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Quality of Life among Elderly People in a Selected Community of Bardiya, Nepal

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Keywords

Elderly People, Nepal, Physical Health Problem, Quality of Life, World Health Organization.

Abstract

A person's overall well-being encompassing their physical, mental, and social aspects, is referred to as their quality of life (QoL). Due to its ambiguity, the term "quality of life" may relate to both social or living circumstances and an individual's subjective assessment of their own existence. The objective of this study was to assess the quality of life among older adults in a selected village of Bardiya district, Nepal. We conducted cross-sectional descriptive research with sixty senior citizens in the Bardiya district's Madhuban Municipality. Data from senior citizens was gathered using the World Health Organization Quality of Life (WHOQoL-BREF) questionnaire. To ensure instrument validity, pre-testing was conducted on 10% of a homogeneous group of respondents similar to the study sample; the instrument was then modified according to the pretest findings. Ethical consideration was followed in the research process. Data were collected from February 19, 2023, to March 3, 2023, and analyzed using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics with SPSS version 24. The majority of respondents (83.7%) had a fair quality of life, while the lowest percentage (1.7%) had a poor quality of life. Physical health issues were significantly correlated with respondents' quality of life, but sociodemographic factors (age, gender, education, and occupation) did not significantly correlate with respondents' quality of life. The results of the survey indicate that the majority of respondents had a mediocre quality of life. The results indicate that the majority of older adults in the study area experienced a moderate/fair quality of life, with physical health problems emerging as a key influencing factor.

INTRODUCTION

According to Leonard et al. (2022), aging is a sequence of physiological changes that lead to senescence, or the loss of biological processes and the organism's capacity to withstand metabolic stress. An essential aspect of all human existence is aging. It is the last stage of human life, during which a person's physical life deteriorates and their psychological life becomes more sensitive and emotional. Physical, psychological, hormonal, and social changes accompany aging, which is a normal life cycle process. The UN states that being sixty years of age or more is often referred to as old age. Gerontologists have identified the variety of old age by classifying individuals into three groups: young old (60 to 69 years old), medium old (70 to 79 years old), and extremely old (80 years old and above). Due to the impacts of age, social processes, and sickness processes, health and well-being may deteriorate during this time (Timalsina, 2021).

The World Health Organization (WHO) spells out quality of life (QoL) as a person's

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assessment of their life, taking into account their own standards, goals, expectations, and worries, as well as the cultural and value systems in which they are deeply ingrained (WHO, 2024). Quality of life encompasses the ability to lead a pleasant, healthy, and fulfilling life; however, the concept remains complex because of its inherent subjectivity. Maintaining physical and mental health may be the most crucial component of quality of life for some people; for others, it may be associated with material wealth or enjoyment of life (Jenkinson, 2023).

Globally, the number of people aged 60 years and above exceeded 600 million in 2011 and is projected to double by 2027 and reach two billion by 2050. Research indicates that married older adults often report better QoL than their single counterparts. Factors influencing QoL among older persons include age, gender, educational background, economic dependence, social position, feelings of isolation, and availability of social support networks (Rezq, 2024). Due to brain aging, a number of chronic diseases, neurological disorders, a lack of family support, and financial dependency, the elderly are more susceptible to mental health problems. According to Sharma et al. (2026), older persons with depression often report social isolation, a decreased capacity for self-care, and a worse general quality of life.

It is projected that the proportion of people aged 65 and older will rise from 10% in 2022 to 16% by 2050. By 2050, the number of adults aged 65 and older is expected to surpass the number of children under five. The primary causes of this demographic shift are a drop in childbearing rates, an increase in life expectancy, and a decrease in mortality rates. Globally, women made up 55.7% of people 65 and older in 2022; by 2050, this percentage is expected to drop to 54.5% (United Nations, 2022).

Significance of the Study

The world is now experiencing an unprecedented and permanent demographic shift that will cause the population to age worldwide (Chalise, 2017). According to Ghanaian research, participants' overall quality of life (QoL) was neither significantly high nor poor, and they expressed neither contentment nor discontent with their health. Elderly people's average physical quality of life score was found to be 43.3%, which indicates a subpar quality of life. According to Alderson and Morrow (2020), multivariate analysis revealed that the environmental domain (46.2%) had the most impact on quality of life, followed by the psychological (44%), physical (31%), and social (20%) domains.

A correlation with a "satisfactory" quality of life was found in research conducted in China. Elderly people living in rural locations showed comparatively good quality of life (QoL), especially in terms of cognitive functioning, service accessibility, and product and practice availability. But because this group is still at risk, the research stressed the need for more awareness (Garbaccio et al., 2018).

An Indian study states; a significant percentage of participants experienced low quality of life in a number of areas, including the psychological domain (43.8%), the physical domain (49.28%), the environmental domain (51%), and the social connections domain (47%) (Kharel et al., 2023). According to Engheepi et al. (2024), the total quality of life score for the elderly was lower than anticipated.

According to another Indian research, after the age of 75, there was a steep decline in the gradient of QoL score. The SEM results showed a substantial rise in multimorbidity burden leading to poor QoL with a magnitude of $\beta = -2.39, p < 0.001$. Age and sex of the respondents exhibited a significant negative impact on QoL, impacting it directly ($\beta = -1.25$;

$\beta = -1.19$) as well as indirectly through multimorbidity ($\beta = -0.11$). In contrast, childhood health demonstrated a solely direct impact on QoL, with no significant indirect pathway through multimorbidity. This study further revealed that urban residence had a pronounced positive direct effect on QoL ($\beta = 0.9$, $p < 0.001$) (Singh & Kumar, 2025).

Research conducted in the Kailali district, Nepal, found that 45.9% of participants assessed their quality of life as neither bad nor excellent, 35.1% reported a positive quality of life, and 19.0% thought their quality of life was terrible. While 41.3% of males reported a high quality of life, 50.0% of women assessed their QoL as neutral. Furthermore, 30.7% of women reported having a high quality of life (Joshi, 2017).

Numerous studies show that older people's quality of life is often seen as low, with some giving a neutral opinion of their general quality of life. The researcher is driven to investigate this issue further in order to get a deep insight into the quality of life among older patients, given the paucity of studies done in community settings. The findings will serve as a reference for students, future researchers, and local health planners in developing effective strategies for elderly care.

Objectives of the Study

1. To assess senior citizens' quality of life (QoL) in a particular Bardiya, Nepal, community.
2. To determine the relationship between certain demographic factors and senior citizens' quality of life (QoL).

REVIEW OF LITERATURE

A substantial body of cross-sectional research using the WHOQoL-BREF has examined quality of life (QoL) among older adults worldwide. A Ghanaian study found that elderly participants' quality of life was neither very good nor very bad, and they did not express contentment or dissatisfaction with their health. A rather poor quality of life was indicated by the physical health domain's lowest score of 43.3%. Alderson and Morrow (2020) found that the environmental domain had the most impact on quality of life, with the psychological, physical, and social domains following in decreasing order.

The 184 senior participants in research conducted in Tabriz, Iran, expressed a moderate overall quality of life. Common ailments include bone disease (32.6%) and heart disease (50%) that affected the participants. Yadav et al. (2025), present a community-based cross-sectional analysis of quality of life (measured via the WHOQOL-BREF instrument) among 312 urban poor elderly participants (aged ≥60 years) in a town of the South-east district of the National Capital Region, India. The investigation identifies key sociodemographic and health-related determinants while reporting mean domain scores; physical (48.9), psychological (47.1), social relationships (53.6), and environmental (48.7). Abraham et al. (2025), conducted cross-sectional study of health-related quality of life (measured via the SF-36 instrument) among 132 elderly residents (aged 65+) in Kottayam district, Kerala, India. The investigation identifies key determinants, including economic status (the strongest predictor), education, gender, age, living arrangements, and marital status; factors that align directly with the social, cultural (e.g., literacy/education), and economic capitals examined in the original Kerala-based research on perceived quality of life among older adults.

According to research conducted in rural areas of the Himalayan region, Northeast India, quality of life was significantly lower among elderly residing in rural areas compared to

urban areas, largely influenced by psychological and environmental factors. Physical domain (49.8), psychological domain (46.5), social relationships (31.5), and environmental domain (29.5) were the mean QoL domain scores among community-dwelling elderly participants in rural areas (Engheepi et al., 2024). In a similar vein, research conducted in Siwan district, Bihar, India explicitly identifies physical health as the domain with the lowest mean score (40.6) and social relationships as the domain with the highest mean score (53.1) (Gupta et al., 2025).

Research conducted in many locales, including Madhupur, Tripura, and Agartala, Tripura, substantiates the assertion that elderly individuals have a diminished quality of life, particularly in social and psychological domains. A study community-based cross-sectional analysis of quality of life (measured via the WHOQOL-BREF instrument) and social support among 200 older adults (aged ≥60 years) across three villages in Paschim Medinipur District, West Bengal, India, was conducted. The study specifically examines gender disparities in quality-of-life domains and identifies associated sociodemographic factors, aligning directly with the community-based approach and focus on elderly quality of life in a rural West Bengal setting (Jana et al., 2026).

The findings of these studies demonstrate the significant impact that social and health-related factors have on the quality of life (QoL) of older adults. The negative consequences of declining physical health and increasing dependence on elderly adults' quality of life are a persistent problem; mental and emotional factors also lead to a diminished sense of wellbeing. More research in these areas is essential to developing targeted medicines to improve quality of lifef or the world's aging population. According to the WHOQoL-BREF, social relationships, psychological well-being, physical health, and the environment all have a significant role in determining quality of life, with the psychological and social domains often being the most affected. These international and regional studies demonstrate that declining physical health, limited social support, and environmental constraints are major determinants of reduced QoL in later life. The present study builds on this evidence by focusing on a rural Nepali community.

METHODS

The methodical approach to resolving research issues is known as research methodology. The research techniques and processes employed in the study are covered in this part. It includes the study's population, research location, sampling strategy, sample size, equipment, and data collecting and analysis plan.

Research Design

A descriptive cross-sectional study based on a quantitative approach has been used in the study.

Setting and Population

The research was conducted in Madhuban-8 Bardiya of Lumbini Province, Nepal. People of different races are living there, like Brahmin, Chhetri, Chaudhary, Newar, etc. Most of the people are dependent on agriculture for their living. The population for the research was elderly people aged 60 years and above. There are a total of 269 elderly people; among them, 131 are male and 138 are female.

Sampling Procedure

Non-probability purposive sampling was employed. The sample size was calculated using the formula for estimating a population proportion:

$n = (Z^2 \times p \times q) / E^2$

where $p = 0.35$ (proportion from previous studies), $q = 1 - p = 0.65$, $Z = 1.64$ (for 90% confidence level), and $E = 0.10$ (margin of error).

Calculation yielded $n \approx 61.2$; therefore, a final sample of 60 elderly participants was selected. Hence, the sample size is 60.

Inclusion and Exclusion Criteria

Elderly people of age 60 years and above, both genders, male and female, are included. Elderly people who were available at the time of data collection and willing to participate in the study are included. People who are mentally ill are excluded from the study.

Research Instrument

The researcher created a semi-structured interview schedule after a thorough literature study and expert consultation. There are two portions to the study aid.

Part I: Participants' sociodemographic information, including age, sex, place of residence, educational background, family structure, and employment, is gathered using a semi-structured questionnaire.

Part II: It includes the WHO-BREF questionnaire. It comprises twenty-six (26) questions, of which twenty-four (24) were categorized into four domains: environment, social interactions, psychology, and physical. Two (2) more items inquired about general health and quality of life. There are twenty-six questions on the environmental, social, psychological, and physical aspects of quality of life. A 5-point rating system was used to grade the participants: 1= extremely poor, 2= poor, 3= neither poor nor good, 4= good, and 5= very excellent (Sathvik et al., 2008).

Instrument Validity and Pre-Testing

The instrument was created after a study of the literature and verified for validity by a statistician, subject matter expert, and advisor. WHO BREF (WHOQOL) created the tool. Every instrument was created in English, translated into Nepali, and then translated back into English to maintain the original meaning. Both during translation and back translation, the advice of language experts was solicited. 10% of respondents participated in the instrument's pilot study in the same environment, and the necessary adjustments were performed. The research did not include those pretested samples.

Ethical Considerations

Nepalgunj Nursing Campus has provided administrative consent for data gathering. All respondents gave their informed written permission after being told of the study's aim. When choosing the sample, there was no prejudice. Respondents were assured that the data they submitted would be kept private, and they were free to leave the research at any moment if they so desired.

Every stage of the research was carried out with the respondents' welfare, rights, and protection in mind. The information gathered was kept private and used only for study.

Data Collection Procedure

The administration of Nepalgunj Nursing Campus and the municipality of Bardiya District provided their consent before the research could begin. Before any data was collected, participants were made aware of the study's purpose. Prior to the interviews, each respondent provided written and spoken informed permission. A semi-structured questionnaire was used to interview the respondents in order to get the data. The duration of the interviews was fifteen to twenty minutes. The period of data collecting was two weeks, from February 19, 2023, to March 3, 2023.

Procedure for Data Analysis

Following the completion of data collection, the information was examined for accuracy and completeness. After editing and coding, the data was input into an Excel spreadsheet. The statistical program for the social sciences (SPSS), version 16, was used for the analysis of data. Descriptive statistics, including frequency, percentage, mean, median, and standard deviation, were used to display the data. Inferential statistics were also used to evaluate the relationship between the variables under investigation.

RESULTS

Tables were used to display the findings. Descriptive and inferential statistics were employed to analyze the data in accordance with the research's objectives, and the results were presented as frequency and percentage. The chi-square test was utilized to study the relationship between two variables at a significance level of $P<0.05$. The Statistical Package for Social Sciences (SPSS), version 24, was used to examine the data.

Table 1: Sociodemographic Characteristics of Respondents

Variables	Frequency	Percentage
Age		
60-69 years	17	28.3
70-79 years	33	55
Above 80 years	10	16.7
Gender		
Male	26	43.3
Female	34	56.7
Religion		
Hindu	50	83.3
Buddhist	6	10.0
Christian	4	6.7
Ethnicity		
Dalit	4	6.7
Janjati	15	25.0
Brahmin/Chhetri	36	60.0
Others	5	8.3
Education Status		
Illiterate	30	50.0
Literate	30	50.0
Just Read and Write	17	28.3
Basic (1-8)	9	15.0

Secondary Level	4	6.7
Marital Status		
Married	38	63.3
Divorce	1	1.7
Widow	21	35.0
Occupation		
Service	7	11.7
Business	7	11.7
Agriculture	18	30.0
Homemaker	27	45.0
Others	1	1.7
Living Status		
With Spouse	12	20
With Son and Daughter-in-Law	40	66.7
With Daughter and Son-in-Law	7	11.7
With Grandchildren's	1	1.7

Table 1 reveals that half (55%) of the respondents belong to the age group 70-79 years. The least (16.7%) of respondents were in the 80 years and above age group. More than half (56.7%) were female, and the least (43.3%) of the respondents were male. In the same way, the majority (83.3%) of the respondents were Hindu, and the least (6.7%) of the respondents were Christian. Most (60%) of the respondents were Brahmin/Chhetri, and the least (6.7%) of the respondents were Dalit. Least (6.7%) of respondents were literate (secondary level), and half (50%) of the respondents were illiterate. Most (63.3%) respondents were married, and the least (1.7%) respondents were divorced. Less than half (45%) of the respondents were homemakers. Most (66.7%) of the respondents live with their son and daughter-in-law, and the least (1.7%) of the respondents live with their grandchildren.

Table 2: Respondents' Livelihood Sources and Physical Health Problems

Variables	Frequency	Percentage
Physical Health Problem		
Yes	44	73.3
No	16	26.7
Source of Livelihood		
Pension	7	11.7
Senior Citizen Allowance	45	75.0
Depends on Agriculture	5	8.3
Others	3	5.0

Table 2 reveals that most (73.3%) of the respondents have physical health problems, and the least (26.7%) of the respondents don't have health problems. Most (75.0%) of the respondents' source of livelihood was senior citizen allowance, whereas the least (5.0%) of the respondents source of livelihood was from other sources.

Table 3: Level of Quality of Life (QoL) n=60

Level of Quality of Life Score	Frequency	Percentage
Excellent (110-89)	3	5.0
Good (88-67)	6	10.0
Fair (66-45)	50	83.7
Poor (44-22)	1	1.7

Total score-110

Table 3 displays that the majority (83.7%) of the respondents had a fair level of quality of life, and the least (1.7%) of the respondents had a poor level of quality of life.

Table 4: Quality of Life (QoL) Scores of Elderly People in Each Domains n=60

Domains of Quality of Life	Mean ± Std. Deviation
Physical Domain	19.67 ± 3.61
Psychological Domain	19.0 ± 2.68
Social Domain	8.17 ± 1.35
Environmental Domain	23.38 ± 3.21

Table 4 shows the mean QoL domain scores among elderly residents of Madhuban-8, Bardiya. The environmental domain recorded the highest mean score (23.38), while the social domain recorded the lowest (8.17).

Table 5: Association between Quality of Life (QoL) of Respondents with Selected Sociodemographic Variables

Variables	Level of Quality of Life				X^2	*P*-Value
	Excellent No.(%)	Fair No.(%)	Good No.(%)	Poor No.(%)		
Age in Range						
60 to 75 Years	3(7.9)	4(10.5)	30(79.0)	1(2.6)	2.58	0.46
76 Years and Above	-	2(9.1)	20(90.9)	-		
Gender						
Male	2(7.7)	2(7.7)	21(80.8)	1(3.8)	2.25	0.52
Female	1(2.9)	4(11.8)	29(85.3)	-		
Education Status						
Illiterate	-	3(9.7)	28(90.3)	-	4.65	0.19
Literate	3(8.6)	3(8.6)	28(80.0)	1(2.8)		
Occupation						
Employed	2(6.7)	3(10.0)	24(80.0)	1(3.3)	1.41	0.70
Unemployed	1(3.3)	3(10.0)	26(86.7)	-		
Physical Health Problem						
Yes	-	6(13.6)	37(84.1)	1(2.3)	10.80	0.01
No	3(18.7)	-	13(81.3)	-		
Lives with						
Spouse, Son and Daughter-in-Law Daughter and Son-in-Law	3(5.2)	6(10.3)	48((82.8)	1(1.7)	0.20	0.97
Grandchildren and Other Members	-	-	1(100.0)	-		

Significant at p value ≤ 0.05, non-significant at p value >0.05

The analysis revealed that physical health problems were significantly associated with QoL ($\chi^2 = 10.80$, $p = 0.01$), whereas sociodemographic factors (age, gender, education, occupation, and living arrangement) showed no significant association.

DISCUSSION

The present study assessed quality of life (QoL) among 60 elderly residents of a rural community in Bardiya, Nepal, using the WHOQoL-BREF. These findings are examined in comparison to the existing evidence of comparable studies.

Demographic Profile: Elderly People's Demographic Variables: According to the current survey, half of the respondents (55%) are between the ages of 70 and 79. The least number of respondents (16.7%) are 80 years of age or older. Of the respondents, women made up more than half (56.7%), while men made up the least (43.3%). Similarly, the bulk of responders (83.3%) were Hindu, while just 6.7% were Christian. The majority of respondents (60%) were Brahmin/Chhetri, while the smallest percentage (6.7%) was Dalit. Half (50%) of the respondents were illiterate, while the least (6.7%) were literate (secondary level). The majority of respondents (63.3%) were married, while the smallest percentage (1.7%) was divorced. Of the respondents, less than half (45%) were stay-at-home moms. The majority of respondents (66.7%) live with their son and daughter-in-law, while the smallest percentage (1.7%) does so with their grandkids. The majority of respondents (73.3%) have physical health issues, whereas the smallest percentage (26.7%) does not. Senior citizen allowances accounted for the majority (75%) of respondents' sources of income, while other sources accounted for the least (5%).

Overall Quality of Life (QoL) Level: The purpose of this research was to evaluate the QoL of senior citizens in a particular Bardiya District settlement. This research comprised 60 senior residents in Madhuban 8 Bardiya, with the most (83.7%) having a reasonable quality of life and the least (1.7%) having a bad quality of life. In contrast, 2017 research conducted in western Nepal revealed that 45.9% of respondents said their quality of life was neither excellent nor terrible, 31% said it was good, and 19% said it was poor (Joshi, 2020). This is comparable to research conducted in a community-based cross-sectional analysis of quality of life (measured via the WHOQOL-BREF instrument) among 200 older adults (aged ≥60 years) in a semi-urban setting in Bikaner district, Rajasthan, India. The investigation identifies key determinants of quality of life—advancing age, lower education, lower socioeconomic status, and presence of chronic morbidity—that align directly with the sociodemographic and health-related factors examined in the original urban Gujarat research on elderly quality of life in a tertiary care institute's field practice area (Sharma et al., 2026).

Domain Scores and Comparison with Literature: The environmental domain scored highest (23.38), aligning with Alderson & Morrow (2020) and several Indian studies that identified environmental factors as influential in rural settings. Conversely, the social domain scored lowest (8.17), a pattern also observed in multiple South Asian studies (Engheepi et al., 2024; Uddin et al., 2017). This lower social-domain score may stem from changing family structures, out-migration of young adults, and reduced community interaction in rural Nepal.

Relationship between Specific Sociodemographic Factors and Quality of Life: The research demonstrated a correlation between respondents' quality of life and physical health issues ($X2=10.80$, $P=0.01$), but no correlation between respondents' sociodemographic factors (age, gender, education, profession, and living situation) and quality of life. This result strongly corroborates findings from Singh and Kumar (2025), Abraham et al. (2025), and Kharel et al. (2023), confirming that chronic physical conditions remain the dominant determinant of QoL decline among older adults across diverse settings.

Overall, the findings reinforce the international literature that physical health and social connectedness are critical levers for improving QoL in aging populations. Targeted community interventions addressing chronic disease management and strengthening family/social support networks are therefore recommended.

CONCLUSION

The majority of respondents experienced a fair quality of life. The results of this study show that physical health issues and quality of life were significantly correlated, while sociodemographic factors like age, sex, occupation, marital status, and source of income did not significantly correlate with quality of life.

Implication

The study findings can be used by the researcher of the setting, as this study provides information regarding the level of quality of life.

Recommendation

This study will act as a source of references to future researchers who are interested in similar areas. A similar study can be conducted on a larger number of elderly people in other communities. A comparative study can be done in two or more communities to evaluate the level of quality of life. It would be better in the future if a similar research study could be conducted to identify factors affecting the level of quality of life.

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REFERENCES

Abraham, A., Anoop, P. S., Johnson, R. M., Saseendran, A. K., & Biju, M. K. (2025). Determinants of Health-Related Quality of Life in Elderly in Kerala. International Journal of Multidisciplinary Research and Growth Evaluation, 6(6), 320–323. https:// doi.org/ 10.54660/.IJMRGE.2025.6.6.320-323

Alderson, P., & Morrow, V. (2020). The Ethics of Research with Children and Young People. (Vols. 1-0). SAGE Publications Ltd. https://doi.org/10.4135/9781529682694

Chalise, H. N. (2024). Aging Trend and Pattern in Nepal. Journal of Tikapur Multiple Campus, 7(1-2), 142–156. https://doi.org/10.3126/jotmc.v7i1-2.63187

Engheepi, F. B. P., Sonowal, N. J., Visi, V., & Rai, A. D. (2024). Quality of Life among Community-Dwelling Elderly in Rural and Urban Areas of Himalayan Region, Northeast India: An Analysis of Factors Affecting Well-Being. Journal of Family Medicine and Primary Care, 13(5), 1720–1726. https://doi.org/10.4103/jfmpc.jfmpc_ 1720_23

Engheepi, F. B., Rai, A. D., Sonowal, N. J., & Mehta, V. K. (2017). Quality of Life of Elderly in Rural Areas of East Sikkim, India: A Cross-Sectional Study. Proceedings of the 3rd International Conference on Public Health, 3, 65-70. https://proceedings.tiikm publishing.com/index.php/icoph/article/view/104

Garbaccio, J. L., Tonaco, L. A. B., Estêvão, W. G., & Barcelos, B. J. (2018). Aging and Quality of Life of Elderly People in Rural Areas. Revista Brasileira de Enfermagem, 71, 724-732. https://doi.org/10.1590/0034-7167-2017-0703

Gupta, M. K., Nagdeve, D. A., Anand, A., & Sankaran, A. (2025). Quality of life and associated factors among older adults: Evidence from an Indian district. Ageing International, 50, Article 56. https://doi.org/10.1007/s12126-025-09635-7

Jana, S., Paul, S., Mondal, S., Midya, D. K., & Dahal, K. (2026). Addressing the Gender Divide: Quality of Life and Social Support for Older Men and Women in Rural India. Journal of Aging Research, 2026, Article 6659622. https://doi.org/10.1155/jare/6659622

Jenkinson, C. (2023, January 17). Quality of Life. Encyclopedia Britannica. Retrieved February 3, 2023, from https://www.britannica.com/topic/quality-of-life

Joshi, M. R. (2020). Factors Determining Quality of Life of Elderly People in Rural Nepal. J Gerontol Geriatr Res, 9(510), 2167-0374. https://doi.org/10.35248/2167-7182.20.9.510

Kharel, S., Karkheti, A., Bajracharya, A., Paudyal, L., & Kharel, S. K. (2023). Quality of Life among Elderly People and Its Associated Factors in Makwanpur District: A Descriptive Cross-Sectional Study. Nepal Journal of Health Sciences, 3(1), 36-43. https://doi.org/10.3126/njhs.v3i1.63233

Leonard, H., Montgomery, A., Wolff, B., Strumpher, E., Masi, A., Woolfenden, S., Williams, K., Eapen, V., Finlay-Jones, A., Whitehouse, A., Symons, M., Licari, M., Varcin, K., Alvares, G., Evans, K., Downs, J., & Glasson, E. (2022). A Systematic Review of the Biological, Social, and Environmental Determinants of Intellectual Disability in Children and Adolescents. Frontiers in Psychiatry, 13, 926681. https://doi.org/10.3389/fpsyt.2022.926681

Rezq, K. A., Algamdi, M. M., Alatawi, F., Altamimi, D., Albalawi, N., Albalawi, A., Abed, T., Alatawi, D., Alhthli, R., & Kim, J. I. (2024). Predictors for the Level of Quality of Life among Older Adults: Approaches to the Effect of Sociodemographic and Chronic Diseases. Journal of Aging Research, 2024, 1-11. https://doi.org/10.1155/jare/ 5436660

Sathvik, B. S., Parthasarathi, G., Narahari, M. G., & Gurudev, K. C. (2008). An Assessment of the Quality of Life in Hemodialysis Patients Using the WHOQOL-BREF Questionnaire. Indian Journal of Nephrology, 18(4), 141–149. https://doi.org/10.4103/0971-4065.45288

Sharma, M., Kishan, D., & Meena, K. (2026). An Assessment of Quality of Life and Its Determinants among Older Adults in A Semi-Urban Area of Bikaner. CME Journal of Geriatric Medicine, 18(1), 136–142. https://doi.org/10.61336/cmejgm/2026-01-22

Singh, B., & Kumar, A. (2025). Ageing, Multimorbidity, and Quality of Life: A Mediation Analysis Using Longitudinal Ageing Study in India. Frontiers in Public Health, 13, Article 1562479. https://doi.org/10.3389/fpubh.2025.1562479

Timalsina, K. P. (2021). A Study of Elders' Health Status and Perception about Old Age. International Research Journal of MMC, 2(4), 66–75. https://doi.org/10.3126/irjmmc.v2i4.41554

Uddin, M. A., Soivong, P., Lasuka, D., & Juntasopeepun, P. (2017). Factors Related to Quality of Life among Older Adults in Bangladesh: A Cross-Sectional Survey. Nursing & Health Sciences, 19(4), 518-524. https://doi.org/10.1111/nhs.12401

United Nations. (2022). World Population Prospects 2022. United Nations Department of Economic and Social Affairs, Population Division. Retrieved December 2, 2025, from https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/wpp2022summaryofresults.pdf

WHO. (2024, October 1). Ageing and Health. Retrieved December 25, 2025, from https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

Yadav, K., Behera, S., Islam, F., & Sahu, M. (2025). Determinants of Quality of Life among Urban Poor Elderly Residing in a Town of South-East District of National Capital Region: A Cross-Sectional Study. Journal of Family Medicine and Primary Care, 14(12), 5206–5211. https://doi.org/10.4103/jfmpc.jfmpc_883_25