



AN INVESTIGATION OF THE IMPACT OF TRAUMA AND HEALTH RELATED QUALITY OF LIFE ON THE MENTAL HEALTH AND SELF WORTH OF A CHILD

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ABSTRACT

Education is the means through which one acquires the knowledge, skills, and understanding necessary to realize one's potential and contributes constructively to society. So, the purpose of this research is to identify and quantify the influence of traumatic events in early infancy on college students' mental health, namely the negative and positive elements of mental health, including depressive symptomatology and psychological well-being. Throughout the course of the study, 400 research students between the ages of 23 and 33 were included in the sample (mean age 26 years). One hundred and forty graduate students in research were awarded fellowships (100 males and 100 females). The study's secondary objective was to compare male and female research students on all of the study's measures, if present. This research set out to examine whether or not other characteristics, such as socioeconomic status and gender, had any effect on the outcomes examined here. One secondary objective was to look into whether or not there were any disparities in the variables between the sexes. The results showed that women had worse mental health and a lower sense of social support compared to men. Unfortunately, most of the assessed factors did not show statistically significant changes.

KEYWORDS Mental Health, Quality, Education, Organization

INTRODUCTION

Education is a gradual process of acquiring critical thinking, capabilities and expertise which helps the individual to attain personal goals and work productively for the betterment of mankind. It is not confined to amass knowledge, skills and competence only rather it is the sum total of mastery, proficiency, values and wisdom; an individual procures through different formal and informal means at various stages of his life. "The central purpose of education is to foster skills and values for individuals to successfully fit into society and engage in productive activity to earn a living". Likewise, according to Good and Merkel (1973) education can be defined as, "the aggregate of all the processes by which a person develops abilities, attitudes and other forms of behaviour of practical value in the society in which s/he lives; the social process by which people

are subjected to the influence of selected and controlled environment, so that they may obtain social competence and optimum individual development”.

The World Health Organization (WHO) proposes understanding mental health as a state of complete physical, mental, and social well-being and not simply as the absence of mental illness. This definition recognizes that mental health consists of positive elements, highlighting well-being as a central element in understanding health. Thus, the presence or absence of a mental disorder does not determine a person’s level of mental health, which explains why some people with mental illness may report high levels of well-being; likewise, merely having no mental disorders does not guarantee optimal mental health. From this perspective, positive mental health and mental illness can be interpreted as distinct phenomena that ‘run on different tracks’ but may cross paths.

Thus, this study aims to identify and measure the impact of early childhood traumatic experiences on the mental health of university students through their effect on the negative and positive aspects of mental health, such as depressive symptomatology and psychological well-being. We hypothesized that early trauma affects both dimensions of mental health, with a greater impact on its negative aspects, such as depressive symptoms. In addition, we expect to shed light on how these three variables (early trauma, psychological well-being, and depressive symptoms) can shape mental health. Education is the backbone of a nation and a powerful instrument which sensitizes its people and makes them aware about the prevailing problems in the society. It enables them to think critically and to find relevant solutions to the problems.

Impact of poor marital quality of parents leads to faulty family environment thereby adversely affecting social competence and children health across life span. That is marital distress creates family adversities, thereby impacting negatively development of social and emotional competence. This creates not only relationship disturbances in the child’s immediate interpersonal milieu, but also produces stress and health problems in the long run as he grows as an adult. Marital health that is richer of quality of marriages is portrayed as providing lifelong companionship romance, support, sexual fulfilment and commitment. Health is measured in terms of the concept of “marital quality”.

LITERATURE REVIEW

Cam, H.H., Ustuner Top, F. &KuzluAyyildiz, T. (2022) The health catastrophe caused by COVID-19 has now reached epidemic proportions, with symptoms being seen all around the world. The current investigation analyzes the effects of the COVID-19 epidemic on the mental and physical HRQOL of university students in Turkey. The information was gathered using a cross-sectional survey strategy. The research conducted an online poll from May 11th to May 15th, 2020 using snowball sampling. The Impact of Event Scale-Revised was used to assess the emotional toll of the pandemic on study participants. Quantitative measures of health-related quality of life (HRQOL) were derived using the Depression, Anxiety, and Stress Scale-21 and the 12-item Short Form Health Survey. In all, 1120 college students were reached out to and asked to participate in the poll. A total of 1095 responded to the poll, for a response rate of 99.33%. Participants' own reports of depressive, anxious, stressful, and PTSD symptoms were 64.6%, 48.6%, 45.2%, and 34.5%, respectively. Risk factors for PTSD, sadness, anxiety, and stress were shown to include female gender and bad family ties. The average scores on the PCS-12 (a

measure of physical health) were 66.99 2.14, while the MCS-12 (a gauge of mental health) was 40.76 2.31. When comparing students with and without a history of post-traumatic stress disorder (PTSD), it was shown that the former had significantly lower PCS-12 and MCS-12 total scores. This study's results imply that college students during the time of the COVID-19 crisis showed signs of PTSD, sadness, anxiety, and stress. Under pandemic circumstances, crisis response should include preventative and intervention measures to lessen the emotional toll.

MehakDua (2021) The negative consequences of childhood trauma on an individual's quality of life as an adult have been repeatedly connected and now have a common definition: childhood trauma occurs when a kid is exposed to an emotionally unpleasant or distressing incident. The goals of the research were twofold: 1) to establish a connection between traumatic experiences in childhood and adult wellbeing, and 2) to assess how such experiences affect life satisfaction decades later. Sixty-six women and thirty-four men made up the total sample size (18-30 years). This study used the WHO Quality of Life, Short Form (1996) and the Childhood Trauma Questionnaire (CTQ-SF) (1995) by David P. Bernstein. Statistical analysis was performed on all of the variables, and conclusions were obtained using Mean, SD, and Pearson's Correlation. The data analysis revealed a negative (inverse) association between the two variables; this implies that if one variable grows, the other variable drops by the equal amount. This suggests that the two variables are strongly related. Though similar studies have been conducted, they have not covered all of the domains of quality of life that are impacted by childhood trauma; the results of this study showed a significant relationship between the variables, which may be a major reason for the scope of this topic to be studied in greater depth and to figure out a plan of action to deal with this issue by ensuring that children get the support they require to avoid experiencing the negative effects of trauma.

Colizzi, M., Lasalvia, A. & Ruggeri, M. (2020) The mental health field, like many others in medicine, has shifted its focus to secondary prevention in an attempt to identify and address mental health issues at the earliest possible stages of development. More light is being cast, however, on the potential of primary preventative and promotion initiatives for the mental health of young people as a result of convergent findings. That's why we set out to reevaluate the evidence. We looked through what is known about how to best promote and avoid mental health issues in young people. Non-specific psychosocial disturbances, which may lead to any major mental illness and account for 45 percent of the global burden of disease in the 0-25 age range, often appear before the onset of mental health problems, which occurs in half of all cases by the age of 14. The mental health requirements of young people during this formative era are still substantially unfulfilled, despite efforts to promote the adoption of programs targeted to them. This calls for rethinking preventative measures in a youth-focused multidisciplinary and trans-diagnostic framework that might alter potential psychopathological trajectories at an earlier stage. It is evident that it is impossible to expect mental health practitioners to be solely responsible for promotion and prevention. Benefits in terms of healthcare system expenses may be achievable, and integrated and multidisciplinary services are necessary to broaden the scope of available therapies and reduce the likelihood of a bad long-term result. Yet mental health experts have the scientific, ethical, and moral obligation to point the way for all social, political, and other health care entities engaged in addressing mental health problems throughout adolescence and early adulthood.

Ana Luisa Pedrosa (2020) Many people throughout the globe were alarmed by the appearance of SARS-CoV-2 in December 2019. The World Health Organization declared a pandemic in March of 2020 due to the rapid spread of the disease. To slow the virus's spread, governments in several nations imposed travel bans and other restrictions on their citizens, isolating themselves from each other in an effort to reduce contact and thereby reduce the spread of the disease. The purpose of this overview was to examine the development of human behavior over this time frame. We also discussed the most crucial aspects of the emotional response to the pandemic, including how internal and external factors like personality traits, gender, the media, the economy, and the response of governments all play a role in shaping the public's view of the situation and its psychological outcomes. We also investigated thoroughly the demographics most likely to bear the emotional weight of these conditions. These categories include healthcare workers, the elderly, children, college students, people of color, Latinx and LGBTQ+ people, those from low-income backgrounds, the unhoused, convicts, those living in rural areas, and people with mental health issues. Many potential interventions to lessen the scenario's emotional toll were also considered. Health professionals, policymakers, and the general public must all speak out in favor of those most in need of emotional and psychological well-being. And it's crucial that people have up-to-date information on the COVID-19 epidemic.

AniruddhPrakashBehere (2017)To see whether there is a correlation between family composition and children's rates of hospitalization for behavioral issues. Methods: Review of medical records from July to December 2012 for 154 patients hospitalized to the Lincoln Prairie Behavioral Health Center's preadolescent unit. We observed that just 11% of children grew up in homes consisting of both biological parents, whereas 89% experienced family breakdown of some type. Almost 2/3 of the kids in the sample had experienced trauma, with 36% of those instances including physical abuse. Seventy-one percent said they had a family member who had been diagnosed with a mental illness, either their parents or siblings. Young people with close biological relatives had a lower risk of experiencing childhood trauma. Children with single or divorced parents had a higher prevalence of ADHD diagnoses but lower rates of sexual abuse exposure compared to children from other family structures. There was a significant correlation between trauma history and the presence of certain hospitalization diagnoses. For children diagnosed with ADHD, the chance of having been hospitalized more than once was four times as high as for children diagnosed with mood disorder, oppositional defiant disorder, or physical abuse. Our research of children admitted to inpatient mental hospitals demonstrates substantial variations in family structure. Repeat admission was anticipated to be more common if trauma and a family history of mental illness were present. In particular, our research emphasized the importance of family structure and its negative consequences on children's mental health as important psychosocial determinants.

METHODOLOGY

Sample

Seventy-nine academic departments were counted at Panjab University. The research only took into account the 76 departments that are physically situated on the Panjab University campus. Data was gathered from the official Panjab University website.

There was a secondary data collection effort made to learn the following about each department's research student population: (1) whether research students were enrolled in the department, (2) how many research students were enrolled, and (3) the percentage of research students who held fellowships versus those who did not. There were research students enrolled in a total of sixty-six different departments at Panjab University. There were a grand total of 2713 undergraduates involved in research. There were 945 people who had received a fellowship (about 34% of the total) and 1768 people who had not (approximately sixty five percent).

Throughout the course of the study, 400 research students between the ages of 23 and 33 were included in the sample (mean age 26 years). There were a total of 400 graduate students in research (100 men and 100 women) (Fig. 1). The information was gathered by means of a survey employing a purposeful sampling strategy. Each individual received the instruments by hand.

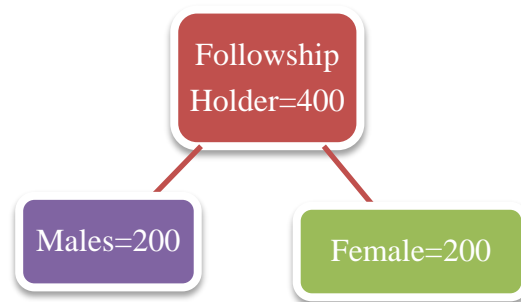


Figure 1: Sample Division of the Study

Inclusion criteria

Examine college students who were between the ages of 23 and 33. They have been enrolled in a Ph.D. program for at least a year.

Exclusion criteria

Those who haven't been in a Ph.D. program for at least a year were not allowed to participate in the study.

Ethical considerations

- Participant permission was acquired after thorough explanations.
- In addition, all replies were kept strictly confidential.
- Participants were allowed to drop out of the study at any time without penalty.

Tools: Description, Administration and Scoring

- The GHQ-12 (Goldberg & Williams, 1988) General Health Questionnaire, a tool for measuring emotional well-being.
- Measure depressive symptoms using the Beck Depression Inventory-II (Beck, Steer, & Brown, 1996).
- Anxiety may be measured using instruments like the Hamilton Anxiety Rating Scale (Hamilton, 1959).
- Stress may be measured using the Perceived Stress Scale (Cohen & Williamson, 1988).
- Quality of life as measured by the Quality-of-Life Scale (Burckhardt & Anderson, 2013).
- The Rosenberg Self-Worth Scale (Rosenberg, 1965) is a tool for assessing an individual's sense of self-worth.
- Perceived Social Support Questionnaire (Nehra&Kulhara, 1987).
- Calendar for Semi-structured Interviews

DATA ANALYSIS

This publication provides more explanation of the outcomes of the current investigation. Microsoft Word was used for data entry and tabulation, while SPSS 16 was used for analysis (Statistical Package for Social Sciences).

The major purpose of this study was to examine research scholars' levels of mental health, depression, anxiety, perceived stress, quality of life, Self-Worth, and social support. The comparison of the mental health, depression, anxiety, perceived stress, quality of life, self-worth, and social support of fellowship holder research students was another aim of the study. The study's secondary objective was to compare male and female research students on all of the study's measures, if present. This research set out to examine whether or not other characteristics, such as socioeconomic status and gender, had any effect on the outcomes examined here.

A total of 400 research students were chosen to participate in the study so that its goals and objectives could be met. After gathering data, statistical approaches and procedures were used to examine the raw scores. The mean, median, standard deviation, skewness, and kurtosis were computed for 1) the whole sample, 2) the amount of financial aid received, and 3) the gender distribution. The t-ratio was used to determine whether there were statistically significant differences between the means of the groups with regards to the variables that were being assessed.

4.1 Statistics: Mean, Standard deviation, Skewness and Kurtosis

Sum of research students (N), average (M), standard deviation (S.D.), skewness (), and kurtosis () values are examples of descriptive statistics. Tables 1 through 5 provide descriptive statistics of the whole sample, fellowship holder research students, non-fellowship holder research students, male research students, and female research students.

Table 1: Descriptive statistics for total sample (N=400)

	Mental Health	Depression	Anxiety	Perceived Stress	QOL	Self-Worth	Social Support
Mean	13.87	8.77	11.07	19.38	82.63	30.33	48.59
Std. Deviation	7.35	8.58	8.35	4.90	15.16	5.51	9.10
Skewness	0.32	1.50	1.05	0.28	-0.01	-0.77	0.01
Kurtosis	-0.16	2.10	0.56	0.05	-0.77	1.15	0.84

Table.1 shows the average, standard deviation, skewness, and kurtosis for the entire sample size N in the study. In current research N= 400. The mean for psychological well-being is 13.87, the standard deviation is 7.35, the skewness is 0.32, and the kurtosis is -0.14. M=8.77, S.D=8.58, skewness=1.50, and kurtosis=2.10 are all indicative of depressive symptoms. Anxiety has a mean (M) of 11.07, standard deviation (S. D.) of 8.35, skewness () of 1.05, and kurtosis () of 0.54. Perceived stress has a mean of 19.38, a standard deviation of 4.90, a skewness of 0.28, and a kurtosis of 0.05. Mean (M)=82.63, Standard Deviation (S.D.)=15.16, Skewness (0.01), and Kurtosis (0.77) characterize QOL data. We find a mean of 30.33, a standard deviation of 5.51, a skewness of -0.77, and a kurtosis of 1.15 for measures of self-worth. M=48.59, S. D=9.10, skewness=0.01, kurtosis=0.84, and kurtosis=0.

Table 2: Descriptive statistics for fellowship holder research students (n=400)

	Mental Health	Depression	Anxiety	Perceived Stress	QOL	Self-Worth	Social Support
Mean	11.34	5.46	7.96	14.76	85.85	31.50	49.24
Std. Deviation	4.80	5.56	4.51	5.86	13.80	5.46	7.13

Table.2 displays mean (M) and standard deviation (S.D.) for a sample of 200 research students who received fellowships. M=11.34 and S.D=4.80 in terms of psychological well-being. A mean of 5.46 and a standard deviation of 5.54 indicate depression. Anxiety means a M=7.96 and SD=4.51 distribution. Mean stress levels were 14.76 with a standard deviation of 5.84. Mean (QOL): 85.85; Standard Deviation (SD): 13.80 The mean value of self-esteem is 31.50, while the standard deviation is 5.44. M=49.24 and S. D=7.13 for social support.

Table 3: Descriptive statistics for male research students (n=200)

	Mental Health	Depression	Anxiety	Perceived Stress	QOL	Self-Esteem	Social Support
Mean	12.97	8.71	10.86	18.89	84.01	30.50	49.97
Std. Deviation	7.77	10.17	9.13	7.31	15.40	4.94	10.13

The mean (M) and standard deviation (S.D.) for the whole sample size (n=200) of male research students are shown in Table 3. The mean score for psychological health is 12.97, and the standard deviation is 7.77. M=8.71 and SD=10.17 were found for depressive symptoms. The mean anxiety score was 10.86, with a standard deviation of 9.13. The mean stress level was 18.89 and the standard deviation was 7.31. Average quality of life is 84.01% and standard deviation is 15.40%. M=30.50 and SD=4.94 were found for one's own sense of worth. Mean = 49.97, Standard Deviation = 10.13 for Social Support.

Table 4: Descriptive statistics for female research students (n=200)

	Mental Health	Depression	Anxiety	Perceived Stress	QOL	Self-Esteem	Social Support
Mean	14.77	8.84	11.29	19.87	81.25	30.15	47.21
Std. Deviation	4.80	4.65	7.50	4.45	14.85	4.03	7.71

Number of female research students (n= 200) mean (M) and standard deviation (S.D.) are shown in Table 4. M=14.77 and S.D=4.80 in terms of psychological well-being. M= 8.84 and S. D.= 4.65 for depressive symptoms. We found that the mean score for anxiousness was 11.29 and the standard deviation was 7.50. The mean rating of stress was 19.87 and the standard deviation was 4.45. Median = 81.25, Standard Deviation = 14.85 for Quality of Life. For Ego Value, the Mean is 30.15 and the Standard Deviation is 4.03. M=47.21 and S.D=7.71 for social support.

T-Ratio Analysis

Comparison of male and female research students

Table 5: Mean, standard deviation and t-ratio results for male and female research students (N=400)

Variables	Gender	N	Mean	Std. Deviation	t-value
Mental Health	Males	200	12.97	7.77	2.47*
	Females	200	14.77	4.80	
Depression	Males	200	8.71	10.17	0.15
	Females	200	8.84	4.65	
Anxiety	Males	200	10.86	9.13	0.52
	Females	200	11.29	7.50	
Perceived Stress	Males	200	18.89	7.31	1.43
	Females	200	19.87	4.45	
QOL	Males	200	84.01	15.37	1.82
	Females	200	81.25	14.85	
Self-Worth	Males	200	30.50	4.94	0.64
	Females	200	30.15	4.03	
Social Support	Males	200	49.97	10.13	3.07**
	Females	200	47.21	7.71	

CONCLUSION

Graduate students doing research are a vital part of the university community. They gave it their all to finish their dissertation for their PhD program and make it really their own. For the most part, a Ph.D. is essential for a successful academic career in most parts of the world. It's clear that research students face a number of challenges, including isolation, a lack of social support, stress, despair, and the temptation to give up in the middle of their studies. One secondary objective was to look into whether or not there were any disparities in the variables between the sexes. The results showed that women had worse mental health and a lower sense of social support compared to men. The bulk of the assessed variables, however, showed no statistically significant changes. One explanation for gender disparity: women are more likely to talk about the emotional distress they're going through than men. Females may be better able to describe their struggles and the symptoms they're experiencing than guys, in part because of the greater social freedom to express emotions and the more exposure to conditions where females suffer despair and stress. So that the research students' mental health doesn't suffer, it is crucial that they and their institutions pay attention to this.

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