Policy Knowledge Gap Among Senior Citizens

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Abstract: The Nepalese government provides various allowances, including old age, widow, disability, and nutritional grants, to improve the quality of life for economically and socially disadvantaged individuals. This study assesses the relationship between knowledge on old age allowance policy/facility and their Quality of Life (QOL) among senior citizens of Biratnagar, a metropolitan city of Morang district. The study used a cross-sectional survey design to measure the current status of senior citizens in Biratnagar, a metropolitan city, and identify their quality of life. Independent variables like knowledge on Old Age Allowance (OAA) public transportation concession and seat preservation, government waiver on treatment fees free health service for 75+ patients, government's social security/welfare policy, spend the allowance, and opinion on current old age allowance were quantified. The sample size was calculated using Raosoft online calculator, with 370 senior citizens selected. The study in Biratnagar investigated senior citizens' quality of life using WHOQOL-BREF questionnaire and interview, establishing a link between quality of life and old age allowance. The paper examined the quality of life (QOL) of senior citizens in Biratnagar, focusing on policy factors. Most of the seniors received old age allowance and used government facilities. However, a significant percentage was ignorant of the policy, resulting in poor QOL. The majority of respondents reported using facilities provided by government offices and hospitals, but there was a lack of knowledge about related policies. The study would be beneficial to have the positive impact so that the concerned stakeholders would initiate on the policies and old age allowance (OAA) on senior citizens' quality of life.

Introduction

The government of Nepal offers various allowances, including old age and disability allowances, to improve the quality of life for economically and socially disadvantaged individuals, focusing on seniors aged 68 and above. The Social Security Act (2075) provides cash, allowance, or support to citizens entitled to it, protecting them from indigent, incapacitated, single women, disabled, self-sufficient, and endangered tribes (Law Commission, 2075). Nepal's laws, including the Civil Code of 1963, Local Self Governance Act of 1999, Senior Citizen Policy of 2058, National Plan of Action of 2062, Senior Citizen Act of 2063, and Senior Citizen Regulation of 2065. (Bhandari K. , 2019). The Ninth Five Year Plan (1997-2002) aimed to improve the lives of older citizens by increasing dignity, access to economic opportunities, respect, and social security (Chalise H. , 2006). From these perspectives, the efforts collectively contribute to a more inclusive and supportive environment for Nepal's senior population.

Nepal's social security expenditure has surged, reaching NRs. 1 trillion annually, and surpassing actual capital expenditures. Challenges include budgetary pressure, concerns over unjust taxation for vulnerable groups (Sherstha, 2019). Senior citizens allowance increased from Rs. 3,000 to Rs. 4,000 and all social security allowances increased by 33 percent in FY 2079/80. Through these initiatives, Nepal is demonstrating its dedication to offering its seniors greater security and assistance.

In the context of Nepal, seniors' quality of life (QOL) is significantly influenced by their prior way of life, culture, level of education, attitudes toward health care, the strength of their families, and level of community integration. Senior citizens' quality of life varies based on culture, health, social relationships, and beliefs, impacting family structures, labor markets, education, housing, health, and transportation (WHO, Decade of Healthy Ageing: Plan of Action, 2020). However, Modernization and western influence are causing a decline in elder respect and a widening generational gap in Nepal, leading to segregation, insults, and abuse (Himalayan News Service, 2021). Again, the dispute between modernization and traditional values in Nepal has resulted in a reduction in elder dignity and growing generation gap has led to neglect of seniors, insults, and separation.

The global population is experiencing the fastest growth among individuals aged 65 years or older (WHO, Global health and aging, 2011). The rapid demographic, social, and economic changes in Nepal and other countries have raised concerns about the wellbeing of older adults, questioning if Western, individualistic systems are causing suffering (Yarger & Brauner-Otto, 2014). Talking about social networks, healthcare systems, and societies as a whole are all going to be significantly affected by these shifting demographics and this has supported in welfare of senior citizens becomes a concern as Nepal and different countries attempts with rapid shifts in population dynamics the dignity and quality of life of senior citizens necessitates dealing with these concerns through inclusive approaches has been in priority.

In Nepal, individuals frequently enter old age due to lifelong poverty, deprivation, inadequate healthcare access, and poor diet (Geriatric Centre Nepal, 2010). Therefore, empowering individuals to recognize and build on their health assets can help protect and promote their health status in older age (Hornby-Turner, Peel, & Hubbard, 2017) is a burning issue. In order to establish a more supportive environment for the senior in our society, an integrated strategy addressing old age allowances and health status is necessary.

It is the fact that global population is rapidly aging, with the proportion of people over 60 years expected to double from 11% to 22% between 2000 and 2050 (Global elderly care in crisis, 2014). Old aged people reside in developing countries, with 37% in Asia, 26% in Europe, 18% in Central and South Asia, 8% in Latin America, 5% in sub-Saharan Africa, 4% in North and West Africa (United Nations, 2019). But the global population of the elderly is projected to grow rapidly, with the majority of this population in less developed countries by 2050 (United Nations, World Poulation Ageing 2017[highlights], 2017). Now the proportion of older people in the population is expected to rise from one in eight in 2017 to one in six by 2030 and one in five by 2050 (United Nations, World Poulation Ageing 2017[highlights], 2017). When we talk about women, they live longer than men, accounting for 54% of the global population aged 60+ and 61% of those aged 80+, with life expectancy expected to exceed men's by 3 years between 2020 and 2025. WHO reports malnutrition affects 1 in 6 people globally, with elderly individuals experiencing memory loss, sleep issues, and psychosocial problems like loneliness and loss of family members (NOUN, 2017).

According to census (2011) showed a 1.35% population growth rate, with an annual 3.59% growth rate for older persons. However, in 2021, the population growth rate dropped to below 1%, indicating a decline in fertility and a rapid increase in life expectancy. Nepal's elderly population is increasing rapidly, with projections showing it will reach 7% by 2028 and 14% by 2054, taking 26 years to transition from an aging society (Chalise, Bohara, & Khanal, Older People and Socail Security System in, 2022). In Nepal, the elderly population growth rate 3.5 per annual which is more than its

population growth rate 1.35% per annum and number of people aged 65 years and above Nepal was 1,397,583. This number accounts for 0.2% of older persons in the world and 5.27% of Nepal's total population in 2011 (CBS, 2014). In relation to growing population, the volume of old persons is rapidly increasing in Nepal in every census (Singh, 2014). In rural part of eastern Nepal, 61.7% of 60+-year-olds experienced mistreatment, with physical, psychological, caregiver neglect, financial, and stranger-inflicted issues. Factors contributing to mistreatment included dependence on family, illiteracy, concentration problems, living arrangements with sons/daughters-in-law, regular medication, and low monthly family income caregivers (Yadav, Tamang, Paudel, Kafle, & Metha , 2018). Lowered fertility, improved health and longevity have generated growing numbers and proportions of older population throughout the world (Geriatric Centre Nepal, 2010). Rapid urbanization and migration to overseas have isolated senior citizens, affecting their social care and health. Globalization and increased life expectancy are facilitating change (Devkota, 2019). Seniors' health and social care have been negatively impacted by their isolation due to rapid urbanization and the move in another country. As globalization continues and life expectancy increases, addressing the needs of the aging population becomes crucial. The decreasing fertility rate and life expectancy in Nepal have led to a significant issue for the aging population, with globalization causing a decline in senior care quality. In this study the researchers aim to assess the relationship between old age allowance and quality of life, and identify policy-related actions.

Research Objectives and Hypothesis

The main objective of this study was to examine the relationship between knowledge on old age allowance policy/facility and their QOL among senior citizens of Biratnagar metropolitan city. On the basis of above stated objectives following null and alternative hypotheses were formulated;

Null hypothesis (H_O): There is no gap between knowledge about OAA and health-related quality of life of senior citizens; $\beta_1 = 0$.

Alternative hypothesis (H_a): There is a gap between knowledge about OAA and health-related quality of life of senior citizens; $\beta_1 \neq 0$.

Methodology

In this study, a cross-sectional survey research design was used to assess the quality of life of senior citizens, focusing on independent variables such as knowledge on OAA, public transportation concession and seat preservation, government waiver on treatment fees free health service for 75+ patients, government's social security/welfare policy, spend the allowance, and opinion on current old age allowance. The researchers selected 19 wards of Biratnagar metropolitan city using convenience sampling technique, dividing each ward into a single cluster based on developmental characteristics and senior citizen proportions. The study consisted 9559 senior citizens receiving government allowances from their ward offices, who were included in the social security scheme according to the metropolitan office records (Biratnagar Metropolitan, 2022). The researchers selected 370 senior citizens aged 65 and over from the 9559 population in Biratnagar metropolitan, using the Raosoft sample size calculator, with a margin of error of 5%. WHOQOL-BREF was used through interviewer-assisted methods for respondents with hearing or speech issues, with instructions provided and a two-week assessment timeframe. Initially, the researchers trained enumerators on survey administration, providing a Kobo toolbox link, and ensuring privacy and Enumerators conducted face-to-face interviews with senior citizens in Biratnagar. WHOQOL-BREF generated a quality of life profile with four domain scores, examining an individual's overall perception of quality of life and health. (WHO, WHOQOL-BREF group, 1997).

A study database was created using SPSS for data entry and analysis, establishing the association between quality of life and old age allowance of senior citizens using multiple regression modeling.

The researchers developed a questionnaire based on WHOQOL-BREF, incorporating socio-demographic, economic, and policy variables, and sought expert consultation to strengthen it and maintain face validity. The study validated tool for contextualizing the WHOQOL-BREF in Nepalese context using a 26-item scale, using producers as indicators of self-reported QOL. A pre-test was conducted to assess the quality of life of elderly individuals in Kirtipur municipality ward 7, modifying the interview schedule for policy-related questions. Cronbach's Alpha, a reliability test, ensures internal consistency in questionnaires, with a good reliability score of 0.6, indicating acceptable internal consistency across 52 items. The model analyzed multicollinearity, predicting factors such as sex, age, caste, religion, marital status, education, and old age allowance, with a Durbin-Watson value of 1.095. The scatterplot graph shows a homoscedastic relationship between regression standardized predicted value and residual, indicating constant error variance and a fairly homoscedastic distribution of data points. The study received formal consent from authorities and ethical approval from TU-ERB, Rector's office, and participants, while maintaining privacy and confidentiality according to research norms.

Results

The study has highlighted the necessity for enhanced policy education and communication to help senior citizens make better decisions and use the resources that are available to policymakers and concerned stakeholders need to link this knowledge gap and provide seniors the decision-making authority they need. Over two-third of total respondents (72.4%) reported that they were unknown about the policy related to them and the majority of respondents reported they had used hospital and government office facilities

Knowledge About Policy and Facility Related to Senior Citizens

The following table reflected that the knowledge about the welfare policy related to senior citizen and facilities they had got in different institutions. The seniors were asked about the governments senior citizens related policy and managed facility by different institutions. Thus, researchers incorporated senior citizen policy overview on knowledge, stated policy and facilities in this table. The total sample population (n=370) were pointed out in policy and facility overview, which is presented as follows;

Table 1: Knowledge about policy and facility among study population

Knowledge about Senior Citizen related Policy	Responses	N	Percent	
	No	268	72.40%	
	Yes	102	27.60%	
Known - policy related to Senior Citizen	N	Percent	Percent of Cases	
Senior citizen policy-2058	38	25.20%	37.30%	
National plan of action for Senior citizen-2062	56	37.10%	54.90%	
Senior citizen act-2063	13	8.60%	12.70%	
Senior citizen regulation-2065	15	9.90%	14.70%	
The Social Security Act	29	19.20%	28.40%	
Total	151	100.00%	148.00%	
Facility to Senior	Response		Percent of Cases	
	N	Percent		
Governmental office	364	48.30%	98.40%	
Hospital	307	40.80%	83.00%	

Institute (Drinking water office/Telecom office/ electricity office)	71	9.40%	19.20%
Private office/banking sector	11	1.50%	3.00%
Total	753	100.00%	203.50%

* The percentage accessed 100 due to multiple responses

From above mentioned data, t one-fourth of total respondents (72.4%) reported that they were unknown about the policy related to them but almost all (98.4%) were reported they were getting facilities from government office. Therefore, this result indicates that they have utilized facility with less knowledge about policy related to senior citizens and most of the respondent utilizing facilities provided by government office and hospital, least of respondents (1.5%) reported they were utilized facilities from private office/banking sector. Thus, it can be concluded that policy gap was seemed to target group (senior citizens).

OAA and Government's Policy Effect on Senior Citizens Quality of Life

In the framework of senior citizens' quality of life (QOL), a recent regression analysis explored significant predictors such as such as knowledge on OAA, public transportation concession and seat preservation, government waiver on treatment fees free health service for 75+ patients, government's social security/welfare policy, spend the allowance, and opinion on current old age allowance.

The regression analysis identified variables related to Old Age Allowance (OAA) and Government's policy as significant predictors of quality of life (QOL) among senior citizens. The dependent variable in this study is the QOL Score, and the researcher used multiple regression analysis to examine the factors influencing the QOL Score. The QOL Score variance can be fairly explicated by the predictors combined, as indicated by the model's R^2 value of 0.183. With a highly significant p-value (p = 0.000) and F-statistic of 11.602, the model be statistically significant. This results clearly direct the positive effect of the QOL. Moreover, the R2=0.183 depicts that the model explains 18.3% of the variance in QOL. The unstandardized coefficients, R-squared value, F-statistic, and associated p-values are presented in the table below;

Table 2: *Distribution of the respondents based on OAA and government's policy effect on their quality of life*

Coefficients[a]						
Model	Unstandardized Coefficients		R^2	F	t	P-value
Regression Weights	B	Std. Error				Sig.
(Constant)	50.902	2.126	0.183	11.602	23.944	0.000
Knowledge on OAA	6.860	1.167			5.877	0.000
Public Transportation Concession and Seat Preservation	-1.522	1.097			-1.387	0.166
Government Waiver on Treatment Fees	-4.341	1.186			-3.660	0.000
Free Health Service for 75+ Patients	-1.188	1.183			-1.004	0.316
Government's Social Security/Welfare Policy	-2.720	1.304			-2.085	0.038
Spend the allowance	1.849	0.424			4.365	0.000
Opinion on Current Old Age Allowance	-2.894	1.289			-2.244	0.025

a. Dependent Variable: Total Domain Score

Here, the intercept is 50.902 with a standard error of 2.126. The QOL Score is strongly influenced by the reference point, as seen by the extremely significant p-value (p = 0.000). The factors that significantly affect the QOL scores such as knowledge on old age allowance (OAA), Spend the allowance, opinion current old age allowance, Government's Social Security/Welfare Policy and Government Waiver on Treatment Fees. In this issue, all of these factors have statistically significant coefficients (p < 0.05), indicating a significant influence on the Quality of Life Score. Regarding the control variable, the results show that we do not have evidence of effect of Public Transportation Concession and Seat Preservation (β =-1.522, P<0.166) and Free Health Service for 75+ Patients (β=-1.188, P<0.316) on QOL score.

The dependent variables QOL score were regressed on predicting variable Opinion on Current Old Age Allowance. Opinion on Current Old Age Allowance significantly predicted QOL, $F_{(7, 362)}$= 11.602, p<0.001, which indicates that the Opinion on Current Old Age Allowance can play a significant role in shaping QOL(β=-2.894, p<0.025). This results clearly direct the positive effect of the QOL. Moreover, the R^2=0.183 depicts that the model explains 18.3% of the variance in QOL.

The dependent variables QOL score was regressed on predicting variable Spend the allowance. Spend the allowance significantly predicted QOL, $F_{(7, 362)}$= 11.602, p<0.001, which indicates that the Spend the allowance can play a significant role in shaping QOL(β=1.849, p<0.001). From this, it is investigated that direct the positive effect of the QOL. Moreover, the R^2=0.183 depicts that the model explains 18.3% of the variance in QOL.

On the other hand, the dependent variables QOL score was regressed on predicting variable Government's Social Security/Welfare Policy. Government's Social Security/Welfare Policy significantly predicted QOL, $F_{(7, 362)}$= 11.602, p<0.001, which indicates that the Government's Social Security/Welfare Policy can play a significant role in shaping QOL(β=-2.720, p<0.038).And the results clearly direct the positive effect of the QOL. Moreover, the R^2=0.183 depicts that the model explains 18.3% of the variance in QOL.

The dependent variables QOL score was regressed on predicting variable Government's waiver on treatment fees. Government's waiver on treatment fees significantly predicted QOL, $F_{(7, 362)}$= 11.602, p<0.001, which indicates that the Government's waiver on treatment fees can play a significant role in shaping QOL(β=-4.341, p<.001). From this results, it is found that direct the positive effect of the QOL. Moreover, the R^2=0.183 depicts that the model explains 18.3% of the variance in QOL.

The independent variables (Knowledge on OAA, Government's social security/welfare policy, Spend the allowance and opinion on current OAA) carries a significant impact on Quality of Life of Senior citizens. The dependent variables QOL score was regressed on predicting variable Knowledge on OAA. Knowledge on OAA significantly predicted QOL, $F_{(7, 362)}$= 11.602, p<0.001, which indicates that the Knowledge on OAA can play a significant role in shaping QOL(β=6.860, p<.001). This results clearly direct the positive effect of the QOL. Moreover, the R^2=0.183 depicts that the model explains 18.3% of the variance in QOL. It is observed that that the QOL Score is influenced by a number of knowledge, opinion, and policy-related aspects. The findings in the above mentioned data deliver valuable insights into the factors of the QOL Score, offering implications for further research and prospective interventions for the population under study.

Discussion and Conclusion

It is quite interesting to find that most of the respondents admitted using government offices' and hospitals' facilities, even though they were unaware of the policies associated with them. A relatively small amount was used when it came to facilities from banks or private offices and results underlined how important it is to better communicate information about senior citizen policies. In order

to ensure that senior citizens are fully informed about the support available to them, it is imperative that this gap be closed between the use of facilities and awareness of relevant policies. In this study, it was incorporated on how the knowledge gap is being closed and how facilities and information necessary for senior citizens' health and well-being are being made available to them. Therefore, encouraging regular health checkups among senior citizens is crucial for early detection and management of their health conditions. Not only this, healthcare providers and policymakers should promote preventive healthcare measures to improve the overall health outcomes of seniors. It is observed that efforts should be made to enhance the availability and affordability of healthcare services tailored to the needs of the senior citizens. Promotion of healthy aging practices, including regular health checkups, access to healthcare services, and chronic disease prevention initiatives, is a must for enhancing the quality of life of senior citizens.

When we discussed about the quality of life in this study, economic and socio-demographic factors had a substantial impact on the study area's senior citizens' quality of life, according to regression analysis. Identified key variables that affect senior citizens' quality of life (QOL), including sex, age group, caste/ethnicity, family, educational status, and current living condition have impacted the life of senor citizens. It is also found that religion and marital status have no noticeable impact on quality of life (QOL), but demographic and socioeconomic factors are major determinants of QOL for senior citizens in the present situation. In the same way, senior citizens' quality of life (QOL) is greatly influenced by the Old Age Allowance (OAA) and government policy. The aforementioned results emphasize the complex interplay between various factors that impact senior citizens' quality of life, encompassing government policies, social welfare initiatives, and demographic and socioeconomic variables. Therefore, it is essential to ensure the policies are made to assist senior citizens in getting the resources and assistance they require to improve their overall quality of life. Educating senior citizens about their different social welfare benefits, such as Old Age Allowance and government-funded treatment waivers and setting up educational programs to promote awareness of social security legislation and motivate individuals to actively engage in decisions affecting their welfare for quality life.

Adopting the community support systems can help seniors who are feeling lonely and isolated by promoting social interactions and relationships. The quality of life of senior citizens is influenced by government policies and Old Age Allowance (OAA) and identified predictors provide insight into the specific socioeconomic and policy-related factors that affect the quality of life of senior citizens. These insights would directly support in the establishment and enhancement of social welfare. It is strongly recommended that programs and initiatives aimed at improving the quality of life for senior citizens is very important in the context of Nepal and so on. Therefore, applying the comprehensive strategies are required to navigate over the challenges and barriers that seniors face when attempting to get old age allowance in order to strengthen social security and their quality of life.

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