PERCEIVED WELL-BEING IN LATTER LIFE: A RURAL AGEING PERSPECTIVE

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Abstract

Rural Nepal's senior population faces numerous challenges, including social isolation, unstable economies, and inadequate access to healthcare. Their QoL, which is impacted by chronic illnesses, disabilities, and financial difficulties, is made worse by insufficient government assistance. The shifting nature of conventional family structures, which were previously an essential source of stability and support, leaves many elderly people, particularly women, vulnerable. The purpose of this study is to identify the perception-related quality of life (QoL) and factors influencing the well-being of senior adults in rural Nepal. A total of 190 participants aged 60 years and above from Chhathar Rural Municipality were surveyed in a quantitative study examining their perception of Quality of Life (QoL) using quantitative methods. The results showed that while individuals living with family and younger seniors (less than 70) reported higher levels of life satisfaction, financial dependency had a detrimental effect on quality of life. Living a single life and the absence of financial support can contribute to dissatisfaction in old age. When needed, older adults sought medical attention, but accessibility was still a problem. The study highlights the value of improved social safety nets, mental health services, and healthcare systems in enhancing the well-being of senior citizens in rural Nepal.

Key Words: Aging, Health Perception, Quality of life, Social Security

Introduction

The world is experiencing significant demographic shifts, with a rapidly increasing proportion of senior individuals. It's predicted that in just 15 years, the number of elderly individuals will rise by approximately 60% by 2030, the global elderly population is expected to reach one billion, accounting for 12% of the world's total population (Hey, 2016). Their feelings about their lives and their place in society directly shape their overall perception of their quality of life (Cantarero & Potter, 2014). The standard of

living refers to "an existent's perception of their life in the environment of the culture and value systems in which they live and about their pretensions, prospects, norms and enterprises" (WHO, 1997). Seniors' quality of life is a multifaceted term that extends beyond their physical health to encompass social involvement, mental health, financial security, and access to healthcare (Kelley, 2009). Elderly individuals frequently witness advanced rates of habitual illness, disability, and internal health issues, and their access to healthcare and social support networks can be significantly restricted due to isolation and socio-economic inequalities (Donovan & Blazer, 2020). The challenge is therefore not only to understand the physical and internal health enterprises of the senior but also to examine the broader socio-artistic and environmental factors that shape their everyday lives (Anderson et al., 2024). Seniors' quality of life (QoL) is influenced by a wide range of factors, such as social problems, elder abuse, reluctance to seek help and awareness of risk factors, nutritional needs, mental and emotional difficulties, limited resources, the consequences of the healthcare system, and physical ailments (Maresova et al., 2019). Aged persons in southern Bangladesh reported a moderate quality of life score, according to a study on the subject and the relationship between quality of life and likely sociodemographic characteristics(Mohammad, 2017). As Nepal's population ages and the percentage of senior people rises, the country is currently experiencing a demographic shift. The aging index scaled significantly from 23.3 to 36.7, and the median age rose to 25 years old during the decade between the 2011 and 2021 censuses, exhibiting this change (Chalise, 2023). Research in rural Nepal has demonstrated that the financial status of older individuals has a significant impact on their quality of life (Joshi, 2020). Similarly, poverty, inadequate infrastructure, and limited access to healthcare make it sometimes difficult to ensure that the elderly live respectable, healthy, and fulfilling lives in rural areas. Because of ongoing limitations in access to basic amenities like healthcare, transportation, and social care, elderly people in pastoral Nepal face numerous obstacles in sustaining a high standard of living (Acharya et al., 2022). Older persons in pastoral areas have less money to support themselves since government social security and pension systems are either nonexistent or poorly run (Varambally, 2024). Nepal's elderly population largely lacks pension coverage, instead relying on personal savings, family support, or continued employment (Chalise et al., 2022). Therefore, individual savings and the age limitations of the national pension plan significantly impact their aging experience. In rural areas, a lack of access to healthcare services often results in misdiagnosis and neglected illnesses, intensifying the physical suffering of the elderly, according to a study by Koirala et al. (2018). Furthermore, the absence of basic healthcare infrastructure in many of these communities considerably complicates the monitoring of seniors' health. The quality of life for elderly people in rural Nepal is determined by a variety of sociodemographic

factors, including age, gender, marital status, income, education, and social support (Acharya et al., 2022). Understanding the socioeconomic and demographic traits of older adults is crucial to determining their well-being and quality of life (Joshi, 2020). A survey found that about two-thirds of older persons suffer from anxiety, loneliness, and depression, and that over 80% of seniors live with their children (Chalise, 2021). In addition to sociocultural influences and economic disparities, older women in rural areas are more likely than men to report poorer health and well-being (Carmel, 2019). In Nepal, gender significantly affects the quality of life for older adults, with women experiencing more difficulties than men (Rijal et al., 2021). While the majority of aging research in Nepal has centered on urban populations, particularly urban seniors who form the largest segment of the elderly, a significant gap remains concerning rural elders. This study contributes to filling this gap by thoroughly investigating the quality of life among older adults in rural Nepal, employing both objective and subjective measures of well-being. This study aims to assess the Perceived Well-being in latterly Life from A Rural Ageing Perspective in Nepal and pinpoint the major determinants of their well-being.

Method

Study design, place and period

This was a cross-sectional survey carried out in the rural municipality of Chhather, Angdim-1, located in the eastern hills of Koshi province, from October to December 2023.

Population and sample

6931 men and 7266 women, 1173 of whom were over 65, made up the 14197 residents of the rural Chhather area (CBS, 2021). The rural towns in Chhather's Angdim-1 that made the survey's list have a distinctive socioeconomic composition. The study's participants were contacted in their rural homes, were older (at least 60 years old), and had the cognitive capacity to answer the questions. Given $p = 0.05$ and a 95% confidence interval, a random sample of 190 was drawn from the 198 elderly individuals who were present at the register sites. They were chosen at random from the data generated preceded it.

Study protocol

A structured questionnaire that was self-designed was used to collect sociodemographic data for the study. The Nepali version of the validated WHOQOL-BREF questionnaire was used to evaluate the quality of life of senior adults. A simplified version of the

WHOQOL-100, the WHOQOL-BREF has 20 items. Physical health, psychological well-being, social relationships, and environment are the four domains into which these items are divided, along with thirty-two questions about general health and overall quality of life. A 5-point Likert scale (Nepali version) was used to rate each item. The Statistical Package for the Social Sciences (SPSS) 13.0 program was then used to examine all of the data, performing both statistical and descriptive analyses. With values derived from the median of the participants' responses to the questions, the relationships between the sociodemographic factors and quality of life were examined and classified as "satisfactory" or "unsatisfactory." The connection ($p < 0.05$) in the bivariate analysis was confirmed using the chi-square test, also known as Fisher's test. In multivariate analysis, the variables with a p-value of less than 0.2 advanced to the final model's adjustment stage. Quality of life was categorized as either "satisfactory" or "unsatisfactory" based on the median number of correct or positive responses to the questions.

Results and discussion

Results

A total of 198 elderly individuals residing in rural areas were invited to participate in the study; of these, 8 refused to answer, and 190 responded to the questionnaire. The mean age of the respondents was 69 years (range: 60-95 years). Among the respondents, 108 (56.84%) were female, 103 (54.21%) were married, and 60 (31.58%) were widowed. Regarding occupation, 120 (63.16%) of the elderly reported agriculture as their profession, with 17 (63.16%) currently working as housekeepers, 16 (8.42%) as business helpers, and 24 (12.63%) reporting no current occupation. The predominant education level among the elderly was incomplete primary education, 82 (42.16%), with 53 (27.89%) reporting literacy (i.e., the ability to read and write). In terms of caste/ethnicity, 88 (46.32%) identified as Brahmin/Chetri, 91 (47.89%) as Janjati, and 11 (5.79%) as Dalit (Table 1).

Table 1: Key characteristics of study participants

Variables	N	%
Age Group		
60-69	97	51.05
70-79	80	42.11
80+	13	6.84
Gender		

Male	82	43.16
Female	108	56.84
Marital Status		
Married	103	54.21
Widow/er	60	31.58
Single	19	10.0
Divorced/Separated	8	4.21
Level of education		
Illiterate	7	3.68
Literate	53	27.89
Primary	82	43.16
Secondary	39	20.53
Higher Education	9	4.74
Cast/Ethnicity		
Bramin/Chetri	88	46.32
Janajati	91	47.89
Dalit	11	5.79
Profession		
Farmer	120	63.16
House Keeper	17	8.95
Domestic helper	13	6.84
Business helper	16	8.42
Did not work	24	12.63
Financial Support		
Yes	92	48.42
No	98	51.58
Living Alone		
Yes	88	46.32
No	102	53.68

In terms of self-perception of health, 80 respondents (42.11%) rated their health as good, while 17 (8.95%) rated it as poor. Regarding consultations with health professionals, 92 respondents (48.42%) reported utilizing Primary Health Care services, 60 (31.58%) consulted with a pharmacy, and 10 (5.26%) consulted with other sources, namely

Dhami/Jhankri (Table 2). In the occurrence of diseases or sicknesses, 113 (59.74%) of the elderly mentioned that they obtained care, and 77 (40.53%) did not obtain it. Regarding satisfaction with life, 60 (31.58%) answered agree; 51 (26.84%) answered agree in general, and 79 (41.58%) answered disagree. As for memory evaluation of elderly people, excellent memory was evaluated by 45 (23.68%); 81 (42.63%) as good, and 18 (9.47%) evaluated bad (Table 2). The sample was stratified into two size groups, approximations, and, as a result, cross-tables to express such variables in the sample. The variable-response "quality of life" was divided into "unsatisfactory quality of life" and "satisfactory quality of life" from the median results.

Table 3 presents the results of the bivariate analysis between the socio-demographic variables and the separated variable-response, especially those with association ($p < .05$). Blow the age 70 elders 50 (51.55%), who are married 79 (76.70) and those who had good health 58 (72.50) presented satisfactory quality of life. Older people who reported up to primary education 58 (70.73), who had farming profession 58 (70.73) no financial support 51 (52.04), living alone 60 (68.18), did not receive care when get sick did not receive care when get sick (72.7%), with poor memory 12 (66.67) who defined their health as poor 11 (64.70) had an unsatisfactory quality of life (Table 3).

Table 2: Perceptions of the elderly (N = 190) living in the rural area related to their own health, life, and other variables, Chhather Rural Municipality, 2024

Self-Perception about Health	N	%
Great	34	17.89
Good	80	42.11
Regular	59	31.05
Bad	17	8.95
Consultation with a Health Professional		
PHCC	92	48.42
Private Hospital	20	10.53
Pharmacy/Medical	60	31.58
Did not check	8	4.21
Others	10	5.26
Satisfaction with Own Life		
I Agree	60	31.58
I Agree in General	51	26.84
Disagree	79	41.58

Memory Evaluation		
Excellent	45	23.68
Very Good	46	24.21
Good	81	42.63
Bad	18	9.47

Table 3: Unadjusted analysis of potential associated factors (sociodemographic and health variables) to the Quality of Life (QoL) of the elderly in rural areas, Chhather Rural Municipality, Angdim, 2024

Variables	**QoL**		***P and χ2 Value**
Average Age in Years	Un satisfactory N (%)	Satisfactory N (%)	
< 70	47 (48.45)	50 (51.55)	**0.0097 (11.0084)**
> 70	67 (72.04)	26 (27.96)	
Sex			**0.3072 (1.0425)**
Male	56 (68.29)	26 (31.70)	
Female	81 (75.0)	27 (25.0)	
Marital Status			**0.000087 (21.4014)**
Married	24 (23.30)	79 (76.70)	
Widow/er	22 (36.67)	38 (63.33)	
Single	13 (68.42)	6 (31.58)	
Divorce/Separated	6 (75.0)	2 (25.0)	
Education			**0.00001 (41.6595)**
Illiterate	5 (71.43)	2 (28.57)	
Literate	41 (77.36)	12 (22.64)	
Primary	58 (70.73)	24 (29.27)	
Secondary	8 (20.51)	31 (79.49)	
Higher Education	2 (22.22)	7 (77.78)	
Cast/Ethnicity			**0.4169 (1.7495)**
Bramin/Chetri	41	47	
Janajati	39	52	
Dalit	7	4	

Profession			**0.1390 (6.9413)**
Farmer	71 (59.17)	49 (40.83)	
House keeper	7 (41.18)	10 (58.82)	
Government Job	5 (38.46)	8 (61.54)	
Business	9 (56.25)	7 (43.75)	
Others	18 (75.0)	6 (25.0)	
Financial Support			**0.3028 (1.0618)**
Yes	41 (44.56)	51 (55.43)	
No	51 (52.04)	47(47.96)	
Living Alone			
Yes	60 (68.18)	28 (31.81)	**0.1418 (2.1576)**
No	59 (57.84)	43 (42.16)	
Self-Perception of Health			**0.000021 (24.3977)**
Great	6 (17.65)	28 (82.35)	
Good	22 (27.50)	58 (72.50)	
Regular	34 (57.63)	25 (42.37)	
Bad	11 (64.70)	6 (35.29)	
Obtaining Care when Seeking			**0.1040 (2.6422)**
Yes	51 (45.13)	62 (54.87)	
No	44 (57.14)	33 (42.86)	
Consultation with a Health Professional			**0.2118 (5.8346)**
PHC	55 (59.78)	37 (40.22)	
Private Hospital	9 (45.0)	11 (55.0)	
Pharmacy	43 (71.67)	17 (28.33)	
Did not Checked	6 (75.0)	2 (25.0)	
Others	7 (70.0)	3 (30.0)	
Satisfaction with Life			**0.0124 (8.7644)**
I Agree	22 (36.67)	38 (63.33)	
I Agree in General	20 (39.21)	31 (60.78)	
I Disagree	47 (49.49)	32 (40.51)	

Memory Evaluation			
Excellent	11 (24.44)	34 (75.55)	**0.00036 (18.3890)**
Very Good	21 (45.65)	25 (54.35)	
Good	31 (38.27)	50 (61.73)	
Bad	12 (66.67)	6 (33.33)	

*Note: *Person's chi-square. (P value significant at < .05)*

Discussion

This study responded to the perceived well-being of the old age population from a rural perspective. The main result is centered on the responses to satisfaction with QoL, self-perception about health, and satisfaction with life. Below the age of 70, 50 (51.55%), who are married 79 (76.70%), and those who had good health, 58 (72.50%), presented a satisfactory quality of life. Older people who reported up to primary education 58 (70.73), who had farming profession 58 (70.73) no financial support 51 (52.04), living alone 60 (68.18), did not receive care when getting sick (72.7%), with poor memory 12 (66.67) who defined their health as poor 11 (64.70) had an unsatisfactory quality of life (Table 3).

First, the result of this study showed that 51.55% percent elderly individuals reported a satisfactory Quality of Life (QoL). This result is supported by a similar type of study conducted in Kavre, Nepal (Risal et al., 2020). And Small Rural Towns in the Midwest (Cantarero & Potter, 2014). The study shows that the significant majority (61.58 percent) of elderly individuals perceived their health positively as reflected in their satisfactory QoL responses. This response rate is also supported by the study of aging perception as a key predictor of self-rated health by rural older people in Spain (Zorrilla et al., 2022). Financial dependence was found to be associated with an unsatisfactory Quality of Life (QoL) for 52.04 percent of elderly individuals, which result was supported by a similar study conducted in Bangladesh (Dasgupta et al., 2018).

In this study, the health-related perception among elder adults showed that a majority (43.11 percent) rated their health as "Good," while 8.95 percent considered their health "Bad." These findings are also supported by the study conducted in Deharadun-India (Kaur et al., 2015). The study showed that the majority of participants, 48.42 percent, sought consultations at a Primary Health Center, whereas 10.53 percent went to a private hospital for health care access. Just 4.21 percent of people did not seek medical attention when necessary. The majority of respondents, 59.47 percent, said they sought

medical attention when ill, suggesting a considerable propensity to do so. An analysis of respondents' satisfaction with life revealed that 31.58 percent expressed complete agreement, 26.84 percent reported general agreement, and 41.58 percent indicated complete disagreement. A study on memory evaluation in elderly people revealed that the majority (42.63 Percent) demonstrated good memory, with a smaller proportion reporting excellent (23.68 percent), very good (34.21 percent), and bad (9.47 percent) memory.

The present study reported that there is a significant association of Age with Quality of Life ($\chi2$=11.0084, p=0.009). This finding is similar to the findings of the study conducted in Kailali district, the far west province of Nepal (Joshi, 2020). The study found that there is a significant association of elders' QoL with marital status ($\chi2$=21.4014, p=0.000087). This finding is similar to the conducted study in rural Brazil (Garbaccio et al., 2018). This study showed that positive association between QoL and the level of education of elderly people ($\chi2$=41.6595, p=0.00001), which was supported by a study conducted in Chitawan (Paudel et al., 2023). In this study, self-perception of elderly people is a significant association with QoL ($\chi2$=24.3977, p=0.000021), which was relevant to the study conducted in Brazil (Garbaccio et al., 2018). This study also found that significant association between memory evaluation and QoL ($\chi2$=21.4014, p=0.000087), the finding was similar to the study conducted in rural Brazil (Garbaccio et al., 2018). Contrary to a study in Nepal's far west Kailali district that found a significant association between gender and Quality of Life, the current study yielded no such association ($\chi2$=1.0425, p=0.3072). This discrepancy may be due to differences in the rural settings (eastern vs. western), the current study's small sample size, or variations in study design. Contrary to a study in Chitawan that reported a positive association between Quality of Life and the Indigenous people, the present study found no significant association with caste/ethnicity ($\chi2$=3.782, p=0.052) (Subedi et al., 2023). Contrary to a Brazilian study (Garbaccio et al., 2018) that found financial support to be associated with Quality of Life, the present study showed no significant association ($\chi2$=1.0618, p=0.3028), possibly due to its small sample size. Similarly, while Garbaccio et al. (2018) reported that living alone was associated with Quality of Life, the current study found no such significant association ($\chi2$=2.1756, p=0.1418).

Conclusion

The study revealed that both explained satisfaction and dissatisfaction with Quality of Life (QoL) are significantly influenced by age. Furthermore, older married individuals and marital status were statistically strongly associated. Additionally, there

is a considerable correlation between older adults' quality of life and their level of education. Particularly, older individuals' quality of life and how they are perceived are highly correlated. Moreover, the study discovered that the gender domain was the only one that had a significant association with QoL. The QoL and memory of elderly persons were statistically significant. Elderly people's overall quality of life was also found to positively correlate with living alone.

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