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RESEARCH ARTICLE

A COMPARATIVE STUDY TO ASSESS THE QUALITY OF LIFE AMONG MARRIED AND UNMARRIED INDIVIDUALS IN UNIVERSITY OF NORTH INDIA

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ABSTRACT

Quality of life is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and their goals, expectations, standards, and concerns". W.H.O,1996 This definition reflects the view that quality of life refers to a subjective evaluation that is embedded in a cultural, social, and environmental context. Because this definition of quality of life focuses upon respondents' "perceived" quality of life, it is not expected to provide a means of measuring any. This study aims to determine and compare the quality of life among married and unmarried individuals in Panjab University, Chandigarh. For this Purposive sampling technique was used across the married and unmarried individuals of Panjab University after obtaining permission from the respective Department. The sample includes 388 randomly selected individuals for this purpose. A standardized WHO questionnaire (WHOQOL-BREF) for quality of life is used for data collection. After the Data Collection, the obtained results were compiled using the Microsoft excel and the data is presented in form of various graphs and tables.

INTRODUCTION

Quality of life is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and their goals, expectations, standards, and concerns". W.H.O,1996 This definition reflects the view that quality of life refers to a subjective evaluation which is embedded in a cultural, social and environmental context. Because this definition of quality of life focuses upon respondents' "perceived" quality of life, it is not expected to provide a means of measuring in any. Many a times the terms Quality of Life (QOL), subjective wellbeing, happiness, life satisfaction, good life are used synonymously, they do overlap conceptually (1) However QOL is multidimensional rather than unidirectional concept. It looks into many domains and facets that have an impact on lifestyle. An assessment of HRQOL is effectively an evaluation of QOL and its relationship with health (2). Quality of life as a measure of health is therefore a broad concept and is concerned with whether disease or impairment limits a person's ability to accomplish a normal role (for example, whether the inability to climb stairs limits a person at work). (3) Determinants for QOL: As medical and public health advances have led to cures and better treatments of existing diseases and delayed mortality, it was logical that those who measure health outcomes would begin to assess the population's health not only on the basis of saving lives, but also in terms of improving the quality of lives. (4) Developing countries reported poorer environmental, psychological and physical QoL than developed countries, although social QoL was good, and no different for the two development bands. Only psychological QoL distinguished between every educational level, in developing countries. Increased positive feelings serve to link better mental health with more education. Across each domain, secondary and tertiary education was associated with better QoL in developing countries.(5) Every community has different factors affecting QOL like in Japan interpersonal trust is significantly associated with QOL (6) Jude et al.(2009) in a study in Kuwait found that age was negatively correlated with all the domains QOL (7) but Sabbah et al (2003) reported that Older people have more satisfaction with some domains of life than younger people, except for physical functioning. And also the QOL of women is poorer than men (8) Most of the studies found that females had poor QOL as compared to their male counterparts. Males had significantly higher scores for physical functioning, leisure activity, vitality and health perception than women. Females had low vitality, nega and negative environmental domain perception, but were more satisfied with their family life than men and reported higher social domain scoresmales. (5)(8)(9) (10) (11) Depression was the most important predictor of QOL. men had significantly higher

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scores than women. (7). And also some researcher claims that most important predictor of scores of all domains of QOL is education. (3). QOL increases significantly, consistently with increasing education level of population. (5) QOL deteriorates significantly with an increase in age as the age advances, the health related problems become more common to a person. Gradually the power to work decreases and people are more confined to his/her own house.QOL of elderly people is closely associated with different socio-demographic factors. The triple evils. (11) of ill-health, loneliness, and social disconnection deteriorate the QOL of elderly. It is found that there is positive correlation between SES and all domains of QOL , With an increase in per capita monthly income the QOL score improve significantly, which was reported in Alexandre Tda et al (2009) study over the QOL elderly in Brazil by using Brazilian version of WHOQOL-BREF.(12) One study from India found that small families have more female literacy rates, high family planning adoption rates, less history of mortality in preceding year, better standard of living P a g e | 14 (good house, vehicle, TV, lack of debts) but were not happy regarding positive feeling towards life as compared to big families (13). Marriage being a significant event in one's life is bound to have an impact on QOL of an individual, more so for a woman. It is even more pronounced in the case of women in developing countries, such as India where traditional concept of family, household and socially determined gender roles are more intense. (14) Jaswal L (15) reported higher level of stress among the working women individuals. however, Richter et al. (2007) (16) reported that working mothers had better physical and mental health, quality of life and social relationships than housewives. A study was conducted in Korea (2016) (17) by assessed QOL by tool EQ-5D, (assessment tool for QoL) analyzed values are higher in order married >marriage problems(separation/divorce/bereavement) > single for men and EQ-5D values for women were higher in the order married > single >marriage problems (separation/divorce/bereavement) (17) However a study also reported that being married and not Living in a joint family is associated with poor psychological health than their counterparts. (3) The better quality of life among married individuals is due to better physical and psychological support as well as social security, however poor quality of life in unmarried individual is due to poor physical health and psychological conditions like, depression, stress, social insecurities, familial & peer pressure

REVIEW OF LITERATURE

Quality of life (QOL) is an overarching term for the quality of the various domains in life. It is a standard level that consists of the expectations of an individual or society for a good life. These expectations are guided by the values, goals and socio-cultural context in which an individual life. It is a subjective, multidimensional concept that defines a standard level for emotional, physical, material and social well-being such as freedom from pain, freedom from worry and freedom from sickness. It serves as a reference against which an individual or society can measure the different domains of one's own life. The extent to which one's own life coincides with this desired standard level, put differently, the degree to which these domains give satisfaction and as such contribute to one's subjective well-being, is called life satisfaction. Academic interest in quality of life grew after World War II, when there was increasing awareness and recognition of social inequalities. This provided the impetus for social indicators research and subsequently for research on subjective well-being and quality of life.(19) A study was conducted by Rajeshwari Bangalore Sathyananda , Usha Manjunath(2017) on Assessment of quality of life among the health workers of primary health centres managed by a nongovernment organization in Karnataka, India , showed the domain- specific results and gender differences showed that women were more satisfied with physical health domain and men more satisfied with psychological health domain. The least satisfaction was seen in their opportunity for leisure activities and the highest satisfaction was with their ability to perform daily living activities. (20) A study was conducted by Venu R. Shah (2017) on "Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmedabad city, Gujarat. The QOL as per four different domains was significantly better among males as compared to females. Physical, environmental, and psychological domains were better in those who were educated and married individuals living with their spouse. (21)

Aim and Objective: To determine and compare quality of life among married and unmarried individuals in Panjab University, Chandigarh.

OBJECTIVES 1. To ascertain the determinants of quality of life of married and unmarried individuals in Panjab University. 2. To compare quality of life of married and unmarried individuals in Panjab University, Chandigarh.

METHODOLOGY

Study Area: Panjab University is located in sector 14 and sector 25 of Chandigarh. Sampling technique: Purposive sampling technique.

Study tool: A standardized WHO questionnaire (WHOQOL-BREF) (18)) for quality of life used for data collection. It is composed of 26 questions, covering four domains: physical, psychological, social relationships and environment, besides a global quality of life score Two items measured overall QOL and general health. The remaining 24 items were divided into four domains including physical health (7 items), psychological health (6 items), social relationships (3 items), and environment (8 items). All items were presented on a five-point Likert scale (1 = ''very unsatisfied'' to 5 = ''very satisfied''.) (5) It emphasizes the subjective responses rather than objective life conditions, with assessment made over the preceding two weeks. The items on ''overall rating of QOL'' (OQOL) and subjective satisfaction P a g e | 28 with health, are not included in the domains, but are used to constitute the general facet on OQOL and general health (general facet). (7)

Sample Size: Data was collected using questionnaire form which was filled up by married and unmarried individuals of the Panjab University after obtaining permission from the respective Department. Sample includes 388 randomly selected individuals.

Data validation and analysis: It was done using the Microsoft Excel.

Ethical clearance: Informed written consent was obtained from the participants. The Objectives of this was explained to the participants in detail. Inclusion Criteria: Individuals of age range between 19-45 year in the above said area.

Exclusion Criteria: Individuals was excluded: -1) who did not give consent for the study. 2) separated from marriage, 3) widows. Quality of life is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and their goals, expectations, standards, and concerns". W.H.O,1996 This definition reflects the view that quality of life refers to a subjective evaluation which is embedded in a cultural, social and environmental context. Because this definition of quality of life focuses upon respondents' "perceived" quality of life, it is not expected to provide a means of measuring in any. Many a times the terms Quality of Life (QOL), subjective wellbeing, happiness, life satisfaction, good life are used synonymously, they do overlap conceptually (1) However QOL is multidimensional rather than unidirectional concept. It looks into many domains and facets that have an impact on lifestyle. An assessment of HRQOL is effectively an evaluation of QOL and its relationship with health (2). Quality of life as a measure of health is therefore a broad concept and is concerned with whether disease or impairment limits a person's ability to accomplish a normal role (for example, whether the inability to climb stairs limits a person at work) (3).

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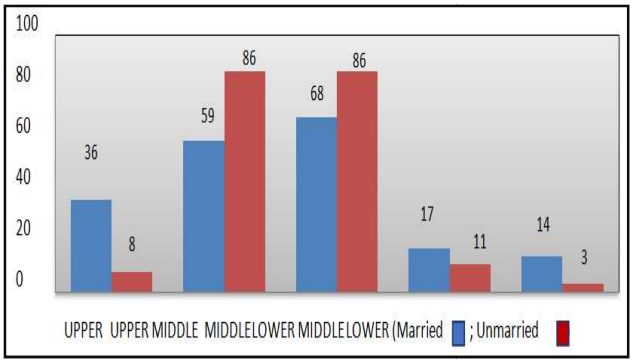
RESULTS

During Conduction of the study among married and unmarried individuals in Panjab University. The participants included in the study were the individuals who were residing or working or studying in the Panjab University Campus Chandigarh, based on that the following results were obtained.

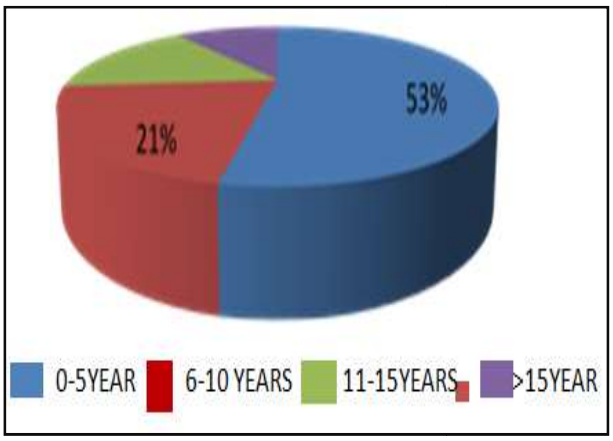
Table 1. The distribution of participants on the basis of SES (based on Kuppuswami scale of socio-economic status 2016)



Among married participants 18.5 %(8 out of 194) belongs to upper, 30.4% (59 out of 194) belongs to upper middle, 35% (68 out of 194) belongs to middle, 7.2% (14 out of 194) belongs to lower SES while among unmarried 44.3% (86 out of 194) belongs to upper middle, 44.3% (86 out of 194) belongs to middle and 1.5% (3 out 194) belongs to lower SES. i.e. majority of participants belongs to middle, upper middle SES.

TABLE NO -2 The distribution of married participants according to their duration of marriage.

DISTRIBUTION OF PARTICIPANTS ACCORDING TO THEIR DURATION OF MARRIAGE



53% married participants have been married for less than 5 years while 10% of individuals have been married more than 15 years.

Table 3. The distribution of married participants according to their no. of children born by them

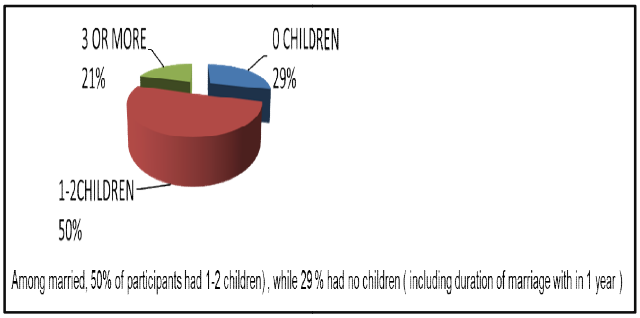
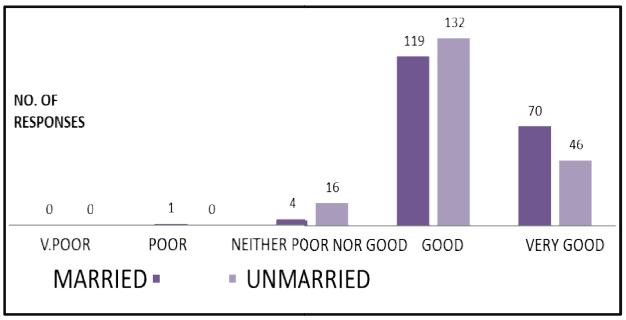
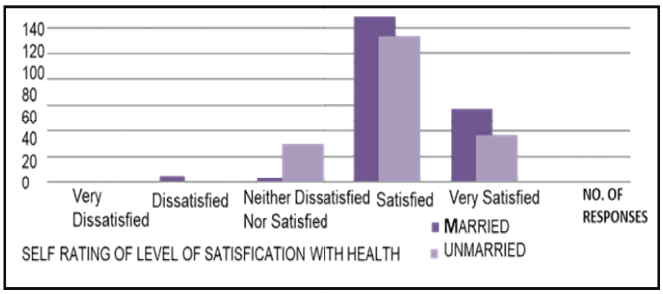


Table 4. The distribution of participants according to their rating of quality of life



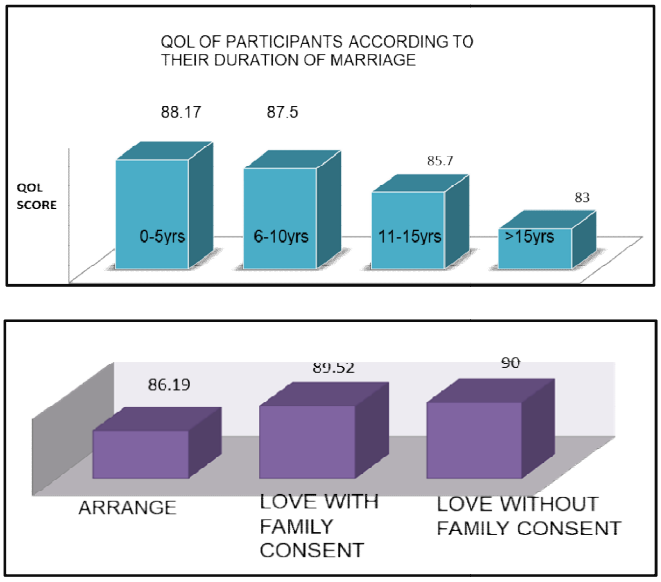
The participants rated their quality of life which shows that averages core of QOL for married participants of total 194 was 4.35 out of 5, whereas average score for unmarried was4.15out of 5. Among married 36%(70 out of 194)rated their quality of life as very good and 61 %(119 out of 194)married rated QOL as good while 68 % (132 out of 194)of unmarried rated their quality of life as good only. And nobody ratedit as very poor.

Table 5. The distribution of participants according to their level of satisfaction With health



Among all participants, 65.9 % (128 out of 194) married rated their health as satisfied while 58.2 % (113 out of 194) unmarried were satisfied with their health. (n=388). The mean QOL score obtained by married and unmarried participants was 4.2 &3.9 out of 5 respectively. TABLE NO-6 The QOL according to duration of marriage. The QOL of married participants with duration within 5 years of marriage have highest QOL score (88.17) and while married participants with the duration of marriage more than 15 years has lowest QOL score i.e. 83 but it is still higher than over all QOL score of

Table NO-7 QOL of married Participants according to type of marriage



unmarried i.e.75.60. The QOL of married individuals who are married with love marriage without the consent of family, have highest QOL (90 score) while lowest 86.19 score obtained by participants with arrange marriage.

DISCUSSION

In our study the quality of life of individuals who were studying, working and residing in Panjab University in were assessed by means of the WHOQOL-BREF, the short version of the WHOQOL-100 instrument. Our study included 388 participants out of which 194 were unmarried and 194 were married. The participants were asked to undergo through questionnaire with informed consent to ensure the confidentiality of the information provided by the participants. The responses of the respondents were entered in data sheets and results were computed by using Microsoft Excel and the results obtained were analysed by keeping the view of previous studies performed on individuals using WHO_QOL BREF and other Quality of life measurement tools. The average QOL score obtained by the married and unmarried individuals were 85.27 and 75.60 respectively which suggested that married individuals in Panjab university have better QOL than Unmarried individuals which was very high in comparison to a study by Qadri et al (2013) (25) among elderly population in District Ambala, Haryana showed that married individuals had QOL score 69.46 while unmarried individuals had QOL score 68.67. A study was conducted by Kyu-Tae Han (17) in Korea (2014) which showed that married women had better QOL than single and people with marriage problems like divorce /separated, while married men had higher score than who had marriage problems or were single while A study done (14) in Chandigarh a had revealed that despite of all odds, married individuals were more satisfied with their QOL than unmarried ones. While in contrast ,study done by Saurabh Saxena et al (3) showed that overall QOL score of unmarried individuals was 68.63 and for married QOL score was 65.59, Other different studies were conducted which showed the association to QOL with marital status .(7)(20)(21)(22)(23)(24)(35) Our study has shown an overall self-rating of QOL among married individuals has 4.35 score compared to unmarried individuals who scored slightly lower score 4.15 out of 5.which also shows that the level of satisfaction with life is higher in married participants than unmarried individuals to , which is similar to other studies .(7)(11)(14)(17)(22). We found that married individuals enjoyed their family extremely and scored the average mean value as 4.6 out of 5 whereas unmarried scored 4.3, this again shows the higher level of satisfaction among married individuals than unmarried ones. These findings show that the married individuals perhaps are more satisfied with their life as compared to unmarried individuals. (7) (14) (17). In our study QOL score according to SES was analyzed, the findings showed that QOL was highest in upper SES participants (married 89.8, unmarried 78.57) than QOL score of upper middle (married 86.63, unmarried 77.6) /middle SES (married 86.8). There was no participant from lower SES. These findings are similar with the other studies. (26) (33) In our study QOL score was found positively associated with better education status of the participants irrespective of marital status. The QOL score for married who were graduates (88.14) and post graduates (88.93), PHD or Higher (87.13) scored more QOL than married participants who were below graduates (secondary 84.13, primary 82.4, illiterate 85.87) whereas secondary level educated unmarried participants scored highest among the counterparts. (primary 74.4, secondary 80.8, graduate 76.4, post graduate 78.6, PHD or higher 79.4) which predominantly showed the directly proportional relationship of education status with QOL, which is similar to other studies. (3) (5) (22) (23) (27). In our study, the QOL of married individuals decreases gradually with increasing duration of marriage i.e. QOL was highest (88.17) in participants with marriage duration 0-5 year and lowest in participants with marriage duration more than 15 years. In this study it was observed that QOL score also influenced by the number of children born by married participants. Study participants who have more than 3 children scored marginally lower QOL score (85.48) P a g e | 56 than those participants either who had no children scored or those were married for less than 9 months (88.49). It may be explained by the fact that larger families resulting in more financial burden Our study revealed that married participants (who were married with love and without family consent) surprisingly had highest QOL (90). It may be due to small sample size.

CONCLUSION

Our study concluded that overall Quality of life of married individuals of the Panjab University, Chandigarh has been found better than unmarried individuals including staff and students in all domains i.e. physical, psychological, social and environmental domains. But it goes down with increasing age, with increasing duration of marriage as well as with more no. of children. It was also found, QOL among all individuals married and unmarried, QOL was better in homemaker than working and non-working individuals including students.

RECOMMENDATIONS

The concerned authority of Panjab University Chandigarh may be asked to appoint Counsellor for the counselling of unmarried individuals Including staff and students, who can do comprehensive counselling including all four domains of Quality of life. Since QOL scoring was found better in married individual than the unmarried and among the married better QOL in individuals with better SES and less no. of children, it

is therefore recommended that there should be less no. of children in the family, therefore, all individuals may be counselled to adopt "small family norms".

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