

A Study of Quality of Life: A Comparative Study with respect to Gender and Residence of Cancer Patients of India

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Abstract

The World Health Organization (WHO) describes the quality of life like, individual insight if their position in life span in the framework of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns (Awan, Waqas, Aslam, & Abbas, 2011). There are a limited number of researches conducted on gender and quality of life throughout the world and especially in India. Therefore, this cross-sectional research is one of the initial attempts to study the role of gender on quality of life among cancer patients.

Objective: The aim of this study is to examine the role of gender on quality of life among cancer patients of India. **Methods:** A sample of 90 cancer patients (male=45 & female=45) were selected from AIIMS Delhi by using purposive sampling procedure. The sample was further divided on the basis of residence viz. (rural 35 and Urban 55). The short version (WHOQOL-BREF) of World Health Organization Quality of Life Questionnaire, was used in the present study. There are four domains of this quality of life scale which include physical health, social relationships, psychological health and environmental domain. Independent sample t-test was used for the analysis of the data. The SPSS (20.00 version) was the software which was used for analysis of the study. **Results:** The results of this study revealed that there is a significant mean difference in physical health (dimension of Quality of Life Scale) between male and female cancer patients. However, no significant difference was found between male and female cancer patients on social relationships, psychological health, environmental domain and overall quality of life. **Moreover,** physical health, psychological health, environmental domain and overall quality of life was found high in urban cancer patients and social relationships was found high in rural cancer patients. **Conclusion:** The results of the present study revealed that female cancer patients were found high on physical health and males were found low on this dimension. Researchers have to take initiatives in order to build intervention programmes for the sample.

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Keywords: *Quality of life, physical health, social relationships, psychological health, environmental domain, Gender*

Introduction

In the today's world, considering the focus on wealth and keeping the improving endurance of populations, there exists a general inquisitiveness in how you can attain the 'goodness' of life, also known as life satisfaction or standard of living. But exactly what quality of life is? Despite the fact that the phrase "quality of life" is comparatively recent, the idea of public happiness has actually been popular at different periods all throughout historical past. Dictionary interpretations of quality interpretations it refers to the level of excellence of an attribute. But the quality of life might imply various things to various people. Slight is known regarding the exact source of the phrase "quality of life"; nonetheless, McCall (1975) indicated that popular usage appears to date back to 1961 whenever the phrase was applied in a speech issued by President Lyndon Johnson. Although initially the term was developed quite often along with such areas of concern as ecological pollution or street decline, the context inside which it is right now used is far wider. The quality of everyday life is the experience of some individual's life fulfills that one's wants and desires psychological and physical). Additionally researchers describe more quality of life (QOL) just like the degree by which specified expectations of living usually are met from the objectively verifiable circumstances, activities, and endeavor consequences of the person's life and personal quality of life (SQL) being a set of affective personal beliefs directed toward a persons' life. Quality of life is undoubtedly an amorphous idea that possesses a usage across several academic fields – literature, geography, philosophy, health economics, health promotion, advertising and the social and medical sciences (e.g. sociology and psychology). Additionally it is an indistinct concept; it is often multidimensional and in theory, incorporates every aspect of an individual's daily living. But recently it has proven to outline Quality of life is basically a compound variable that's affected by several constructs. Changing in the standard of living, health, ecological, psychological tension, family enjoyment, leisure, social involvement and other variables' identified the quality of life along with its modifications (Ali et al., 2013). The World Health Organization (WHO) describes the quality of life like, individual insight if their position in life span in the framework of the culture and value system in which they live and in relation to their goals, expectations, standards, and concerns (Awan, Waqas, Aslam, & Abbas, 2011). Several connotations of the phrase 'quality of life' which range from anywhere from individual achievement and satisfaction with everyday life gratification of basic requirements, the capacity to bring a 'normal life – to the high quality of the external surroundings (Edlund&Tancredi, 1985; Fowlie& Berkeley, 1987; Rogerson, Findlay, Morris, &Coombes,

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1989). In layman's terms it really has been understood to be the 'output' of a given inputs of the actual physical and the sacred (Liu, 1974) as the level by which a person achieves life objectives (Cella&Cherin, 1987) and even perfected bluntly as a formula wherein quality of life (QL) is a part of one's natural endowment (NE) and of course the effort produced on one's behalf from the members of the family (H) and society (S), such that $QL = NE * H * S$ (Shaw, 1977). Simply speaking, the feeling and attainment of quality of life are depending on an individual's priorities and goal or priority of the life. The concept of quality of life is for that reason most likely rely on the user considering the term, their knowledge of it and also their position and schedule in the political and social arrangement (Edlund&Tancredi, 1985). Ample measurement should, therefore, portray these things and be choice measured(Diamond & Becker, 1999).

Research Objectives

The purpose of the present research study is to investigate the mean difference in quality of life of cancer patients with respect to different demographic variables. Consequently, subsequent objectives were prepared:

1. To examine the difference in mean scores between male and female cancer patients on physical health, social relationship, psychological health and environmental health and overall quality of life.
2. To examine the difference in mean scores between rural and urban cancer patients on physical health, social relationship, psychological health and environmental health and overall quality of life.

Research Hypotheses

The upcoming hypotheses have been framed for the current study

1. **H₀₁**: There will be no significant difference in mean scores between male and female cancer patients on physical health, social relationship, psychological health and environmental health and overall quality of life.
2. **H₀₂**: There will be no significant difference in mean scores between rural and urban cancer patients on physical health, social relationship, psychological health and environmental health and overall quality of life.

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Methodology

Sample: The sample for the present study consists of 90 cancer patients who were selected from AIIMS Delhi by using purposive sampling procedure, 45 males and 45 females were selected for this study. Moreover, 35 of them were from rural areas and 55 were from urban areas.

3.2.1 The Inclusion criteria were:

- (a) Male as well as female were included.
- (b) Patients belonging to urban and rural areas.

3.2.2 The Exclusion criteria were:

- (a) Patients experiencing any psychiatric problem such as panic disorders were excluded.
- (b) Patients suffering from any other chronic physiological disease like Hepatitis B, diabetes etc.
- (c) Patients who did not cooperate.
- (d) Transgender patients were not considered.

Tools Used

World Health Organization Quality Of Life (WHOQOLBREF) 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

The data for the current study was analyzed by SPSS (20.00 version). Independent sample t-test was used for the analysis of the research data

Results and Interpretation

Table 4.1 Mean Difference between male and female Cancer patients on Physical Health, Psychological Health, Social relationship, Environmental health and Total Quality of Life

T-Test for Quality of Life and its constructs df=88

Constructs	Gender	N	Mean	Std. Deviation	t	Significance
Physical Health	Male	45	54.21	12.11	2.112**	0.001
	Female	45	62.22	13.08		
Psychological Health	Male	45	54.12	11.08	1.212	0.616
	Female	45	59.5	15.12		
Social relationship	Male	45	40.11	14.12	0.323	0.213
	Female	45	39.11	14.44		
Environmental health	Male	45	55.21	12.31	-0.722	0.186
	Female	45	58.71	11.22		
Total Quality of Life	Male	45	223.11	54.23	1.623	0.232
	Female	45	237.11	38.90		

*.The mean difference is significant at 0.05 level, **.The mean difference is significant at 0.01 level.

The above table reveals that there is a significant difference on physical health between male (54.21) and female (62.22) cancer patients at .05 level of significance. It is evident from the results that the mean score of female cancer patients is high on physical health compared to male patients. However, no significant difference was found between male and female cancer patients on Psychological Health, Social relationship, Environmental health and Total Quality of Life. It is evident from these results that the male and female cancer patients have almost same level of quality of life. It clearly depicts that gender hardly plays any role in quality of life of cancer patients. Therefore, our hypothesis **H₀₁**: There will be no significant difference in mean scores

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between male and female cancer patients on physical health, social relationship, psychological health and environmental health and overall quality of life, stands partially rejected.

Table 4.2 Mean Difference between rural and urban Cancer patients on Physical Health, Psychological Health, Social relationship, Environmental health and Total Quality of Life

T-Test for Quality of Life and its constructs df=88

Constructs	Gender	N	Mean	Std. Deviation	t	Significance
Physical Health	Rural	35	45.10	15.44	5.345**	.001
	Urban	55	63.12	7.54		
Psychological Health	Rural	35	50.12	10.11	3.121**	.001
	Urban	55	61.22	11.23		
Social relationship	Rural	35	51.23	19.21	3.221**	.001
	Urban	55	36.44	7.99		
Environmental health	Rural	35	50.11	10.43	4.987**	.001
	Urban	55	62.33	7.14		
Total Quality of Life	Rural	35	213.55	54.11	2.988**	.001
	Urban	55	238.11	34.21		

*.The mean difference is significant at 0.05 level, **.The mean difference is significant at 0.01 level.

The above table 4.2 reveals that mean value of urban cancer patients (63.12) on Physical Health (45.10) is higher than the mean value of rural cancer patients (45.10) at significance level of 0.05. Moreover, the mean value of urban cancer patients on Psychological Health, Environmental health and Total Quality of Life is more than their counterparts. It clearly indicates that the rural cancer patients experience have Physical Health, Psychological Health, Environmental health and Total Quality of Life. On the other hand mean score of rural cancer patients was high on Social relationship compared to their counterparts. Therefore, our

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hypothesis H_{02} : There will be no significant difference in mean scores between rural and urban cancer patients on physical health, social relationship, psychological health and environmental health and overall quality of life stands rejected.

There are many reasons for this. The most important reason may be that the rural society is still following the ethical principles of collective society and urban people are engaged in individualistic culture. There might be many factors which are responsible for the decreased level of Physical Health, Psychological Health, Environmental health and Total Quality of Life of rural cancer patients. The foremost factor is poverty and illiteracy which has become a menace in the present era.

Limitations of the Study

- a) The main limitation of the current study was that the population was susceptible that had effect on neutrality of study.
- b) The sample of the study was heterogeneous with respect to their qualification which may have resulted in biases of responses.
- c) Minimal demographic data were collected for the sample in this study. Information regarding the financial status, marital status, stage of disease, duration of disease, age of the patients, type of cancer, and educational qualification would also have been important variables to include in the analysis. For instance, not knowing whether cancer patient was a married or unmarried concealed any possible influence marriage would have on patient's quality of life.
- d) The quantitative and qualitative research would have been more suitable and much enlightening as compared to quantitative study alone.

Suggestions for Future Research

- a) There is much scope to conduct further research on quality of life among cancer patients in order to recognize the pathways through which this can be enhanced in this population. This study provides the groundwork for further exploration. Further research should include a qualitative component, which would provide the opportunity to learn more about the lived experience of cancer patients.
- b) Future studies should involve a larger and more diverse group of cancer patients, including a more ethnically and racially diverse sample.
- c) Alternative research techniques should be used by future researchers to authenticate the results.

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- d) The impact of certain socio-demographic and clinical variables such as financial status, marital status, stage of cancer, type of cancer, duration of illness, age of the subjects, and educational qualification should be given due weightage in future research endeavors.

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