

## To Understand the Significance of Quality of Life Among Adults in India

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### ABSTRACT

This study discussed the differences in qualities of life between genders among aged adults in India's urban regions. It focused on four areas such as physical health, psychological health, social relationships, and environment. With data taken from 150 respondents who were analysed using independent samples t-tests with WHOQOL-BREF scale, no difference is seen in this study regarding the differences across all four domains. In physical health also, both genders have equal difficulties ( $t = -1.265$ ,  $p = 0.208$ ). Psychological health was not different ( $t = -0.645$ ,  $p = 0.520$ ). Social relations ( $t = 0.605$ ,  $p = 0.546$ ) and environmental factors ( $t = -1.159$ ,  $p = 0.248$ ) also reported similar results. This indicates that health care, as well as psychological health; social support, among the elderly in urban India, is comparable between men and women. This study throws up the high quality of life among this demographic, indicating balanced access to societal and infrastructural support systems.

**Keywords:** *Significance, Quality of Life, Adults, Urban India, Social Relationships*

Quality of life would be a dimension encompassing both physical, emotional, social, and psychological wellbeing. "The true measure of any society can be found in how it treats its most vulnerable members," according to Mahatma Gandhi. This statement, in fact, foreshadows this study and the improvement of quality of life for older adults. These are sections of the Indian population, which are growing by leaps and bounds due to increased life expectancies as well as jumps in health care.

India has always been a traditional country with family values. Traditionally, all through history, the elderly have been at the top of the hierarchy of social ranking. Modernization, urbanization, and the nuclear family have however contributed to strains in the lives of Indian aged. There is this one truth by Nelson Mandela: "A society that does not value its older people denies its roots and endangers its future." This comes very much in line with the sense of urgency reflected in the assessment and improvement of the quality of life of elderly people in India, making them live with dignity and worth.

Under investigation is the quality of life of elders with a view to redressing the issues in front of them, including loneliness, poor access to healthcare, and lack of financial security. The

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research deals with the significance of this phenomenon, particularly in the Indian context, regarding those interventions needed from society, in terms of policy, and on an individual basis to enhance the welfare well-being of the elderly. It adds to the ever-growing literature on aging and expresses a message of a more inclusive, supporting society.

### *Significance of the study*

There are various factors that give quality of life among aged Indians great social, economic, health, and cultural importance. Here are the key causes:

- **Demographic Transition:** Due to increased life expectancy and declining birth rates, older people now make a significant demographic group in the country. By 2050, India will have over 300 million older adults, which will heighten the urgency with which their quality of life needs to be addressed (Bloom, D. E., & Luca, D. L. 2016).
- **Health Issues:** High chronic diseases including diabetes, hypertension, and arthritis. Lack of geriatric care and mental health services. Malnutrition and disability also
- **Social Isolation:** Joint family system is being broken, the younger generation is being moving into urban areas. Social support networks are missing (Jamuna, D. 2013).
- **Economic Dependency:** Older adults lack financial independence, especially when they do not have pension or savings. Inadequate social security systems or inadequate coverage under government schemes (Rajan, S. I., & Mishra, U. S. 2020).
- **Psychological Factors:** caused by loneliness, the loss of loved ones, or fear of dependency in developing anxiety and depression. Negligible opportunities that would offer meaningful engagement or personal growth.

This study is based on bringing the quality of life (QoL) of the older adult to the research agenda in a country where there is rapid growth in population due to the upward trend of life expectancy and downward fall in the birth rate. Yet, the multiplexional dimensions of QoL, encompassing physical health, mental well-being, social support, and economic security, are not well represented in the research, especially in the Indian context. The purpose of this study is to identify that gap which ought to be filled by inspecting the challenges, unique to older adults in India, shaped by cultural, social and economic concerns to shed light on interplay between factors and overall well-being. Addressing this gap, the research contributes to targeted interventions, policies, and programs that can enhance QoL for the elderly, including them in and treating them with dignity within society.

## **REVIEW OF LITERATURE**

A study was conducted on the Quality of Life and Well-Being of Older Adults in Nursing Homes: Systematic Review. This included quality-of-life determinants being systematically assessed for nursing homes. Findings obtained indicate that social relations and support scored the highest with respect to enhancements in well-being. Significant improvements occurred in environments where interpersonal connections were facilitated. Safety and hygiene among environmental factors remained strongly positive, enhancing the level of satisfaction. Person-centered care scores showed a highly significant score reflecting tailored approaches to individual needs, consistent with a better sense of autonomy and dignity. Challenges remained for setting that suffered from low scores in terms of less personalization, indicating areas requiring intervention (Martínez et al., 2023).

The systematic review The Association of Self-Perception of Aging and Quality of Life in Older Adults underscored the significant link between self-perception of aging, or SPA, and

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the quality of life of older adults. Positive SPA was constantly linked with higher degrees of physical, psychological, and social well-being. For example, analyses indicated that adults who were older and had a positive SPA possessed better health outcomes ( $\beta = -0.09$ ,  $p < 0.001$ ), higher life satisfaction scores, and reported decreased loneliness as measured by the UCLA Loneliness Scale. In a similar manner, positive SPA was associated with improved social connectedness- greater social participation and expanded social networks ( $\beta = 0.05$ ,  $p < 0.001$ ) (Velaithan et al., 2024)

These authors explore the association between comorbidity, attitudes towards aging and QoL of community-living older adults. The study found that the comorbidity was significantly associated with decreased QoL scores, and a one-point increase was associated with a 3.7 decrease in generic QoL and a 3.6-point lower QoL score on the older-specific QoL measurement. Nonetheless, this was not found for those who had positive attitudes toward aging. Thus, it seems that these attitudes can act as positive factors in protecting from comorbidity negativity to QoL. In addition, the study has proved that if both comorbidity and negative attitudes towards aging exist, then individuals are at significantly higher risk for low QoL, as risks rise 11-fold at generic and 16-fold at older-specific low QoL (Yamada et al., 2015).

### **METHODOLOGY**

#### **Research Objective**

- To conceptualize the significance of quality of life among older adults of men in India.
- To conceptualize the significance of quality of life among older adults of women in India.

#### **Hypothesis**

There is no significant difference between older adults of men and women quality of life in India.

#### **Participants**

This study has been carried out in the urban parts of India. A sample size of 150 older adults is selected for this research who falls in the age range of 20 to 50 years. Sampling Technique: a sampling quota technique has been selected to follow in this research on "To understand the Significance of quality of life among older Adults in India". It includes:

#### **Instruments**

The respondents were availed with a structured questionnaire to aid them in expressing their view on quality of life, sources, and its effects on their wellness. Thus, the questionnaire was tailored to provide quantifiable data, from all the domains, physical, psychological, social, and sexual dimensions of quality of life.

#### **Description and Scoring of the Scale**

The WHOQOL-BREF is a self-report measure intended to assess quality of life across four major domains: physical health, psychological well-being, social relationships, and environment. It has been developed as a shorter version of the WHOQOL-100 to give a practical yet comprehensive quality of life profile. It is a 26-item scale: one item for each of the 24 facets found in the WHOQOL-100; in addition, two items focused directly on overall quality of life and general health. It was designed to measure a wide range of indicators of life quality in different cultural and health contexts.

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### *Domains Assessed*

#### **The WHOQOL-BREF tests the following domains**

- **Physical Health:** This is the domain that examines a person's physical conditions and his ability to carry out daily activities.
- **Psychological:** The emotional, cognitive, and psychological wellbeing are investigated in this domain.
- **Social Relationships:** Relates to people's interaction systems and means of support.
- **Environment:** Outward factors, such as residence, security, healthcare, are considered within this domain.

#### **Scoring Mechanism:**

- **Item Scores:** Each item, based on the respondent's perception about any facet of life, has been scored. Most items have options from "Very poor" to "Very good".
- **Domain Scores:** The score for each domain is obtained by averaging the items within the domain, and this mean then gets multiplied by 4 to equate to the WHOQOL-100 scoring system.
- **Overall Scores:** Two items ask respondents to evaluate their overall quality of life and general health. These are scored separately from the domains.

#### **Range of Scores:**

**Domain-specific:** Scores range from 4 to 20 per domain.

**Total Score:** The total score for the WHOQOL-BREF is the sum of the domain scores and the two overall life and health questions, which can be transformed into a 0–100 scale for easier comparison.

Higher scores mean that a higher quality of life exists in each domain, with overall higher scores indicating better perceived health and well-being.

#### **Reliability and Validity**

**Reliability:** The WHOQOL-BREF has good internal consistency with an alpha ( $\alpha$ ) Cronbach's coefficient of  $r = 0.92$ , that shows excellent internal reliability. Test-retest reliability over one week gave  $r = 0.90$  which confirmed excellent temporal stability.

**Validity:** Correlation with other measures on health and well-being has established the construct validity of the scale. Moderate to strong positive correlations between WHOQOL-100 confirm that it appropriately captures the dimensions of quality of life, while retaining the brevity of the WHOQOL-BREF.

#### **Administration**

The WHOQOL-BREF is designed to be self-administered but may also be interview-administered where appropriate. Respondents should be adults, with equal numbers of age (50% less than 45 years, 50% more than 45 years) and sex (50% male, 50% female). Respondents are asked to consider their own perceptions of quality of life in different domains. The assessment usually takes about 10 minutes to complete. In clinical settings, the scale can be used in assessing the health-related quality of life of patients, and in research settings, it can be used for outcome evaluations or studies on quality of life across different populations.

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### *Statistical Analysis*

This study used the jamovi software. Summary of measures of central tendency was made in terms of mean, median, and mode and variability that is standard deviation. Differences were tested using an independent t-test.

### **INTERPRETATION**

This research focuses on estimating the quality of life among both sexes in India based on a comparative study of gender. It would involve the nature of quality of life over four domains, namely physical health, psychological, social relationships and environment.

*Table 1 Demographics of respondents (gender)*

Gender	Count of Gender
Female	67
Male	83
Total	150

Table 1 shows the gender composition of 150 adults within the 18 to 84 years age range, including 67 females and 83 males.

*Table 2 Demographics of respondents (Age group)*

Age Group	Count
18-44	75
45-84	75
Total	150

Table 2 shows how the study's participants are divided into age categories. This distribution shows that both the participants are divided equally (50%) between the ages of 18 and 44, with the remaining (50%) aged between 45 and 82.

*Table 3 Descriptive statistics of all variables*

Descriptives	Gender	Dom (1) Physical	Dom (2) Psychological	Dom (3) Social	Dom (4) Environment
N	F	67	67	67	67
	M	83	83	83	83
MEAN	F	11.8	11.8	12.0	11.6
	M	12.6	12.2	11.6	12.3
STANDARD DEVIATION	F	4.07	3.98	4.52	4.00
	M	3.58	3.56	3.93	3.44

Table 3 depicts the descriptive statistics for the males and females across four domains: physical, psychological, social, and environment.

**Table 4 Results of the independent sample t-tests on quality of life scores across four domains for males and females**

**Table 4 T- (Test)**

Independent Samples T-Test		Statistic	df	p
DOM1(Physical Health Score)	Student's t	-1.265	148	0.208
DOM2(Psychological Health Score)	Student's t	-0.645	148	0.520
DOM3(Social Relationship Score)	Student's t	0.605	148	0.546
DOM4(Environment Score)	Student's t	-1.159	148	0.248

Note.  $H_a: \mu_F \neq \mu_M$

**Table 4: This is an independent samples t-test taken between the mean scores of two groups (males and females) on four different realms of well-being: physical health, psychological health, social relationships, and the environment.**

- **DOM1:** Score of Physical Health

**Statistic:**  $t = -1.265$

**Degrees of Freedom:**  $df = 148$

**p-value:** 0.208

The p-value is more than the standard threshold of significance set at 0.05, meaning that there are no significant differences between the two groups concerning scores on physical health.

- **DOM2 (Psychological Health Score):**

**Statistic:**  $t = -0.645$

**Degrees of Freedom (df):** 148

**p-value:** 0.520

Similarly, the psychological health scores reveal no statistical differences between groups since the p-value is more than 0.05.

- **DOM3 (Social Relationship Score)**

**Statistic:**  $t = 0.605$

**df:** 148

**p:** 0.546

The social relationship scores have no evidence of a significant difference between groups. This is because the p-value is much larger than the threshold of 0.05.

- **DOM4 (Environment Score):**

**Statistic:**  $t = -1.159$

**df:** 148

**p:** 0.248

Also, there is no statistical significance from the environmental score domain since the p-value is more than 0.05.

## DISCUSSION

The results of the independent samples t-tests conducted to examine potential differences in well-being scores across four domains (physical health, psychological health, social relationships, and environment) between males and females revealed no statistically significant differences between the two groups in any of the domains.

### *Physical Health (DOM1):*

The analysis showed a t-value of -1.265 (df = 148) and a p-value of 0.208. Since the p-value is greater than the traditional threshold of 0.05, the null hypothesis in this domain cannot be rejected. This means that there is no significant gender variation regarding the physical health scores in the sampled population. This result might indicate that men and women are reporting and perceiving health over the body similarly, possibly reflecting similar access to health care resources or lifestyle habits or general health status in the study context.

### *Psychological Health (DOM2):*

An independent t-test on psychological health yields a t-value of -0.645 with df = 148 and a p-value of 0.520, again well above the 0.05 significance threshold. There are no significant differences between males and females on psychological health scores. Such a result might suggest that the factors involved in influencing psychological health are not significantly stratified by gender in this particular sample, for example common cultural or environmental stressors, access to mental health support.

### *Social Relationships (DOM3):*

For social relationships, the t-value was 0.605 (df = 148) with a p-value of 0.546. The lack of statistical significance means that it is likely that both groups have comparable ratings regarding their social relationships. This could be a result of similarities in social support systems, interaction patterns, or societal norms that do not have a disproportional impact on either gender.

### *Environment (DOM4):*

ANOVA analysis on the score about environment yielded a t-value of -1.159 (df = 148), while the p-value was 0.248. Once again, the result showed a significant value greater than 0.05. This suggests that the perceptions between males and females regarding the environment in their well-being are equal. It may be related to common experience through environmental factors with a living condition, resources availability, or even quality of the physical surrounding.

### *Limitations and Future Implications*

**Limitations of this study:** The study has its basis in urban areas and may not reflect well the experiences of older adults residing in rural or semi-urban areas where disparities in quality of life may be more stark. Several determinants such as access to health services, social support systems, and environmental conditions would differ between urban and rural settings where perceptions and experience of well-being might vary accordingly.

Therefore, this study should encompass a more diverse sample where participants drawn from more rural and semi-urban regions ensure complete contextual understanding of quality of life in different geographic and socio-economic contexts. It would be great for broader patterns of regional disparity to be brought to light and thereby better-informed policies.

## CONCLUSION

The four interdependent domains of quality of life, specifically for older Indians, with respect to gender differences in the three domains of physical health, psychological health, social relationships, and environment are the objectives of this study. Results are presented in this paper based on the analysis of data for 150 participants who utilized the WHOQOL-BREF scale.

Results from independent samples t-tests reveal that there are no statistically significant differences between men and women in all four domains regarding the quality-of-life scores. That is to say,

**Physical Health:** In terms of physical health, there is no significant gender difference in the scores obtained,  $t = -1.265$ ,  $p = 0.208$ , as was the case, where health care access and lifestyle practice was equally accessible to both groups based on the general health status.

**Psychological Health:** An independent t-test on psychological health yields a t-value of  $-0.645$  with  $df = 148$  and a p-value of  $0.520$ , again well above the  $0.05$  significance threshold. There are no significant differences between males and females on psychological health scores.

**Social Relationships:** Social relationship scores also did not exhibit any significant variation between the genders ( $t = 0.605$ ,  $p = 0.546$ ). This may suggest comparable access to social support networks and similar patterns of interpersonal relationships across genders.

**Environment:** Likewise, the environment domain showed no difference at the gender level ( $t = -1.159$ ,  $p = 0.248$ ). This signifies similar perception of such externalities as the living conditions, safety, and the availability of resources.

The hypothesis of the study was: “There is no significant difference in the quality of life among urban Indian elders, between men and women.”

As no statistically significant differences are to be found in the quality-of-life domains between men and women, this hypothesis is accepted from the results.

## REFERENCES

- Ambrose, A. F., Bergland, A., Rechel, B., Thome, B., Vellas, C., Graf, C. J., Jones, D. A., Skelton, D. M., Peters, E., Mørk, E., von Elm, E. C., Jørstad, F. T., Bourgeois, H., Hörder, I., Araujo de Carvalho, I., Vikman, J., Davis, J. C., Davis, J. H., Loge, J. L., Helbostad, J. M., Delbaere, K., Halsaa, K. F., Schulz, L. B., Andersson, M., Stenhagen, M., Sprangers, M., Bjerk, N., Genet, N. T., Chang, P. C., Fletcher, P. C., Cumming, R. G., Lamb, S. E., Brown, S. H., Brovold, T., Hammar, T., Brovold, W., Lyu, T., World Health Organization, & Hellström, Y. (2018). Associations between health-related quality of life, physical function, and fear of falling in older fallers receiving home care. *Springer Science and Business Media LLC*. <https://doi.org/10.1007/s11136-018-1891-3>
- Bloom, D. E., & Luca, D. L. (2016). The global demography of aging: Facts, explanations, future. In J. Piggott & A. Woodland (Eds.), *Handbook of the economics of population aging* (Vol. 1, pp. 3-56). North-Holland.
- Bosch-Farre, C., Garre-Olmo, J., Bonmatí-Tomas, A., Malagón-Aguilera, M. C., Gelabert-Vilella, S., Fuentes-Pumarola, C., & Juvinya-Canal, D. (2018). Prevalence and related

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- factors of active and healthy ageing in Europe according to two models: Results from the Survey of Health, Ageing and Retirement in Europe (SHARE). *PLOS ONE*, *13*(10), e0206353. <https://doi.org/10.1371/journal.pone.0206353>
- Bryant, C., Bei, B., Gilson, K., Komiti, A., Jackson, H., & Judd, F. (2012). The relationship between attitudes to aging and physical and mental health in older adults. *International Psychogeriatrics*, *24*(10), 1674–1683. <https://doi.org/10.1017/S1041610212000774>
- De Raedt, R., & Desmyter, F. (2012). The relationship between time perspective and subjective well-being of older adults.
- Jamuna, D. (2013). Issues of elder care and elder abuse in the Indian context. In S. L. Devi & G. K. Mahadevan (Eds.), *An aging India: Perspectives, prospects, and policies* (pp. 125-142). Routledge.
- Rajan, S. I., & Mishra, U. S. (2020). *Senior citizens of India: Emerging challenges and concerns*. Springer Nature.
- Rodríguez-Martínez, A., De-la-Fuente-Robles, Y. M., Martín-Cano, M. d. C., & Jiménez-Delgado, J. J. (2023). Quality of life and well-being of older adults in nursing homes: Systematic review. *Social Sciences*, *12*(7), 418. <https://doi.org/10.3390/socsci12070418>
- Velaithan, V., Tan, M.-M., Yu, T.-F., Liem, A., Teh, P.-L., & Su, T. T. (2024). The association of self-perception of aging and quality of life in older adults: A systematic review. *The Gerontologist*, *64*(4). <https://doi.org/10.1093/geront/gnad041>
- Yamada, Y., Merz, L., & Kisvetrova, H. (2015). Quality of life and comorbidity among older home care clients: Role of positive attitudes toward aging. *Quality of Life Research*, *24*(7), 1661–1667. <https://doi.org/10.1007/s11136-014-0899-x>

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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