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Quality of Life of Nepalese Elderly Living in Rural Nepal

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Abstract

Quality of Life (QOL) of elderly is an important issue to be discussed with worldwide increasing elderly population. The main objective of this research paper is to assess the QOL of Nepali elderly in rural Nepal. This is a cross-sectional study carried out in 2017 in Kailali district, western part of Nepal. Total sample size for this study was 547. This study used a single item Likert scale QOL question to assess the quality of life of elderly. Mean age respondents was 71.43 (SD=± 8.006) years. Majority of the respondents were female (58.9%) and the average household size was 6.83. This study found 45.9% elderly reported their QOL neutral (neither good nor bad), 35.1% reported as good and 19.0% reported poor. Further, this study shows educational status and land/property ownership were positively correlated with QOL and on the other hand age, gender, marital status, household size, elderly abuse, living arrangements and physical health status were negatively correlated with QOL. A further in depth study with standard questionnaire of QOL is required to assess the real quality of life of elderly and government should also focus to provide the QOL to elderly with increasing age.

Keywords: Elderly people; Ageing; Senior citizen; Living arrangement; Quality of life

Introduction

Issues concerning older adults are recognized as a research priority in developed countries, evidenced by a growing body of research in the area of psychological, social and health needs of the aged. Despite attracting less attention, there is also great need for research in the different aspects of elderly people in developing as well as the least developed countries so that it may help to know the well being of elderly which is not examined in depth [1] and these types of research supports for the appropriate policy formulation. The issue of elderly is critical for poor elders in the developing world, where formal welfare systems are less extensive. Although co-residence benefits the younger as well as the older generation, in many societies living together with adult children has been 'a fundamental means of ensuring that the day-to-day needs of the older population would be met' [2]. In Nepali culture, elderly generally prefer to stay with their children and living in old age home is not very common [3].

Quality of life is a multidimensional concept, which cannot be explained in medical terms alone. Quality of life is a key concept in environmental, social, medical and psychological sciences, as well as in public policy and in the minds of the population at large; nevertheless, there is no consensus regarding the definition of quality of life. Moreover, when quality of life is referring to old age it must be required to address the broad diversity of ways of aging; that is, from successful aging through usual aging to aging with disability and dependency [4]. It is one of the central concepts in ageing research.

Measurement of QOL includes many considerations [5]. The World Health Organization defined QOL as an individual's perception of their position in life in the context of the culture and value systems in which they live, in relation to their goals, expectations, standards, and concerns [6]. This definition has been Operationallized differently by researchers with emphases on specific elements including measuring expectations vs. experience, considerations of time points in the trajectory of an individual's life, and dependency on type of population surveyed [7]. So, generally scale developed to measure the QOL is also quite long and time consuming also. In this context, Bowling argues that if one question works [8], why ask several questions. So, measuring the QOL through long scale to elderly is time consuming and elderly may not respond all the items as well during face-to-face interview. So, alternative to this is measuring QOL of life of elderly through single item quality of life question with five-point likert scale very bad to very good. This type of practice is well documented in many previous studies [8-11].

In Nepal, there is very little study carried out concerning the quality of life of elderly. Past studies has focused on loneliness [1,12], depression [13,14], functional disability [15,16], self-reported health [16], sleep quality [17] and elderly abuse [14,17,18]. The main objective of this research paper is to assess the QOL of Nepali elderly in rural Nepal.

Material and Methods

This is a cross-sectional study carried out in 2017. For this study Kailali district, western_part of Nepal is chosen purposively. For this study two Village Development Committee (VDC) (local administrative unit) were conveniently chosen. Total sample size for this study was determined 396 households through Yamane formula. Multi stage sampling design was adopted for this study. At the first stage, conveniently two VDCs named (Hasuliya and Basauti (now renamed as Kailari Rural municipality) of Kailali districts which represent the highest proportion of elderly population were selected as sampling area. At the next stage, all the 18 wards of selected VDCs were sampled. All the wards of selected VDCs were considered as cluster. So, there were 18 clusters in this study. All the sampled clusters were considered as primary sampling units (PSU) for this study. At the last stage, 22 households with at least one elderly 60 years and above were selected from each sampled cluster. Systematic random sampling

method was used for the selection of 22 households from each cluster. However, in the survey a total of 396 households were visited and 547 elderly people aged 60+ were successfully interviewed. All the elderly persons in the sampled households were enumerated. Enumeration of all elderly persons in the sampled household would ensure coverage of both males and females and all age groups.

A single item QOL tool was used to assess the quality of life (QOL) of elderly. A question was asked to the respondents i.e., How do you rate your quality of life? The response of the respondents was collected through five-point Likert scale from very bad coded as 1 to very good coded as 5. Later during data analysis, very poor and poor is merged and named as Poor. Good and Very good is merged and named as good due to lower number of cases in these two extreme categories. Data was collected using face-to-face interview method through structured interview. Respondent's right to refuse and withdraw from the interview at any time was accepted with the maintenance of confidentiality. Respondents were assured of the confidentiality. Thereafter the study sought for the informed verbal consent of respondents before the interview which is already in use in Nepal due to some problem in the written informed consent [1,17]. Data was analyzed using SPSS version 20.0. For the statistical analysis, frequency table, percentage, mean and chi square test were used.

Results

Socio-demographic characteristic of respondents

Table 1 shows that the mean age of research participants was 71.43 years (SD=± 8.006) (Table 1). Majority of the respondents were female (58.9%). Over three fifth (63.1%) respondents were married. Average household size was 6.87 (SD = ± 3.297). Overwhelming majority of respondents (85.2%) reported that they were residing with their son/daughter in law followed by spouse only (7.9%). It was found that about less than two percent (1.5%) respondents were residing with their daughter/son in law. Furthermore, it was also found that about three percent (2.7%) respondents were residing alone. In this study, 14.8% respondents reported to have faced some form of abuse. Most of the literate elderly (18.7%) were found that they had no formal education followed by Basic education (4.0%), secondary level education and SLC and above (1.1%) in the study area. It was observed that over two third of the respondents (68.9%) have at least one physical health problem. About half of the respondents (48.4%) had owned some land in the study area.

Elderly people's perception towards quality of life

Table 2 shows the status of QOL with socio-economic variables. This study found nearly half (45.9%) of the total respondents took a neutral position while rating their QOL i.e., neither poor nor good, while about one-third of them (35.1%) reported their QOL to be good and nearly one-fifth (19.0%) reported their QOL to be poor.

About half of the female respondents (50.0%) rated their QOL as neither poor nor good compared to forty percent of male respondents (Table 2). About forty percent of male respondents (41.3%) and less than one third of the female respondents (30.7%) rated their QOL to be good. The data on age of respondents reflects that about slightly less than half of the respondents (48.2%) aged below 75 and about 40 percent (40.6%) of the respondents aged 75 years and above rated their QOL as neither poor nor good. Slightly less than 40 percent (38.7%) of the respondents aged below 75 years and slightly more than one quarter (26.7%) of the respondents aged 75 years and above rated their quality of life to be good. Little less than forty percent of married respondents (39.5%) rated their QOL to be good, while the corresponding figure for

Background characteristics	Number	Percent	Indices
Age (Years)			
60-64	112	20.5	Mean age =71.43 SD= ± 8.006
65-69	132	24.1	
70-74	138	25.2	
75-79	76	13.9	
80-84	47	8.6	
85+	42	7.7	
Sex			
Male	225	41.1	Sex ratio=69.88
Female	322	58.9	
Marital status			
married	345	63.1	--
Others*	202	36.9	
Household size			
Five persons and more	440	80.4	Mean=6.87, SD= ± 3.297
Up to four persons	107	19.6	
Elderly abuse			
Yes	81	14.8	--
No	466	85.2	
Living arrangement			
Living with spouse	43	7.9	--
Living with son/daughter in law	466	85.2	
Living with Daughter/son in law	8	1.5	
Grand children	12	2.2	
Other family members	3	5	
Alone	15	2.7	
Level of education			
Illiterate	415	75.9	--
Literate but not formal education	102	18.6	
Basic education (1- 8)	22	4	
Secondary education (9-12)	6	1.1	
Higher education (bachelor +)	2	0.4	
Physical health problem			
Yes	377	68.9	--
No	170	31.1	
Land /property ownership			
Yes	265	48.2	--
No	284	51.6	
N	547	100	

Note: *Others include ever married, divorced, separated, widow/widower
Source: Field Survey, 2017

Table 1: Percent distribution of respondents according to background variables.

the unmarried or who were living isolated lives was little over than one quarter (27.7%). Over one third of elderly people (38.2%) who were not suffered from elderly abuse rated their QOL to be good, while the corresponding figure for those elderly who were suffered from elderly abuse was about one sixth (17.2%) of the respondents.

Background characteristics	How do you rate your quality of life			N	X² (p- value)
	Poor	Neither poor nor good	Good		
Age (Years)					
60-74	13.1	48.2	38.7	382	31.730 (0.000)
75+	32.7	40.6	26.7	165	
Sex					
Male	18.7	40	41.3	225	8.336 (0.080)
Female	19.2	50	30.7	322	
Marital status					
Married	15.1	45.5	39.5	345	16.004 (0.003)
Others˙	25.8	46.5	27.7	202	
Household size					
Five persons and more	17.2	46.4	36.4	440	5.517 (0.238)
Upto four persons	26.2	43.9	29.9	107	
Elderly abuse					
Yes	25.9	56.8	17.2	81	17.766 (0.001)
No	17.8	44	38.2	466	
Living arrangement					
Living with spouse	30.2	25.6	44.4	43	60.056 (0.000)
Living with son/daughter in law	15.2	48.7	36	466	
Living with Daughter/son in law	25	50	25	8	
Grand children	50	33.3	16.7	12	
Other family members	100	0	0	3	
Alone	60	33.3	6.7	15	
Level of education					
Illiterate	22.4	49.6	28	415	67.677 (0.000)
Literate but not formal education	7.9	39.2	53	102	
Basic education (1- 8)	13.6	18.2	68.2	22	
Secondary education (9-12)	0	16.7	83.4	6	
Higher education (bachelor +)	0	0	100	2	
Physical health problem					
Yes	24.7	46.9	28.4	377	36.843 (0.000)
No	6.5	43.5	50	170	
Land /property ownership					
Yes	18.8	38.5	42.6	265	15.275 (0.004)
No	19.1	52.8	28.1	282	
Over All QOL	19	45.9	35.1	547	

Note: ˙others include ever married, divorced, separated, widow/widower
Source: Field Survey, 2017

Table 2: Elderly people's perception towards quality of life according to background variables.

Older people's living arrangement is an important factor that influences their QOL. In the present study, it was observed that a little over than one-third of the total respondents (36.0%) living with their son/daughter rated their QOL as good while the corresponding figure those elderly living with spouse only was more than forty per cent (44.4%). On further exploration of quality of life of respondents with their living arrangements reported that majority of the respondents 60.0%) living with alone and almost all the respondents (100.0%) living with other family members (i.e., nephew/nice in law) rated their quality of life as poor. It was observed that QOL of educated respondents found better as compared to those who were illiterate.

Almost all the respondents (100%) who have received higher education rated their QOL good while the corresponding figure for illiterate respondents was only little over one quarter (28.0%). Perceived QOL found better for those older people who have no any physical health problem compared those older people who were suffered from at least one health problem. It was observed that almost half (50.0%) older people who have no any physical health problem rated their QOL as good while the corresponding figure for those older people who were suffered from at least one health problem was reported little over one quarter (28.4%). Little over forty percent of respondents who have any sort of land property ownership (42.6%) rated their QOL to be good,

Variables	QOL	AG	GD	MS	HHS	AB	LA	EDS	PHS	LO
QOL	1									
AG	-0.198**	1								
GD	-0.075	-0.05	1							
MS	-0.141**	0.223**	0.339**	1						
HHS	-0.090*	-0.043	-0.047	0.033	1					
AB	-0.117**	-0.027	0.018	-0.02	0.041	1				
LA	-0.206**	0.096*	0.063	0.278**	0.157**	0.041	1			
EDS	0.257**	-0.124**	-0.305**	-0.229**	0.024	-0.052	-0.146**	1		
PHS	-0.246**	0.355**	0.057	0.129**	0.003	0.046	0	-0.134**	1	
LO	0.104*	0.056	-0.766**	-0.135**	0.084*	0.018	0.013	0.257**	-0.037	1

**Correlation is significant at the 0.01 level (two- tailed).
*Correlation is significant at the 0.05 level (two-tailed).
Abbreviations: QOL: Quality of Life, HHS: Household Size; AB: Abuse; LA: Living Arrangements; AG: Age Group; EDS: Educational Status; GD: Gender Difference; PHP: Physical Health Problem; LO: Living Arrangements
Source: Field Survey, 2017

Table 3: Zero order correlation matrix.

while the corresponding figure for those respondents who have no any land/property ownership was only little over one quarter (28.1%) reported their QOL to be good.

This study found significant difference in QOL with age, marital status, abuse, living arrangements, level of education, physical health status and property ownership. This study further found no significant difference with sex and household size. Correlation matrix shows QOL is positively correlated with Property ownership and level of education and negatively correlated with age, sex, marital status, household size, abuse, living arrangements and physical health status (Table 3).

This study found two variables educational status (p=0.257) and land/property ownership (p=0.104) were positively correlated with elderly people's perception towards QOL. Other variables age group (p=-0.198), gender (p=-0.075), marital status (p=-0.141), household size (p=-0.090), living arrangements (p=-0.206) and physical health status (-0.246) were negatively related with elderly people's QOL.

Discussion

This is one of the first article which is exploring the QOL of Nepalese Nepalese elderly living in rural area. There are very little study carried out on the issues of elderly in Nepal and earlier studies only trying to focus on some different aspects of QOL of elderly [19-21]. This study found 45.9% elderly reported their QOL neutral (neither good nor bad), 35.1% reported good and 19.0% reported poor. There is not exact reason why many elderly reported their QOL as neutral is not known. It may be due to the living arrangement of elderly as more than 85% are living with children and feel easy to say it's neither good nor bad. A similar type of study was conducted by Nidhi Gupta in India in 2014 found that over one third (34.9%) of the total respondents took a neutral position while about half of them (46.9%) reported their QOL to be good and nearly one fifth (18.2%) of the respondents rated their QOL to be poor [22].

Moreover, the results also showed that the perceived QOL differed according to selected background variables. More specifically, older people aged 60-74 rated their QOL better compared to older people aged 75 years and above. In this context, Pinquart and Durgawal [23,24] argued that advanced age reduces the quality of life most of all. This study found that little over forty per cent of male respondents (41.3%) rated their QOL to be good, while only about less than one third of the female respondents (30.7%) reported their QOL to be good. Studies investigating perceived well-being in rural South African settings have found gender effects; however, the strength of the relationship is

contested [25-28]. In several studies, older women report worse quality of life evaluation than older men. In addition, in rural samples there is also evidence that differing gender expectations may be influencing affective well-being, with older women reporting worse affective well-being [28]. Both gender and age of an individual may influence quality of life of older people. In this context, Kofi Annan [29], the former United Nations Secretary-General, pointed out that, "women comprise the majority of older persons in all but a few countries. They are more likely than men to be poorer in old age, and more likely to face discrimination."

Moreover, the results also showed that the perceived QOL of older people differed according to types of living arrangements. More specifically, those living with other family members (i.e., nephew/niece in law) and alone fared the worst. In this context, Gee [30] found that living alone significantly reduces quality of life among Chinese-Canadian elder people. More specifically, Chinese elderly widows who live alone at risk of low well being. On the other hands, Huang and Liu [31] concluded that living with children may generate negative effects on elders' wellbeing. The elders who do not live with children may have more time and opportunities to participate in community activities and development their network, which may help them achieve better quality of life. Mckillop [32] found that quality of life in those who live with family is statistically significantly greater than among those who live alone. It was observed that the respondents living alone due to no support from children rated their QOL as poor compares to those elderly living alone due to children living in other areas and having no own children.

This study found that that perceived QOL of educated respondents found better as compared to those who were illiterate. Almost all respondents who have passed higher education (Bachelor+) rated their QOL as good while corresponding figure for illiterate was only little over one quarter (28.0%). Furthermore, this study also found that perceived QOL of married respondents found better as compared to those who were single. It was observed that little less than forty percent of married respondents (39.5%) rated their QOL to be good, while over one quarter (27.7%) of the unmarried or who were living isolated lives rated their QOL to be good. In this context, Fernandez and Kulik argued that being younger, married, and having higher level of education have all been associated with greater reported of quality of life. This study found that perceived QOL found better for those elderly who have no physical health problem compared to those elderly who were reported at least one physical health problem. It was observed that It was observed that near about half (50.0%) older people who have

no any physical health problem rated their QOL as good while the corresponding figure for those older people who were suffered from at least one health problem was reported little over one quarter (28.4%). In this context, Dongle & Deshmukh found that physical health status contribute to better quality of elderly life [33-35].

This study found that perceived QOL found better for those older people who were not suffered from elderly abuse compared to those who were suffered from elderly abuse. Little less than forty percent of respondents (38.2%) who were not suffered from elderly abuse rated their QOL to be good, while the corresponding figure for those elderly who were suffered from elderly abuse was about one sixth (17.2%) of the respondents. In this context, Gupta [22] found that quality of life of older women was significantly affected by experience of abuse. Older women experiencing abuse had significantly low mean scores all the dimensions of QOL.

Limitations of the Study

This study is limited on the selected households of rural area of Kailali district and focused only on the elderly people aged 60 years and above. The cross-sectional nature of the study cannot explain the causal relationship. Simple statistical tool like frequency, percentage, average, and correlation analysis is used. Single item QOL scale is not a sufficient tool to measure the multidimensional nature of QOL of elderly.

Conclusion

This study found 45.9% elderly reported their QOL neutral (neither good nor bad), 35.1% reported as good and 19.0% reported poor. Further, this study shows educational status and land/property ownership were positively correlated with QOL and on the other hand age, gender, marital status, household size, elderly abuse, living arrangements and physical health status were negatively correlated with QOL. Findings based on this cross-sectional study and single item QOL scale cannot be generalized and a further in-depth study with standard questionnaire of QOL is required to assess the real quality of life of elderly.

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