“we Are Left Alone”: A Qualitative Study Of Life Satisfaction Of Older Adults In Rural Nepal

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“We are left alone”: A Qualitative Study of Life Satisfaction of Older Adults in Rural Nepal

Anna Elisabeth Schwartz

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A Thesis submitted in Partial Fulfillment for the Degree of Master of Public Health in the Department of Social and Behavioral Sciences

Yale University
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Abstract
Considering that the aging population in the Southeast Asian region is rapidly growing, there is an increasing need to promote the subjective well-being of older adults. However, few studies have investigated mechanisms of life satisfaction in developing countries in the Southeast Asian region. This research gap needs to be addressed, since aging and life satisfaction are complex processes that are experienced differently in various sociocultural contexts. The purpose of this study is to understand meanings of life satisfaction and experiences of aging through the perspectives of older adults who live in Jumla, Nepal. We conducted semi-structured, in-depth interviews with twenty older adults between June and July 2016. Thematic data analysis, guided by an interpretive phenomenological approach, examined cultural shifts in caregiving and perceptions of family relationships in the aftermath of youth out-migration. Jumli older adults struggle to survive as they navigate filial discrepancies in a modernizing and patriarchal context. Poverty and social disconnectedness are salient constructs of older adults’ burdens, though they find relief through religious practices. Generational conflicts in caregiving responsibilities, older adults’ conflicting views of education and urbanization, and spousal conflicts contribute to perceptions of dissatisfaction. When unresolved, these conflicts cultivate feelings of hopelessness and neglect, contemplations of end of life, strained family relationships, and an increased reliance on alcohol use and religious beliefs as coping strategies. Limited aging infrastructure warrants the future development and implementation of problem-solving interventions and social support programs, which may be critical avenues for attending to older adults’ subjective well-being.

Keywords: Older Adults, Nepal, Life Satisfaction, Filial Piety, Migration, Social and Behavioral Sciences
Acknowledgements

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I am profoundly grateful to my family for their unconditional love and support throughout my entire life. To my grandparents -- you instilled in me the importance of integrity, work ethic, and compassion and I hope to honor your lives through this work. To my siblings -- you encourage me and believe in me. Thank you for giving me the honor of being your sister. To my Aunt, Uncle, and my beautiful cousins -- thank you for lifting me up and giving me strength through your example of family devotion. Finally, I would like to dedicate my graduate thesis to my mother and father, who have both made countless sacrifices to help me achieve my dreams. From the bottom of my heart, thank you for your love, teaching, dedication, and compassion. You are both my greatest role models, having dedicated your lives not only to your family, but to medical service and helping others. I am pursuing a public health and medical career with the goal of making a positive impact, just as you both did and continue to do. Mom, thank you for believing in me and for being my best friend -- your devotion as a mother inspires me and makes my life brighter. Dad, I will always remember your resilience, humility, and courage. You will live in my heart, always and forever.
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Introduction

Older adults over the age of 60 years make up approximately 8% of the total population in Nepal (Chalise, 2020). Compared to an annual population growth rate of 2.3%, the annual growth rate of Nepali older adults is 3.39% (Shrestha, 2013). This increase in the numbers of older adults is linked to a lower fertility rate; in fact, the average household size has decreased from approximately 6 to 5 persons over the course of a decade (Chalise, 2006). These findings corroborate the 20% of Nepali older adults who live alone, since there are fewer numbers of adult children who can support their elderly parents (Chalise & Brightman, 2006). In addition, more than 85% of older adults live in rural areas of Nepal (Shrestha, 2007); as Nepal modernizes in its renewable energy use (Dhakal et al, 2020) and development of a formal education system (Shakya, 2010), adult children of elderly parents migrate to urban areas and in doing so, they leave their parents behind. According to modernization theory, these industrial advancements threaten older adults’ presence in society and increase their social isolation (Cowgill & Holmes, 1972), which may have implications for mortality risk (Holt-Lunstad et al., 2010). It is a growing public health concern that more older adults live alone and are secluded in these rural areas, in addition to the fact that about 60% of older adults are illiterate, over 50% of older adults are economically inactive, and only 7% of older adults receive financial benefits from a federal pension system (Shrestha, 2007; Chalise & Brightman, 2006). Considering that the elderly population is projected to double in two decades (Chalise, 2006), there warrants an investigation of social determinants of aging health in Nepal.

Civil War, Migration, and Aging in Jumla

In the past two decades, there has been a national civil war affecting the entire country of Nepal. Jumla, a rural district in the Karnali province in northwestern Nepal, has endured civilian casualties, weakened medical and education infrastructure, food insecurity, and community
violence as a result of this political war (Kohrt et al., 2012). Exposure to these trauma-related events increases the prevalence of depression and anxiety (Kohrt et al., 2012) and may disproportionately impact the mental health of older adults (Murthy & Lakshminarayana, 2006) who inhabit rural regions (Thapa et al., 2018; Manandhar et al., 2019). Another effect of the civil war in Nepal is youth out-migration (Adhikari, 2012). The younger generation flees this political violence in search for better opportunities outside of Nepal and in the process, older adults are left behind. In developing countries in the Southeast Asian region, 67% of older adults have mental health issues related to having at least one migrant child (Adhikari et al., 2011).

Out-migration poses additional threats to Jumli older adults, who rely on their adult children for financial support and food security. Countries in the Southeast Asian region are strongly influenced by filial piety, which emphasizes an obligation for the youth to care for their aging parents (Campos et al., 2014). Gender roles impact filial expectations (Chappell & Kusch, 2007); in a patriarchal system where financial privileges are bestowed to men, biological sons and daughters-in-law are responsible for caring for their elders. Wartime out-migration imposes a cultural shift from norms of collectivism to norms of individualism, and in doing so, disrupts these traditional family structures. Against this backdrop, Nepali older adults with migrant adult children are more likely to feel lonely (Ghimire et al., 2018) and have a poorer quality of life (Thapa et al., 2020). This may be explained by a discord between filial expectations and filial receipt, which is associated with geriatric depressive symptoms in East Asia (Dong et al., 2017); however, the impact of filial discrepancy on geriatric health outcomes are less understood in Nepal. Considering that Jumla is one of the poorest and most underserved areas in Nepal (Bentley, 1995) with one of the lowest proportions of older adults in the country (Bhandari,
2020), Jumli older adults may be at a particularly increased risk for enduring filial discrepancies, though their experiences have not been attended to.

*Psychosocial and Health Associations with Life Satisfaction*

As a district that features wartime hardships, rurality, and youth out-migration, Jumla is a high-risk area for adverse mental health outcomes among older adults who live there. It is important to attend to this increased risk, considering that depressive symptoms are associated with poorer life satisfaction among older adults in the Southeast Asian region (Sum et al., 2019) and specifically Nepal (Gautam & Houde, 2011). Conceptually, life satisfaction is a cognitive component of subjective well-being that is constructed by one’s religiosity, social connectedness, and economic status (Vahedi & Nazari, 2011). According to this life satisfaction model, spiritual well-being and high socioeconomic status are positive correlates and self-alienation is a negative correlate of life satisfaction (Vahedi & Nazari, 2011).

In quantitative studies, life satisfaction, as defined by the Life Satisfaction Index (Liang, 1984) and Satisfaction with Life Scale (Diener et al., 1985), has been evaluated along these religious, interpersonal, and economic dimensions. Among Nepali older adults who live in urban areas, participating in religious activities (Gautam et al., 2007), providing and receiving instrumental support from their adult children (Chalise et al., 2007; Gautam et al., 2008), being married (Ghimire et al., 2018), as well as having a job (Ghimire et al., 2018) a family income (Ghimire et al., 2018; Shrestha et al., 2019), educational experiences (Gautam et al., 2008), and financial satisfaction (Gautam et al., 2008) are positively linked to life satisfaction. In addition, older adults have low levels of life satisfaction when they feel ignored and hated because of their age or live alone or with their unmarried children in a nuclear household (Ghimire et al., 2018).
Qualitative studies are essential for making meaning of life satisfaction and its components by eliciting how lived experiences are understood by older adults. However, to date, there lacks any qualitative studies that capture older adults’ perspectives of life satisfaction in Nepal. Although qualitative methods have been applied to studies on aging and life satisfaction in countries in the Southeast Asian region (Thomas & Chambers, 1989; Dahlan et al., 2010; Nedjat et al., 2018), older adults’ perspectives may be specific to these countries’ cultural contexts and are therefore less generalizable to the aging process in Nepal. Qualitative studies that take place in Nepal capture young adults’ perspectives of navigating personal dilemmas around family commitment and self-fulfillment (Gautam, 2016), as well as older adults’ simultaneous feelings of neglect amidst youth out-migration (Speck, 2017) and comfort in modern developments in the rural context (Jonas, 1992). However, these qualitative studies do not examine older adults’ accounts of life satisfaction as they relate to out-migration and cultural shifts in family dynamics, which warrants further investigation.

Current Study and Purpose

The purpose of this current study is to explore how out-migration, family dynamics, past family relationships, and filial expectations influence experiences of life satisfaction among older adults who live in Jumla, Nepal. A qualitative design was used to gather detailed and nuanced accounts of living as an older adult in the developing world, which will contextualize their perspectives of life satisfaction and inform intervention designs. In consideration of the lack of qualitative studies on life satisfaction in Nepal, findings from this study may inform future research on the lived experiences of Nepali aging populations in a modernizing era and contribute to aging infrastructure in developing areas of the Southeast Asian region.
Methods

Aging and life satisfaction are complex processes, and the way in which they are understood and experienced are heterogeneous across cultural contexts (Vitterso et al., 2002; Fung, 2013). Within this framework, it is important to select a qualitative method that is attentive to this cultural context as well as the nuanced perspective of the participants, who assign meaning to their lived experiences by sharing personal narratives. Interpretative Phenomenological Analysis (IPA) elicits the meaning of personal experiences and the ways in which individuals navigate their social and cultural worlds (Tuffour, 2017). Thematic analysis guided by IPA has therefore been selected as the appropriate qualitative method to understand the meaning of older adulthood and how the elderly perceive life satisfaction within the cultural context of Nepal. The IPA approach was necessary for this qualitative study, considering that this research aims to understand the lived experiences of aging from a nuanced perspective. Additionally, the hermeneutical component of IPA factors in the researcher’s unbiased interpretation of personal narratives, a process of making sense of meaning that is guided by existing aging theories (Tuffour, 2017). IPA combines phenomenological and hermeneutical approaches, and in doing so, elicits both descriptions and interpretations of aging and life satisfaction among Jumli older adults.

Study Setting and Design

This qualitative study is a part of a larger epidemiological study that evaluated risk factors for mental health including age, sex, and caste in the Chandanath Village Development Committee (VDC) (Kohrt et al., 2012). The Chandanath VDC is the government headquarters of Jumla located in the Tila Valley. Qualitative research was conducted at the Chandanath VDC for six weeks between June and July 2016. Semi-structured interviews and field observations were
completed by a researcher from New Zealand who spoke basic Nepali and a Nepali research assistant who spoke fluent English and Nepali.

Sample and Data Collection

Participants of this qualitative study were 20 Jumli older adults who were purposively sampled from the epidemiological study (Kohrt et al., 2012). In order to understand older adults’ experiences of life satisfaction, eligibility criteria included adults over the age of 50 who lived in Jumla and had family members who emigrated from Jumla. These participant characteristics were identified by the epidemiological survey completed by respondents (see Table 1). In order to capture a variety of lived experiences, participants represented both sexes (male, female), all castes (Brahman, Chhetri, Dalit), all household size ranges and types (nuclear, joint), and scores across the Beck Depression Inventory (Kohrt et al., 2002).

In-person interviews (n=20) were conducted in Nepali with immediate translation using a semi-structured interview guide. The interview guide was developed with three main sections about family, self, and society, which targeted participants’ lived experiences across the lifecourse in order to understand how cultural shifts over time shape meanings of aging. There were open-ended questions with probes in each section that were organized by topic, including migration, social support, economic production, physical and psychosocial health, substance use, and perceptions of political, societal, social, cultural, and religious changes in Jumla. Local terms were used by the interviewers including dukha (sorrow/suffering), manko samasya (problems with hear-mind), chinta (worries), and nirash (hopelessness) in order to reduce cross-cultural misunderstandings in the translation of Western terms for depression. Interviews were conducted in a private location such as participants’ homes and lasted between 60 and 100 minutes. An interview debrief took place with the research team after every interview, and both interviewers
wrote field notes separately on ethnographic observations, nonverbal communication, and important themes. With the permission of the participants, interviews were audio-recorded and transcribed. Between June and August 2020, interview transcripts were translated into English by a Nepali public health consultant (UM) who spoke fluent English and Nepali. Nepali terms for descriptions of participants’ emotions were kept in the English translations in order to maintain the closest representation of their narratives and meaning. Some participated were visited a second time to clarify and expand on what they shared in the first interview in order to ensure their full stories were captured. Additionally, field notes of informal observations and conversations were used to ensure thematic saturation in the qualitative sampling approach through iterative reflection.

Data Analysis

A codebook was developed by AS after reading and annotating the transcripts. Coding categories for aging, relationships, psychosocial factors, demographics, and systems were derived through an inductive approach. AH, AS, and UM reviewed the codebook and made revisions after applying the codes to interview transcripts. Once coding agreement was achieved, AS independently coded the interview transcripts and organized emergent themes using NVivo 12.0.

Data was analyzed using thematic analysis guided by IPA methodology. Key emergent themes and interpretations of the data were reviewed and discussed with the larger local and Nepali research team in order to achieve internal validity. This involved an iterative process of reading and rereading through the interview transcripts, which helped the researchers to generate new themes and take note of recurring ideas until thematic saturation was achieved. Illustrative quotes were extracted from individual interviews to substantiate thematic ideas that were
representative of the collective participants’ experiences of aging, and these examples were linked to other recurring themes. Throughout the analysis, connections between themes were verified by the researchers, and elicitations of shared experiences and cultural meanings of aging and satisfaction were discussed with AH, AS, and JM. This systematic approach facilitates the replicability and reliability of emergent themes from the raw data.

**Ethical Considerations**

This qualitative study was approved by the Institutional Review Board at Duke University (Pro00052631). Prior to data collection, the research team obtained written informed consent from literate participants and verbal informed consent from illiterate participants, whose literate family members provided written informed consent by proxy. Anonymity was protected by assigning participants to numerical codes.

**Results**

Participant characteristics are reported in table 1. This sample group reveals the serious and persistent struggle for older adults to exist and thrive in a patriarchal society that values filial piety in the context of poverty and urbanization. Older adults are essentially caught in a catch-22, where they cannot acquire medications or food without money, but they cannot get money unless they have a job and are healthy to work. When older adults try to find job opportunities, they are discriminated against because of their age, physical limitations, and illiteracy. Without being occupied in the workplace, older adults are confined to their homes, alone and with little to do. Very few have friends, and many say they do not know other older people in Jumla. They live their lives in isolation. This geographical and social entrapment takes its toll on the emotional health of older adults, who are constantly worried about how they will survive. Amidst these struggles, religion serves as one of the very few ways older adults find connection.
“Some of the old people go to temples and worship gods and some gather in religious places and share their sorrows with each other (Ek arka sanga dukkha battchan). Sharing each other's sorrows makes them feel good. They talk about their children and other sadness as well.”

As a source of spiritual and social connection, religion relieves older adults from feeling sad and alienated. Religious traditions, such as giving to those who are less fortunate, are therefore prioritized in the daily routines of older adults, even though they themselves are struggling. These experiences of aging illuminate three persisting conflicts that thwart perceptions of satisfaction: (1) generational conflicts of caregiving responsibilities, (2) conflicting views of education and urbanization, and (3) spousal conflicts.

<table>
<thead>
<tr>
<th>Code</th>
<th>Age range</th>
<th>Gender</th>
<th>Caste</th>
<th>BDI score</th>
<th>Household size range</th>
<th>Household type</th>
<th>Family members’ migration destination</th>
<th>Self-rated health</th>
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<td>01</td>
<td>60 – 64</td>
<td>F</td>
<td>Brahman</td>
<td>25</td>
<td>4 – 6</td>
<td>Nuclear</td>
<td>Terai</td>
<td>Poor</td>
</tr>
<tr>
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<td>60 – 64</td>
<td>F</td>
<td>Dalit</td>
<td>34</td>
<td>6 – 9</td>
<td>Joint</td>
<td>Terai</td>
<td>Good</td>
</tr>
<tr>
<td>03</td>
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<td>F</td>
<td>Chhetri</td>
<td>14</td>
<td>1 – 3</td>
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<td>Hill</td>
<td>Good</td>
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<td>M</td>
<td>Dalit</td>
<td>30</td>
<td>4 – 6</td>
<td>Nuclear</td>
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<td>Moderate</td>
</tr>
<tr>
<td>05</td>
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<td>F</td>
<td>Brahman</td>
<td>24</td>
<td>4 – 6</td>
<td>Joint</td>
<td>Kathmandu</td>
<td>Moderate</td>
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<tr>
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<td>Chhetri</td>
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<td>1 – 3</td>
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<td>India</td>
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<td>1 – 3</td>
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<td>Dalit</td>
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<td>1 – 3</td>
<td>Nuclear</td>
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<td>Moderate</td>
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<td>Brahman</td>
<td>31</td>
<td>4 – 6</td>
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<td>Moderate</td>
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<td>50 – 54</td>
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<td>Dalit</td>
<td>26</td>
<td>4 – 6</td>
<td>Joint</td>
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<tr>
<td>12</td>
<td>55 – 59</td>
<td>F</td>
<td>Chhetri</td>
<td>10</td>
<td>6 – 9</td>
<td>Joint</td>
<td>None</td>
<td>Moderate</td>
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</tbody>
</table>
Generational Conflicts of Caregiving

Older adults compare how well they treated their elderly parents when they were young with how poorly they are currently being treated by their adult children. The majority of older adults expect to be cared for by the younger generation; however, their adult children are not meeting these expectations that have been fortified by their past responsibilities to their own elders. Older adults feel abandoned when their adult children leave Jumla for a better future or when the care their adult children provide falls short of their particular needs. Accordingly, older adults’ disappointment in the younger generation is so ubiquitous.

As older adults contend with their vulnerability, they blame their everyday struggles on their adult children. They believe that if their adult children lived with them, cared for them, and provided them with the food and financial resources they needed, their lives would be going well. But instead, older adults live alone in fear, uncertain about what the future holds for them.

Three key features of their storytelling are elicited as older adults describe their dissatisfaction. First, older adults do not explicitly say that out-migration is bad, even though they are upset that their children are separated from them geographically. Second, older adults

---

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
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<th>BDI Score</th>
<th>Caregiver</th>
<th>Location</th>
<th>Level of Care</th>
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</thead>
<tbody>
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<td>70 – 74</td>
<td>4 – 6</td>
<td>Joint</td>
<td>Kathmandu</td>
<td>Moderate</td>
</tr>
<tr>
<td>14</td>
<td>F</td>
<td>65 – 69</td>
<td>4 – 6</td>
<td>Joint</td>
<td>None</td>
<td>Moderate</td>
</tr>
<tr>
<td>15</td>
<td>F</td>
<td>60 – 64</td>
<td>1 – 3</td>
<td>Joint</td>
<td>None</td>
<td>Good</td>
</tr>
<tr>
<td>16</td>
<td>F</td>
<td>55 – 59</td>
<td>6 – 9</td>
<td>Joint</td>
<td>Kathmandu</td>
<td>Moderate</td>
</tr>
<tr>
<td>17</td>
<td>F</td>
<td>60 – 64</td>
<td>4 – 6</td>
<td>Joint</td>
<td>Kathmandu</td>
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<tr>
<td>18</td>
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<td>55 – 59</td>
<td>4 – 6</td>
<td>Joint</td>
<td>Hill</td>
<td>Moderate</td>
</tr>
<tr>
<td>19</td>
<td>M</td>
<td>65 – 69</td>
<td>&gt;10</td>
<td>Joint</td>
<td>India</td>
<td>Moderate</td>
</tr>
<tr>
<td>20</td>
<td>M</td>
<td>50 – 54</td>
<td>6 – 9</td>
<td>Joint</td>
<td>India</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

\(a\) A BDI score \(\geq 20\) indicates depression (Kohrt et al., 2002)
\(b\) A nuclear household refers to an older adult living alone or with their unmarried children
validate their experiences of neglect by providing examples of how caregiving is easier now than in the past. Third, some older adults describe explicitly seeking help from their children or having their biological daughters care for them at times when their biological sons were absent; both are unconventional behaviors in the Nepalese cultural context that emphasize their desperation to have their expectations met.

The Impact of Caregiving Conflicts on Feelings of Disrespect, Perceptions of Morality, and Considerations of End of life

Generational conflicts in caregiving have several consequences. First, older adults feel disrespected by their adult children. Second, older adults judge the character and morality of their adult children. In particular, male older adults are more intolerant of their sons and female older adults are more intolerant of their daughters. These trends are equally present among male and female older adults. Third, caregiving conflicts strain family relationships, which influences older adults’ thoughts of suicide.

Older Adults Feel Disrespected

Older adults view the act of providing care as a sign of respect for the elderly. It reaffirms to them that they matter to their adult children and by extension the greater community. Accordingly, when they perceive inadequate care from their adult children, most older adults feel disrespected and disempowered.

“Before there used to be a system of respecting old people, giving them food, looking after them. But no, there's no such system in the society. [Our children] live separately. If we live together, I would ask them ‘I want to eat this food, bring this for me, I want to wear this type of cloth etc.’ But this is not possible.”

Older adults contrast this disrespect with accounts of how they showed respect towards their own elders in the past. For example, when one older adult was asked why she respected her mother-in-law, she reflects on having shared a close bond. Her mother-in-law liked her, even
more so than her own son, and so she wanted to reciprocate that support. This motivated her to be her caregiver. The majority of older adults describe their experiences of disrespect one-directionally, only considering what their children are doing wrong. For instance, older adults attribute a lack of caregiving to their adult children’s alcohol consumption and their misuse of the education they provided them. However, this past account uniquely brings forth the role older adults have in their own feelings of disrespect. The emotional bond older adults share with their adult children may have a particular weight in bringing these generations together with a mutual respect for each other. In reality though, older adults are more separated from the younger generation by these caregiving conflicts than they are connected by a shared desire to be valued and respected.

However, not all older adults feel disrespected by their adult children. Some older adults express their understanding of evolving caregiving traditions and do not interpret these changes as a belittlement of their prestige.

“But old people also, should be understandable; some old people behave foolishly...If [old people] were understandable, then they will understand others’ sorrows. We know some [old] people, who think that we should scold daughter-in-law [and] she should not be provided enough food. She is like my daughter, but not my daughter; she is someone’s daughter. ‘She should not eat delicious food as well as wear nice clothes.’ We should not think like that.”

There is a focus on what older adults should do to be respectful of the younger generation, rather than a focus on how older adults feel disrespected. There is an empathic concern for the well-being of their adult children, rather than an expression of ubiquitous disappointment. Notably, there is an acknowledgement of wrongdoing in older adults who refuse to understand how the younger generation feels and what they are contending with. When older
adults adapt their expectations in this way, they do not feel disrespected; rather, they cultivate a stronger emotional bond with the younger generation, and feel more satisfied with their lives.

*Gender Influences on the Moral Judgments of the Younger Generation*

Most older adults perceive the younger generation to be selfish, immoral, and disloyal for neglecting their caregiving responsibilities. However, older adults tend to be harsher and less forgiving of their adult children when they are of the same sex.

Some male older adults tend to negatively judge their biological sons more so than their biological daughters. In this context, male older adults highly value the customs of caregiving that place the sole responsibility on their sons. They describe how their sons will one day get their property and inheritance, while their daughters will get nothing; therefore, they feel as though their sons, rather than their daughters, are obligated to fulfill this responsibility. Some male older adults become emotionally distant from their sons who neglect them. For example, one older adult says that his son is “dead to [him]” because he refuses to come back to Jumla and care for him. This sentiment is in sharp contrast with that which is felt towards his daughter, who assumes the caregiving role.

“If [my son] was here then [I] should not have to keep my married daughter here. He, his wife, his son and daughter would be here. They would live here. Since he doesn't live here, my daughter has to stay here. Even though it is not good to keep a married daughter at home, she is looking after us. (Ashar ta pareko cha. Chora yeta bhayeko bahye maile bihe bhaisakeki chori lai yaha rakhnu pardaina thyo. Chora usko shrimati, usko chora ra chori yeha hunthyey hola. uniharu yeha basthye hola. uniharu yeha nabasne hunale nai chori basnu parirako cha. Huna ta bihe garisakeko chori lai gharma rakhnu ramro hoina tei pani usle nai hamilai herirako cha ahile.)”

There is an expression of guilt and concern for his daughter that is not felt for his son. He is worried that his caregiving needs are coming at the expense of his daughter’s obligation to her
in-laws, though he is not worried that his caregiving needs would possibly come at the expense of his son’s personal goals if he returned to Jumla. The patriarchal system, which ensures financial benefits to biological sons, defines caregiving as an obligation for sons and a sacrifice for daughters among male older adults. This impacts how male older adults perceive the morality of their daughters and the immorality of their sons.

Likewise, some female older adults tend to negatively judge their daughters-in-law. In this context, female older adults are more focused on whether their caregiving needs are being met, which is traditionally dependent on their daughters-in-law who care for them. Some female older adults express more anger towards their daughters-in-law who do the agricultural work than their sons who are unemployed; they judge them more harshly since their food supply is low. They perceive that their caregiving needs are not being fulfilled. In fact, some female older adults, who receive financial support from their community, excuse their sons for their absence. This is in sharp contrast to the response of male older adults, who would harshly judge their sons for not providing them with money, as the sole recipients of their property and inheritance.

*Family Strain, Hopelessness, and Contemplations of End of Life*

Generational caregiving conflicts add strain to family relationships. Older adults scold or provide suggestions to their adult children of ways they can better care for them. Their adult children do not heed their words and arguments ensue, which adds contention to household environments and infiltrates family relationships. There are serious mental health implications to the extent where the value of one’s life is put into question.

Older adults describe suicide in different ways. First, they perceive suicide as an easy solution for the younger generation that is not an option for older adults. They speak of suicide as something only the youth would be foolish to do. Second, older adults contemplate suicide when
their sense of belonging is put into question. When they do not receive care from their adult children, they feel alone and sad, which makes their lives difficult to bear.

Unmet expectations of caregiving are so salient in the lives of older adults that they pray for their death. They have no hope that they will be happy amidst contention and verbal altercations with their adult children. Suicide is a serious consideration in the context of family conflict, and so these unmet expectations of caregiving are important to attend to.

Expectations of Caregiving, Karma, and Motivations for Parenting

Throughout the course of their lives, older adults have built up anticipation for the time when their adult children would care for them. These expectations of caregiving motivated them to be good parents to their children during their youth. They believed that their good actions as parents would create good karma. They made sacrifices for their children, thinking that this good karma would seal their fate of receiving care and support in their older adulthood. However, older adults feel abandoned by their faith because their adult children have abandoned them. They are distraught knowing that their actions as parents have not been reciprocated.

“We look after and bring up sons since their childhood, haina? We make them able to read and write, hoping that they will look after us. (started crying) Nani, I made them able to read and write by carrying firewood and selling it, haina? I did so. I made them educated, and they got jobs. When they started to earn, they took their wives and went far away. Now, they do not look after us. That’s all my faith...When faith does not support [us], then what can we do?”

Although older adults feel unsupported by their faith, they do not lose their faith. In fact, older adults rely on karma to punish their adult children for neglecting them.

“If [the younger generation] don’t help us during our old age then, they have to pay back it someday. They will pay for our tears, and curse because they will be old one day, and their children will treat them in the same way. It is the continuous process; you will get the same in the near future, what you will do, now. My son have to
suffer more than me, and grandson have to suffer even more than his father.”

Older adults’ faith has been shaken, but it has not been broken. They are upset that their faith has not supported them in their lifetimes, since they have not been rewarded for their good parenting. However, older adults still believe that karma will get their children and their children’s children. It is as if this karmic retribution enshrines their supremacy.

**Conflicting Views on Education and Urbanization**

Older adults experience a push and pull of contradictory beliefs on education and urbanization. Older adults want their children and grandchildren to be educated, so that they will have a better future and know how to care for their elders; most older adults did not receive an education, and they are regretful of this because they attribute their lack of education in the past to many of the struggles they endure in the present. However, most older adults are upset when the younger generation sacrifices their caregiving responsibilities for their education pursuits. Education is therefore concurrently seen as a facilitator and a barrier to meeting their expectations of caregiving.

In addition, older adults describe liking new developments in Jumla, including the construction of roads and use of buses, because these changes make their lives easier. They also have cell phones to stay connected with their children. However, they do not like that their children leave them behind as they migrate to urban areas. Even though older adults accept urbanization, they do not accept that their children are attracted to urban areas elsewhere. Urbanization is therefore concurrently seen as a facilitator and a barrier to having a better life.

**Spousal Conflicts**

Female older adults are burdened by marital conflicts. Their husbands drink alcohol, which negatively affects their behaviors. They scream at and hit their wives, overspend on
alcohol, and become ill from excessively drinking. This takes an emotional toll on them; they are so upset that some refuse to speak to their husbands or they experience weight loss. Female older adults are also upset because their husbands do not ask them if they are okay, even as their health declines. Their drinking makes them emotionally unavailable to their wives, and so female older adults are suffering through these health issues alone. They believe their husbands are no longer good people.

“[My husband and I] fight regularly. My husband is not a good person. He beats me. He is a drunkard and how can he be a good person? He hit me on my head, since then I have headaches. (Hami din dinai jhagada garchau. Mero logne ramro manche haina, malai kutchha. Jadiya ho ani kasari ramro manchhe huncha? Mero tauko ma haneko thiyo ekchoti, tya dekhi mero tauko dukhcha)...Other women wear jewelry but I don't have any jewelry because he sold them all to drink alcohol.”

Some female older adults who are caregivers to their bedridden husbands are also burdened by their perceived inadequacy. As caregivers, they plead and argue with their husbands to stop drinking, thinking that this would be enough to break their drinking habits. However, their husbands refuse to do so; one husband tells his wife that he pays for alcohol with his own money and that she lives on his property so he can do whatever he wants. Some female older adults express guilt for not being able to stop their husbands from drinking or from not being able to prevent their death.

Drinking is described by both male and female spouses to be an issue among husbands. Some male older adults recognize that their drinking impacts their wives and extended family; however, they only speak about their verbal mistreatment of their wives but do not acknowledge any physical mistreatment. One male older adult believes that drinking helps him deal with the emotional burdens of his social disconnectedness. This shows that drinking, as a source of spousal conflicts, may be seen as a viable option by male older adults for handling their mental
health issues, even if it comes at the expense of their wives who consequently endure their mistreatment. Taken together, it is essential to attend to alcohol misuse and mental health issues, particularly among older adults who lived in isolated areas.

Discussion
The purpose of this study was to better understand older adults’ perspectives of life satisfaction in Jumla, Nepal. Findings from this study show how difficult it is for older adults to endure cultural shifts in family dynamics amidst modernization and out-migration. Older adults’ struggles to exist in this landscape are generated by economic hardship as well as geographic and social disconnectedness; however, religious practices (e.g., praying and helping others) attenuate these financial, emotional, and social burdens, which makes religion an important component of older adults’ daily routines. These personal accounts of aging elicited three existing conflicts in caregiving expectations, older adults’ views of education and urbanization, and spousal relationships, all of which negatively influence life satisfaction.

To our knowledge, this study is the first to apply the model of life satisfaction (Vahedi & Nazari, 2011) to a sample of Jumli older adults and to corroborate the mechanisms of this model in the Nepali cultural context. Consistent with the model of life satisfaction, older adults’ experiences of aging in Jumla show that their economic hardship may have a particularized role in their social disconnectedness, reliance on their faith, and overall feelings of dissatisfaction. Collectively, older adults describe living through a dilemma. They are poor because negative age perceptions limit their opportunities for finding work; however, without a job, they cannot afford the medical services they need to address the very health issues (e.g., aches and pains, impaired mobility) that perpetuate these perceptions of inadequacy. Economic hardship may therefore have the greatest influence on quality of life (Vahedi & Nazari, 2011), considering that poverty is
the root of this persistent dilemma. In addition, ageism prevents older adults from overcoming their economic hardships, and in doing so, strengthens this catch-22. In underdeveloped countries like Nepal, strained resources limit their capacity to attend to instances of ageism and provisions of care for older adults who are financially burdened by such forms of inequity (Chang et al., 2020). Older adults’ financial stress from the constrains of ageism may therefore be more harmful to the aging process when contextualized in Jumla compared to other developed regions in Southeast Asia (Chang et al., 2020).

In line with the model of life satisfaction, older adults’ experiences of aging also show that their religious traditions relieve them from feeling alienated. Through religious practices, older adults cultivate social networks and provide each other emotional support (e.g., validation of feelings, empathy). Older adults’ reliance on their faith is contextualized in the aftermath of their adult children’s out-migration, during which their stress is chronic and pervasive. This may indicate that out-migration is a traumatic event for older adults, and that their religious practices serve to aid their psychological recovery (Wilson et al., 1998; Shaw et al., 2005). Furthermore, as older adults describe their burdens with filial discrepancies, they show instances of both relying on their religious beliefs (Carmil & Breznitz, 1991) and feeling abandoned by their faith (Drescher & Foy, 1995); these changes in religiosity are common in the face of posttraumatic stress (Hussain et al., 2011), which suggests that older adults may be enduring prolonged trauma-related stress as they navigate filial discrepancies in the aftermath of out-migration.

One study found gender patterns in the relationship between religious activity and life satisfaction among older adults who live in Kathmandu (Gautam et al., 2007). Male older adults, but not female older adults, were more satisfied with their lives when they practiced religion. These gender patterns reflect the gender-specific roles men and women have in Nepal; women
practice religion more daily but are expected to stay at home while men have more intense religious rituals that are practiced outside of their homes (Gautam et al., 2007). However, our study does not observe these gender patterns in religiosity, which may be explained by the different study settings. Kathmandu is an urban locality while Jumla is a rural locality. There is evidence that older adults feel happier and more satisfied in urban areas compared to rural areas of Nepal (Subedi, 2020), which corroborates the lowest out-migration rate of 10% in Kathmandu Valley and the highest out-migration rate of 35% in the rural mountainous region (World Bank, 2018). These findings suggest that religion may be used more ubiquitously by Jumli older adults as a means of coping with out-migration and filial discrepancies, regardless of gender. Gender patterns of religiosity in Nepal may be specific to urban localities, which has implications for the differential use of religion by older adults in various districts in Nepal.

In addition, the results of this study show the salience of filial discrepancies. Older adults’ expectations of caregiving have been fortified by their past family relationships, though the care they receive from their adult children is insufficient. This dynamic between higher expectations and lower receipt increases older adults’ risk for mortality (Li & Dong, 2020), which our study observed in older adults’ accounts of their lived experiences. Older adults feel disrespected by their adult children and are very disappointed by their choices. Older adults are fixated on this disappointment, unable to problem-solve or understand the existent cultural shifts in filial piety; these maladaptive responses to filial discrepancies are indicators of hopelessness (Conversano et al., 2010), which may be detrimental to life longevity (Lee et al., 2019). This study also captured contemplations of end of life in the context of this hopelessness, particularly among older adults with strained family ties; however, not all older adults contemplated their end of life. These older adults described having quality family relationships, which were
accompanied by their understanding of existent cultural shifts in filial piety. Taken together, adaptive behaviors may resolve filial discrepancies, and in doing so, strengthen filial satisfaction (Wakui & Cheng, 2017), preserve hope, and promote life longevity (Lee et al., 2019). Therefore, it may be important to attend to maladaptive behaviors among older adults who live in places where out-migration challenges Confucianism.

Consistent with other work (Liu et al., 2018), this study shows that low filial satisfaction negatively affects family dynamics. In particular, male older adults are harsher with their biological sons and female older adults are harsher with their daughters-in-law when their filial expectations are not being met. These findings suggest that a socialization perspective of parent-child interactions can be applied to the Nepali context (Marks et al., 2009); this means that older adults model their attitudes of gender roles to their adult children, with the hopes that their adult children’s attitudes will be congruous with theirs. As such, male older adults are harsher with their sons in the effort to reinforce their roles as primary caregivers. Likewise, female older adults are harsher with their daughters-in-law in the effort to reinforce their commitment to their husbands’ family. The patriarchal system in Nepal may consequently be an important consideration when evaluating the conflicts in intergenerational relationships that arise from filial discrepancies.

Simultaneously, older adults want their adult children to be independent and successful. While they reinforce gender roles of caregiving, they express a genuine desire for their adult children to pursue an education and to find better opportunities. Consistent with socioemotional theory (Carstensen, 2006), this study shows that older adults want to achieve short-term emotional satisfaction as they are approaching the end of life; their perspectives show their desire to be happy in the present moment. However, older adults are ultimately dissatisfied because
they do not know how to resolve this dissonance. Their attempts consist of arguing with their out-migrated children or consuming alcohol, both or which are counterproductive. These findings indicate the potential need to implement problem-solving interventions for Jumli older adults, which effectively reduce depressive symptoms (Kiosses & Alexopoulos, 2014).

Lastly, the impact of family dynamics on older adults’ satisfaction was observed in their descriptions of spousal conflicts. In particular, female older adults are burdened by their husbands’ drinking, which is consistent with findings that alcohol consumption is a greater problem among male adults in western Nepal (Adhikari et al., 2019). This burden is especially observed when husbands used gender-based power differentials to justify their drinking habits. The patriarchal system in Nepal may consequently be an important consideration when evaluating the conflicts in spousal relationships that arise from alcohol misuse. It is worth noting that while alcohol consumption is a widespread issue in Nepal (Rathod et al., 2018; Adhikari et al., 2019), female older adults in this study do not speak to any drinking problems of their own. This is consistent with male older adults’ accounts of only their own drinking habits. One possible explanation for this finding may relate to risk factors of alcohol consumption that are specific for Nepali women, such as tobacco use (Rathod et al., 2018), that were either not present or minimally present in our sample. Taken together, these findings support the need to implement alcohol reduction programs that target older adult men and to improve mental health and social support resources for older adult men and women who are abused.

Strengths, Limitations, and Future Directions

There are several limitations of this study that are worth noting. First, although the research team conducted interviews in private locations, some interviews were occasionally interrupted by older adults’ family members (e.g., a spouse, child, or grandchild). The close
proximity of family members to the interview space may have interfered with the comfort level of the participants to openly share personal thoughts and feelings. The research team addressed this by only proceeding with the interview when privacy was ensured. Second, translations of the interviews into English may have compromised the robustness of participants’ narratives. The research team addressed this by keeping salient Nepali terms in the translations. Third, the research team noted inconsistencies in male and female older adults’ descriptions of alcohol-related physical and verbal abuse. One possible explanation is response bias that occurs when male older adults avoid admitting to perpetrating physical abuse. The research team addressed this by iteratively reviewing the raw data and discussing interpretations of thematic ideas with both local and Nepali investigators. It is worth noting that the purposive sampling methods and study location limit generalizability; however, the study’s findings provide insight into a nuanced perspective that may be more broadly applicable to rural localities in Nepal.

This study also highlights several strengths. First qualitative methods are used to capture context-specific meanings of life satisfaction, which elicited persisting conflicts and personal accounts of aging that would have otherwise been missed or more difficult to interpret with validated life satisfaction questionnaires. Second, this study focuses on the perspectives of older adults, who in this context, are care receivers. Research on caregiving dynamics is primarily focused on the caregiver’s perspective, so this study may contribute to a more comprehensive understanding of interpersonal health factors that affect population aging in Nepal.

Future research should expand on the life satisfaction model (Vahedi & Nazari) to incorporate modernization, filial piety, and out-migration as broader contextual factors that feed into the domains of religion, alienation, and economic status. Adaptations should also consider interpersonal relationships (e.g., intergenerational, spousal) and health behaviors (e.g., alcohol
consumption) in order to create a model that is more tailored to the experiences of Nepali older adults. Considering that this study focused on the perspectives of older adults, future studies can expand on this to capture the perspectives of both older and younger adults through qualitative dyadic analysis. Additionally, studies should operationalize a trauma-informed framework to qualitatively investigate out-migration as a traumatic experience for Nepali older adults, and evaluate the influence of urban and rural living conditions on religious practices. Finally, there warrants the continued development, implementation, and evaluation of public health programs that are culturally targeted towards Nepali older adults and focus on problem-solving strategies, coping skills, domestic abuse, and alcohol consumption.

**Conclusion**

Older adults in Jumla are dissatisfied with their lives as they struggle to cope with filial discrepancies and out-migration in a patriarchal and modernizing society. These lived experiences are characterized by multidimensional conflicts that infiltrate intergenerational and spousal relationships and are consequential to older adults’ hopelessness and contemplations of end of life. Although economic hardships and social and geographic disconnectedness are emotionally and physically taxing, religious practices help older adults navigate through these burdens. Jumli older adults’ mental, physical, and financial issues need to be attended to with existing aging infrastructure as well as new interventions that promote adaptive behaviors, provide social support, and encourage health behavior change.
References


