



EXTENDED ABSTRACTS

Quality of Life of Nepalese Elderly Living in Rural Nepal

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ABSTRACT

After the restoration of democracy in 1990, Nepal has been practicing more liberal and participatory democratic practices in development process. Therefore, it was hypothesized that the distribution of quality of life has been speculated more equitable, justifiable, and uniformly distributed over the country. Data for the analysis were mainly taken from the Human Development Index (HDI) of two successive Human Development Reports jointly prepared and published by the Government of Nepal and United Nations Development Programme (UNDP) Nepal in 1998 and 2014. Both the reports were prepared by the independent Nepalese scholars and the index was computed by the “goal posts” suggested by the UNDP. Since the changes in political system, governance pattern, and power nexus after the people’s movement and restoration of democracy in 1990s, there is a progress in mean index value but the distribution pattern of HDI in 1996 and 2014 does not show much difference. Even some accessible and better scored Tarai districts in 1996 showed a downward trend on quality of life. The expectation of people toward the change in their quality of life after the restoration of democracy did not match properly. It has also widening the gap between a few accessible core districts and several peripheral inaccessible districts. Therefore, a better corrective measure has to be adopted for the enhancement of the quality of life of the people as a whole. The way we think about health and health care is changing. The two factors driving this change are the recognition of the importance of the social consequences of disease and the acknowledgement that medical interventions aim to increase the length and quality of survival. For

these reasons, the quality, effectiveness, and efficiency of health care are often evaluated by their impact on a patient's “quality of life.”

The term Quality of life is used in a wide range of contexts, including the fields of international development, healthcare, and politics. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging. According to ecological economist Robert Costanza: "While Quality of Life (QOL) has long been an explicit or implicit policy goal, adequate definition There is no consensus on the definition of quality of life as it is affected by health (health related quality of life). Definitions range from those with a holistic emphasis on the social, emotional, and physical wellbeing of patients after treatment¹ to those that describe the impact of a person's health on his or her ability to lead a fulfilling life.² This article assumes it to be those aspects of an individual's subjective experience that relate both directly and indirectly to health, disease, disability, and impairment. The central concern of this paper is the tendency to regard the quality of life as a constant. We contend that perceptions of health and its meaning vary between individuals and within an individual over time. People assess their health related quality of life by comparing their expectations with their experience. We propose a model of the relation between expectations and experience and use it to

illustrate problems in measuring quality of life. The implications of these concepts for the use of quality of life as an indicator of the need for treatment and as an outcome of care . Basic common Issues regarding older adults are recognized as a main advance research priority in most of the developed countries, evidences were founds and detected by a growing body of research in the area of psychological, social and health needs of the aged. Standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time. Quality of Life (QOL) of elderly is an vital issue that should be discussed with whole world to know about the elderly conditions of what people are facing and going through. The main purpose of this research paper is to assess the QOL of Nepali elderly in rural Nepal. A random sampling study carried out in 2017 in Kailali district, western part of Nepal. Aggregate sample size for this study was 547. Theory studies used a single item Likert scale QOL question to assess the quality of life of elderly. Mean age was found to be 71.43 (SD= \pm 8.006) years. Majority of the respondents were female (58.9%) and the average household size was 6.83. The studies shows a report of 45.9% elderly reported their QOL neutral (neither good nor bad), 35.1% reported as good and 19.0% reported poor. Further, even this study shows educational status of the people who resided there since a long time And land/property ownership were positively correlated with QOL ,whereas age, gender, marital status, household size, elderly abuse, living arrangements and physical health status were negatively correlated with QOL. More further detailed study with standard questionnaire of QOL is required to assess the real quality of life of elderly and I personally request to government that they should focus more provide the QOL to elderly with increasing age.

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