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Quality of life:
Experiences of Nepalese older adults

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Abstract

[This thesis explores the quality of life experiences of Nepalese older adults 65 years and older in Tokha, Kathmandu. It further explores what can improve their quality of life experiences. A qualitative study with a phenomenological approach was used for the research. Data was collected via interviews with ten participants after purposive and convenience sampling. After the interviews were transcribed, an inductive approach was used to analyze the data and produce the results. Similar patterns in the data were coded and grouped into themes. Research revealed that overall quality of life experiences is good. Despite various health problems, most participants could perform their daily activities independently. Healthcare systems were expensive but easily feasible. Most participants felt wealthier and were satisfied with the community development and government allowances. Social relationships were complicated for some participants, but most received the support they needed. They are accepting the changes positively. Community parks, temples, meditation, and spirituality played an essential role in their everyday life. They want to learn to read, write, and use mobile phones. Keywords: Quality of life, older adults]

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Oslo 2024

Abbreviations

FOF: Fear of falling
GDS: Geriatric Depression Scale
QOL: Quality of life
WHOQOL: The World Health Organization Quality of life Assessment
WHOQOL-BREF: World Health Organization Quality of life Brief Version

Acknowledgements

I would like to thank my supervisor, Rune Halvorsen, for his guidance and my mother, Kamala Devi Thapa, for arranging the interviews with the participants for this research and accompanying me throughout the interviews. All of above I would like to express my gratitude to 'Om Shanti Shrijana Nari Ship Bikas Sanstha' a non-governmental local organization in Nepal for giving me permission to conduct this research on their behalf. I am grateful to all the participants for their warm gestures toward me and for voluntarily accepting my request.

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Chapter 1: Introduction and background

1.1 Introduction

People are living longer worldwide, and the population aging is rising. The number and proportion of people older than 60 are increasing worldwide. The population was 1 billion in 2019 and is anticipated to rise to 1.4 billion by 2030 and 2.1 billion by 2050. One in six people in 2030 will be 60 years or over. Low and middle-income countries will have 80 percent of the older adults by 2050. Shifting the distribution of the country's population towards older adults, low- and middle-income countries are now experiencing the most significant change. Two-thirds of the world's population who are 60 years or older is anticipated to live in low- and middle-income countries (World Health Organization, 2024).

QOL has become necessary for older adults and those caring for them (McBee, 2008, p. 76). The World Health Organization's definition of quality of life focuses on the respondent's perceived Quality of life, which does not require a measure of detailed symptoms, conditions, diseases, or disability as objectively judged but instead the perceived results of disease and health interventions on the person's QOL. Understanding the QOL in old age is important and has become essential for social, medical, and nursing care. The famous slogan says, "Add life to years, not years to life." The United Nations' second international action plan for aging persons demanded the promotion of active aging, well-being, and QOL in older adults. (Boggatz, 2020, p. 7).

Studying older adults' quality of life (QOL) experiences makes us aware of their situation. Similarly, it will provide evidence where the necessary policy implementation is required. As a nurse working and living in Finland, I am aware of the QOL of older adults, and my patients, who happen to be older adults, mostly share their experiences regarding their QOL. However, despite coming from a Nepali

background, I have limited exposure to the QOL experiences of older adults in Nepal. I became interested in learning about their QOL experiences living with their families and in their own homes. Even though there have been studies on the QOL of older adults in Nepal, I could not find any study done particularly focusing Tokha.

This thesis aims to explore the quality of life experiences of Nepalese older adults 65 years and older. It further explores what can improve their quality of life experiences. The thesis results will help local organization as they plan to introduce programs that are interesting to older adults and enhance their QOL experiences. Similarly, this research will add updated knowledge about older adults' quality of life experiences, benefiting interested readers, students, and policymakers.

1.2 Research questions:

1. What is the quality of life experiences of community-dwelling older adults 65 years and older in Tokha?

2. What can be done to enhance their QOL experiences?

1.2 Background

1.2.1 The older adults in Nepal

Figure 1Map of Nepal, indicating capital city Kathmandu (Britannica, 2023).

Nepal is a young country with over three-fifths of the population under 30. The childbirth rate matches the world average; however, the death rate is comparatively lower. Life expectancy for Nepali men is 70 years; for women, it is 72 years. (Britannica, 2023). Nepal is also entering the phase of demographic transition. Over 60 population is predicted to reach 10 percent of Nepal's pollution in the next few years. Wealthier countries tend to have a larger elderly population compared to Nepal. Older adults in Nepal face lots of challenges. As aging is speeding, the existing healthcare system and economy might fail to mitigate its challenges. Another challenge is the need for more rehabilitative and long-term care services for older people. Besides the lack of health facilities, the growing cities and urban areas need to be more friendly to the older population. The lack of proper infrastructure for people with disabilities and the elderly makes navigating cities difficult. (Kandel, 2018)

In Nepal, members from different generations of the family live together jointly. The well-being of older adults is the responsibility of the family rather than the government. Nepalese tradition supports caring for older adults, and paying respect is believed to be a good deed. The government supports this duty, officially recognized in Nepal's senior citizen Acts. (Tausig & Subedi, 2022, p. 2). Senior Citizens Act, 2063 (2006) states respect, maintenance, and care of the senior citizens

and providing facilities and concessions (Senior Citizens Act, 2006). The government of Nepal started an old age allowance for the age of 68 under the social security program for the fiscal years 2022/2023. Earlier, the allowance was provided to citizens aged 70 years. The older adults who meet age-based criteria have been receiving Rs 4000 monthly. (NepalNews, 2022).

The nation raised the monthly budget for senior citizens to Rs 4000 from Rs 3000 monthly (Khanal, 2023). A maximum number of beneficiaries used the social security allowance for food, clothes, and transportation. Health was the second expense from allowance by fifty percent of the allowance receivers. Buying gifts and materials for offspring was used by one-fifth of the respondents. The last use of allowance was for traveling or giving wages. Around 62 percent were dissatisfied with the allowance distributed. (Malakar & Chalise, 2018, p. 3).

Based on the study done by Joshi et al. (2018), most older adults perceived their QOL as neither good nor bad in the rural western part of Nepal. A study done in a district in Nepal Kavre, which is a mixture of urban and rural communities, revealed their QOL as good. QOL in old age can be improved by care directed towards their physical and psychological health, strengthening family relations, and financial independence. (Risal et al., 2020). A study by Acharya Samadarshi et al. (2022) suggests particular care strategies for vulnerable older adults, addressing the issues affecting geriatric depression, increment of income, encouraging family and community for social support, and making health services affordable for older adults. Promoting relevant research can help navigate the situation and needs of older adults in Nepal (Kandel, 2018).

1.2.2 Brief information about the author

My own experiences could influence this thesis. To make this research transparent and value-free and to maintain objectivity, it is equally important to make the readers aware of my social background. I should recognize my values and possible biases that can impact the overall findings of this research. I am aware that I cannot entirely avoid the influence of my values on this research, but I have paid attention to minimizing it as much as possible.

I am a Finnish citizen, but my country of origin is Nepal. I work as a nurse in Finland, and I have seen and taken care of older adults who are physically weak, with multiple health conditions, who have recurrent falls, and whose activities of daily living are dependent on others. While caring for older adults, I hear about their life experiences and also about QOL experiences. Investigating the QOL experiences of older adults living in their own homes with their families in Nepal is a new experience as a researcher.

There are some similarities and some differences between me and my participants. Our common grounds are that my participants and I are Nepalese, our national language is Nepali, and my family house is in Tokha, the study site of this research. Moreover, all my participants and I follow the same religion, Hinduism. However, there are many differences between me and my participants in terms of culture, language, and age. I do not belong to the Newar ethnicity; nine out of ten participants were Newar. They speak Newari, and I do not. All the participants are from Tokha. I am not a local in Tokha. My family relocated to this place from a rural part of Nepal around eleven years ago. I live in Finland, so I visit Tokha sometimes as a holiday spot.

1.2.3 Partner Organization

Picture 1 Hoarding Board of the Partner. Photo by Binit Thapa.

'Om Shanti Shrijana Nari Ship Bikas Sanstha is a local nonprofit organization from Kathmandu, Nepal. This organization has opened its service center in various cities in Nepal besides Kathmandu, such as Pokhara, Baglung, and Syangja. This organization focuses on vocational training for unemployed individuals, regardless of age and gender, who are willing to develop skills to generate income and make them independent, for example, painting, sewing, cooking, incense production, and fast-food snacks. It provides free training for those who are from lower economic backgrounds. This organization provides donations to underprivileged children and women.

This organization also works as a team with other local organizations for more significant projects, such as afforestation programs and reaching out to people suffering from natural disasters. This organization has conducted social awareness programs on common diseases, women empowerment, and leadership training. The government provides funding for some training and projects; however, this organization is run on charity mainly by the members of the organization. More than

a hundred members are participating in various programs conducted by this organization. I am a member of this organization, but I am unable to contribute actively. By doing this research, I will contribute something to the organization.

1.2.4 Thesis outline

The thesis consists of Seven chapters. Each chapter serves a specific purpose.

The first chapter introduces and provides background. The second chapter searches the studies and information published about the quality of life experiences of older adults. The third chapter presents the key concepts. The fourth chapter presents the methodology used for the thesis. The fifth chapter focuses on the results based on the methodological approach. The sixth chapter presents a discussion, and the seventh chapter completes the thesis with a conclusion.

Chapter one:

The chapter starts with an introduction that sets the context and aim of the study. It then presents the research questions. The background includes information about Nepalese older adults, the author's social background, the partner organization, and the thesis outline.

Chapter two:

Chapter two presents the literature review about the QOL experiences of older adults based on the studies searched in SCOPUS and ORIA. This section provides a general understanding of older adults' QOL experiences that is relevant to my study.

Chapter three:

Chapter three presents this research's important concepts: quality of life, aging, and healthy aging.

Chapter four:

Chapter four presents the methodology: qualitative research, ethical considerations, participants' information, and data analysis.

Chapter five:

Chapter five presents the research findings as five themes: health, wealth, social relationships, and daily activities.

Chapter six:

The sixth chapter's discussion includes a reflection on research results, limitations, and recommendations.

Chapter Seven:

The final chapter concludes the research.

Chapter 2: key concepts

3.1 Quality of life

Quality of life (QOL) is usually understood as a good life. In the field of social sciences, the concept of QOL was born in the 1970s and was soon used in medicine and health (Irtelli et al., 2020, p. 17). However, when people are asked to elaborate on the meaning, the concept of the good life gets complicated, and disagreements are apparent. Different approaches to define QOL include approaches based on subjective well-being, human needs, expectations, and phenomenological

viewpoints. Objective approaches are based on hedonism, flourishing, and life satisfaction. (Karimi & Brazier, 2016, p. 2).

QOL and health often need clarification; more than the term health is needed to explain QOL. For example, a person with poor health or functional status can express a high QOL and vice versa. The terms lifestyle, life satisfaction, mental state, or well-being cannot be equated with QOL. Several scientific studies have tried to define this concept better over the last decades. (Irtelli et al., 2020, p. 20). There are more than ten definitions of QOL and more than 1000 instruments to measure it (Boggatz, 2020, p. 7). There is a wide range of theoretical and conceptual approaches to evaluating, interpreting, and understanding the QOL of the individual and population (Aivazian, 2016, pp. 1-2).

"WHO defines Quality of life as an individual's perception 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." (World Health Organization, 2024). The QOL concerns individuals' (physical and psychological health), interpersonal (social relationships), and contextual (environmental) aspects, which are both subjective and objective (Fassio et al., 2013). Quality of life in old age emphasized four themes: the meaning given to QOL by the older adults, their environment and its effect, social participation, and ethnicity. These themes can be used to develop policies to support and enhance Quality of life. (Hagan Hennessy & Walker, 2004, p. 11).

Domain	**Facets**
Physical Health	1. Activities of daily living 2. Dependence on medicinal substances and medical aids 3. Energy and fatigue

	4. Mobility 5. Pain and discomfort 6. Sleep and rest 7. Work capacity
Psychological	1. Bodily image and appearance 2. Negative feelings 3. Positive feelings 4. Self-esteem 5. Spirituality/religion/personal beliefs 6. Thinking, learning, memory, and concentration
Social relationships	1. Personal relationships 2. Social support 3. Sexual activity
Environment	1. Financial resources 2. Freedom, physical safety, and security 3. Health and social care: accessibility and quality 4. Home environment 5. Opportunities for acquiring new information and skills. 6. Participation in and opportunities for recreation/ leisure activities 7. Physical environment (pollution/noise/traffic/climate) 8. Transport

Table 1 The WHOQOL-BREF domains facets, (WHOQOL-BREF, 2021).

The WHOQOL is a quality of life assessment developed by the WHOQOL Group with fifteen international field centers simultaneously to develop a cross-culturally applicable assessment. (World Health Organization, 2024).

3.2 Aging

Aging is defined in various ways, such as accelerating mortality risk, energy depletion, social isolation, marginality, and losing a role in society (Gilleard & Higgs, 2013, p. 21). Aging results from the accumulation of various molecular and cellular deterioration over time. Gradual physical and mental capacity decrease, causing disease risk and death. (World Health Organization, 2024). Aging is associated with risk and vulnerability, a retirement journey, relocation to suitable housing, and the demise of companions and friends. There are circumstances in which an increasing number of older people live with long-term illnesses and increased dependency on others, affecting the individual and their family in many ways. (Lloyd, 2012, p. 111; Kunkel & Wellin, 2006, p. 4).

Age-associated changes to body structure and function include skin becoming thinner and more fragile and slower healing of wounds and inflammations. It will increase temperature sensitivity and reduce touch sensitivity. Decreased renal function, difficulty maintaining fluid and electrolytes, incontinence, drug toxicity, constipation, etc., are expected as old age progresses. (Alessio & Hagerman, 2006, p. 109; Cordella & Poiani, 2021, p. 204). About 80 percent of older adults have at least one chronic disease, and 68 percent have more than two. Older adults are one of the most prescribed drug groups. Due to the higher drug intake, they are at more increased chance for adverse drug reactions and side effects, leading to hospital admissions. (Galiana & Haseltine, 2019, p. 142).

The experiences of changing bodies can threaten older people's sense of identity. Men are compared based on their strength, youthful bodies, and beauty in women. Various reasons can make older adults feel shame in aging; for example, the antiaging industry can fuel shame in aging. (Peel et al., 2018, pp. 32-33). Some older adults isolate themselves to avoid the stigma associated with aging. Other reasons

can be children living far away, the inability to drive, physical or cognitive limitations, and public spaces that are not elderly-friendly or accessible. (Galiana & Haseltine, 2019, p. 159). It is found that older adults with a lack of self-efficacy are most likely to become physically weak and vulnerable. (Hladek et al., 2021)

Frailty describes common conditions affecting older adults, such as delirium, falls, disability, or health conditions. It is associated with changes to the immune system where the condition is weak and vulnerable. (Bueno et al., 2017, p. 142). Frailty is accepted as the natural effect that comes with aging. 4825 participants were studied in 2011 by the U.S. National Health and Aging Trends Study, and their well-being was monitored. Participants were aged 65 and more and were still living in the community rather than in hospitals or nursing homes. The researcher assessed how much participants agreed with the statement, 'When I really want to do something, I usually find a way to do it.' During 7 years of study, they tracked participants. The study's outcome revealed that the participants who scored low in self-efficacy had a risk of becoming frail by 41% compared to the confident participants. (Hladek et al., 2021).

A loss of social roles can cause stress in the older person, for example, unwanted roles after retirement, uncertainty, and lack of control. Stress is increased in the older person due to the inconsistency between the socially expected role in old age and the desire of the elder to establish a specific identity. Stress can directly affect mental health; therefore, various stress management strategies can improve mental health. Resilience can be described as effectively negotiating, adapting, or managing significant sources of stress. Psychological stress-management strategies that are helpful are meditation, relaxation, spirituality, mindfulness, the arts, exercise, experiences of loving-kindness, compassion, and connectedness to others. Physical activity is essential for mental well-being; however, some elders may fear falling. (Cordella & Poiani, 2021, p. 216; Gandee et al., 1998, pp. 20-21).

One common challenge society faces worldwide is loneliness and social isolation in old age (Galiana & Haseltine, 2019, p. 159). Due to continuous changes in social life, the family can change from a solid, beneficial, harmonious relationship to unstable, stressed, unhappy, and dissatisfied (Runcan, 2013, p. 75). The children and parents exchange emotional support in harmonious relationships. Children and parents in an obligatory relationship are more likely to experience conflict. (Van Gaalen & Dykstra, 2006, p. 12). Different rules bound the relationship between parents and children compared to other relationships. Parents are expected to show their sympathy to the maximum, but they cannot expect the same in return from their children. (Karp, 2017, p. 256). Older adults can feel abandoned by their children (Runcan, 2013, p. 64). Conflict in interpersonal relationships among family members was associated with depression (Naviganuntana et al., 2022, p. 8).

Depression is one of the most frequent psychiatric conditions in older adults. (Runcan, 2013, p. 5). During aging, physical changes can be confused with depressive symptoms (Abdel-Rahman, 2012, p. 7). Depression is associated with being socially and emotionally lonely. High emotional loneliness was related to a high level of depression. Family members' support contributes to older adults' well-being compared to other relationships, such as friends. (Wan Mohd Azam et al., 2013, pp. 5-6). Older adults need affection, communication, faith and sincerity, acceptance, and emotional support (Runcan, 2013, p. 60). A family isolating older adults can aggravate their health (Runcan, 2013, p. 75). Social exclusion from self-isolation or isolation by the family contributes to loneliness, linked to increased rates of depression and functional limitation, which has profound adverse effects on their quality of life (Galiana & Haseltine, 2019, p. 159).

Despite various strategies to support the aging population, evidence suggests older people in the U.K. are lonelier, depressed, and less satisfied with their quality of life. This is more common in poor, disabled people living alone in rundown neighborhoods. Poor housing can lead to depression and deteriorating health.

(Evans, 2009, p. 21). National and local surveys of people 60+ in the U.S. have shown that older adults choose their homes and communities to stay in as they grow old. This population group is less likely to move for various reasons, such as wanting to be near loved ones, financial considerations, and attachment to neighborhoods, homes, and friends. Regardless of where the participants lived, their responses were similar. (Initiative, 2023).

Staying at home is cost-effective and keeps people connected to their community supports and activities. The home environment can also present risk factors that must be mitigated to preserve function, independence, health, safety, and quality of life. For older adults, one challenge they face is while leaving and returning home. These challenges include inadequate transportation and modifying existing structures, such as widening doorways, side rails for supporting walking, elevators, and ramps. Older adults who lack access to transportation are more likely to remain isolated at home, miss visits to the doctor, and not make necessary errands such as grocery shopping, which will result in further physical and mental health decline. (Galiana & Haseltine, 2019, p. 141)

3.3 Healthy aging

The World Health Organization (2020) describes 'healthy aging' as "the process of developing and maintaining the functional capability that enables well-being in older age." Objectively, older people are said to be functionally capable if they can fulfill their fundamental needs to learn, grow, make decisions, be mobile, build and maintain relationships, and contribute to society. (Kandel, 2018). Successful aging is minimal interruption of usual function, although minimal signs and symptoms of chronic disease may be present. The three main criteria are the absence of disease, physical and mental functioning, and active engagement with life. Other criteria

include connectedness with others and productive engagement (Strawbridge et al., 2002).

Healthy aging is a focus of several professionals, organizations, advocacy groups, research, and training institutes (Albert & Freedman, 2010, p. 70). This goal aims at bridging the gap between life expectancy and healthy life expectancy (Galiana & Haseltine, 2019, p. 139). The aging process can be experienced differently by different individuals. Due to the variation in life experiences, diversity in general, and mental health, there are differences in aging. (Cordella & Poiani, 2021, p. 201). Aging comes with both challenges and opportunities (World Health Organization, 2020). Some may lose control and independence and need assistance from other people to fulfill their daily needs. (Bowling, 2005, p. 3; Stephens & Breheny, 2019, p. 8).

There are stereotypical identities, aging as a disability, and dependence. These images contribute to excluding older people from mainstream society. However, many older people in their 60s and 70s are independent and engage in everyday activities without restrictions. This period of life is considered a time of personal fulfillment (Bowling, 2005, p. 3). Fulfilling aging is open to changes, adapting to new circumstances, and accumulating more life experiences. Some helpful tools for building fulfillment, such as education, will give the necessary knowledge and information. Financial security gives resources for sustainability and independence. Good health, learning, spiritual contentment, and participation in various activities give a better sense of the world in which we live. (Cordella & Poiani, 2021, pp. 938-939)

Older adults prefer fewer choices or options than younger people. Older adults are likelier to aim for satisfaction and avoid adverse effects than younger people. More choices come with more opportunities but also more exposure to adverse outcomes. (Albert & Freedman, 2010, pp. 361-364). With the advancing of age, older adults seek meaning and purpose. Lifelong learning provides the opportunity to learn new

information and build a new career, improve health management, enjoy a creative learning process, and pursue the subject of their interest. Some governments recognize the need for senior citizens to learn and get training to support the workforce shortage. In China, there is support from the government for older adults, with 7 million enrolled to study, with the plan to include them as socially engaged, out of nursing homes, and in the potential workforce. (Galiana & Haseltine, 2019, p. 161)

Self-management of disease empowers older adults with knowledge and planning to keep their chronic illness in check and manage the associated conditions. Self-management of the disease has improved the quality of life and lowered health system usage and cost. It has significantly reduced emergency department visits and hospitalization. The burden on hospitals increases, and so does the cost of management. Independence, aging, and quality of life are interdependent on the activities of daily living (ADLs). Limitations on the performing ADLs are predictors of the need for nursing home admission, frailty, and mortality. Fall is one of the significant public health crises. The leading cause of injury and death is due to falls. The prevention of falls can be done through home modification intervention. (Galiana & Haseltine, 2019, p. 142).

Communities are essential factors for older adults to get socially and civically engaged. The concept of village movement began in 2002 in Beacon Hill, Boston, with the resident's desire to remain connected to their community as they aged. Community activities and social events include cultural arts excursions, talks by local experts about cultural, political, health, and wellness, memory topics, lunches, coffees, cocktail parties, special interest groups, and day trips to local attractions. (Galiana & Haseltine, 2019, p. 162). Cohousing communities are intentional, collaborative neighborhoods where residents support each other during daily activities. These communities are spread worldwide; for example, Israel, Denmark, and the U.S. have these communities. Studies show that 96% of residents report

increased life satisfaction from living in cohousing (Galiana & Haseltine, 2019, p. 165). For many older adults, a sense of community is vital to the quality of life. (Evans, 2009, p. 24).

Chapter 3: Understanding older adult's quality of life experiences

A systematic review of the SCOPUS and ORIA literature followed the PRISMA guidelines. All studies in the English language were published in peer-reviewed journals between 2018 and 2023 because I wanted to know about the recent experiences or at least within 5 years. Choice of the population is 65 years and older. The search query and keywords are presented below.

(ALL ("Quality of life") AND ALL ("community dwelling older adults") AND ALL ("65 years and older")) AND PUBYEARS > 2017 AND PUBYEARS < 2024 AND (LIMIT-TO (LANGUAGE , "English")) AND (LIMIT-TO (SUBJAREA , "MEDI") OR LIMIT-TO (SUBJAREA , "NURS") OR LIMIT-TO (SUBJAREA , "SOCI") OR LIMIT-TO (SUBJAREA , "HEAL") OR LIMIT-TO (SUBJAREA , "PSYC"))

The study selection process was performed according to the Prisma. A database search identified 548 from Scopus and 35 from Oria. I screened the abstracts of the records with the help of automation tools (ASReview LAB). Subsequently, after reading them, I manually confirmed the records identified as eligible. Removing duplicates and records marked as ineligible by the automation tool resulted in 131. I further screened the studies and excluded studies based on any articles that focused on medical diagnosis, such as covid, deaf/ hard hearing, memory problems, multimorbidity, mental health variables, functional disabilities, online social networking, comparison between different age groups, mortality cause study,

studies focused on the use of any medications, nutritional status, fall risk assessments, studies about the use of technology, gender-based studies, foreclosure Crisis, depression, training/ intervention approaches, studies related to medications, body mass index (BMI), a perspective from health care workers, no abstract, studies done in nursing homes, studies about fractures and hospitalization, suicidal thoughts and mental illness, Cancer, Diet.

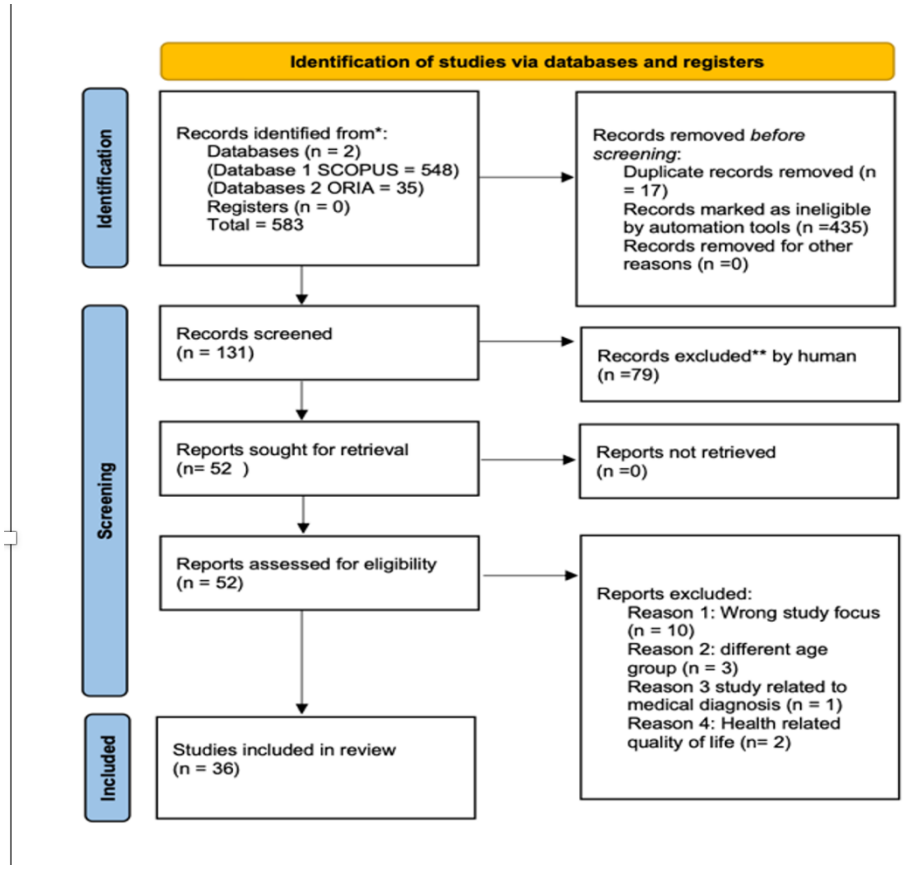

Figure 2 Prisma flow chart

I divided the studies about the QOL experiences of older adults into five categories to simplify understanding. Five categories are falls, social relationships, environments, social isolation, anxiety and depression.

Falls

Elderly individuals tend to have functional limitations that can increase the probability of falls and injuries (Eklund, 2021). Fatigue outcomes are primarily declines in physical and cognitive functions (Su et al., 2022). Gender-specific analyses showed that women with indoor environmental hazards had higher odds of falls, whereas for men, outdoor environmental hazards were associated with falls (Lee, 2021). There was a significant, strong positive correlation between age and fear of falling (Todd et al., 2020). The presence of fear of fall was a significantly greater risk of disability incidence than those Without (Makino et al., 2018). Older adults in rural settings experience pain as interference in participating in independent activities, and it can affect safety (Shade et al., 2019).

Social relationships

The association between social relationships is essential to maintain physical function. Findings show the relationship between the attitude towards older adults and health-promoting behaviors. For example, motivation and support increased older adult's participation in health-promoting behaviors. Individual and environmental factors impact the social participation of older adults. (Jiao et al., 2022; Korkmaz Asian et al., 2017; Garmabi et al., 2023). For life satisfaction, community social service and community-built facilities play a positive role (Jiang et al., 2023). Our findings suggest that social participation is a significant health behavior for quality of life and cognitive function among chronically ill older people (Feng et al., 2020). Neighborhood social cohesion was negatively associated with mobility limitations, and depressive symptoms and mastery significantly mediated this relationship (Wang et al., 2022).

Family and social networks are associated with older adult’s life satisfaction, but it depends on the physical and emotional treatment they receive (Cheng et al., 2022). Factors influencing senior's social networks were engagement in volunteer activity,

opportunities for paid employment, and internet access at home. In contrast, participation in sociocultural and group physical activities in leisure time was statistically significant for active aging. The quality of life was significantly correlated to available public information regarding health problems and services, personal care or assistance needs, home care settings, and sufficient income to meet basic needs without public or private assistance. (Aung et al., 2021).

The study suggests that social participation promotes healthy aging, and benefits were observed across different community activities (Lu et al., 2022). Sufficient physical activity levels were associated with lower odds of memory problems, severe psychological distress, and poor/fair self-rated Health (Lee et al., 2022). Older adult's most pleasurable activities were spiritual practice, childcare, and socializing. Joy was positively associated with perceived activity importance, inversely associated with stress, and higher satisfaction with life in general (Jarosz, 2022). Social networks are essential for older adults as they face the most significant health threats and depend on network relationships more than younger individuals to meet their needs (Ali et al., 20,18).

Environments

Jasen et al. (2023) highlight that the variety in the lives and well-being of elders is necessary for mental health, makes life enjoyable, maintains health/wellness, helps motivation/activity, boosts mental sharpness/alertness, and creates concern for others/decreases self-absorption. Variety correlates significantly with quality of life. A study done by Lam et al. (2021) highlights the significance of home modification everyday tools, such as grab bars and toilet/shower seats. The availability of the necessary equipment will mitigate possible injury and dependence, contributing to the quality of life in older adults; however, the study reports that individuals had never received equipment they lacked. Well-fitting footwear can improve balance,

gait, quality of life, and social participation in older adults and decrease fall risk (Jellema et al., 2019).

Social engagement and technology-enabled mobility can facilitate aging (Dogra et al., 2022). Neighborhood-built environments estimated within a 500 m buffer location had a more increased correlation with geriatric health when compared with other locations. Physical activity and social interaction mediated the correlation between the built environment and elderly health. (Li et al., 2022). More urban greenness within both buffers and more commercial facilities within a 500-m buffer were directly associated with fewer depressive symptoms (Lu et al., 2021). The availability of age-friendly elements in communities and environments was associated with better self-rated health and lowered the reporting of functional limitations (Choi, 2020). Low perceived walkability in the neighborhood and environmental pollution were associated with Frailty (Kim et al., 2019).

Social isolation

Community-dwelling older adults experience emotional and social loneliness (Worlfers et al., 2022). Living alone may correlate with increased risks of frailty and prefrailty, so elderly individuals expressed a desire to be with their spouse (Miyazaki et al., 2022). Most studies supported associations between frailty and adverse outcomes; however, few studies found a relationship between social isolation and health outcomes (Mehrabi & Beland, 2020). In an aging society, age-related phenomena like frailty and morbidity will remain significant challenges for providing and financing medical and nursing care, especially in an environment where the oldest old are socially isolated (Brettschneider et al., 2019). In both men and women, there was a significant relationship between isolation, home boundness, and a decline in high-level functional capacity (Ida et al., 2020).

The study by Chan et al. (2020) emphasizes modifiable factors associated with social isolation in older adults living in the community. Interventions that enhance support within the home and increase social activities can lead to better health outcomes. Socioeconomic disparities are causing social isolation, suggesting the importance of free or low-cost activities in poorer communities. Education level, living arrangements, physical activity, social engagement frequency, and annual income can reduce social isolation. Older adults with disabilities, limited income, and transportation challenges may face more significant barriers to social connection. A study done by Lin et al. (2022) reveals that living alone was not risky for older people regarding cognitive decline. In addition, the advantages of living with household members to support cognitive function were not found.

Anxiety and depression

The study done by (Tkacheva et al., 2018) demonstrated a high prevalence of Geriatric Depression Scale (GSs) among community-dwelling people aged 65 years and older. Reports of anxiety symptoms, depression symptoms, and suicidal behavior were prevalent across various races, such as non-Latinx Whites, Latinxs, and Asians (Jiménez et al., 2022). Geriatric depression is associated with sociodemographic factors such as residing in rural areas and illiteracy, low family support in terms of little time given to the elderly, and exposure to physical and verbal abuse, but also the absence of physical well-being (Manandhar et al., 2019).

Chapter 4: Methodology

4.1 Methodological approach

Qualitative research provides precise facts and can progress knowledge in diverse areas, such as helping assess the effect of policies on a population, providing an understanding of people's individual experiences, and promoting the investigation of behaviors, attitudes, and values (Grbich, 2013, p. 3). Qualitative research supports certain types of design, collection, and analytical interpretation. Subjectivity has value where the participant and the researcher are to be appreciated, acknowledged, and integrated as both will construct data and the interpretation of this. (Grbich 2013, p. 5). I wanted to know about the quality of life experiences of older adults, so qualitative research is suitable, and I chose the phenomenological approach.

Phenomenological research is common in sociology, where researchers aim to understand better the participants they study. It is a research approach that seeks to explain the meaning of a phenomenon by studying it from the viewpoint of those who have experienced it. Phenomenology seeks to portray the meaning of this experience in terms of what was experienced and how it was experienced. This research design is mainly helpful for topics in which the researcher needs to go deep into the participant's introspections, emotions, and experiences. It is a valuable tool for gaining participants' insights, understanding the thing being studied, and developing new theories about participant's experience in a specific situation. (Neubauer et al., 2019; Dovetail Editorial Team, 2023).

The data was gathered through a face-to-face interview, which I videotaped. Interviews that are face-to-face conversations provide an effective way to collect data, which is the researcher's objective (Magnusson & Marecek, 2015, p. 6). Interviews are the most prevalent of the qualitative methods. A structured interview strictly follows an ordered list of questions. In contrast, unstructured interviews begin with an open-ended question and let the conversation follow its internal logic. Semi-structured interviews occupy the middle ground, following a set of questions but leaving the investigator freedom for follow-up questions. I started with

structured interviews following an ordered list of questions inspired by WHOQOL-BREF. Some conversations happened with the flow, which played an essential role in the findings. (Grbich 2013, p. 62).

4.2 Ethical consideration

Ethically sound research should ensure that participants know about the use of their data, and which has its access. An essential aspect of a research process is that participants should be given enough knowledge about the research to make an informed decision. The purpose of ethical approval is to protect both the researcher and the research participants. Getting ethical approval is necessary for all researchers with human participants, for example, people, their data, their issues, and participants who may not even know they are research subjects. It should be obtained before the participants are approached and data collection begins. (Parkinson, 2022, p. 355). It is crucial to understand the local traditions of the country or region with which we are concerned when assessing the quality of life of people in different parts of the world (Nussbaum et al., 1993, p. 3).

The research began with approval from the Norwegian Centre for Research Data (NSD)/ SiKT (Norwegian Agency for Shared Services in Education and Research), which is attached in Appendix A. I got approval from a partner organization to conduct research on their behalf, as attached in Appendix C. Data is collected in the Tokha municipality, a part of the capital city of Nepal, Kathmandu. Kathmandu is Nepal's largest city, accounting for 1/12 of Nepal's total population. Kathmandu Valley's population is estimated at 2,220,436 (Review, 2023). The initial idea included an online interview via Facebook Messenger, zoom call, or WhatsApp call. Coincidentally, I was in Nepal for a visit and could conduct in-person interviews. Before the data collection, respondents were informed about the study details and potential harms, and assurance was given about the data anonymity. Participants

were approached in December 2023, and the interview was conducted in January 2024.

Volunteer participation was encouraged. Verbal consent was obtained during the video recording. Only after obtaining informed consent I videotape the interviews. Videos were recorded on my mobile phone and then transferred to my computer. After transferring the videos, I deleted the data from my mobile; however, I kept the data on my computer for future use. The data is safe; only I can use them as they are locked under a password. Participants had the option of retreating from participation at any point, which gave them freedom of choice. Ethical issues are followed in every step of the research process.

4.3 Participants

Picture 2 Tokha community temple. Photo by Binita Thapa.

All the participants were permanent residents of Tokha. Tokha is a well-developed area with various shops, restaurants, swimming pools, schools, nurseries, etc. Private pharmacies are open in multiple locations. Health posts are within 700m of most of the participant's homes, and one of the advanced and famous hospitals, Grande, is located within 1.6 km of the main Tokha road. Taxis and ambulance facilities are available 24-7. The community park and many temples within the area are open to

all. So, health, education, transportation, shops, and pharmacies are easily accessible. However, the narrow roads and busy traffic make it difficult for everyone, especially older adults, to walk around. There is a need for pedestrian paths on main highways and other streets.

Similar to most qualitative research, I used purposive and convenience sampling. Participants are selected based on meeting the particular requirements of the research question. Convenience sampling involves recruiting individuals primarily because they are available, willing, or easy to access or contact practically. (Purposive and Convenience Sampling, 2024). All the participants belong to the Newar community and follow the same traditions and values. They have a unique way of celebrating festivals; their traditional dress differs from national Nepali costumes. They all speak Nepali and Newari, both languages; the Newari language differs from Nepal's national language, `Nepali.' One participant was mixing Newari and Nepali during the interview. For her, I needed her daughter-in-law to help translate the conversation to make communication easier between us. Eight out of ten participants were part of a medication group.

Besides their sociocultural similarities, my participants also had similar economic and physical conditions; they owned at least one house in the Tokha. Some of them had two to three houses. All were independent and living with their families during the interview. Eight interviews were conducted in the homes of the participants. My mother is the mediator, as the participants visit the same meditation center where my mom is also visiting. Two participants were unknown random pedestrians who met the participants' criteria. Interviews with them were conducted in front of a community temple, where participants were sunbathing and chatting. We pre-informed some participants around a month before the interview; for some, we did the home visit and got permission on the spot.

The interview is video recorded where only the interviewer's face is recorded, and the voice of the participants is recorded. Participant's ages ranged from sixty-eight to ninety-one years old, three males and seven females. Participants were shy at the beginning of the interview. Most of the participants were happy to share their life experiences; however, two participants were hesitant that I might share their details, and in case their children come to know about the complaint they made, it might create some family tensions. I assured them nobody could find out, as their names and pictures would be anonymized. When the process was explained, they were convinced and voluntarily accepted the request. During the interview, they enjoyed the process and willingly posed for the picture, which I will not publish their faces due to ethical issues.

Picture 3 Two participants after interview with Binita Thapa.

Participant (pseudonym)	Age	Gender
1 Shyam	86	Male
2 Shanta	73	Female

3 Swasti	72	Female
4 Sila	84	Female
5 Kusum	74	Female
6 Usha	80	Female
7 Yami	68	Female
8 Mina	73	Female
9 Krish	80	Male
10 Arjun	91	Male

Table 2 List of t*he participants.*

4.4 Data Analysis

Thematic analysis is usually conducted with a data collection exercise, such as studying experiences. The transcription of the interviews is produced, and a thematic analysis is performed. Interviews are the most typical data collection method for thematic analysis; however, various sources can be involved in the thematic analysis. The thematic analysis involves creating themes and coding the data regarding those themes. It is a process of making sense of the data and outlining ideas rather than words on the paper. Thematic analysis can take a more inductive or deductive approach. In an inductive approach, the researcher is more open to being influenced by the data. (Fugard & Potts, 2019).

The interview was conducted in Nepali, as nobody could speak English. After collecting the data, I manually transcribed and translated all the video recordings into English. The most tiring part was transcribing and translating the video recording in Nepali into English. After the transcription was ready, I went through the transcription and coded the conversation. Coding is a process of early sense-making of all the data; a data reduction may be considered a process of interpreting and separating a mass. Coded segments may cover a line or two or even several lines

of content in a text, expanding on what is said; one can use brackets or some other way of noting how many lines are involved in each distinct code of the individual interview. (Flick, 2009, as cited in Mary De Chesnay, 2014, p. 4). For coding, I documented distinct codes as I went through the data.

As discussed earlier in the interpretative phenomenological analysis in the methodology, I have used inductive approaches in my study. As I read through each document, I marked the similar patterns in the data with codes and text segments that were not useful or relevant to the study questions. After coding each document, commonly coded text segments are combined into a commonly coded label. Thematic analysis and interpretation are the phase of synthesis and integration of the recurrent patterns and linkages between and among codes, emergent across all the data into distinct themes. I grouped these codes under relevant themes for the result section presented below.

Chapter 5: Findings

In this chapter, I will present the research results, which I have divided into the following themes: health, wealth, daily activities, and social relationships. I used pseudonyms to protect the participant's identity.

Codes	Themes
Sickness, fall, pain, sleep, medication	Health
Fixed deposit, government allowance, remittance, rent, difficult past, community development	Wealth
Independent, spirituality, meditation center, desires	Daily activities
Support from family, friends, social isolation, socialization	Social relationships

Table 3 The codes and themes

5.1 Health

Older adults from Tokha experienced various health problems. All participants had at least one or more sicknesses, such as diabetes, asthma, cataracts, blood pressure, etc., and most were taking medicines regularly. Six participants reported having at least one operation, for example, on the head, stomach, eye, and heart. However, most of them did not know their medical diagnosis other than they showed the operated area. Three of the participants mentioned they had fallen and suffered injuries. Six participants regularly experience head, feet, stomach, or whole-body pain. One of the participants had incontinence and needed a urine bag 24/7, which required him to visit the hospital every three months and sometimes earlier due to the infection, blood in the pipe, and mistakenly pulling the pipe.

Healthcare facilities are expensive in Nepal; all the participants could afford the medical bill except for one participant, Yami. Yami considers herself among low-income people and feels sad that she cannot pay her medical bills. She has diabetes and had recently had an operation. She does not know what kind of operation was done on her; she showed me the operated area on her stomach and chest areas. She is taking painkillers and high blood pressure medicines regularly. She showed me some of the medicines she was taking. Yami received help from a charity to pay her medical bills from the municipality, government, and NGO. She qualified to get help due to a lack of regular income to afford expensive bills from the hospital.

"Yes, I am taking medications. The municipality and charity helped with the operation. I also got some money from the government and from other places."

- *Yami, 68-years-old female*

Usha was operated in her head, and the cost was expensive according to her, and her two sons covered the bills. Despite the operation, she still gets headaches sometimes.

"I think expenses was around two to three hundred thousand to operate this head. They said two-three hundred thousand. I never asked for the total bill."

- *Usha, 80-years-old female*

"of course, there are expenses. No one gives us medicines for free. I must take diabetes medicine in the morning and evening and for pressure in the morning only. I had an operation on my chest, in my heart, I had to change the filter, and also for that, money is needed."

- *Swasti, 72-years-old female*

Another participant, Mina, a 73-years-old female, has fallen many times but still manages to do her everyday activities independently. Mina admitted that she keeps getting sick these days. Her son and daughter-in-law are in the Nepalese Army, so she gets free medication from the government. The Nepalese government has a health policy that gives immediate family members of the army and police free healthcare.

Krish has constant pain in his stomach, and his feet are swollen, but he is not taking any medicines. He says he never touches medicines, but last years, due to unbearable pain, he took a painkiller once. He had an operation on his stomach, and I guess it could be appendicitis, as Krish did not know what his diagnosis was, the problem, and the name of the operation. He had now developed blurred vision, so he got his eye operated too, and it is better now. Asking for money to pay the medical bills is often problematic for Krish, as his sons usually ignore him.

"If Incase, I am unwell for two times, they all say they do not have any money to help me. I think if I will die then they will divide the property and spend it all."

- *Krish, 80 -years-old male*

More than half of the participants had no problem sleeping, and others had insomnia. Some needed sleeping tablets.

"I cannot sleep. I do not feel like sleeping."

- *Shanta, 73-years-old female*

"I have difficulty falling asleep."

- *Yami, 68-years-old female*

"Yes, I sleep very well. I don't sleep during the day, but I sleep well during the night. Around 3 am, I wake up sometimes and go back to sleep. I go to sleep around 9 pm and sometimes 9:30 pm, and it's easily morning."

- *Swasti, 72-years-old female*

"Yes, I sleep very well, and when I sleep, I feel very calm and relaxed after good sleep."

- *Kusum, 74 -years-old female*

"Oh, he can sleep day and night. He sleeps very well, and he is taking sleeping tablets and pressure tablets."

- *Daughter-in-law on Shyam's (86 years old male) behalf*

5.2 Wealth

Most of the older adults in Tokha who have a house and land experienced life with no financial burden. However, their younger days were filled with difficulties and struggles. All my research participants had their own house in Tokha municipality. Some of them even had 2-3 houses, one for each of their child. When I visited their house for an interview, they all had well-furnished multistorey buildings. Two participants were random, unknown people, so I did not visit their homes. However, during the interview, they mentioned they owned houses and land in Tokha. One older adult visited Japan, India, and different places in Nepal. The other eight participants who happen to be part of the medication group have been out of the country at least once to India for a meditation retreat. Nine out of ten participants think they are rich or average. Only one participant admitted she was poor despite having a house and land.

"Me? I think I am average. Umm...I got God with me, so I am ok."
"I do not have to worry about what to eat; I sometimes have more than enough, and I give it to my daughter."

- *Kusum, 74-years-old female*

"I am average until now. I should say average. I do not know about the future. who knows."

- *Krish, 80-years-old male*

"Father is satisfied with life. He is rich, enjoys life, and feels contentment. He is rich, as I have seen so many people around who have no land to grow their vegetables and find it difficult to survive. Father has everything he needs."

- *Daughter-in-law on Shyam's (86 years old male) behalf*

They live with their family members in a joint family. All of them qualified for the old age allowance and were receiving it. When asked how they spent it, most said they saved it as a fixed balance, and some used it to buy medicines, sweets, and basic daily needs. All participants expressed gratitude and were satisfied with the government's old age allowance.

"I get an allowance, and my son goes and collects it. If he gives it to me, it is ok, and if he doesn't, then I get rent from downstairs, so I eat from that money."

- *Sila, 84 -years- old female*

"I get 12 thousand for 3 months from my old age allowances and I also get interest from fixed deposit. It is enough."

- *Krish, 80- years- old male*

"If they give, it is good; even if they do not, it is ok."
"Even if they increase the allowances, people will still complain, which will never be enough."

- *Arjun, 91 -years- old male*

With progress and development, the village has become a city. The price of land and houses is raised, and locals are wealthy by selling their lands and houses. All the participants were employed in farming. During the interview, none actively participated in any form of farming. Most of the participant's children and grandchildren are abroad studying or working. This also contributed to family wealth. Income comes from house rent, remittance, fixed deposits, and business. The children of the participants are government employees, and some are in the army.

"We have sold land and then made houses. It is like that, selling and making."

- *Arjun, 91- years -old male*

"Poorness is all gone."

- *Krish, 80- years- old male*

"I have a son and daughter in a foreign country, so the son is flying this evening or tomorrow morning. See, the bag and luggage are ready to go."

- *Sila, 84- years- old female*

"I helped my younger daughter study for 2 years and 6 months, and now she is in Canada."

- *Usha, 80- years -old female*

Family wealth and developmental work in the community have increased life satisfaction among older adults in Tokha. All the participants shared that their younger days were filled with various difficulties. There was no transportation, electricity, hospital, or school. Most of the older adults compared their past and present lives. They had to walk for long hours without proper transportation or road. Nowadays, there are good roads which make walking easier. They spent long hours in fields, getting wood and grass from forests for their buffaloes and cows. Getting wood from the jungle to cook food was the only option; petroleum gas or electricity is commonly used today and readily available. Nowadays, shops are nearby, and they can afford groceries delivered to their doorsteps. Various choices, different modes of transportation, and varieties of food options have made life easier. Community Park' Indrayani Park Tokha' is one of the most popular destinations for older adults to catch up and spend time. It has chairs to sit on and toilets for convenience.

"I have suffered a lot. I do not want to remember those old days, but it feels like it is all play nowadays."

"I often think about the difficult old days, and then I feel sad."

- *Mina, 73- years- old female*

"It's ok. It's like this. what can we do. I think it's better than how it was earlier."

- *Shyam, 86- years -old male*

"If I think about difficult days in the older years, then I feel sad, but nowadays I think there is no need to worry anymore."

- *Usha, 80 -years- old female*

"Yes, at our time, there was nothing here. I have been to nowhere in the past as there were no buses. We had to carry stuff on our backs to go to the cities, and now a days, it's better due to easy transportation."

"At our times we had only grounds in the parks. No chairs like this. "

- *Arjun, 91 -years- old male*

5.3 Daily activities

Most participants were satisfied with their ability to perform their daily activities and walk around the community. Some even felt they could travel far, for example, out of the country, if given opportunities. Out of ten participants, eight were members of the meditation center. Most visit meditation centers daily to meditate and meet other older adults. They expressed satisfaction with their daily schedule. Women actively participated in household work such as cooking, cleaning, and gardening, and men roamed around, visiting temples and

observing people and buses in public places. Arjun and Krish come to the community park and spend their time.

"He opens the main gate every morning and then goes for the morning walk around the village."
"He can do his everyday tasks. Father wants to do a lot, and of course, it is impossible to do everything, but he is independent."

- *Daughter-in-law on Shyam's (86 years old male) behalf*

"I do everything myself. I never order anyone."

- *Mina, 73-years-old female*

"Yeah, I can do small work such as washing clothes and cooking; however, I need help to wash big clothes. I cannot sit for long. I have a helper."

- *Swasti, 72- years- old female*

Spirituality is an everyday part of life for all the participants. All participants followed Hinduism. Two participants visited the temple to pray when they could. The other eight participants visit the meditation centre to meditate every day. Older adults from the meditation group shared a positive outlook on life. They are not worried about their future or what will happen. They perceive life events as part of the play and believe in staying positive even if the situation outside is negative.

"Dear, I am proud to be associated with this line of meditation. I feel good that I started meditating earlier. It has been 21 years."

- *Usha, 80- years-old female*

"No, I am not scared, and even during the operation, I also said to God it is your responsibility. Ahh, so he saved me."
"No, I am never scared."
"Even when my children scold me, I feel funny inside and keep laughing. They keep scolding me, and I keep laughing inside. I like it, ha-ha."

- *Mina, 73-years-old female*

"Yes, I am; even if I complain, no one cares, so I do not complain. I should not feel sad for any exam life gives. I am satisfied, and even if I complain, no one can help me. For example, if food is bad, I should be grateful and say it's good with whatever is given to me to eat, I eat it and sleep. Feeling bad won't help, I will get bad if I continuously feel bad; if I feel good, I get good, right?"

- *Sila, 84-years- old female*

"No, I do not. God has told us not to be angry and get over all the anger issues."

- *Yami, 68-years-old female*

If given opportunities older adults wish, they could read and write. Krish wants to be able to read and write and learn to use mobile phones, and when he sees his grandchildren busy with phones, he also wants to use them.
"I still have a desire to study. Why nobody taught me till date."

- *Usha, 80-years-old female*

5.4 Social relationships

As I mentioned earlier, all the participants were living with their family members during the data collection period. Most of the participants were satisfied with their family member's support.

"Family? I am ok with them."

- *Arjun, 91- years- old male*

"My sons care for me these days, both elder and younger. They look after me. My younger one bought a car and took me to different places, and he usually says, "Let us go out for a tour."

- *Usha, 80 -years -old female*

"Yes, children provide all I need. Sometimes daughter brings what I need and sometimes sons."

- *Swasti, 72- years- old female*

However, some participants shared a lack of support from their children. One participant complained that he did not receive any financial support, especially when he was sick and needed to pay medical bills. Some older adults did not like it when their children imposed restrictions on them. One participant was upset that their children manipulated him into selling the property.

“When I don’t get food in time, I shout at them. They also scolded me, “Where did I go during lunch when the food is already made and ready to eat?

- *Krish, 80- years- old male*

“Father does not listen to us and runs around in dirt everywhere, so he gets infection easily.”

- *Daughter-in-law on Shyam’s (86- years- old male) behalf*

"Nowadays, property dealers are very active and have the upper hand. They take all the money and sell other people's land. Sometimes, we don't understand. They misuse and sell it and use our money for their benefit. Even our sons will convince us, and they ask us to sign here and there."
"Even if we know they are lying to us and making stories to sell our land, they just convince us somehow."
"Even when there are three sons, they all convince us. I do not know how they do it."

- *Arjun, 91- years- old male*

Despite living with family members, many participants experienced voids of friendship, and socialization was decreasing. Of the ten participants, only two were couples; the rest were widows and widowers. All of them lost their friends from their childhood days. They expressed that they miss their friends. Three participants mentioned they rarely go out except on essential occasions these days.

"My one friend recently died. I have friends. Five to seven friends have already died."

- *Mina, a 73-years-old female*

"Old friends from old days"
"I have no friends with whom I used to work in the field, and they are no more."
"I am scared of what will happen in the future."

- *Krish, 80- years -old male*

"I do not know if I have friends. I have only people from the meditation center. Hahaha…... I don't have any one from outside."

- *Kusum, 74-years-old female*

CHAPTER 6: DISCUSSION

6.1 Reflection and suggestions

After reflecting on the research results and the theoretical perspectives, I found similar QOL experiences in older adults; however, some are contradictory. While reflecting, I will also discuss some ideas to help improve QOL experiences for older adults in Tokha. These suggestions can be helpful to other countries with similar backgrounds.

Galiana and Haseltine (2019) mention that about 80 percent of older adults have at least one chronic disease, and 68 percent have more than two. All the participants in my research had at least one or more sicknesses, and most were taking medicines regularly. Despite participants belonging to financially stable families in this research, some struggled to afford healthcare facilities. Family and social networks are associated with older adult's life satisfaction, but it depends on the physical and emotional treatment they receive (Cheng et al., 2022). Some participants expressed that they experienced neglect from their children, especially when they were sick. So, their QOL experiences reveal that the Nepalese government can focus on mitigating healthcare expenses or making it affordable. Older adults should get easier access to information about places where older adults can file their complaints when they experience abuse or neglect.

A significant positive correlation exists between age and fear of falling; functional limitation increases the probability of falls and injuries (Eklund, 2021; Su et al., 2022; Todd et al., 2020). In my research findings, three participants experienced falls

frequently. Some participants were restricted by their children to go out because they feared falling.

The study by Chan et al. (2020) emphasizes that support within the home, modification in the community, and low-cost or free activities can reduce social isolation. In my research, participants spent most of their time in community parks, meditation centers, and temples, sharing common spaces in public property as their everyday routine. I believe making the community safer and elderly-friendly will increase social participation and decrease the fear of falls.

The availability of age-friendly elements in communities and environments was associated with better self-rated health and lowered the reporting of functional limitations (Choi, 2020). Low perceived walkability in the neighborhood and environmental pollution were associated with Frailty (Kim et al., 2019). Some participants in my research enjoyed going to temples and community parks. Modifications in the community public spaces, such as the installation of sitting benches and chairs, have motivated older adults to spend more time outside.

Worlfers et al. (2022) state that community-dwelling older adults experience emotional and social loneliness. My research findings also showed that most participants felt a void of friendship despite being with family members, and socialization is decreasing. It can also be due to the death of their friends and spouse. They rarely went out except on needed events, mostly spending time at home sitting, eating, and resting.

Some study reveals the high prevalence of the Geriatric Depression Scale (GDS) among community-dwelling older adults aged 65 years and older. Anxiety symptoms, depression symptoms, and suicidal behavior were prevalent across various races. (Tkacheva et al., 2018; Jiménez et al., 2022). However, in this research, most participants expressed a positive outlook on life: happiness, gratitude, and

satisfaction, as presented in the findings under social relationships. They shared sadness thinking about past struggles but not in the present, except for a few participants.

The study done by Manandhar et al. (2019) presents the association of depression with sociodemographic factors such as residing in rural areas and illiteracy, low family support in terms of little time given to older adults, and exposure to physical and verbal abuse, but also the absence of physical well-being. Few participants in this research expressed signs of anxiety. They are from the city; most of them received high family support, had financial stability, and were physically independent at the time of the interview, so these factors could have played a role in contradicting the experience of anxiety and depression.

Living alone may correlate with increased risks of frailty and prefrailty presented in the study by Miyazaki et al. (2022). A study done by Lin et al. (2022) says living alone was not risky for older people regarding cognitive decline, and neither living with household members support cognitive function. All the participants in this research live with their family members in a joint family, so I do not have evidence to support these findings. Older adult's most pleasurable activities were spiritual practice, childcare, and socializing (Jarosz, 2022). In my research, spirituality, meditation, and praying played an essential role in participant's everyday life.

The association between social relationships is essential to maintaining physical function, where motivation and support are equally important (Jiao et al., 2022; Korkmaz Asian et al., 2017; Garmabi et al., 2023). Including a shared space within the community where older adults could meet each other and make new friends could help reduce voids and sadness. Besides meeting and making friends, older adults can be encouraged to participate in guided exercise, joint prayers, games, and sports. It can help them with sound sleep. Public awareness programs about health, diet, sleep, and exercise will be helpful.

Motivation and a supportive environment will help them to continue their spirituality. Some older adults wanted to learn to use mobile phones, read, and write. There is a requirement for community programs that provide older adults with opportunities to learn these skills. These skills will help them stay updated and access the information independently.

Community programs that strengthen the relationship between older adults and their family members can be helpful. Creating awareness about aging, healthy aging, and the impact of physical changes on older adults can help improve empathy in the younger generations. Sleep disturbance in some Nepalese older adults could be due to the financial burden of expensive medical bills, constant pain due to health conditions, void, family conflicts, and unfulfilled desires. Some stress levels could be reduced by implementing the suggestions discussed in this chapter.

6.2 Limitation

This research is limited to participants from Tokha. Including the experiences of older adults from diverse backgrounds would have been more educative, informative, and generalized to the overall population. Most of the interviews were completed within 7 to 15 minutes, as participants rarely added extra details other than the questions being asked. Most participants were more interested in sharing their past than their present experiences. Listening to the past was interesting and played a part in the research result, but my thesis aimed to explore experiences in their old age, not what happened in their youth. So, I had to guide them with the following questions to keep the interview around the research aim. This could have made them feel restricted from expressing themselves freely.

Due to my social background, I understand the nature of Nepalese households and joint family situations. When thinking critically, underlying issues can influence the interview and limit answers from the participants. During the interview, most older adults expressed happiness and had a positive outlook on life and social relationships. They described their problems and issues as part of the play and admitted satisfaction with their life. It is possible that what they are saying is true, and they are happy. However, there is also another possibility that they might have sugarcoated some answers as they could have felt that sharing their true-life experiences with a stranger was unnecessary and portrayed their life as happy.

They had no issue with the government and expressed gratitude for what it had given them. Despite asking a couple of times about their future expectation from the government and if there are any suggestions to the policymakers about their well-being, they mentioned they are not qualified enough to give suggestions to the government for needed future policies, even if it was for their usefulness. I felt the participants were concealing themselves. It could be because the participants belong to a generation where their voices have been suppressed; there has been a class system where citizens were threatened by their rulers. Speaking against the government meant a threat to their lives. These patterns may continue into their old age.

As I already mentioned, the interview questions were inspired by the WHOQOL-BREF, which made the interview guided, precise, and focused. I thought asking these questions would be easy, but most older adults hesitated to answer some questions. The social domain got questions about "How satisfied are you with your sex life?". Coming from a Nepalese background, I knew it was going to be difficult to ask about sexual life as it is considered a social stigma in Nepalese society, especially among older generations. As the WHOQOL- BREF guided my

interview, I attempted to ask this question to three participants because it was under the social relationship. The situation was awkward, and they refused to answer the question directly. For the rest of the participants, I avoided asking this question to prevent repeating the awkward situation and to make my participants comfortable as much as possible. Besides that, I also felt it could be due to the generation gap; as an interviewer, I am in my mid-30s, and the participants were in their 60s and 80s.

6.3 Recommendation

For future researchers, I recommend researching in rural parts of Nepal as this research brings out issues based on the QOL experiences of older adults living with their families in their own homes in the capital city of Kathmandu. Researching diverse cultural backgrounds can bring out hidden issues that need national policy implementation in the health and well-being of older adults. Further research could be done on elderly neglect, abuse, implementation of the Senior Citizens Act, 2063 (2006), and social relationships in community-dwelling older adults. In-depth research about the association between the spiritual path and a positive outlook on life and satisfaction in later life could add valuable information and knowledge to the well-being of older adults.

CHAPTER 7: CONCLUSION

This research revealed that most participants despite having at least one or more health care problems and ages ranging from 68 to 91, they could all perform the activities of daily living independently or with little assistance during the interview. They got the needed support and help from their family members and local authorities. They all use healthcare facilities, and its feasibility is commendable. However, health care is expensive in Nepal. Most of them are financially stable and happy about the allowances they are receiving from the government. All of them perceive new changes and development in the community positively. Some participants expressed some disappointment about their relationships with children. The death of spouses and friends made them feel lonely. Remembering difficult past makes them sad; however, spirituality has helped them stay positive. They believe whatever has happened in their lives is a part of play and are not scared of the future.

Based on the research result, older adults wanted respect and care from their family members as the age progressed. They wanted to be as independent as possible and not burden their family with physical or financial burdens. Most of them expressed that they had no request from the Nepalese government. Participants hesitated to suggest any changes or improvements to the ongoing government policies. However, some expressed that they want to learn to read and write and use mobile phones if possible. These findings suggest that proactive measures such as affordable healthcare facilities, encouragement of social participation, and community programs targeting older adults can help enhance and maintain decent quality of life experiences in older adults. Overall, most participants' quality of life experiences in Tokha, Kathmandu, is good.

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Appendices

Appendix A: Sikt

Sikt

Assessment of processing of personal data

Reference number
117958

Assessment type
Standard

Date
01.07.2024

Title
Quality of Life

Institution responsible for the project
OsloMet – storbyuniversitetet / Fakultet for helsevitenskap / Institutt for naturvitenskapelig helsefag

Project leader
Rune Halvorsen

Student
Binita Thapa

Project period
24.03.2023 - 31.01.2025

Categories of personal data
General
Special

Legal basis
Consent (General Data Protection Regulation art. 6 nr. 1 a)
Explicit consent (General Data Protection Regulation art. 9 nr. 2 a)

The processing of personal data is lawful, so long as it is carried out as stated in the notification form. The legal basis is valid until 31.01.2025.

Notification Form

Comment
he duration for processing personal data has been extended to 31.01.2025. We assess that the processing is still lawful, on the condition that your participants are informed about the new duration for processing personal data.

Please note that we presuppose that you have contact information for your sample and will provide them with new information. If this is not the case, please send us a message here (via minforskning.sikt.no) so that we can assess whether the processing still has a legal basis.

Good luck with the rest of the project!

Appendix B: Request letter

To,

The management

Om Shanti Shrijana Nari Ship Bikas Sanstha

Tokha, Kathmandu

I am a student pursuing a master's degree in international social welfare and health policy in Oslomet, Norway. I am gathering the quality of life experience of older adults from Tokha, Kathmandu. I want to conduct research on behalf of your organization. I am a volunteer member of your organization. By doing this research, I can contribute something to the organization. I believe the research results will help you plan for your future projects.

I am looking forward to hearing from you.

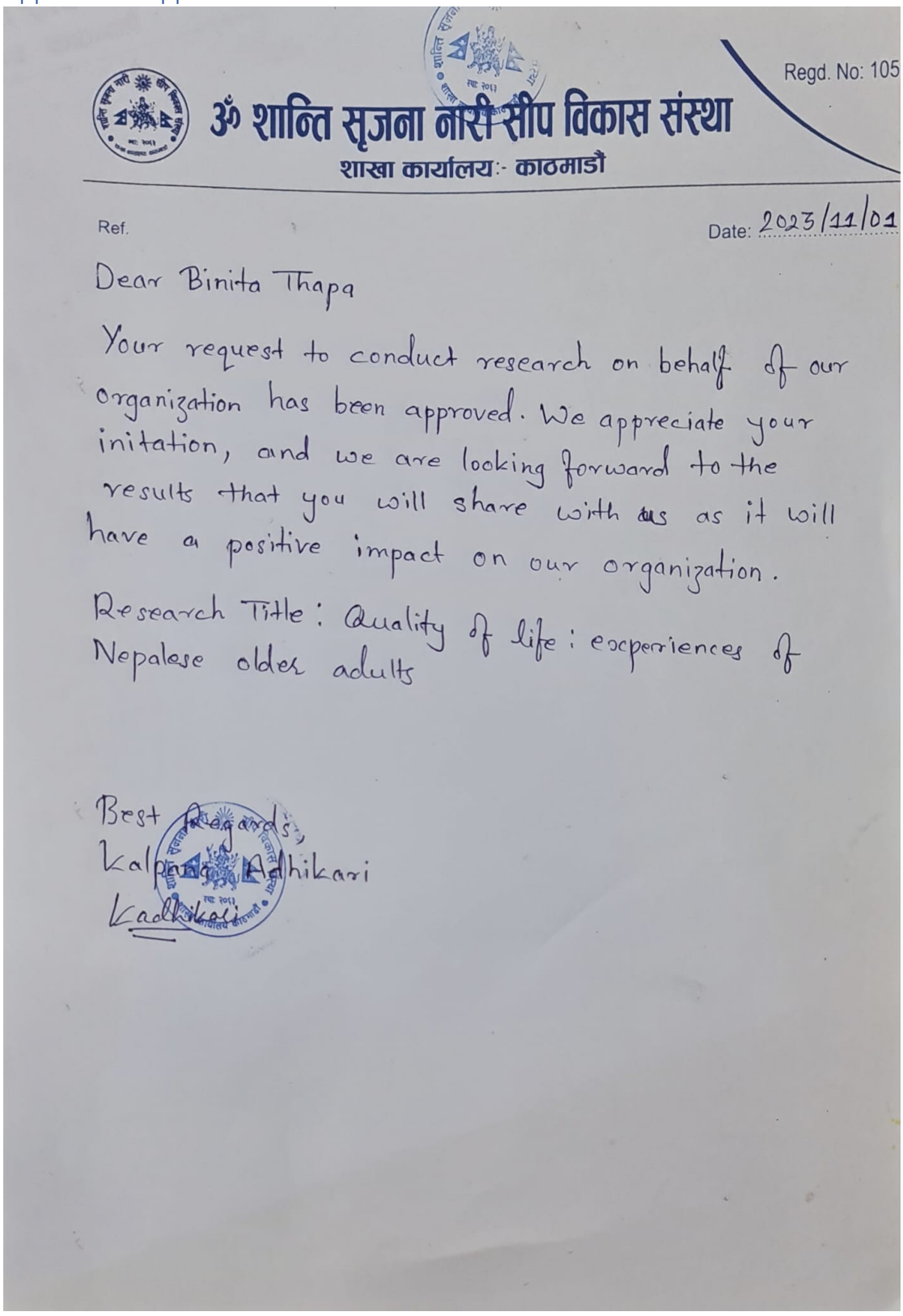
Sincere regards,

Binita Thapa

[redacted]

s366233@oslomet.no

Appendix C: Approval letter



ॐ शान्ति सृजना नारी सीप विकास संस्था
शाखा कार्यालय:- काठमाडौं

Regd. No: 105

Ref.

Date: 2023/11/01

Dear Binita Thapa

Your request to conduct research on behalf of our organization has been approved. We appreciate your initation, and we are looking forward to the results that you will share with us as it will have a positive impact on our organization.

Research Title: Quality of life: experiences of Nepalese older adults

Best Regards,
Kalpana Adhikari
Kadhikari

Appendix D: Interview guide

Introduction

Do you have any questions about the interview, consent form, or other questions in general? Could you briefly introduce yourself? (Occupation, age)

Everyday living experience

Do you feel life is meaningful? Why?

Do you enjoy life? Why?

Do you feel lonely or isolated? Why?

Are you able to concentrate?

Are you sexually active? How satisfied are you with your sex life?

Do you have any physical problems or pain?

Do you have enough energy for everyday life?

Does your physical pain prevent you from doing what you want?

Do you take medicines? For what if you know?

Needs

Whom do you ask for help first in case you need it?

Do you get enough support from your family, friends, or neighbor's?

Do you consider the community you live in an excellent place to live for older adults? Why?

Are the places accessible to you where you want to visit?

Do you want to continue to live with your family member at your home, or do you Want to move to a care home/ institutionalized setting? Why?

What changes do you need to have your life comfortable in the upcoming days?

What kind of activities interest you more?

Do you think money is enough, and does government allowance enough? Why?

Do you have negative feelings such as despair and anxiety? What do you think will help you deal with these feelings?

Ending

What it feels like to be a senior citizen? What do you think about your quality of life in general?

Appendix E: Nepali version of interview guide

1. **अन्तर्वार्ता गाइड**

परिचय

- के तपाइँसँग अन्तर्वार्ता, सहमति फारम, वा सामान्य रूपमा अन्य प्रश्नहरूको बारेमा कुनै प्रश्नहरू छन्? के तपाईं आफ्नो संक्षिप्त परिचय दिन सक्नुहुन्छ? (पेसा, उमेर)
- दैनिक जीवन अनुभव
- के तपाईंलाई जीवन अर्थपूर्ण लाग्छ? किन?
- के तपाईं जीवनको आनन्द लिनुहुन्छ? किन?
- के तपाईं एक्लो वा एक्लो महसुस गर्नुहुन्छ? किन?
- के तपाई यौन सक्रिय हुनुहुन्छ ? आफ्नो यौन जीवनबाट कत्तिको सन्तुष्ट हुनुहुन्छ ?
- के तपाईं ध्यान केन्द्रित गर्न सक्षम हुनुहुन्छ?
- के तपाईलाई कुनै शारीरिक समस्या वा पीडा छ?
- के तपाईंसँग दैनिक जीवनको लागि पर्याप्त ऊर्जा छ?
- के तपाईंको शारीरिक पीडाले तपाईंलाई आफूले चाहेको काम गर्नबाट रोक्छ?
- के तपाइँ औषधि खानुहुन्छ? के को लागी थाहा छ भने?

आवश्यकताहरू

- तपाईंलाई आवश्यक परेमा तपाईंले पहिले कसलाई मद्दत माग्नुहुन्छ?
- के तपाईंले आफ्नो परिवार, साथीहरू वा छिमेकीहरूबाट पर्याप्त सहयोग पाउनुहुन्छ?
- के तपाईं आफू बस्ने समुदायलाई वृद्धवृद्धाहरूका लागि बस्नको लागि उत्कृष्ट ठाउँ मान्नुहुन्छ? किन?
- तपाईंले भ्रमण गर्न चाहनुभएको ठाउँहरू तपाईंका लागि पहुँचयोग्य छन्?
- के तपाईं आफ्नो घरमा आफ्नो परिवारको सदस्यसँग बस्न जारी राख्न चाहनुहुन्छ, वा केयर होम/ संस्थागत सेटिङमा जान चाहनुहुन्छ? किन?
- आगामी दिनहरूमा आफ्नो जीवन सहज बनाउन के-कस्ता परिवर्तनहरू गर्न आवश्यक छ?
- के तपाईंलाई पैसा पर्याप्त छ र सरकारी भत्ता पर्याप्त छ जस्तो लाग्छ? किन?
- के तपाईंमा निराशा र चिन्ता जस्ता नकारात्मक भावनाहरू छन्? तपाईलाई यी भावनाहरूसँग व्यवहार गर्न मद्दत गर्नेछ जस्तो लाग्छ?

अन्त्य

जेष्ठ नागरिक भएर कस्तो अनुभूति हुन्छ ? तपाईको सामान्य जीवनको गुणस्तरको बारेमा के सोच्नुहुन्छ?

Appendix F: Consent form

Information letter

Are you interested in taking part in the research project "*Quality of life: experience of Nepalese older adults"?*

Purpose of the project
You are invited to participate in a research project where the main purpose is to investigate the quality of life experience of Nepalese older adults in Tokha.

Which institution is responsible for the research project?
Oslomet is responsible for the project (data controller)

Why are you being asked to participate?
You are asked to participate because you are a Nepali citizen, and the thesis discusses the quality of life experience of a Nepalese older adult living in Kathmandu, and you match the criteria. Around ten people will be approached for volunteer participants around the community, and a random selection will be made based on who is willing to participate.

What does participation involve for you?
Verbal and written informed consent will be taken about volunteer participation in the research, which will be video recorded. Interview and video recording.

Participation is voluntary
Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified here and we will process your personal data in accordance with data protection legislation (the GDPR).
Binita Thapa (student, Oslomet) and Rune Halvorsen (supervisor, Oslomet) will have access to the personal data. The collected data will be stored separately on my personal computer with password locked and I will replace your name and contact details with a code. Your picture and other information (name, age, occupation) will not be referred in the thesis.

What will happen to your personal data at the end of the research project?
The planned end date of the project is 31.1.2025. The data will be stored safely for further use in the future.

Your rights
So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?
We will process your personal data based on your consent.

Based on an agreement with oslomet, The Data Protection Services of Sikt – Norwegian Agency for Shared Services in Education and Research has assessed that the processing of personal data in this project meets requirements in data protection legislation.

Where can I find out more?
If you have questions about the project, or want to exercise your rights, contact: If you have questions about the project, or want to exercise your rights, contact:

- Student researcher Binita Thapa (s366233@oslomet.no, +358406535381)
- Supervisor and project leader, Professor Rune Halvorsen (rune.halvorsen@oslomet.no, +4767238078)
- Our Data Protection Officer Inger Johanne Flatland (ingerjf@oslomet.no, +4767236087)

If you have questions about how data protection has been assessed in this project by Sikt, contact:

- email: (personverntjenester@sikt.no) or by telephone: +47 73 98 40 40.

Yours sincerely,

Rune Halvorsen Binita Thapa

Project Leader Student
(Researcher/supervisor)

Consent form

I have received and understood information about the project 'quality of life: experiences of Nepalese older adults' and have been given the opportunity to ask questions. I give consent:

☐ to participate in an interview

I give consent for my personal data to be processed until the end of the project.

(Signed by participant, date)