

## A GENDER BASED STUDY ON QUALITY OF LIFE AMONG ELDERLY PEOPLE

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**Background:** Ageing is a multidimensional phenomenon which affected by a combination of physical, psychological and socioeconomic factors. In the new millennium ageing is influenced by both global and region specific features. Although increasing numbers of aged as well as significant changes in the socio-cultural milieu are responsible for the recent emphasis on studies pertain to aged in India. Social workers can be found in a wide scope in the field of ageing. The role of social worker is often unique in these settings as social work's major focus is the psycho-social well-being of the elderly people.

**Aim:** To study the gender difference on Quality of Life among elderly people.

**Methods and materials:** A cross sectional research design was adopted for the study. Purposive sampling technique was used for collection of samples. To obtain the data of elderly people tools were administered such as socio-demographic data sheet and quality of life scale.

**Result and conclusion:** Findings of this study give you an idea about that the quality of life was better of the male elderly people in comparison to the female elderly people.

**Key words:** Elderly people, Quality of life.

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**Introduction:** Aging is a multidimensional change involving the physical, psychological as well as social aspects for an individual. It can be described as a progressive deterioration of the physical and mental functions and resulting in a simultaneous decline in both the capacity of the body to maintain homeostatic balance as well as the adaptability of the individual. Old age is an important period in a human life because in that stage, they are dependent on their own resources for their happiness.

**Quality of life:** Quality of life is defined as this combination of an individual's functional health, feelings of competence and independence in activities of daily living and satisfaction with one's social circumstances. Calman (1984) proposed that "quality of life is influenced by the difference between an individual's expectation and actual achievements." Gill and Feinstein (1994) proposed that quality of life is "the perception and reaction" to the health problem and to the nonmedical components of one's life."

**Quality of life and elderly people:** Quality of life has a positive relationship with health, income, active role, education, life satisfaction, social network, social security, stressful events such as role change, widowhood and anxiety about the future. Quality of life is far and wide recognised as an important concept and measure of outcomes in health care. Any concept is emerging more and more often also in connection with long term care. To improve the quality of life of elderly people and support prosperity in an ageing society so necessary to provide all people over their life course with opportunities for self-fulfilment, learning, education and life activity.

Quality of life in elderly people is to a large extent determined by conditions, events and decisions during childhood and adulthood including by environment and lifestyle factors. The life-course approach to health means paying attention to specific risks related to individual life stages and transitions and to different needs of various age groups. Although the life-course approach puts emphasis on prevention, it is also necessary to adopt targeted measures aimed at elimination and compensation of existing problems and risks

**Aim:** To study the gender difference on Quality of Life among elderly people.

**Methods and materials:** In this study researcher used cross sectional research design and purposive sampling technique was adopted to recruit the samples. Researcher selected the two areas of Kanke and Kantatoli in Ranchi for collecting samples of elderly people. The sample comprised of 60 participants who were further divided into 30 male elderly participants and 30 female elderly participants and tools such as Quality of Life Scale were administered to obtain the data of elderly people.

### **Inclusion and exclusion criterion**

#### **Inclusion criteria:**

- 1) Education level up to 5<sup>th</sup> standard.
- 2) Both male & female.
- 3) Age range between 60-75 years
- 4) Living with family members

#### **Exclusion criteria:**

- 1) History of any major physical illness, psychiatric illness and neurological illness.
- 2) Not giving consent to participate in the study.

#### **Tools:**

##### **1. Socio-demographic data sheet:**

It contains information about age, sex, religion, education, marital status and domicile which is semi-structured, self-prepared performa especially drafted for elderly people to know about socio-demographic variable of elderly people.

##### **2. Quality of life scale (WHOQOL-BREF., Hindi version):**

Hindi version of the WHOQOL-BRIEF has been derived from the original world health organization quality of life scale. The Hindi version WHOQOL-BRIEF scale is adopted by Saxena et al. (1998). WHOQOL-BRIEF contains 26 questions in 4 major domains (that is Physical health, psychological health, social relationships and environment) to measure the quality of life. This scale emphasizes the subjective experiences of the respondents rather than their objective life conditions. WHOQOL-BRIEF has been tested in 15 centres including in New Delhi and Chennai from India. The alpha score of all domain ranges from 0.59 to

0.87, and the coronach alpha of the all domains is 0.87 and the factor loadings of the item range between 0.52 to 0.84 in WHOQOL-BREF is a highly valid version across cultures. WHOQOL-BRIEF is a short version of whoqol-100 questionnaires.

1. **Psychological domain** – It measures the self perception and cognitive ability.
2. **Physical domain** – It measures the physical problems such as joint pain, hearing, vision and sleep difficulties
3. **Social domain** – It measures the level of social life, personal relations, social support, family acceptance and social interaction
4. **Environmental domain** – It measures the living conditions, security, availability of medical assistance, opportunity of recreation and facilities

### **Result & discussion:**

#### **Socio-demographic variables between male and female elderly people:**

The descriptions of the socio-demographic variable among male and female elderly people living in family setup. In religion, majority of population belong 25(83.5%) Hindu then 5(16.7%) Christian participants were belonging male while 24(80%) Hindu, 5(16.7%) Christian and 1(3.3%) participants were belonging to female. In category, 19(63.3%) General, 5(16.7%) OBC (other backward class, 1(3.3%) SC (schedule cast) and 5(16.66%) ST (schedule tribe) participants were male while 18(60%) General, 5(16.66%) OBC, 3 (10%) SC and 7(23.33%) ST participants were female. In marital status, 12(40%) married, 3(10%) unmarried, 23 (76.66%) other (widower and separated) participants were male while 13 (43.33%) married, 2(6.66%) unmarried, 20(66.66%) other (widow and separated) participants were female. In education, 15(50%) below matric, 6(20%) matric, 9(30%) above matric participants were male while 18(60%) below matric, 4(13.33%) matric, 8(26.66%) participants were female. In residence, 10(33.33%) rural and 20(66.7%) urban participants were male while 12 (40%) rural and 18 (60%) urban participants were female. In family, 10(30%) nuclear and 20(66.66%) joint participants were male while 12(40%) nuclear and 18(60%) joint were female. In occupation, 14(46.66%) government job, 7(23.33%) private job, 3(10%) business, 6(20%) others participants were male while 12(40%) government job, 6(20%) private job, 4(13.33) business, 8(26.66%) other participants were female. In this study no significant differences were found between male and female participant in socio-demographic variables.

**The difference of age between male and female elderly people:** The mean age of the male respondents was 68.60( $\pm 3.99$ ) while the mean age of female respondents was 68.10( $\pm 3.79$ ).

**Table -1: Comparison of quality of life between male and female elderly people.**

Variable	Group		t
	Male (N=30) Mean $\pm$ SD	Female (N=30) Mean $\pm$ SD	
Physical Health	24.36 $\pm$ 3.89	16.50 $\pm$ 4.02	7.70**
Psychological Health	23.33 $\pm$ 4.45	16.66 $\pm$ 2.55	7.10**
Social Health	3.13 $\pm$ 0.77	1.93 $\pm$ 0.98	5.25**
Environmental Health	25.10 $\pm$ 3.31	18.06 $\pm$ 4.54	6.85**
Overall Quality of Life	75.93 $\pm$ 6.16	53.16 $\pm$ 7.85	12.48**

\*\*=significant at 0.01 Level

The above table no-1 shows the comparisons domains of quality of life among male and female elderly people. In domains of quality of life most significant deference was found between both male and female elderly people group. In quality of life scale higher scores indicate good quality of life and low score indicate poor quality of life.

**Physical health of elderly people:** The mean score in domain of the physical health was 24.36( $\pm 3.89$ ) of the male respondents and 16.50( $\pm 4.02$ ) of the female respondents. The t value was 7.70 and it was most significant because ( $p \leq 0.01$ ). The means score of the physical health of the male respondents was higher than female respondents. Physical health of the male respondent was better than the female respondents. This could be because the male elderly people were more conscious about their physical health. They took nutritious food from childhood, did exercise daily and spent more time on physical activities. Findings of the other study supported findings of this research study as Gupta & Kohli (2011) conducted study on elderly people and found out that Physical health was better of male elderly people in comparison to female elderly people. Kotwal & Prabhakar (2009) conducted a study and found out that the females had more physical problems in comparison to males. Asadullah et al.(2012) study showed that the female elderly people faced more physical health related problems in comparison to the male elderly people.

**Psychological health of elderly people:** In the domain of psychological health, the mean score was 23.33( $\pm$ 4.45) for the male respondents while it was 16.66( $\pm$ 2.55) for the female respondents. Psychological health of the males was better than the females. The t value was 7.10 and it was most significant at 0.01 levels ( $p \leq 0.01$ ). This could be because the females tend to worry more about their house hold problems and family members. Findings of the other research study supported this study as Bagchi (2000) conducted study on aging and found that higher prevalence of depression and anxiety related disorders among the female elderly in comparison to the male elderly. Gupta & Kohli (2011) conducted a study on elderly people and found that emotional problems were higher in the female elderly people in comparison to the male elderly people. Similar finding was found in Asadullah et al.(2012), who concluded that the female elderly people face more problems in psychological health in comparison to the male elderly people.

**Social health of elderly people:** In the domain of social health, the mean score of male respondents was 3.13 ( $\pm$ 0.77) whereas the mean score of the female respondents was 1.93( $\pm$ 0.98). The t value was 5.25 and it was the most significant at 0.01 levels. Social health was good of the male respondents in comparison to the female respondents. This may be because the male gets more chance to go to social functions in comparison to the females. Similar finding was there in the study of Gupta and Kohli (2011) that social health was better of the male elderly people in comparison to the female elderly people.

**Overall quality of life:** The mean core of quality of life was 75.93 ( $\pm$ 6.16) of the male respondents and 53.16 ( $\pm$ 7.85) of the female respondents. The t value was 12.48 and it was the most significant at 0.01 levels. Quality of life was better of the male respondents in comparison to the female respondents. Findings of the other study also supported this study as Devi and Roopa (2013) conducted study and found that quality of life of male elderly people was better than female elderly people. Newsom and Sculz (1996) conducted research and found that good quality of life of male elderly in comparison to female elders. Johnson & Wolinsky (1994) conducted a study on older adults and found that the older people who take multiple medication and who are experiencing chronic pain have limitations in activities of daily living and their interpersonal relations are more likely to report lower quality of life. It was concluded that the poor quality of life was older women in comparison to older men.

**Limitations:** The limitations of the present study are as follows:

1. The study was time bound and sample size was small.
2. The sample drawn was from two areas of Ranchi: Kanke and Kantatoli.
3. Purposive sampling technique was used for collecting the data.

**Future directions & implication:**

1. The study requires to be carried out on large sample with comparable representation of both the groups.
2. In future this study must be attempted to carry out the other social aspect which are related to elderly.
3. There is scope for intervention in this study by mental health professionals, especially psychiatric social workers in planning and delivering adequate therapeutic services in the clinical context.
4. Based on the findings of the study psycho-social intervention programme can be developed for enhancing quality of life of the elderly people.
5. Findings of present study would help in implementing the rehabilitation programme for the elderly.

**Conclusion:**

Old age is the final stage of the human lifespan. The Indian culture holds that the aged should be respected but due to modernization people's attitude towards the aged has changed and they consider the aged as a burden on them. This study was based on cross sectional research design to assess and compare quality of life between male and female elderly people. The study showed a significant difference in gender and quality of life among elderly people. Aged person require more emotional support and care during final stage of life. Female elderly are more prone to these problems than their male counterparts as they are more emotional and they need have love and care with their family.

In the present time significant demographic changes affecting the projected numbers of elderly people must be taken into account when planning effective future deployment of social workers.

## Reference

- Asadullah, M., Kuvalekar, K., Katarki, B., & Khadka, S. (2012). A study on morbidity and quality of life of inmates in old age home in Udupi district, Karnataka, India. *Indian Journal of Basic and Applied Medical Science*, 2 (3), 91-97.
- Bagchi, K.(2000). Health Aging. *Help Age India Research and Development Journal*.6(36-43).
- Devi, L., & Roopa, K. S. (2013). Quality of Life of Elderly Men and Women in Institutional and Non-institutional Settings in Urban Bangalore District. *Research Journal of Family, Community and Consumer Sciences*, 1(3), 7-13.
- Gupta, A., & Kohli, S. (2011). Adjustment patterns and anxiety in community-dwelling elderly: Exploring the gender differences. *Journal of Mental Health and Human Behaviour*.16(1).
- Newsom, J. T., & Schulz, R. (1996). Social support as a mediator in the relation between functional status and quality of life in older adults. *Psychology and aging*, 11(1), 34.
- Gill, T. M., & Feinstein, A. R. (1994). A critical appraisal of the quality of life measurements. *Journal of the American Medical Association*, 272, 619-626.
- Calman, K. (1984). Quality of life in cancer patients; An hypothesis. *Journal of Medical Ethics*, 10,124-127.
- Johnson, R. J., & Wolinsky, F. D. (1994). Gender race and health: The structure of health status among older adults. *The Gerontologist*, 34, 24-35.