SHORT REPORT

Association of self-reported happiness with sociodemographic factors and personal habits amongst students in a university in Karachi

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Abstract

The aim of this study was to determine the association of happiness with sociodemographic factors and personal habits among university students in Karachi, Pakistan. This cross-sectional study was conducted at Bahria University (BU), Karachi, from January 2012 till December 2013 on 813 students. There was a significant positive relationship between happiness and having a well-off family background (p value<0.001), having breakfast (p value=0.021), wearing a seat belt (p value=0.005) and getting regular dental check-ups (p value<0.001). We also found a significant negative association between happiness and the use of tobacco (p value=0.048), being on a weight loss diet (p value=0.048) and being married (p value=0.043). Hence, behaviours such as smoking and following unhealthy weight loss diets are proven to be associated negatively with a person's state of happiness and should be discouraged; while healthy behaviours such as having breakfast and getting dental check-ups should be encouraged.

Keywords: Happiness, Behaviour, Health, Students.

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Introduction

Identification of factors which can increase likelihood of self-reported happiness is crucial for improving productivity of an individual in every aspect of life. The feeling or state of happiness is broadly defined as a subjective feeling of well-being.[1] Predominantly, people describe it as a state of inner well-being and psychological positivity. While psychological definitions remain the leading parameter, contextual factors play an important role in the identification of happiness; these include family, health, job satisfaction, financial stability and relationships.[2] Together, they form a holistic parameter upon which happiness is defined and subsequently reported.

While the feeling of well-being is subjective, its implications are real. How people perceive their level of happiness, or lack of it thereof, can have important personal and social consequences. Companies and businesses are keen on improving job satisfaction levels among employees because happiness has proven to increase productivity,[3] whereas unhappiness is associated with lesser productivity.[4]

In a study conducted in 2010, feelings of positiveness expressed as emotions such as happiness, co-related with a reduction in the 10-year risk of incidence of coronary artery disease.[5]

While it is evident that the subjective feeling of being happy translates into objective benefits, the vice versa is also true. Worldly well-being is strongly associated with happiness. The World Happiness Report is a global survey which ranks countries with the happiest nationals and aims to correlate it with significant factors. In the 2018 report, the top countries were found to have high scores in six main determinants: economic stability represented via GDP of the country, access to healthcare, liberty, social support, trust and generosity.[6]

These considerations are amiss in the Pakistani society where there is minimal awareness of mental and emotional well-being, and subjective traits such as happiness and contentment are not given their due value. This study is a great addition to the collection of data about happiness, which has been hardly investigated in our population previously. A study conducted in Islamabad, Pakistan, revealed significant difference in the levels of happiness between students enrolled in different years of education and having different parental incomes.[7] To our knowledge, this was the only study conducted in Pakistan co-relating levels of happiness with social factors.

The objective of the present study was to determine the factors that affect happiness and habits of happy people among university students in Karachi. It is imperative to realise the value of employing and interacting with happy individuals — a consideration very few individuals and institutions make in Pakistan. We aim to promote this with the results of our research. Secondly, identification of factors that can increase the likelihood of self-reported happiness is crucial for creating environments where

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personal and social faculties are optimised. We also aim to help administrations in different universities and other educational institutes across Pakistan to identify and promote behaviours that can help improve the emotional well-being of their students. Lastly, a healthy lifestyle can be promoted in society by associating it with happiness.

Patients/Methods and Results

This cross-sectional study was carried out at the Bahria University (BU), Karachi, and included 813 students. The study was conducted from January 2012 till December 2013 after obtaining ethical approval from the Ethical Review Committee of the BU, Karachi. The sample size was calculated in open EPI software sample size calculator with 95% confidence interval and 5% margin of error.[8] All the students enrolled in BU were eligible for taking part in this research. Convenient sampling technique was used to obtain responses. Data was collected by a self-administered anonymous questionnaire in a classroom setting. Verbal consent was obtained from all the participants. One thousand questionnaires were distributed out of which 187 incompletely filled forms were discarded. The health questionnaire, adapted from Health and Behaviour Survey, was used for data collection.[9] Subjective Happiness Scale (SHS) was used to assess happiness and unhappiness.[10] After the questionnaires had been filled, the data were entered and analysed using IBM Statistical Package for the Social Sciences (SPSS) version 23.0 (IBM SPSS Statistics for Windows, Armonk, NY). Chi-square test was used to determine the significance of the association of different factors with happiness. Results were considered significant at $p<0.05$.

Table-1: Social and demographic factors and happiness.

	Self-reported happiness Happy N (%)	P value Unhappy N (%)
Gender		0.327
Male	244/340 (71.8)	96/340 (28.2)
Female	354/473 (74.8)	119/473 (25.2)
Study subject		0.538
Medical	444/599 (74.1)	155/599 (25.9)
Non-Medical	154/214 (72.0)	60/214 (28.0)
Marital Status		0.043
Married	14/25 (56.0)	11/25 (44.0)
Unmarried	584/788 (74.1)	204/788 (25.9)
Current residence		0.079
On campus residence/off campus (on your own)	194/278 (69.8)	84/278 (30.2)
Off campus (with parents/guardians)	404/535 (75.5)	131/535 (24.5)
Family background		<0.001
Well off	528/696 (75.9)	168/696 (24.1)
Not very well off	70/117 (59.8)	47/117 (40.2)

Table-2: Relationship of dietary habits, weight consciousness and other health behaviours with happiness.

	Self-reported happiness Happy (n=598) N(%)	Unhappy (n=215) N(%)	P value
Breakfast			0.021
Yes	513 (85.8)	170 (79.1)	
No	85 (14.2)	45 (20.9)	
Conscious effort to avoid eating foods that contain fat and cholesterol			0.771
Yes	246 (41.1)	86 (40.0)	
No	352 (58.9)	129 (60.0)	
Conscious effort to eat foods that are high in fibre			0.220
Yes	254 (42.5)	81 (37.7)	
No	344 (57.5)	134 (62.3)	
Consider your weight			0.178
Over/under weight	299 (50.0)	119 (55.3)	
Just right	299 (50.0)	96 (44.7)	
Trying to lose weight			0.833
Yes	226 (37.8)	83 (38.6)	
No	372 (62.2)	132 (61.4)	
Dieting to lose weight			0.048
Yes	71(11.9)	37 (17.2)	
No	527 (88.1)	178 (82.8)	
Exercise			0.739
Yes	219 (36.6)	76 (35.3)	
No	379 (63.4)	139 (64.7)	
Currently use of tobacco products			0.048
Yes	71 (11.9)	37 (17.2)	
No	527 (88.1)	178 (82.8)	
Sleep disturbance			0 .177
Yes	361 (60.4)	141 (65.6)	
No	237 (39.6)	74 (34.4)	
Wear seat belt			0.005
Yes	356 (59.5)	104 (48.4)	
No	242 (40.5)	111 (51.6)	
Dental check sups			<0.001
Yes	429 (71.7)	123 (57.2)	
No	169 (28.3)	92 (42.8)	

Out of 813 students, 340 (41.8%) were males and 473 (58.2%) were females; 599 (73.7%) were medical students, while 214 (26.3%) were non-medical students. Only 25 (3.1%) participants were married. A total of 278 (34.2%) participants lived on campus or off campus on their own, while 535 (65.8%) lived off campus with their parents or guardians, 696 (85.6%) students belonged to families from well-off backgrounds, while 117 (14.4%) were not very well off.

Table-1 compares the state of happiness and unhappiness with different social and demographic factors. A total of 598 (73.6%) students of the study sample were self-reportedly happy, while 215 (26.4%) students were self-reportedly unhappy. Gender differences had no significant relationship with happiness

(p = 0.327). Out of the male participants, 244 (71.8%) were seen to be self-reportedly happy; similarly, 354 (74.8%) females were self-reportedly happy. Similarly, the study subjects showed no significant differences in happiness (p=0.538); 444 (74.1%) of medical and 154 (72.0%) of non-medical students were self-reportedly happy. Marital status was seen to have a significant relationship (p= 0.043) with happiness, with 14 (56.0%) of the married students being happy as compared to 584 (74.1%) unmarried students who were happy. More married students (44.0%) were seen to be unhappy in our study compared to unmarried students (25.9%). Residence of the students, whether living on campus, or off campus on their own or with their families was unrelated to happiness (p = 0.079). Similar ratios were observed for both happiness and unhappiness for the current residence of the students. Family background was significantly associated with the state of happiness (p <0.001). A total of 528 (75.9%) students with well-off background were happy, while 70 (59.8%) students with not very well off background were happy.

Table-2 compares the state of happiness with dietary habits and weight consciousness. Consumption of breakfast was significantly associated with the state of happiness (p=0.021). Of the people who reported to be happy, 513 (85.8%) consumed breakfast and 170 (79.1%) of the unhappy people consumed breakfast. Both conscious efforts to avoid eating food items that contain fat and cholesterol, and to eat food items high in fibre were not significantly related with the state of happiness (p=0.771 and p=0.220, respectively). Half of the participants who were self-reportedly happy considered themselves as over/under weight while the other half considered themselves to be of appropriate weight. This was found to have no significant relationship with the person being happy or unhappy (p=0.178). Only 226 (37.8%) of the happy people were trying to lose weight, while 83 (38.6%) of the unhappy people were trying to lose weight; this was also not considered significant (p=0.833). More unhappy people as compared to the self-reported happy people were on a diet to lose weight, and this was found to be significant (p=0.048). Of the happy people, 219 (36.6%) were into an exercise routine; similarly, 76 (35.3%) of the unhappy people were also into an exercise routine. Exercise was, therefore, insignificant according to our study as a determinant of happiness (p=0.739). The fact that 71 (11.9%) of the happy people were currently using tobacco products, while 37 (17.2%) of the unhappy people were using them was considered significant (p=0.048). A total of 361 (60.4%) of the happy and 141 (65.6%) of the unhappy people reported sleep disturbances and this was also considered insignificant (p=0.177). Seat-belt use was more common among the happy people with 356 (59.5%) of happy people using seat-belts as compared to 104 (48.4%) of unhappy people using them. The relationship between the use of seat-belts and happy/unhappy state was found to be significant (p=0.005). Dental check-ups were common in the happy group with 429 (71.7%) people from the happy group going for dental check-ups, as compared with 123 (57.2%) of the unhappy group. The difference between the two groups was found to be significant (p<0.001). Our study had some limitations, that is, the sample was not representative of the population at large, and so would only be able to represent a portion of the youth of our country. Happiness and other behaviours were all self-reported as most of the factors studied were immeasurable on a standard scale.

Conclusion

Happiness has been associated with several behavioural and environmental factors. According to our results, there was a significant positive relationship between happiness and having a well-off family background, having breakfast, wearing a seat belt and getting regular dental check-ups. We also found a significant negative association between happiness and the use of tobacco, being on a weight-loss diet and being married.

The findings of our study deepen our understanding of happiness and its associated behaviours. Since our results are mostly consistent with similar studies in Asia and other regions of the world, they add to the pool of data that documents associations of happiness with various health behaviours, social and demographic factors in different parts of the world. Our study had some limitations, which included the sample not being representative of the population at large, and so would only be able to represent a portion of the youth of our country.

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Conflict of Interest: None to declare.

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