

Dimensional analysis of the 'Belonging component' of quality of life of elderly across varying support

■ SARITA SAINI

Received: 01.10.2012; Revised: 03.08.2013; Accepted: 02.09.2013

■ **ABSTRACT** : A study was undertaken to assess the various dimensions of the 'Belonging component' of the quality of life of elderly (65 years and above) living in various types of support systems. 'Belonging component' refers to how one fits in with people and places and is known to strongly 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 'Belonging component' of quality of life (QOL) of the subjects across various support systems. The 'Belonging component' of the QOL was studied under three dimensions viz., 'Physical belonging' pertaining to how one fits in with the physical aspects of his environment, 'Social belonging' relating to how one fits in with the people around one's life and 'Community belonging' referring to the nexus between an individual and the resources that are typically available to most members of one's community. The study revealed that there were significant gender differentials across different dimensions of the 'Belonging 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 'Belonging component'. The results revealed that 'Social belonging' dimension was significantly weaker for females living across all support systems except those 'living with daughters'. However, the 'Physical belonging' and 'Community belonging' dimensions were found to be significantly weaker for females 'living alone or in institutions'. Comparatively, the picture was far more encouraging for their male counterparts.

■ **KEY WORDS** : Quality of life (QOL), Belonging component of QOL, Support systems, Elderly

■ **HOW TO CITE THIS PAPER** : Saini, Sarita (2013). Dimensional analysis of the 'Belonging component' of quality of life of elderly across varying support . *Asian J. Home Sci.*, 8 (2): 367-372.

Author for correspondence

SARITA SAINI

Department of Human
Development, College of Home
Science, Punjab Agricultural
University, LUDHIANA
(PUNJAB) INDIA
Email: saritasaini@pau.edu

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 phenomenon, 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 per cent in

1901 to 5.5 per cent in 1951, 6.5 per cent in 1991, 7.7 per cent in 2001 and will be 12 per cent 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 per cent 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:

- To examine the 'Belonging component' of quality of life of elderly across varying support systems and over the two sexes.
- To assess dimension wise differentials in the 'Belonging component' of quality of life of elderly across varying support systems and over the two sexes.

■ RESEARCH METHODS

The 'Belonging component' of quality of life (QOL) of each subject was assessed in terms of physical, psychological and spiritual functioning, their interplay with their environments and opportunities for maintaining and enhancing their skills. Quality of life profile, Senior's version prepared and published by quality of life research unit, University of Toronto, Canada (2000) was adapted and administered to investigate the 'Belonging component' of QOL and its three dimensions. This measure of quality of life of the elderly is culture fair. However, before final collection of data, this tool was administered to ten male and female elderly to check out the difficulties, if any, in getting their responses. This preliminary use of this measure did not show any mentionable difficulties in understanding and responding to its various statements.

This quality of life approach recognizes that there are three different 'components' of living that contribute to quality of life (QOL) of an individual. These are being, belonging and becoming components. Each of these components 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 considered to assess an individual's quality of life (QOL).

The three components and their dimensions are enumerated below:

Components	Dimensions
Being	Physical being

Belonging	: Psychological being Spiritual being Physical belonging Social belonging Community belonging
Becoming	: Practical becoming Leisure becoming Growth becoming

However, this paper investigates and focuses only on the 'Belonging component' of QOL and its three 'dimensions'. The sample for this study comprised of 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. 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.

■ RESEARCH FINDINGS AND DISCUSSION

The 'Belonging' component of QOL refers to how one fits in with people and places It further envelops three dimensions that are, physical belonging, social belonging and community belonging. The forthcoming tables, therefore, present a comparative picture with respect to the contribution of 'Belonging component' and its dimensions towards the quality of life of the aged across different support systems.

Physical belonging :

It pertains to how one fits in with the physical aspects of his environment. Important aspects of physical belonging include the place where one lives, his material possessions, his privacy, his feelings of safety and the neighbourhood where one lives.

Social belonging :

It refers to how one fits in with the people around one's life. It includes the relationship with the family members, friends and with other people one knows casually. Other aspects are the social groups with which one is involved in and the cultural or interest groups with which one identifies himself.

Community belonging :

It concerns with the nexus between an individual and the resources that are typically available to most members of one's community. Important aspects of community belonging include access to social and medical services,

Table 1: Analysis of 'belonging component' of quality of life (QOL) of the elderly living under different support systems and over the two sexes (n=100)

Sr. No.	Category of QOL component	Range of scores	Belonging Component						Z value male - female			
			Living with Sons			Living Alone						
			Male (n=50)	Female (n=50)	Z value male - female	Male (n=50)	Female (n=50)	Z value male - female				
1.	Very good	> 1.50	1(20.00)	3(6.00)	+2.08*	3(6.00)	8(16.00)	3(6.00)	+1.59	2(4.00)	0(0.00)	+1.42
2.	Acceptable	1.50 to 0.51	31(62.00)	31(62.00)	=0.00	23(46.00)	25(50.00)	22(44.00)	+1.40	18(36.00)	12(24.00)	+1.30
3.	Adequate	0.50 to -0.50	8(16.00)	16(32.00)	-1.87	8(16.00)	11(22.00)	9(18.00)	+0.50	22(44.00)	17(34.00)	+1.00
4.	Problematic	-0.51 to -1.50	1(2.00)	0(0.00)	+1.00	13(26.00)	2(4.00)	10(20.00)	-2.46*	8(16.00)	21(42.00)	-2.86*
5.	Very problematic	< -1.50	0(0.00)	0(0.00)	=0.00	3(6.00)	0(0.00)	6(12.00)	-2.52*	0(0.00)	0(0.00)	=0.00

Figures in parentheses indicate the percentage, * Indicate significance of value at P=0.05

financial resources, as well as access to community places and events.

Table 1 presents the in-depth analysis of the 'Belonging component' of the quality of life (QOL) of elderly living under varying support systems along with the observed gender disparity. In the data presented for the aged 'Living with sons', significant differences were observed only in the 'Very good' category of quality of life with respect to the 'Belonging' component. More number of males (20%) were found to enjoy 'Very good' quality of life with respect to the 'Belonging component' of QOL. On the other hand, for the other three support systems, the scores were found to be similar for both males and females.

For the aged 'Living with daughters' for the 'Belonging' component of QOL, 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 'Problematic' and 'Very problematic' category where significantly more number of elderly females were found to experience problematic QOL. For 'Very good' and 'Acceptable' category of the 'Belonging' component of QOL, 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 'Belonging' component of QOL. Females were found to have a significantly higher 'Problematic score' under the 'Belonging scores', i.e. 42 per cent against 16 per cent males.

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' for the Belonging component of QOL. Males and females in the other two support systems, viz., aged 'Living with sons' or 'daughters' did not exhibit statistically significant differences in the scores.

Dimensions of 'Belonging component' of QOL :

To identify the dimensions which enriched or debilitated the 'Belonging component' of quality of life of the aged in different support systems, an in-depth analysis of the dimensions of 'Belonging component' of QOL as per gender was attempted and the results are presented in Table 2-4.

Table 2 portrays the gender differentials in the 'Physical belonging' dimension of the 'Belonging component' of QOL across various support systems. The insight into Table 2 reveals that the gender differentials in 'Physical belonging' dimension were most pronounced in the aged 'living alone' and 'living in institutions' in contrast to the aged 'living with sons or with daughters', where these differences were highly subdued. In the case of the aged 'living alone', the significant differences were observed in 'Physical belonging' and

Table 2: Gender differentials in the 'Physical belonging' dimension of 'Belonging' component of quality of life (QOL) of the aged from the four support systems

Sr. No	Support system	Category of quality of life / range of scores	Physical belonging				Z value (male-female)
			Male (n=50)		Female (n=50)		
			f	%age	f	%age	
1.	Living with sons (n=100)	Very good (> 1.50)	16	32.00	10	20.00	+1.37
		Acceptable (1.50 to 0.51)	26	52.00	28	56.00	-0.40
		Adequate (0.50 to -0.50)	8	16.00	11	22.00	-0.76
		Problematic (-0.51 to -1.50)	0	0.00	1	2.00	-1.01
		Very problematic (< -1.50)	0	0.00	0	0.00	=0.00
2.	Living with daughters (n=100)	Very good (> 1.50)	4	8.00	3	6.00	+0.39
		Acceptable (1.50 to 0.51)	25	50.00	21	42.00	+0.80
		Adequate (0.50 to -0.50)	11	22.00	10	20.00	+0.25
		Problematic (-0.51 to -1.50)	4	8.00	10	20.00	-1.73
		Very problematic (< -1.50)	6	12.00	6	12.00	=0.00
3.	Living alone (n=100)	Very good (> 1.50)	10	20.00	6	12.00	+1.09
		Acceptable (1.50 to 0.51)	30	60.00	22	44.00	+1.60
		Adequate (0.50 to -0.50)	9	18.00	10	20.00	-0.25
		Problematic (-0.51 to -1.50)	1	2.00	6	12.00	-1.96*
		Very problematic (< -1.50)	0	0.00	6	12.00	-2.53*
4.	Living in institutions (n=100)	Very good (> 1.50)	5	10.00	0	0.00	+2.29*
		Acceptable (1.50 to 0.51)	30	60.00	22	44.00	+1.60
		Adequate (0.50 to -0.50)	12	24.00	22	44.00	-2.11*
		Problematic (-0.51 to -1.50)	2	4.00	6	12.00	-1.47
		Very problematic (< -1.50)	1	2.00	0	0.00	+1.01

* Indicate significance of value at P=0.05

Table 4 : Gender differentials in the 'Community belonging' dimension of 'Belonging' component of quality of life (QOL) of the aged from the four support systems

Sr. No	Support system	Category of quality of life / range of scores	Community belonging				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	1	2.00	+2.21*
		Acceptable (1.50 to 0.51)	26	52.00	22	44.00	+0.80
		Adequate (0.50 to -0.50)	16	32.00	24	48.00	-1.63
		Problematic (-0.51 to -1.50)	1	2.00	3	6.00	-1.02
		Very problematic (< -1.50)	0	0.00	0	0.00	=0.00
2.	Living with daughters (n=100)	Very good (> 1.50)	3	6.00	4	8.00	-0.39
		Acceptable (1.50 to 0.51)	16	32.00	17	34.00	-0.21
		Adequate (0.50 to -0.50)	16	32.00	11	22.00	+1.13
		Problematic (-0.51 to -1.50)	4	8.00	8	16.00	-1.23
		Very problematic (< -1.50)	11	22.00	10	20.00	+0.25
3.	Living alone (n=100)	Very good (> 1.50)	7	14.00	3	6.00	+1.33
		Acceptable (1.50 to 0.51)	19	38.00	17	34.00	+0.42
		Adequate (0.50 to -0.50)	20	40.00	11	22.00	+1.95
		Problematic (-0.51 to -1.50)	3	6.00	4	8.00	-0.39
		Very problematic (< -1.50)	1	2.00	15	30.00	-3.82*
4.	Living in institutions (n=100)	Very good (> 1.50)	2	4.00	2	4.00	=0.00
		Acceptable (1.50 to 0.51)	9	18.00	8	16.00	+0.27
		Adequate (0.50 to -0.50)	27	54.00	14	28.00	+2.64*
		Problematic (-0.51 to -1.50)	9	18.00	19	38.00	-2.23*
		Very problematic (< -1.50)	3	6.00	7	14.00	-1.33

* Indicate significance of value at P=0.05

dimension with more females than males in the problematic/negative category of quality of life (QOL). In institutionalized aged, females manifested more in the borderline domain /adequate category of quality of life in the 'Physical belonging'.

The 'Social belonging' dimension demonstrated the highest significant differences in almost all the support systems except 'living with daughters' (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 reference to the 'Social belonging' dimension of QOL. Also, in case of the aged 'living alone' and "living in institutions", the males outnumbered females in the Very good/acceptable category (positive category) in the 'Social belonging' dimension of QOL. Further, the results displayed significant differences in the 'Social belonging' dimension for the aged 'living alone', the with more females than males in the problematic/negative category of quality of life (QOL). However, in institutionalized aged, males dominated in the positive domain of quality of life in the 'Social belonging' dimension.

The gender differences were moderately discernible in the 'Community belonging' dimension (Table 4). 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 reference to the 'Community belonging' dimension. However, these differences were not found in the aged 'living with daughters'. In case of 'aged living alone' and 'the institutionalized aged', males dominated in the positive domain of quality of life and in the borderline domain /adequate category of quality of life in the 'Community belonging' dimension of QOL. However, in both the support systems females manifested more in the negative category of QOL in 'Community belonging' dimension of quality of life.

Therefore, the perusal of the Table 2 through 4 revealed that for the aged 'Living with daughters' gender differences were not perceptible in all the three dimensions of 'Belonging component' of quality of life (QOL). The 'Physical belonging' dimension of the 'Belonging component' of QOL displayed the minimal gender disparities whereas the 'Social belonging' dimension of the 'Belonging component' of QOL portrayed maximum gender disparities followed by the 'Community belonging' dimension. This weakness in the 'Social belonging' dimension could be attributed to the ingrained social stereotypes because of which the majority of elderly are required to assume a 'terminally sick role'. They are required to gradually disengage from active social and economic life. It may result

Table 3 : Gender differentials in the 'Social belonging' dimension of 'Belonging' component of quality of life (QOL) of the aged from the four support systems

Sr. No.	Support system	Category of quality of life / range of scores	Social belonging				Z value (male-female)
			Male (n=50)		Female (n=50)		
			f	%age	f	%age	
1.	Living with sons (n=100)	Very good (> 1.50)	16	32.00	7	14.00	+2.14*
		Acceptable (1.50 to 0.51)	25	50.00	27	54.00	-0.40
		Adequate (0.50 to -0.50)	8	16.00	12	24.00	-1.00
		Problematic (-0.51 to -1.50)	1	2.00	4	8.00	-1.38
		Very problematic (< -1.50)	0	0.00	0	0.00	=0.00
2.	Living with daughters (n=100)	Very good (> 1.50)	3	6.00	3	6.00	=0.00
		Acceptable (1.50 to 0.51)	24	48.00	22	44.00	+0.40
		Adequate (0.50 to -0.50)	9	18.00	13	26.00	-0.97
		Problematic (-0.51 to -1.50)	13	26.00	10	20.00	+0.71
		Very problematic (< -1.50)	1	2.00	2	4.00	-0.59
3.	Living alone (n=100)	Very good (> 1.50)	9	18.00	3	6.00	+1.85
		Acceptable (1.50 to 0.51)	32	64.00	19	38.00	+2.60*
		Adequate (0.50 to -0.50)	7	14.00	15	30.00	-1.93
		Problematic (-0.51 to -1.50)	2	4.00	13	26.00	-3.08*
		Very problematic (< -1.50)	0	0.00	0	0.00	=0.00
4.	Living in institutions (n=100)	Very good (> 1.50)	1	2.00	0	0.00	+1.01
		Acceptable (1.50 to 0.51)	19	38.00	10	20.00	+1.98*
		Adequate (0.50 to -0.50)	17	34.00	15	30.00	+0.43
		Problematic (-0.51 to -1.50)	11	22.00	12	24.00	-0.24
		Very problematic (< -1.50)	2	4.00	13	26.00	-3.08*

* Indicate significance of value at P=0.05

in to feeling of worthlessness and uselessness. A feeling of insecurity may creep deeper into their minds leading to mental disorders like depression anxiety, psychosis, dementias etc. Psychiatric morbidity was 99.4 per thousand in India amongst elderly (>60 years) which is highest in the world (Verma, 2011).

Also, the increased physical and economic dependency of the majority of the elderly make them socially isolated. In the absence of means of transportation and because of the economic constraints they find it difficult to fulfill their social obligations towards their friends and relatives and they slowly take reclusive in their cocoons.

Similarly, the 'Community belonging' dimension needs strengthening. The community support systems and the governmental provisions also fall insufficient in view of the increasing proportion of the aged in the developing countries. This renders dissatisfaction to the elderly and they are unable to enjoy the community support they look forward to during their twilight years.

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. and Bhatia, S.** (2005). Quality of life among aged. *Indian J. Psychol.*, **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. and Singh, S.** (2004). Predictors of health and well being of women retirees. National Seminar, D.E.I. Deemed University, Agra (U.P.) INDIA.
- Jaiprakash, I. and Murthy, V.N.** (1997). Psychiatric morbidity and menopause. *Indian J. Psychiatry*, **23**: 242-246.
- Jamuna, D. and Rammurthy, P.V.** (1987). Age adjustment and husband wife communication of middle aged and older women. *J. Psychol. Res.*, **28**: 145-47.
- Karkal, M.** (1999). Ageing and women in India. *Economic & Political Weekly*, **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. *J. Indian Acad. Appl. Psychol.*, **35**(1): 73-77.
- Pankajam, G.** (2004). Are we aged friendly? *Social Welfare*, **51**(7):7-10.
- Rowe, J.W. and Kohn, R.L.** (1998). *Successful Ageing*. New York, Pantheon.
- Verma, M.M.** (2011). Elder abuse: The problem and the way out. *Social Welfare*, **50**(7):5-11.

8th
Year
★★★★★ of Excellence ★★★★★