

Research Paper

## Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife

Ms. Jasmine Oberoi<sup>1\*</sup>, Dr. Rashmi Singh<sup>2</sup>

### ABSTRACT

WHO defines Quality of Life as ‘an individual’s perception of their position in life in the context of the culture and value systems in which they live in relation to their goals, expectations, standards and concerns.’ India has always been a collectivist nation, where family support and social support are valued more than any individualistic culture. Therefore, in Indian culture it is assumed that family support might play a role in impacting the quality of life but in this rapidly evolving lifestyles many people tend to move to cities with better job opportunities and prefer living in nuclear families because of financial constraints. This being the area of interest for this paper, the **objective** of this paper is to identify significant difference between genders (Male and Female) and family structure (Nuclear and joint) on Quality of Life in reference to midlife. The **sample size** for this study was N=60 (from age group 35-60 years) which includes 15 males from nuclear family structure, 15 males from joint family structure, 15 females from nuclear family structure and 15 females from joint family structure. The tool used for this study is WHOQOL-BREF consisting of 26 items which measures four Quality of life domains i.e. Physical Health, Psychological Health, Social Relationships and Environment. Data was analyzed with the help of t-test and ANOVA. **Result:** It was found that the mean difference was significant. Joint family structure was found to have better Quality of Life than Nuclear Family Structure in reference to midlife. The results indicate males have better Quality of Life than females in reference to midlife. The **conclusion** of the study indicates that there was a significant difference of mean in each group.

**Keywords:** *Quality of life, Midlife, Family structure (Nuclear and Joint), Gender (Male and female)*

### Quality of life

The World Health Organization explains QoL as a subjective evaluation of one's perception of their reality relative to their goals as observed through the lens of their culture and value system. The common dimensions that determine of Quality of life are health, relationships, working environment, economic conditions, educational background, socio-economic status, freedom. Quality of life can vary from culture to culture. In some cultures where collectivism is valued more and they prefer having healthy relationships as an important

<sup>1</sup>Research Scholar, Department of Psychology, Mohanlal Sukhadia University, Udaipur

<sup>2</sup>Assistant Professor, Department of Psychology, Mohanlal Sukhadia University, Udaipur.

\*Corresponding Author

Received: May 09, 2025; Revision Received: September 12, 2025; Accepted: September 16, 2025

## **Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife**

domain in quality of life whereas individualistic culture value autonomy as an important domain in quality of life. Several studies have been conducted in order to understand quality of life on different dimensions in the past.

Family structure is an important aspect of our social support system. Being surrounded by warm relations where there is love, care does effects an individual's quality of life. The most common type of family structures is joint and nuclear family structure. India being a collectivist culture had joint family structure in the past where one used to live with cousins, uncles, aunts under same roof but with the fast pacing development these days many individuals move to different cities with better education and job opportunities and the trending styles leading to rise of nuclear family structures.

Studies have shown that age group of 35-60 years fall under midlife. It is an age where people either fall in crisis or it can be an age of rejuvenation. People belonging to this age group have to juggle between a lot of fronts, be it their job, taking care of their parents who are growing old, simultaneously looking after their children who are mostly in adolescence age group. This age group has numerous social roles to be played which sometimes can be burdensome for them leading to a midlife crisis. On the contrary some people take these as challenges and see it as an opportunity in growing and evolving as a person by exploring different aspects of self. This paper explores on how the gender (male and female) differ in quality of life, along with does family structure has a role in quality of life of an individual in reference to midlife.

### **REVIEW OF LITERATURE**

Lodhi et al. (2019) conducted a cross-sectional study in 52 Union Councils of District Abbottabad, Khabar Pkuttunkhua province, Pakistan from March 2015 to August 2015. The sampling technique used for the study was multi-stage cluster technique. Sample size taken was N= 2063 (51.2% males and 48.2% females) of mean age 37.9. The tool used for the study was WHOQOL-BREF, SES, demographic, and World Bank social capital questions were also taken in this population- based study. Face to face interviews were used for data collection. Analysis of data was done using univariate and multivariate analysis. The study concluded that socioeconomic status was an important indicator of poor quality of life in reference to all all domains. Also, type of area that people lived in was negatively associated with physical, psychological and environmental domains while age and sex were negatively associated with physical, psychological and relationship domains. It was also found that in Pakistani population the variable social capital had a positive impact on quality of life.

Lang et al. (2015) conducted a survey on U.S. sample of N= 3058, midlife belonging to age group of 40–64 years women to make sure the prevalence, general health-related quality of life (HRQoL), and health-seeking behaviours associated with these six conditions. The method used for data collection was cross-sectional method along with telephonic survey from a sample of U.S. women speaking English and Spanish. The survey contained demographic questions and questions related to menopausal status it also had five condition-specific symptom/disease risk-screening instruments. The tool used in the study was Euro Qol 5 dimensions (EQ-5D) questionnaire to measure HR QoL. The study inferred that over 25% of women surveyed had multiple coexisting conditions and the lower HR QoLwas associated with multiple conditions.

## **Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife**

Campos et al. (2014) conducted a study to examine the associations among Quality of Life, physical and psychosocial health and gender in older Brazilian community adults to understand the factors that are associated with better QOL. The sample taken was N= 2052 respondents of 60 years of age or older in Brazil from January to July 2012. The tool used for the study was Brazilian version of the World Health Organization Quality of Life QOL Assessment-Brief Instrument (WHOQOL-BREF) and the World Health Organization Quality of Life Instrument-Older Adults Module (WHOQOL-Old). The results of the study concluded that older adults of both genders with five or more years of education, good health, those who had absence of depressive symptoms, and no indication of family dysfunction reported better Quality of Life. The study further revealed that retired men had a better QOL compared to non-retired men but this association was not found in females. Men living in mixed arrangements and women who were not practicing physical activity tended to have poorer QOL.

Avis et al. (2004) in their study examined if menopausal status is associated with global quality of life among women belonging to the age group of 40–55 along with difference in race/ethnicity. The sample taken was N=13,874 women who were participants in multi-ethnic, multi-race study included the mid-aged women called the Study of Women's Health Across the Nation (SWAN). The methodology used was 15-min telephone or in-person interview. The results of the study suggested that early perimenopause women reported lesser quality of life compared with premenopausal women, when analysis was adjusted for other variables then QOL was no longer associated with menopausal status. Also, women who were married and had low levels of stress were associated with better Quality of life across all groups.

Mercier et al. (1998) in their study took the independent variable of age and gender and studied its impact on the subjective quality of life of people with severe and persistent mental illness. The sample consists of 95 men and 70 women. The tool used in the study was Satisfaction with Life Domains Scale (SLDS) and they also used open-ended questions (five). The study concluded that there was no significant difference between both genders on quality of life but there was a difference in age as the older participants were found to be more satisfied with their lives than the younger participants.

### ***Research Gap***

After studying the literature available on quality of life, midlife and differences amongst gender regarding quality of life it was observed that the work on quality of life has been focused more on health-related quality of life leaving the other dimensions of quality of life, also it was observed that many studies did highlight women's quality of life. There are several studies showing economic and social aspects impacting the quality of life. Also, most studies aim on children and elderly population but limited research examine the adults and middle-aged individuals experiencing the quality of life in the joint and nuclear family structure. Therefore, the aim of this paper is to gain an insight in whether family structure effects quality of life, also is there any significant difference amongst genders on quality of life in reference to midlife.

### ***Objective***

The aim of this paper is to study the impact of :

1. Gender (male and female) on Quality of life
2. Family structure (nuclear and joint) on Quality of life.

## Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife

### *Variable:*

Independent variable:

- 1) Gender
  - a) Male
  - b) Female
- 2) Family structure
  - a) Nuclear
  - b) Joint

Dependent variable:

- 1) Quality of life

## **METHODOLOGY**

**Table 1:**

### *Research Design:*

Gender	Family Structure		Total
Male	Joint (15)	Nuclear (15)	30
Female	Joint (15)	Nuclear (15)	30
Total	30	30	60

The total sample size of the data taken was N= 60, consisting of 15 males from joint family structure, 15 males from nuclear family structure, 15 females from joint family structure, 15 females from nuclear family structure of age group 35-60 years. Purposive sampling was used to collect the data. Participants provided Informed consent. The research design for the study is a 2x2 factorial design. Demographic data were collected from the sample and the tool used for the study was WHOQOL-BREF (26 items). The scores were transformed according to the following formula Transformed Scale= Actual raw score-lowest possible raw score/possible raw score range \*100). The analysis of the data was done by using t-test.

**Ethical Statement:** This study was conducted in accordance with the ethical standards and prior approval was obtained from the appropriate ethics committee.

## **RESULT AND DISCUSSION**

**Table 2:**

The following table indicates the descriptive statistics amongst male and female of joint and nuclear family structure respectively and between Joint and Nuclear Family structure.

### *Descriptive Statistics. Dependent Variable: QOL*

Gender	FS	Mean	Std. Deviation	N
Male	Joint	535.83	59.12	15
	Nuclear	517.40	48.61	15
	Total	526.61	54.00	30
Female	Joint	517.95	42.14	15
	Nuclear	458.20	29.01	15
	Total	488.07	46.76	30
Total	Joint	526.89	51.26	30
	Nuclear	487.80	49.53	30
	Total	507.34	53.72	60

**Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife**

The scores in the table indicates that overall males have better quality of life with a mean score of 526.61 in comparison to females who have a mean score of 488.07 in reference to midlife. We can also interpret from this table that quality of life is more in joint family structure (526.89) than nuclear family structure (487.80).

**Table 3:**  
*Tests of Between-Subjects Effects . Dependent Variable: QOL*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	51605.778 <sup>a</sup>	3	17201.92	8.11	.000
Intercept	15443987.676	1	15443987.67	7286.94	.000
Gender	22281.901	1	22281.90	10.51	.002*
FS	22922.376	1	22922.37	10.81	.002*
gender * FS	6401.501	1	6401.50	3.02	.088
Error	118686.608	56	2119.40		
Total	15614280.063	60			
Corrected Total	170292.386	59			

\* indicates significance level at 0.05 level

With the help of analysis of variance, it is indicated, that there is a significant difference on quality of life between male and female. There is also a significant difference in quality of life between nuclear and joint family structure with  $p=0.005$ . The interaction effect between gender and family structure shows insignificant differences.

**Table 4: t-test between Male nuclear and Male joint family structure**

QOL	N	Mean	SD	SEM	t
	15	535.83	59.12	15.26	0.933
	15	517.40	48.61	12.55	

In table 4 t value shows that there is no significant difference between male of nuclear and male of joint family structure.

**Table 5: t-test between Female nuclear and Female joint family structure**

QOL	N	Mean	SD	SEM	t
	15	517.95	42.14	10.88	4.522
	15	458.20	29.01	7.49	

In table 5 t value shows that there is no significant difference between female of nuclear and female of joint family structure.

**Table 6: t-test between Male Nuclear and Female nuclear family structure**

QOL	N	Mean	SD	SEM	t
	15	517.40	48.61	12.55	4.050*
	15	458.20	29.01	7.49	

\* indicates significance level at 0.05 level

In table 6 t value (4.050) shows that there is a significant difference between male and female of nuclear family structure.

**Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife**

**Table 7: t-test between Male joint and Female joint family structure**

QOL	N	Mean	SD	SEM	t
	15	535.83	59.12	15.26	0.954
	15	517.95	42.14	10.88	

In table 7 t value shows there is no significant difference between male of joint and female of joint family structure.

**Table 8: t-test between Male nuclear and female joint family structure**

QOL	N	Mean	SD	SEM	t
	15	517.40	48.61	12.55	0.033
	15	517.95	42.14	10.88	

In table 8 t value shows that there is no significant difference between male of nuclear and female of joint family structure.

**Table 9: t-test between Male joint and female nuclear family structure**

QOL	N	Mean	SD	SEM	t
	15	535.83	59.12	15.26	4.565*
	15	458.20	29.01	7.49	

\* Indicates significance level at 0.05 level

In table 9 t value (4.565) shows a significant difference between male of joint and female of nuclear family structure.

## **DISCUSSION**

The results of the study indicate that males have higher Quality of life (M=526.61) than females (M=488.07) in reference to midlife. The results were consistent with study conducted by Lodhi et al. (2019) where females had less QOL than men in physical, psychological and social relationship health domains. The reasons behind less QOL scores in women can be because of different social roles for women despite of the change in the present society where now it is considered that both males and females should share household responsibilities. The individuals with age-group 35-60 years are exposed to a different social context where the responsibilities of household chores along with responsibility of the child was majorly subjected to women. It has been observed that many women belongings to this age group sacrificed their career to shoulder the responsibility of the family as well as supporting their partner's career which in turn sometimes lead to poor psychological health. A significant difference between males and females has been observed on Quality of life in reference to midlife with  $p < 0.05$ . A significant difference was also observed in family structure (viz nuclear family structure and joint family structure) on quality of life in reference to midlife.

The results also suggest that people living in joint family structure have better quality of life than people living in nuclear family structure in reference to midlife. The possible reasons for this result of our study can be that people living in joint family structures have more emotional support, shared responsibilities and shared finances which ultimately leads to a better psychological health and in turn better quality of life. Study conducted by Naz et al. (2014) showed a significant positive correlation between social support and quality of life.

## Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife

Further t-test were conducted to study the intergroup significant differences. It was observed that there was a significant difference between males in nuclear family structure and females in nuclear family structure ( $p < 0.05$ ), males were found to have better quality of life with a mean of  $M = 517.40$  than females who have a mean of  $M = 458.20$ . The probable reason for this is in nuclear family structure male get more time for their hobbies or leisure activities sports or social outing which improves quality of life have more time to spend with friends and family as compared to females who have to look after the children as well as manage home, along with their work-life also neglecting their health due to all the responsibilities. It is also because men can easily balance the work-life as they have less conflicts compared to females who have to take care of domestic as well as professional responsibilities. Males in nuclear family structure have more of financial independency which gives the authority and control over the resources also they have more stable jobs.

The result table no 9 suggests that there is a significant difference between males of joint family structure and females of nuclear family structure with  $p < 0.05$ . Males belonging to joint family structure have better quality of life with a mean of 535.83 than females ( $M = 458.20$ ) in reference to midlife. The possible reasons for higher quality of life in males in joint structure can be because they get higher emotional and mental support from family. The feeling of safety and security is strengthened in a joint family. On the contrary female from nuclear family who are in mid-life have been exposed to different sets of social roles which require them to fulfil all the roles perfectly with less support in every aspect.

The results indicate no significant difference between quality of life in male nuclear and male joint family structure. This could be possible because of the societal roles that males have where is no as such demand of sharing household responsibilities with female partner. There was no significant difference between female nuclear and female joint family structure because females have to manage responsibilities both in work place and household chores as per the societal norms. Many a times failing to fulfil them leads to induced guilt in them by the society. There was no significant difference between male joint and female joint family structure, male nuclear and female joint family structure in reference to midlife.

### CONCLUSION

There was a significant difference in males and females on quality of life, the results suggest that males have better quality of life than females in reference to midlife. Also people living in joint family structure have better quality of life than nuclear family structure in reference to midlife.

#### *Limitations of the study:*

1. The study had a small sample size of  $N = 60$
2. The geographical locale was limited to Rajasthan
3. Some factors like education, traits, health status, vocation might also affect QOL so it may be controlled in the study. There may be lacking clear definition of nuclear and joint family structure as some nuclear family gets support from extended family structure.

#### *Suggestions:*

1. There can be a longitudinal approach to show how quality of life changes in between the transitions to joint and nuclear family structures.

## Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife

2. The future research can emphasize on more of the psychological variables with the quality of life.
3. The variations like urban and rural settings can also be included to better understand the impact of family structure on quality of life.
4. The other factors like education, profession, SES can be used in the research.

### **Implications:**

1. Mental health awareness program can be initiated by Govt. and NGO for the mental health support for individuals of the mid age group who are transitioning between family structures.
2. There should be proposed community-based support groups to enhance the social connectedness for the individuals (male and female) who live in nuclear family structures.
3. The awareness to promote shared responsibilities in joint families as to reduce the gender specific roles which create burden.

### **REFERENCES**

- Avis, N. E., Assmann, S. F., Kravitz, H. M., Ganz, P. A., & Ory, M. (2004). Quality of life in diverse groups of midlife women: assessing the influence of menopause, health status and psychosocial and demographic factors. *Quality of Life Research, 13*, 933-946.
- Campos, A. C. V., e Ferreira, E. F., Vargas, A. M. D., & Albala, C. (2014). Aging, Gender and Quality of Life (AGEQOL) study: factors associated with good quality of life in older Brazilian community-dwelling adults. *Health and quality of life outcomes, 12*, 1-11.
- Groupt, W. H. O. Q. O. L. (1993). assessment instrument (WHOQOL). *Quality of life Research, 2*, 153-159.
- Lee, K. H., Xu, H., & Wu, B. (2020). Gender differences in quality of life among community-dwelling older adults in low-and middle-income countries: results from the Study on global AGEing and adult health (SAGE). *BMC public health, 20*, 1-10.
- Lodhi, F. S., Montazeri, A., Nedjat, S., Mahmoodi, M., Farooq, U., Yaseri, M., Kasaeian, A., & Holakouie-Naieni, K. (2019). Assessing the quality of life among Pakistani general population and their associated factors by using the World Health Organization's quality of life instrument (WHOQOL-BREF): a population based cross-sectional study. *Health and Quality of life Outcomes, 17*, 1-17.
- Lang, K., Alexander, I. M., Simon, J., Sussman, M., Lin, I., Menzin, J., Friedman, M. Dutwin, D., Bushmakin, A.G., Thrift-Perry, M., Altomare, C., & Hsu, M. A. (2015). The impact of multimorbidity on quality of life among midlife women: findings from a US nationally representative survey. *Journal of Women's Health, 24*(5), 374-383.
- Mercier, C., Peladeau, N., & Tempier, R. (1998). Age, gender and quality of life. *Community mental health journal, 34*, 487-500.
- Naz, S., Naz, S., & Gul, S. (2014). Relationship between economic independence, social support and quality of life among elderly people. *Journal of the Indian Academy of Applied Psychology, 40*(2), 255.
- Nedjat, S., Holakouie Naieni, K., Mohammad, K., Majdzadeh, R., & Montazeri, A. (2011). Quality of life among an Iranian general population sample using the World Health Organization's quality of life instrument (WHOQOL-BREF). *International journal of public health, 56*, 55-61.

## Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife

Teoli D, Bhardwaj A. Quality of Life. (Updated 2023 Mar 27). In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK536962/>

WHO definition retrieved from: - <https://www.who.int/tools/whoqol>

### ***Acknowledgment***

The authors would like to express their sincere gratitude to all participants who took part in this study. We also acknowledge the support of Department of Psychology, Mohanlal Sukhadia University, Udaipur and will like to extend our gratitude to faculty members for their valuable guidance and assistance during the research process.

### ***Conflict of Interest***

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

***How to cite this article:*** Oberoi, J. & Singh, R. (2025). Impact of Family Structure (Nuclear and Joint) and Gender (Male and Female) on Quality of Life in Reference to Midlife. *International Journal of Indian Psychology*, 13(3), 3559-3567. DIP:18.01.323.20251303, DOI:10.25215/1303.323