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Effects of Physical Health on Happiness and Quality of Life among Smokers and Non-Smokers

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Abstract: ***The purpose of this study is to find the effects of physical health on happiness and quality of life among smokers and non-smokers. For this purpose, a sample of 104 adults, 52 smokers and 52 non-smokers was taken from Delhi NCR. SF-36 health survey questionnaire, Oxford happiness scale and WHOQOL were administered. Correlation analysis were run, the findings revealed a significant correlation among the three variables at .01 levels among smokers and non-smokers. All the dimensions of physical health are correlated with happiness and quality of life among smokers and non-smokers. The paper concludes with discussion and conclusion of the study.***
Keywords: Physical Health, Happiness, Quality of Life, Smokers and Non Smokers

I. INTRODUCTION

Physical health can be described as the state of healthy being in which all the internal and external part of the human body functioning properly, or we can say that the state when person is physically fit and are able to perform their daily activities without any hurdles or restriction. A person is said to be physically healthy or with good Physical health when there is an absence of any serious illness or any kind of injury.

The five sections of Physical health are physical activities, nutrition and diet, alcohol and drugs, medical and self care and rest and sleep. Physical activities which include more strength and flexibility. children and adults should be physically active on a daily basis which help them to be physically fit. Physical activities include biking, walking, running, gyming etc. Nutrition and diet include which nutrient we take and healthy or good digestion of food. Balanced diet is good for physical health of a person. An individual's diet should contain all the nutrients in required or adequate amount as needed by the body of an individual. Alcohol and drugs: substances that affect our physical and mental health badly should be avoided; it increases the tendency of other health risks. Medical and self-care: it includes the minor injuries and illness on which we need to pay attention if necessary, for example bandages and pain-relieving medications. We need to get treatment for the long-time cough and fever etc. Because these minor illnesses and injuries will also contribute in our physical health. Rest and sleep: As our other physical activities, minor injuries and illnesses, medication is essential for physical health, resting and sleep is also important for our health. An individual needs a relaxing or short nap time to refresh, re-energise or to rejuvenate the body. Our sleeping pattern or duration will also affect our physical health. An individual should not sleep longer or shorter than the duration of approximately 7 to 9 hours. Our physical activity influence or affect our physical health as well as quality of life either positively or negatively.

Quality of life is described as the person's own insight about their life in relation to their goals, expectations, standard and concern. It also includes, our physical health, psychological health, social relationship and economic status. Basically, quality of life refers to overall well-being and lifestyle of an individual within society. In other words, we can say that satisfaction of an individual in their current life. Quality of life can be assessed with the help of two indicators subjective and objective. Subjective indicators include feelings and how satisfied the person is with things in general and objective indicators includes fulfilling cultural and societal demand for material wealth, physical well being and social status.

People who are more physically active can reduce the risk factor of having heart attack or stroke. Physical activities reduce the heart disease risks and also affect our psychology health positively as in people who are engaged in physical activities reduce the risk of being diagnosed with anxiety, depression or other psychological disorders. Individual who are not engaged in any physical activity in their regular routine then their physical strength, stamina, ability to function well physically or psychologically will be worse.

Happiness is a very subjective feeling which varies from one individual to another. It is a feeling and emotion which an individual experience when there spiritual and material demands are satisfied. Every individual have different demand therefore, the meaning of happiness is different from individual to individual.

"Happiness is the meaning and the purpose of life, the whole aim and end of human existence" (by Aristotle, 2003).

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"Happiness is an immediate, in-the-moment experience; although enjoyable, it is ultimately fleeting. A healthy life certainly includes moments of happiness, but happiness alone usually does not make for a fulfilling and satisfying life."

"According to Daniel Gilbert, professor of Psychology at Harvard University, the meaning of happiness is "anything we pleased" (Gilbert, 2009).

It is a more transitory construct than life satisfaction, and can be triggered by any of a huge number of events, activities, or thoughts. Life satisfaction is not only more stable and long-lived than happiness, it is also broader in scope. It is our general feeling about our life and how pleased we are with how it's going. There are many factors that contribute to life satisfaction from a number of domains, including work, romantic relationships, relationships with family and friends, personal development, health and wellness, and others."

II. REVIEW OF LITERATURE

1) V.Anu (2021) did the study on the differences in quality of life among smokers, non-smokers and former smokers. The sample was taken from 234 smokers, 233 non-smokers and 254 former smokers above 20 years. The result revealed that smokers had low quality of life than non-smokers in terms of social, physical, psychological health. Furthermore, former smokers are found to had parallel quality of life as smokers.
2) Reshu Agarwal Sagtani (2020) did the study to examine the relation between quality of life and smoking. The sample was taken from 250 individuals among 125 smokers and 125 non-smokers. The result revealed that smokers had low quality of life compare to non-smokers. Also , smoking reduces quality of life.
3) Samauel Han (2018) did the study on the influence of smoking on quality of life among patients suffering from chronic pancreatics. The sample was taken from 48 smokers and 45 non-smokers. The results revealed that that smokers had inferior quality of life compare to non-smokers. Moreover, smokers had low BMI compare to non-smokers.
4) Vijdan Efendi (2018) did the study on effects of smoking among women. The sample was taken from 73 women among which there were both smokers and non-smokers. The result revealed smoking causes respiratory problems and reduces physical activity among women.
5) Anjali Majeethia (2017) did the study to examine the happiness and quality of life among smokers, former smokers, non-smokers. The sample was taken from 55 individuals among which 20 were smokers, 20 were former smokers and 15 were non smokers. The result revealed that former smokers had better happiness and quality of life than smokers.
6) Satar Rezaei (2017) did the study on the effect of smoking on health related quality of life. The sample was taken from adults above 18 years. The result revealed that smokers had low health related quality of life compare to non-smokers.
7) Ioannis (2014) did the study on quality of life among smokers and non-smokers. The sample was taken from 144 working individuals among which were smokers and non-smokers. The result revealed that smoking effect quality of life.

A. *Rationale*

The purpose of the study is to determine the effect of physical heath on happiness and quality of life among smokers and non-smokers. To examine the relationship between physical health and happiness, physical health and quality of life among smokers and non-smokers. People who are engaged in physical activities and do not smoke tend to have good physical health, mental health, observed to be happy and enjoying their life more than who are physically inactive and smoke. Research concludes the same. This study aims at whether there is correlation between physical health and happiness and quality of life among smokers and non-smokers.

III. METHODOLOGY

A. *Aim*

To study the effect of Physical Health on Happiness and Quality of life among Smokers and Non-Smokers.

B. *Objectives*

1) To study the relationship between physical health and happiness among smokers.
2) To study the relationship between physical health and quality of life among smokers.
3) To study the relationship between physical health and happiness among non-smokers.
4) To study the relationship between physical health and quality of life among non-smokers.
5) To determine the correlation between all the three variables – physical health, happiness and quality of life among smokers and non-smokers.

C. Hypothesis

H1 There will be a positive relationship between physical health and happiness among smokers.
H2 There will be significant relationship between physical health and quality of life among smokers.
H3 There will be significant relationship between physical health and happiness among non-smokers.
H4 There will be significant relationship between physical health and quality of life among non-smokers.
H5 There will be a significant correlation between all the three variables – physical health, quality of life and happiness among smokers and non-smokers.

- Research Design: Correlational research
- Sampling: Purposive sampling
- Sample: The sample for this study consists of (N = 104) males and females (18 – 40 years) from Delhi NCR.
- Variables: Physical Health, Quality Of Life and Happiness.
- Independent variable: Physical Health
- Dependent variable: Quality Of Life and Happiness.
- Research tools: This study used three tools namely WHOQOL-BREF, RAND SF-36 health survey and Oxford Happiness scale by Peter hills and Michael Argyle.

D. Description of Tools

1) *WHOQOL – BREF:* The World Health Organization Quality of Life (WHOQOL) was introduced in 1991. It stayed developed to assess an individual's quality of life which includes their insights in context of their art, music, and literature and value system, their aims, standards and concerns. The WHOQOL-BREF tool contains of 26 items which helps to amount various areas includes – physical health, psychological health, social relationship and environment.
2) *RAND SF-36:* The SF-36 is a 36-item scale constructed to measure well-being status and quality of life (Ware & Sherbourne, 1992). This scale measure eight dimensions includes – limitation in bodily activities because of well-being problems; limitation in social activities because of bodily or expressive problems; limitation in usual role activities because of bodily health problems); physical pain; overall mental health (mental distress and well-being); limitation in usual role activities because of expressive problems; vitality (energy and fatigue); and overall health views. This instrument use Likert-type scale, some items are with 5 or 6 point and others with 2 or 3 points.
3) *Oxford Happiness Scale:* In the UK, Argyle, Martin, and Crossland developed the 29-item Oxford Happiness Inventory to stipulate overall measure of happiness. They supposed that happiness in 1989 varied on occurrence and affirmative result, or joy, high level of satisfaction over a period of time, and the absence of negative thoughts such as depression or anxiety.

E. Procedure

A total sample of N = 104 both males and females was taken from the age group 18 – 40 years. A rapport was formed with each individual to make them comfortable. The participants were informed that confidentiality was maintained and the purpose of the study was described to the participants. It was made sure that the external variables were stable (for eg. Light in the room, proper ventilation and sound etc.) Further the tests were administered by explaining all the three questionnaires to the participant and it was ensured that the participant understood the instructions related to the questionnaire. After all the items from the questionnaires were answered, it was collected from the participant to calculate the scores. Once the scores were calculated then analysis will be taken out of all three variables and depending on the correlation the results will be drawn.

F. Ethical Considerations

1) Informed consent was taken from the participants.
2) If participant wish to leave the study in the meantime, they were allowed to leave the study and was not forced to participate in the study.
3) Information collected from participant will be treated as confidential and will only be used for research purposes.

G. Statistical Analysis

The analysis of the data collected was done statistically by SPSS to assess the relationship between the three variables identified above namely independent variable Physical Health which is and dependent variable which is Quality Of Life and Happiness. The inferential statistics used for analysis were correlation.

IV. RESULTS

Table 4.1: Correlations among smokers

		Physical Health	Happiness
Physical Health	Pearson's Correlation	1	.194
	Sig. (2-tailed)		.168
	N	52	52
Happiness	Pearson's Correlation	.194	1
	Sig. (2-tailed)	.168	
	N	52	52

Correlation between Physical health and happiness is positive at .168 level (2-tailed).

Table 4.2: Correlations among smokers

		Physical Health	Quality of Life
Physical Health	Pearson's Correlation	1	.986**
	Sig. (2-tailed)		.000
	N	52	52
Quality of Life	Pearson's Correlation	.968**	1
	Sig. (2-tailed)	.000	
	N	52	52

**Correlation is significant at the 0.01 level (2-tailed)

Table 4.3: Correlations among non smokers

		Physical Health	Happiness
Physical Health	Pearson's Correlation	1	.590**
	Sig. (2-tailed)		.000
	N	52	52
Happiness	Pearson's Correlation	.590**	1
	Sig. (2-tailed)	.000	
	N	52	52

**Correlation is significant at the 0.01 level (2-tailed).

Table 4.4: Correlations among non smokers

		Physical Health	Quality of Life
Physical Health	Pearson's Correlation	1	.977**
	Sig. (2-tailed)		.000
	N	52	52
Quality of Life	Pearson's Correlation	.977**	1
	Sig. (2-tailed)	.000	
	N	52	52

**Correlation is significant at the 0.01 level (2-tailed).

Table 4.5: Correlations between all 3 variables – Physical Health, Happiness and Quality of life among Smokers

		Physical Health	Happiness	Quality of Life
Physical Health	Pearson's Correlation	1	.986*	.566*
	Sig. (2-tailed)		.000	.000
	N	52	52	52
Happiness	Pearson's Correlation	.986*	1	.541*
	Sig. (2-tailed)	.000		.000
	N	52	52	52
Quality of Life	Pearson's Correlation	.566*	.541*	1
	Sig. (2-tailed)	.000	.000	
	N	52	52	52

**Correlation is significant at the 0.01 level (2-tailed).

Table 4.6: Correlations between all 3 variables – Physical Health, Happiness and Quality of life among Non Smokers

		Physical Health	Happiness	Quality of Life
Physical Health	Pearson's Correlation	1	.590*	.977*
	Sig. (2-tailed)		.000	.000
	N	52	52	52
Happiness	Pearson's Correlation	.590*	1	.605*
	Sig. (2-tailed)	.000		.000
	N	52	52	52
Quality of Life	Pearson's Correlation	.977*	.605*	1
	Sig. (2-tailed)	.000	.000	
	N	52	52	52

**Correlation is significant at the 0.01 level (2-tailed).

V. DISCUSSION

The research aimed to understand the relationship between the physical health, happiness and quality of life among smokers and non-smokers. Along with this, it also aimed to find out the relationship between all the 3 variables – physical health, happiness and quality of Life among smokers and non-smokers. Data was collected (N = 104) from individuals within the age range of 18 – 40 years and was analyzed using Pearson's correlation. Before using Pearson's correlation, data was divided among smokers (N = 52) and non-smokers (N = 52) equally.

According to hypothesis H1, there will be a positive relationship between physical health and happiness among smokers. Table 4.1 shows that there is positive correlation at .168 level between physical health and happiness among smokers. It reveals that happiness is positive correlated with all the dimensions of physical health i.e. physical functioning, role limitation due to physical health, role limitation due to emotional problem, energy, emotional well-being, pain, general health among smokers.

Hypothesis H2 stated that there will be a significant relationship between physical health and quality of life among smokers. Table 4.2 shows that there is significant correlation at 0.01 level between physical health and quality of life among smokers. It reveals that all the dimensions of quality of life (physical health, psychological health, social relationship and environment) is correlated with all the dimensions physical health among smokers.

Hypothesis H3 stated that there will be significant relationship between physical health and happiness among non-smokers. Table 4.3 shows that there is significant correlation at 0.01 level between physical health and happiness among non-smokers. It reveals that happiness is correlated with physical health among non-smokers.

Hypothesis H4 stated that there will be a significant relationship between physical health and quality of life among non-smokers. Table 4.4 shows that there is significant correlation at 0.01 level between physical health and quality of life among non-smokers. It reveals that quality of life is correlated with physical health among non-smokers.

Hypothesis H5 stated that is there will be a significant correlation between all the three variables – physical health, quality of life and happiness among smokers and non smokers. Table 4.5 shows that there is significant correlation at 0.01 level among all the three variables among smokers. It reveals that happiness and quality of life are correlated with physical health among smokers. Table 4.6 shows there is significant correlation at 0.01 level among all the three variables among non-smokers. It reveals that happiness and quality of life are correlated with physical health among non-smokers.

V.Anu (2021) did the study on the differences in quality of life among smokers, non-smokers and former smokers. The sample was taken from 234 smokers, 233 non-smokers and 254 former smokers above 20 years. The result revealed that smokers had low quality of life than non-smokers in terms of social, physical, psychological health. Furthermore, former smokers are found to had parallel quality of life as smokers. Anjali Majeethia (2017) did the study to examine the happiness and quality of life among smokers, former smokers, non-smokers. The sample was taken from 55 individuals among which 20 were smokers, 20 were former smokers and 15 were non smokers. The result revealed that former smokers had better happiness and quality of life than smokers.

VI. SUMMARY AND CONCLUSION

The purpose of the study was to understand the effect of physical health on the quality of life and happiness among smokers and non-smokers. The study includes 104 adults age range was 18 – 40 years. Samples were collected from Delhi NCR. In the present study three tools were used namely, WHOQOL- BREF, RAND SF-36 health survey and Oxford Happiness scale by Peter hills and Michael Argyle.

Hypothesis for the present study was –

H1 There will be a positive relationship between physical health and happiness among smokers.
H2 There will be significant relationship between physical health and quality of life among smokers.
H3 There will be significant relationship between physical health and happiness among non-smokers
H4 There will be significant relationship between physical and quality of life among non –smokers.
H5 There will be significant correlation between all the three variables – physical health, happiness and quality of life among smokers and non-smokers.

Firstly, it was observed that there was positive relationship between physical health and happiness among smokers. Next, there was significant relationship between physical health and quality of life among smokers. Table 4.1 and table 4.2 showed correlation at .168 level and 0.01 level which proves first and second hypothesis i.e. there will be positive correlation between physical health and happiness among smokers and there will be significant correlation between physical health and quality of life among smokers.

Secondly, it was observed that there was significant relationship between physical health and happiness among non-smokers. Next, there was significant relationship between physical health and quality of life among non-smokers. Table 4.3 and table 4.4 showed correlation at 0.01 level which proves third and fourth hypothesis i.e. there will be significant correlation between physical health and happiness among non-smokers and there will be significant correlation between physical health and quality of life among non-smokers.

Thirdly, it was observed that there was significant relationship between physical health, happiness and quality of life among smokers and non-smokers. Table 4.5 and table 4.6 showed correlation at 0.01 level which proves fifth hypothesis i.e. there will be significant correlation between physical health, happiness and quality of life among smokers and non-smokers.

VII. LIMITATIONS AND FUTURE RECOMMENDATIONS

There were a few limitations in the study. The sample size was relatively small. The data was primarily collected from adults (18 – 40 years) living in Delhi NCR. Other Indian states and UTs were not given equal consideration. Also, the study was conducted on adults. Therefore, there was no student involvement or participation.

As of now the project emphasizes on three aspects or variables i.e, Physical health, happiness and quality of life among smokers and non-smokers. In the future more variables can be implicated such as Life satisfaction, drugs and alcohol abuse, etc. To investigate their contribution on physical health is important to influence an individual happiness and quality of life.

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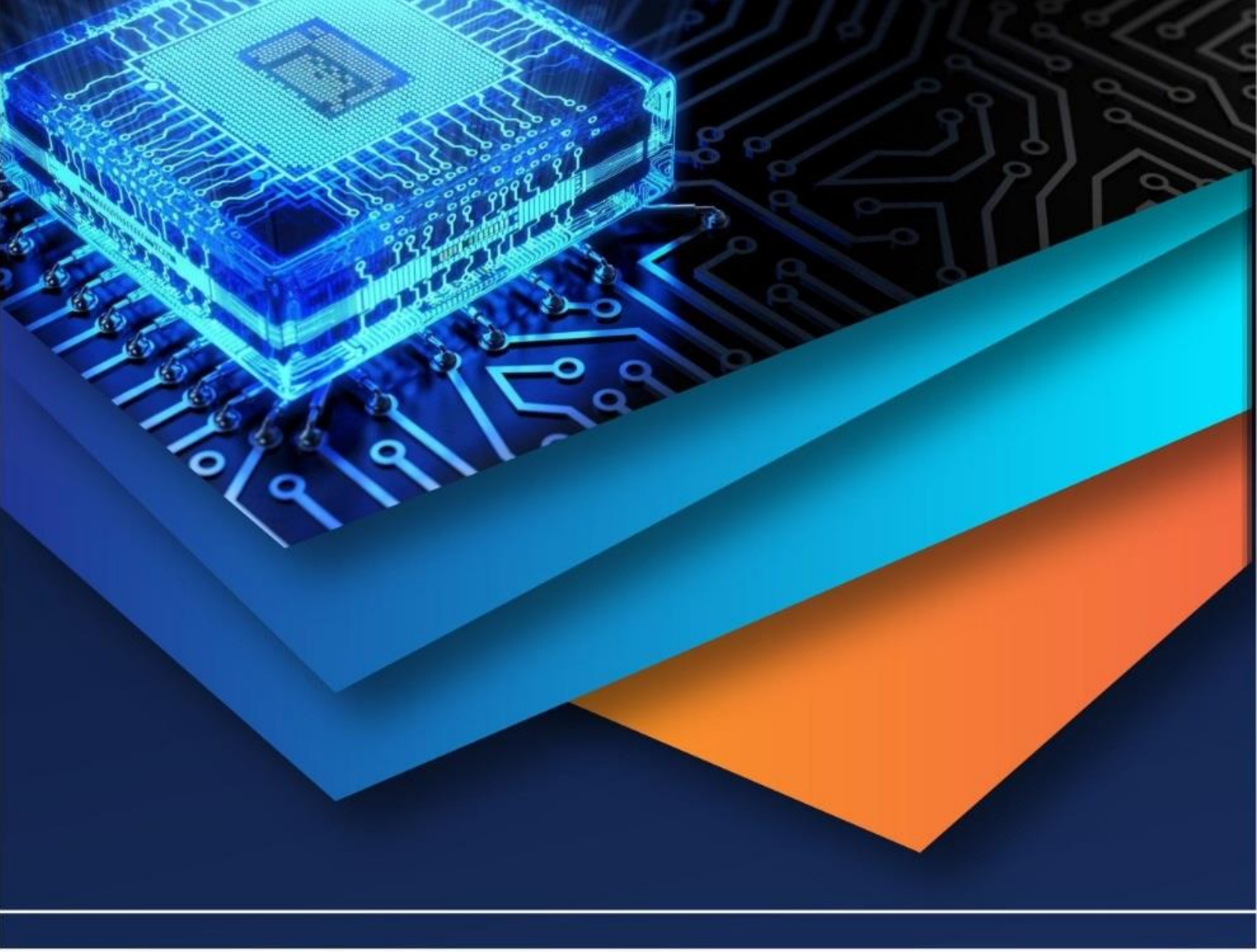
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