ADVERSE LIFE EXPERIENCES AND QUALITY OF LIFE AMONG SENIOR CITIZENS OF BHUTAN

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Submitted in fulfilment of the requirements for the degree of

Doctor of Philosophy

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November, 2016
ABSTRACT

The world population is ageing at an unprecedented rate, which is faster now in the developing countries than in the economically developed world. Asia accounts for more than half of the global population. The number of Bhutanese older people (aged > 60 years) is expected to increase from 4.7% in 2005 to 11.2% in 2045, at a population growth rate of 1.8% per annum. Improved health, increased access to education, and economic growth have contributed to longer life expectancy. The steady growth of the older population presents many challenges to families, communities, and societies, particularly for sustainability of health care, pensions and social benefits, and the preservation of quality of life and wellbeing.

Older people have traditionally been held in high esteem for their wisdom, their roles as heads of families, and their effective mediation in conflict resolution. However, trends such as urbanisation and modernisation, which tend to change family structures and cohesion, affect the support and care of older family members. In Bhutan, many people have expressed concern about the survival of the much-revered traditions of extended family systems. With more and more people moving to urban areas in search of a better future, senior citizens are being left behind in the rural communities, often to fend for themselves.

In Bhutan, there has been limited research into factors influencing quality of life (QOL) and wellbeing among older people. Globally, however, research into determinants of wellbeing among elders has a long history and the findings are very complex. The present study provides a broad overview of that research, but the particular focus here is on the effects of adverse experiences across the lifespan on
quality of life of people aged over 60 years. Adverse childhood experiences (ACEs) and stressful life events (SLEs), both distal and proximal during adulthood, are found to have significant associations with physical and mental health of adults. In Bhutan, the impact of adverse experiences on health, wellbeing and QOL has not been explored among older people. In order to address this gap, this study applied a sequential exploratory mixed-methods design to examine the relationships between adverse experiences - during childhood, in early and middle adulthood, and in the preceding year – and the QOL and wellbeing of Bhutanese older people.

The study commenced with an exploratory qualitative phase employing three focus group discussions (FGDs) and 30 in-depth interviews (IDIs) with older people of Bhutan. Survey interviews were completed with 337 older people living in four geographical locations of Bhutan through face-to-face interviews by trained interviewers. A survey instrument was carefully developed through the modification of relevant international instruments as well as the information from the qualitative phase. The reliability and validity of the instrument were enhanced through systematic procedures. Cultural appropriateness was considered in the design and implementation of qualitative and quantitative phases.

The IDIs and FGDs provided information about education, employment, wealth, property, and health conditions as the frequently reported factors influencing QOL. Family-related factors, spirituality and meeting basic minimum needs in life also played important roles for QOL among elderly people. Enforced child labour was the most frequently reported early adversity, while death of children was the most
serious life event during adult years. The findings from the first phase were valuable and suggested important variables for the survey instrument development.

The quantitative survey confirmed that forced labour contribution followed by having to assume an adult role while still a child were the most prevalent early adversities. The death of parents or children, a period of time when the person was not able to feed and clothe children due to severe poverty, loss of crops or animals impacting livelihood, damage due to natural calamities, and the experience of children leaving the household were common SLEs. In terms of health and wellbeing, frequent back pain, visual impairment, disease of the joints, fatigue, depression, insomnia, memory decline, high blood pressure and diseases of the lungs were most commonly reported. Various serious health problems, such as disease of the lungs, high blood pressure, diabetes, gout, visual impairment, depression, insomnia, and memory decline were significantly associated with ACEs.

A wide range of demographic characteristics, physical and mental health conditions, ACEs, SLEs, and social connectedness were significantly associated with reduced quality of life and wellbeing. However, age and marital status were not found to be related to QOL.

After controlling for socio-demographic characteristics, multiple linear regression found that cumulative health problems and psychological distress, spirituality and social connectedness were significant and independent correlates of overall QOL. The cumulative health problems and psychological distress also predicted wellbeing and health-related quality of life (HRQOL).
This is the first study to investigate QOL and its determinants among older people in Bhutan applying both qualitative and quantitative methods. The study contributes insights into previously un-researched issues affecting older people in Bhutan and may assist development of socially and culturally appropriate interventions to promote health, wellbeing, and QOL of older people. Hopefully, the work will be used to inform policy makers about the probable effects of adverse life experiences, especially the adverse childhood experiences that appear to have impact into late adulthood.