

# Structural analysis of the 'becoming component' of quality of life and vulnerability of elderly females under varying support systems

Sarita Saini and Sushma Jaswal

Department of Human Development, College of Home Science, PAU, Ludhiana

A study was undertaken to assess gender differentials in the 'Becoming Component' of the Quality of Life of elderly (65 years & above) living in various types of support systems. 'Becoming Component' refers to the things one does in his life that define him and is known to impact the Quality of Life of an individual. The study comprised a sample of 400 subjects from Ludhiana city, equally drawn from four support systems viz. elderly living with sons, living with daughters, living alone, and living in institutions. The sample was further divided over the two sexes. A Quality of Life Profile, senior's version prepared and published by Quality of Life Research Unit, University of Toronto, Canada (2000) was administered to measure the 'Becoming Component' of Quality of Life (QOL) of the subjects across various support systems. The 'Becoming Component' of the QOL was studied under three dimensions viz. 'Practical Becoming' concerning practical and purposeful activities in one's life, 'Leisure Becoming' relating to fun and enjoyment, and 'Growth Becoming' referring to adjustments to life's changes and self improvements. The study revealed that there were significant gender differentials across different dimensions of the 'Becoming Component' of the QOL of aged living across different support systems. It was found that very few elderly females compared to males were enjoying 'Very Good Quality of life' with respect to the 'Becoming Component'. It was true across all dimensions of the 'Becoming Component' of QOL and varying support systems. The results revealed that 'Practical Becoming and Leisure Becoming' dimensions were significantly weaker for females living across all support systems except those 'living with sons'. However, the 'Growth Becoming' was found to be significantly weaker for females 'living alone or in institutions'. Comparatively, the picture was far more encouraging for the male counterparts.

Keywords: quality of life (QOL), becoming component of QOL, support systems, elderly females

Quality of Life is the amount of satisfaction a person derives from his daily life. It is the degree of excellence of one's life that contributes to satisfaction and health. Quality of life of an individual is affected by a number of positive and negative life events which may be related either to his family, society, community or his own personal life.

The 21st century is a period of ageing. The ageing of population is a worldwide phenomena, a consequence of lengthening life expectancy and decreasing fertility. The number is growing fast in developing nations. In India the proportion of older persons has risen from 4.9% in 1901 to 5.5% in 1951, 6.5% in 1991, 7.7% in 2001 and will be 12% in 2025 (Kumar, 2003). As per UN projections, the elderly will grow to 168.5 million by 2025. Unless properly planned, not only to take care of them, but also to engage them in a constructive way, it might be a big problem for the world as the dependency ratio of the population will also increase (Pankajam 2004).

But this increase in life expectancy will not be a qualified success until adequate provision for the care of the elderly is made. Ageing implies a greater increment in the number of elderly women, 55% of the world's elderly are women. The demographic shift toward elder women population, need to focus attention on their physical and psychosocial well-being. At present, the elderly often suffer abuse and, as in any group, women suffer worse than men (Karkal, 1999).

Jamuna and Rammurthy (1987) as well as Jaiprakash and Murthy (1997) considered health status, education, life style, family relationship and social class, as some of the major affecting factors in the lives of women. Chadha and Bhatia (2005) concluded that old people in the affluent society suffer from isolation because they cannot look to their grown up children for the psychological support.

Also, Chanana (2001) observed that women often suppress their need of autonomy, neglect their health and fail to equip with skills, competence and self-confidence. Life style factors have a greater psychological impact than genetics, which increase longevity, delay illness and improve the quality of life. Against this backdrop the study envisaged the following objectives:

## *Objectives of the study*

- To examine gender differentials in the 'Becoming' component of Quality of Life of the elderly across varying support systems.
- To assess gender differentials in the Quality of Life of elderly across different dimensions of the 'Becoming component' and varying support systems.

## **Method**

### *Participants*

The study was conducted in Ludhiana city. The sample from varying support systems included such aged subjects who satisfied the inclusion criteria of being 65 years and above in age, living under a given support system for at least one year and supporting families also resided in Ludhiana city. The sample for the study comprised 400 subjects, equally drawn from four support systems, viz. those "Living with sons" (100), those "Living with daughters" (100) those "Living alone" (100) and those "Living in institution" (100). The sample drawn from each support system was equally distributed over the two sexes viz. male and female.

### *Instruments*

The major objective of the study was to analyze the 'Becoming' component of the Quality of Life (QOL) of elderly across varying Support Systems. For this the Quality of Life Profile, Seniors

version(2000) developed by the Quality of Life Research Unit, Centre for Health Promotion, University of Toronto, Canada was administered to investigate the 'Becoming' component of QOL and its dimensions. However, a general information schedule to tap background information of the respondents was developed and attached to the Quality of Life Profile. This Quality of Life approach recognizes that there are three different components of living that contribute to Quality of Life of an individual. These are Being, Belonging and Becoming. Each of these components further has three dimensions. Thus, there are nine specific dimensions / areas that are an integral part of the lives of all individuals. All these need to be well thought-out to evaluate an individual's QOL. 'Being component' is comprised of Physical, Psychological and Spiritual dimension, 'Belonging component' has Physical, Social and Community dimension and the 'Becoming component' has Practical, Leisure and Growth dimension.

**Results and Discussion**

The 'Becoming' component of QOL refers to the things one does in his life that define him. It further envelops three dimensions that are, Practical Becoming, Leisure Becoming and Growth Becoming. The forthcoming tables, therefore, present a comparative picture with respect to the contribution of 'Becoming component' and its dimensions towards the Quality of Life of the aged across different support systems.

*Practical Becoming:* It concerns with the practical, purposeful activities in one's life. Important aspects of practical becoming include work around home, helping other people to do things, looking after one's own affairs, looking after other people and seeking out services helpful to one self.

*Leisure Becoming :* It involves things done for fun and enjoyment. Important aspects are activities such as a stroll through a neighbourhood park, a visit with family or friends, reading, watching TV, engaging in a hobby, and going to a movie or to the theatre.

*Growth Becoming:* Growth becoming refers to adjusting to life's changes and improving oneself. Important aspects include learning about new things, improving or maintaining physical and mental skills, solving problems, trying out new activities and ideas, and adjusting to changes in one's life.

Table 1 presents the gender differences in the 'Becoming component' of Quality of Life (QOL) of the aged living under different

support systems. The analysis of the data presented for the aged "Living with sons", reveals significant differences only in the 'Very Good' category of 'Becoming' component of Quality of Life. More number of males were found to enjoy 'Very Good' Quality of Life in relation to the Becoming component (8%) of QOL. For this support system the significant differences were observed only for the 'Very Good' category of the 'Becoming' component of Quality of Life, where the males scored higher than the females. For the other categories, the scores of males and females were comparable and the differences were statistically non-significant.

For the aged 'living with daughters'significant differences were observed only for the 'Very Good category' of the Becoming component of Quality of Life, where the males scored higher than the females. For the other categories the scores of males and females were comparable and the differences were statistically non-significant.

As regards the aged "Living alone", significant differences were observed in the 'Adequate' category of 'Becoming component' of Quality of Life. In 'Adequate' category of 'Becoming component', the males out-classed the females, whereas in the 'Problematic' and 'Very Problematic' category, the trends were reversed and the females out-numbered the males. For 'Very Good' and 'Acceptable' category the differences in the scores of males and females were found to be statistically non-significant.

For the aged "Living in institutions", the scores varied significantly for the males and females pertaining to Becoming component of Quality of Life. Becoming component also manifested more number of males than females clustered in the 'Adequate' category (42%) with fewer scattered in other categories. However, majority of the females (48%) were seen in the 'Problematic' category of 'Becoming' component of QOL. Thus, it emerges from an overview of Table 1, that the gender differentials were more pronounced in the two support systems, viz. aged 'Living alone' and aged 'Living in institutions'. Males and females in the other two support systems, viz., aged 'Living with sons or with daughters' did not exhibit statistically significant differences in the scores.

*Dimensions of 'Becoming' component of QOL*

To identify the dimensions which enriched or debilitated the 'Becoming component' of

Table 1: Gender differences in the 'Becoming component' of Quality of Life (QOL) of the aged living under different support systems (N=400)

S.N.	Category of QOL component	Range of scores	Becoming Component											
			Living with Sons			Living with Daughters			Living Alone			Living in Institutions		
			Male (N=50)	Female (N=50)	Z value (M/F)	Male (N=50)	Female (N=50)	Z value (M/F)	Male (N=50)	Female (N=50)	Z value (M/F)	Male (N=50)	Female (N=50)	Z value (M/F)
1.	Very good	> 1.50	4 (8.00)	0 (0.00)	+2.04*	4 (8.00)	0 (0.00)	+2.04*	6 (12.00)	3 (6.00)	+1.04	0 (0.00)	3 (6.00)	1.75
2.	Acceptable	1.50 to 0.51	24 (48.00)	16 (32.00)	+1.63	24 (48.00)	16 (32.00)	+1.63	20 (40.00)	19 (38.00)	+0.20	13 (26.00)	6 (12.00)	1.78
3.	Adequate	0.50 to -0.50	22 (44.00)	31 (62.00)	-1.80	22 (44.00)	31 (62.00)	-1.80	22 (44.00)	12 (24.00)	+2.11*	21 (42.00)	11 (22.00)	2.14*
4.	Problematic	-0.51 to -1.50	0 (0.00)	2 (4.00)	-1.42	0 (0.00)	2 (4.00)	-1.42	2 (4.00)	15 (30.00)	-3.46*	14 (28.00)	24 (48.00)	2.06*
5.	Very problematic	< -1.50	0 (0.00)	1 (2.00)	-1.00	0 (0.00)	1 (2.00)	-1.00	0 (0.00)	1 (2.00)	-1.00	2 (4.00)	6 (12.00)	1.47

Figures in parentheses indicate the percentage \*significant at 5 percent level

Quality of Life of the aged in different support systems, an in-depth analysis of the dimensions of 'Becoming component' of QOL as per gender was attempted and the results are presented in Tables 2 through 4.

Table 2 depicts the gender differentials in the 'Practical Becoming', dimension of the 'Becoming component' of QOL across various support systems. The gender differences were moderately discernible in 'Practical Becoming' dimension (Table 2).

In the aged 'Living with daughters', males surpassed females in the Acceptable category of Quality of Life, whereas females prominently figured in the Negative domain of Practical Becoming dimension of Quality of Life. In the case of the aged 'Living alone', females showed up more prominently in the Problematic/Negative category of Quality of Life. For the aged 'Living in institutions', while the males dominated in the Adequate/Borderline category of the 'Practical Becoming', the females manifested more in the Negative domain of Quality of Life.

For the aged 'Living in institutions', while the males dominated in the Adequate/Borderline category of the 'Practical Becoming' dimension, the females manifested more in the Negative domain of Quality of Life in all the three dimensions. For the aged "Living in institutions", while the males dominated in the Adequate/Borderline category of the 'Practical Becoming' dimension, the females manifested more in the Negative domain of Quality of Life.

The 'Leisure Becoming' dimension of the Becoming component was found to display pervasive gender differentials enveloping all the support systems (Table 3). The results revealed that in case of the aged "Living with sons", more number of males than females enjoyed Very Good Quality of Life (QOL) with respect to the Leisure Becoming and the Growth Becoming dimension of Quality of Life.

Similarly, in the aged "Living with daughters", males surpassed females in the Acceptable category of Quality of Life, whereas females prominently figured in the Negative domain of the Leisure Becoming dimension of Quality of Life. In the case of the aged "Living alone", the proportion of the males was distinctly higher in the Adequate/Borderline category of 'Leisure Becoming' dimension, while the females showed up more prominently in the Problematic/Negative category of Quality of Life. For the aged "Living in institutions", while the males dominated in the Adequate/Borderline category of the 'Leisure Becoming' dimension, the females manifested more in the Negative domain of Quality of Life.

The gender differences were moderately discernible in 'Growth Becoming' dimension (Table 4) of all the support systems. The results revealed that in case of the aged "Living with sons", more number of males than females enjoyed Very Good Quality of Life (QOL) with respect to the 'Growth Becoming' dimension of Quality of Life. However, in case of the aged "Living with daughters", gender differences were insignificant in the 'Growth Becoming' dimension of QOL.

In case of the aged 'Living alone', females showed up more prominently in the Problematic/Negative category of Quality of Life. Similarly, for the aged "Living in institutions", while the males dominated in the Adequate/Borderline category of the QOL the females manifested more in the Negative domain of Quality of Life.

However, the perusal of the Tables 2 through 4 revealed that the gender differentials were more distinct in the aged "Living alone" and the aged "Living in institutions" as compared to the aged "Living with sons" or "Living with daughters", where these differences were subtle.

Table 2: Gender differentials in the 'Practical Becoming' dimension of 'BECOMING' component of Quality of Life (QOL) of the aged from the four support systems

S.N.	Support system	Category of Quality of Life/Range of Scores	Practical Becoming				Z value (Male-Female)
			Male (n=50)		Female (n=50)		
			F	%age	f	%age	
1.	Living with sons (N=100)	Very good (> 1.50)	7	14.00	6	12.00	+0.30
		Acceptable (1.50 to 0.51)	30	60.00	23	46.00	+1.40
		Adequate (0.50 to -0.50)	13	26.00	17	34.00	-0.87
		Problematic (-0.51 to -1.50)	0	0.00	3	6.00	-1.76
		Very problematic (< -1.50)	0	0.00	1	2.00	-1.01
2.	Living with daughters (N=100)	Very good (> 1.50)	3	6.00	4	8.00	-0.39
		Acceptable (1.50 to 0.51)	26	52.00	16	32.00	+2.03*
		Adequate (0.50 to -0.50)	6	12.00	10	20.00	-1.09
		Problematic (-0.51 to -1.50)	14	28.00	13	26.00	+0.23
3.	Living alone (N=100)	Very good (> 1.50)	8	16.00	3	6.00	+1.60
		Acceptable (1.50 to 0.51)	29	58.00	22	44.00	+1.40
		Adequate (0.50 to -0.50)	11	22.00	9	18.00	+0.50
		Problematic (-0.51 to -1.50)	2	4.00	10	20.00	-2.46*
4.	Living in institutions (N=100)	Very good (> 1.50)	1	2.00	3	6.00	-1.02
		Acceptable (1.50 to 0.51)	11	22.00	9	18.00	+0.50
		Adequate (0.50 to -0.50)	26	52.00	11	22.00	+3.11*
		Problematic (-0.51 to -1.50)	11	22.00	26	52.00	-3.11*
		Very problematic (< -1.50)	1	2.00	1	2.00	=0.00

\*significant at 5 percent level

Table 3: Gender differentials in the 'Leisure Becoming' dimension of 'BECOMING' component of Quality of Life (QOL) of the aged from the four support systems

S.N.	Support system	Category of Quality of Life/Range of Scores	Leisure Becoming				Z value (Male-Female)
			Male (n=50)		Female (n=50)		
			F	%age	f	%age	
1.	Living with sons (N=100)	Very good (> 1.50)	3	6.00	0	0.00	+1.76
		Acceptable (1.50 to 0.51)	21	42.00	9	18.00	+2.62*1
		Adequate (0.50 to -0.50)	20	40.00	29	58.00	-1.80
		Problematic (-0.51 to -1.50)	6	12.00	11	22.00	-1.33
		Very problematic (< -1.50)	0	0.00	1	2.00	-1.01
2.	Living with daughters (N=100)	Very good (> 1.50)	0	0.00	1	2.00	-1.01
		Acceptable (1.50 to 0.51)	16	32.00	7	14.00	+2.14*
		Adequate (0.50 to -0.50)	20	40.00	19	38.00	+0.21
		Problematic (-0.51 to -1.50)	12	24.00	9	18.00	+0.74
		Very problematic (< -1.50)	2	4.00	14	28.00	-3.27*
3.	Living alone (N=100)	Very good (> 1.50)	8	16.00	3	6.00	+1.60
		Acceptable (1.50 to 0.51)	28	56.00	25	50.00	+0.60
		Adequate (0.50 to -0.50)	14	28.00	6	12.00	+2.00*
		Problematic (-0.51 to -1.50)	0	0.00	15	30.00	-4.20*
		Very problematic (< -1.50)	0	0.00	1	2.00	-1.01
4.	Living in institutions (N=100)	Very good (> 1.50)	1	2.00	2	4.00	-0.59
		Acceptable (1.50 to 0.51)	9	18.00	5	10.00	+1.15
		Adequate (0.50 to -0.50)	22	44.00	11	22.00	+2.34*
		Problematic (-0.51 to -1.50)	13	26.00	18	36.00	-1.08
		Very problematic (< -1.50)	5	10.00	14	28.00	-2.29*

\*significant at 5 percent level

Table 4: Gender differentials in the 'Growth Becoming' dimension of 'BECOMING' component of Quality of Life (QOL) of the aged from the four support systems

S.N.	Support system	Category of Quality of Life/Range of Scores	Growth Becoming				Z value (Male-Female)
			Male (n=50)		Female (n=50)		
			F	%age	f	%age	
1.	Living with sons (N=100)	Very good (> 1.50)	5	10.00	0	0.00	+2.29*
		Acceptable (1.50 to 0.51)	23	46.00	15	30.00	+1.65
		Adequate (0.50 to -0.50)	16	32.00	25	50.00	-1.83
		Problematic (-0.51 to -1.50)	6	12.00	9	18.00	-0.84
		Very problematic (< -1.50)	0	0.00	1	2.00	-1.01
2.	Living with daughters (N=100)	Very good (> 1.50)	2	4.00	0	0.00	+1.43
		Acceptable (1.50 to 0.51)	16	32.00	12	24.00	+0.89
		Adequate (0.50 to -0.50)	17	34.00	19	38.00	-0.42
		Problematic (-0.51 to -1.50)	10	20.00	15	30.00	-1.16
		Very problematic (< -1.50)	5	10.00	4	8.00	+0.35
3.	Living alone (N=100)	Very good (> 1.50)	4	8.00	3	6.00	+0.39
		Acceptable (1.50 to 0.51)	19	38.00	13	26.00	+1.29
		Adequate (0.50 to -0.50)	17	34.00	18	36.00	-0.21
		Problematic (-0.51 to -1.50)	10	20.00	12	24.00	-0.48
		Very problematic (< -1.50)	0	0.00	4	8.00	-2.04*
4.	Living in institutions (N=100)	Very good (> 1.50)	1	2.00	3	6.00	-1.02
		Acceptable (1.50 to 0.51)	15	30.00	7	14.00	+1.93
		Adequate (0.50 to -0.50)	22	44.00	16	32.00	+1.24
		Problematic (-0.51 to -1.50)	8	16.00	11	22.00	-0.76
		Very problematic (< -1.50)	4	8.00	13	26.00	-2.40*

\*significant at 5 percent level

## Conclusion

Indian society is moving towards industrialized urban society where changes are causing adverse effects on psychological wellbeing of

aged women. The forecast for ageing population is that, more than ever before, aged adults will be physically, cognitively, psychologically and socially healthy. Rowe and Kohn (1998) proposed three components of successful ageing; (a) avoiding disease, (b) engagement

with life, and (c) maintaining high cognitive and physical function. Dhillon and Singh (2004) found predictors of women health are adjustment followed by social support, leisure activities and stress experienced in life. Thus, one of the best steps is to conserve energy, maintain health and preserve a high quality of life to get moving and remain productive. Therefore, the society should foster a social environment that promotes respect and care for the silver population of the country which is the reservoir of the traditions, knowledge and experience. The younger generation can progress by harnessing this abounding source of knowledge and experience.

### References

- Chadha, N. K. & Bhatia, S. (2005). Quality of life among aged. *Indian Journal of Psychology*, 58, 15-21.
- Chanana, K. (2001). *Social change or Social Reform, Women, Education and Family in pre-independence India*. Colorado: Western Press, pp 84-112.
- Dhillon, P. K. & Singh, S. (2004). *Predictors of Health and well being of Women retirees*. National Seminar. D.E.I. Deemed University, Agra.
- Jaiprakash, I. & Murthy, V. N. (1997). Psychiatric Morbidity and Menopause. *Indian Journal of Psychiatry*. 23: 242-246.
- Jamuna, D. & Rammurthy, P. V. (1987). Age adjustment and Husband Wife communication of middle aged and older women. *Journal of Psychological Researches*. 28: 145-147.
- Karkal, M. (1999). Ageing and Women in India. *Economic and Political Weekly* (Oct. 30 - Nov. 5, 1999). 34(44): 54-56.
- Kumar, V. (2003). In: Shah, S.N. (Ed.) *Geriatric Medicine in API Textbook of Medicine*. Mumbai, API, pp: 1459-1462.
- Mathur, M. (2009). Depression and Life Style in Indian Ageing Women. *Journal of the Indian Academy of Applied Psychology*. 35(1): 73-77.
- Pankajam, G. (2004). Are we aged friendly? *Social Welfare*. 51(7):7-10.
- Rowe, J. W., & Kohn, R. L. (1998). *Successful Ageing*. New York, Pantheon.