



WWJMRD 2021; 7(10): 14-18

www.wwjmr.com

International Journal

Peer Reviewed Journal

Refereed Journal

Indexed Journal

Impact Factor SJIF 2017:

5.182 2018: 5.51, (ISI) 2020-2021: 1.361

E-ISSN: 2454-6615

DOI: 10.17605/OSF.IO/FHPVJ

Ms. Pooja Daga

M.Sc Psychology, PG
Department of Psychology,
Surana College, Bengaluru,
Karnataka, India.

Ms. Sridevi P

Assistant Professor, PG
Department of Psychology,
Surana College, Bengaluru,
Karnataka, India.

Correspondence:

Ms. Pooja Daga

M.Sc Psychology, PG
Department of Psychology,
Surana College, Bengaluru,
Karnataka, India.

WORLD WIDE JOURNAL OF MULTIDISCIPLINARY RESEARCH AND DEVELOPMENT

Health related quality of life among adults living with family and living away from family

Ms. Pooja Daga, Ms. Sridevi P

Abstract

Health related quality of life is an individual's perception about their physical and psychological health. The present study aims to understand health related quality of life among adults living with family and adults living away from family. The sample consisted of 120 adults (60 males, 60 females) living with family and away from family, 30 each. RAND SF-36 was administered. The two-way ANOVA analysis and correlation analysis on the obtained data revealed that there is no significant gender difference and difference between adults living with family and away from family in health-related quality of life with its subareas. Although some areas like physical functioning and role limitation due to physical health had significant gender differences, overall, there was no significant difference.

Keywords: Health related quality of life, males, females, living with family, living away from family

1. Introduction

World Health Organisation defines quality of life as a person's perception of their position in life with respect to the culture and value systems in which they live and in association to their goals, expectations, standards and worries. When quality of life is considered in terms of health, it is referred to as health-related quality of life.

Health related quality of life (HRQoL) is a comprehensive multi-dimensional measure of a person's subjective physical and mental health including perceptions about symptoms of diseases or health conditions, functional status across various life aspects, life quality and satisfaction^[1]. HRQoL is concerned with assessing how health affects an individual's ability to function and their perceived well-being in physical, mental and social domains of life. The functioning in HRQoL refers to basic activities like self-care (for example bathing, dressing etc), work related activities like housework, career. It also encompasses the extent to which an individual is able to interact with family and friends (social functioning)^[2].

Health can be influenced by the environment in which an individual lives in and this can further be influenced by a person's gender and upbringing. The environment when people live at home is much different than when they live away from home. The present study aims to see if this difference in environment has an impact on an individual's health related quality of life.

Researchers Kagawa-Singer et al (2010) aimed to clarify the relationship between quality of life (QOL) and culture in a study titled "Health-related quality of life and culture". The results showed that QOL is a subjective, multidimensional experience of well-being which is constructed with cultural factors in mind as individuals look for security, sense of integrity and meaning, and a feeling of belonging in their social circle^[3].

A study titled "eating disorder features and quality of life: Does gender matter?" by researchers Allison F. Wagner et al (2106) tried to see if gender has an impact on the relationship between eating disorder characteristics and quality of life in sample of undergraduate students. Results revealed that gender was a significant predictor of mental HRQoL and women reported poorer mental health when compared to men^[4].

Materials and methods

Research Question

Do adults living with family and away from family significantly differ in their health-related quality of life?

Objectives

- To examine the gender difference in health-related quality of life among adults.
- To study the difference in health-related quality of life among adults living with family and away from family.

Hypotheses

H01: There is no significant gender difference in HRQoL.

H02: There is no significant difference among adults living with family and away from family in HRQoL.

Variables

Independent Variables: Gender (Males and Females) and Residence (Living with family and living away from family)

Dependent Variable: Health related quality of life

Operational Definitions

Health related quality of life: Health related quality of life is a multidimensional concept encompassing areas of physical, mental, emotional and social functioning. It is an individual's perceived idea of their physical and mental health over time.

Living with Family: Adults who live under the same roof with their parents, siblings. (A nuclear family) grandparents and/or with their extended family as in a joint family.

Living away from Family: Those who stay away from their families in a different place either for education or work. These people usually stay in PG's, hostels or apartments.

Sample and Research Design

To study health related quality of life (HRQoL) among adults living with family and living away from family. Exploratory and empirical research design was adopted to investigate and verify stated hypotheses. The data was collected from four sample categories: males living with family, females living with family, males living away from family and females living away from family with 30 in each group. The total number of samples was 120. Purposive sampling and snowball sampling were used. The inclusion criteria were-

- Individuals aged 18-35 years.
- Individuals residing in urban area.
- Individuals who have stayed away from family for at least 6 months.
- English speaking literate population.

The exclusion criteria were-

- Individuals below the age of 17 and above 35 years.
- Individuals residing in rural area.
- Non-English-speaking population.
- Individuals staying away from family for less than 6 months.

Tools used

Data was collected by using google forms where the questionnaire Rand 36 item health short form survey (Hays et al, 1995) measuring health related quality of life was distributed to the sample. It includes 8 health concepts-physical functioning, bodily pain, role limitations due to physical health problems, role limitations due to emotional or personal problems, social functioning, emotional well-being, energy/fatigue, and general health perceptions. There is also one item indicating a perceived change in health.

Analysis of Results

The collected data entered in Microsoft Excel for sorting and coding and then was statistically analysed using the Statistical Package for Social Sciences (SPSS). 2-way ANOVA and Pearson Product Moment Correlation was used to analyse the data.

Results & Discussion

The null hypothesis which stated that there is no significant interaction effect in gender and residence among adults in pain is rejected ($p=0.05$). Two-way ANOVA analysis results show that the null hypothesis which stated that there is no significant gender difference in adults in physical functioning is rejected ($p=0.00<0.01$). Two-way ANOVA analysis results show that the null hypothesis which stated that there is no significant gender difference in adults in role limitations due to physical health is rejected ($p=0.00<0.01$). All the other hypotheses were not rejected on the basis of the above obtained results. In the area of pain, multiple comparison revealed no significant difference in any of the groups.

The research findings suggest that there are significant gender differences in physical functioning and role limitations due to physical health. There is no significant gender difference in social functioning, pain, role limitations due to emotional problems, general health, energy/fatigue, emotional well-being. The research findings also show that there is no significant difference in adults living with family and away from family in social functioning, pain, physical functioning, role limitations due to physical health, role limitations due to emotional problems, general health, energy/fatigue, and emotional well-being. The findings also report that there is significant interaction effect between gender and residence among adults in pain. But further analysis revealed no significant differences among males living with family, males living away from family, females living with family and females living away from family.

There was no significant gender difference or difference among adults based on their residence in social functioning but physical functioning was significantly higher in women than in men. The data was collected during the covid-19 pandemic where most people were staying at home due to lockdown. Thus, everyone has had to adapt to a lifestyle completely unknown to them. Since, more men go out for various purposes than women, staying at home during lockdown may have impacted their physical functioning as well as increased role limitations due to physical health more than women.

Men and women have clearly defined gender specific roles. Women are stereotypically expected to take care of the family and home even if they are working women, whereas

men are stereotypically expected to be breadwinners and take care of all duties outside the house. Because of these rigid role definitions, men generally don't have to contribute much to household work. Because of the pandemic, however even men have had to help out in household chores in addition to extended work hours as a result of work from home. This increase in responsibility could be a factor contributing to men having lower scores on physical functioning which in turn led to increased role limitations due to physical health. Women on the other hand are trained in such a way that they can handle both work and household chores on their own and thus scored higher than men on physical functioning.

Sood et al (2019) reported that there was no significant gender difference in perception of personal health [5]. These results are in concordance with the results obtained in the present findings that reported no gender difference in general health. Adults living at home and away from home didn't report any difference in their general health. As adults, people are aware of how to care for themselves regardless of where they live. They learn through experience on how to take care of their general health and thus not much difference was seen in general health among men and women.

The present research findings also reported significant interaction effect between gender and residence in the area of pain, however further analysis revealed no significant differences among the groups. The results also revealed no gender difference and difference due to residence in the area of role limitations due to emotional problems. On comparing the mean scores, it was observed that men living away from home had the highest scores while women living at home had the lowest scores in this area. Women living with family have better social support and they have someone to fall back upon. But when living away from family they don't have a support system to rely on the same way, this could be why their perception of pain and role limitations due to emotional problems is higher. When

living with family, men are given more attention and care and since they are around their families, they are more comfortable with expressing their pain and they can copewith their emotional problems better. But away from family, there is an increased pressure of gender stereotyped roles and even if they are around friends, men feel compelled to uphold a masculine persona and project being strong and thus the reported perception of pain and role limitations due to emotional problems among men living away from family is higher.

Engberg et al (2017) found that women had higher fatigue scores than men. It was noted that socioeconomic status had an impact on fatigue levels in that higher socioeconomic status was associated with lower fatigue [6]. In the present study, there is no significant gender difference in energy/fatigue. The sample selected for the present study are educated urban population and because of the specific nature of the sample, not much difference is observed in their fatigue and energy levels.

Dennis Thompson Jr, in a medically reviewed article titled Gender differences in emotional health stated that there are more emotional similarities rather than differences among men and women [7]. The present study also found no significant gender difference in emotional well-being. But on comparing the mean scores, it was noted that women living with family scored lesser in emotional well-being. Women living with family have to live according to the rules and traditions of the family which can be restrictive. Women have independence away from home, and their roles and responsibilities are also different. Men living with family are overindulged and their needs are prioritised. Since they are well cared for at home, men living with family have greater emotional well-being.

In conclusion, there is no significant gender difference and difference between adults living with family and away from family in health-related quality of life with its subareas.

Tables and Figures

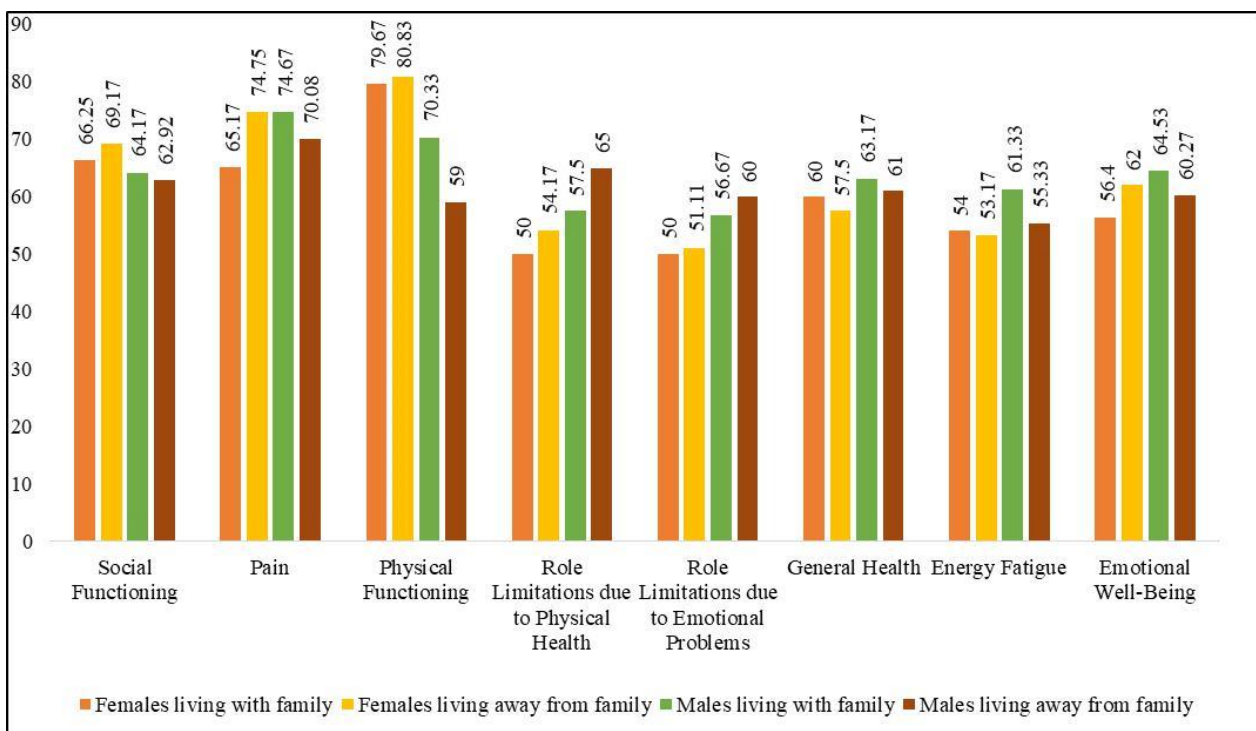


Fig 1: Mean scores of health-related quality of life with its sub areas.

Table 1: Two-way analysis of variance of social functioning.

	Sum of Square	df	Mean Square	F	P
Gender	520.83	1	520.83	1.05 ^{NS}	0.31
Residence	20.83	1	20.83	0.04 ^{NS}	0.84
Gender*Residence	130.21	1	130.21	0.26 ^{NS}	0.61

NS= Not Significant

Table 2: Two-way analysis of variance of pain.

	Sum of Square	df	Mean Square	F	P
Gender	175.21	1	175.21	0.45 ^{NS}	0.50
Residence	187.50	1	187.50	0.48 ^{NS}	0.49
Gender*Residence	1505.21	1	1505.21	3.87*	0.05

*p<0.05, NS= Not Significant

Table 3: Two-way analysis of variance of physical functioning.

	Sum of Square	df	Mean Square	F	P
Gender	7285.21	1	7258.21	15.46**	0.00
Residence	775.21	1	775.21	1.65 ^{NS}	0.20
Gender*Residence	1171.88	1	1171.88	2.49 ^{NS}	0.12

**p<0.01, NS= Not Significant

Table 4: Two-way analysis of variance of role limitations due to physical health.

	Sum of Square	df	Mean Square	F	P
Gender	2520.83	1	2520.83	1.83**	0.00
Residence	1020.83	1	1020.83	0.74 ^{NS}	0.39
Gender*Residence	83.83	1	83.83	0.06 ^{NS}	0.81

**p<0.01, NS= Not Significant

Table 9: Multiple comparisons of pain using Tukey test.

Dependent variable	I	J	Mean Difference (I-J)	Std. Error	p
Pain	Females living away from family	Males living away from family	4.70	5.08	0.79
		Females living with family	9.50	5.08	0.24
		Males living with family	0.13	5.08	1.00
	Males living away from family	Females living with family	4.80	5.08	0.78
		Males living with family	-4.56	5.08	0.80
		Females living with family	-9.36	5.08	0.25

5. Conclusion

The aim of the present study was to study health related quality of life (HRQoL) and to observe gender differences in HRQoL among adults living with family and those living away from family. The obtained data was subjected to statistical analysis. Hypothesis testing revealed the following-

- There is no significant gender difference in HRQoL. (Failed to reject H₀₁)
- There is no significant difference among adults living with family and away from family in HRQoL. (Failed to reject H₀₂)

From the above results, it can be concluded that although some areas have significant differences overall, there is no significant gender difference in adults HRQoL and there is no difference in adults living with family and away from family in HRQoL.

The research findings of the present study can be used to further explore the variables. Rapid mobilization of people seeking education and employment has enhanced, hence this study helps to understand the experiences of the people living away from family and to provide better health.

Table 5: Two-way analysis of variance of role limitations due to emotional problems.

	Sum of Square	Df	Mean Square	F	P
Gender	1814.84	1	1814.84	1.18 ^{NS}	0.28
Residence	148.10	1	148.10	0.10 ^{NS}	0.76
Gender*Residence	37.04	1	37.04	0.02 ^{NS}	0.88

NS= Not Significant

Table 6: Two-way analysis of variance of general health.

	Sum of Square	Df	Mean Square	F	P
Gender	333.33	1	333.33	1.32 ^{NS}	0.25
Residence	163.33	1	163.33	0.65 ^{NS}	0.42
Gender*Residence	0.83	1	0.83	0.00 ^{NS}	0.95

NS= Not Significant

Table 7: Two-way analysis of variance of energy/fatigue

	Sum of Square	df	Mean Square	F	P
Gender	676.87	1	676.87	3.11 ^{NS}	0.08
Residence	320.21	1	320.21	1.61 ^{NS}	0.21
Gender*Residence	200.21	1	200.21	0.92 ^{NS}	0.34

NS= Not Significant

Table 8: Two-way analysis of variance of emotional well-being.

	Sum of Square	df	Mean Square	F	P
Gender	307.20	1	307.20	1.10 ^{NS}	0.30
Residence	13.33	1	13.33	0.05 ^{NS}	0.83
Gender*Residence	730.13	1	730.13	2.61 ^{NS}	0.11

NS= Not Significant

However, the sample for this present study was limited and the study was conducted during lockdown period of COVID-19 and so one on one interactions and interviews could not be conducted which would have given better perspective about the issue. The results of the present study can be used to identify factors that lead to unhealthy eating among adults and they can be used to mitigate the identified factors that lead to unhealthy eating among adults. The results can aid in creating modules to develop healthy eating practices and enhance health among adults. The study can be conducted again with increased sample size and variables in the study can be explored further to understand their interactions and implications on health of adults living with family and away from family better.

6. Acknowledgement

The authors are very grateful to the research participants for their support and encouragement.

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