

Effect of Demographic Variables on Psychological Well-Being and Quality of Life

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Abstract: While substantial research has taken place regarding Psychological Well-Being (PWB) and Quality Of Life (QOL), very few studies have taken place to study the effect of Demographic Variables such as gender, domicile and number of siblings on PWB and QOL. The following study was conducted on both Undergraduate and Postgraduate students (n=273) of Mysore by administering Ryff's Psychological Well-Being Scale (middle version consisting of 54 items) and WHO-Quality of Life Scale BREF. The obtained data was analysed through One-Way ANOVA. It was found that children with 1 or 2 siblings had highest PWB and QOL. Urban students had higher Quality Of Life than rural students. Gender had no effect either on PWB or QOL. Research implications and significance for Mental Health Professionals throughout the globe conclude the article.

Keywords: Gender, domicile, number of siblings, Psychological Well-Being, Quality Of Life

I. INTRODUCTION

Psychological Well-Being

According to Huppert (2009), "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively." An individual with high Psychological Well-Being is happy, capable, well-supported, satisfied with professional and personal life.

The term "Psychological Well-Being" can be explained through two perspectives- the Hedonic and Eudaimonic Perspective of Well-Being, the former indicating emotional well-being and the latter indicating social well-being. (Deci and Ryan,2008). Research has taken place in both perspectives , making Psychological Well-being, a much-researched topic.

It was Ryff, who gave Psychological Well-being a multi-dimensional approach through her seminal paper "Happiness is everything, or is it? Explorations on the meaning of Psychological Well-Being."(Ryff, 1989). Keeping in mind Bradburn's book-"The structure of Psychological Well-Being" (Bradburn, 1969), Erikson's Psychosocial Stages (Erikson, 1959), Buhler's Basic Life Tendencies and Neugarten's Personality Changes (Neugarten, 1973), she developed a new model of Psychological Well-being. This new model encompassed 6 main domains, ie.

1. Self-acceptance:Positive evaluations of oneself and one's past-life
2. Personal Growth: A sense of continued growth and development as a person
3. Purpose in Life:The belief that one's life is purposeful and meaningful
4. Positive relations with others:The possession of quality relations with others
5. Environmental Mastery: The capacity to effectively manage one's life and surrounding world
6. Autonomy: Sense of self-determination (Seifert, 2005)

Quality of Life

Quality of life is one's subjective evaluation of oneself and one's social and material world. It is an internal experience. It is influenced by what is happening "out there", but it is colored by the subject's earlier experiences, their mentality, personal states and their experiences. It can also be assessed with one's satisfaction with life. (Orley, 1998).

Quality of life, which has gained prominence in social and psychological research study since the 1970s, is a broad concept concerned with overall well-being within society. Its aim is to enable people, as far as possible, to achieve their

goals and choose their ideal lifestyle. In that sense, the quality of life concept goes beyond the living conditions approach, which tends to focus on the material resources available to individuals. (Rose & Munro, 2009)

Quality of life is defined by the WHO as “individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”. It is a broad ranging concept incorporating in a complex way the persons' physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment.

This definition reflects the view that quality of life refers to a subjective evaluation, which is embedded in a cultural, social and environmental context. (As such, quality of life cannot be equated simply with the terms "health status", "life style", "life satisfaction", "mental state" or "well-being"). (WHO-QOL- Introduction, 1996)

Though there have been many studies on PWB and QOL in the Western context, few known studies have taken place investigating the impact of Demographic variables on PWB and QOL in the Indian context.

II. LITERATURE REVIEWS

Studies related to Gender and PWB

A study entitled “The Effects of Gender, Family satisfaction and economic strain on Psychological Well-Being ” was conducted by Mills, et al in which only married respondents were considered for the survey (n= 197). It was found that husbands had higher Psychological Well-Being (Radloff's Psychological Well-being Scale was employed) than wives. The authors feel conclude the article by suggesting that further research need to be done to validate why wives score higher on the Psychological Well-Being Scale. (Mills, Grasmick, Morgan, & Wenk, 1992)

A study entitled “Gender Difference in Psychological Well-being among Filipino College StudentSamples” was done by Perez as a cross-sectional and non- experimental quantitative study among Adolescent students of Philippines. Along with Ryff's Psychological Well-Being Scale (PWB), Daily Spiritual Experience Scale, Parent-Adolescent Relationship Scale, Teacher and Peer Relationship Scale, Positive and Negative Affect Scale were used. Female participants scored significantly higher in two of the sub-scales of PWB, i.e. Positive Relationship with Others and Purpose in Life, whereas Male participants scored higher in Autonomy. There were no significant differences in the other sub-scales of PWB. (Perez, 2012)

Another study by Roothman et al entitled “Gender differences in aspects of Psychological Well-Being” was done as a meta-analysis on a multicultural sample (n= 378). The participants were asked to complete 13 scales measuring various aspects of PWB. Females scored higher on expression of affect, somatic symptoms and religious well-being, whereas Males scored higher on physical self-concept, automatic thoughts (positive), constructive thinking, cognitive flexibility, total self-concept and fortitude. (Roothman, Kirsten, & Wissing, 2003)

Study on Domicile effecting PWB

A study by Amato and Zuo entitled “Rural Poverty, Urban Poverty and Psychological Well-Being” examined the implications of rural and urban poverty for psychological wellbeing, as reflected in self-reported happiness, depression, and health. It was found that the urban poor are higher in perceived health than the rural poor. The psychological well-being of the poor African American was higher in rural than urban areas, whereas the well-being of poor whites was higher in urban than rural areas. (Amato & Zuo, 1992)

Study on number of siblings effecting PWB

Fleary and Heffer conducted a study entitled “Impact of Growing Up with a Chronically Ill Sibling on Well Siblings' Late Adolescent Functioning” where they investigated whether the continuing impact of growing up with an ill sibling on well siblings' late adolescent functioning. The Personality Assessment Screener (PAS), My Feelings and Concerns Sibling Questionnaire was distributed among individuals of late adolescent age (n= 40). Participants reported clinically significant problems on some PAS scales, communication, social withdrawal and alienation. This study provides evidence for some lingering negative effects of growing up with an ill sibling on well siblings' late adolescent functioning. (Fleary & Heffer, 2013)

Hence, previous studies provide evidence that Domicile, Gender and siblings may or may not have an impact on Psychological Well-Being of an individual.

Studies on Gender related to QOL

Several studies have been done to investigate the possible effect of Gender on Health related Quality of Life.

Liu et al conducted study entitled “The effects of gender and age on health-related quality of life following kidney transplantation” on adults of America (n= 138). It was found that women reported lower scores on several physical measures and may have experienced a greater reduction with age in physical health-related quality of life than men. (Liu, Feurer, Dwyer, Speroff, Shaffer, & Wright, 2008)

Another study by Pereira M and Canavarro MC entitled “Gender and age differences in quality of life and the impact of psychopathological symptoms among HIV-infected patients” was done to determine gender and age differences and interaction effects on the quality of life (QoL) domains in a sample of Portuguese HIV-positive patients and to examine to what degree psychopathological symptoms are associated with QoL in addition to sociodemographic and clinical variables. HIV positive patients (n=1191) were asked to respond to the WHO QOL Bref and Brief symptom inventory. Women reported lower scores of Psychological and Spiritual QoL. (Pereira & Canavarro, 2011)

Bourbonnais JM and Samavati L conducted a study entitled “Effect of gender on health related quality of life in sarcoidosis”, where one of the purpose was to investigate the effects of gender on HRQoL. It was found that women with sarcoidosis had a lower HRQL score and a greater degree of functional impairment than men. (Bourbonnais & Samavati, 2010).

Though many studies have taken place regarding the Health related Quality of Life, few studies have been conducted keeping a comprehensive approach of the possible effect Gender, Domicile and Siblings may have on QOL and PWB. Thus, bearing all these factors in mind the present study was conducted.

The present research:

Despite the various studies on Psychological Well-Being (PWB) and Quality of Life (QOL), there have been few studies investigating the effect of Demographic Variables such as Gender, Domicile and number of siblings on PWB and QOL. Hence, the study presented here has been centered on three main aims. The first is to examine the possible impact that Gender has on PWB and QOL. The second is to investigate the possible impact that Domicile has on PWB and QOL. The third is to find out whether number of siblings an individual possesses can impact his PWB and QOL.

III. METHODS

Participants

The total sample size was 273, out of which 117 Under-Graduate and 156 Post-Graduate students participated in the study. The age group was from 18 -43 years and data was collected from various Under Graduate (UG) and Post Graduate Colleges (PG) in Mysore. Students from various backgrounds (i.e Lower, Middle and Upper Socio-Economic statuses, Private and Government Colleges, English and Kannada Medium) were administered the questionnaires.

For analytic purposes the respondents were divided into groups namely: Rural (n=96) and Urban (n= 177); Male (n=114) and Female (n=159); No siblings (n=45), Single sibling (n=127), Two siblings (n=60), Three siblings (n=24) and More than 4 siblings (n=17).

Tools:

1. The Psychological Well-Being Scale (Middle Version) consisting of 54 items was used, along with Kannada version as well.
2. The WHO Quality Of Life Scale BREF of 26 items was used, along with Kannada version as well.

Data collection

Pilot study: To check the feasibility of the scales Pilot Study was first conducted (n=30). Since many of the students were

from Rural background (Kannada being the mother tongue) the respondents had difficulty answering in English. Many also felt that the longer version of the Ryff's Psychological Well-Being Scale (84 items) was tedious to answer and boredom set in after the 3rd sub-scale.

Bearing these in mind, both Kannada and English versions of the Scales were used. The Middle Version of Ryff's Scale (54-item) was used for the main study.

Main study: Ryff's Psychological Well-Being Scale (54 items) and WHO Quality Of Life BREF was used for the main study. Data was collected from various Post-Graduate and Under-Graduate colleges in Mysore.

The participants were briefed about the importance of their participation for the study. It was also conveyed that their data would be used solely for the study and not for any other purpose. After a rapport was established, appropriate instructions were given to them and they were asked to fill in the questionnaires along with personal information. Sufficient time was given and Kannada versions of the forms were given to anyone who were not so comfortable in English. Clarifications were done for all those who answered the questionnaires then and there itself. It was clearly instructed not to leave any answer blank.

Google e-forms were also used for the main study purpose.

IV. RESULTS

Once the scoring was done (bearing the negative scoring of Psychological Well-Being Scale), the obtained data was entered into SPSS (version 16).

Analysis of results

One-Way ANOVA was used to test whether Gender, Domicile and number of siblings of an individual can affect his Psychological Well-Being and Quality Of Life. The results are discussed in detail.

Effect of Gender on Psychological Well-Being and Quality of Life

One-Way ANOVA was used to find out whether Gender has an impact on Psychological Well Being and Quality Of Life. Significant differences were not found between Gender and Psychological Well-Being ($f=0.033$, $p>0.05$), hence from the statistical analysis it can be inferred that Gender had no effect on Psychological Well-Being. This is similar to the study by Creed and Watson (Creed & Watson, 2003), but contradictory to the studies by Mills et al (Mills, Grasmick, Morgan, & Wenk, 1992), Perez (Perez, 2012) and Roothman et al (Roothman, Kirsten, & Wissing, 2003).

Significant differences were not found between Gender and Quality of Life ($f= 0.154$, $p>0.05$), hence it can also be inferred that Gender has no effect on Quality of Life. This is contradictory to the Health-related Quality of Life studies done by Liu et al (Liu, Feurer, Dwyer, Speroff, Shaffer, & Wright, 2008), Pereira and Canavarro (Pereira & Canavarro, 2011), Bourbonnais JM and Samavati L . (Bourbonnais & Samavati, 2010). In many of these studies it was found that women scored lower on the Health-related Quality of Life.

Table 1- ANOVA between Gender, PWB and QOL

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
TotalPWB	Between Groups	65.322	1	65.322	.033	.855
	Within Groups	529966.905	271	1955.597		
	Total	530032.227	272			
TotalQOL	Between Groups	27.696	1	27.696	.154	.695
	Within Groups	48766.289	271	179.949		
	Total	48793.985	272			

Association between number of siblings, Psychological Well-Being and Quality of Life

Significant differences ($f= 4.472, p<0.05$) were found between number of siblings and Quality Life. Individuals who have one or two siblings seem to have the highest Quality of Life and individuals with no siblings have next highest. Individuals with 3 to 4 siblings have least Quality of Life Score.

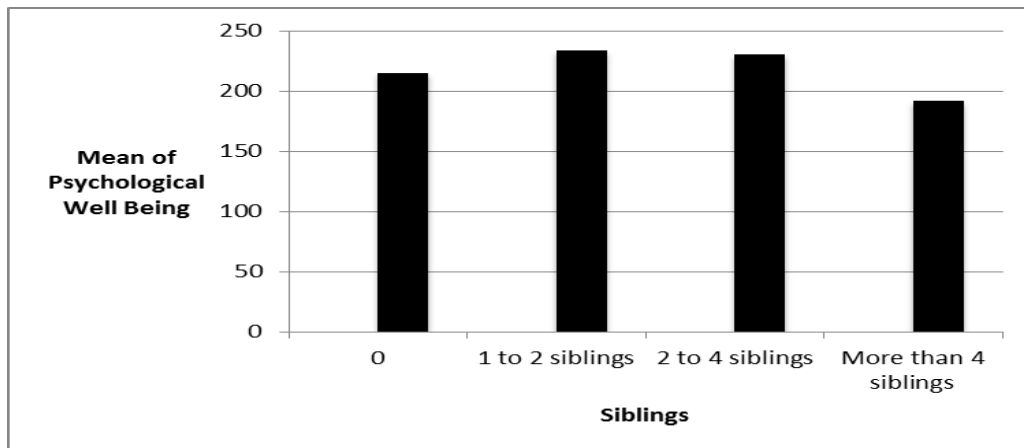
Significant differences ($f=4.440, p<0.05$) were found between number of siblings and Psychological Well-Being. Individuals with 1 or two siblings have highest Psychological Well Being and individuals with more than 4 siblings had second highest Psychological Well Being Score. Individuals with 3 to 4 siblings had least Psychological Well Being score also.

Table 2-ANOVA between number of siblings, PWB and QOL

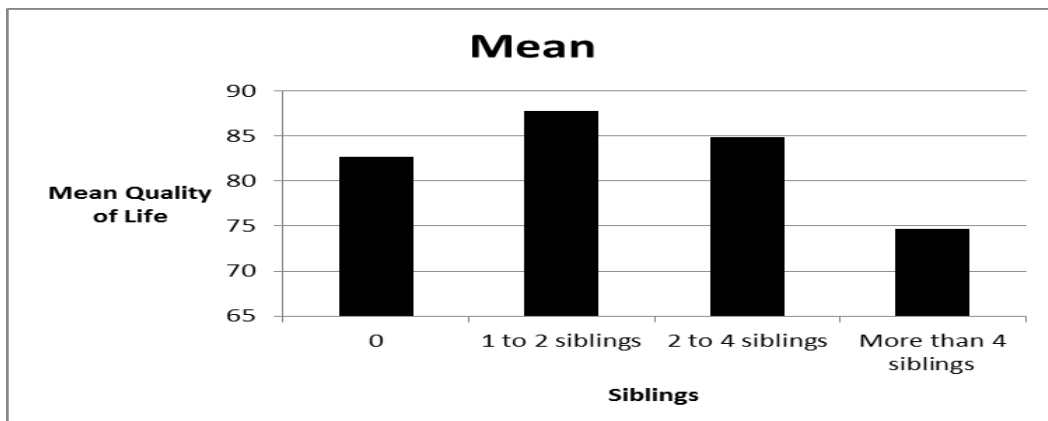
ANOVA

		Sum of Squares	Df	Mean Square	F	Sig.
TotalQOL	Between Groups	2451.013	3	817.004	4.742	.003
	Within Groups	46342.972	269	172.279		
	Total	48793.985	272			
TotalPWB	Between Groups	25009.238	3	8336.413	4.440	.005
	Within Groups	505022.989	269	1877.409		
	Total	530032.227	272			

Graph 1- mean total PWB with siblings group



Graph 2- mean of total QOL with number of siblings

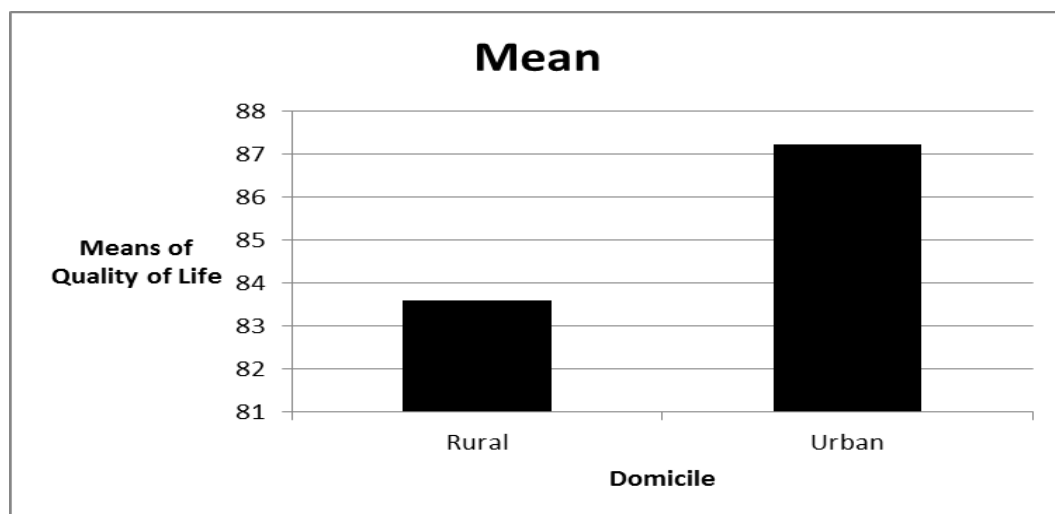


Association between Domicile, Psychological Well-Being and Quality of Life

One-Way ANOVA was used to test the hypothesis. Significant differences were found between Quality of life and Domicile ($f= 4.591, p<0.05$). From the Model Summary it can be said that Urban students have higher Quality of Life than Rural students. However, there was no significant effect of Domicile on Psychological Well-Being ($f= 1.515, p>0.05$).

Table 3-ANOVA between Domicile, PWB and QOL

		ANOVA				
		Sum of Squares	Df	Mean Square	F	Sig.
Total QOL	Between Groups	812.896	1	812.896	4.591	.033
	Within Groups	47981.089	271	177.052		
	Total	48793.985	272			
Total PWB	Between Groups	2946.204	1	2946.204	1.515	.219
	Within Groups	527086.023	271	1944.967		
	Total	530032.227	272			

Graph 3- domicile with mean of total QOL**Summary of results**

From the statistical analysis, it can be inferred that Gender has no significant impact on PWB. Gender had no significant impact on QOL either.

Number of siblings in a family can have an impact on the individual's PWB and QOL, according to the statistical analysis. Individuals with 1 or two siblings have highest PWB and individuals with more than 4 siblings had second highest PWB Score. Individuals with 3 to 4 siblings had least PWB score also. It was found that individuals who have one or two siblings seem to have the highest QOL score and individuals with no siblings have next highest. Individuals with 3 to 4 siblings have least QOL score,

From the statistical analysis, it was found that urban students had higher QOL than rural counterparts. Urban-rural differences were not found in PWB.

V. DISCUSSION

Impact of Gender on Psychological Well-Being and Quality of Life

The statistical analysis indicated that there was no significant impact of Gender on Psychological Well Being and Quality of Life. In a country like India, where gender-bias is still prevalent, the results are slightly surprising. There maybe two reasons for this, one that Gender bias exists only in the society but does not effect the Well-Being and Quality of Life of an individual. Another reason may be that families accept children whole-heartedly whether male or female and raise them without any bias. Females are given the same amount of rights and opportunities as males are. In fact, both the Public and Private sectors have sponsored for various scholarships for girl students. The societal views towards Women Education and Empowerment have changed substantially over the past few decades, thus indicating the possible causes for Gender to have no effect of either Psychological Well-being or Quality of Life.

Number of siblings in a family influencing Psychological Well-Being and Quality of Life

The test results indicated that children who have one or two siblings seem to have the highest and Children with 3 to 4 siblings have least Quality of Life Score; Children with 1 or two siblings have highest and Children with 3 to 4 siblings had least Psychological Well Being score.

This is a ground-breaking research, indicating clearly that siblings are necessary for the healthy growth of an individual. It must be noted here that children with more than 4 siblings had least PWB and QOL. Individuals with one or two siblings had highest PWB and QOL. This is a clear indication of how important siblings are for an individual's development.

Siblings in general play the combined role of a caregiver, friend and blood relative - a part that none other can replace easily. Hence individuals with siblings have the inbuilt mechanism of sharing, socializing, co-operating, standing up for each other, opening up bottled feelings, being loved & pampered and most of all having a sense of general well-being that the sibling will always be there no matter what happens.

Urban students have higher Quality of Life

Urban children score higher in Quality Of Life than rural children. In country like India, where huge contrasts exist between Urban and Rural areas, it was not surprising to find that Urban students have better Quality of Life. This may be due to better facilities such as good education, transport, hospitals, etc.

However, there is no significant difference between Urban-rural students for Psychological Well-Being. This is an indication that the societal upbringing of an individual may not have an impact on the overall Psychological Well-Being of an individual. This may be due to the fact that familial care and attention are more or less the same in both Urban and Rural areas.

VI. RESEARCH IMPLICATIONS

The findings clearly indicate that Gender has had no impact on PWB and QOL among the students in Mysore. This is an indication that gender bias is slowly decreasing and that children are probably raised without any differentiation.

The research findings also indicate that siblings are essential for the Mental and Physical health of an individual. This is backed by statistical evidence showing that individuals having one or two siblings had the highest PWB and QOL.

VII. LIMITATIONS OF THE STUDY

The sample size was limited only to Mysore and restrictions of time and resources; it could not be done on other cities. Thus, the results cannot be generalized.

Though Socio-economic status is another important Demographic variable, it could not be considered for the study.

VIII. CONCLUDING REMARKS

Notwithstanding its limitations, the present research provides an understanding of the possible effects of the Demographic variables on the Physical and Mental Health of individuals. Though the study was done on the Mysore population, its findings can prove useful to not only to Psychotherapists, Counsellors and Clinical Psychologists but also to Sociologists, Educationists and Anthropologists across the globe.

Further research needs to take place considering a holistic approach, by not only taking into consideration the Gender, Domicile and number of siblings, but also Socio-economic status, Parental influence, Familial upbringing, age gap between siblings, gender of the siblings, etc. Besides Psychological Well-Being and Quality of Life the research could also include Subjective Well-Being, Subjective Happiness, Meaning in Life and could be a co-relational study. This may provide further evidence as far as the holistic approach is concerned.

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