

Impact of Anxiety and Affect on Quality of Life Among Youth

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Abstract

Youth well-being is an important phenomenon comprising physical, psychological, and social health, where psychological factors such as anxiety and affect play an essential role in determining quality of life (QoL). Young people experience multiple transitions, and they are at risk of anxiety disorders that in turn can have adverse effects on academic achievement, physical health, emotional well-being, and relationships. Furthermore, affect has a role in the management of emotions and well-being. Positive affect leads to satisfaction, interest, and happiness, while negative affect is associated with sadness, gloom, and maladjustment. Thus, the study aimed to investigate the impact of anxiety and affect on the QoL among youth. Hypotheses were formed on the basis of objectives. The random sampling method was used to select 130 youth (65 males and 65 females), and standardized psychological instruments were used to collect data. Descriptive statistics (t-test), regression analysis, and Pearson's correlation were the statistical techniques utilized. Results revealed that substantial gender differences were present in anxiety and negative affect, with females scoring higher. Anxiety was negatively correlated with all QoL domains, and positive affect had a strong positive correlation with all the dimensions of QoL in youth. Negative affect was seen to be negatively correlated with psychological and social QoL. Regression analysis established that anxiety and affect are important predictors of QoL. Positive affect significantly predicts life quality, explaining 24–39% variance in the different domains. These results showcased the importance of having support systems and mental health programs that seek to lessen anxiety, increase positive affect, and build emotional strength in youth. Significantly, through the improvement of these psychological factors, the QoL can be enhanced, emphasizing the need for organized counseling services and support initiatives from families, peers, and society as a whole.

Keywords: Anxiety, negative affect, positive affect, quality of life, well-being, youth

INTRODUCTION

This study aims to explore the effects of anxiety and affect on the quality of life (QoL) of youth. Youth well-being is a complex phenomenon that includes physical, psychological, and social status [1–7]. Research shows that well-being has a direct impact on the academic achievement, QoL, and interpersonal relationships of youth [8]. Furthermore, anxiety disorders can affect a young person's social abilities, mental stability, and physical health, among other aspects of their life [9, 10]. In addition, affect is involved in emotional regulation, resilience, and general psychological health. Thus, it is important to understand the interaction between anxiety, affect, and QoL to improve the availability of support systems to boost the well-being of young individuals.

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“Quality of life” refers to an individual's view and evaluation of where they stand in life with

regard to their goals, pretensions, directives, prospects, and enterprises, along with the values and culture they are part of. It pertains to the overall state of well-being experienced by a person or population, encompassing both positive and negative aspects of their lives at a particular time [11–22]. According to the American Psychological Association (APA), a person's quality of life is determined by their satisfaction with their life (APA, n.d.).

According to the APA, anxiety is described as a feeling of fear and physical symptoms of tension and is the expectation of danger, tragic events, or other adverse situations (APA, n.d.). Adolescence is a time of important developmental and environmental changes, during which youth are at a higher risk of adverse life outcomes and often exhibit anxiety symptoms. Youth anxiety manifestations and disorders are also associated with negative coping strategies, relational issues, negative school environments, and lower academic achievement and attendance [23]

Affect can be broadly defined as any feeling or emotion, from pain to joy, from the simplest to the most complex feelings, and from the healthiest to the most pathological emotional responses (APA, n.d.). Following Wilhelm Wundt's concept, affect can be considered one of the basic components of the human mind and regarded as a 'direct and irreducible psychological experience.' Negative affect (NA) can be understood as the integral feeling of an individual when they are unable to achieve their goals, are not happy with their environment and the situations prevailing in their lives, and/or when they feel threatened (APA, n.d.) Positive affect (PA) is the subjective experience of pleasant mood or feeling good, such as happiness, curiosity, and alertness. PA facilitates success and assists people in doing things that are right and that lead to their goals. High positive affecters are in a position to use their resources, make friends, learn new skills, and leisurely engage in activities.

REVIEW OF LITERATURE

An investigation was conducted to assess the perception of life quality among juvenile care service users. The highest QoL was reported by adolescents in the areas of self-determination, material well-being, and personal growth; however, being elderly, female, and receiving residential care were associated with lower life quality in a number of areas.

The explored association between QoL, happiness, and life satisfaction. Happiness and life satisfaction were both explained by the two categories of life quality: psychological and physiological. The mental domain explained happiness today, current life satisfaction, and satisfaction with life five years later [24].

The Study aimed to investigate the predictors of QoL in people with Psychiatric Disorders. The results showed that variations in psychopathology, social skills, and self-esteem were significant predictors of adolescents' QoL in a one-year follow-up.

A cross-sectional study to examine positive and NA regulation and its relationship with anxiety and depression. Emotion dysregulation is highly correlated with adolescent anxiety and depression, as shown in self-report studies [25].

METHODOLOGY

Aim: The primary objective of this study was to explore the impact of anxiety and affect on the QoL among youth.

Objectives

1. To assess gender differences based on anxiety, affect, and domains of QoL among youth.
2. To study the relationship between anxiety and domains of QoL among youth
3. To study the relationship between PA and domains of QoL among youth
4. To study the relationship between NA and domains of QoL among youth

5. To study anxiety as a predictor of domains of QoL among youth
6. To study PA as a predictor of domains of QoL among youth
7. To study NA as a predictor of domains of QoL among youth

Hypothesis

- *H1*: There will be no significant gender differences in anxiety, affect, and domains of QoL among youth.
- *H2*: There will be no significant relationship between anxiety and QoL domains of quality of life among youth.
- *H3*: There will be no significant relationship between PA and QoL domains among youth.
- *H4*: There will be no significant relationship between NA and the domains of QoL among youth.
- *H5*: Anxiety will not significantly predict domains of QoL among youth.
- *H6*: PA will not significantly predict domains of QoL among youth.
- *H7*: NA will not significantly predict domains of QoL among youth.

Research design and sample: The current study used a correlational combined quantitative method. Descriptive statistics, Pearson's correlation, and regression analyses were conducted. The sample included 130 participants (65 males and 65 females) aged 15–24 years, collected via random sampling.

The variables: The independent variables were anxiety and affect, and the dependent variable was QoL.

Tools Used

- *WHOQOL-BREF*: The WHO developed a 26-item “World Health Organization Quality of Life-BREF” to measure four dimensions: psychological, social relationships, physical health, and environment. It has adequate content, construct, and predictive validity ($p < 0.05$) and satisfactory internal consistency (Cronbach's $\alpha = “0.87”$, $p < 0.01$) in Indian adolescents.
- *PANAS*: “Watson, Clark, and Tellegen's” (1988) Positive and Negative Affect Schedule is a self-report tool used to gauge PA and NA. It is composed of 20 items and has strong internal consistency (Cronbach's $\alpha = “0.85”$ for PA and 0.83 for NA) as well as criterion validity for Indian youth.
- *HAM-A*: Hamilton created the 14-item “Hamilton Anxiety Rating Scale” in 1959 as a psychological tool to gauge the severity of anxiety symptoms. Its internal consistency is strong (Cronbach's $\alpha = “0.92”$), and the inter-rater reliability is also high (“0.91”).

Results

Table 1 shows that females have a higher mean score ($M = 29.14$) than males ($M = 24.12$), which clearly indicates that gender has a major impact on NA among the youth. The effect size (Cohen's $d = -0.62$) indicates a moderate effect. With respect to anxiety, females ($M = 22.32$) had a higher average score than males ($M = 17.32$), indicating significant gender differences. The effect size (Cohen's $d = -0.43$) reflects a small-to-moderate impact of gender on anxiety.

Table 2 reveals that “physical health” has a strong positive correlation with “psychological” domain (0.66) and a moderate correlation with “social relationships” (0.48) and “environment” (0.42). Anxiety had strong negative correlations with all domains of QoL, that is, “physical health” (-0.30), “psychological” (-0.29), “social relationships” (-0.27), and “environment” (-0.25). PA showed strong positive correlations with all areas of QoL, that is, “physical health” (0.492), “psychological” (0.622), “social relationships” (0.527), and “environment” (0.501). PA was negatively correlated with anxiety ($r = -0.33$), suggesting a moderate negative relationship. NA had a moderately negative correlation with “psychological” (-0.27) and “social relationships” (-0.24) and was moderately positively correlated with anxiety (0.38).

Tables 3 through 13 show that anxiety negatively predicted all aspects of QoL, for instance, “environment” ($R^2 = 0.06$, $p = 0.004$, 6%), “social relationships” ($R^2 = 0.08$, $p = 0.002$, 8%), “psychological” ($R^2 = 0.08$, $p = 0.001$, 8%), and “physical health” ($R^2 = 0.09$, $p < 0.001$, 9%). PA was a strong predictor of all QoL domains, including “physical health” ($R^2 = 0.24$, $p < 0.001$, 24%), “psychological” ($R^2 = 0.39$, $p < 0.001$, 39%), “social relationships” ($R^2 = 0.28$, $p < 0.001$, 28%), and “environment” ($R^2 = 0.25$, $p < 0.001$, 25%). NA significantly predicted the QoL domains of “psychological” ($R^2 = 0.07$, $p = 0.002$, 7%) and “social relationships” ($R^2 = 0.06$, $p = 0.006$, 6%), but not the “environment” ($p = 0.060$), indicating a weaker relationship for the latter domain.

Table 1. Mean, standard deviation, and t-value for anxiety, affect, and domains of quality of life (QoL) among youth.

	Gender	Mean	S.D.	t (128)	p	Cohen's d
Physical health	1	3.374	.6666			0.25
	2	3.229	.4992	1.404	.163	
Psychological	1	3.538	.7088			0.17
	2	3.423	.6306	.981	.329	
Social relationships	1	3.692	1.0612			0.20
	2	3.508	.7798	1.130	.261	
Environment	1	3.540	.7946			-0.25
	2	3.723	.6613	-1.425	.157	
Positive affect	1	35.18	8.333			0.13
	2	34.20	6.985	.730	.467	
Negative affect	1	24.12	8.219			-0.62
	2	29.14	8.033	-3.518	<.001	
Anxiety	1	17.32	11.674			-0.43
	2	22.32	11.709	-2.438	.016	

Table 2. Correlation between anxiety, affect, and domains of quality of life (QoL) among youth.

Variable	1	2	3	4	5	6	7
Physical health	-	.657**	.479**	.418**	.492**	-.211*	-.301**
Psychological		-	.546**	.491**	.622**	-.270**	-.285**
Social relationships			-	.452**	.527**	-.240**	-.273**
Environment				-	.501**	-.165	-.248**
Positive affect					-	-.167	-.331**
Negative affect						-	.380**
Anxiety							-

$p < .05$; $p < .01$.

Table 3. Regression between positive affect and physical health among youth.

Model summary						
Model	R	R-squared	Adjusted R-squared	Std. error of the estimate		
1	.492 ^a	.243	.237	.5165		
a. predictors: (constant), positive affect						
ANOVA						
Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	10.931	1	10.931	40.983	<.001 ^b
	Residual	34.141	128	.267		
	Total	45.072	129			

<i>a. dependent variable: physical health</i>						
<i>b. predictors: (constant), positive affect</i>						
Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	<i>t</i>	Sig.
		<i>B</i>	<i>Std. error</i>	<i>Beta</i>		
1	(Constant)	1.985	.210		9.431	<.001
	Positive affect	.038	.006	.492	6.402	<.001
<i>a. dependent variable: physical health</i>						

Table 4. Regression between negative affect and physical health among youth.

Model summary						
Model	<i>R</i>	<i>R-squared</i>	<i>Adjusted R-squared</i>	<i>Std. error of the estimate</i>		
1	.211 ^a	.044	.037	.5801		
a. predictors: (constant), negative affect						
ANOVA						
Model		<i>Sum of squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
1	Regression	1.999	1	1.999	5.940	.016 ^b
	Residual	43.073	128	.337		
	Total	45.072	129			
a. dependent variable: physical health						
b. predictors: (constant), negative affect						
Coefficients						
Model		<i>Unstandardized coefficients</i>		<i>Standardized coefficients</i>	<i>t</i>	<i>Sig.</i>
		<i>B</i>	<i>Std. Error</i>	<i>Beta</i>		
1	(Constant)	3.692	.168		21.935	<.001
	Negative affect	-.015	.006	-.211	-2.437	.016
a. dependent variable: physical health						

Table 5. Regression between anxiety and physical health among youth.

Table 3. Regression between anxiety and physical health among youth.						
Model summary						
Model	R	R-squared	Adjusted R-squared	Std. error of the estimate		
1	.301 ^a	.091	.084	.5659		
a. predictors: (constant), anxiety						
ANOVA						
Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	4.086	1	4.086	12.760	<.001 ^b
	Residual	40.986	128	.320		
	Total	45.072	129			
a. dependent variable: physical health						
b. predictors: (constant), anxiety						
Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.597	.097		37.230	<.001
	Anxiety	-.015	.004	-.301	-3.572	<.001
a. Dependent variable: phvsical health						

Table 6. Regression between positive affect and psychological well-being among youth.

Model summary						
Model	R	R-squared	Adjusted R-squared	Std. error of the estimate		
1	.622 ^a	.387	.382	.5273		
a. predictors: (constant), positive affect						
ANOVA						
Model		Sum of Squares	df	Mean square	F	Sig.
1	Regression	22.439	1	22.439	80.688	<.001 ^b
	Residual	35.596	128	.278		
	Total	58.035	129			
a. dependent variable: psychological						
b. predictors: (constant), positive affect						
Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.595	.215		7.423	<.001
	Positive affect	.054	.006	.622	8.983	<.001
a. dependent variable: psychological						

Table 7. Regression between negative affect and psychological among youth.

Model summary						
Model	R	R-squared	Adjusted R-squared	Std. error of the estimate		
1	.270 ^a	.073	.066	.6483		
a. predictors: (constant), negative affect						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.233	1	4.233	10.070	.002 ^b
	Residual	53.802	128	.420		
	Total	58.035	129			
a. dependent variable: psychological						
b. predictors: (constant), negative affect						
Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.050	.188		21.528	<.001
	Negative affect	-.021	.007	-.270	-3.173	.002
a. dependent variable: psychological						

Table 8. Regression between anxiety and psychological among youth.

Model Summary				
Model	R	R-squared	Adjusted R-squared	Std. error of the estimate
1	.285 ^a	.081	.074	.6454
a. predictors: (constant), anxiety				

ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.719	1	4.719	11.330	.001 ^b
	Residual	53.316	128	.417		
	Total	58.035	129			
a. dependent variable: psychological						
b. predictors: (constant), anxiety						
Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.799	.110		34.474	<.001
	Anxiety	-.016	.005	-.285	-3.366	.001
a. dependent variable: psychological						

Table 9. Regression between positive affect and social relationships among youth.

Model summary						
Model	R	R-squared	Adjusted R-squared	Std. error of the estimate		
1	.527 ^a	.278	.272	.7953		
a. predictors: (constant), positive affect						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	31.131	1	31.131	49.219	<.001 ^b
	Residual	80.958	128	.632		
	Total	112.089	129			
a. dependent variable: social relationships						
b. predictors: (constant), positive affect						
Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.379	.324		4.256	<.001
	Positive affect	.064	.009	.527	7.016	<.001
a. dependent variable: social relationships						

Table 10. Regression between negative affect and social relationships among youth.

Model summary						
Model	R	R-squared	Adjusted R-squared	Std. error of the estimate		
1	.240 ^a	.058	.050	.9084		
a. predictors: (constant), negative affect						
ANOVA						
Model		Sum of Squares	df	Mean square	F	Sig.
1	Regression	6.468	1	6.468	7.838	.006 ^b
	Residual	105.621	128	.825		
	Total	112.089	129			
a. dependent variable: social relationships						
b. predictors: (constant), negative affect						

Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	<i>t</i>	Sig.
		<i>B</i>	Std. Error	<i>Beta</i>		
1	(Constant)	4.303	.264		16.327	<.001
	Negative affect	-.026	.009	-.240	-2.800	.006

a. dependent variable: social relationships

Table 11. Regression between anxiety and social relationships among youth.

Model summary						
Model	<i>R</i>	<i>R-squared</i>	Adjusted <i>R-squared</i>	Std. error of the estimate		
1	.273 ^a	.075	.067	.9002		

a. predictors: (constant), anxiety

ANOVA						
Model		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
1	Regression	8.359	1	8.359	10.314	.002 ^b
	Residual	103.730	128	.810		
	Total	112.089	129			

a. dependent variable: social relationships

b. predictors: (constant), anxiety

Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	<i>t</i>	Sig.
		<i>B</i>	Std. Error	<i>Beta</i>		
1	(Constant)	4.024	.154		26.176	<.001
	Anxiety	-.021	.007	-.273	-3.212	.002

a. dependent variable: social relationships

Table 12. Regression between positive affect and environment among youth.

Model Summary						
Model	<i>R</i>	<i>R-squared</i>	Adjusted <i>R-squared</i>	Std. error of the estimate		
1	.501 ^a	.251	.246	.6375		

a. predictors: (constant), positive affect

ANOVA						
Model		Sum of squares	<i>df</i>	Mean square	<i>F</i>	Sig.
1	Regression	17.465	1	17.465	42.979	<.001 ^b
	Residual	52.014	128	.406		
	Total	69.478	129			

a. dependent variable: environment

b. predictors: (constant), positive affect

Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	<i>t</i>	Sig.
		<i>B</i>	Std. Error	<i>Beta</i>		
1	(Constant)	1.968	.260		7.577	<.001
	Positive affect	.048	.007	.501	6.556	<.001

a. dependent variable: environment

Table 13. Regression between negative affect and environment among youth.

Model summary						
Model	R	R-squared	Adjusted R-squared	Std. error of the estimate		
1	.165 ^a	.027	.020	.7266		
a. predictors: (constant), negative affect						
ANOVA						
Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	1.902	1	1.902	3.604	.060 ^b
	Residual	67.576	128	.528		
	Total	69.478	129			
a. dependent variable: environment						
b. predictors: (constant), negative affect						
Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.013	.211		19.035	<.001
	Negative affect	-.014	.008	-.165	-1.898	.060
a. dependent variable: environment						

Table 14. Regression between anxiety and environment among youth.

Model Summary						
Model	R	R-squared	Adjusted R-squared	Std. error of the estimate		
1	.248 ^a	.062	.054	.7137		
a. predictors: (constant), anxiety						
ANOVA						
Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	4.285	1	4.285	8.413	.004 ^b
	Residual	65.194	128	.509		
	Total	69.478	129			
a. dependent variable: environment						
b. predictors: (constant), anxiety						
Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.935	.122		32.292	<.001
	Anxiety	-.015	.005	-.248	-2.901	.004
a. dependent variable: environment						

DISCUSSION

The results showed that anxiety and NA differed significantly by gender. However, no relevant differences were observed in PA or the four domains of QoL (Table 14). This is potentially because factors that determine these, such as environmental conditions, social relationships, and personal

resilience, may have been equally distributed across genders in the sample studied. These findings align with those of previous studies, which reported a higher prevalence of anxiety in females due to biological, hormonal, and psychosocial factors. Thus, hypothesis 1 is challenged.

Every QoL measure showed a negative correlation with anxiety, indicating that lower quality of life is correlated with higher anxiety levels. A possible explanation for this is that anxiety exacerbates emotional distress, which leads to escape-like behaviors, a decline in social interactions, and ineffective stress-reduction techniques. This is supported by previous studies that have found that anxiety impairs functioning and negatively affects well-being. Furthermore, research has shown that anxiety symptoms are negatively associated with quality of life across various stages of life. Therefore, Hypothesis 2 is rejected.

All of the QoL dimensions showed positive correlations with PA, which may be the case due to the fact that positive emotions are linked to more social support and adaptive coping mechanisms, both of which improve well-being. This is in agreement with previous research, which established that PA improves long-term psychological and physical health outcomes. Hence, hypothesis 3 is rejected [26–31].

Negative affect was negatively associated with QoL, as NA disrupts emotional regulation and social interaction, which is detrimental to overall QoL. Geng et al. (2020) reported that NA, such as stress and sadness, worsens the QoL. Established of that negative psychological variables deter HRQOL. Therefore, Hypothesis 4 is rejected.

All QoL domains were impacted by anxiety, likely because anxiety negatively impacts QoL by increasing emotional distress, limiting social interactions, and preventing individuals from engaging in activities that would otherwise improve their well-being. Previous research has provided evidence for this, as they reported that anxiety and stress were the major factors contributing to lower HRQOL. Hypothesis 5 is rejected.

All QoL dimensions were significantly predicted by PA, which accounted for up to 39% of the variance in QoL. Previous research has provided evidence that PA enhances long-term well-being. Therefore, hypothesis 6 is rejected.

NA significantly predicted “psychological” and “social relationships” QoL. As pointed out, youth with anxiety show variations in PA, thus confirming the relationship between negative feelings and social and psychological well-being. Thus, hypothesis 7 is rejected.

CONCLUSION

The findings revealed that females reported higher anxiety and NA than males. Anxiety was inversely related to QoL and strongly predicted lower QoL. PA was positively associated with and was a strong predictor of all QoL domains. NA was adversely related to QoL and was found to substantially predict it. Therefore, all the null hypotheses were rejected.

Implications and Recommendations of the Study:

- Emotional regulation training can be incorporated into schools and colleges to support young people, improve their motivation, and increase their level of PA.
- Mental health programs that offer psychological care, for example, in the management of anxiety and general mental health, can be offered.
- Counseling services (such as CBT) are offered to youth who are highly distressed to a high degree.
- Resilience-building initiatives can be used to prevent mental health issues, such as anxiety, and

increase self-efficacy in youth with NA.

- Policymakers can focus on youth mental health initiatives aimed at improving the QoL, such as Tele Mental Health Assistance and Networking Across States (Tele MANAS) and Kerala's Jeevani Mental Health Program (Ministry of Health and Family Welfare, GOI, n.d.).

However, the study sample was confined to a certain population, namely, youth. Self-report measures were used to collect data, and they are susceptible to response bias. The study examines relationships at one time (cross-sectional), which prevents making causal inferences. Thus, future research should focus on longitudinal studies to track changes in variables over time, focus on cultural and socioeconomic influences on QoL, and test intervention strategies aimed at decreasing anxiety and improving PA among youth.

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