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RESEARCH ARTICLE

SOCIODEMOGRAPHIC CORRELATES OF QUALITY OF LIFE

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ABSTRACT

Quality of life (QOL) is a vague concept. It is multidimensional and theoretical in nature. It incorporates all aspects of individual's life. The main aim of the present study is to explore the sociodemographic correlates (i.e. gender, marital status, socioeconomic status, religion, educational status and social support) of quality of life. The World Health Organization Quality of Life Questionnaire, short version (WHOQOL-BREF) was administered to 100 adults. WHOQOL-BREF comprised of four domains i.e., physical health, psychological health, social relationships and environmental domain. Independent t-test was used to analyze the data. Result indicated that male (29) and female (71) subjects did not significantly differing on overall QOL. Significant differences were found between married (31) and unmarried (69) people on overall QOL as well as all the four domains (physical health, psychological health, social relationships and environmental domain) of WHOQOL-BREF. Significant differences were found between higher socioeconomic status (59) and lower socioeconomic status (41) subjects, and Muslim (87) and Hindu (13) on overall QOL and its three domains (physical health, psychological health, and environmental). Literate (45) and Non-literate (55) subjects differed significantly on physical health and Environmental domain. Significant difference was found between low social support group (51) and high social support group (49) only on psychological health domain.

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INTRODUCTION

In the today's developed world, with the emphasis on prosperity and with the increasing longevity of populations, there is a general curiosity in how to achieve the 'goodness' of life, sometimes called life satisfaction or quality of life. But what quality of life is? Although the term "quality of life" is relatively recent, the concept of public happiness has been popular at various periods throughout history. Dictionary definitions of quality indicate that it implies the degree of excellence of a characteristic. But the quality of life may mean different things to different people. Little is known about the exact origin of the term "quality of life"; however, McCall (1975) suggested that popular usage seems to date back to 1961 when the phrase was used in a speech given by President Lyndon Johnson. Although originally the term was used most often in conjunction with such concerns as environmental pollution or urban decline, the context within which it is now used is much broader. The quality of life is the degree to which the experience of an individual's life satisfies that individual's wants and needs (both physical and psychological).

Further defines objective quality of life (QOL) as the degree to which specified standards of living are met by the objectively verifiable conditions, activities, and activity consequences of an individual's life and subjective quality of life (SQL) as a set of affective beliefs directed toward one's life.

Quality of life is an amorphous concept that has a usage across many disciplines – geography, literature, philosophy, health economics, advertising, health promotion and the medical and social sciences (e.g. sociology and psychology). It is also a vague concept; it is multidimensional and theoretically incorporates all aspects of an individual's life. But recently it has been define as Quality of life is a compound variable that is affected by several variables. Changing in living conditions, health, environmental, psychological stress, family happiness, leisure, social relationship and other variables' determined the quality of life and its changes (Ali *et al.*, 2011; Farzianpour *et al.*, 2013). The World Health Organization (WHO) defines quality of life as, individual perception if their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns (Awan *et al.*, 2011). In social researches there are several meanings of the term 'quality of life' which range from individual fulfillment and satisfaction with life – the satisfaction of basic human needs, the ability to lead a 'normal'

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life – to the quality of the external environment (Edlund and Tancredi, 1985; Fowlie and Berkeley, 1987; Rogerson, Findlay, Morris, and Coombes, 1989). In simple words it has been defined as the ‘output’ of the inputs of the physical and the spiritual (Liu, 1974) as the degree to which a person accomplishes life goals (Cella and Cherin, 1987) and even quantified crudely as a formula in which quality of life (QL) is a product of one’s natural endowment (NE) and the effort made on one’s behalf by the family (H) and society (S), such that $QL = NE * H * S$ (Shaw, 1977). In a nutshell, the perception and achievement of quality of life is dependent on an individual’s preferences and priorities in life. The meaning of the concept of quality of life is thus arguably dependent on the user of the term, their understanding of it and their position and agenda in the social and political structure (Edlund & Tancredi, 1985). Adequate measurement should therefore reflect these elements and be preference weighted (Diamond & Becker, 1999).

Research Objectives

The aim of the present study is to explore the sociodemographic correlates (i.e. gender, marital status, socioeconomic status, religion, educational status and social support) of quality of life. Therefore, following objectives were made:

1. To examine the difference between male and female on physical health, psychological health, social relationship and environmental health and overall quality of life.
2. To examine the difference between married and unmarried on physical health, psychological health, social relationship and environmental health and overall quality of life.
3. To examine the difference between lower socioeconomic status group and higher socioeconomic status group on physical health, psychological health, social relationship and environmental health and overall quality of life.
4. To examine the difference between Muslim and Hindu on physical health, psychological health, social relationship and environmental health and overall quality of life.
5. To examine the difference between literate and non-literate on physical health, psychological health, social relationship and environmental health and overall quality of life.
6. To examine the difference between low social support group and low social support group on physical health, psychological health, social relationship and environmental health and overall quality of life.

Research Hypotheses

The following hypotheses has been laid down for the present study

1. There will be no differences between male and female on physical health, psychological health, social relationship and environmental health and overall quality of life.
2. There will be no differences between married and unmarried on physical health, psychological health, social relationship and environmental health and overall quality of life.
3. There will be no differences between lower socioeconomic status group and higher socioeconomic status group on physical health, psychological health, social relationship and environmental health and overall quality of life.

4. There will be no differences between Muslim and Hindu on physical health, psychological health, social relationship and environmental health and overall quality of life.
5. There will be no differences between Literate and non-literate on physical health, psychological health, social relationship and environmental health and overall quality of life.
6. There will be no differences between low social support group and high social support group on physical health, psychological health, social relationship and environmental health and overall quality of life.

Method

Participants

The participants for the present study consisted of 100 adults from Aligarh city. The sample was divided in terms of the variable of *gender*, i.e., males (29) and females (71), *marital status*, i.e., married (31) and unmarried (69), *socioeconomic status*, i.e., lower socioeconomic status group (41) and higher socioeconomic status group (59), *religion*, i.e., Muslim (87) and Hindu (13), *educational status*, i.e., literate (45) and non-literate (55) and social support, i.e., between low social support group (51) and high social support group (49).

MEASURE

World Health Organization Quality Of Life (WHOQOL-BREF)

World Health Organization quality of life questionnaire-short version (WHOQOL-BREF) of the WHOQOL-100 SCALE was used. This questionnaire contains 26 items (The WHOQOL Group, 1998a; 1998b) which contains four specific domains as follows: Physical Health (seven items), Psychological well-being (eight items), Social relationships (three items) and Environmental domain (eight items).

This instrument emphasizes the subjective responses of subjects rather than objective conditions and higher scores indicate a better quality of life. The raw score of each domain was then transferred to standardized score of 4 to 20 in order to maintain uniformity in the scores. Higher scores explain the better quality of life and the QOL index of each domain and their associations with demographic factors were assessed.

Data Analysis

Obtained data was analyzed by SPSS (16 version). Independent t-test was used to analyze the data.

RESULTS

Results of the t-test in table-1 shows that there was significant difference found between male and female on physical health domain of quality of life it was found to be significant at .05 level of significance, while they were not significantly differ on psychological health, social relationship, environmental health domains as well as total quality of life.

Table 1. Showing the difference between male and female on physical health, psychological health, social relationship and environmental health and overall quality of life

QOL/Domains	Male (29)		Female (71)		t
	Mean	SD	Mean	SD	
Physical health	57.41	19.132	65.39	15.277	2.199*
Psychological health	59.52	17.73	64.15	16.547	1.246
Social relationship	46.90	18.024	45.96	18.497	0.232
Environmental health	61.69	16.301	64.46	12.621	0.914
Total QOL	225.52	57.477	239.97	42.564	1.368

P<0.05* p<0.01**

Table 2. Showing the difference between married and unmarried on physical health, psychological health, social relationship and environmental health and overall quality of life

QOL/Domains	Married (31)		Unmarried (69)		t
	Mean	SD	Mean	SD	
Physical health	50.94	19.39	68.54	12.177	5.525**
Psychological health	55.10	15.103	66.28	16.671	3.190**
Social relationship	56.32	24.482	41.70	12.430	3.968**
Environmental health	55.87	15.002	67.16	11.677	4.083**
Total QOL	218.23	59.321	243.67	39.146	2.543**

P<0.05* p<0.01**

Table -2 revealed that, married and unmarried were found to be significant (on .01 level of significance) on physical health, psychological health, social relationship, environmental health (domains of quality of life) and overall quality of life. Findings revealed that unmarried participants scored higher on physical, psychological, environmental and total quality of life.

Table 3. Showing the difference between lower socioeconomic status group and higher socioeconomic status group on physical health, psychological health, social relationship and environmental health and overall quality of life

QOL/Domains	LSES (59)		HSES (59)		t
	Mean	SD	Mean	SD	
Physical health	66.69	13.477	57.88	19.674	2.661*
Psychological health	68.71	14.114	54.32	17.211	4.581**
Social relationship	48.73	16.985	42.63	19.643	1.655
Environmental health	68.07	12.811	57.32	12.682	4.144**
Total QOL	252.20	38.130	212.15	50.120	4.537**

P<0.05* p<0.01**

A finding from table 3 shows that significance differences between lower socioeconomic status group and higher socioeconomic status group were found on physical health, psychological health, and environmental health and overall quality of life. These findings show that both (LSES and HSES) have significantly different perception of their quality of life. As the table revealed HSES were scored higher than LSES group.

Results of table-4 show that Muslims and Hindus were significantly differing on physical health, psychological health and environmental health and overall quality of life. Muslims have much better quality of life than Hindus.

Table -5 shows that, literate participants scored much higher than non-literate on physical health, environmental (on .01 level of significance) and total quality of life (on .05 level of significance).

Table 4. Showing the difference between Muslim (87) and Hindu (13) on physical health, psychological health, social relationship and environmental health and overall quality of life

QOL/Domains	Mean	SD	Mean	SD	t
Physical health	66.23	14.274	42.00	17.645	5.533**
Psychological health	64.51	16.365	51.46	16.978	2.668*
Social relationship	46.47	18.261	44.62	19.034	0.340
Environmental health	65.09	13.034	54.08	15.185	2.782**
Total QOL	242.30	42.767	192.15	56.187	3.779**

P<0.05* p<0.01**

Table 5. Showing the difference between non-literate and literate on physical health, psychological health, social relationship and environmental health and overall quality of life

QOL/Domains	Mean	SD	Mean	SD	t
Physical health	57.71	18.818	69.64	10.924	3.765**
Psychological health	60.42	16.932	65.73	16.675	1.572
Social relationship	47.11	20.104	45.16	15.914	0.530
Environmental health	60.49	14.421	67.53	11.958	2.620**
Total QOL	225.73	50.399	248.07	41.040	2.394*

P<0.05* p<0.01**

Results of table-6 show that significant difference were not found between low social support and high social support on physical health, social relationship and environmental health and overall quality of life, while high social support group was significantly differ with low social support group on psychological health domain of quality of life.

Table 6. Showing the difference between low social support and high social support on physical health, psychological health, social relationship and environmental health and overall quality of life

QOL/Domains	Mean	SD	Mean	SD	t
Physical health	64.08	15.135	62.04	18.450	0.605
Psychological health	57.88	15.067	67.94	17.403	3.093**
Social relationship	44.20	19.243	48.35	17.151	1.137
Environmental health	62.06	14.041	65.33	13.405	1.190
Total QOL	228.22	43.277	243.65	50.830	1.637

P<0.05* p<0.01**

DISCUSSION

The present study explored the influence of sociodemographic variables on quality of life. The first hypothesis was that *there will be no differences between male and female on physical health, psychological health, social relationship and environmental health and overall quality of life*. gender, the first sociodemographic variable, findings revealed that female scored higher only on physical health domain than their counterparts while they did not differed on psychological health, social relationship, environmental health and overall quality of life. It means gender had no significant impact on quality of life. This finding can be corroborated with the earlier finding of study by Majed (2013). He reported the gender had no significant impact on health related quality of life among diabetic patients. Secondly, it was hypothesized that *there will be no differences between married and unmarried on physical health, psychological health, social relationship and environmental health and overall quality of life*. As the results show, significant differences existed between the mean scores of married and unmarried on physical, psychological, environmental and total quality of life. Findings revealed that

unmarried participants scored higher on physical, psychological, environmental and total quality of life whereas married participants scored higher than unmarried on social relationship domain of quality of life. Marital status (Akinci *et al.*, 2008; Eljedi *et al.*, 2006; Majed, 2013) significantly affected the health related quality of life of people with diabetes. Theofilou (2012) was also observed that marital status have a relationship with psychological and social domains of quality of life. Therefore the said hypothesis is rejected. Third socio-demographic variable was socioeconomic status; findings of table -3 showed that high socioeconomic status group scored much higher than low socioeconomic status group on physical health, psychological health, and environmental health and overall quality of life. Hence the third hypothesis that there will be no differences between lower socioeconomic status group and higher socioeconomic status group on physical health, psychological health, social relationship and environmental health and overall quality of life is rejected. Majed (2013) was also found more or less similar findings in diabetic patients. He found that the low socioeconomic status had a strong negative impact on health related quality of life of diabetic patients.

Religion was the next sociodemographic variable in the present study, table -4 revealed that significant differences were found between Muslims and Hindus on physical health, psychological health and environmental health and overall quality of life. Muslims have better quality of life than Hindu, therefore the hypothesis that there will be no differences between Muslims and Hindu on physical health, psychological health, social relationship and environmental health and overall quality of life is rejected. Fifth hypothesis was there will be no differences between literate and non-literate on physical health, psychological health, social relationship and environmental health and overall quality of life. By the table -5 it is clear that literate and non-literate were significantly differ on physical health, environmental and total quality of life. The results of the present study may be in agreement with the findings of previous studies that reported a positive relationship between level of education and quality of life (Chiang, Peng, Chiang, He, Hung, 2004; Coelho-Marques *et al.*, 2006). Social support was the last sociodemographic variable, findings (table -6) revealed that low social support group and high social support group were not differed on physical health, social relationship and environmental health and overall quality of life, while high social support group was significantly differ with low social support group on psychological health domain of quality of life. Therefore the said hypothesis there will be no differences between literate and non-literate on physical health, psychological health, social relationship and environmental health and overall quality of life is accepted.

Conclusion

On the basis of present result it may be conclude that male and female participants did not significantly differing on overall QOL. Significant differences were found between married and unmarried people on overall QOL as well as all the four domains (physical health, psychological health, social relationships and environmental domain) of WHOQOL-BREF.

Significant differences were found between higher socioeconomic status and lower socioeconomic status subjects, and Muslim and Hindu on overall QOL and its three domains (physical health, psychological health, and environmental). Literate and Non-literate subjects differed significantly on physical health and Environmental domain. Significant difference was found between low social support group and high social support group only on psychological health domain.

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