

## Study of Quality of Life as a Function of Gender and Type of Residence in The Elderly

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### ABSTRACT

This study explored the influence of place of residence and gender on the quality of life among the elderly. The sample consisted of 120 elderly people aged 60 to 75 years, residing either in old age homes or in their own homes in Bhopal. Quality of life and its domains were assessed using the World Health Organization Quality of Life BREF (WHOQOL-BREF). MANOVA was employed, followed by univariate analysis to examine domain-specific effects. The findings revealed that overall quality of life was significantly influenced by the place of residence, with elderly individuals living in their own homes reporting a higher quality of life across all domains compared to those residing in old-age homes. In contrast, gender did not show a statistically significant influence on quality of life. The findings are interpreted in light of Activity Theory and Continuity Theory, which emphasise autonomy, social interaction and environmental support as key components of successful ageing. The study highlights the need for ageing-in-place programs and initiatives aimed at enhancing the psychosocial and environmental well-being of the elderly.

**Keywords:** *Quality of Life, Elderly, Place of Residence, WHOQOL-BREF, Ageing*

Quality of Life (QoL), as defined by the World Health Organization is not just a physical health alone but also a consideration of the psychological health of a person, his or her interaction with others in the social setting as well as his or her satisfaction with the surroundings. Cultural traditions and economic disparities of Indians are also determinants of the QoL of older people, and consequently, this makes it a highly important and manifold issue of research. The investigation established that among the ageing populations, various spheres of Quality of Life are problematic, and family type and socioeconomic status were observed to be the main predictors (Kumar et al., 2023). In a localized research study in Kerala regarding the elderly, it was seen that the elderly who could live with his/her family members scored better in psychological and social aspects of life in an institutional care, hence the importance of inter-generational relationships in ensuring Quality of Life (Singh et al., 2024). The study conducted in Telangana suggests that urban elderly reported better Quality of life than rural elderly, and men scored better than females. (Bhagyalaxmi and Lalithakumari, 2024).

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The Indian demographic transition will have almost 319 million individuals above the age of 60 by 2050. The demographic transition in India, which is expected to reach almost 319 million persons over the age of 60 by 2050. The Index on Quality of Life among the Elderly of the Economic Advisory Council (2021) also shows that Rajasthan and Maharashtra score better in quality of life than West Bengal and Telangana. These results indicate that quality of life is not entirely a matter of health, but it consists of entrenched interactions of culture, family systems, and policies. A study conducted in Haripur district, Pakistan (Khan and Shahbaz (2018), revealed that older adults in nuclear families reported higher levels of loneliness than older adults in joint families.

Bhopal is growing fast. Both joint families and nuclear families live here, which makes it an appropriate location to research elderly people. As there is a growing trend towards the nuclear family, there is a shift in family structure. Now, some elderly people are residing with families, while others are in old-age homes. This transformation influences the quality of their life.

The current research aims to assess the role of living conditions and gender roles in determining the QoL of the elderly population based on a mixed-methods research design, which will include interviews and questionnaires.

### **Objectives:**

1. To find out the level of difference in the quality of life of male and female elderly people in relation to the domains of the WHOQOL.
2. To compare the quality of life of elderly individuals living at home and in old-age homes
3. To examine the interaction of gender and place of residence on different domains of quality of life among the elderly

### **Hypotheses:**

1. Female elderly individuals are expected to report a higher quality of life across all domains than males
2. Elderly individuals living at home are expected to report a higher overall quality of life than those residing in old-age homes
3. Gender and place of residence will interact significantly in influencing the quality of life among elderly individuals

## **METHODOLOGY**

This research is carried out in Bhopal. A sample size of 120 old people aged 60-75 years was taken, comprising 60 old age home residents (30 male and 30 female) and 60 participants in their residential homes (30 male, 30 female). All of them were eligible by their inclusion criteria of being at least at their secondary level of education and demonstrating cognitive competence. The sample was collected using a convenience sampling technique. Ethics Committee approval and Informed consent were obtained before the start of the study. After data screening, cases with incomplete responses were excluded from multivariate analysis.

The quality of life was measured using the World Health Organisation Quality of Life-BREF (WHOQOL-BREF) tool. It is a self-report instrument to determine how people subjectively assess their quality of life in terms of their cultural and value frameworks. The number of items in this instrument measures 26, of which two items measure overall quality

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of life and general health, whereas the remaining 24 items measure four key areas of quality of life, namely: Physical Health, Psychological Health, Social relationships and Environment. It will use a 5-point Likert scale in rating items. Along with this tool, demographic details were also collected.

### RESULT

Table 1 shows that the multivariate analysis of variance (MANOVA) had a statistically significant multivariate effect of residency on quality of life under the domains of WHOQOL-BREF (Pillai Trace =0.153,  $F(4, 87) = 3.788$ ,  $p = 0.007$ ). These findings indicate that there is a great variation in the total quality-of-life scores between older adults who are staying in their own homes and those who live in old-age homes when all domains are compared together. In contrast, gender as a multivariate effect was non-significant (Trace = 0.035 by Pillai,  $F(4, 87) = 0.770$ ,  $p = 0.548$ ), which means that male and female participants did not differ significantly in overall quality of life among domains.

Table 2 indicates that there were differences in mean domain scores between the two groups (residence and gender). Although there is no gender difference, higher quality of life scores were reported in various domains by participants living at home as compared to those in the old-age homes.

The qualitative responses show clear variations between the elderly who were living in homes and those who were living in old-age homes. The home residents noted more autonomy and independence. They have associated the home environment with familiarity, the continuity of antecedent social roles, and emotional security. Respondents also recorded a significant percentage of regular connection with their family members, neighbours, and communities, which describes these ties as the major source of support and sense of belonging. Findings align with the study conducted in Odisha (Antony et al., 2024), which states that recreational activity, elder abuse, education, and employment significantly affected all QoL domains. Conversely, older people in old age homes often recounted the loss of autonomy. Although they recognized the advantages provided by security measures, regular meals, and constant medical care. Though most of them felt lonely and neglected. The social relationships in the old-age home were also seen to be friendly, but not a substitute for family relationships.

**Table 1 Multivariate Analysis of Variance (MANOVA)**

Effect	Test	Value	F (df1, df2)	p
<b>Residence type</b>	Pillai's Trace	0.153	$F(4, 87) = 3.78$	0.007
	Wilks' lambda	0.847	$F(4, 87) = 3.78$	0.007
	Hotelling's Trace	0.181	$F(4, 87) = 3.78$	0.007
	Roy's largest root	0.181	$F(1, 90) = 7.86$	0.006
<b>Gender</b>	Pillai's Trace	0.035	$F(4, 87) = 0.77$	0.548
	Wilks' Lambda	0.965	$F(4, 87) = 0.77$	0.548
	Hotelling's Trace	0.036	$F(4, 87) = 0.77$	0.548
	Roy's Largest Root	0.036	$F(1, 90) = 0.87$	0.351

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*Table 2 Descriptive statistics*

Residence	Gender	N	Physical (M, SD)	Psychological (M, SD)	Social (M, SD)	Environment (M, SD)
Home	Male	30	7.67, 1.31	7.74, 1.43	7.67, 1.31	7.74,1.43
Old-age home	Male	30	6.53, 2.30	6.69, 2.31	6.53, 2.30	6.69, 2.31
Home	Female	30	7.74, 1.43	7.67, 1.31	7.74, 1.43	7.67, 1.31
Old-age home	Female	30	6.69, 2.31	6.53, 2.30	6.69, 2.31	6.53, 2.30

### DISCUSSION

The current research examined the impact of the place of residence and gender on the quality of life among the elderly. The results showed that elderly people living in homes expressed a higher quality of life with respect to physical, psychological, social, and environmental aspects as opposed to those in old-age homes. The first hypothesis was not supported, as gender did not emerge as a statistically significant predictor of quality of life, implying that place of residence produces a more significant impact than sex differences. The results align with the Activity Theory that assumes that maintaining a role and activity that has significance adds to the improvement of the quality of life in old age.

The findings are also consistent with Continuity Theory, which postulates that older adults adjust better when they are able to maintain the same patterns in life. Results also align with the study conducted in the most backward area of India, Nagina, a rural district, where nearly one-half of the elderly reported poor QoL in the domain of physical health. Older age, male sex, schooling, no spouse, low income, and chronic disease were also found to be independently related to poorer QoL (Singh et al.,2022). The Sociodemographic factors, such as employment, substance use, elder abuse, adverse life events, and poverty, were identified as significant determinants of global QoL. (Antony et al., 2024),

Old age homes tend to have schedules, common areas and limited privacy and reliance on staff, which may surpass the desired levels of control of an older person. In comparison, living at home generally provides more options, familiarity and flexibility, and hence is associated with a higher quality of life. In the Indian sociocultural environment, living in your own house is closely related to dignity, family affiliation and intergenerational relationships. Old-age home placement can be interpreted as rejection or marginalisation. The ones who stay at home are constantly busy with children and grandchildren and community networks, acquiring emotional and practical assistance in support of the quality of life.

### CONCLUSION

The study concludes that residence is a key determinant of quality of life in old age, but gender is not. The elderly living in their residences are associated with increased quality of life scores in all areas when compared to the elderly residing in old-age homes. The results show that family, relationships and interactions play a major role in a person's life as they age.

### **Limitations**

This study provides valuable insight into the quality of life of the elderly, but there are certain limitations, such as only two variables were used in the study, including factors like marital status, physical health, and socioeconomic status, which might affect the results. Also, there was a general limitation in the depth of thematic interpretation as qualitative responses were short and not audio-recorded verbatim.

### **Implications and Applications**

The results highlight the importance of a number of practice, policy, and research implications. The findings recommend the reinforcement of family and community support systems that can help the elderly stay in their homes as long as possible. In the case of the residents of old-age homes, we should create space that ensures choice, autonomy, and meaningful social interaction, as opposed to focusing on physical care only. The findings can be used by policymakers to implement programs, such as hobby groups, decision-making committees, and culturally relevant activities, as well as the prospect of long-term role engagement.

## **REFERENCES**

- Amit Kapoor. (2021). *Quality of Life for Elderly Index assesses well-being of India's ageing population – Institute for Competitiveness*. <https://competitiveness.in/quality-of-life-for-elderly-index-assesses-well-being-of-indias-ageing-population/>
- Antony, A., Parida, S. P., Behera, P., Padhy, S. K., & Bhatia, V. (2024). The Quality of Life of Older Adults in Rural Eastern India and Its Influencing Factors: A Cross-Sectional Study. *Cureus*, 16(2), e55246. <https://doi.org/10.7759/cureus.55246>
- Bhagyalaxmi, Prof. I.V. Lalithakumari (2025); A Review on Perceived Quality of Life among Elderly in India, *International Journal of Research Culture Society*, ISSN(O): 2456-6683, Volume – 9, Issue – 5, Pp.121-127.
- K, A., & S, K. (2018). Levels of Loneliness and Family Structure among Geriatrics. *Journal of Forensic Psychology*, 03(01). <https://doi.org/10.4172/2475-319x.1000135>
- Kumar, S., Majumdar, S., & Mukherjee, M., Paul, A., (2023). Quality of life among geriatric population in a rural area of West Bengal: A cross-sectional study. *Journal of the Indian Academy of Geriatrics*, 19(2), 99. [https://doi.org/10.4103/jiag.jiag\\_11\\_23](https://doi.org/10.4103/jiag.jiag_11_23)
- NITI Aayog, Gopal, K. M., Mukherjee, R., Kumar, S., Hazra, S., IPE Global, Sinha, A., Joshi, D., & Sikka, H. (2024). Senior care reforms in India - Reimagining the Senior care Paradigm: A Position paper. In *NITI Aayog*. NITI Aayog Government of India, Sansad Marg, New Delhi–110001, India. [https://www.niti.gov.in/sites/default/files/2024-02/Senior%20Care%20Reforms%20in%20India%20final%20for%20website\\_compressed.pdf](https://www.niti.gov.in/sites/default/files/2024-02/Senior%20Care%20Reforms%20in%20India%20final%20for%20website_compressed.pdf)
- Singh, Abhishek & Gupta, Vikas & Palaniyandi, Anitha & Palaniyandi, Subramani. (2022). Health related quality of life among rural elderly using WHOQOL-BREF in the most backward district of India. *Journal of Family Medicine and Primary Care*. 11. 1162-8. [10.4103/jfmpc.jfmpc\\_1073\\_21](https://doi.org/10.4103/jfmpc.jfmpc_1073_21).
- Singh, R., Singh, P., Singh, R., Singh, H. (2024). Quality of life of elderly in old age home and in the community. *Journal of Preventive Medicine and Holistic Health*, 10(1), 24-27. <https://doi.org/10.18231/j.jpmmh.2024.007>
- WHOQOL. (2012, March 1). <https://www.who.int/tools/whoqol>

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

The author(s) declared no conflict of interest.

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