

Sex Life

Approximately 16% of the study subjects did not respond to the question 'how satisfied are you with your sex life?' further, from the total male and female respondent, 5% and 26% respectively did not respond to this question.

Statistical Analysis

- There was a significant relationship between the 'Age' and the physical health ($p < 0.001$). No significant relationship was seen between the Age with psychological, social and environmental domains.
- A significant relationship between the 'Sex' and the physical health, social and environmental domains ($p < 0.001$) was observed, but there was no significant relationship between the 'Sex' and the psychological domain.
- There was a significant relationship ($p < 0.05$) between the 'Educational Qualification' and the psychological and environmental domains.
- A significant relationship ($p < 0.05$) between the 'marital status' of the respondent and the physical health, psychological, social and environmental domain.
- There was observed a significant relationship ($p < 0.05$) between the 'Socio-Economic Status' with all the four domains.
- A statistically significant relationship ($p < 0.05$) between the 'Current illnesses with all the four domains was observed.
- There is a statistically significant relationship ($p < 0.05$) between the "current illnesses" with all the four domains.

DISCUSSION

Life-satisfaction surveys have been attracting growing interest in recent days. Self reports of overall life satisfaction can be meaningfully compared across nations. Our survey shows that 92 percent of the subjects were satisfied with their health status; more females were satisfied with their health status than males.

Heylighen F. & Bernheim J³ state that health is the most obvious subjective measures of QOL, since happiness can be defined as the sum of our accumulated feelings of pleasure and displeasure. Thus, pleasurable things, such as sex, food, and companionship, typically correspond to opportunities that are likely to enhance our fitness.

In spite of having good quality of life, 87 percent of the subjects were having negative feelings such as blue mood, despair, anxiety and depression. Nearly 87% participants attained higher secondary and tertiary education level. Among the studied subjects 82 percent are from 15 to 44 years age. Study conducted by EU (Epicurus) reveal that the better educated respondents generally expressed significantly lower levels of satisfaction at work. Wages have a positive impact on job satisfaction but "rising expectations" temper the result⁴. Younger American adults aged 18-24 years, suffered the most mental health distress⁵.

There was a significant positive relationship between the educational qualification and psychological and environmental domains in our study. Education has strong correlation to subjective well being and K-behavior (less risk taking behavior), since educated people know better how to avoid or deal with risky situations. Education is enabling individuals to lead lives of dignity and purpose; construct knowledge and put it to humane ends; and participate as informed citizens in a democratic society. Education has the capability of greatly improving the economic quality of life for those who are able to achieve it⁶.

Nearly 61% of the subjects married or living as married, while 36% are single and only 3% are separated, divorced or widowed. Significantly positive relationship marital status was noted; that being married was associated with subjective well-being. The relation was found to be stronger in younger samples as compared with older ones⁷. One fifth of the participants did not respond to the question of their sexual satisfaction and among them one fourth were female respondents. This, perhaps is indicative that Sikkimese society is still conservative even if it was an anonymous data?

There is a significant positive relationship between the socio-economic status with physical, social, psychological and environmental domain. GATT, L in a project on QOL in New Zealand's six largest cities in 1999 and states that income is a key determinant of individual, family and community wellbeing and is the single most important modifiable determinant related to health and QOL in general. Income levels indicate the ability of citizens to meet their needs and directly correlates with their conditions of health, education, social interaction, housing, leisure and general life style⁸. Research undertaken by the Family Services Centre in Wellington has estimated that around 60% of the median income is necessary for a family to provide the essentials of food, shelter, clothing, health care and transport. Income status of a representative sample of the U.S. population is shown to be associated with self-reported happiness, but with variation. Material Well-being, thus, is shown to be linked to non-material; self reported stress and health conditions⁹.

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