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QUALITY OF LIFE AMONG ELDERLY NEPALI WOMEN

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by

Srijana Shrestha

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The thesis of Srijana Shrestha was reviewed and approved* by the following:

Michelle G. Newman
Associate Professor, Department of Psychology
Dissertation Co-Advisor
Co-Chair of Committee

Steven H. Zarit
Professor of Human Development and Family Studies
Dissertation Co-Advisor
Co-Chair of Committee

Pamela M. Cole
Professor of Psychology

Carolyn Sachs
Professor of Rural Sociology and Women's Studies

Jeanne Marecek
Professor of Psychology and Coordinator of Women's Studies Program,
Swarthmore College

Mel Mark, Ph. D.
Professor of Department of Psychology
Head of the Department of Psychology

*Signatures are on file in the Graduate School

ABSTRACT

Quality of life construct can be used to assess how well an individual's needs are met or how well his/her needs are being met by the society. In the field of gerontology, quality of life has been defined using a framework that ignores cultural differences that influence how elderly individuals define and assess their quality of life. The present study compares the quality of life as defined by two samples of Nepali elderly women: those who live with their families and those live in old age homes, investigating factors that are associated with quality of life in the two samples. The results show that social and cultural norms, informed by Hindu principles, that prescribe familial elder care impact how quality of life is constructed by both groups of women. It is shown that age and functional mobility are differently and significantly correlated with quality of life in the two groups. The findings are discussed in terms of quality of life as a socially constructed phenomenon.

TABLE OF CONTENTS

LIST OF TABLES

ACKNOWLEDGEMENTS

When I reminisce about my academic journey, I am reminded of many moments that lead up to this final phase of writing up the dissertation. My earliest memories are that of my father running to make the school bus with me hanging on to his back; my aunt holding my fingers while I learnt to write – a tradition I passed on to my siblings later, and late night conversations with my mother about the importance of education for empowerment of women. There are other innumerable moments that have filled the canvas to complete the portrait that you are about to read.

I am grateful to all who have paved the path to my academic journey starting with my dissertation mentor, Dr. Zarit and my dissertation committee, Drs. Cole, Marecek, Newman and Sachs. I would not have been able to complete the document without the support of my husband and patience of family and friends. I appreciate that while my motivation and energy towards the dissertation project ebbed and flowed, their faith in me did not waver. Like all the memories that make up the collage of my life, this dissertation will also remain a major snapshot I sure will look back with fondness and relief.

Chapter 1

Positive Aging

In the field of gerontology, there has been an increasing focus on positive aging. Research on positive aging examines old age as encompassing potential for growth and contributions to society. This approach emerged as a critique of the medical model that associates aging and old age with decline, decay, and dependency. Furthermore, this focus on positive aging was a response to the need to reduce public expenditure on the growing aging population (Bowling & Gabriel, 2004). The admission of elderly individuals into institutionalized care causes high health care public expenses. Therefore, an attitudinal shift from viewing old age as a period of decline and dependency to a period in which growth and self care is possible aimed to highlight the ability of the old segment of the society to live independently. The concern among researchers and policy makers about population aging and its impact on health care and social spending has led to the push to focus on ways that will help older people maintain their mobility and independence, avoiding expensive institutional care (Walker, 2005). The economic impact of understanding positive aspects of aging is pertinent, especially when the demographic shift toward an older population is considered.

Demographic shift in aging population

Demographic estimates have shown that between 1950 and 1995 the world's population of older people has increased from 8.1% to 9.5% and in developed countries those 60 years and older have increased from 11.7% to 18.3% of the population (Zhang & Hayward, 2001). Future estimates of population increase suggest that by the year 2050, the world's geriatric population

will reach 21% with the percentage of older people living in developed nations increasing from 18.3% to 31.2%. Similarly, a comparative study of mortality in 27 developed countries showed that from 1950 to 1990, the proportion of those who survived beyond the age of 80 tripled, which was larger than the overall population increase (Kannisto, Lauritsen, Thatcher, & Vaupel, 1994). The drastic increase in the number of people living into old age has placed the needs of this group in the forefront of both international and domestic policies of countries around the world (United Nations, 2002).

In parallel with the trend of population aging in developed countries, the older population is also increasing in developing countries. The geriatric population in developing countries is projected to increase from 7.3% in 1995 to 19.2% in 2050 (Zhang & Hayward, 2001). Such an increase is of concern in developing countries due to a lack of formal resources available in these regions to address the social and economic implications of population aging (Rajkumar, 1996). Unlike developed countries, in which states have programs designed to meet the increasing needs of their elderly populations, government spending on elderly care is non-existent or highly inadequate in developing countries. A case in point, in Nepal, there is an 'old age allowance program', a government sponsored social assistance program that was established in 1994. The program aimed to provide financial respite to Nepali citizens who are over 75 years of age. However, the monthly payment of 175 rupees (approximately US$2 in 2009) is insufficient to cover minimum requirements of any individual. The combination of an increasing number of older people surviving into old age and a lack of resources poses unique challenges to society, as well as to researchers who are committed to understanding and addressing the needs of the elderly who are living in developing countries.

Quality of Life

Quality of life has been used as an indicator of how well a society meets the needs of its elderly or how well a society or social institutions support the needs of the elderly Keith et al., 1994). Quality of life is presumed to reflect how well or poorly an elderly person is doing.

The World Health Organization Quality of Life Group defined the construct of 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. It is a broad-ranging concept affected in a complex way by the person's physical heath, psychological state, level of independence, social relationship and their relationships to salient features of their environment" (as cited in Bowling & Gabriel, 2004, page 3).

This definition highlights the importance of an individual's perception or subjective appraisal of what constitutes quality of life, which is influenced by both contextual and psychological/cognitive factors.

The focus on psychological and cognitive factors of quality of life has been incorporated in many well-established theories in the geriatric literature. Theories on successful aging are good examples of how psychological and cognitive processes of individuals have been incorporated into the concept of quality of life. Kahn and Rowe's (1987) theory of "successful aging" posits that the presence of three domains, namely, low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life, are necessary conditions for positive assessment of old age. Therefore, an individual is considered to be living a successful life if s/he is free of illness, has retained optimal physical and mental capacities and remains socially integrated and active. These factors for successful aging are

considered to be universal and necessary. Proponents of successful aging argue that the theories stress heterogeneity in the aging process by emphasizing that an increase in age does not necessary lead to corporeal decline. In addition, the theories also highlight intraindividual plasticity of individuals to adapt to the changing physical and environmental conditions (Baltes & Baltes, 1990)

While successful aging provides one framework to discuss positive processes in old age, the theory of selection, optimization and compensation (SOC) outlines a mechanism to enhance positive experiences in old age (Baltes & Baltes, 1990). The authors explained that old people employ more stringent selection criteria as well as strategies to optimize their experiences and to compensate for decline in physical, cognitive and other functions. The SOC model can be applied to life span development to evaluate successful living at any age. The proponents of the theory argue that the process of development entails gains and losses in every life stage and success is determined by how well available resources are mobilized to maximize gains and minimize losses. The theory of SOC has a salient role in old age because as people become old their physical, mental and social resources might become depleted. With old age, the ratio of gains to losses becomes less positive because resources are utilized more rapidly but are not replenished in the same rate (Freund, 2008).

Like Rowe and Kahn's (1987) theory of successful aging, SOC theory also assumes universality of the use of these strategies by individuals to accommodate to changes related to old age. Unlike Rowe and Kahn's theory of successful aging, Baltes' (1990) SOC framework acknowledges the impact of different cultures and contexts on how individuals accommodate and adapt to changes in their positions. Both theories stress the adaptive capacity of individuals and focus on defining how competent an individual is during old age. However, the theories do not take into account that how competence and meaningful adaptation are defined might differ across cultures.

The examination of quality of life with a focus on the individual has been criticized as imposing a "Western template" onto a universal concept of aging (Thomas & Chamber, 1989; Torres, 1999). Critics do not share the premise that there are universal and necessary characteristics of positive aging that is applicable to all social contexts. Feminists have argued that the concept of successful aging is based on a competitive business model (Cruikshank, 2003). A masculine approach to living, more specifically, a white male framework, is emphasized and universalized as a singular notion of positive aging. Thus, many people believe that the differing processes of getting old as constructed by race, ethnicity, class and gender, are excluded from the definition of successful aging. Advocates of theories of successful aging and SOC argue that they highlight the heterogeneity of aging experience, but by limiting the definition of what constitutes successful aging to a limited set of conditions, they have, in turn, excluded a myriad of experiences that might represent successful aging.

Other critiques of successful aging theory argue that the definition presumes that older adults who experience decline in physical and cognitive functioning or those who do not remain active are aging unsuccessfully (George, 2006). Therefore, those who face physical and/or cognitive decline and are unable to actively engage in socially meaningful activities in old age are deemed as having brought these undesirable conditions upon themselves. Thus, the use of the term "successful aging" implies a necessary competitive model within which those who have not been able to adapt well are 'losers' (Cruikshank, 2003; Strawbridge, Wallhagen, & Cohen, 2002). However, there is evidence to suggest that individuals who are disabled do not necessarily report 'unsuccessful' life experiences. The phenomenon of 'disability paradox' suggests that elderly who are physically disabled actually report high levels of satisfaction with life (Albrecht & Devlieger, 1999). A contextual analysis of frailty and presence of physical disability in a sample of older women showed that the participants did not describe themselves as frail except in certain contexts. The women discussed their disability only when their physical condition imposed on

their functionality, like, getting into a car or getting on a bus (Grenier, 2005). The salience of ailing bodies seems to be accentuated only when the disability played a role in everyday life and just the presence of a disability did not hamper the participants' evaluation of their physical state.

Feminists have advocated for examination of aging experiences as culturally mediated processes. Gullette (2004) has argued that female bodies, including old bodies, are constructed by culture through discursive practices that devalue old bodies and render them diseased, ugly and useless. Twigg (2004) highlighted the challenge within feminist gerontology to discuss the physical limitations imposed by aging, especially in those who are 80 years and old, without allowing the entirety of old aging experiences to be defined by and limited to their ailing bodies. The monolithic approach of successful aging theory that emphasizes physical and cognitive competence has been challenged further by research that examines how socio-cultural factors influence quality of life around the world (Calasanti, 1997; Fry et al., 1994; Torres, 2001). The critique of the successful aging model have inspired a wide range of studies that have attempted to examine the influence of the cultural contexts and social norms on the understanding of quality of life in old age.

Culture and quality of life

Numerous studies illustrate the impact of cultural norms and values on quality of life. Perhaps the most extensive cross-cultural study on well-being in old age was conducted by Keith and colleagues (1994). The AGE Project was conducted in seven culturally different sites ranging across different countries around the globe. This research was innovative not only because the research sites ranged from a tribal community in Africa to an urban setting in Hong Kong and United States but the constructs of health, functionality, and material comfort were assessed using culturally-sensitive methodology. For example, in the !Kung community in Botswana, being able

to carry water and other heavy loads constituted a high level of functionality whereas in Hong Kong, the ability to go to work and complete official duties were included in factors of functioning. Therefore, the study was able to capture the culturally relevant well-being factors for the elderly participants across a variety of contexts. The Age Project showed that the themes of aging differed according to social context (Keith et al., 1994). Participants from !Kung and Herero communities highlighted the lack of material necessities as factors that impacted their quality of life because individuals in these communities historically struggled with poverty. Likewise, the participants from Hong Kong also reported material security as an important factor for well being. Rather than long-standing struggle with resources, the Hong Kong participants had experience a major setback in the economic market during data collection. In contrast, in two Irish communities, the participants did not report concern about economic security as a theme related to quality of life because the state provided economic support for the citizens of these communities.

In another study conducted among Latino elders, the perception of aging was examined using in-depth interviews (Beyene, Becker, & Mayen, 2002). Analyses of participants' narratives showed that level and quality of social support, fulfillment of age appropriate roles, cultural expectations and a strong faith in God were identified as factors necessary for positive old age. Supportive relationships with others were particularly helpful if they included relationships with younger generations characterized by respect. The factors contributing to positive aging were consistent with the social norms and social roles of elderly in that particular culture.

Another qualitative study conducted among Inuit elderly in Canada showed that good health did not necessarily characterize quality of life (Collings, 2001). Instead, one of the important themes to age successfully was the ability to manage declining health. For the elderly Canadian Inuit, attitudes towards old age and their involvement and willingness to transfer traditional knowledge to younger generation were related to successful aging. The importance

placed on an intergenerational transfer of knowledge and connections with the social environment were consistent with the traditional way of life of Inuit community.

The quality of life construct using context-dependent analysis has also been studied in a number of studies on immigrant samples. A study conducted in immigrant Chinese seniors living in Canada showed that involvement with the Chinese culture through periodic return to the homeland and performing ancestor worship were significant factors related to quality of life. However, an ethnocentric view of Chinese culture such as beliefs that children need to take care of the elderly in the family or expectation from children to marry from within the Chinese community were not related to quality of life among the elders (Chappell, 2005). It appears that unique experiences related to immigration such as family reunions showed stronger relation to quality of life compared to traditional Chinese beliefs, which might be related more to the process of immigration and acculturation into a new society.

Similarly, in a qualitative study conducted among older Iranian immigrants living in Sweden, the construct of successful aging included a sense of control over one's aging body, staying active while setting age-appropriate goals, and gaining autonomy and control over one's life in terms of establishing and maintaining relationships with family and friends (Torres, 2001). Even though Iranian culture emphasizes family orientation, the study participants underscored the importance of modifying expectations for old age after immigration.

These studies that examine positive meaning in difference cultures suggest that the construct of positive aging is dynamic in nature and what is considered important for quality of life are determined via negotiations among many elements, including cultural norms, life course experiences and one's current social positions. The examination of quality of life through a cultural lens provides a comprehensive account of the contextual factors and determinants that shape the meaning of positive experiences in old age.

Chapter 2

Quality of Life among Nepali Older Women

This study examined cultural norms that impact themes of quality of life in old women living in urban Nepal. The study explored quality of life in two different samples of old women; women who live with their families and those who live in old age homes. In Nepal, the social norms prescribe that the younger generation care for their elderly. Therefore, the women who live in old age homes are embedded in a situation that is inconsistent with the prescribed social norms. The comparison between these two groups of women provided a multi-layered understanding of how the larger cultural context and immediate social location informs quality life.

The study sought to address the following three questions: a) what themes are associated with quality of life of older Nepali women, b) do these themes relating to quality of life differ as a function of in home or out of home care, and c) what factors predict quality of life in older Nepali women? A brief introduction to Nepal, its social, economical and political history is provided first. Then, in subsequent chapters, qualitative data is presented to address the first and second questions and finally, the third question is addressed using quantitative data.

Nepal: An introduction

Nepal is a landlocked country situated in South Asia, surrounded by Tibet in the north and India in all remaining directions. In 2003, Nepal's population reached 25.1 million (Central Bureau of Statistics, 2003). Life expectancy at birth for females was 61 years and that of males was 60.1 years. Prior to 2003 males had higher life expectancy due to the high mortality rate during childbirth for women.

As in many developing countries, the age structure of the population in Nepal is changing in favor of elderly individuals. The proportion of people aged 65 and above doubled from 2.43% to 4.21% between 1911 and 2003 (Central Bureau of Statistics, 2003). Similarly, those over 75 years old have increased from 0.45% to 1.30% in the same 90 years time span. The total population increase rate of Nepal was 2.24% in 2001 while the total elderly population increase rate was 3.4% (Chalilse & Brightman, 2006). Future estimates show that by 2031 the proportion of those below 15 years will decrease while the proportion of those over 60 years will increase.

Even though the increase in the aging population in Nepal is not as dramatic as in other developed countries, it will impose many challenges to the social structure, public policy and economy of the country, especially in the context of the lack of economic resources and the political instability the country has faced in the past couple of decades. In 1996, about 40% of Nepal's population lived under the poverty line (UNDP Poverty Report, 2000). Nepal occupies the 144th position in the Human Development Index (Human Development Report, 2009). The Human Development Index provides a composite measure of three indicators, namely, life expectancy, literacy rate and standard of living. These indicators show that the level of development in Nepal is low with many areas requiring improvement.

Nepal's social and cultural fabric is heterogeneous, consisting of different ethnicities and caste groups. It is estimated that there are 100 different ethnic groups in Nepal (Census Bureau of Nepal, 2003). These ethnic groups are categorized into one of four major caste groups. Caste has been defined as a systematic classification and ranking of people and everyday relation and transactions (Cameron, 1998). The four major caste groups in hierarchal order are Brahmin, Chettri, Vaishya and Shudra. The Brahmin are the priestly group, purer and of higher rank order than the kingly and warrior, Chettri, caste group. The Vaishya is the merchant group, while the Shudras (untouchables), who work with materials that are sources of spiritual impurity, occupy the lowest position in the hierarchy.

The social order of the modern day Nepal was prescribed by the legal code of Muluki Ain (Law of the Land) (Hofer, 1979). Muluki Ain, a legal document introduced in 1854, solidified the influence of Hindu religion on the political and social fabric of the country. The law codified groups of people along a continuum of levels of purity ascribed under Hindu religion that constituted caste groups (Gellner, 1995). As a result, certain material (e.g., leather), certain acts (e.g., consuming beef/ alcohol) and bodily states (e.g., menstruation, childbirth), believed to be impure under Hindu philosophy were legally codified into lower level social groups. The social structure that emerged consisted of lower caste groups who work with impure materials or embody any state of impurity. For examples, ethnic groups that work with leather are categorized into Shudra caste. Women during pregnancy and childbirth are considered impure and are not allowed to participate in cultural and religious activities. Meanwhile, groups considered purer within Hindu tradition occupy higher social positions. In this way, the Hindu parameter of purity and impurity has led to a classification and ranking order for Nepali people.

This system of social ranking has also led to a structure of dominance of a select group of people over a large population (Prakash, 1992). High caste individuals, Brahmins and Chettris, have traditionally played a major role in the politics of Nepal. They have easier access to education, which in turn, make them important players in the economic system of the country. In contrast, low caste individuals have limited access to education and health services and limited political and economic opportunities, thus restricting their upward social mobility and, in turn, reinforcing the social hierarchy.

The different ethnic groups are grouped into the four broad caste categories. However, the ethnic groups do not fit neatly into the caste groups. There is an arbitrary allocation of different caste designations to ethnic groups, some of whom do not follow the Hindu religion and thus, do not provide a compatible anchor for classification. For example, the Tamangs, who practice Tibetan Buddhism and live around the Kathmandu Valley, have been classified within

the “enslavable” group whereas other hill tribes such as the Gurungs, Magars, Rais, and Limbus have been categorized as “non-enslavable” (Gellner, 1995). There is little rationale for why one ethnic group was codified into one category compared to another. Nonetheless, the caste system has had a very strong impact on the expectation and regulation of behavior among Nepalese people.

In addition to categorization of ethnic groups, caste order also informs gender relations in Nepali society. For example, women occupy positions similar to those of untouchables during menstruation and childbirth. Nepali society is patrilocal with a woman expected to leave their maternal home after marriage to live with her husband’s family. After marriage, a woman’s primary responsibility becomes to take care of the family unit of her husband that includes bearing a child, preferably a son, who will carry on the husband’s ancestral name. Generally, due to the lower education attainment of women in Nepal, they are dependent on their husband and his family to provide for her financially, a process that maintains subordinate positions of women. The death of husband might pose a threat for the well-being of women. In widowhood, the welfare of women is the responsibility of her brother-in-laws or brothers. A woman’s status decreases with the death of her husband and might make her more vulnerable to maltreatment.

Despite the allocation of inferior status to women as a group, gender is constructed differently among different caste groups based on such things as the type of work the women do, how one person is related to another person (e.g., daughter, daughter-in-law), religious practices, and the kinds of material resources available to them (Cameron, 1998). In a study conducted with rural Brahmin women, how two people were related (e.g., daughter-in-law and mother-in-law), male-focused rituals (ancestor worship, death rituals), and an emphasis on the moral purity of women enforced the subordinate role of women within the patriarchal Hindu system (Bennett, 1983). Bennett describes the discrepancy between the high status of unmarried Brahmin women in their natal homes and controlled lower status of married women in their husbands’ houses. The

difference in social position based on social roles is indicative of how different familial relationships provide women with variable levels of access to power. However, the hierarchy along gender groups might differ based on ethnic groups. Among Tamangs, the hierarchal gender system is not as rigid as in the Brahmin group (March, 2002). A Tamang woman is free to choose her life partner, can leave a marriage on will, and if widowed, can remarry. These options are rarely available for Brahmin women. However, despite some level of freedom experienced by women in certain ethnic groups, women in Nepal do not share the higher social status of men. For example, it is only under specific circumstances that women may legally inherit property. Representation of women in the political arena is minimal, and the literacy rate is considerably lower for girls than for boys (Census Bureau of Statistic, 2003). Nonetheless, women gain more freedom and status as they age.

Nepal, like many other South Asian countries, is age-stratified. The eldest member, especially the male of the family or the community, automatically attains a leadership role in the family/community. In fact, in Newar community, family and community members have worship ceremonies for their elders. After an individual reaches the age of 100 years, he or she is regarded as having reached a state of divine position. Even though the Newar ethnic group emphasizes the 100^{th} birthday, the chronological age does not carry much weight in Nepal. A lot more importance is put on social age that prioritizes relation of an individual within a social group and his or her roles and responsibilities. The stress on roles and responsibilities is appropriate given the hierarchal and interdependent nature of social network within Nepali society.

Elders also occupy positions of respect and reverence in other South Asian communities. For example, Bengali children often aspire to take care of the parents, who gave them life (Lamb, 2000). In fact, it is the duty of children to repay the moral debt of birth and life towards their parents. Similarly, with advanced age, transfer of household duties to sons and daughter-in-laws is common and the process gradually moves the elders from the center of the household to its

periphery. Such a move, however, does not necessarily result in decreased status for the elderly. On the contrary, the shift allows for interactions such that fulfillment of the needs of the old members depend on the younger ones.

In Nepal, like in many other South Asian communities, older women gain authority vis-à-vis their relationships with their sons and daughters-in-law. When a Brahmin woman attains the role of a mother-in-law, she enters the network that keeps a watchful eye on the new bride (Bennett, 1983). The mother and daughter-in-law share a tenuous relationship in a Brahmin household. The mother-in-law is usually critical of the daughter-in-law and can determine which household duties are relegated to her. In addition, the mother-in-law is the primary agent in reinforcing control over the physical mobility of the daughter-in-law. Permission from the mother-in-law is necessary even when a married woman wants to visit her natal family. In essence, the same woman functions as the object and subject of patriarchal oppression, with age and social roles determining which position the woman will occupy.

Access to power with older age for women has been discussed in other South-Asian communities. Within the rural Bengali community, the power that women gain in old age is reflected in the freedom they acquire to be physically mobile compared to young women, whose mobility is restricted (Lamb, 2000). One can see older people, both men and women, congregating in public places like temples and along roadsides. Another indication of higher power enjoyed by older women is the latitude they have in the way they dress. As women age, they can start dressing in the same ways as men. For example, older women are more likely to wear no blouse and even roam around with their breasts uncovered.

In a society stratified along caste status, and ethnic group identification, not everyone experiences an increase in authority with advancing age. For example, poor families are unable to provide for their elders (Cohen, 1998). Lack of funds might prevent the children from fulfilling the needs of their parents. Additionally, widowhood in old age deprives women of their main

source of support, their alliance with the male authority of the family. Widowhood, in all ages, brings added restrictions that threaten to make Nepali women social outcasts (Galvin, 2005). The combination of old age and restricted opportunities to support oneself and widowhood makes old women a high-risk group for mistreatment.

The heterogeneity due to caste, ethnic diversity and gender influences aging experiences in Nepal. However, there are common social norms that influence aging across caste, ethnic and gender groups. The notions that with advance age, people gain respect and authority in their families and community and the expectation of care from the younger generation are common. These ideals are firmly grounded in Hindu philosophy and the framework of aging as outlined in many Hindu texts.

Aging in Hindu philosophy

Hindu philosophy has explicit norms about aging. *Dharma Shastras*, classical legal texts within Hindu tradition, provide a framework for the normative, thus idealized pattern of life cycle (Harlan & Courtright, 1995). Four distinct stages (ashramas) of an ideal life are prescribed for a Brahmin male. These life stages are identified as celibate *brahmacharin* (studenthood), *grihastha* (householder), v*anaprastha* (hermit) and wandering *yati* (ascetic) (Tilak, 1989). Each life stage encompasses different roles that an individual Brahmin male should perform and appropriate goals and behaviors associated with each role starting from birth until death. In the first life stage, celibate student, the individual is required to focus on attaining an education and is expected to be obedient towards one's elders in the family and teachers. The second life stage, householder, involves establishment of family life. In this life stage the man is required to get married and obligation towards one's family becomes the primary focus. The birth of a son is the ultimate goal because continuation of the ancestral name is possible only through a son. The third life

stage, hermit, involves engagement with learning and spiritual practices and disengagement with the social sphere. The primary responsibility of household is transferred to the eldest son and his family. The transfer of familial responsibility from the father to his son is not indicative of loss of power but the shift is a sign of gain of status for the father within the family and the community. In the last stage, wandering ascetic, a Brahmin male with or without his wife renounces his earthly possessions and surrenders his life to religious devotion. In old times, old people left their homes to live a life of an ascetic in the forest. Nowadays, the tradition of leaving one's home for the forest is not prevalent but the notion of living a life dedicated to religious practices in old age is still present.

The life order that is outlined for a Brahmin male also emphasizes the "dharma" (duty) of the man in each of the roles he performs. The word "dharma" is roughly translated as religion in the English language. However, the meaning of dharma is nuanced and multiple within Hindu tradition (Bennett, 1983; Parish, 1996). In a broad sense, dharma involves performance of specified rites and ceremonies, and obedience to religious scripts. It governs ethical behavior that is appropriate to one's social position related to gender, caste and age. The prescription of appropriate behavior also indicates duty of each individual towards one's ancestors, relatives and society. It is thought that if one adheres to one's dharma, through performing religious rituals or fulfilling assigned roles and duties, then one's dharma will be rewarded in afterlife via birth in higher caste group or will be liberated from the cycle of life and death.

In Hindu religion, the tension between *maya* and *mukti* is constantly at play. Maya is the attachment with life that leads to both pleasure and pain. The very engagement with roles associated with samsara or life produces maya. Mukti, on the other hand, means "liberation." Renunciation of worldly possession and breaking the chain of attachment with pleasurable outlets (samsaric sukha) is thought to be a path to mukti. Dharma associated with the last two stages of life for a Brahmin male is focused on conducting one's everyday life to attain mukti or a higher

birth in next life by separating oneself from attachments and devoting time to religious activities. Accumulation of karmic debt in one's lifetime is considered as the main obstacle in the attainment of mukti or higher birth in next life. Karmic debt is accumulated due to negative conduct, including not following one's roles and responsibilities. It is considered that any karmic debt taken on in this life will have to be repaid in the next life.

Under Hindu philosophy, the ashramas are prescribed roles for Brahmin males only. The religious text is silent on prescription of ideal life stages for Brahmin women or people of other castes. Tilak (1989) described that the religious text outlines the duties of women only when discussing various aspects of food preparation. The author argues that the domestic sphere allocated to women might account for the lack of prescribed life stages for women. Even though there are no explicit written norms outlining required behavior for Hindu women, many social practices provide a structure for appropriate behavior for Hindu women in Nepal. For example, the allocation of the domestic sphere to women in itself structures a daily routine that is distinctly gendered. The process of cooking might include getting up earlier than males in the family, purification processes before cooking the meals, letting the males in the family eat first and cleaning up that happens after completion of meals. Therefore, even in the lack of explicit life stages for women, social practices that occur daily or around religious events provide a normative frame for women to become Hindu.

The prescribed life stages for Brahmin males also function as an idealized life for those who occupy lower social positions due to the high influence of Hinduism in the political and social system of Nepal. Hindu religion has long been the dominant religion in the country. Nepal was ruled by the Shah Dynasty for almost three centuries until the monarchy was abolished in 2006. The Shah Kings not only followed the Hindu religion but were revered as the reincarnation of a Hindu god. In this way, the political system co-opted religion to establish and strengthen its political prominence. The central role that Hindu religion played in the political structure of the

country also gave way for Brahmins to gain prominence in the society. Brahmins held and still continue to hold the highest social, cultural and political positions and have dominance. Therefore, the prescribed life stages for Brahmin males have functioned as the social norms for a majority of other Nepali religious and ethnic groups.

Care-giving for the aged in Nepal

Traditionally, social norms prescribe that elderly parents are cared for by their children, especially the eldest son. The daughters might contribute to household activities before marriage. However, after marriage, a daughter becomes solely a member of her husband's family and her primary caretaking focus shifts to her husband's family, including his parents. It is commonly known that parents are reluctant to receive financial help from their married daughter. The son and daughter-in-law unit is responsible for providing care for the son's parents. However, there are reports of some deterioration of these norms. In a longitudinal study on adult children's attitudes toward support of elderly parents, conducted in the western part of Nepal, it was found that the perceptions of adult children regarding elder care had changed wherein the younger generation reported lower levels of obligation to care for their parents (Pienta, Barber, & Axinn, 2001).The shift in social norms was found to be associated with modernization, disintegration of extended families, and internal and external migration. However, in an anthropological study conducted in Vanaras, India, only high-caste Brahmins cited modernization and deterioration of family values as leading causes of lack of care in old age. In contrast, low caste respondents blamed poverty, caste order, age-related changes and discordance among siblings as primary causes of destitution (Cohen, 1998). Similar change in social norms regarding elder care was discussed by Lamb (2000). The author mentioned that most of the beggars in rural Bengali villages were old women.

In recent years, a different social structure has emerged to accommodate the segment of the old population that does not receive care in the family. Old age centers are becoming more numerous in many South Asian countries, including Nepal. The establishment of old age centers that provide shelter, food and support that traditionally were functions relegated to family indicates a change in the social contract in caring for the elderly. Those who live in these settings report that the center is an alternative to living on the street (Lamb, 2002). Anecdotal evidence suggests that the overall reaction of those who live in old age homes is positive because if not for the help from such an organization, they would have to support themselves by begging. However, it is likely that the residents of old age centers have negative reactions to living in conditions contrary to what is considered 'normative'. Those who live with their families might conceptualize their quality of life differently than those who live in old age centers. Little is known about quality of life among Nepali elders, either in familial situations or in old age residences. Even though tradition provides a framework for normative aging for Brahmin male, there is no documentation of the experiences of aging among Nepali women. Additionally, there is nothing more than a measured speculation about what might constitute quality of life in Nepali older women and how this construct might change depending on the living arrangement of the women.

The first component of this research project examined the themes that were related to aging women's quality of life and whether living with one's family versus an old age home in urban Nepal affected perceptions of quality of life in older women. The second component of the research tested several factors that could predict quality of life in the same population.

Chapter 3

Qualitative Study

There is consensus among quality of life researchers that examination of how participants describe their quality of life is important (Lawton, 1991). A qualitative approach emphasizes and captures experiential aspects of quality of life in the participants' own voices. This approach explores how the elderly identify and evaluate the different domains contributing to quality of life in old age without the constriction of outside structure. Qualitative methods may help identify processes and factors that influence quality of life that existing measures developed by 'experts' may not. For example, in a study that collected qualitative and quantitative data, the domains generated by participants in a sentence completion test surpassed the number of dimensions inherent in the Satisfaction in Life Scale (Westerhof, Dittmann-Kohli & Thissen, 2001). Qualitative methods of data collection are especially important when there is a lack of substantive work in the field to delimit hypothesis building. Qualitative work also helps examine the information generated in the research process within a contextualized framework.

Methodology

Sample

Qualitative data was collected from two groups of elderly women, those who lived in old age homes and those who lived with their families. The old age home (OAH) sample for the qualitative study was recruited from an NGO-run *Briddhashram* (trans. refuge for the old), located in Kathmandu. The NGO was established officially in 2052 B.S. (approximately 1996

A.D.) by a woman philanthropist motivated by her desire to provide services to abandoned older adults. The impetus for the center started in 2048 B.S. (approximately around 1992 A.D.) when the founder of the center provided shelter to one old woman. The center grew as the founder started taking in more elderly individuals who did not have familial and communal support. The old age home provided food and shelter to its residents. The home also provided additional activities for its residents to engage with such as participation in daily *puja* (trans. worship) in the morning and evening, watching television shows and movies, and occasional cultural activities organized by outside volunteer agencies.

The center was located in a three-story building with a capacity to house up to 40 elders. The living arrangements ranged from a single room with attached bathroom to sharing a room with up to three other residents. There was a toilet and bathroom on every floor. The kitchen is located in a separate one-story building nearby. The building is run by a small number of full-time staff; a male office accountant, who also functions as the manager of the organization, a female personal assistant, a female cook and a male guard. Students from various colleges from around the valley come to the center to volunteer their time and help with the everyday activities of the home.

At the time of data collection, the NGO was serving 28 individuals, both male and female. The office manager for the center stated that physically and mentally ill individuals were not admitted to the center due to lack of a health care facility at the site and lack of appropriate training of the staff to deal with medical issues. According to the office manager, residents at the center were either dropped off by their relatives or were picked up from the street when they receive reports of elderly people living on the street. The requirement for admission to the center varied from taking individuals in without any monetary contribution to the center to asking the families of the residents to donate funds. The amount of these one-time ‘donations’ varied and were voluntary. Based on the amount of the donations, the residents were provided with choice in

their living space within the center. For example, a high monetary donation would give residents access to a private room with a private bath while those who were unable to provide such deposits were allocated shared room space and public restrooms.

At the time of data collection, it was estimated that there were three other privately-managed, not-for-profit old age homes in the Kathmandu valley. The home that participated in this research was chosen for convenience. The researcher found the contacts for the center on the internet so that discussion about potential data collection at the old age home was possible even before the researcher had an opportunity to visit the home in person.

The family (FAM) sample was collected using snow-ball methodology. The community leaders of two centers that organized weekly gatherings of people for worshipping of Hindu Gods were contacted and referrals were given for a number of old people who lived in the community. These centers were targeted because old people tended to frequent religious activities in the community more often than other age groups.

Qualitative data on both the OAH and FAM samples were collected from the beginning of May through mid-June in 2007. The study was authorized by the Institutional Review Board of The Pennsylvania State University. The researcher also procured authorization from the OAH's board before collecting data.

Qualitative interview

Qualitative data were collected using questions from Keith and colleagues' (1994) multi-national study on cross-cultural analyses of aging experience. The study by Keith and colleagues aimed to examine if there were unique cultural definitions of good life, which is similar to the first component of the research. The questionnaire was divided into two sections: the first section focused on positive aspects of quality of life and the second section focused on negative aspects.

In the beginning of the interview, the participants were asked to think of a person they knew fairly well who was living a good life in old age. Then, as a follow up question, the participants were asked about this person's gender, age and what contributed to his/her quality of life. Then, the participants were asked to think of a person of the opposite gender but same age who enjoyed good quality of life. The participants were asked to identify factors that contributed to this person's quality of life. Another set of questions used a similar format but a focus on individuals the participants knew who were facing difficulty in old age. The Keith et al. interview was used because the open-ended format of the questionnaire helped the interviewees to elaborate on the construct in their own words without a pre-imposed structure to impact their responses. The Keith et al. interview has been used to collect data on socialization of emotion in Brahmin and Tamang groups in rural Nepal (Cole, Tamang & Shrestha, 2006).

A list of socially and culturally relevant themes was used as a framework to ask follow up questions to the participants. These themes were identified through conversation with experts with research experience in Nepal and lay people from Nepal residing in the United States. The focus of these questions included the role of one's children and grandchildren, completion of duty towards one's ancestors, health, functionality, financial independence, religion and gender.

All the interviews were conducted by the researcher and were recorded as audio files. Two individuals with Bachelor's degrees transcribed the interviews verbatim in Nepali. Two professional translators translated the interviews from Nepali to English. It needs to be noted that when the concept, good quality of life was translated into Nepali, it read as 'life satisfaction'. The direct translation of quality of life in Nepali, *jeevan ko s'tar* is formal and is not a part of the colloquial dialogue. The use of such a formal phrase, which is mostly used in government transactions, might have impeded developing rapport with the participants. On the other hand, *jeevan ko santusti* (trans. life satisfaction) captured the notion of positive quality of life in a colloquial way that invited participation.

The questionnaire structure used in the study by Keith and colleagues asked study participants to think of a person who was living either a positive or negative life in old age. Interestingly, in the present study, all but one of the participants told the interviewer that they did not know of anyone who was doing well or having difficulty in old age. Even when the researcher assured the participants that they would not be asked to provide identifying information about the individuals they had in mind and they actually did not have to think of an actual person they knew, the participants basically said that they did not want to talk about someone else and volunteered to share their own life stories. The participants also refused to make up an imaginary person whose life would be assessed positively in Nepali context. The refusal of the participants to discuss about people they knew or imagined was explained by one of the participants who said that to talk about someone else was an evaluative process and to speak ill of someone else will be like committing a sin. Social cohesiveness is important in Nepali society, where the interdependence of individuals performing different roles is paramount for social order (Parish, 1996). The social priority to maintain cohesion necessitated that individuals do not express negative attitude towards others. This is not to say that in Nepal all interactions among people are positive. In the process of interacting with old women for the study, I had numerous occasions where the residents expressed displeasure against their family members or other OAH residents. However, asking participants to think of someone, real or imaginary, might have activated the social norm more explicitly. Furthermore, the fact that the interview was recorded might have left evidence of the social transgression.

Based on the responses of the participants, the format of the questions was changed. The focus of the questions shifted from asking the participants to describe a real or imaginary individual who was over 60 years old and living a positive and negative life in old age to what the participants thought was necessary to live a satisfactory life in Nepal. Based on their responses, follow-up questions were used to ask the participants to elaborate on the views expressed. If the

participants did not bring up the topics of family involvement, health, functionality, religion and gender, the interviewer probed these topics by asking if the participant thought these factors were important for living well in old age and in what way. In the end, the format of questionnaire used to collect qualitative data deviated considerably from the original interview format used by Keith and colleagues.

Participants

Six women, who lived with their families, were interviewed. FAM 1 was a 65-year-old-Brahmin widow who lived with her son, daughter-in-law, one grandson and one granddaughter. She was born in a district headquarter, north of the Kathmandu valley. She moved to the capital about 22 years ago and had been living in the current resident for the past eight years. The family's current house was registered in the participant's name and her family also owned two r*opani* (1 ropani = 0.139 acre) of land and a house in her native place. FAM 1 did not attend school and did not know how to read or write.

FAM 2 was an 80-year-old, widow who was born and brought up in Kathmandu. She lived alone in the house of her religious guru (teacher) out of her free will. Her family included two sons, their wives, four grandsons and one granddaughter. The arrangement to live in the house of her teacher was a temporary arrangement. She was from the Newar ethnic group and followed Hindu religion. Her family owned five houses in the city, all registered in her or her deceased husband's name. She was home schooled and could read Nepali.

FAM 3 was an 81-year-old widow who lived with two sons, their wives, three grandsons and one granddaughter. She was born and brought up in the city. She followed Hindu religion and was a Newar. She did not complete formal schooling but could read and write Nepali. Her family

house was registered in her name and her family also owned six *ropani* of land within the city limits.

FAM 5 was a 70-year-old, married woman. She was born and brought up in Kathmandu. She followed Hindu religion and was a Brahmin. She lived with her husband, two adopted sons, one grandson and one granddaughter. She did not complete formal schooling but could read and write Nepali language. Her family owned the house they lived in and also owned about five ropanis of land within the city limits.

FAM 6 was a 73-year-old widowed woman. She was born in Bhaktapur, one of the cities in the Kathmandu valley. She lived in Kathmandu city with five sons, four daughter-in-laws, three grandsons and five granddaughters for the past fifty years. She followed Hindu religion and was a Newar. She could not read or write Nepali language. Her family owned the house they lived in and did not own any other property.

FAM 7 was a 74-year-old widow. She was born and brought up in the city. She lived with her son, daughter-in-law, two grandsons and one granddaughter. She was a Brahmin and followed Hindu religion. She was not literate. Her family did not own a house and they rented two rooms in the center of the city.

A total of six women who lived in the old age home were approached. The first woman could not complete the interview because the moment she started to talk about her family, she started crying. The woman requested that the interviewer stopped the recording and discontinue the questioning. The narratives provided by the remaining five participants were analyzed.

OAH 2 is a 73-year-old widow who had lived in the center for about eight years. She was born in an eastern part of Nepal and came to the valley 17 years ago. She was a Brahmin and followed Hindu religion. She was illiterate. Her family used to own a house and land in her village but they had lost both.

OAH 3 was a 90-year-old widow who lived in the OAH for about five years. Her home was in a town situated in the outskirts of the city. She was a Brahmin and followed Hindu religion. She did not have any formal education but she could read Nepali language but could not write. Her family owned a house and some land and both were in her daughter-in-law's name.

OAH 4 was a 91-year-old widow, who lived in the OAH for 11 years. She was a Chettri and followed Hindu religion. She was illiterate. She did not have immediate family. Unlike many women who lived in the OAH, she received a small amount of money from her husband's pension. She decided to come live in the old age home on her own despite requests from her extended family members to come live with them.

OAH 5 was a 76-year-old widow. Her native house was located in a town situated in the outskirts of the Kathmandu but she did not claim any share on that house. She lived in the OAH for eight years. She was Brahmin and followed Hindu religion. She was illiterate.

OAH 6 was a 74-year-old widow who lived in the OAH for about eight year. She was born in a town close to the Kathmandu valley. She was Brahmin and followed Hindu religion. She was illiterate. Her family did not own a house or land.

Only one woman living in OAH provided detailed information about who lived in her family and how she came to live in the OAH. The interviewer made several attempts to ask other women about their families and the circumstances that preceded their entry into the OAH. Many responded by stating that nothing good would come out of talking about their past lives.

Data Analysis

Qualitative data was analyzed using a qualitative coding and analysis methodology outlined by Auerbach and Silverstein (2003). The coding and analysis process of qualitative data is divided into three steps. In the initial step, the themes relevant to the study questions were

identified irrespective of at which point these themes were uttered in the narrative. The themes that participants had in common were of particular interest for further analysis. The second step involved grouping of themes that were repeated in the narrative into groups with convergent ideas. The third step involved connecting the categories into thematic categories, which are related to theoretical concepts. The data analysis method outlined by Auerbach and Silverstein has been used in many qualitative studies (Cohen et al., 2006).

Results

The women who lived in the old age home had an easier time talking about their lives as compared to those who lived with their families. The OAH participants had contact with visitors who come to the old age home frequently. They are used to answering questions about their lives and reasons why they came to the old age home. On the other hand, the women who lived with their families did not have opportunities to talk about the details of their lives. Therefore, the FAM participants often responded initially by saying that they did not know. With repeated questioning and letting them that there is no right or wrong answer, the FAM participants provided their narratives.

The participants from both the OAH and FAM groups identified a number of similar categories relevant to quality of life in old age. In addition, some unique categories related to quality of life were reported by OAH sample. The FAM and OAH samples highlighted the importance of access to sustenance (food and shelter), family, functionality and religious/spiritual faith as important for quality of life in old age. End-of-life concerns and karmic debt were themes expressed only by participants who lived in OAH as important for their quality of life. The common themes reported by both the samples will be described first, followed by themes that were uniquely expressed by OAH sample.

Sustenance

Access to basic food and shelter was one of the first themes identified by participants.

When asked to describe how her 100-year-old sister experienced positive quality of life, FAM 2 stated*, "She has plenty to eat and wear. What else then? She has no difficulties."* Elaborating on her response, she explained later on in the interview that having difficulty in old age means *"not having enough to eat and to wear".*

Similar sentiment is expressed by another FAM participant, FAM 6, "*What I mean by trouble is if the children do not give me to eat or do not give me to eat this or do not give me this thing. Till now, children have been providing me food and other things. I am not doing anything."*

The focus on sustenance as an important factor related to quality of life in old age might reflect the dependence of the old on the younger generation and the role of the aged in the culture. It is important to note that seeking support from the younger generation is an ideal outcome in old age in Nepal, unlike in many developed countries, where most of aging research on quality of life is done, and independence is underscored as the optimal goal in old age. Moreover, a large proportion of Nepali elders are dependent on the younger generation for financial support. Except for a small percentage of individuals who worked for the government and as a result, earn a pension in old age, no formal system exists to provide financial support for the elderly. Traditionally, Nepal has been an agrarian society and a large percentage of the country still depends on agricultural activities as main source of income. With advancing age, the older family members, especially men become less active in income-generating activities, though they continue to play important roles within the family unit as care-providers for their grandchildren. However, the engagement with work outside of the house is limited. Therefore, with old age, they become increasingly dependent on their children to provide for basic needs.

The main role expectation for the elderly, according to Hindu tradition, is to remove oneself from the daily hassles of everyday life and devote time to religious activities. As a result, the primary responsibility of running the household, both financially and instrumentally, is transferred to the eldest male offspring of the family, thus leading the way for the old to live their old age of leisure and contemplation.

Therefore, the focus on basic human necessity as a necessary factor for quality of life might reflect the process of social detachment in which elderly individuals who live with families engage. However, the lack of family involvement in caretaking for individuals who live in old age homes makes the theme of sustenance more complicated.

In response to the interviewer's question about what is required to have a good life in old age OAH 4 responded "*Nothing is required. Some outsiders give us 5-10 rupees for pocket money. That is all. Nothing more is required…*" With some surprise the interviewer asked "Some pocket money is sufficient. Is that all?" The participant responds, "*Yes. That is enough. What else is required?...Yes. I am getting food and clothing. Is it not so? Yes, it is good. We are getting soap for bathing and washing clothes."* The interviewer persists and asks, "*Yes, what else is necessary in old age?"* The participant's response below reflects that for those who live in old age homes, the meaning of sustenance is embedded in their experience of abandonment from their family and their perception of what is reasonable to expect from outsiders. OAH 4, "*Nothing is required…No, nothing is required. Even if we need something who will give us….The near and dear ones do not give…why would strangers give anything...Is not it?"*

Family Support

The participants from both groups discussed the role family played in increasing or decreasing the quality of their lives. In general, the role of family was assessed positively by the

FAM sample while the OAH sample was critical of their family. The exception from the general trend was the reports of those who lived in the OAH who did not have children of their own or came to the OAH voluntarily. These women dismissed the importance of family without judgment and blame.

FAM 1 explained "*I definitely want my family to take care of me. I have no strength left. Therefore, I want my family to look after me*." Here the emphasis is placed on the lack of physical strength for self care that necessitates interdependence across generations. FAM 1 continues, "*When the time came to raise them, we took care of them. We raised them with a sense of responsibility and also hope that they will do good to us in return.*" Here, the reciprocity of care across generations is emphasized wherein the adult parents have the responsibility to raise their children well. The parents anticipate that their caretaking of their children during their offspring's young years will guarantee that care will be provided in old age.

The role of her family is described by FAM 3 as follows, "*I am fed when I need to be fed. Anything that is necessary has been done. Isn't it? Everybody has fulfilled right thing at right time for me. I am quite delighted due to this reason… If I tell my son that I want to do so and so, he has always executed them. …Never procrastinated my wishes. I just need to say that, I want to do so and so once and my son follows immediately.*"

The concept of having necessities provided for also carries a strong meaning on the quality of relationship with one's children. It is considered a duty (*kartabya*) of the children to take care of their elders. The concept of doing one's duty is also related to religion or dharma. In a broad sense, dharma involves performance of specified rites and ceremonies, and compliance with religious scripts, which delineates appropriate social roles for all social categories, including age groups (Parish, 1996). Therefore, the fulfillment of a parent's wishes is considered the duty of children.

Another participant, FAM 5, described the respect she had for her deceased mother-in-law who lived to a "delightful" old age: "*Sons and daughters highly respected her. We, all daughters-in-law, also respected her. Everybody acted immediately, and no one ever opposed what she said. Everybody fulfilled her wish. She had a delightful life.*" She continued to describe her in-laws and how they were treated by the family. "*The family used to honor them like the god. Need not to mention that. Son, daughter, grand children – everyone respected them by heart and that wasn't just for a show.*" This participant directly compared her deceased mother-in-law with God, which indicated the level of respect she continued to feel towards her mother-in-law.

In contrast to the respect, support and care that women who lived with their families emphasized, the role of the family was described more negatively for those who lived in the OAH. The OAH participants had very personal stories to share about how the abandonment they faced at the hands of their children had caused them pain and distress.

As one participant described, *"My trouble is unbearable. My children do not look after me. But I can withstand. No one recognizes all that I have done but they say that I scold them. They do not love me. I am weak and frail. Now I have nothing to give. I have handed them over all my property. I had even golden bracelet, gold ornaments. I gave whatever they demand for the marriage of my son…Whatever the son said, I did all. I arranged his double marriage. He demanded all houses and land. I gave him everything...He enticed me to rent the room at Rs 800 or 900 rupees and he brought me here. I am so simple. I did not understand his motive*." (OAH 2)

The participant lamented about how she was abandoned by her son even though she fulfilled her duty towards him. She was tricked into moving into the OAH by a son who did not reciprocate his duty when she got old. The same woman later questioned the whereabouts of her children and in doing so, underscore the sense of abandonment she feels: *"I do not want to be entangled in this complication and let me not be attached to them. Now, I am in search of God. Where have my three sons gone? Where have the daughters-in-law gone? Where have the*

grandsons and daughters gone?" The tension between dealing with the pain of not receiving that care from one's offspring and the desire to be detached from the relationships that cause her pain is evident in the narrative of OAH 2.

OAH 3 described another resident who was brought to the center by her daughter. "*Even at meal time, she did not eat, she only wanted her son. She did not eat all. She did not sleep at night. She would sit there. She did not stay at room upstairs. …what is the use of having a son? What did the son of DSP (a high rank in the police force) rank do to her?*" The participant was quick to point out that even though the woman had sons and daughters, she was living a 'tragic' life because none of her children was taking care of her. The benefit of having children was questioned because the family failed to fulfill its duty.

In describing the woman's condition, OAH 3 stated, "*Yes, she has three houses. But, it is unknown whether they (the houses) were built by her husband or the sons. Whatever be the amount of income, it is the duty of the sons to look after the parents.*" The success of the children vis-à-vis their high employment status and financial stability was rebuffed because they had not fulfilled their obligation of their mother.

The OAH sample provided examples from their own lives to illustrate their abandonment from their family. The underlying conflict that led to the abandonment of women who lived in OAH was only alluded to in abstract stories by the FAM sample. FAM 3 explained, "*Some people have differences with their son. You see, some have differences with daughters in law. Some sons and daughters-in-law don't come to see. They don't respect. They don't love and care. They don't care for an old man and old woman. They (old people) really face many difficulties.*" Imagined people who are deserted by their family were also mentioned by FAM 2 as follows, "*There are lot of people whose sons don't look after them, don't feed them and don't take care of them…There are lots of people like that. I just remembered about the wealthy family whose son*

didn't take care of his mother. She was so wealthy. Daughters–in-law should not mistreat the mother-in-law like that, should they?"

In describing the role of the family in taking care of the elderly, the participants discussed the role of a daughter-in-law in maintaining the harmony in the family. OAH 3 described the role of a daughter-in-law in creating the situation where a son decides to abandon his parents. "*This is modern times, is not it? One's son will be attached to the daughter of another person. His mind also will be stuck with the mind of another's daughter……. Then, when one's own sons and daughters discard the parents, the love of the parents also will be diminished.*"

OAH 5 described how her relationship with her son changed after her daughter-in-law was introduced into the family: "*When one begets a son, he expects the son to grow soon and to be loving and disciplined. He also expects the daughter-in-law too to be disciplined. Until the daughter-in-law comes, the son loves his mother. But as the daughter-in-law enters the house the situation in the house is changed…when the son gets married, the loving parents become bitter pills*." She continued, "*He was quiet in nature, well spoken, not angry and humble. After marriage, he is totally changed, now the food prepared by the mother is tasteless, the word of mother became harsh to him*." The participant described changes in social norms as the reason for deterioration in her relationship with her daughter-in-law. "*Now, the world has changed. The situation earlier was that father-in-law and mother-in-law were well regarded. In the morning, the daughters-in-law bowed down to their parents-in-law. Nowadays, tea and boiled egg should be served in the bedroom of the daughter-in-laws*."

In addition to negative images of the daughter-in-law, the participants provided insight into the representation of a well-mannered daughter-in-law. FAM 2 stated the following "*In our maternal home, the daughters-in-law are very nice. Even now, they do not let me wash my own dishes. Even though my parents had passed away…they are so nice to me.*" One of the ways in

which a good daughter-in-law takes care of her in-laws is by making sure that the elders in the family do not have to work.

In describing her relationship with her own parents-in-law, FAM 5 outlined her behavior and approach towards them. "*We never sat without putting a shawl around. We never answered bluntly. We never answered anything more than what we had been asked, you know?*" Her description demonstrated a level of deference that is necessary in the approach of a daughter-in-law towards her in-laws in order for her behaviors to be socially acceptable.

In South Asian literature, the duality between a domineering mother-in-law and a submissive daughter-in-law has been cited as one of the mechanisms through which gendered hierarchy has been maintained within the family and society (Bennett, 1983). As women age, they gain power vis-à-vis their relationship with their son, who is expected to obey his parents and through the daughter-in-law, who needs to be submissive to the wishes of both her husband and in-laws. The duality within the constructs of the mother-in-law and daughter-in-law relationship also allows for an explanation for why a son might decide to disobey his parents and in extreme cases abandon them. The entry of a "bad" daughter-in-law in the household disrupts the perceived harmony in the family (Bennett, 1983). She is accused of changing the 'good' nature of the son and influencing his attitudes towards his parents. The participants' narratives exemplify not only social norms for aging but gendered roles for younger women.

The experiences shared by the participants indicated that the power status of the younger women, their daughter-in-laws, increased due to access to higher education and consequently active and independent involvement in the workforce. The decrease in the power of older women was related to this increase in the social capital of the younger daughter-in-laws. The freedom exercised by younger daughter-in-laws contributed to the "modernization" of their life styles such that modernization was identified as one process through which young women became 'bad'.

Physical Health and Functionality

Along with an emphasis on sustenance and family, the participants emphasized physical health and mobility as important indicators of quality of life. The participants highlighted the loss in physical ability and increase in physical illness as major concerns of old age.

As OAH 2 said, "*I am weak and frail. I am worried. These days I have no appetite. It is difficult to swallow even well cooked rice. It is difficult to carry on in life*." The participant makes a connection between physical difficulties that are obstacles to carrying out important functions as leading to increased difficulties in life. A similar emphasis on frailty and life problems is reported by another participant, OAH 6, as follows, "*How old age becomes troublesome is that as the body is attacked by diseases, the body becomes weak and frail and life becomes troublesome. Although one is well-to-do, she becomes weak in old age. Loss of power and weakness causes suffering. Power means one can move in and out freely. One day a moment comes when one cannot move at all*." The participant equates the ability to be mobile as having more power. The association between power and mobility might have a specific relevance to living in an old age home, where residents have to rely on strangers for support. However, the role of physical condition of the body as one of their major concerns was also highlighted by participants who lived with their families.

FAM 1 said, "*I have grown old, I am weak and frail and even the outside courtyard has become like a foreign land, hasn't it? One cannot walk as one ages, so even one's courtyard seems as distant as foreign land. At the prime of life when one is young, one is strong and can walk any distance and go anywhere. Is it not so….? Now in old age, where can I go? It is something like going to foreign land even to go to the outside courtyard*." The participant continues in a later part of the interview, "*The body becomes weak, frail and feeble and cannot*

walk and work. When one goes down the stairs, it is difficult to step up in the old age. That is all difficulties I feel, nothing more."

The relation between physical illness and functional limitation appears to be intrinsically linked in these narratives. The women reported concern about their ailing health because the deterioration in their health posed a limitation on their physical mobility.

FAM 5 shared, "*The difficulty is that I am prone to disease and I fall ill from time to time. That's the difficulty because my, this hand broke and this hand broke before. …I fell in the street. I fell here and got my bone fractured here. Oh my god! I had to eat by this left hand. I had that difficulty. I had to become dependent on others. I had to be dependent that who will cook and feed me. Dependent life is painful, isn't it? That made it really very difficult for me.*" This participant elaborated how a dependent life is difficult and continued, "*If I fall in bed due to illness, I have to wait who will bring me to eat. If I am fit, I can eat what I want and I can do my way*."

FAM 5 clearly stated her worry that when she got sick, she was worried about being dependent on her children for support. The worry about dependency on their children as reported by a participant who lived with her family contrasts with the expectation Nepali women have of receiving care from their children in old age. If the social norm in Nepali society dictates that people expect care in old age and dependency on the younger generation is seen as the norm, then FAM 5's report about her fear of being dependent on her children when she got sick presents a contradiction. It might be possible that FAM 5 was alluding to the increase in the level of care that her children might have to provide for her when her health condition deteriorates. Her worry suggested that she did not want to become a burden on her children. Therefore, it is possible that there are differences in perception about what level of dependency is too much dependency; to a certain degree a high level of physical dependency may be considered to be too much of a burden and perhaps have a negative impact on the relationship between parents and children.

Religious/ Spiritual Devotion

In addition to themes of sustenance, family and physical condition, another theme described by the participants was religious/spiritual devotion in old age. Even though both groups reported religion/spirituality as important for good life, the focus on religious/spiritual themes might serve different functions in the two groups of women. The women who lived in old age homes usually reported that they sang religious songs or focused on god to comfort their minds and to keep them from worrying. However, most participants who lived with their families discussed the importance of religion only when the interviewer directly asked them about the role of religion/spirituality in their lives. The difference in how readily the themes of religion and spirituality was woven into their narratives on quality of life might suggest not the importance placed on religion and spirituality by each group but the utilization of religious and spiritual themes to cope with everyday difficulties by women who lived in old age homes. Such evocation of religious and spiritual themes to deal with their day-to-day life circumstances was not necessary for women who lived with their families.

The OAH sample identified religious and spiritual activities as a way to cope with difficulties in their lives in the following manner; OAH 2 said, "*What is required for happiness? I just sing and recite the hymn of God. That is main thing…Singing hymn of the God is required to experience and enjoy happiness permanently…for me…O daughter! I always sing hymn of God…No one has anyone, husband, wife, son, daughter, no one.*" She continued, "*Dear daughter, we must console our mind by remembering the Almighty*." During the interview, OAH 2 began to recite names of Gods after she expressed sadness about how her children do not ask about her anymore and regrets that she was naïve to trust her children "*Now I recite the name of the God Narayan and Ram. You asked me about worldly things [she is identifying the topic of our conversation as worldly things]. So, I forgot Ram, O God. Do not punish me. O God Ram! Om*

Shanti Shanti! Shree Ram Bhagawan Shanti. Dear daughter, I always recite the name of Ram. This is the only support." In her narrative, it was clear that OAH 2 put her trust and confidence in a higher power to provide her with support she did not receive from her family. Similarly, OAH 3 described her use of religious devotion to counter the impact of worry in her life. When the interviewer asked her what she worried about, the participant replied "*I do not worry at all. I do not worry at all. I always think of only the almighty*". OAH 4 asserted that by focusing on religious thoughts, she was able to cope with difficulties she had overcome. She stated, "*When one hears Lord Krishna's flute music, one would not recall sufferings and troubles.*" Moreover, OAH 5 highlighted the role of god to bring positive influence in her life. She said "*Where is peace? To mutter the name of God repeatedly gives much more peace and happiness. He has created the world. If one is naked and hungry, he is kind to him. He resides in the heart of everyone…."*

Themes of sustenance, family, physical health, and religion/spirituality were identified in the narratives of both FAM and OAH samples. The meanings attached to family and religion/spirituality were convergent between the groups, but the groups shared larger themes. However, there were three themes that OAH sample reported that were not mentioned by women who lived with their families. These themes were: the desire to separate from worldly attachment, karmic debt and concern about end-of-life rituals.

End-of-Life Rituals

OAH 3 elaborated on the topic of end-of-life ritual later on in the interview, "*My only wish is to die away. I always wish to die peacefully…Let my funeral rites be performed on my death…*" The interviewer asked "*Who will perform the funeral rites?*" The participant responded, "*Some 2-4 persons are required…I have made the arrangement. Anyone who is*

willing, he will perform the rite…I have saved some rupees for funeral rite and donation...Let no one say that she died like an orphan…I think so. I always think of my death, nothing else…I do not want anything else…Of course Brahman is necessary. If the Brahman does not perform the rite, anyone near and dear one will do…That is all. Until one is alive, treatment is done here. Then afterward, the dead person's corpse is taken to burning Ghat. That is all."

Despite the financial arrangement organized by the participant and the system in place within the center to conduct end-of-life rituals of residents, OAH 3 expressed her concern about the proper handling of her end-of-life ritual during a later part of the interview. She stated, "*I would die away peacefully. But, the funeral rite might not be performed in proper way...Why the performing of funeral rite is necessary? Other persons would ask why the performance of funeral rite of a certain person was not done and corpse was thrown away? People comment…The news spreads rampantly, is not it?....Yes, I have…but, what is the use! People comment on something*" The participant did not mention the consequences of the mismanagement of her end-of-life ritual on her after life but seemed more concerned about the social implication that such an oversight might have on other people's perception.

Similar concern about the negative comments of society if end-of-life ritual was not conducted properly was expressed by OAH 6 in the following statement, "*At the last phase of my life, my only refuge to almighty is my wish. The son should sign that he would not take her back after her death.…Otherwise the people here might not cremate me thinking the son would come and perform funeral rites…If the funeral rite is not performed, the society comments, so it is necessary to perform.*" When the interviewer asked who might perform her funeral rites, the participant responded "*If the son is present here the corpse is carried to crematorium in ambulance. If the son wants to see the dead body of the mother, the concerned people here should show him. Otherwise, the son must sign that he would not enquire about his mother…so to say, at the end of my life if the son comes and takes away the corpse by him to the crematorium, he will*

perform the funeral rite. Otherwise, the authorities here manage everything. More than that I do not know."

When asked about how important of a role family played in her life, OAH 4 responded that family was not necessary and emphasized the role of the center in performing her end-of-life ritual. "*(It is) not necessary…Who looks after the old! I prefer to die here. Let my corpse be cremated from here…If someone from my maternal house comes, they will take me for cremation. Otherwise, the people here will cremate me. That is all."*

The FAM participants did not report concern about end-of-life rituals as they lived with their families, who would arrange for their last rites.

Karmic Debt

The women who lived in OAH discussed how they had incurred karmic debt because they had to live on donation made by strangers. As with all acts of kindness they had used in this lifetime, they worry about how they will be asked to repay the debt they had incurred during their stay at the old age home in their afterlife. As a way to lessen the burden of this debt, the women in the OAH discussed ways in which they tried to help other residents or people in need.

OAH 6 said, "*I always pray that I might not give any trouble to the people at the last stage of my life. I do not hoard property. If I have something, I must give to others, feed and clothe others."*

OAH 4 shared, "*You see that old lady cannot walk on herself. I give her support to walk. She lives in the room next to mine…It is so. For our salvation, that is all…I can give her support. I can walk on my own feet…Now, I am 67 years old. Other people wash the clothes and bring here. These are the clothes. Now, what shall I do? The clothes of the unable mothers has been brought here…clothes are folded and kept here. What else can be done?*" (She was showing the

interviewer that she was the one who folded the clothes of another resident who was physically disabled.)

OAH 2 "*It might be the result of the past sinful acts…O daughter! It is really so…is not it? O God! What sinful act I had committed in past life…..O God! Why do you become a blockade on me how? In this present life also I could not realize, I have got this life after many birth cycles. Is it not so, dear daughter? In this present life also I am a kind hearted devotional person. Because of this devotional kind heart, whenever I met some helpless frail person on the way, I used to bring him to my home. I gave him nutritious food like milk, curd etc. Whenever I find 20 rupees on the way, I pick it up and buy tobacco (tamakhu) with it for the person. My children said it was a virtuous act. After a month or so, I send that person back home*." Here the participant was lamenting her own deed from past life that lead to her abandonment that caused her much suffering. She outlines her actions in the present life that would give her hope that afterlife will be more positive.

The OAH participants were also persistent about sharing a portion of their lunch with the interviewer. In the first week, it became a ritual that a number of the residents would come to the interviewer and insisted that she take their offering of biscuits, fruit or juice. The "giving" of their food was more than just sharing of the food during lunch time because even after the interviewer accepted food from one or two, the other residents continued their insistence and would appear offended that the interviewer took someone else's offer and not theirs. Their collective action might be viewed under the rubric of giving to gain good karma. The participants in the *briddhashram* also gave a share of their food to the office manager, a Brahmin man. The concept of giving *daan* (alms) to a Brahmin has important meaning within Hindu religion and is said to be a *punya* (noble) deed, an act that will increase the level of good karma in this life, ensuring a higher birth in the next life. The participants from the old age homes had concern about incurring karmic debt because their everyday needs were provided for by strangers. Therefore, it is not

surprising that these individuals would engage in behaviors that would earn them *punya* that will offset the negative karma they have taken on by living in an old age home and relying on others.

Discussion

The proponents of a context-dependent examination of quality of life emphasize the role of subjectivity and culture on quality of life in old age. The results of the qualitative data analyses show that larger social and cultural norms impact what the participants consider to be important to live a good life in old age. The role of family and normative pattern of aging as prescribed by the majority religion of Hinduism also informed what the participants report as necessary to live positive lives in old age.

The initial methodology had to be changed when it was found that the approach used by Keith et al. (1994) to generate a discussion of successful aging would not work in older Nepali adults. The women refused to discuss reasons for a real or an imaginary person might have positive or negative quality of life in old age stating that discussing a third person was equivalent to committing a sin. They volunteered to provide information about their own lives but all except one participant declined to answer the question about the lives of someone other than themselves. The interview used by Keith and colleagues (1994) has been used in a research study examining socialization of emotion among Brahmin and Tamang children (Cole, Tamang & Shrestha, 2006). The questionnaire in that study was asked to elderly grandmothers to illicit their response to what constitutes competent children. It is likely that the participants in the study by Cole and colleagues responded easily to the questions because it is the duty of elders in the community to take care of children and elders also occupy a higher position that provides them with authority to describe and dictate appropriate behavior among their children. The contrast with the current study is that the participants here were asked to evaluate their peers, which had negative

connotation. Lessons from the methodological challenge presented by this study show that to conduct constructive and culturally sensitive qualitative research, it is not only important to adhere to an open-ended questionnaire format but it is equally, if not more important, to understand how a particular question or how a question is presented will be interpreted within the cultural norms for the targeted participants. It is equally important that the interviewer be open to listen to and be curious about the participants' responses, especially if the responses do not follow the anticipated script. The moment of potential confusion and conflict might be germane to the discovery of cultural processes that had previously been invisible to a well-meaning researcher.

The narratives of women who lived with their families and those who lived in old age homes showed similarities in themes related to quality of life. The overarching themes of access to sustenance, family support and functionality were reported by both the groups. However, the meaning assigned to these themes differed based on whether the participants lived with their families or lived in the old age homes. Those who lived with their families occupied socially sanctioned positions in contrast to those who lived in old age homes. Therefore, FAM participants discussed the themes of sustenance and functionality in relation to their family with positive subtexts. On the other hand, the OAH group underscored the themes of abandonment and loss. The OAH participants discussed their fears about incurring karmic debt and end-of-life rituals, while these themes were not reported by participants who lived with their families.

One of the unique findings of the study is the theme of sustenance that both OAH and FAM group described as an important factor for good quality of life. The participants described that in order to have a good life all they needed was access to food and shelter. They described how their families or the old age homes provided for their basic needs. The emphasis on themes of sustenance suggests the dependence of older generation on younger members of the family or other social structures for their survival. The focus on basic necessities might indicate the desire

of the participants to aspire to separate from worldly attachments such that they might report that the only desire they have left is to have their basic necessities fulfilled.

The role of family in the narrative of quality of life has been discussed in the literature. The relationships with one's family members have been conceptualized as a source of care and nurturance, and a source of social support in old age with strong implication for the well being of the elderly (Adams et al., 1995). In a study of 83 Latino elders, it was found that culturally appropriate roles assigned to different family members influenced what the participants viewed as important for well being in old age (Beyene, Becker & Mayen, 2002). The study involved in-depth interview with Latino elders living in the US. Qualitative analysis of the respondent's narratives was presented. Similarly to Nepali culture, in Latino culture adult children are socially obligated to fulfill their duties and responsibilities towards their elderly parents. One of the main factors identified by Latino elders was the importance of respect they received from younger members of their family. The wisdom and advice that elders were perceived to embody affected the role they occupied in the family. The younger members sought out elders for their advice and this process of exchange of wisdom was seen as showing respect towards the elders. The role of respect in positive aging was also shown in a study conducted in a sample of Canadian Inuit (Collings, 2001). In the study, 38 Inuit between the ages 23-86 were interviewed on what is successful and unsuccessful aging in their society. Qualitative analysis showed that the participants identified the transfer of cultural knowledge from the older generation to the younger and respect that was shown towards the elders as related to successful aging. The Nepali participants who lived with their families also reported on the importance of how their children showed respect towards them. Unlike the Latino and Canadian Inuit elders, however, Nepali elders did not describe their roles as dispensing wisdom and cultural knowledge as important for their good life. They did highlight their desire that the younger generation show respect to them. The Nepali women described this respect in terms of their children fulfilling their wishes and

desires. The lack of family involvement in the lives of the Nepali participants who lived in old age homes contributed to their sense of abandonment, highlighting the importance of the role of family and care received from family in the lives of elderly Nepali women.

In a study of older women in Bengali society, Lamb (2000) described the interconnection among family members through different modes of transactions, namely, reciprocity, centrality and peripherality, and hierarchy. The reciprocity among family members was maintained through the provision of care to young children by adults, who in turn, provided support by their grown-up children in old age. The centrality and peripherality mode of transaction was explained by how a son and his wife are handed over the primary responsibility of managing the family affairs and providing material need of those in the periphery, namely, children and elders. Similarly, the same family members also have hierarchical relationships such that older family members provided wisdom, guidance and blessings to younger generations. The interconnection among family members and the use of transaction of care, material and guidance was also expressed by Nepali women who lived with their families. The FAM participants discussed how their children fulfilled their desires and took care of their needs. One participant portrayed her deceased in-laws as close to God and that they lived their lives modeling good behaviors for their children to follow.

Even though the role of social support and family has been frequently described as important factor for quality of life in the elderly population, the role family played in the lives of older Nepali women is uniquely shaped by social norms in the society, which, in turn, are influenced by religious principles of Hinduism. The roles and responsibilities prescribed for family members, especially the son of the family, is very important in old age. The son is the vehicle that propels the name of the family forward. Unlike daughters who leave their natal family after marriage, the son brings his bride into the family. The son, with his bride, is responsible for providing care, both financial and emotional, to his parents. In the absence of a

well-behaved daughter-in-law, the harmony within the family and with it, the elders' source of support, is threatened (Bennett, 1987). The duality between older and younger women exists in such as way that validation of older women's experience comes at the expense of younger women and vice versa. The relational dynamic described among mother-in-law, son and daughter-in-law ascribes much power to younger women in a society where many women have access to few privileges. What seems to be missing from the equation is the role and decisions made by the sons, whose privileged position remain unquestioned.

The importance of having a son is magnified after the parent's death. In Hindu religion, the end of life ritual needs to be performed by a son to ensure freedom of the deceased from their current life form. In the absence of a son to perform their end-of-life ritual, women who lived in OAH discussed their anxieties about who would conduct necessary religious rituals after their deaths. Cultural traditions as informed by Hindu principles that impacted what constituted quality of life among the elderly. In addition, participants who lived in OAH used their religious faith as a source of comfort in old age. Nepali participants who occupied socially undesirable position evoked spiritual themes in their daily lives. The role of religion and spirituality in old age has been documented among Bengali elderly women (Lamb, 2002). The use of spiritual theme as a coping mechanism by old Nepali women needs to be further explored.

The Nepali study participants identified the importance of having good physical health, which is one of the three necessary categories identified to have a successful aging (Rowe & Kahn, 1987). However, their conception of the role of physical health in the lives of Nepali women appeared to differ from that of a disease-free body as described in many models of successful aging. Physical health was explicitly linked to physical mobility by old Nepali women, but not with an emphasis on independence or independent living. Even when a participant discussed fear of being dependent on their children due to her ailing health, the focus was on her desire to potentially minimize problems for her family. The context dependent analyses allowed

for the identification of how a similar theme might have different meaning based on what is valued within a particular culture. In the American culture, where independence is valued, having good physical health becomes necessary to avoid being dependent on others for one's needs. However, in Nepal, where dependence in old age on one's children is idealized, decrease in physical health does not carry the same fear. For Nepali participants, the fear was not that of dependence but separation, which incited loss, abandonment, and debt they will have to pay off in afterlife and concerns about end-of-life rituals.

The study provides the first documented account of what contributes to positive aging in Nepal. The study also attempts to provide a heterogeneous account of aging among Nepali women by focusing on the experiences of women who lived in their families and those who lived in old age homes. There might have probably always been older women who lived outside the traditional family structure but the trend in formal homes designed to provide for disenfranchised older segment of the population is recent. There is no other research that has examined experiences of Nepali women who live in old age homes. In addition to the contributions made by the study it also had some limitation. The study did not include women who did not have children or women who were unmarried or childless but had access to the support from their extended family. The inclusion of childless women who were not abandoned by their family might have provided a comparison group to further differentiate the role of family and children in how old Nepali women describe their quality of life of.

Cohen (1998) in his work examining the construction of dementia among Indian elders identified the role of poverty in the abandonment of elderly members of the family. The role of poverty in the breaking down of traditional social norms regarding elder care is also documented in a study that examined changing pattern of family care of the elderly in Thailand (Caffrey, 1992). The current study did not capture the role of family finances as a cause of abandonment of OAH women by their family. The participants did not describe the role of poverty or financial

prosperity as a factor of quality of life. When asked about their financial status, the FAM participants reported that they were not aware what the total income of the family was. The OAH participants did not want to talk about the financial situation of their families stating that discussing what their family owned did not have any impact on their current lives. The methodology of the study might have influenced what the researcher was able to document regarding the participants' financial situation. Interviews with the families of the participants might have provided the necessary information to comment on the financial situation of the participants and their families.

The study participants all followed the Hindu religion. Therefore, the dominance of Hindu principles and traditions was clearly apparent in the narratives of the women. Even though Hindu religion has had strong impact on larger societal norms, it is possible that women who follow other religions might provide a different account of how principles of Hindu religion or their own religious faith affected their expectations of care in old age.

The study focused on the experiences of older women. In order to fully understand gendered perspective on quality of life, conversation with older males is needed. The description of quality of life might be different for males compared to those discussed by the women. The males in Nepali society, compared to women, occupy higher social position, which increases with advanced age. Therefore, it is possible that abandonment in old age might have larger negative impact on older men compared to women.

Chapter 4

Quantitative Study

In the field of positive aging, researchers have attempted to define the meaning of quality of life. There is a strong argument to examine quality of life as a construct that is influenced by cultural context, a departure from exploration of universal definitions of the construct. The qualitative study conducted among elderly Nepali women described and defined quality of life in that population. A quantitative study was conducted to examine what factors might predict the quality of life in older Nepali women.

Bowling and colleagues (2002) has argued that both macro and micro level processes impact quality of life. Micro level includes factors measured at individual level such as age and health, while macro level includes larger structural systems such as socio-economic status and social network/relationships.

Micro level factors, such as age, physical health, and functional ability have been consistently identified as important domains contributing to quality of life in old age (Bowling et al., 2003; Westerhof, Dittmann-Kohli & Thissen, 2001; Xavier et al., 2003).

The Berlin Aging Study, one of the landmark studies in the field of gerontology, focused on the physical and mental health of people who were between 70 and 100 years of age (Baltes & Baltes, 1999). The study showed that the young old (people in their 60s) reported higher levels of subjective well-being compared to oldest old, suggesting that age is one of the main factors associated with quality of life. Increase in physical illness with age might explain the report of lower levels of well being that individuals report with advanced age. In a study of 999 participants aged 65 years and older, number of physical ailments increased with age and the number of physical ailments was associated with differences in quality of life reported in those

who were 80 years and older (Paul, Ayis & Ebrahim, 2007). Compared to those who did not report any health problems, participants with four or more health problems reported lower levels of quality of life. Limitation in functional ability and increase in health impairment related to advancing age were regarded as contributing factors in the age difference in subjective well-being (Smith, Borchelt & Jopp, 2002). Physical limitations were also found to negatively influence quality of life in a representative sample of elderly participants in the English Longitudinal Study of Aging (Netuveli, Wiggins, Hildon, Montgomery, Blane, 2006). In summary, there is consistent evidence to show that age, physical limitation and poor health are related to quality of life among older individuals.

In addition to age and physical condition, quality of life is influenced by larger macro processes such as financial conditions. In a longitudinal study with a sample of 65-75 year old participants, material disadvantage, such as receipt of welfare benefits and number of benefits per household was inversely related to quality of life (Blane, Higgs, Hyde and Wiggins, 2004). Similarly, absence of indicators of material advantage, such as possession of a house and receipt of non-pension income, was also related to poor quality of life. There is some debate about the objective measurement of financial conditions for studies of quality of life. A study that examined quality of life among 600 participants aged 60 years and older found that objective measures of deprived neighborhoods did not show significant relations with life satisfaction (Wiggins, Higgs, Hyde & Blane, 2004). However, subjective assessment of neighborhood, poverty, and ability to manage finances predicted the level of life satisfaction reported. Therefore, subjective assessment of one's financial condition is found to be related to quality of life despite actual presence or absence of objective measures of financial prosperity.

Along with individual and societal factors, social support and spirituality also affect quality of life in old age. In a review of studies examining social support and quality of life among older people in Spain, Fernandez-Ballesteros (2002) argued that the social support that

older adults receive and provide to significant others was an important condition for quality of life. The relationship between social support, loneliness and subjective well-being has also been studied among Nepali elders (Chalise, Saito, Takahashi & Kai, 2007). The study was conducted among 509 participants who were 60 years or older, without cognitive problems and living in Kathmandu. The study examined how social support, both received and provided, of elderly participants was associated with their reported subjective well-being. The results indicated that support received from a spouse and support provided to one's spouse and children were related to well being among older men. In summary, it is clear that social relationships contribute to positive well being in old age by providing instrumental and emotional support in times of need (Adams & Blieszner, 1995).

Similar to social relationships, religious/spiritual faith can provide support and improve quality of life in old age. In a qualitative study of aging in Malay and Hindu communities in Singapore, it was found that religion provided a positive influence for adjustment to and integration into old age (Mehta, 1997). In a study of religion and quality of life in the last year of life of 499 participants, it was found that those who reported higher levels of religious faith also reported more contact with friends and lower levels of depression (Idler, McLaughlin & Kasi, 2009). Quality of life was higher in those who reported higher levels of religious involvement.

In the qualitative study conducted among elderly Nepali women, sustenance, functional ability, familial support and religious/spiritual faith, fear of karmic debt and end-of-life rituals were identified as important factors for quality of life. The main goal of the quantitative study was to examine whether the quality of life of FAM and OAH samples differs. Based on the results of the qualitative study, it was hypothesized that quality of life between the two groups will differ with women who lived with their families reporting higher quality of life. In addition, two exploratory analyses were conducted to 1) identify whether factors such as age, functional limitation, financial condition, social support, and spirituality predicted of quality of life in older

Nepali women and 2) examine how the end-of-life concerns and fear of karmic debt relate to quality of life among Nepali elderly women.

Methodology

Sample

Quantitative data was collected from June through August of 2006. The participants in the quantitative study were different from the participants from the qualitative study even though, like the qualitative date, quantitative data was collected from two samples, a family sample (FAMQ) and an old age home sample (OAHQ). The inclusion criteria for both samples was that the participants needed to be 60 years or older and needed to provide consent to participate in the study. The initial strategy for recruitment of FAMQ sample was by using snowball methodology, which included contacting leaders in the community to identify participants and requesting recommendations from the study participants to identify other potential study subjects. Unfortunately, none of the participants provided referral to older individuals they knew in the community. All participants responded that they did not know of older individuals in their community they could refer to the study. Therefore, participants were also recruited from market place and major Hindu temples around Kathmandu. Traditionally, in Kathmandu valley, there were public places where old men and women congregate to meet with other community members their own age. There has been a decline in the number of community spaces available, market places and temples continue to provide the much needed space where aged individuals can come together. The researcher approached women in the market place or major temples who looked over 60-years-of-age and asked if they would be willing to participate in the study. Out of 21 FAMQ participants, eight were recruited through community referral and the remaining

participants were recruited from market places and temples. Almost all who were approached in the market places and temples agreed to participate. Only one woman who fit the requirements of the study and was approached in a market square declined to participate in the study because she was waiting to be picked up to travel outside of the valley.

The OAHQ sample for the quantitative sample was recruited from a government-run institution called the "Social Welfare Center Bridhaashram" in Baneswor, Kathmandu. This old age home differed from the one in which participants for the qualitative study were recruited. Theh Social Welfare Center Bridhaashram is the oldest old age center in Kathmandu. It was initially established in 1882 to provide shelter for widows. However, its current status as a shelter home for the elderly was instituted only in 1977. The center had a capacity to house 230 individuals, both males and females. Twenty randomly selected women living at the center participated in the study. One interview with a woman who lived in the old age home was discontinued because her memory problems became apparent as the interview progressed. There was no overlap in where the FAMQ and OAHQ participants were recruited for the qualitative and quantitative studies.

Measures

A questionnaire was developed to gather quantitative data from participants on areas covering demographic information, socio-economic status, activities of daily living, social support, health, spirituality, quality of life and end-of-life concerns. The initial interview was piloted on three elderly women and necessary changes were made based on the feedback provided. Detailed information on the final questions used is provided below.

Demographic Information

Demographic information about the participants was collected using a modified version of interview used in the Demographic Health Survey (DHS). DHS is an international survey that collects data in many developing countries, including Nepal, on reproductive and health behaviors of women between the ages of 15 – 49 (Bongaart & Zimmer, 2001). Even though the DHS questionnaire had not been used to collect data on elderly Nepali, it was selected because the interview collected demographic information using culturally appropriate questions. For example, education level was measured by asking if the participants could write or read Nepali instead of just their years of schooling. The current cohort of Nepal's old, especially women, did not have access to formal schooling. The following demographic information were collected from each participant: age, gender, marital status, age of marriage, age of husband at the time of marriage, number of marriages for both participants and spouses, religion, ethnicity, caste, language and level of written and verbal literacy.

Financial Status

Participants' financial status or their families' socioeconomic level was examined using a set of questions about possessions (land and house) and employment history of the participant and the spouse. Land and house possessions are indicators of economic status of a family in Nepal. The original DHS interview also collected information on household possessions, the materials with which participants' houses were made, and access to drinking water and electricity. However, these questions were excluded after the initial pilot because the questions were not relevant for the study participants who lived in the city.

The participants' satisfaction with their current financial situation was also measured. Participants were asked if their income covered their needs in the past and if their current income covered their needs. Additionally, they were asked to compare their current economic situation to 20 years ago and to existing financial situations of those their own age. The responses of the participants were rated on a 4 point Likert scale that ranged from Badly (01) to Well (03). The financial scale excluded the question that asked the participants to compare their current financial situation to others their own age. The final scale had internal reliability of .67.

Health

The health survey, SF-36, was used to collect data on different aspects of health. The SF-36 is used in many different cultural contexts to measure multiple aspects of physical and mental health (Stafford et al., 1998; Montazeri, Goshtasebi, Vahdaninia, & Gandek, 2005; Taft, Karlsson, & Sullivan, 2004). The, SF-36 measures eight general health categories: physical functioning, role limitation due to physical problem, bodily pain, health perception, vitality, social functioning, role limitation due to emotional problem and mental health. Five questions that measured general health perceptions were used in the analyses. The first question asked participants to assess their general health on a 5 point Likert scale, ranging from "Excellent" (1) to Poor (5). The remaining four items were presented as statements: "I seem to get sick a little easier than other people", "I am as healthy as anybody I know", "I expect my health to get worse', and "My health is excellent". The responses were rated on a 5 point Likert scale from "1" (Definitely True) to "5" (Definitely False). The following questions were reversed scored: "In general, I would you say my health is….", "I seem to get sick a little easier than other people", and "I expect my health to get worse". A higher score on the scale denotes positive assessment of health. Cronbach's reliability of the subjective health scale was 0.75.

Activities of Daily Living

The Activity of Daily Living (ADL) Scale was used to measure the ability of participants to complete everyday activities (Katz, Ford, Moskowitz, Johnson & Jaffe, 1963). This scale includes the following questions: "Do you have any difficulties with ……?, "Do you need help with……..?" and "When you do receive help, is the help sufficient?" in relation to completing everyday activities such as walking, getting in and out of bed and sitting down on or raising up from a chair, bending down to pick something up, taking a bath, combing and shaving, dressing/ undressing, using the toilet and eating. The responses were rated on a 4 point Likert scale ranging from "0" (Can't at all) to "3" (No problem). The total score of functional impairment was the sum of the item ratings. Possible scores ranged from 0-39 with a higher score indicating better ability to perform everyday activities. The ADL scale has been used widely in aging research, including studies conducted in South Asia (Kalavar & Jamuna, 2006). Cronbach's reliability of the ADL scale was 0.97.

Spirituality

Four questions that constitute the Spirituality/Religious/Personal belief domain in the World Health Organization Quality of Life Scale were used to assess the participant's belief (WHOQOL Group, 1994). The questions were as follows: "Do your spiritual/religious/personal beliefs give meaning to your life?", "To what extent do you feel your life to be meaningful?", "To what extent do your spiritual/ religious/personal beliefs give you the strength to face difficulties?", and "To what extent do your personal beliefs help you to understand difficulties in life?" The responses were coded on a 5 point Likert-scale that ranged from Not At All (0) to An

Extreme Amount (4). Higher scores denoted higher levels of religious and spiritual beliefs. Cronbach's reliability of the spirituality scale was 0.86.

Social Support (family)

Six questions were asked to assess different kinds of support participants received from their children. These questions were developed by Fingerman and colleagues to examine the quality of relationships across generations within a family (Fingerman et al., 2010). The questions were as follows: "How often do your children provide you with emotional support?", "How often do your children provide you with practical assistance?", "How often do you talk with your children about your daily life?", "How often do your children help you with medical decisions?", "How often do your children give you advice?", and "How often do your children provide you with financial support?" The responses were rated on a 5 point Likert-scale that ranged from Daily (1) to Never (5). The responses were reverse coded such that higher scores indicated higher levels of social support. Cronbach's reliability of the social support scale was 0.94.

Quality of Life

Three questions that comprise the quality of life domain in the World Health Organization Quality of Life Scale were used to assess quality of life (WHOQOL Group, 1994). The scale included the following questions: "How would you rate your overall quality of life?", "How satisfied are you with your quality of life?" and "In general how satisfied are you with your life?" This set of three questions has been used to measure quality of life in many international, culturally diverse contexts (Power, Bullinger, Harper & the WHOQOL Group, 1999). The responses to the first question were rated on a 5 point Likert scale that ranged from Very Poor (0)

to Very Good (4) and the responses to the remaining two questions were rated on a scale that ranged from Very Dissatisfied (0) to Very Satisfied (4). Higher scores indicated higher levels of reported quality of life. The internal reliability of the quality of life scale was 0.90.

End-of-life Concerns

The participants were asked if they had a member in their family who would perform their end-of-life rituals. If their response was no, then they were asked if they were worried about who would complete their end-of-life rituals. Their responses were coded using a 6 point Likert scale that ranged from None (1) to Extremely (5). Higher scores indicated higher levels of end-of-life concerns. The responses to the end-of-life concern question were not normally distributed. Therefore, the responses of the question that asked the participants to rate their level of worry were coded in two categories of 0 “Not present” and 1 “Present”.

Worry about karmic debt

The participants were asked if they were worry about how much debt they had accumulated in this life. If there response was yes, then they were asked how worried they were about having incurred karmic debt in this life. They were asked to assess their level of worry on a 5 point Likert scale of None (1) to Extremely (5). Similar to the end-of-life concern, the level of worry about karmic debt reported was not normally distributed. Therefore, the responses of the participant were recoded into two categories of 0 “Not present” and 1 “Present”.

Results

In the OAHQ sample, the age of the sample ranged from 66 to 105 years old with a mean age of 76.4 (SD 8.9). Five (25%) of the 20 participants were married, one (5%) was separated from her husband, 10 (15%) were widowed, 3 (15%) were unmarried and one (5%) did not know the status of her marriage because her husband had left her and his whereabouts were unknown. Of the seventeen participants who had been married, 15 (75%) had only been married once and two (10%) had been married twice. Additionally, four (20%) women reported more than one marriage for their husbands while eight (40%) of the total twenty interviewed reported that their husbands were married only once. Nineteen (95%) participants reported following Hindu religion while only one (5%) woman said that she did not follow any particular religious faith. However, when this woman was asked which deities she prayed to, she named all Hindu Gods and Goddesses. Eleven women were Brahmin (55%), seven were Chettri (45%) and two were Newar (10%). A majority of the participants were illiterate with only five (25%) reporting an ability to read the Nepali language and two (10%) reporting an ability to write Nepali.

The age of the FAMQ sample ranged from 60 to 87 years old with a mean age of 66.9 (SD 6.7). Nine (42.9%) participants were married, one (4.8%) was separated from her husband, nine (42.9%) were widowed and two (9.5%) were unmarried. Out of the 19 FAMQ participants who were married, separated or widowed, all were married only once. Five (23.8%) of FAMQ participants reported that their husbands had other wives while one (4.8%) participant was unsure if her husband was married to other women. Nineteen (90.5%) participants were Hindu and the remaining two (9.5%) did not follow any religious faith. These two participants also indicated that they prayed to Hindu Gods and Goddesses. Furthermore, 14 (66.7%) women were Brahmin, six (28.6%) were Chettri and one (4.8%) was a Newar. Six (28.6%) FAMQ sample participants

reported that they could read the Nepali language and five (23.8%) could write Nepali. The demographic data on both the samples is presented in Table 1.

Table 1

Demographic Data of OAHQ and FAMQ samples

Demographic Variables	OAHQ (N = 20) N (%)	FAMQ (N = 21) N (%)
Marital Status		
Married	5 (25%)	9 (42.9%)
Separated	1 (5%)	1 (4.8%)
Widowed	10 (15%)	9 (42.9%)
Unmarried	3 (15%)	2 (9.5%)
Don't Know	1 (5%)	NA
Remarriage for participant		
Yes	2 (10%)	0 (0%)
No	15 (75%)	19 (90.5%)
Missing	3 (15%)	2 (9.5%)
Remarriage for husband		
Yes	4 (20%)	5 (23.8%)
No	8 (40%)	13 (61.9%)
Don't Know	2 (10%)	1 (4.8%)
Missing	6 (30%)	2 (9.5)
Religion		
Hindu	19 (95%)	19 (90.5%)
No Religion	1 (5%)	2 (9.5%)

	OAHQ (N = 20) N (%)	FAMQ (N = 21) N (%)
Caste		
Brahmin	11 (55%)	14 (66.7%)
Chettri	7 (35%)	6 (28.6%)
Newar	2 (10%)	1 (4.8%)
Ability to read		
Yes	5 (25%)	6 (28.6%)
No	15 (75%)	15 (71.4%)
Ability to write		
Yes	2 (10%)	5 (23.8%)
No	18 (90%)	16 (76.2%)

The two groups were similar in the distribution of demographic parameters and X^2 analyses showed no significant differences in marital status, number of husbands, number of wives, religion, caste or literacy.

The two groups were also compared using independent sample t-tests on age, quality of life, ADL, health, social support, and spirituality. The FAMQ and OAHQ groups differed significantly on age of participants, $t(39) = 4.34$, $p < .001$], quality of life [$t(38) = -3.45$, $p < .001$], social support [$t(32) = -5.10$, $p < .001$], ADL [$t(39) = -2.51$, $p < .05$], financial satisfaction [$t(37) = -5.27$, $p < .000$] and subjective health [$t(35) = -3.32$, $p < .01$]. Independent sample t-test results are shown is Table 2.

Table 2

Differences between OAHQ and FAMQ groups using independent sample t-test

Variables	OAHQ	FAMQ	t (df)	*p* <
Age	76.40 (8.98)	65.95 (6.68)	4.24 (39)	**.000**
Quality of life	5.53 (3.08)	8.48 (2.32)	-3.45 (38)	**.001**
Spirituality	10.65 (3.60)	11.85 (3.67)	-1.00 (35)	.324
Social Support	27.00 (3.46)	38.35 (7.77)	-5.10 (32)	**.000**
ADL	31.30 (9.88)	36.90 (2.55)	-2.51 (39)	**.016**
Subjective Health	12.11 (3.56)	16.11 (3.77)	-3.32 (35)	**.002**
Financial satisfaction	3.74 (1.63)	7.10 (2.57)	-5.27 (37)	**.000**

The OAHQ participants were older, reported lower levels of quality of life, lower social support, poorer ADL function, less financial satisfaction and lower subjective health. The groups did not differ in levels of spirituality reported. The groups also differed in fear of karmic debt (X^2= 13.53, p < .000) and end-of-life concern (X^2 = 4.37, p < .05). These results are shown in Table 3 with more OAHQ participants reporting fear of karmic debt and end-of-life concerns.

Table 3

Differences between OAHQ and FAMQ groups using chi square

	Fear of Karmic Debt		End-of-life Concern	
	Present	Absent	Present	Absent
OAHQ	16	0	7	11
FAMQ	9	12	2	18
X^2	13.53		4.37	
p value	**.000**		**.036**	

Note. *ρ < .05, **p <.01, ***ρ < .001

One of the exploratory goals of the quantitative study was to examine what factors might predict quality of life among Nepali elders. However, the small number of participants in both the groups did not provide enough power to conduct multiple regression analyses, which are traditionally used to show factors that might predict a construct under examination. Therefore, preliminary analyses were conducted to examine what factors were correlated with quality of life reported by Nepali elders. First, Pearson correlations between quality of life and spirituality, social support, ADL and subjective health were conducted for the entire sample. Pearson correlations examine whether constructs are related to each other and the magnitude of the association between factors under examination. Then, separate correlation analyses were conducted for each sample. Lastly, calculations were conducted to examine whether the differences in the correlation coefficients between quality of life and the factors listed above of FAMQ and OAHQ samples was significant. To compute these differences, a procedure outlined by Blalock was used (1972).

The results of the correlation analysis using the entire sample showed that many of the variables were significantly correlated with quality of life. Quality of life was negatively correlated with age of the participant ($r = -.417$, $p < .05$) and positively correlated with spirituality ($r = .404$, $p < .05$), social support ($r = .527$, $p < .001$), ADL ($r = .512$, $p < .001$) and subjective health ($r = .601$, $p < .000$) and financial satisfaction ($r = .537$, $p < .000$). The results showed the participants who were younger and reported higher levels of spirituality, social support, functional ability, subjective health and financial satisfaction reported higher levels of quality of life.

Turning to the correlations within each group, in the OAHQ group, quality of life was positively correlated with ADL ($r = .587$, $p < .05$) and subjective health ($r = .504$, $p < .05$) and negatively correlated with age ($r = -.493$, $p < .05$). Higher quality of life was related to higher

levels of functional ability and subjective health and lower age. In contrast, quality of life in the FAMQ group was positively related to social support (r = .490, p = .028) and financial satisfaction (r = .480, p = .028). A higher quality of life was related to more social support and financial satisfaction. The Pearson correlations for the full sample and separately for the OAHQ and FAMQ samples are presented in Table 4.

Table 4

Correlation coefficient between quality of life with related factors

Variables	Full Sample	OAHQ Sample	FAMQ Sample
Age	-.417**	-.493*	.250
Spirituality	.404*	.333	.431
Social Support	.527*	-.093	.490*
ADL	.512**	.587**	-.229
Subjective Health	.601**	.504*	.458
Financial Satisfaction	.537**	.165	.480*

Note. *ρ < .05, **p <.01, ***ρ < .001

The correlation coefficients of OAHQ and FAMQ groups between quality of life with age, ADL, subjective health, social support and financial satisfaction were compared using a procedure outline by Blalock (1972). The computation involved converting the correlation coefficient (r) into a Fisher's transformation z score and divide the z score with a standard error calculated using the Ns in each of the sample. The results suggested that the correlation coefficients of age and ADL with quality of life differed significantly between the two groups. These findings are presented in Table 5.

Table 5

Significance test for correlation coefficient of quality of life with related factors

Variables	Fisher's Transformation Z scores		Z statistics	*p* value
	OAHQ Sample	FAMQ Sample		
Age	-.53	.262	.33	**.049***
Spirituality	.34	.430	.25	ns
Social Support	-.09	.541	.57	ns
ADL	.68	-.222	.62	**.01****
Subjective Health	.55	.49	.14	ns
Financial Satisfaction	.78	.521	.02	ns

Note. Z statistics value of 1.96 and 2.58 and higher denote significance at 0.05 and 0.01 level respectively

*ρ < .05, **p <.01, ***ρ < .001

Higher quality of life in OAHQ was associated with lower age and lower ADL limitations. Conversely, higher quality of life in FAMQ group was related to more advanced age and lower ADL limitations. Other correlations showed relatively large differences between the two samples, including social support and subjective financial assessment but due to the small N were not statistically significant.

Discussion

No previous study compared quality of life between Nepali elders who lived with their families and those who lived in old age homes. Traditionally in Nepal, younger children take care of their aging parents. However, there has been a shift in social norms such that younger individuals have reported lower feelings of obligation to care for elderly parents (Pienta et al., 2001). The emergence of old age homes that provide shelter and support to the segment of the older population that is marginalized suggest the increasing need for formal support for older population.

The present study is also the first study in Nepal that examined the difference between quality of life in two Nepali groups of elderly women. The results showed that quality of life reported by participants of the two groups differed as might be expected, due to the marginalized and non-normative status of the OAHQ women. In addition, the two groups differed in age, social support, ADL, financial satisfaction and subjective health. Looking at the sample as a whole, quality of life was lower in participants who reported presence of fear of karmic debt and end-of-life concern. The differences between the groups in age, social support (family), ADL, financial satisfaction and subjective health might have contributed to the differences in quality of life. Those who are older and are facing physical and financial difficulties might require higher level of support, which might put a strain in the quality of relation within the family, if a family is present. If a family is not present, then self-care for individuals who face various limitations might be difficult making a move to an old age home more likely. It is also possible that the quality of the living arrangement within an old age home might have contributed to the reports of lower activities of daily living, and subjective health in the sample that lived in an old age home. The old age home where the quantitative study was collected was housed in an old building with the residents living in dormitory-style quarters in overcrowded areas. The residents had limited

space allocated and the sanitary condition of the living spaces was poor. There is evidence to suggest that older individuals tend to experience a decline in their physical and mental functioning after admission into the nursing home (Acheterberg, Pot, Kerkstra & Bibbe, 2006). A nursing home sample in the West and the old age home sample in Nepal might not be similar for direct comparison but they do have in common a physical displacement in their living situation. The data in the present study do not capture the experiences of women before they arrived at the old age home and the changes they experience in their physical and mental well-being while they adapt to their new living situation. It might be important for future studies to examine the experiences of older Nepali women, especially those who live in old age homes using a life-span and longitudinal methodology.

The social support the participants received from their families was significantly different between the two groups with FAMQ reporting higher support from their families. However, those who lived in the old age home reported some support from their families, suggesting that there is still some contact between the OAHQ participants and their families. Future studies need to collect data on who these OAHQ participants identify as family. In Nepali society where extended families also play an important role, the nature of family, family relations and family support might be different in Nepal than how family support is discussed in Western cultures, which often is limited to the nuclear family. Additionally, the OAHQ participants helped each other. Those residents who were physically able assisted others with physical limitation fulfill daily functions. The participants might have included support from their neighbors in the old age home in responding to the question regarding social support.

In the qualitative study, women who lived in the old age homes reported fear of karmic debt and end-of-life concern suggesting that these factors negative affected their well being. The association between lower level of quality of life in those who report presence of fear of karmic debt and end-of-life concern seem consistent with the results from the qualitative study. However,

unlike the qualitative study, in which the women who lived with their families did not report fear of karmic debt and end-of-life concerns, women from both the OAHQ and FAMQ groups in the quantitative study reported presence of both forms of worry. The discrepancy in the result might be due to differences in method. The qualitative study examined larger themes related to quality of life while the quantitative study examined specific factors that might contribute to quality of life. Additionally, the quantitative data suggested that there might be reasons other than receiving care from strangers and absence of a son to perform end-of-life concerns that might contribute to older women's experience of lower quality of life.

The quantitative analyses also suggested different correlates of quality of life between OAHQ and FAMQ study samples. Even though the correlation analysis is preliminary, the association between the family sample with social support and financial satisfaction and old age home sample with activity of daily living subjective health, and age might suggest trend of association among these factors that can be tested with a larger study. Among the correlations between quality of life and other factors under examination, the differences in the correlation between quality of life and age and ADL in the two samples were significantly different. In the OAH sample, quality of life was higher in those were younger and who had higher levels of ADL, while in the FAM sample quality of life was higher in those who were older and had lower levels of ADL. The women who lived in the old age home received food and shelter from the staff. However, they were responsible for their mobility inside the center even to get some of their basic needs met. The residents of the center were required to go to the kitchen to receive food. The bathroom and toilet was located in only one side of the center and the residents who were not bed ridden were required to walk to these facilities on their own. The way the old age home was designed, high level of mobility was important to complete day-to-day and necessary activities. Therefore, it is possible that the women who were younger and had fewer functional limitations were better able to maneuver their surrounding in the old age that might have positively impacted

their quality of life. There is ample evidence in the literature showing that old age and functional limitation were associated with lower levels of quality of life (Arslanta et al., 2009; Asakawa, Koyano, Ando & Shibata, 2000; Fry, 2000). In contrast, the quality of life of women who lived with their families was positively related more advanced age and lower levels of ADL. Social norms in Nepali society prescribe that younger generations provide care for older individuals. It is possible that those who are older and have more functional limitation receive more care from their family, which might indicate higher care from the family which, in turn, impact levels of quality of life. These associations between quality of life and age and ADL needs to be further explored using a larger sample size.

The quantitative study examines quality of life in two different groups of older women in Nepal. However, there are a number of limitations of the study. The sample of the study is small such that there was not enough power to answer one of the exploratory questions about predictors of quality of life in older Nepali women. Furthermore, the study examined quality of life using broad questions that focused on the study participants' lives globally. A domain-specific approach to examination quality of life might provide a more nuanced picture of quality of life in the two study samples and different correlates of domain-specific quality of life.

The recruitment of the FAM study participants was conducted in temples, market squares and religious centers. The recruitment methodology excluded participation of elderly individuals who might have had limited physical ability and difficulty leaving their house, therefore, impacting the difference in activities of daily living between the two samples as shown by the data. A systematic methodology that allows for recruitment of a representative sample of the population might provide a clearer picture of the relation between quality of life and health-related factors in the target population. An alternative approach might include randomly selecting houses in a particular ward and interviewing one elder from each family, as done by Chalise and colleagues (2007).

Many of the questionnaires used in the study followed a traditional methodology of using Likert-scale to rate their responses. Many of the study participants were not familiar with this approach and the interviewer had to explain the approach to them initially. Therefore, using other types of responses to capture participants' responses might yield better results. For example, in the AGE project, responses of the participants in some of their study sites were documented using figures such as a ladder that showed increase in level with each step.

Chapter 5

Conclusion

According to the theory of successful aging, old age continues to be a stage of growth and well-being. The caveat to this positive picture is that the older individuals needed to maintain optimal physical health, cognitive capacity and active social life (Rowe & Kahn, 1987). Even though the theory of successful aging initiated the exploration of positive aspects of aging, the factors deemed necessary and sufficient to achieve successful aging also narrowly defined the concept. The proponents of the theory failed to explore the cultural underpinning of prioritizing independence and self-sufficiency within the proposed framework of what constitutes quality of life. In the process of defining what it meant to be aging successfully, the theory excluded culturally diverse pathways towards optimal aging.

A culturally embedded understanding of quality of life would show that the trajectory toward positive aging is not one but multiple. This study on quality of life illustrated that old Nepali women do not focus only on the factors outlined by the proponents of successful aging. In fact, the narratives of these women on quality of life were highly influenced by Nepali social norms about proper elder care and were grounded in larger religious themes and cultural practices. The socially and culturally embedded themes of quality of life suggest that quality of life is socially constructed and might have different definition and meaning depending on the context.

The major findings of the study include the themes that emerged from the narratives of study participants in the qualitative study. The older Nepali women, who lived with their families and those who lived in old age homes, identified the role of family, physical ability, sustenance

and spirituality in conceptualizing quality of life. Additional themes of fear of karmic debt and end-of-life concerns were reported by women who lived in old age home. The quantitative study showed that the quality of life between women who lived with their families and those who lived in old age homes were different. Furthermore, the participants in the two groups also differed in their social support, functionality, financial situation and age. The two study samples had different correlates to quality of life. The difference in correlation in age and ADL with quality of life in the two samples was significantly different and other correlations suggested trends that should be followed up in studies using larger samples.

Research in aging in Nepal is still in its infancy stage. In the past decade, few studies have examined aging and factors associated with aging in Nepali samples (Chalise, Saito, Takahashi & Kai, 2007; Pienta, Barber & Axinn, 2001). However, both of these studies are more focused on exploring processes of aging and experiences of the aged in Nepal from a sociological perspective. There is no published study to date that examines aging in Nepal with a psychological lens. The systematic understanding of the psychology of Nepali elders and perceived quality of life and related factors will aid in bringing to light the resources this group possess and barriers they face such that important roles elders play in the society and the social responsibility towards its elders can be explored and discussed with goals for finding solutions.

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Srijana Shrestha

EDUCATION

The Baylor College of Medicine, Houston, TX
Research Coordinator/ Fellow, 2010-2011
Late-life Anxiety Treatment Research Program

The Baylor College of Medicine, Houston, TX
Pre-Doctoral Internship, 2009-2010

The Pennsylvania State University, University Park, PA
Doctoral Candidate in Dual Title in Clinical Psychology and Women's Studies with a minor in Gerontology; *Graduation:* August 2010
Dissertation Title: *Quality of Life among Urban Nepali Elders*
Faculty Advisors: Steven H. Zarit, Ph. D., and Michelle G. Newman, Ph. D.

The Pennsylvania State University, University Park, PA
Master of Science in Clinical Psychology and Women's Studies, December 2005
Master's Thesis Title: *Influence of risk factors on the symptoms of depression and depletion in the oldest old*
Faculty Advisors: Steven H. Zarit, Ph.D., and Pamela Cole, Ph. D.

The Rutger's State University, New Brunswick, NJ,
Bachelor of Arts in Psychology and Minor in Women's Studies, May, 2001

PUBLICATIONS

- Cole, P., Tamang, B., & Shrestha S. (2006). Cultural Variations in the Socialization of Young Children's Anger and Shame. *Child Development: Special Issue*
- Shrestha, S., Howard, R. M., Wilson, N. L., Cully, J. A., Kunik, M. E., Novy, D. M., Greisinger, A. & Stanley, M. A. (Manuscript in preparation). Predictors on change in quality of life in GAD in older adults.
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