature the term alludes to mental affinities, for example, realism and vitality. Though therapeutic originations have a

tendency to concentrate on absence of restricting deformities (illness/ negative wellbeing), therapists likewise consider continuous "completion" of dormant resources (positive wellbeing).

In this utilization of the term, internal capacity to manage the issues of life is compared with good life itself.'Art of living' is more suitable term could be alternating Quality of Performance.

1.1.3. Quality of the result

The above two implications depict preconditions for a good life, not the good life itself. Hence a third significance focusses on the latest connotation and portrays the quality-of-life as far as its results are concerned. Results are portrayed by "productiveness of life" and as "happiness of life".

At the point when quality-of-life is considered regarding 'products', it indicates what a life leaves behind. In a biological point of view that is in any event multiplication, life that does not continued has fizzled its evolutional mission. In a socio-cultural point of view the quality-of-life is its commitment to the human legacy. In this setting it is indeed more proper to say about the "usefulness of life" than about "quality of life".

At the point when quality-of-life is considered in terms of 'happiness', the attention is on individual experiences of life. The good life is then a life everyone prefers. While all the above implications of the term quality-of-life indicate merits that can be evaluated by an unprejudiced outsider, this last significance alludes to a quality that can be assessed just the subject himself. Hence, this variation is frequently alluded to as 'subjective quality of life'.

It is really a very difficult to make objective, bias free and/ or long-term estimations of the quality of life in different countries or different communities across the world. Analysts have started as of late to recognize two parts of personal wellbeing: Emotional wellbeing, in which

respondents are to be inquired the information regarding the nature of their routine life's emotional encounters/ experiences—the recurrence and power of their encounters of, for instance, bliss, stress, trouble, resentment, and affection—and life evaluation, in which respondents are sought some information regarding their life all in all and assess it against a scale. Such and different systems and scales of measurement are being used for some time.The present study aims to assess the relationship between quality of life and industriousness of an individual in the context of mental health among Sports participants and non-participants. Measuring the quality of life and mental allows the researchers the examination of "the trade-off between how long and how well people live."

1.1.4. The Cultural Context

Quality of life has always been a cultural matter or prestige. This is rather a built-in capacity of a particular society to determine the health-related quality of life of an individual against a cultural background that includes a set of values, standards, customs, and traditions.Choices about whether to look for consideration or refer to an advisor or counselor, a doctor, or any other care provider may be affected by social or ethnic points of view and understanding (Aday and Forthofer 1992, Andersen and Davidson 1997, Davidson and Andersen 1997, Diehnelt et al. 1990, Kiyak 1993, Lee and Kiyak 1992). Distinctive communities vary in the way they consider health and wellbeing, and by the way they characterize a wellbeing issue, decide its seriousness, and choose whether to look for any treatment. All societies have their own frameworks of health and wellbeing convictions to clarify what causes disease, how it can be cured or treated, and who ought to be included all the while. The degree to which individuals see mental health education as having social significance for them can profoundly affect their collection/ reception of information and their ability to utilize it. Western industrialized societies,

for example, the United States, which consider an illness to be a consequence of common scientific phenomena, advocate therapeutic medications that battle microorganisms or use refined innovation to analyze and treat illness. Different societies, like Pakistani, trust that ailment is the aftereffect of supernatural phenomena and hence advocate supplication to God or other profound mediations that counter the assumed disapproval of capable powers. Social issues assume a noteworthy part in patient compliance.

The human sciences and ethnography literature is rich in references to the ways in which distinctive societies at diverse times and places have respected the human body (Hufford 1992, Kleinman 1979). Social convictions with respect to the body, wellbeing, and malady are regularly installed in religious or spiritual customs, which thusly may represent how infections and issue are dealt and treated.

Little is understood about the conceptual relationship of mental health and quality of life (QoL). Previously Quality of life measures took only simple assessments of physical capacities by an outside rater (for instance, the individual can get up, eat and drink, and deal with self-cleanliness with no help from others) or even to a solitary measurement (for instance, the point to which an appendage could be folded or stretched).

1.1.5. Wellbeing and Quality of Life:

The Stanford Encyclopedia of Philosophy (2007) portrays wellbeing as "what is non-instrumentally or eventually useful for a person" and how well a person's life is going for himself or herself. It might be not easy to characterize what is useful for a person, as there are some short-term and some long-term considerations. For instance, a glutton may take part in consistent transient pleasurable encounters yet which will harm him/her physically or mentally in

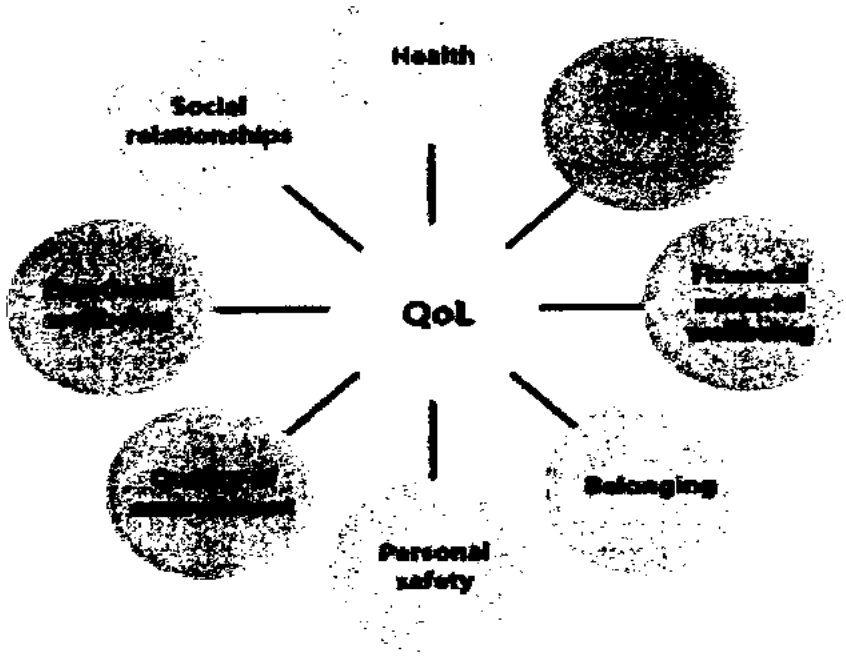
the long-term. There is a need to make a difference between what is useful for a person and what appears to be good for him or her.

A standout amongst the most fascinating topics with respect to the comprehensive idea of wellbeing is the quality of life and happiness and its connections to mental health. Mental health is currently to a great extent acknowledged as covering two points of view: (1) an individual's personal or subjective experiences of happiness (affect) and life fulfillment; and (2) positive mental working, good associations with others and self-realization. The latter incorporates the capacity for self-development, positive relations with others, independence, self-acknowledgment and competence.

Happiness and an inclination of prosperity will likewise come about because of QOL. At the point when one rates his or her life as having quality, one will simultaneously have a feeling of self-regard and pride in regards to his or her life. It must be noticed that a jumbling situation is by all accounts evident with each of these results of personal satisfaction in that everyone can contribute to, and in addition result from quality of life (Meeberg, 1993).

Quality of life infers a parity of these diverse domains (see Fig. 01). A significant part of the time, it is difficult to change the objective markers and these might possibly influence peoples' levels of satisfaction and anxiety. For instance, an area could show a high state of visitation as indicated by official statistics, however inhabitants and sports competitors and different games participants, alike may not feel extremely upbeat.

Figure#01:



1.2. Rationale of the Study

Quality of life is an expression used to characterize individuals' sense of wellbeing. Though everybody desire to have quality of life but, interestingly it is difficult to evaluate. Sports and other physical activities can play an important role to one's Quality of life, and various scholarly studies demonstrate it can affect physical and emotional wellness, social life and life opportunities. There is a developing awareness of the significance of sports and physical activities for a community's wellbeing and Quality of life. A long way from the origination of sports and other physical activities as only a stage for competition, in which the lion's share are spectators and not very many effectively take part, various studies show that the development of sporting habits among the masses particularly the youth is an amazing measure for averting and treating common and minor diseases. Sports is likewise an alternate option to lifestyles that are

destructive to our wellbeing and a way to broaden our system of social relations. The advantages of sports and physical exercises pointed out by the specialists are presently perceived by most of the people and the promotion of sports and physical exercises has turned into a piece of current general health and wellbeing policies in different countries across the board (Sánchez, et al. 2009).

1.3. Objectives of the Study

Following objectives are set to achieve at the end of study:

1. To find the relationship between Quality of Life and Mental wellbeing.
2. To find the relationship between Quality of Life and Sports Participation.
3. To explore how Sports and other physical activities foster positive mental health.
4. To demonstrate how Sports and other physical activities prevent mental illness.

1.4. Hypotheses of the Study:

Following hypotheses are designed to be testified in the study:

H#01: Quality of Life is positively correlated with mental wellbeing of Sports participants.

H#02: Participation in Sports and other physical activities lead to have positive mental health.

H#03: Sports participants score higher on Quality of Life Scale than non-participants.

H#04: Sports participants score higher on Mental Wellbeing Scale than non-participants.

H#05: There is a positive correlation between different components of Quality of life and Mental Wellbeing.

1.5Review of related Literature

The understanding, estimation, and change of human behavior and other experiences have been significant objectives of scientists, analysts, researchers and different government and

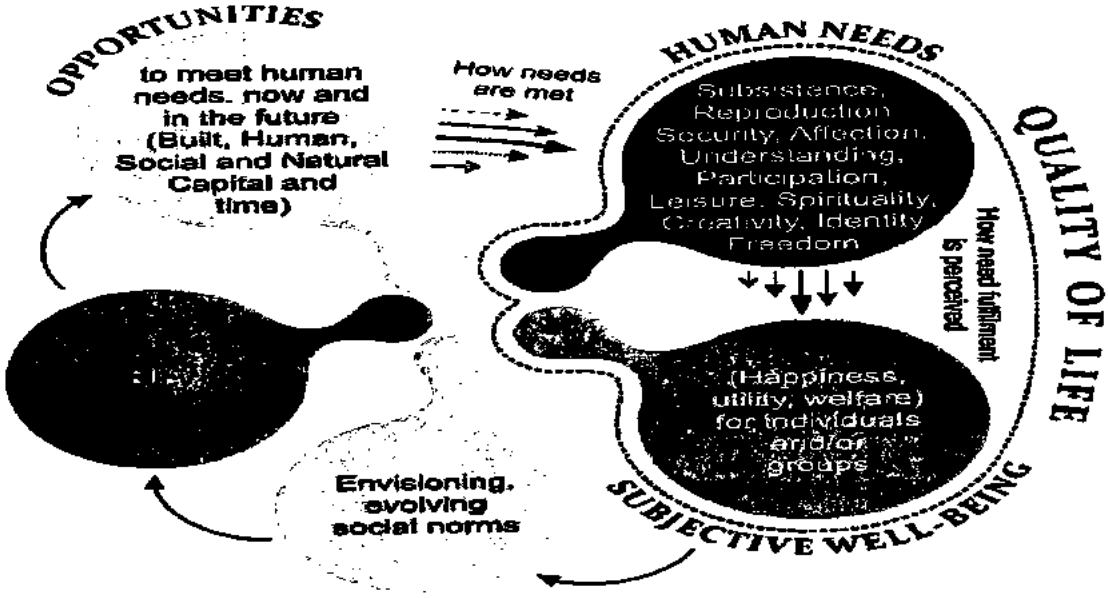
non-governmental organizations. The 'quality-of-life' (QOL) is generally denoted through the evaluation of overall human experience(Sheket al. 2005). A quest of the Institute for Scientific Information (ISI) database from 1982 to 2005 uncovers more than 55,000 references using the expression "quality-of-life" QOL as a general term intended to speak to what extent and to what way human needs are met or the degree to which people or groups see fulfilment or deprivation of human needs in different life domains. Understanding QOL has huge potential ramifications on the grounds that enhancing QOL is a noteworthy policy and life style objective (Schuessler and Fisher, 1985). Albeit there are distinctive meanings of the idea, there is a general assent among social scientists and researchers (Felce, and Perry,1995; Wallander, Schmitt, and Koot, 2001) that QOL is a dynamic rather multidimensional idea which incorporates material well-being (the material facilities that one can have. For example, money, income, standard of living, mode of communication), physical well-being (the sense of being hale and well and having all the required facilities of being and becoming healthy, fit, moving, individual safety and security), social well-being (the opportunities that an individual have to be social and develop social relationships, group inclusion and to participate in the respective community), emotional well-being (this deals an individual can monitor and can control his feelings and emotions, mental health, fulfilment, faith/ belief/conviction, and self-esteem), and productive well-being (it includes an individual's ability, profitability and usefulness in his/ her respective environment). Moreover, some researchers contend that objective life circumstances (e.g., health and education condition rate in a country) and the subjective perceptions of the people in assessing these objective living circumstances (their feelings of satisfaction with such life circumstances) are critical measurements to be considered as an integral part of quality of life. There are some other and different views that propose that an overall approach is needed to have a comprehensive idea

of "quality-of-life" (Shek et al. 2005). There are still some other researches who concentrated on two fundamental approaches of measurement of QOL. One group focuses and delineated using quantifiable social or economic markers. They determine to what extent human needs are met. While the alternate concentrated on subjective reporting regarding the needs which are fulfilled or not and their feelings of happiness, pleasure, satisfaction, contentment or discontentment and so forth, thus it has been labelled as "subjective well-being" (SWB — Diener and Lucas, 1999; Easterlin, 2003).

The alleged "objective" measurements of QOL by and large depend on tangible factors including social, economic, and health markers (Cummins et al., 2003), using instruments, for example, the UN's Human Development Index (HDI) and GDP/capita (Vemuri and Costanza, 2005). The "subjective" measurements normally concentrate on individual's reports of life experience that supplement objective factors like socio-economic and health resources, for example, the extent to which an apparent need is being met and the significance of that 'apparent need' to one's general QOL. Haas (1999) was of the view that QOL is actually something about the subjective feelings of well-being. In the scientific literature, SWB is usually been treated as an intermediary for QOL (Haas, 1999; Easterlin, 2003).

In an attempt to have best out of the many, Costanza et al., (1997) integrated all the different approaches to measure QOL. This integrative rather comprehensive approach defines QOL as follows:the extent to which objective human needs are satisfied or met in relation to personal or group perceptions of subjective well-being (Fig. 2).

Figure#02:



*Source: Costanza, R. et al. (2006)*Quality of life: An approach integrating opportunities, human needs, and subjective well-being.*

Costanza et al., (1997) consolidated fundamental human needs into table (See appendix E, Table No. 01). They have derived these consolidated human needs many resources particularly from an integration of Max-Neef's (1992) "Matrix of Human Needs" , Nussbaum and Glover's (1995) "Basic Human Functional Capabilities", Frisch's (1998) "Quality of Life Inventory", Cummins' (1993) "The ComQuality of life-A5", Maslow's (1954) "Hierarchy of needs", "Need Hierarchy Measure of Life Satisfaction"of Sirgy et al. (1995) and "Quality of Life Questionnaire" of Greenley et al. (1997).

This above consolidated approach has openedup the doors for social scientific research to understand that human needs are to be met anyhow but a specific need can be met following different and unique approaches to meet this (Fig. 2). In this regard, one cannot ignore the social standards which also influence and determine the weights given to different human needs when conglomerating them to general individual or social appraisals of SWB. Furthermore the policy

decisions about social interests in enhancing opportunities are also influencing factors. Social standards evolve and advance with the passage of time (Azar, 2004). The development of social standards can be influenced by conscious/ cognizant shared envisioning of preferred global conditions (Costanza, 2000).

1.5.1. Human Development and Quality of Life

At the eve of Thursday, November 19, 1863, the US president Abraham Lincoln in his **Gettysburg Address** said and he said it very well in a most influential statement for all democracies around the globe *"The Democracy is a government of the people, for the people and by the people"*. Researcher remodeled Lincoln's words and applies to human development as development of the people, development for the people and development from the people. Human development is a process of growing the human choice – regarding the abilities (opportunities) for a person to have a long and sound life, to be better educated and to have a conventional way of life. Unquestionably, the individuals' choice is not depleted with the aforementioned parts. Especially imperative are other "supplemental" factors, for example, political freedom, ensured human rights, human wellbeing, and so forth, which apply consistentweight for supplementing and updating the concept of human development.

Human needs cannot be seen in isolation. They rather be viewed as a framework that every single human need is interconnected, interrelated and interactive with other human needs. The only exemption to this interconnectedness, interactive and interrelatedness of human needs is the need of subsistence, that is, to stay alive. No progressive systems exist inside this framework. Unexpectedly, simultaneities, complementarities and exchange interchange are attributes of the process of need fulfilment.

1.5.2. From the linear to the systemic approach

The basic human needs must be seen as a framework, and its dynamics does not follow any determined structural linearities. One can derive conclusion from this that no need is essentially more important than any other; and, then again, that there is no fixed set pattern of priority or a sequence in the completion of needs (that a particular need like X, for example, must be addressed before need Yis to be fulfilled). Simultaneities, complementarities and displacements are the usual strategy for the framework's conduct. There are, notwithstanding, impairments to this phenomenon. A pre systemic stimulant must be identified, under which the inclination of a certain deprivation may be severe to the point, that the desire to fulfil the given need may paralyze and eclipse some other motivation or option.

The purpose of instance of subsistence to show this beyond any iota of doubt. Sometimes, in the life at a particular point, when the possibilities of fulfilling the need of subsistence are seriously impeded, all other needs get blocked and a solitary and exceptional drive to live alive dominates. Such a circumstance does not remain constant just on account of subsistence. It is just as applicable on account of other needs. It is equally important and found that aggregate absence of affection, or the loss of identity, may lead people to extremes even of self-demolition.

To incorporate the smooth flow and due fulfilment of human needs into the developmental process gives each individual the likelihood of encountering that advancement and growth from its very outset. This may offer ascent to a sound, independent and mutual and reciprocal development, fit for the establishment for a social order inside which economic development, unity and the development of every single individual as an integrated personality can be accommodated (Max Neef, 1989).

1.5.3. Human needs and Quality of Life

Human needs are classified by many ways and by following different criteria. Researchers have classified all human needs into two broad categories: existential and axiological, which we are consolidated and shown in a matrix (see Appendix E, table No. 02). (Max Neef, 1989). This permits us to exhibit the collaboration of, from one perspective, the needs of Being, Having, Doing and Interacting; and, then again, the needs of Subsistence, Protection, Affection, Understanding, Participation, Creation, Leisure, Identity and Freedom. From this classification proposed, it takes after that, for example, food and shelter should not be seen as basic necessities, rather as satisfiers of the requirement for Subsistence. Similarly, education (either formal or casual) study, examination, early incitement and reflection are satisfiers of the requirement for Understanding. The healing and preventive techniques and procedures and wellbeing plans by and large are satisfiers of the requirement for Protection (Max Neef, 1989).

1.5.4. A matrix of needs and satisfiers

The relationship among needs, satisfiers and economic goods is so strong, dynamic and perceptual that one cannot ignore it. There is something very unique and reciprocity found in this relationship. Say for example, if the economic goods are influencing the productivity of the satisfiers, the latter will be determinant in formation and generating the former. Ultimately through this mutual and causal relationship, they get to be merged which, ultimately, delimits the style of improvement. While, satisfiers can be sorted out inside of the grids of matrix which, from one perspective, arranges needs as indicated by the existential categories of Being, Having, Doing and Interacting, and, then again, as per the axiological categories of Subsistence, Protection, Affection, Understanding, Participation, Creation, Recreation, Identity and Freedom.

This grid gives only an illustration of probable kinds of satisfiers. Indeed, this matrix of satisfiers, if completed by people or groups belonging to various regions, socio-cultures and in diverse times, it may differ extensively (See Appendix E, table No. 02).

Interestingly, there isn't one-on-one commensuratenessbetween needs and satisfiers. A particular satisfier may have potential to fulfil variety of needs differently in different individuals in different times. Again, this relationship is so dynamic and unique so they may shift as per time, place and condition. As in the case of an infant whose mother bosom nourishing her infant is at the same time fulfilling the infant's requirements for Subsistence, Protection, Affection and Identity. The circumstance is clearly diverse if the infant is nourished in a more mechanical design (Max Neef, 1989).

Finding a perceptual as well conceptual distinction between the concepts of needs and satisfiers it is conceivable to express two hypothesizes: to begin with, basic human needs are limited, comprehendible can be classified; and second, basic human needs are the universal and in every single historical period. What changes that either of them, after some time or through enculturation, is the way or the methods by which the needs are fulfilled (Max Neef, 1989).

Each economic, social and political framework embraces distinctive systems for the fulfilment of these common human needs. In every system they are fulfilled or not fulfilled through the generation or non-generation of distinctive sorts of satisfiers. It could be ventured to believe and expressed as one of the angles that describe the general audience is its decision of satisfiers. Whether a man has a place with a consumerist or to a stark society, his/her vital human needs remain the same. What changes is his/her decision of the amount and nature of satisfiers.

To put it plainly, what is socially decided are not the basic human needs, but rather the satisfiers for those needs. Social change is, in addition to other things, the result of dropping

conventional satisfiers with the end goal of receiving new or distinctive ones. It must also be included that every need can be fulfilled at distinctive levels and with diverse intensities. Besides, needs are fulfilled inside of three connections: (1) as to oneself; (2) with respect to the social group; and (3) concerning with environment. The quality and power of the levels, as well as of settings will rely on upon time, place and circumstances (Max Neef, 1989).

1.5.5. Deprivation and potential

The very quintessence of individuals is communicated tangibly through requirements in their character in two ways: either as deprivation and/ or as potential. How an individual fulfills his/ her vital needs depend upon his/ her phrenic and physical wellbeing. When these necessities and needs are met in subtle balance the individual is rather more obligated to feel rationally salubrious and stable. But when a significantly handsome amount of our physical, psychological and emotional needs are not met in the environment, or when the resources and energies are spent erroneously, unwittingly or else, the individual endures significant trouble and stress. Sometimes our innate assets might not have plenary grown, maybe because of short of opportunities in their surroundings, or they may have been subject hostile conditions, for example, a traumatic occasion or harm or something to that affect (Max Neef, 1989).However, the extent to which needs engage, instigate, and activate individuals, they are a potential and in the long run may turn into an asset.

1.5.6. Satisfiers and economic goods

Satisfiers can be characterized as the frequent style that a society or general public attributes to needs. Satisfiers are not the accessible commodities. They are connected, rather, to everything which, by virtue of representing forms of Being, Having, Doing, and Interacting, adds

to the fulfilment of human needs. For instance, the accessibility of sustenance is a satisfier of the need for Protection similarly that a family structure may be. In like manner, a political order may be a satisfier of the requirement for Participation. The same satisfier can realize distinctive needs in diverse time periods.

The reason that a satisfier may have different impacts in different connections is because of the breadth of the products generated; how they are produced; and how utilization is composed. It is seen as items or antiquities which make it conceivable to build or reduction the productivity of a satisfier, goods have get to be determinant components inside industrial civilization (Max Neef, 1989).

To sum up, we could conclude that major human needs are key attributes concerned with human development; satisfiers are forms of Being, Having, Doing and Interacting concerned with structures; and economic goods are items concerned with specific historical minutes. The pace of generation and the expansion of articles have get to be closures in themselves and all things considered are no more ready to fulfil any need at all. Individuals are grown to rely more on this system of generation.

The extent to which a man enjoys the imperative possibilities of his/her life is termed as 'Quality of Life'. Such possibilities are come about because of the opportunities and limitations every individual has in his/her life and reflect the collaboration of individual and ecological elements. Enjoyment has two parts: the experience of fulfilment and the ownership or accomplishment of some characteristic(s). There are three noteworthy life domains are recognized: Being, Belonging, and Becoming. The conceptualization of Being, Belonging, and Becoming as the domains of 'Quality of life' were produced from the experiences of different scholars, writers, scrutinizers and researches (see Appendix E, table No. 03).

1.5.7. The Contribution of Sport to Quality of Life and Well-Being

Snyder and Spreitzer (1974) investigated the relationship between sports participants with mental wellbeing in adults in Ohio. This study makes the connection among sports and other voluntary and leisure activities and includes sports spectators and sports participants. The results of the study recommend that there is a positive relationship between participation in sports and mental wellbeing. The researchers considered whether sports participation gives a "cathartic operation". Cathartic operation originated in the antiquated Greek philosophers' writings of the impact of drama, as catastrophe, on the audience.In another study Wankel, and Berger (2005) added a model of sports values, and review of scientific research evidence for this framework. They explored the four areas which include subjective entertainment, subjective growth, social participation/ integration and last but not least the social change. They contend that there is evidence that subjective entertainment or "fun" is conceived from being parts of sports under specific conditions— the most noteworthy of these being the improvement and assessing one's own abilities with challenge persist characteristic for the inspiration.

Conducive conditions and opportunities to participate are likewise seen as an important elements in the mental and social advantages of sports. However the exploration has a few confinements, like there is practically very little or no work on adults participation in sports. Taylor (2000) contends that there is a stern need to explore more and come to the solid conclusion that "how separate enjoyment interludes relate with the general quality of life".

Wankel and Berger (2005) redirecting the relationship between sports and personal growth, have thoroughly reviewed the related literature concerned with mental wellbeing and looked at the impact of physical exercise on neurotic symptoms including anxiety and depression level. They also found dearth of scientific researches in this area and hence there is not sufficient

evidence of causality in specific. They also sought for the relationship between social integration and sports participation. The researchers state that in spite of the general conviction that sports has a positive effect both for the individual and the society" (Wankel and Berger 2005). They refer an old study (Segrave 1983) on the relationship between delinquency and athletic involvement, which contends that the significant relationship between sports participation and a decrease in delinquency is not proved (Segrave, 1983).

Chalip and Thomas (1992) of New Zealand looked into the research on sports and psychology, particularly connecting it with policy implementation. They tried to find the association of youngsters in game and the relationship between self-management of sports activity and motivation to participate. This research included a qualitative investigation of adolescents who manage and execute a sports center. The research concluded that it is not the sports such as much as the chance to control their own territory of action that fascinates the youngsters in any case. The researchers contend for more prominent inclusion of youngsters in the decision making and administration of sports and recreational activities.

In another qualitative study carried out in provincial Australia (Townsend et al. 2002) using one-on-one interview technique with a sample of people in two small residential areas. The issues covered in semi-structured interviews include participation in sports, changes in local community sports associations and the impact of these associations on the community. Following were the objectives of the study:

1. To find out the degree and nature of societal involvement in sporting organizations and associations;
2. To evaluate the contribution of inhabitants in Sporting associations and physical activity groups causing the individual and social wellbeing.

The study took as its beginning point the relatively poor health record of rustic Australians in correlation to their urban partners and recognized a positive connection between physical activity and wellbeing. The authors researched the connections between physical activity and wellbeing in rustic regions with specific reference to the literature on social capital. From the responses the researchers extracted the conclusion that sports associations have an important role to play in the "physical, mental and social" wellbeing and wellbeing of small rural towns and were equally important to the sustainability of these communities.

Chapter No. 02

METHOD AND PROCEDURE

2.1. Research Design

The present study is an empirical study that intends to find out to what extent the relationship persist between two characteristicsviz. Quality of Life and Mental wellbeing among Sports participants and non-participants in a group of youth studying in the university.

2.2. Study Area

The study has been conducted at University of Sindh, Jamshoro. Male and female students in graduate and post graduate program participated in the study. The two groups of students are classified according to their orientation and participation in sports.

2.3. Sample

Population for my study wasMale and female students (age range from 18 to 30 years) studying in graduate and post graduate programs in the University of Sindh, Jamshoro. Total participants for my study is 98 out of which 49 are male and 49 female (n=98). Sample of the participants was drawn following the Simple Random Sampling technique. Out of 98 study participants, 49 were participants in either **Invasion games** (football, hockey, netball, basketball and rugby) or **Net/wall/racket games** (tennis, badminton, squash, table tennis, volleyball and racket ball) and/or **Fielding/striking games** (cricket, rounders, baseball and softball). Gymnastics, Athletes, Outdoor pursuits, Dancers, Target and Combat sports participants were eligible for the participation in the study. While the 49 were non-participants in the sports, they

were either sports loving people like spectators, or playing board games like Luddo, Carrom, or Chess and/ or the games using gadget (like mobile or computer), they were treated as non-participants.

2.4. Instruments

Following instruments were applied to the participants:

1. Quality of Life Inventory (QOLI)
2. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)
3. Demographical Information Questionnaire

2.4.1. Quality of Life Inventory (QOLI)

Quality of life (QoL) is fast becoming a standard measure of outcomes in clinical trials, cost effectiveness analysis and clinical practice (Becker et al. 1993). Quality of life is a subjective construct which varies with the population studied. Quality of Life Inventory is a worth counting instrument of measurement of life satisfaction, having adequate psychometric properties.

- *Internal consistency*: $\alpha = 0.79$.
- *Criterion validity*: The QOLI is also correlated with general psychopathology including depression, and anxiety (Frisch, 1994; Frisch, Cornell, Villanueva, &Retzlaff, 1992).
- *Treatment sensitivity*: The QOLI also possesses sensitivity to treatment outcomes for different mental disorder, including depression and anxiety disorders. This is compatible in scores as direct measures of pathology (see Frisch, 1994; Frisch et al., 2005).

- *Response bias*: There is a poor relationship found between the QOLI and Crowne–Marlowe Social Desirability Scale (SDS) (Crowne & Marlowe, 1960). This shows that the effect of a desirable response set was minimal, $r = 0.25, p < .001$.

It is for the most part conceptualized as a multi-dimensional tool made up of variousindependent domains including physical wellbeing, mental wellbeing, social connections, functional parts and subjective feeling of life satisfaction.It was developed by Dr. Michael B. Frisch in 2009 which is grounded on his theory Quality of Life Theory (Frisch, 1994, 1998). This theory corresponds quality of life with fulfilment and satisfaction of life. QOLI is rather a measure of life satisfaction of different domains of life. It has 16 well-defined domains: health, self-esteem, goals and values, money, work, play, learning, creativity, helping, love, friends, children, relatives, home, neighborhood, and community. The QOLI is a brief assessment of 26 items that provides "life satisfaction andoutcome with a single score based on 16 areas of life including love, work, andrecreation".Within each domain, respondents first rate the importance of that domain to their happiness/ satisfaction over a 5-point Likert like scale with scores 1 through 5. In this respondents are decide to what extent the given statements are true to them.

Dr. Frisch is a practicing clinical psychotherapist and a seasoned researcher. He is also popular for his authority, globally, on positive psychology, wellbeing, and quality of life. He is a Research Fellow at International Society for Quality of Life Studies. In addition, he is a Founding Fellow in the Aaron T. Beck's Academy of Cognitive Therapy. His is also credited to be the founder of the Oral History and Education Project of the International Society for Quality of Life Studies, the Gallup Institute for Global Well-Being, and Baylor University. The iconic figure Dr. Frisch has the credit to serve as the junior most member in history on the American Red Cross' Board of Governors in Washington, DC.

2.4.2. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

WEMWBS is a 14 item scale of mental well-being covering subjective well-beingand psychological functioning, in which all items are worded positively andaddress aspects of positive mental health and cover both feeling and functioning aspects of mental wellbeing. This scale is scored by adding replies to every item replied on a 1 to 5 Likert scale. The minimum scalescore is 14 and the maximum is 70. WEMWBS has been validated for those aged 16 and above. Validation involved both student and generalpopulation samples, and focus groups.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed byProfessor Sarah Stewart-Brown and DrKulsum Janmohamedat the Universities of Warwick and Edinburgh in June-2008. This project was funded by NHS Health Scotland to enable the measurement of positive mental well-being ofadults in UK.

Prof. Sarah Stewart-Brown became part of Warwick University in April 2003 as Professor of Public Health. Sarah was Director of the Health Science Research Institute from April 2006 and remained in the same post till August 31st2010 and is right now Chair of Public Health. Sarah examined medication at the University of Oxford and at the Westminster Hospital in London. She also served in the National Health Service from 1974 to 1994 first as a child specialist and along these lines as a Public Health specialist in London, Bristol and Worcester. She likewise held scholarly arrangements at the Departments of Child Health, and of Epidemiology and Community Health at the University of Bristol. Before joining the Institute she was a Reader in the Department of Public Health at the University of Oxford where she coordinated the Health Services Research Unit.

2.5. Procedure

In our investigation, Quality of Life Inventory (QOLI), the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and the Demographical Information Questionnaire (DIQ) were used. All the questionnaires were applied to 98 students in University of Sindh, Jamshoro. The criterion for the choice of study participants demanded that their age range should be 18-30 years old and belong to middle socio-economic class and having no physical disability.

The selection of subjects was divided according to their interest and participation and non-participation in Sports. Otherwise all the participants belong to similar distributed group of society. During the selection of study participants, they were thoroughly briefed about purpose and procedure of the study. Upon their satisfaction, their volunteer participation was highly encouraged. The questionnaires were applied to the students during regular university timings. The QLI was applied first which took only 15-20 minutes. Next the WEMWBS was applied that consumed up to 10 minutes for its completion. In the end, DIQ was given which hardly spent 5 minutes. The participants keenly completed the three forms and show their interest to know the results of this study and their individual scores. The individual as well as collective findings of the study have rightly been communicated to only those study participants who approached the researcher later.

Chapter No. 03

RESULTS

3.1. Tables and Analysis of Results:

To analyze the findings of the study, the results of Group I (Sports participants) students were compared with Group II (Sports non-participants) students in terms of their Quality of Life, as well as their positive mental well-being. The results are shown in relevant tables and figures on the following pages.

The t test and coefficient of correlations (product-moment) were computed to examine the differences and relationship of total QLI (Sports participants/ non-participants) and total WEMWBS(Sports participants/ non-participants) respectively. Table 3.1 and 3.2 show the frequency distribution of Total scores of QLI Sports participants and sports non-participants and total score of WEMWBS of sports participants and sports non-participants, respectively. Whereas, table 3.3 deals with total score of sports participants and sports non-participants over different subscales of QLI. These three tables vividly describe that Sports participants score higher on QLI and all its sub-scales except one i.e. 'Money' as compared to sports non-participants. Sports participants also score higher on WEMWB Scale as compared to non-participants.

Findings of the study reveal significant differences between the total scores of Quality of Life Inventory (QLI) among sports participants and sports non-participants (t=3.801, p=.000). The same results have been recorded on almost all subscales of QLI except Social Support and Money where the score indicates (t=1.334, p=.185) and (t=-.779, p=.438) (see table 3.5). The

results of the current study also point out significant differences (t=4.429, p=.000) found between the score of sports participants and sports non-participants at WEMWBS (see table 3.5).

The effect size (Cohen's d) has also been calculated, which also supported the previous findings. The effect size is quite large in the scales and almost all subscales of QLI and WEMWBS among sports participants and sports non-participantswhile magnitude of effect is low in subscales of Social Support and Money of QLI among sports participants and sports non-participants (see table No. 3.5).

The results indicated that the total QLI score (sports participants and sports non-participants) and WEMWBS(Sports participants/ non-participants)is significantly correlated with one another (r= .661, p< .01). The correlation between subscale General Satisfaction of QLI and WEMWBS also show a strong association between the two (r=0.554, p<.01); the correlation between subscale Occupational Activities of QLI and WEMWBS also show an association between the two (r=0.440, p<.01); the correlation between subscale Activities of Daily living of QLI and WEMWBS also show an association between the two (r=0.440, p<.01); the correlation between subscale Psychological Wellbeing of QLI and WEMWBS also show a considerably weak relationship between the two (r=0.293, p<.01); the correlation between subscale Overall Outlook of QLI and WEMWBS also show a strong association between the two (r=0.544, p<.01); the correlation between subscale Physical Health of QLI and WEMWBS also show a weak relationship between the two (r=0.314, p<.01); the correlation between subscale Social Support of QLI and WEMWBS also show a strong association between the two (r=0.521, p<.01) and the correlation between subscale Money of QLI and WEMWBS also show a poor relationship between the two (r=0.383, p<.01) (See Table No.3.6).

The psychometric properties of scores of QLI and WEMWBS also been measured. The results show all the items in both the scales are internally consistent and reliable. The value of α is 0.85 for QOL, whereas the value of α is 0.79 for WEMWBS (see table No. 3.4).

Table 3.1
Frequency Distribution of Total score of Quality of Life Inventory (QLI)

Sports participants		Non-participants in Sports	
S1.	94	G1.	100
S2.	86	G2.	96
S3.	73	G3.	94
S4.	101	G4.	83
S5.	87	G5.	90
S6.	97	G6.	94
S7.	95	G7.	90
S8.	94	G8.	81
S9.	120	G9.	63
S10.	98	G10.	91
S11.	99	G11.	91
S12.	122	G12.	82
S13.	117	G13.	90
S14.	117	G14.	82
S15.	89	G15.	62
S16.	112	G16.	95
S17.	110	G17.	76
S18.	97	G18.	96
S19.	98	G19.	82
S20.	100	G20.	96
S21.	83	G21.	94
S22.	99	G22.	98
S23.	80	G23.	77
S24.	86	G24.	92
S25.	66	G25.	60
S26.	101	G26.	78
S27.	98	G27.	101
S28.	75	G28.	77
S29.	103	G29.	101
S30.	94	G30.	81
S31.	96	G31.	90
S32.	82	G32.	102
S33.	100	G33.	82

Table 3.1
Frequency Distribution of Total score of Quality of Life Inventory (QLI)

	Sports participants		Non-participants in Sports
S34.	88	G34.	94
S35.	96	G35.	86
S36.	97	G36.	101
S37.	86	G37.	89
S38.	118	G38.	92
S39.	92	G39.	80
S40.	101	G40.	96
S41.	88	G41.	91
S42.	87	G42.	81
S43.	112	G43.	89
S44.	95	G44.	92
S45.	103	G45.	94
S46.	98	G46.	82
S47.	95	G47.	91
S48.	98	G48.	96
S49.	92	G49.	85
Total	4715		4306

Figure 3.1

Frequency Distribution of QLI Score of Sports Participans and Sports Non Participants

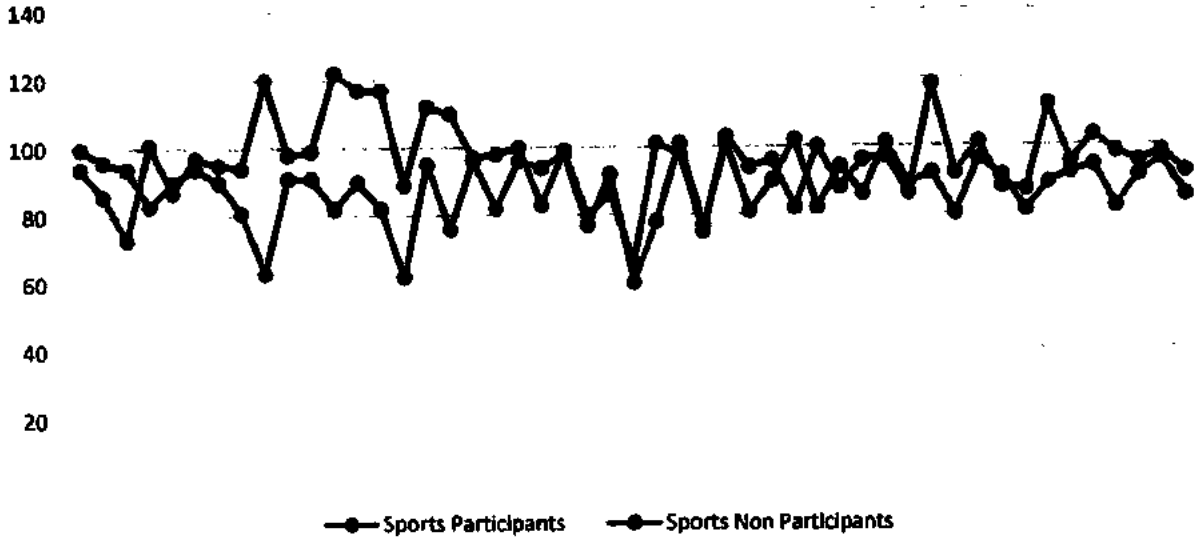


Table 3.2

Frequency Distribution of Total score of Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Sports participants		Non-participants in Sports	
S1.	51	G1.	54
S2.	52	G2.	56
S3.	44	G3.	53
S4.	56	G4.	47
S5.	65	G5.	58
S6.	56	G6.	57
S7.	56	G7.	42
S8.	58	G8.	53
S9.	65	G9.	46
S10.	56	G10.	61
S11.	51	G11.	59
S12.	64	G12.	51
S13.	64	G13.	64
S14.	64	G14.	57
S15.	49	G15.	35
S16.	61	G16.	46
S17.	57	G17.	47
S18.	61	G18.	53
S19.	56	G19.	36
S20.	46	G20.	50
S21.	56	G21.	55
S22.	61	G22.	53
S23.	51	G23.	48
S24.	55	G24.	54
S25.	44	G25.	33
S26.	55	G26.	42
S27.	63	G27.	58
S28.	42	G28.	44
S29.	55	G29.	51
S30.	49	G30.	37
S31.	56	G31.	57
S32.	65	G32.	57
S33.	58	G33.	54
S34.	51	G34.	59
S35.	60	G35.	49
S36.	62	G36.	54
S37.	50	G37.	57
S38.	57	G38.	44
S39.	54	G39.	39
S40.	66	G40.	48
S41.	57	G41.	54
S42.	49	G42.	45
S43.	65	G43.	44

Table 3.2

Frequency Distribution of Total score of Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Sports participants		Non-participants in Sports	
S44.	58	G44.	50
S45.	55	G45.	50
S46.	60	G46.	53
S47.	60	G47.	42
S48.	61	G48.	57
S49.	48	G49.	49
Total	**2755**		**2462**

Figure 3.3

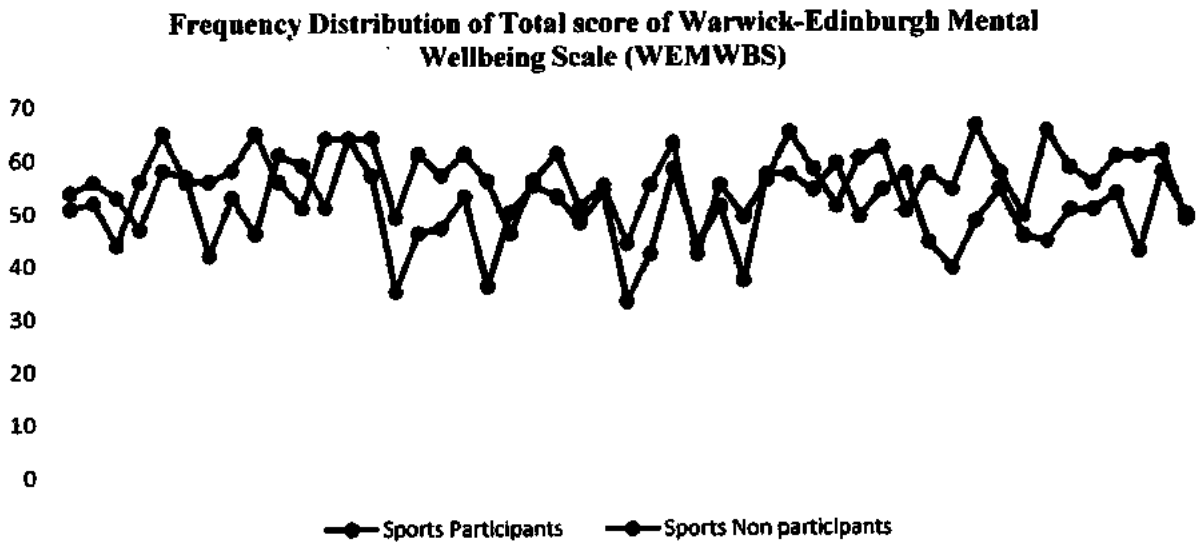


Table 3.3

Total Score of Components of Quality of Life Inventory (QLI)

	Components of QLI	Sports participants	Non-participants in Sports
1.	General Satisfaction	575	512
2.	Occupational Activities	379	333
3.	Activities of Daily Living	543	486
4.	Psychological Well-Being	596	524
5.	Symptoms/Outlook	566	502
6.	Physical Health	636	538
7.	Social Relations / Support	747	716
8.	Money	673	695
	Total	4715	4306

Figure 3.2

Total Score of Components of Quality of Life Inventory (QLI)

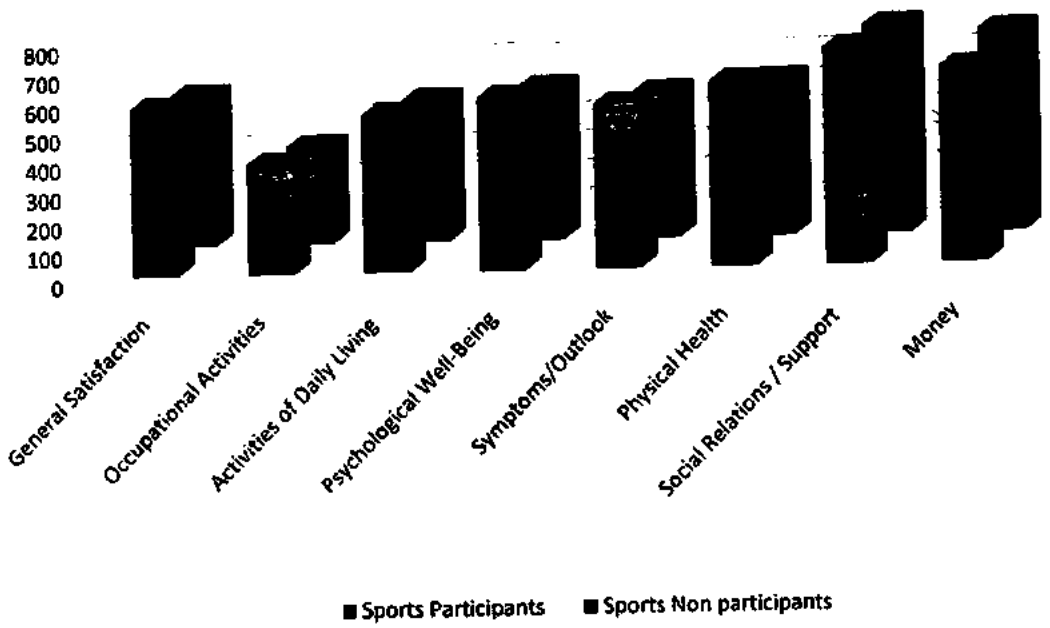


Table 3.4

Psychometric Properties of the Major Study Variables

Scales	N	M	SD	α	Min	Max	Skew
QoL	98	92.05	11.59	.85	60	122	-0.09
WMWS	98	53.23	7.29	.79	33	66	-0.53

Note. M= Mean; SD= Standard Deviation; QoL= Quality of Life; WMWS=Warwick Mental Wellbeing Scale

Table 3.5
t-test analysis between Sports Participants and Non- sport Participants groups

	Groups								
	Sports Participants		Non- sport Participants				95% CI		
Variables	*M*	*SD*	*M*	*SD*	*t*	*p*	LL	UL	Cohen's *d*
Quality of Life Inventory (QLI)	96.22	11.85	87.88	9.78	3.801	.000	[3.98,	12.70]	0.77
Warwick Mental Wellbeing Scale (WMWS)	56.22	6.15	50.24	7.17	4.429	.000	[3.30,	08.66]	0.89
General Satisfaction	11.73	2.08	10.45	1.81	3.252	.002	[0.50,	2.07]	0.66
Occupational Activities	7.73	0.99	6.80	1.30	4.001	.000	[0.47,	1.43]	0.72
Activities of Daily Living	11.08	2.30	9.92	2.06	2.632	.010	[0.28,	2.04]	0.53
Psychological Wellbeing	12.16	1.97	10.69	1.91	3.740	.000	[0.68,	2.24]	0.76
Overall Outlook	11.55	2.25	10.24	1.61	3.297	.001	[0.52,	2.09]	0.67
Physical Health	12.98	1.84	10.98	1.88	5.308	.000	[1.25,	2.74]	1.08
Social Support	15.24	2.66	14.61	1.97	1.334	.185	[-0.30,	1.57]	0.27
Money	13.73	3.13	14.18	2.53	-.779	.438	[-1.59,	0.69]	0.16

Note. M= Mean; SD= Standard Deviation; CI = confidence interval; LL = lower limit, UL = upper limit.

Table 3.6

Bivariate Correlations between Warwick Mental Wellbeing Scale, Quality of Life Inventory and Quality of Life Inventory sub Scales.

Variables	1	2	3	4	5	6	7	8	9	10
1. Warwick Mental Wellbeing Scale	1									
2. Quality of Life Inventory	0.661**	1								
3. General Satisfaction	0.554**	0.715**	1							
4. Occupational Activities	0.440**	0.671**	0.525**	1						
5. Activities of Daily Living	0.440**	0.780**	0.612**	0.472**	1					
6. Psychological Wellbeing	0.293**	0.646**	0.327**	0.545**	0.386**	1				
7. Overall Outlook	0.544**	0.744**	0.485**	0.436**	0.493**	0.467**	1			
8. Physical Health	0.314**	0.577**	0.457**	0.448**	0.305**	0.346**	0.436**	1		
9. Social Support	0.521**	0.706**	0.445**	0.315**	0.527**	0.283**	0.468**	0.178	1	
10. Money	0.383**	0.624**	0.182	0.238*	0.438**	0.296**	0.328**	0.130	0.499**	1

Note: Correlations marked with an asterisk (*) were significant at $p < .05$, and (**) were significant at $p < .01$.

Chapter No. 04

CONCLUSION

4.1. Discussion

The four aims of this study were to (1) To find the relationship between Quality of Life and Mental wellbeing; (2) To find the relationship between Quality of Life and Sports Participation; (3) To explore how Sports and other physical activities foster positive mental health, and (4) To demonstrate how Sports and other physical activities prevent mental illness.

In relation to the first aim, the findings of the study showed that the people rate their quality of life a separate entity than mental wellbeing. Ours is a relatively less disciplined society where reported literacy rate is hardly above 55% (UNESCO, 2014). These figures show that our country is one of those whose literacy rate is among the lowest literate nations of the world. According to the UNDP's International Human Development Indicators database (PSLM 2010-11), Pakistan ranks 130 among 141 reporting countries and territories in terms of adult literacy (both sexes, 15 years and older). The utility of education in Pakistan is even beyond so many African and war-trodden nations. It has been commonly observed that people consider quality of life mainly in terms of being influential in the territory or the region, and their hoardings of money, luxuries, and accessories. Ethical standards and morale values are devoid of dignity because personal life has become extremely petty in its character. Its lowness is assumed because the mind and other cognitive faculty has rarely any opportunity of rising above the engrossing cares of domestic interests and thinking beyond the limits set by the traditional and restricted

society. In such society it is not surprising outcome that people don't associate their quality of life with mental wellbeing. They rather learn their youth to get adjust with depression and anxiety being part of their life. While, our research findings suggested the first objective is achieved through existing data that shows quality of life and mental wellbeing are strongly associated in our society.

The second aim was to compare to what extend quality of life and sports participation are associated with one another. Alexis Carrel, a prominent Nobel Prize laureate from France in 1912 has wisely said that quality of life is more important than life itself. While the scenario is not the same here in Pakistan. There are a few proverbs that can show the mind set of masses. They say, 'Nothing is more precious than life itself' and the like. Since, participation in Sports and other physical exercises is a bit expensive in Pakistan, so people have learnt from the beginning of their life to go for fulfilment of other needs of life, if not than less to go for sporting. Findings of the study suggest sports participants rate their quality of life more than non-participants in sports.

The third and fourth objectives were to analyze the role of sports and other physical activities on mental well and alleviation of anxiety and stress. The analyses and review of literature demonstrate an association between regular use of physical activity and a lower risk of poor mental health. We can take it otherwise as the regular participants in sports and other physical activities were at about half the risk of poor mental health of non-participants. Regular participation in sporting is positively and significantly associated with greater mental wellbeing. Findings of this study are also consistent with other researches which shows how sporty conditions are used, worldwide as therapeutic tool for poor mental health issues (Stigsdotter et al., 2011). Studies also suggest that people facing stress or other psychological problems

rigorously search for such conditions actively in order to cope up with them (van den Berg, Hartig, &Staats, 2007; Grahn&Stigsdotter, 2003). In the present study, sports participants score higher on WEMWBS than sports non-participants.

4.2. Summary and Conclusion

The following conclusions are emerged from this dissertation and statistics. After a thorough review of the sport and exercise literature, the researcher reaches to the conclusion:

There is scarcity of scientific research in the region, particularly in Pakistan, on the contribution of sports to QOL and mental wellbeing in youth.

Since there is no globally accepted definition of Quality of Life, particularly when you are dealing with the existing sports and exercise. This lack of conceptual clarity and consistency has further increases the dilemma of using inconsistent methodological approaches across the culture, with variety of measurement objects and subjects as well. This subsequently generated a verge of compatibility and comparability among different studies dealing with QOL and Mental wellbeing.

The research findings suggest a positive relationship between sports participants and sports non-participants over Quality of Life Scale. This means that the participants in sports rate the Quality of Life in almost the same as the non-participants, on the one hand; and on the other hand, it also indicates that Sports and physical exercises along with other factors play key roles to determine Quality of Life.

Although sports participants score higher on almost every dimension, except Money, as compared to sports non-participants over QOLI but statistically there are two dimensions that are positively correlated with the scores on WEMWBS. These dimensions include Psychological Wellbeing and Physical Health. Interestingly, the scores of sports participants as well non-

participants are positively correlated with the total score on WEMWBS. Since the sample of the study was youth from the university so it is expected that the study participants are competitive enough to meet the tough standards of higher education so as they must rate themselves as psychological well and physically fit.

The research findings also revealed a significant relationship between scores of sports participants and sports non-participants over Warwick-Edinburg Mental Wellbeing Scale. Sports participants score higher on WEMWBS as compared to sports non-participants. From this, we can derive a conclusion that there is an association between sports participation and aspects of mental well-being such as the alleviation of depression and anxiety among the youth.

Interestingly, sports participation showed their less satisfaction of having money and other monetary resources to meet their everyday life needs as compared to sports non-participants. It has been observed that in our society, where inflation is high and there is no control over prices, people have difficulty to maintain their life standard that they have established. People have to work hard and/ or rely more than one source of income to meet their everyday life needs. Participation in sports and other physical exercises is another liability that they have to bear. To continue with expenditures of participation in sports and other exercises along with other life's everyday expenditures, give people dissatisfaction of having a few monetary resources/ money to meet with. While, the sports non-participants showed their relative satisfaction of having enough money/ monetary resources to meet their everyday life needs.

Although, empirical evidence did not support either causal relationship between General Satisfaction, Occupational Activities, Activities of Daily Living, Symptoms/ Outlook, Social Support, and Money with Mental wellbeing, nor help us to understand how sports participation might lead to these outcomes, or whether participation in other types of leisure activity might

produce the same type of outcome. Hence, our first two hypotheses, which state the positive relationship between Quality of Life and Mental wellbeing in Sports participants and participation in sports and other physical exercises improves metal wellbeing as compared to sports non-participants, are proved by the research findings. Similarly the hypotheses 03 and 04 are supported by study findings. These hypotheses state Sports participants score higher on Quality of Life Scale and Mental Wellbeing Scale than non-participants. The data also revealed the hypothesis 05could neither be proved at all nor categorically rejected. Except two variables of Money and Social Support, sports participants and sports non-participants score there was not much differences found. This might due to sports participants consider monetary sources are even more important to meet their expenditures and obviously sports is in itself a great source of socialization and social support. Sports participants could not matched over socialization with sports non-participants.

4.3. Recommendations

Following recommendations are derived after a thorough inquiry in the field of Quality of Life and its relation to mental wellbeing among Sports participants and Non-participants:

i. Longitudinal studies should take place in order to resolve the biological, cross cultural, and environmental issues to determine the causal relationship between Quality of Life and Mental wellbeing.

ii. We have studied Quality of Life Inventory as a single factor scale, on the other hand, conceptually quality of life is a product of various factors in an individual's life, rather than a latent characteristic causing variation in the scale variables. So future studies conducted Quality of Life Scale as multifactor instrument, and consistency should be

measured between these factors. A multidimensional model should be developed that can isolate the contributing factors. Such studies with better data, could either be experimental and/ or observational, might explore variation in synergistic effects by environment type, pattern of use and/or physical activity type and intensity.

iii. Sports and other physical activities be promoted at each level of human life in the society in order to promote Quality of life, mental wellbeing and positive dimension of human personality and to alleviate mental illness.

iv. It is also encouraged to psychologists and psychotherapists to go beyond the disease model of psychological disturbance. In researcher's opinion, severe problems, serious mental disorders and/ or psychotic diseases must be dealt with, but fostering better quality of life is an ultimate purpose of any and every therapy. Ascending toward a better quality of life can rather help clients in adapting to chronic or short term physical illness and disability. Through this way, at least three goals could be accomplished: (1) expanding and enhancing "inner abundance" and experience, (2) expanding the "quality of time" the client experiences, and (3) expanding the client's purpose and reason in life.

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APPENDIX A:

Demographic Data of the Study Participants

Table 1
Age distribution of the subjects (in years)

Age (Years)	Frequency	
	Sports participants N=49	Non-participants in Sports N=49
18 to 19	12.24%	8.16%
20 to 21	38.77%	38.77%
22 to 23	22.44%	34.69%
24 & older	26.53%	18.36%

Table 2
Gender Frequency

Gender	Frequency (N=98)		Percentage	
	Sports Participants	Sports non-Participants	Sports Participants	Sports non-Participants
Male	45	19	45.91%	19.38%
Female	04	30	4.08%	30.61%

Table 3
Marital status of participants

Status	Sports Participants		Sports non-Participants	
	Male N=45	Female N=04	Male N=19	Female N=30
Single	41	04	19	28
Married	04	0	0	2

Table 4
Academic class of participants

Degree Program	Sports Participants		Sports non-Participants	
	Male N=45	Female N=04	Male N=19	Female N=30
Graduate Degree Program	41	02	02	24
Master Degree Program	04	0	17	06
MS/ M.Phil Program	0	02	0	0

Table 5
Family orientation of participants

Family Type	Sports Participants (N=49)	Sports non-Participants (N=49)
Nuclear	16.32%	65.3%
Combined	83.67%	34.69%

Table 6
Participants Smoke Cigrettes

	Male (N=64)		Female (N=34)	
	Yes	No	Yes	No
Sports Participants	20.31%	50.00%	00%	12.05%
Sports non-Participants	14.06%	15.62%	8.82%	79.12%

Table 7
Medical History (Serious Disease in recent past)

	Male (N=64)		Female (N=34)	
	Yes	No	Yes	No
Sports Participants	3.12%	67.18%	00%	11.76%
Sports non-Participants	6.25%	23.44%	5.88%	82.35%

Table 8
Presence/Absence of Mother/Father of Participants

	Mother		Father	
	Alive	Deceased	Alive	Deceased
Sports Participants (N=49)	93.87%	6.12%	89.79%	10.20%
Sports non-Participants (N=49)	95.91%	4.08%	89.79%	10.20%

APPENDIX B:

Quality of Life Inventory

QOL QUESTIONNAIRE

Instructions

This questionnaire asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.
Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks, a question might ask:

	(Please circle the number)				
	Not at all	A little	Moderately	Mostly	Completely
Do you get the kind of support from others that you need?	1	2	3	4	5

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others.

	(Please circle the number)				
	Not at all	A little	Moderately	Mostly	Completely
Do you get the kind of support from others that you need?	1	2	3	④	5

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks.

	(Please circle the number)				
	Not at all	A little	Moderately	Mostly	Completely
Do you get the kind of support from others that you need?	①	2	3	4	5

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

		(Please circle the number)				
		Very poor	**Poor**	**Neither poor nor good**	**Good**	**Very Good**
1.	How would you rate your quality of life?	1	2	3	4	5
		(Please circle the number)				
		Very dissatisfied	**Dissatisfied**	**Neither satisfied nor dissatisfied**	**Satisfied**	**Very satisfied**
2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks

		(Please circle the number)				
		Not at all	**A little**	**A moderate amount**	**Very much**	**An extreme amount**
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4.	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5
		(Please circle the number)				
		Not at all	**Slightly**	**A Moderate amount**	**Very much**	**Extremely**
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		(Please circle the number)				
		Not at all	**A little**	**Moderately**	**Mostly**	**Completely**
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
		(Please circle the number)				
		Very poor	**Poor**	**Neither poor nor well**	**Well**	**Very well**
15	How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how **good** or **satisfied** you have felt about various aspects of your life over the last two weeks.

		(Please circle the number)				
		Very dissatisfied	**Dissatisfied**	**Neither satisfied nor dissatisfied**	**Satisfied**	**Very satisfied**
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity to work?	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5

		(Please circle the number)				
		Very dissatisfied	**Dissatisfied**	**Neither satisfied nor dissatisfied**	**Satisfied**	**Very satisfied**
20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your mode of transportation?	1	2	3	4	6
		(Please circle the number)				
		Never	**Seldom**	**Quite often**	**Very often**	**Always**
26	How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	1	2	3	4	5
Did someone help you to fill out this form? *(Please circle Yes or No)*					**Yes**	**No**
How long did it take to fill out this form?						

APPENDIX C:

Warwick Edinburgh Mental Wellbeing Scale

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts. Please tick ✓ the box that best describes your experience of each over the last 2 weeks.

	STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
1.	I have been feeling optimistic about the future.	1	2	3	4	5
2.	I have been feeling useful	1	2	3	4	5
3.	I have been feeling relaxed	1	2	3	4	5
4.	I have been feeling interested in other people	1	2	3	4	5
5.	I have had energy to spare	1	2	3	4	5
6.	I have been dealing with problems well.	1	2	3	4	5
7.	I have been thinking clearly	1	2	3	4	5
8.	I have been feeling good about myself.	1	2	3	4	5
9.	I have been feeling close to other people.	1	2	3	4	5
10	I have been feeling confident.	1	2	3	4	5
11	I have been able to make up my own mind about things.	1	2	3	4	5
12	I have been feeling loved.	1	2	3	4	5
13	I have interested in new things	1	2	3	4	5
14	I have been feeling cheerful.	1	2	3	4	5

THANK YOU FOR YOUR HELP

APPENDIX D:

Demographic Information Questionnaire

No. _____

Age: _____ **Gender: Male/ Female** _____

Socioeconomic Class (Lower/ Middle/ Upper): _____

Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed**

Academic Class (Semester): _____ **Subject/ Degree/Program**_____

Family size: _____ **Family Type (Nuclear/ Combined):** _____

Have you ever smoked cigarettes, cigars or a pipe? ☐ Yes ☐ No

Do you now have or have you recently experienced any medical disease? ☐ Yes ☐ No

If yes, then mention the disease: _____

Have you or your blood relatives (include grandparents, aunts and uncles, but exclude cousins, relatives by marriage and half-relatives) have had any serious medical disease?

If yes, then mention the disease: _____

Father: ☐ Alive Current age _____

My father's general health is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Reason for poor health: _____

☐ Deceased ☐ Age at death _____

Cause of death: _____

Mother: ☐ Alive Current age _____

My mother's general health is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Reason for poor health: _____

☐ Deceased ☐ Age at death _____

Cause of death: _____

THANK YOU

APPENDIX E

Tables

Table 01

Human Needs

1.	Subsistence (including Food, shelter, vital ecological services like clean air and water etc., healthcare, rest)
2.	Reproduction (including nurturing of children, pregnant women, Transmission of the culture, homemaking)
3.	Security (including Enforced predictable rules of conduct, Safety from violence at home and in public, Security of subsistence into the future, Maintain safe distance from crossing critical ecological thresholds, Stewardship of nature to ensure subsistence into the future, Care for the sick and elderly)
4.	Affection (Being able to have attachments to things and persons outside ourselves; to love those who love and care for us, to grieve at their absence, Solidarity, respect, tolerance, generosity, passion, receptiveness)
5.	Understanding (Access to information, Intuition and rationality)
6.	Participation (To act meaningfully in the world, Contribute to and have some control over political, community, and social life, Being heard, Meaningful employment, Citizenship)
7.	Leisure (Recreation, relaxation, tranquility, access to nature, travel)
8.	Spirituality (Engaging in transcendent experiences, Access to nature, Participation in a community of faith)
9.	Creativity/emotional expression (Play, imagination, inventiveness, artistic expression)
10.	Identity (Status, recognition, sense of belonging, differentiation, sense of place)
11.	Freedom (Being able to live one's own life and nobody else's. This means having certain guarantees of non-interference with certain choices that are especially personal and definitive of selfhood, such as choices regarding marriage, childbearing, sexual expression, speech and employment, Mobility)

Table 02

*Matrix of needs and satisfiers**

	Needs according to existential categories			
Needs according	***Being***	***Having***	***Doing***	***Interacting***

to axiological categories				
Subsistence	1/ Physical health, mental health, equilibrium, sense of humour, adaptability	2/ Food, shelter, work	3/ Feed, procreate, rest, Work	4/ Living environment, social setting
Protection	5/ Care, adaptability, autonomy, equilibrium, solidarity	6/ Insurance systems, savings, social security, health systems, rights, family, work	7/ Co-operate, prevent, plan, take care of, cure, help	8/ Living space, social environment, dwelling
Affection	9/ Self-esteem, solidarity, respect, tolerance, generosity, receptiveness, passion, determination, sensuality, sense of humour	10/ Friendships, family, partnerships, relationships with nature	11/ Make love, caress, express emotions, share, take care of, cultivate, appreciate	12/ Privacy, intimacy, home, spaces of togetherness
Understanding	13/ Critical conscience, receptiveness, curiosity, astonishment, discipline, intuition, rationality	14/ Literature, teachers, method, educational policies, communication policies	15/ Investigate, study, experiment, educate, analyse, meditate	16/ Settings of formative interaction, schools, universities, academies, groups, communities, family
Participation	17/ Adaptability, receptiveness,	18/ Rights, responsibilities,	19/ Become affiliated, co-	20/ Settings of participative

	solidarity, willingness, determination, dedication, respect, passion, sense of humour	duties, privileges, work	operate, propose, share, dissent, obey, interact, agree on, express opinions	interaction, parties, associations, churches, communities, neighbourhoods, family
Leisure	21/ Curiosity, receptiveness, imagination, recklessness, sense of humour, tranquillity, sensuality	22/ Games, spectacles, clubs, parties, peace of mind	23/ Day-dream, brood, dream, recall old times, give way to fantasies, remember, relax, have fun, play	24/ Privacy, intimacy, spaces of closeness, free time, surroundings, landscapes
Creation	25/ Passion, determination, intuition, imagination, boldness, rationality, autonomy, inventiveness, curiosity	26/ Abilities, skills, method, work	27/ Work, invent, build, design, compose, interpret	28/ Productive and feedback settings, workshops, cultural groups, audiences, spaces for expression, temporal freedom
Identity	29/ Sense of belonging, consistency, differentiation, selfesteem, assertiveness	30/ Symbols, language, religions, habits, customs, reference groups, sexuality, values, norms, historical memory, work	31/ Commit oneself, integrate oneself, confront, decide on, get to know oneself, recognize	32/ Social rhythms, everyday settings,, settings which one belongs to, maturation stages

			oneself, actualize oneself, grow	
Freedom	33/ Autonomy, self-esteem, determination, passion, assertiveness, open mindedness, boldness, rebelliousness, tolerance	34/ Equal rights	35/ Dissent, choose, be different from, run risks, develop awareness, commit oneself, disobey	36/ Temporal/spatial plasticity

* The column of BEING registers attributes, personal or collective, that are expressed as nouns. The column of HAVING registers institutions, norms, mechanisms, tools (not in a material sense), laws, etc. that can be expressed in one or more words. The column of DOING registers actions, personal or collective, that can be expressed as verbs. The column of INTERACTING registers locations and milieus (as times and spaces). It stands for the Spanish ESTAR or the German BEFINDEN, in the sense of time and space. Since there is no corresponding word in English, INTERACTING was chosen faute de mieux.

**Source: human Scale Development: Conception, Application &further Reflections by Manfred A. Max-Neef (1989).

Table 03

Being, Belonging and Becoming

The **Being** domain incorporates the essentials parts of "who one is" and has three sub-domains. (i) Physical Being includes physical health, personal hygiene, nutrition, exercise, grooming, clothing, and physical appearance. (ii) Psychological Being includes the person's psychological health and adjustment, cognitions, feelings, and evaluations concerning the self, and self-control. (iii) Spiritual Being reflects personal values, personal standards of conduct, and spiritual beliefs which may or may not be associated with organized religions.	**Belonging** termed as individual's characteristics match with his/her environment and also has three sub-domains. (i) Physical Belonging is individual's connections with his/her physical environments such as home, workplace, neighborhood, school and community. (ii) Social Belonging includes links with social environments and includes the sense of acceptance by intimate others, family, friends, co-workers, and neighborhood and community. (iii) Community Belonging represents access to resources normally available to community members, such as adequate income, health and social services, employment,	**Becoming** deals with how an individual engages into purposeful activities to achieve personal goals, hopes, and wishes. (i) Practical Becoming describes day-to-day actions such as domestic activities, paid work, school or volunteer activities, and seeing to health or social needs. (ii) Leisure Becoming includes activities that promote relaxation and stress reduction. These include card games, family visits, and neighborhood walks or longer duration activities such as vacations or holidays. (iii) Growth Becoming activities promote the improvement or maintenance of knowledge and skills.

	educational and recreational programs, and community activities.	

Source: Quality of Life Research Unit, University of Toronto