GENDER DIFFERENTIALS IN THE QUALITY OF LIFE PERCEIVED BY ELDERLY – A Sample Based Study

Dr Anjana A, Assistant Professor
Department of Demography, University of Kerala

Abstract

The quality of life of elderly people has become relevant with the demographic shift that has resulted in greying of population. There are indications that concepts and concerns related to quality of life in older ages are different from the general population. The main objective of the study is to know genderwise differences in Quality of Life among elderly. In this study inaddition to univariate and bivariate analysis,to measure the quality of life of the elderly four indices (i.e., health index, economic index, psychological index and social security index) were constructed. Discriminant analysis is used to find whether there are any gender wise differentials in quality of life of the elderly. Majority of elderly had an average quality of life.Women had a poor quality of life as compared to men. Poor living conditions, lack of social support, illiteracy are the factors along with the fact of being that would be incriminated towards these findings.

Introduction

Longevity has increased significantly in the last few decades mainly due to the socio-economic and health care developments. These factors are responsible for the higher numerical presence of elderly people leading to change in age structure, and a higher dependency ratio. In this juncture we need to reappraise the quality of life of elderly people.

Quality of life is a subjective and multidimensional concept that is increasingly being recognized as a useful outcome in health and social research.Recognizing longevity as one of the significant characteristics posing challenges for the of the twenty-first century, international initiatives like first and second world assembly at Vienna and Madrid respectively, in addition to United Nations rights for older people in 1990s provided impetus to ageing research around the globe and in India.

The World Health Organization Quality of Life group defined quality of life as "an individual's perception of their position in life in thecontext of the culture and value systems in whichthey live and in relation to their goals, expectations, standardsand concerns. The subjective nature of quality of life purportsthat it can be conceptualized differently by different groupsof people. Age, gender, health status, and cultural factors aresome of the important factors that influence their conceptualization[Nilsson and etal.,2006]. As articulated by the World Health Organisation (2012) on World Health Day, '*Goodhealth adds life to years*', the importance of quality of life of older people, has once again been emphasized.As ageing needs to be perceived from a broader perspective that includes social and environmental contexts, the concept of Quality of Life emerged as a standard,subjective measure of outcomes of health, as well as social needs of older people. It has been defined at macro or societal level (objective) by variables like income,employment, housing, education, other living and environmental circumstances; and individual or micro level (subjective) terms like perceptions of overall quality of life,

individual's experiences and values, and has included related, proxy indicators such as well-being, happiness and life satisfaction.

Older people's views of the key dimensions of quality of life may vary across community andaged care settings (Bowling and et.al, 2013) and there are differentials between the dimensionsof quality of life between community dwelling older people and older people residing in agecare homes. Demographic, social and economic factors like age, sex, educational level, livingarrangement, marital status, income, abuse, change in decision making as growingolder, community participation, social capital among various other factors have been extensively documented to play a role in determining quality of life of older people. Russell (2007) expressed that ageing is a gendered phenomenon that has special and different meanings for men and women but the differences in their experiences of ageing have been less well documented and theirimplications remain largely unexamined.

For old aged quality of life is more than rating their physical health status; emotional and social health are also recognized as very important factors for their well-being (Srapyan Z., 2006). An individual quality of life perception, in socio-cultural reality, according to the value system in which the person is inserted, as described by World Health Organization (WHO,2006), expresses a position related to ones goals, expectations, patterns and worries.Elderly people have higher probability of suffering from multiple health disorders due to experience reduced physical and mental functions. Loneliness, impaired sexual activity and chronic metabolic disorders are some of causes can result in emotional disturbances(Farzianpour and etal,2012).These problems can decrease life quality of elderly.Thus the quality of life of elderly people has become relevant with the demographic shift that has resulted in greying of population.

Objective

The objective of this study was to identify the various indicators of quality of lifeand to investigate whether there exist any gender wise differentials in the quality of life of the elders.

Data and Methodology

For the study primary data were used. A survey was conducted among elderly people in an urban ward (ie. Pettah ward) of Thiruvananthapuram corporation which was selected at random. 643 households having elderly population were covered from the ward. Out of these 643 households only 865 elderly (60 or above) were identified with 423 males and 442 females. The main tool used for data collection was interview method. In this study univariate and bivariate distribution tables were used to analyse various socio-economic, health and other characteristics of the respondents. To measure the quality of life of the elderly four indices (i.e., health index, economic index, psychological index and social security index) were constructed. The main objective of the study is to find whether there is any gender wise differentials in quality of life of the elderly. For this, discriminant analysis which was a traditional statistical technique used for differentiating groups (categorical dependent variable) when the independent variables were quantitative is used.

Quality of life was measured by the combination of all factors (positive and negative life events) affecting a person's everyday life. Quality of life was thus associated with physical and mental health status, socio-economic status, employment, education, housing and living conditions etc. In the present study the variables selected to measure the quality of life of an individual were marital status, income, source of income, education, occupation, retirement pension, staying with whom, ownership of agricultural land/ house/livestock, type of roof, type of floor, comforts of modern living, participation in social & religious matters, meet relatives and friends, satisfaction with children, interaction with grandchildren, contact with children, freetime spend, feeling of loneliness, Satisfaction with life, present life compared with past life, attainment of standard of living and social status, can manage situations, who looks basic needs, who meets monetary needs, who meets physical needs, measures to maintain health, getting concentration on what you are doing, sleeping problem, feeling of strain, engagement in normal day to day activities, confidence status, feeling of as a worthless person, rating of health condition, have functional disability, Physical disability, chronic health problem, activities of daily living scale, instrumental activities of daily living, vegetarian or not, habits, decision making capability.

Table No.1
Profile of Sample Elderly

Variable		Male	Female	Total
Age	60-69	62.17	65.61	63.93
	70-79	30.02	23.08	26.47
	80+	7.81	11.31	9.60
Religion	Hindu	84.87	84.16	84.51
	Muslim	6.15	6.34	6.24
	Christian	8.98	9.50	9.25
Education	Illiterate	4.26	11.09	7.75
	Primary	14.89	26.70	20.92
	High school	6.15	6.79	6.47
	10	28.13	25.79	26.94
	Higher Secondary	12.06	10.18	11.10
	Degree	22.93	14.93	18.84
	PG & Above	11.58	4.52	7.98
Marital status	Currently married	83.22	43.67	63.00
	Widow/Widowers	12.53	54.88	34.22
	Single	3.78	1.12	2.43
	Divorced	0.47	0.23	0.35
Living status	Living alone	5.20	9.70	7.51
	Living with spouse	26.00	18.80	22.31
	Living with children	10.20	42.50	26.71
	Living with spouse and children	55.30	24.90	39.77
	Living with close relatives	3.30	4.10	3.70

Income	<5000	52.60	74.60	58.90
	≥5000	37.40	25.40	31.10
Working status	Nil	18.20	56.51	42.89
	Working	13.24	2.49	7.75
	Pensioners	58.56	31.00	42.89
Rating of health	Very Poor	0.47	2.04	1.27
	Poor	15.37	21.27	18.38
	Satisfactory	58.32	54.48	56.36
	Good	15.84	12.21	13.99
Ailment	No	83.45	72.62	77.90
	Yes	16.55	27.38	22.10
Disability	Yes	1.89	3.85	2.89
	No	98.11	96.15	97.11
	Total	423(48.90)	442 (51.10)	865 (100.00)

For the study data were collected from 643 household from the sample areas, the household which have atleast one elderly (60 or above years of age) are considered for the survey. Out of these 643 households only 865 elderly (60 or above) were identified with 423 males and 442 females. In the 60+ population females were higher than the males, the sex ratio is 1047. In the sample population, more than half of the elderly are in the age group (60-69). Nearly 10 percent are in above age 80 and 26 percent respondents are in the age group (70-79). Mean age of the respondents was 68. Majority of the elderly were Hindus. Educational levels of females were higher than males upto high school education and incase of higher education percentage of males are higher than females. It was also noted that in the sample among the respondants having job, only 16 percent were females compared to males. In the sample, percentages of widows were higher than widowers. Percentage of singles and divorced were very small. Economically, sample population belongs to medium class and more than half of the respondents were getting pension.

Index

Index is a composite measure constructed through the combination of two or more items or indicator. For the study, four indices were constructed, namely Health Index, Economic Index, Socio Index and Psychological Index. First we select the appropriate variables for each index and each variable was given values according to their importance. Total score for each respondent is calculated by summing the value of each variable and place the scores in an array usually from the lowest to the highest score. According to the total score values of all respondents were classified into low, medium and high. Thus four indices were constructed.

Table No. 2

Various Index Values of the Respondent

Index status	Sex wise Percentage of Respondents in Various Indices							
	Health Index		Economic Index		Social Security Index		Psychological Index	
	Male	Female	Male	Female	Male	Female	Male	Female
Low	34.8	39.8	44.0	56.6	22.5	67.9	38.1	57.7
Medium	54.6	47.7	42.3	34.2	29.8	19.2	43.5	36.2
High	10.6	12.4	13.7	9.3	47.8	12.9	18.4	6.1

To ascertain health index 15 variables were selected. The health status is comparatively better for this sample of elderly population. In high health status group, the percentage of females is slightly higher than males. To study economic index seven variables were taken. The results shows that majority of the respondents are of low economic condition. About 50 percent of the elderly were in low economic status. Six variables were taken for the construction of social security index. The social security of the sample population was not satisfactory. In the construction of psychological index 16 variables was taken. The negative psychological feelings affect the well –being of the elderly in a variety of ways, here nearly 50 percent of the elderly were in psychologically low status group. The values of the indices clearly shows that a good proportion of the sample women were in low status group. In all indices except health index, among the elders in high status group the percentage of males are higher than females.

Gender Differentials in Quality of Life

Differentials in Quality of Life of elderly in terms of gender were discussed in this section. Table 3 gives the means of the group from which we were trying to predict the group membership. We examined whether there was any significant differences between groups (males and females) on each of the independent variables using group means. It was evident from the mean differences that the variables like education, occupation, income, marital status, measures to maintain good health, who looks basic needs, who meets monetary needs, who meets physical needs (8 variables) were good discriminator as the separations were large.

Table No.3
Results of Tests of Equality of Group Means

Variables	Wilks' Lambda	F	df1	df2	Sig.
Staying with whom	0.927	68.066	1	863	0
Marital status	0.795	222.319	1	863	0
Type of roof	0.997	3.002	1	863	0.084
Type of floor	0.999	0.878	1	863	0.349
Ownership of agricultural land/House/livestock	0.998	2.003	1	863	0.157
Source of Income	0.969	27.665	1	863	0
Participation in Social & Religious Matters	0.937	58.228	1	863	0
Meet relatives and friends	1	0.305	1	863	0.581
Feeling of loneliness	0.998	1.805	1	863	0.179
Interaction with grandchildren	0.981	16.284	1	863	0
Measures to maintain health	0.956	39.788	1	863	0
Satisfaction in life	0.995	4.306	1	863	0.038
Present life compared with past	0.993	6.174	1	863	0.013
Attainment of standard of living and social status	0.991	8.219	1	863	0.004
Can manage situations	0.993	5.929	1	863	0.015

Retirement pension	0.893	103.112	1	863	0
Who looks basic needs	0.896	100.084	1	863	0
Who meets monetaryneeds	0.895	100.867	1	863	0
Who meets physical needs	0.894	102.444	1	863	0
Getting concentration on what you are doing	0.994	4.835	1	863	0.028
Sleeping problem	0.996	3.774	1	863	0.052
Feeling of strain	0.985	13.12	1	863	0
Engagement in normal daytoday activities	0.983	14.776	1	863	0
Confidence status	0.988	10.851	1	863	0.001
Feeling of as a worthless person	0.99	8.525	1	863	0.004
Rating of health condition	0.989	9.434	1	863	0.002
Have functional disability	0.997	2.946	1	863	0.086
Activities of daily living scale	0.996	3.842	1	863	0.05
Vegetarian or not	0.998	1.354	1	863	0.245
Habits	0.934	61.034	1	863	0
Income	0.961	34.742	1	863	0
Education	0.948	47	1	863	0
Occupation	0.799	216.637	1	863	0
Satisfaction with children	1	0.425	1	863	0.514
Freetime	0.967	29.149	1	863	0
Comforts of modern living	0.994	5.392	1	863	0.02
Decision making capability	0.967	29.244	1	863	0
Contact with children	0.991	8.155	1	863	0.004
Physical disability	0.998	1.783	1	863	0.182
Chronic health problem	0.996	3.088	1	863	0.079
Instrumental Activities of Daily Living	0.989	9.713	1	863	0.002

Table 3provided strong statistical evidence of significant differences between means of males and females for all independent variables with marital status, occupation, retirement pension, who looks basic needs, who meets monetary needs, who meets physical needs producing very high F value. Wilk's lambda was significant by F test for the variables like; Staying with whom, marital status, occupation, retirement pension, who looks basic needs, who meets monetary needs, who meets physical needs, Participation in Social & Religious Matters, Source of Income, Interaction with grandchildren, Measures to maintain health, Present life compared with past, Attainment of standard of living and social status, Feeling of strain, Engagement in normal daytoday activities, Confidence status, Feeling of as a worthless person, Rating of health condition, Habits, Income, Education, Freetime, Decision making, Contact with children.

Table No.4
Eigen Values

Function	Eigenvalue	% of Variance	Cumulative %	Canonical Correlation
1	.658(a)	100.0	100.0	.630

a First 1 canonical discriminant functions were used in the analysis.

For a two group analysis, only one function was needed to discriminate, thus the one eigen value (which will explain 100 percent of the variance) was given in table 4. The canonical correlation measures the association between the discriminant scores and the groups: a high value (near to one) showed that the function discriminates well.

Table No.5
Wilks' Lambda

Test of Function(s)	Wilks' Lambda	Chi-square	df	Sig.
1	.603	434.089	9	.000

The Wilks' Lambda part provided a test for assessing the null hypothesis that the two groups were the same and there was no difference (no distance) between the two groups with respect to the above defined variables. Wilks' Lambda test confirmed that the distance between the two groups ie, for males and females was significant at one percent level.($\chi^2_{(9)}$ = 434.089, P=0.000 for male. Also, about 40 % of the variance in the discriminant scores could be explained by the group difference for male and female in this data. The standardised canonical discriminant function coefficients are given in table 6.

Table No. 6
Canonical Discriminant Function Coefficients

Variables	Function
	1
Marital Status of respondent (MS)	.692
Participation in social &religious matters (PSRM)	.299
Measures to maintain health (MMH)	-.087
Attainment of standard of living and social status (ASSS)	-.389
Retirement pension (RP)	-.561
Who looks basic needs (BN)	.097
Habits (H)	-1.133
Income(IN)	-.296
Occupation (OCCU)	1.071
(Constant)	-.852

The discriminant score function Z, is
Z= -0.852 + 0.692MS + 0.299PSRM − 0.087MMH − 0.389ASSS − 0.561RP + 0.097BN − 1.133H − 0.296IN + 1.071OCCU

Table No.7
Functions at Group Centroids

Sex of Respondant	Function
	1
male	0.828
female	-0.793

Using group Centroids, we can calculate the distance between the groups. The Mahalanobis' distance between two groups was 2.63. The group centroid for first group (males) was 0.828 and which was higher than second group (females)(-0.793). This indicated that cases with scores near to a centroid were predicted as belongings to that group. Hence there existed significant difference between the groups with respect to the above 41 variables at one percent level of significance. Thus the analysis clearly established the differentials in quality of life perceived by sex of the elderly.

Discussion

It was found in our study that females were younger than males yet exhibited lower quality of life as compared to males. According to our literature review, despite the fact that women live longer than men, they exhibit lower quality of life. According of Kirchergast and Haslinger (2008), the low quality of life for elderly women resulted from behavioural and social factors. The elderly women were widows, socially inactive, had low income and many health problems so as to feel disappointed with their life.The onset of chonic illnesses at old age adversely affects the quality of life of those elderly who enter old age with overlapping and chronic socio-economic deprivations (Balagopal, 2009). Women seemed to have more stress for their health, family and lower self- esteem. All elderly women appeared to have more functional disabilities, health problems, and dependence on others. The widowhood created negative feelings; they were stressful, feared or worried and experienced psychological fluctuations. Further, the majority of elderly females became socially inactive, and refused to participate on leisure activities.

Davidson et al. (2011) further advocate that health of women has become a critically important issue and will increase its importance owing to their increased longevity and morbidity and decreased access to healthcare as compared to men. This increased longevity of women has significant implications for women alone for extended periods potentially with less resources and support. The absence of gender –specific health services, poor health due to child bearing, less nutrition and their priority role as the providers of care for the young and the elderly combined with economic deprivation throughout their lives, often make the female elderly face a greater risk of ill health in later life.

Conclusion

 The quality of life which each individual possess is very important in all aspects be it physical, psychological, social, emotional, spiritual or environmental. Only if they have fulfillment in all these aspects in life they have a high Quality of Life. There is significant

difference between the elderly men and women in all the dimensions of quality of life. Rationale for the presence of this gender difference could lie in the fact that female subjects were living in poverty, had insufficient education and were living without a partner, possibly indicating lack of social support.

Reference

Balagopal, G., 2009, Access to health care among poor older women in India: How far do policies respond to women's realities?: Gender & Development, Vol.17, p.481- 491.

Bowling, A., Hankins, M., Windle, G., Bilotta, C., & Grant, R. (2013). A short measure of quality of life in older age: the performance of the brief Older Person's Quality of Life Questionnaire (OPQOL-brief). *Archives of Gerontology and Geriatrics, 56*, 181-187.
Davidson, P., M., M. Digiacomo, and S. McGrath, J., 2011, The Feminization of Ageing: How willthis Impact on Health Outcomes and Services?: Healthcare for Women International, v. 32, p.1031-1045

Nilsson J, Masudrana AM. Naharkabir Z. Social Capital andQuality of Life in Old Age Results From a Cross-Sectional Studyin Rural Bangladesh. J Age Health 2006; 18 (3): 419-34.

Russell C. (2007) What Do Older Women and Men Want? Gender Differences in the 'Lived Experience' of Ageing. Current Sociology, 55(2), 173-192.

Srapyan Z., Haroutune K. and Petrosyan V., Role of depressive and cognitive status in self-reported evaluation of quality of life in older people: comparing proxy and physician perspectives. Age and Ageing 35(2), 190-193 (2006)

 WHO–World Health Organization. Constitution. WHO, New York. http://www.who.int/governance/eb/ who_constitution_en. pdf (2006)
 Farzianpour F, Hosseini Sh, Rostami M, Pordanjani Sh B, Hosseini SM. Quality of life of the elderly residents. Am J Applied Sci 2012; 9 (1): 71-74.