



The Effects of Local Government Quality and Individual Characteristics on Quality of Life: A Case Study of Nepal and Ethiopia

Odkhuu Khaltar

Institute for Poverty Alleviation and International Development (IPAID), Yonsei University, Korea

Tae Hyung Kim

Yonsei University, Korea

Hyunok Lee

Yonsei University, Korea

The purposes of this study is to analyze the quality of government and the impact of individual characteristics on quality of life (QOL) in the local governments of Nepal and Ethiopia. Many researchers have emphasized the quality of government as a universal measure of the quality of life and have tested its effectiveness, but there are not many studies on the effects in developing countries. By testing this model in developing country cases, this study shows whether it's still applicable in the developing world and examines what kind of local government capacities are associated with quality of life in each country context. We used the survey data already collected from 412 local residents in Nepal's Tikapur in 2017 and 500 local residents from three Ethiopian regions in 2019. The surveys were conducted by the Institute for Poverty Alleviation and International Development under the project of 'Capability Data Series'. Studies have shown that the quality of governance, the quality of public services, and the convenience of access to public services have a positive effect on the quality of life, and that individual freedom, health condition, and living habits affect the quality of life in terms of personal characteristics. In addition, it has been found that the impact of government quality and individual characteristics on various dimensions of quality of life

* This work was supported by the National Research Foundation of Korea (NRF-2016S1A5B8925203).

varies from country to country. The result indicates that individuals living in a community whose governments is accountable, provide better public services, and ensure easy access to the public services are more satisfied and happier than those living in areas with low-quality of local government. Also, individuals living with strong and healthy social-economic-physical status and good habits enjoy a high level quality of life.

[Key Words: Quality of Government, Public Services, Quality of Life, Nepal, Ethiopia]

I . Introduction

The major purpose of accounts of well-being is to provide valid and useful information about the quality of individuals' lives. Improving the quality of life (QOL) is an important goal for individuals as well as governments (Diener, Lucas, Helliwell, Helliwell, & Schimmack, 2009). However, although the ultimate goal of public policy is to improve the QOL of citizens, the factors that contribute to improving people's happiness and life satisfaction in relation to the quality of government have been overlooked in favor of an emphasis on economic factors.

QOL gained attention in response to critiques on the economic measures of development. GDP and social indicators that measure current economic level capture quantitative growth, but they do not reflect the quality of society and of life. In particular, GDP does not consider social values such as security, leisure time, welfare, community, or citizen participation, which are hard to measure as market values in a market economy, nor whether the distribution of income is done properly. In addition, there are disadvantages; it overlooks non-market economic activities and the problems resulting from natural resources, human resources, social capital, and economic growth while considering social spending for natural disasters, environmental

pollution, and crime as an increase in GDP. Easterlin (1974) explored economic-oriented thinking and found that if the basic desire for income is met through the Easterlin paradox theory, income is not an important factor for happiness. In other words, people's happiness does not increase despite an increase in economic growth, which means that it is not the objective of economic growth itself but a means for a better life. Therefore, social value emerges as a new alternative to overcome the limitations of growth and is attracting attention as a new development model. In a new social development model, social values such as QOL, happiness, social solidarity, trust, and participation act as a constitutional principle. The approach to life and social quality signals that the goal of government policy should be shifted from 'quantitative growth' to 'qualitative development.' Therefore, discussing the importance of QOL in modern society is necessary in that social development can be realized through balanced development of factors such as economic growth, social value, and individual well-being and happiness (D. H. Ko, Lee, Moon, & Han, 2016). If the importance of quality of life is increasing and the government's policies are changing toward this qualitative development, it is necessary to verify the effectiveness of these government policies and government activities on QOL.

The impact of government quality on QOL is far greater than people think. The government's role is to improve QOL by preventing unhappiness and dissatisfaction due to social problems such as poverty and unemployment. To assess whether such roles have been played effectively and to enhance the effectiveness of future government policies, we can measure the relationship between the quality of government and QOL (Okulicz-Kozaryn, 2016). In particular, Okulicz-Kozaryn (2016) emphasized the need to study how the implementation of government policies at the local level affects the QOL of local residents. Studies have proved that governance could be a more significant factor in improving QOL than economic growth. Results showed

that people are satisfied and happy with their lives when governance is in a good state (Helliwell & Huang, 2008; Helliwell, Huang, Grover, & Wang, 2014). These findings raise the question of how the quality of government improves QOL.

In this study, we investigate these relationships by analyzing how the quality of governance, public service, and individual factors affect QOL in two developing countries, Nepal and Ethiopia. Many researchers have emphasized the quality of government as a universal measure of QOL and have tested its effectiveness; but only a limited number of studies have examined these relationships in the context of developing countries. By testing these relationships with the cases of Nepal and Ethiopia, we show whether quality of government is still applicable in the developing world and examine what kind of local government capacities are associated with QOL in each country's context.

Nepal and Ethiopia have taken similar paths historically, and they share similar a demographic structure and institutional modernization. From a historical point of view, both are ancient, landlocked former monarchies; both engaged in a devastating war; both suffered from governance and corruption issues. Moreover, "neither country has been constantly exposed to colonialism and intensive struggle for independence or experienced a massive influx of foreign capital," and both countries are overwhelmingly rural (Koehn & Hayes, 1978, p. 33). Currently, both countries have been transformed into a democracy, but economic and social underdevelopment has persisted in both countries. From the perspective of demographic structure, the two countries comprise a variety of ethnic minorities. For example, Nepal consists of 126 ethnic minorities, and Ethiopia consists of about 80. Last, from an institutional point of view, both countries have shifted from traditional monarchies to modern federal systems, which can be characterized as ethnic federalization. Some political scientists have done a

comparative analysis of this systemic transition in Nepal and Ethiopia, but there are few follow-up studies on the results (Aalen & Hatlebakk, 2008; Cronkleton et al., 2017; Kennedy et al., 2016; Koehn & Hayes, 1978). Therefore, in this study we attempt to understand similarities and differences in the context of developing countries that have transformed from a traditional monarchy to a modern federalist system by analyzing the relationship between quality of local government and QOL in two countries with such historical, political, and institutional similarities.

II. Literature Review

1. Definition of Quality of Life

There are a variety of definitions of QOL. The World Health Organization (WHO, 2004) defined QOL as “the individual’s perception of his or her position in life in the context of the culture and value systems in which he or she lives and in relation to his or her goals, expectations, standards and concerns.” The major purpose of accounts of well-being is to provide valid and useful information about the quality of individuals’ lives. Achieving a high QOL is an important goal for individuals as well as governments (Diener et al., 2009). A variety of objective indicators, such as GDP, longevity, income, poverty rate, and literacy rate, provide useful information about social and life quality, but there are some limitations. Subjective perceptions of QOL reflect people’s own evaluations of their lives. Not only will subjective indicators provide information that supplements data that are available through objective indicators; they will also be valuable in and of themselves because they are more directly related to individual well-being. Overall, subjective QOL indicators will help policymakers make smart policy decisions

and provide citizens an opportunity to learn more about choices that affect their lives.

QOL is a multidimensional concept that includes the condition of life. Life satisfaction or global happiness measures are common ways of evaluating one's life (Andrews & Withey, 2012; Cantril, 1965) formed through experience in various life domains such as health, social activities, work, leisure, community, and interpersonal relationships (Sirgy et al., 2006). Many scholars have studied how demographic and socioeconomic factors affect individual QOL or satisfaction (Diener et al., 2009).

Despite the various understandings of QOL, they all share the following characteristics. First, QOL is a holistic view that comprehensively represents situations related to human life (Hollar, 2003; Massam, 2002). Human life consists of various life domains such as interpersonal relationships, self-development, working environment, economic conditions, family relationship, and community, and QOL is a comprehensive evaluation of utility in each area of life (Andrews & Withey, 2012; Campbell, Converse, & Rodgers, 1976). Second, QOL is determined by objective life conditions and subjective judgment of the environment (Hollar, 2003; Massam, 2002). Thus, QOL can be described as a comparison of the present situation between a person and others, or as a relative assessment of the existence of criteria that are determined by their own past circumstances (M.C. Ko, 2013).

Third, QOL might contribute to forming government policy or vice versa. In other words, quality of government can be regarded as a social outcome, and it can be also regarded as a social characteristic that causes certain social phenomena (Massam, 2002). For example, a change in QOL affects election results (Hagerty, Vogel, & Møller, 2006; Lewis-Beck & Paldam, 2000) and decisions on residence (Salvesen & Renski, 2003), an approach that emphasizes QOL as a causal variable. The degree of improvement of QOL can be used as a criterion to evaluate policy effectiveness (Amirkhanyan,

2008; Hollar, 2003), and satisfaction with public service provided by the government is explained as a determinant of QOL (Sirgy, Gao, & Young, 2008). This study explains QOL as a result of government policy and shows how government activities in various policy/service fields meet citizens' needs.

Determinants of QOL can be distinguished by socioeconomic, demographic, and other factors. Socioeconomic factors include individual, macroeconomic, and institutional factors. Individual factors can include personal income, employment status, personal habits, and the experience of life events such as accident, injury, illness, and achieving goals. Macroeconomic factors are often defined as the unemployment rate, inflation rate, and growth rate. Institutional factors are defined as political freedom, democracy, rule of law, and quality of government (Welsch, 2009).

Studies on the determinants of QOL explain these causal relationships through top-down theory, bottom-up theory, and flow-of-life-experience theory. Top-down theory assumes that QOL is affected by personality or dispositional factors such as self-esteem, alienation, optimism, pessimism, and neuroticism, whereas bottom-up theory argues that life satisfaction is affected by situational or environmental factors including satisfaction with life criteria, jobs, family, leisure, neighbors, and communities (Sirgy, 2001). In accordance with bottom-up theory, we assume that quality of government as a life-domain factor affects QOL. Veenhoven (1996) introduced the flow-of-life-experience theory of QOL, suggesting that QOL is affected by negative and positive flows of life experiences. These flows result in the pleasures or pains that determine life satisfaction. However, these flows are determined by the chances that life offers, which depend on societal resources, personal resources, and individual abilities. "Societal resources are conditions afforded to individuals by society at large" (Sirgy, 2001, p. 70), for example quality of society, quality of government, quality of public policies

and services, and political participation, social equality, and welfare. “Personal resources are those things the individual has more influence and control [over]” (Sirgy, 2001, p. 70), for example socioeconomic status such as income and employment. “Individual abilities include physical fitness, psychic fortitude, and social skills” (Sirgy, 2001, p. 70); for example, those who have good physical and mental health and healthy lifestyles and habits tend to enjoy a higher QOL. This theory provides a better research framework and measures, allowing researchers to examine the direct and indirect effects of major factors and their relationships. Based on this theory, we analyze the effect of the quality of government as societal resources and individual characteristics as individual ability and personal resources on QOL.

2. Quality of Government and Quality of Life

Good governance, or high-quality government, makes decisions and enforces good policies and systems, thereby enabling the production of good public services, which increases satisfaction with public services and leads to satisfaction with life and ultimately to happiness. Sirgy (2001) explained the relationship between public service, QOL, and happiness in this respect. In other words, happiness is determined by satisfaction with community, family, occupation, social life, and health, which are the main life domains. There is the logic that satisfying positive experiences from daily life have a direct effect on QOL, which in turn influences happiness in a comprehensive manner.

In general, when a government performs well the functions and roles for which it is responsible and achieves good results, we refer to it as a good government. In this case, we say that the quality of government is high. Therefore, the quality of government can be judged based on the performance

of various policies that the government implements (Han, 2015). Scholars have studied the quality of government since the late 1980s, when theoretical and empirical studies on the positive impact of government quality on sustainable economic development and growth began to emerge in earnest. How to improve the quality of government was one of the key questions. However, it is difficult to characterize and measure 'quality of government,' which is multidimensional, because the concept of government quality, especially 'quality,' cannot be defined uniformly among scholars. Therefore, different scholars have measured and understood the subcomponents and characteristics of quality of government through various measures.

Quality of government is often measured through a particular governmental paradigm, governmental capacity, or quality of public service. However, few studies collectively measured important factors constituting the quality of government. To fill this gap, we measure the quality of government through governance, quality of public services, and access to public services, and we test their effects on citizens' QOL.

Since 2000, discussions have addressed the governance paradigm that emphasizes a government's passive intervention, decentralized negotiation and persuasion, open and horizontal structure, and participatory and decentralized characteristics; understanding various features is difficult. In other words, the qualities of a qualitatively superior government can vary depending on what paradigm the government adopts or on what paradigm it focuses on. For example, in the governmental paradigm, the effectiveness of a government is a vital factor in its qualitative characteristics, whereas in the governance paradigm, citizen participation in the process of governmental administration is an important factor in governmental quality (Han, 2015). Bae (2014) studied eight Asian countries to verify the relationship between quality of government and QOL. Bae showed that major factors affecting QOL varied from one country to another, and that, specifically, factors in the

quality of government, such as civic participation agencies, political stability, government efficiency, and the rule of law, have a significant positive effect on satisfaction with life. And Kim, Choe., Jung., and Moon. (2018) examined the impact of government quality and size on subjective and objective QOL for 187 countries. They found that government effectiveness and the rule of law have positive effects on subjective QOL among OECD countries, whereas control of corruption has positive effects on subjective QOL among non-OECD countries. According to Rice (2001) and Dahlberg, Dahlström, Norell, and Teorell (2011), high-quality governments must ensure democratic political participation so that members of society can legitimately make demands and effectively meet their needs. Therefore, it is important to evaluate governance in terms of whether the level of participation and open discussion have been established to guarantee people's participation and government effectiveness.

As a result of public policy outcomes, quality and accessibility of public services are critical determining factors predicting QOL. If local government doesn't provide good-quality public health care services or doesn't ensure public safety, citizens experience more anxiety, fear, stress, and illness, directly leading to low levels of life satisfaction and happiness. Difficulties accessing basic public services have the same effects. For instance, increasing the number of patients per doctor or students per school teacher and increasing the time to receive basic public services might restrict the use of basic public goods, in turn prompting citizens' complaints. The services provided by local governments are closely related to citizens' daily lives, so citizens are a comprehensive judge of how efficiently and responsibly a government implements policies based on its experience in each individual service sector. In particular, service-quality factors such as accessibility, accuracy, and responsiveness are considered to affect individuals' public service satisfaction (Parasuraman, Zeithaml, & Berry, 1988) that directly

related to QOL. That is, when defining public services provided by local governments as government activities provided to address community problems and to create a desirable social environment (Lucy, Gilbert, & Birkhead, 1977), civil satisfaction with individual public services is a key factor in how well government activities meet citizens' preferences. M.C. Ko (2013) analyzed QOL and the quality of the government's road maintenance, leisure, safety, and social welfare services in Delray Beach, Florida, United States, pointing out that systematic and comprehensive research on the relationship between public service satisfaction and government performance and QOL is still lacking, even though modern administration recognizes the improvement in local residents' QOL as a final performance target for the public sector. Studies have shown that satisfaction with safety and social welfare services has a positive effect on government performance and that citizens' satisfaction with leisure services, safety services, and government performance improves QOL (M.C. Ko, 2013). M. C Ko (2018) analyzed the impact of satisfaction with public services, including customer type, captives type¹⁾, and client type on QOL, using data collected from 384 citizens living in Daejeon, and found a moderating effect of trust in government on the process of affecting QOL by improving the quality of community life (M. C Ko, 2018). Similar results were found in studies such as Bucaite Vilke and Vilkas (2018), Sirgy et al. (2008), and Grzeskowiak, Sirgy, and Widgery (2003).

Studies on the impact of government capacity on QOL in developed and developing countries presented diverse results. Whereas some studies showed that the impact of government quality on QOL is greater in developing countries than in developed countries (Bjørnskov, Dreher, & Fischer, 2010; Helliwell & Huang, 2008), others showed similar effects in developed and developing countries (Samanni & Holmberg, 2010). In addition, studies

1) This refers to a service where service provision is determined according to the prescribed procedure and service is not allowed to be taken or selected.

showed that governmental capacity increases individual satisfaction and happiness in developed countries only (Woo, 2018). Thus, although studies showed conflicting results from analyzing the relationship between quality of government and QOL in developed and developing countries, it is hard to find any difference in their effects. Therefore, micro-level approaches are needed, as well as verification at the regional or the local government level. However, there are few such studies that validated the relationship between quality of government and QOL (Leitão, Alves, & Pereira, 2016).

Measuring the relationship between quality of local government and QOL at the local level can be of great help in shaping the direction and strategy of policies needed to substantially improve QOL for citizens. Therefore, this study aims to provide policy implications for developing countries, Nepal and Ethiopia, by measuring the relationship between the quality of local government and QOL.

3. Individual Characteristics and Quality of Life

In this study, we examine individual health status, freedom, and personal habits as factors influencing QOL. If satisfaction with life is defined as a multidimensional concept including the condition of life, it can be understood as a variable influenced by demographic factors such as gender, education level, physical/mental condition, social relations, and economic conditions. With regard to QOL, satisfaction with life, or subjective well-being, many scholars have studied how such demographic and socioeconomic factors affect individual QOL or satisfaction.

First, as an individual characteristic, physical and mental health status has a positive effect on life satisfaction in most studies (Bowling, 2010; Koopmans, Geleijnse, Zitman, & Giltay, 2010; Levasseur, Tribble, & Desrosiers, 2009; Leyden, Goldberg, & Michelbach, 2011). Koopmans et al. (2010) tested the

effect of physical activity and illnesses on subjective happiness using data from 1,012 elderly people 65 to 85 years of age; they found that physical activity and total number of chronic disorders and illnesses were strongly associated with QOL and that the mediating effect of physical activity was significant. Thus, bad health status and illness may result in lower QOL by causing physical pain and discomfort.

Second, one's individual perception of freedom could increase one's satisfaction and happiness. Audette, Lam, O'Connor, and Radcliff (2018) stated that "having personal autonomy and control over one's life, combined with greater social options, means that one can choose the life course that is most pleasing to oneself." Some studies tested the relationship between personal freedom and QOL (Diener & Tay, 2015; Inglehart, Foa, Peterson, & Welzel, 2008; Verme, 2009). By using World and European Values Survey data, Verme (2009) studied the effects of freedom and control on QOL and found that they better predict QOL than income, employment and health status.

Third, an individual's personal habits can be a strong predictor of QOL. Whereas some viewed the relationship between personal habits and satisfaction as two-sided, most studies confirmed the negative effects of drinking and smoking. In particular, an individual's frequent habits with regard to smoking, drinking, and drug use tend to be associated with relieving stress, purging bad feelings, and creating good feelings (Martikainen, 2008). Thus, in many cases, dissatisfaction and unhappiness result in individuals choosing such unhealthy methods; in other words, they experience dissatisfaction and unhappiness and are at higher risk of using those methods to feel better. Moreover, heavy drinking or the overuse of drugs could negatively affect family and work life, leading to more problems that reduce QOL. Studying Finnish young adults, Martikainen (2008) found that frequent drinkers and heavy smokers were found to have lower QOL

and that groups with the lowest life satisfaction had bad living habits, regardless of gender.

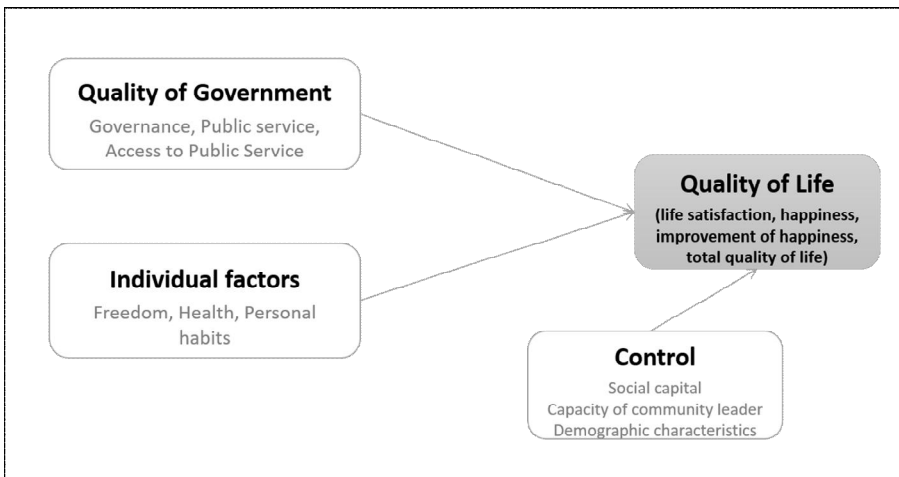
Last, among demographic factors, employment, education, religion, marriage, and family are known to have a significant impact on QOL. The unemployed group felt the least happiness with a controlled income, and the higher the job satisfaction, the higher the QOL. Although there are conflicting research results for education, much research found a positive effect on satisfaction of life in relation to religion. Satisfaction with marriage and family also showed a positive relationship with QOL (Koopmans et al., 2010; Layard, 2005; Martikainen, 2008). QOL and personal social relations are positively related (Holder & Coleman, 2009). In other words, it is known that QOL is higher the more that people have healthy social relations with family, workplace, community, and friends; have more trust in neighbors and government; and are more active with civic activities. In this context, social capital and the capacity of community leadership could affect QOL. The above discussion can be summarized as follows: the more stable physical and mental health, the higher freedom, healthy living habits, being married, being female, and the greater trust in community and community leaders, the higher the QOL.

III. Research Framework

Figure 1 presents our research framework. The independent variables are quality of government and individual characteristics, and the dependent variable is QOL. Control variables are the demographic characteristics of individuals that affect QOL and the social capital that is characteristic of the community. Although the key point of this study is the relationship between quality of government and QOL, we have set individual characteristics as an

independent variable given that existing research has emphasized individual behavior and capability to explain realization as the determinant of subjective QOL. In doing so, we aim to improve the ability to explain QOL by incorporating two factors into the study model, one step further than the individual approaches that view individual behavior and capability as an explanation factor, or institutional approaches that test the quality of government as an explanation factor.

Figure 1. Research Framework



H1: Quality of government is positively associated with quality of life.

H1a: Quality of governance is positively associated with quality of life.

H1b: Quality of public service is positively associated with quality of life.

H1c: Access to public service is negatively associated with quality of life.

H2: Individual characteristics are positively associated with quality of life.

H2a: Individual health is positively associated with quality of life.

H2b. Individual freedom is positively associated with quality of life.

H3c. Individual personal habits are negatively associated with quality of life.

IV. Research Design and Data

1. Sample and Data

We used survey data from 412 local residents of Nepal's Tikapur in 2017 and 500 residents of Ethiopia's Tigry area in 2019. Surveys were conducted by the Institute for Poverty Alleviation and International Development under the project 'Capability Data Series.' For Nepal, the study uses survey data for 370 households living in Tikapur, in southwestern Nepal. The survey data were collected from 412 individuals; of the respondents, 207 were randomly selected from two urban areas and 205 from two rural areas. Meanwhile, for Ethiopia, the survey data targeted three sub-regions where three different development projects had been implemented. The questionnaire was written in English, and the questionnaire contents were asked in the local languages through the local questionnaire. The survey explored individuals' perceptions of living conditions, QOL, communities, public services, government, and so forth. Baseline characteristics for the study sample are shown in Table 1.

The characteristics of the Nepal sample are as follows. Most respondents were female (61.41%). Respondents' ages were distributed as follows: 12.86% were 20 years or younger, 33% were between 21 and 30, 31.8% were between 31 and 40, 12.64% were between 41 and 50, and 13.84% were over 51. For marital status, most respondents were married (78.88%), and a minor percentage were never married (16.99%) or were widowed (3.40%) or divorced (0.73%). For employment status, 34.47% were unemployed, 21.36% were full-time farmers, 14.56% were employed part time, 11.65% were employed full time, 9.95% were self-employed, and 8.01% farmed part time. The average non-agricultural income was 76,577.67 Rs per year (689.53 USD). Last, respondents' average years of education was 7.04.

For the Ethiopia sample, 71.60 % were female. Most respondents were

married (63.53%), and the minority were either divorced or separated (15.03%), widowed (13.43%), or never married (8.02%). In addition, 27.8% of respondents were age 21 to 30 years of age, 26.2% were 51 or older, and 24.8% were between 31 and 40. Furthermore, most respondents were

Table 1. Demographic Characteristics of the Sample

Demographics	Frequency Nepal	Percentage Nepal	Frequency Ethiopia	Percentage Ethiopia
Sex				
Male	159	38.59	142	28.40
Female	253	61.41	358	71.60
Marital status				
Married	325	78.88	317	63.53
Divorced or separated	3	0.73	75	15.03
Widowed	14	3.40	67	13.43
Never married	70	16.99	40	8.02
Age				
20 or younger	53	12.86	24	4.8
21~30	136	33	139	27.8
31~40	131	31.8	124	24.8
41~50	52	12.64	82	16.4
51 or older	40	13.84	131	26.2
Employment				
Not in labour force (not seeking jobs/work)	98	23.79	53	10.6
Unemployed (seeking jobs but not working)	44	10.68	30	6
Full time farmer	88	21.36	316	63.2
Part time farmer	33	8.01	27	5.4
Part time employed	60	14.56	7	1.4
Full time employed	48	11.65	5	1
Self-employed (business owner, etc.)	41	9.95	62	12.4
	Mean	SD	Mean	SD
Non-Agricultural Income (Rs/year or Birr/year)	76577.67	137980.3	5115.234	16197.86
Education (years)	7.04	4.993456	3.34	4.117074

full-time farmers (63.2%), and a minor percentage were self-employed (12.4%), not in the labour force (10.6%), unemployed (6%), or employed part time. Last, the average non-agricultural income per year was 5,115.234 (177.61 USD), and the average years of education were 3.34.

The collected statistical data were analyzed using the statistical program STATA 13.0, and descriptive statistics and multiple regression analysis were conducted.

2. Measures and Methodology

Table 2 shows the measurement items used to examine the proposed study model. The impact of quality of government on individuals' perception of QOL was tested for the three types of quality of government discussed above: quality of governance, quality of public service, and access to public services.²⁾ The impact of the individual factors on QOL was tested for the three individual factors: self-rated freedom, health condition, and habits. Three survey items measured QOL. The questions asked about life satisfaction, current happiness, and improvement of happiness. The Cronbach's alphas for the three items were .64 for Nepal and .74 for Ethiopia. Two survey items employed a 10-point Likert scale ranging from 1 to 10. The other survey item was measured using an 11-point (-5) to (+5) Likert scale.

2) Nepal and Ethiopia have similar federal government systems based on ethnic regional structures. Nepal's constitution, declared in 2015, provides a legal fundamental base for federal system formation and recognizes local governments' role in the country's democratization and socioeconomic development. Therefore, local governments have power in local planning and are expected to provide basic public and social services including education, health, and welfare. Also, local government wields power related to economic development, the environment, and community infrastructure (Acharya, 2018). In the case of Nepal, the 1995 constitution provided a legitimate federal government system, and local governments were empowered to enforce socioeconomic development policies and maintain public order (Yilmaz & Venugopal, 2008). Therefore, government quality in the survey refers to the quality of local government.

The other independent variables were measured by multiple survey items using a Likert scale ranging from 1 to 5 reflecting frequencies of the actions. As an independent variable, quality of governance was measured by two survey items. The survey questions asked about perceptions of governmental accountability and participation in decision-making. The Cronbach's alphas for the items were .54 for Nepal and .76 for Ethiopia.

Quality of public service was measured by three big survey items that asked about perceptions of the quality of health facilities and services, the attitude of health workers, public safety in the community, and access to major public services. The value of three of the survey items range from 1 to 5. Cronbach's alphas for those items were .72 for Nepal and .73 for Ethiopia. Access to major public services was measured by time (minutes) spent on it.

As an individual factor, personal freedom was measured by five survey items using a 5-point Likert scale ranging from 1 to 5 and asking about self-rated perceptions of autonomy and empowerment. Cronbach's alphas were .68 for Nepal and .95 for Ethiopia.

Health conditions, measured by six self-rated items, asked about mental and physical health difficulties. The survey item values ranged from 1 (none) to 5 (extreme). Cronbach's alphas were .88 for Nepal and .94 for Ethiopia.

Last, personal habits were measured by use of alcohol, cigarettes, and drugs. The survey items asked about those items' consumption frequencies. There are a number of control variables, including social capital and the capacity of community leadership, and demographic characters; gender, age, marital and employment status, education, and non-agricultural income. Individual experience of violence, injury, and disability were also controlled for. This study used ordered logit regression as an analysis method for the model. Because QOL as a dependent variable was measured using a categorical question, ordered logit regression was applied rather than OLS to correctly test the effects of independent variables.

Table 2. Measurement

Variables	Survey questions
Quality of Life	Overall, how much are you satisfied with your life so far?
	How would you describe your current general feeling of happiness?
	Compared with 3 years ago, is your general happiness level going up or down?
Quality of Governance	My government takes accountability of its policies.
	People in my community make decisions through consensus building and sharing opinions.
Quality of Public service	Quality of health facilities and services...
	Health Post
	Primary Health Care Center
	District Hospital
	Attitude of health workers in health facilities...
	Health Post
Access to Public Service	How long does it take you to reach nearby facility?
	Health clinic/ Hospital
	Schools / College
	Road Facilities
Freedom	I have the freedom to decide how to do my job.
	I have a lot of autonomy in my job.
	I am involved in decisions that affect me.
	I am my own boss most of the time.
	My ideas and inputs are valued.
Health	Overall in the last 30 days, how much difficulty did you have with the following activities?
	Moving around
	Self-care such as washing or dressing yourself
	Concentrating or remembering things
	Personal relationship or participation in the community
	Seeing and recognizing a person across the road
Personal Habits	Hearing
	If you drink alcohol, how many days did you have at least one drink of alcohol during the last 30 days?
	If you smoke cigarettes, how many days did you smoke cigarettes during the last 30 days?
	Did you ever consume drugs like cannibals, heroin, opium, or others in the past 12 months?

V. Results

1. Descriptive Statistics

We conducted a regression analysis to examine how the quality of local government and individual factors were related to subjective QOL. Table 3 shows descriptive statistics based on the variables used in the regression analysis. Tables 4 and 5 show the correlations between the study variables. Descriptive statistics show that Ethiopia has higher life satisfaction, happiness, and QOL than Nepal. Furthermore, perceptions of quality of government such as quality of governance and quality of public service appeared to be higher in Ethiopia. Correlation analysis of the two countries had different results. QOL was positively correlated with quality of governance, quality of public service, access to public goods, and individual freedom in Nepal, whereas it was significantly correlated with quality of governance, quality of public service, health, and freedom in Ethiopia. The correlations between the dependent variable and independent variables were consistent with our hypotheses.

Table 3. Descriptive Statistics

Variable	Mean Nepal	Mean Ethiopia	Min Nepal	Max Nepal	Min Ethiopia	Max Ethiopia
Satisfaction	6.478	6.968	1	10	1	10
Happiness	6.390	7.124	1	10	1	10
Happiness Improvement	2.315	1.764	-4	5	-5	5
Total QoL	5.061	5.285	0	8.33	0.33	8.33
Quality of Governance	3.270	3.421	1.5	4.5	1	5
Quality of Public Service	3.377	3.414	2	4.55	1.66	5
Access to Hospital	18.868	16.236	0	55	0	50
Access to School	18.645	17.822	0	45	0	50
Access to Road	9.156	13.452	0	50	0	50
Health	1.435	1.236	0.83	4.16	1	5
Freedom	3.453	3.95	2	5	1	5
Use of Cigarettes	1.917	0.016	0	30	0	4
Use of Drugs	0.050	0.006	0	10	0	1
Use of Alcohol	1.587	3.56	0	30	0	1200

Table 4. Correlation Analysis Results (Nepal)

	QoL	QoG	QPS	AH	AS	AR	H	F	S	D	A
QoL	1										
QoG	0.227***	1									
QPS	0.260***	0.341***	1								
AH	-0.220***	0.0969	-0.229***	1							
AS	-0.132**	-0.190***	-0.176***	0.256***	1						
AR	-0.246***	-0.183***	-0.0171	0.0476	0.0577	1					
H	-0.0638	-0.384***	-0.273***	-0.0196	0.0771	-0.101*	1				
F	0.274***	0.327***	0.335***	-0.192***	-0.204***	-0.300***	-0.0875	1			
S	-0.0843	0.0162	-0.0502	0.0335	-0.0446	-0.0408	-0.0683	-0.00448	1		
D	-0.0515	0.0175	0.0687	-0.0202	-0.0207	-0.0513	0.0316	0.117*	0.245***	1	
A	-0.0339	-0.0117	-0.0619	0.0153	-0.0493	0.00733	-0.0202	-0.0295	0.355***	0.250***	1

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 5. Correlation Analysis Results (Ethiopia)

	QoL	QoG	QPS	AH	AS	AR	H	F	S	D	A
QoL	1										
QoG	0.272***	1									
QPS	0.124**	0.0738	1								
AH	-0.0569	-0.0353	0.0307	1							
AS	-0.0552	-0.0344	-0.0340	0.706***	1						
AR	-0.0516	0.0246	-0.0361	0.393***	0.497***	1					
H	-0.215***	-0.0301	-0.123**	0.0801	0.0339	0.0469	1				
F	0.178***	0.118*	0.183***	0.114*	-0.0425	-0.192***	-0.0187	1			
S	0.0558	0.0311	-0.00330	0.0741	0.0108	-0.0105	-0.0279	-0.0385	1		
D	-0.0241	0.00592	-0.0165	-0.0248	-0.00262	-0.0382	-0.0251	0.0434	-0.00466	1	
A	0.0321	0.0542	0.0240	-0.0290	-0.0368	-0.0258	-0.0195	0.0131	-0.00476	-0.00429	1

* p < 0.05, ** p < 0.01, *** p < 0.001

Note: QoL – Quality of life, QoG – Quality of governance, QPS – Quality of public service, AH – Access to hospital, AS – Access to school, AR – Access to road, H – Health, F – Freedom, S – Smoking, D – Drug, A – Alcohol

2. Ordered-Logit Regression

We conducted a regression analysis to examine how the quality of local

government and individual factors were related to subjective QOL. Tables 6 and 7 show the results.

Table 6. Regression Results (Nepal)

	Satisfaction	Happiness	Happiness Improvement	Total QoL
QoG	.562** (1.754)	.667*** (1.948)	-.138 (.871)	.513** (1.671)
QPS	.450* (1.569)	.447 (1.563)	1.314*** (3.722)	.877*** (2.404)
Access to Hospital	-.0232** (.977)	-.0342*** (.966)	-.0114 (.989)	-.0284** (.972)
Access to School	-.0301*** (.970)	-.0201* (.980)	.0178 (1.018)	-.0122 (.988)
Access to Road	-.0358*** (.964)	-.0249** (.975)	-.0263* (.974)	-.0369*** (.964)
health	.118 (1.125)	.113 (1.119)	-.579*** (.560)	-.137 (.872)
freedom	.517** (1.677)	.838*** (2.313)	-1.081*** (.339)	.200 (1.222)
Smoking	-.0202 (.980)	-.00282 (.997)	-.00278 (.997)	-.0131 (.987)
Drug	-.203*** (.816)	-.148* (.862)	-.322*** (.724)	-.308*** (.735)
Drinking	.0141 (1.014)	.00891 (1.009)	.00711 (1.007)	.0134 (1.013)
Social Capital	-.0205 (.980)	-.231 (.794)	-.268 (.765)	-.202 (.817)
Community Leader	.178 (1.195)	.0414 (1.042)	.900*** (2.459)	.499** (1.647)
Violence	.0810 (1.084)	.0860 (1.090)	-1.000** (.368)	-.150 (.861)
Injury	-.0298* (.970)	-.0253 (.970)	-.0608* (.970)	-.0558* (.970)

	(.970)	(.975)	(.941)	(.946)
Disabled	-.186	-.642	.122	-.200
	(.831)	(.526)	(1.129)	(.819)
female	.566**	.322	-.0643	.280
	(1.761)	(1.380)	(.938)	(1.323)
age	.00482	.000135	.00470	-.000978
	(1.005)	(1.000)	(1.005)	(.999)
education	.0785***	.0688***	.00534	.0453*
	(1.082)	(1.071)	(1.005)	(1.046)
Income	.00000338***	.00000326***	-.000000897	.00000278***
	(1.000)	(1.000)	(1.000)	(1.000)
Married	-.489	-.123	-.498	-.619
	(.613)	(.884)	(.608)	(.538)
Widowed	-2.042**	-1.615	-1.739**	-2.473**
	(.130)	(.199)	(.178)	(.084)
Never married	-.281	-.0543	-.325	-.502
	(0.755)	(.947)	(.722)	(.605)
unemployed	-.901***	-.686***	-.355	-.697***
	(.406)	(.504)	(.701)	(.498)
fulltime	-.773**	-.757**	-.124	-.734**
	(.461)	(.469)	(.883)	(.480)
Wald chi2(24)	198.13	192.60	178.66	218.77
Pseudo R2	.1080	.1024	.770	.0681
LogLikelihood	-725.86617	-748.59828	-708.76783	-1070.5635
N	409	409	409	409

Notes. Standardized beta coefficients; odds ratios in parentheses

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.010$

For Nepal, quality of governance was positively associated with life satisfaction ($\beta = .562, p < .05$), happiness ($\beta = .667, p < .01$), and total QOL ($\beta = .513, p < .05$), whereas public service quality was positively associated with satisfaction ($\beta = .450, p < .1$), happiness improvement ($\beta = 1.314, p < .01$), and total QOL ($\beta = .877, p < .01$). Access to public goods was negatively

associated with QOL such as access to hospitals ($\beta = -.0284, p < .05$) and access to roads ($\beta = -.0369, p < .01$), meaning that the longer it takes to access public services, the lower the QOL. More specifically, access to hospitals was negatively associated with life satisfaction ($\beta = -.0232, p < .05$) and happiness ($\beta = -.0342, p < .01$); similarly, access to school was negatively associated with life satisfaction ($\beta = -.0301, p < .01$) and happiness ($\beta = -.0201, p < .1$), whereas access to roads was negatively associated with all dimensions of QOL: life satisfaction ($\beta = -.0358, p < .01$), happiness ($\beta = -.0249, p < .05$), and happiness improvement ($\beta = -.0263, p < .1$).

From the perspective of individual characteristics, health, freedom, and the use of drugs were associated with QOL. Individual self-rated health status was negatively associated with happiness improvement ($\beta = -.579, p < .01$), meaning that the more that individuals experienced difficulties in physical and mental health, the lower their QOL. Individual freedom was positively associated with life satisfaction ($\beta = .517, p < .05$) and happiness ($\beta = .838, p < .01$) and conversely negatively associated with happiness improvement ($\beta = -.1081, p < .01$). Last, the use of drugs was negatively associated with all QOL dimensions; life satisfaction ($\beta = -.203, p < .01$), happiness ($\beta = -.148, p < .1$), happiness improvement ($\beta = -.322, p < .01$), and total QOL ($\beta = -.308, p < .05$).

In addition, as a control variable, individual experience not only of violence, injury, and loss but also of employment status was negatively associated with QOL. Moreover, demographic characteristics such as education, income, and being female were positively associated with QOL. Last, the capacity of community leader was positively associated with happiness improvement ($\beta = .900, p < .01$) and total QOL ($\beta = .499, p < .05$).

Table 7. Regression Results (Ethiopia)

	Satisfaction	Happiness	Happiness Improvement	QoL
QoG	.305** (1.356)	.396*** (1.486)	.359*** (1.432)	.419*** (1.520)
QPS	.296* (1.344)	.361** (1.434)	-.224 (.800)	.204 (1.226)
Access to Hospital	-.0196 (.980)	-.0305** (.970)	.00264 (1.003)	-.0197 (.980)
Access to School	.00716 (1.007)	.0135 (1.014)	.0115 (1.012)	.0129 (1.013)
Access to Road	-.00520 (.995)	-.0105 (.990)	.0156 (1.015)	.00343 (1.003)
health	-.514** (.598)	-.513** (.598)	.179 (1.196)	-.344* (.709)
freedom	.407*** (1.502)	.230* (1.258)	.493*** (1.638)	.443*** (1.558)
Smoking	.620 (1.858)	.577 (1.780)	.905 (2.472)	.957 (2.603)
Drug	-.420 (.657)	-1.022 (.360)	-1.515*** (.220)	-1.171 (.310)
Drinking	-.0000714 (1.000)	-.000382 (1.000)	.0000374 (1.000)	.0000643 (1.000)
Social Capital	.103 (1.108)	.135 (1.144)	.451** (1.570)	.198 (1.219)
Community Leader	.0144 (1.014)	-.0525 (.949)	-.00624 (.994)	-.00468 (.995)
Violence	.0340 (1.034)	.110 (1.116)	-.404*** (.667)	-.118 (.888)
Injury	.0738 (1.077)	.0321 (1.032)	-.275*** (.759)	-.0534 (.948)
Disabled	-1.059** (.347)	-1.194** (.303)	-.749 (.473)	-1.205** (.299)

female	.0740 (1.077)	.223 (1.250)	.520** (1.682)	.277 (1.319)
age	-.000676 (.999)	.00240 (1.002)	-.00266 (.997)	-.00218 (.997)
education	.0255 (1.026)	.0563** (1.058)	.0186 (1.019)	.0410 (1.042)
Income	-.000000606 (1.000)	-6.24e-08 (1.000)	-.00000756 (1.000)	-.00000336 (1.000)
Married	.390 (1.478)	.408 (1.504)	.643** (1.902)	.512* (1.669)
Widowed	-.195 (.823)	-.0771 (.926)	-.0400 (.961)	-.208 (.812)
Never married	-.147 (.863)	-.00179 (.998)	-.0970 (.908)	-.177 (.837)
unemployed	-.0822 (.921)	-.165 (.848)	.0481 (1.049)	-.0155 (.984)
fulltime	.504 (1.655)	.746 (2.109)	-.461 (.630)	.385 (1.468)
Wald chi2(24)	132.65	123.53	162.06	178.15
Pseudo R2	.0445	.0487	.0608	.0379
LogLikelihood	-934.35666	-921.97566	-919.63517	-1332.2026
N	478	478	478	478

Notes. Standardized beta coefficients; odds ratio in parentheses

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.010$

Results for Ethiopia shows that quality of governance was positively associated with all dimensions of QOL: life satisfaction ($\beta = .305$, $p < .05$), happiness ($\beta = .396$, $p < .01$), happiness improvement ($\beta = .359$, $p < .01$), and total QOL ($\beta = .419$, $p < .01$), whereas the quality of public services was positively associated with satisfaction ($\beta = .296$, $p < .1$) and happiness ($\beta = .361$, $p < .05$). Unlike for Nepal, only access to hospitals ($\beta = -.0305$, $p < .05$) was negatively associated with happiness, meaning that difficulty in accessing health care services lowers QOL. In addition, access to schools and roads was

not found to be related to QOL at a statistically significant level.

From the perspective of individual characteristics, health, freedom, and use of drugs were found to be associated with QOL. Individual health status was found to be negatively associated with life satisfaction ($\beta = -.514, p < .05$), happiness ($\beta = -.513, p < .05$), and total QOL ($\beta = -.344, p < .1$), meaning that the more that individuals experience difficulties in physical and mental health status, the lower their QOL. Individual freedom was positively associated with life satisfaction ($\beta = .407, p < .01$), happiness ($\beta = .230, p < .1$), happiness improvement ($\beta = .493, p < .01$), and total QOL ($\beta = .443, p < .01$). Last, the use of drugs was found to be negatively associated with happiness improvement ($\beta = -.322, p < .01$). In addition, the experience of violence, injury, and disability was found to be negatively associated with QOL. Also, social capital, education, marital experience, and being female were found to be positively associated with QOL.

The results of the analysis show several interesting differences and similarities between the two countries. We found that quality of governance and quality of public service were important for both Nepal's and Ethiopia's local government's QOL. Also for the Nepal case, access to public facilities was an important factor affecting all dimensions of QOL, whereas for Ethiopia, easy access to a hospital was the only significant determinant of QOL. Another difference we found between the two cases is that the capacity of community leader had a substantial effect on happiness improvement and total QOL in Nepal. For individual characteristics, good health status was the most common booster of good QOL in Ethiopia.

VI. Discussion and Conclusion

Enhancing QOL or citizen's well-being is the ultimate goal of local

government. Thus, despite the need to measure the impact of government quality on QOL, relevant studies have been conducted and studied extensively from a macro perspective in developed countries. Verifying the impact of both governmental and public evaluation of policy implementation, policy activities, and public services on QOL can play an important role in helping improve QOL in the future. In particular, it is necessary to examine this relationship because the quality of local governments, which are frequently contacted by the public and directly provide public services, is highly related to QOL. The role of local government is more important than that of the central government in this matter.

In this study, we investigated how the quality of governance, quality of public service, access to public service, and individual factors affect QOL focusing on two developing countries, Nepal and Ethiopia. Results from the analysis are as follows. First, life satisfaction and happiness are strongly associated with quality of governance, quality of public services, and individual factors such as health status, freedom, and personal habits. Second, overall individual QOL is associated not only with the individual's perception of the quality of governance and of public service but also with sociodemographic characteristics including education, income level, marital status, health, freedom, use of drugs, and employment status. This indicates that individuals living in a community whose government is accountable and that provides better public services are more satisfied and happier than those living in areas with low-quality local government. Also, individuals living with strong and healthy social-economic-physical status and good habits enjoy a good QOL.

Last, the local government's capacities that affect QOL appear to differ between the two country contexts. In Nepal, QOL is strongly related to quality of governance, quality of public service, and easy access to public services including hospitals, schools, and roads. From the perspective of individual

characteristics, good health status and individual freedom are positively associated with QOL, and the use of drugs is negatively associated with QOL. Moreover, the capacity of the community leader is a significant predictor of happiness improvement and total QOL. As the other control variables, being female, level education, and income are positively associated with QOL, and experiences of violence, injury, loss of a spouse, unemployment, and full-time employment are negatively associated with QOL.

However, in Ethiopia, quality of government, quality of public service, and access to a hospital are significant predictors of QOL, whereas access to schools and access to roads is not significant. Individual freedom is positively associated with all dimensions of QOL, whereas bad health status and the use of drugs are negatively associated with QOL. Unlike the Nepal case, social capital is significantly related to happiness improvement in Ethiopia. Also, individuals' experiences of violence, injury, and disability have a negative effect on QOL. Demographic factors including being female, education level, and being married are positively associated with QOL.

This study has several implications. First, we tested the effect of the quality of various local government aspects on QOL, whereas most studies focused on the quality of governance and public services separately. In this study, we examined the quality of governance, quality of public services, and access to public goods as predicting factors in QOL. Such an integrated approach might help policymakers prioritize policy goals and public services considering the various quality aspects of local government by providing evidence. Second, related to the first implication, this study also includes important individual factors: health status, freedom, and living habits associated with QOL. Clarifying the individual matters that decrease citizens' QOL also helps policymakers and local government create and implement knowledge-based strategical interventions. Third, this study examined the research design in a multicultural context.

We suggest that policymakers and public servants focus more on the quality of government and on how their decisions might affect the QOL of citizens.

Our study has some limitations that future studies should address. First, we measured the quality of government with governance, quality of public services, and access to public services mostly related to the government's physical capacity. Future research should examine relationships between various aspects of the government's human capacity and QOL such as capacity of local government leaders, administrative expertise of public officials, and managerial capacity of local governments. In addition, further research needs to include the role of various groups, including civic groups and the media, as well as local residents in measuring governance. Second, future research should solve the reverse dynamic between the quality of government, social and community connection, individual characteristics, and QOL. Causal relationships between the quality of government and social and community connection could be explained by exploratory studies of mediating or moderating effects of social outcome on QOL. Third, it is necessary to analyze not only bad habits such as use of alcohol, cigarettes, and drugs, but also the impact of positive habits such as exercise on QOL.

References

- Aalen, L., & Hatlebakk, M. (2008). Ethnic and fiscal federalism in Nepal.
- Acharya, K. K. (2018). The capacity of local governments in Nepal: from government to governance and governability? *Asia Pacific Journal of Public Administration*, 40(3), 186–197.
- Amirkhanyan, A. (2008). Privatizing public nursing homes: Examining the effects on quality and access. *Public Administration Review*, 68(4),

665-680.

- Andrews, F. M., & Withey, S. B. (2012). *Social indicators of well-being: Americans' perceptions of life quality*: Springer Science & Business Media.
- Audette, A. P., Lam, S., O'Connor, H., & Radcliff, B. (2018). (E)Quality of Life: A Cross-National Analysis of the Effect of Gender Equality on Life Satisfaction. *Journal of Happiness Studies*. doi:10.1007/s10902-018-0042-8
- Bae, J. H. (2014). Life Satisfaction and Quality of Government. *Korean Public Administration Review*, 52(1), 247-270.
- Bjørnskov, C., Dreher, A., & Fischer, J. A. (2010). Formal institutions and subjective well-being: Revisiting the cross-country evidence. *European Journal of Political Economy*, 26(4), 419-430.
- Bowling, A. (2010). Do older and younger people differ in their reported well-being? A national survey of adults in Britain. *Family Practice*, 28(2), 145-155.
- Bucaite Vilke, J., & Vilkas, M. (2018). Discussing municipal performance alternatives: public perceptions of municipal services delivery in Lithuania. *International Journal of Public Sector Management*, 31(4), 525-542.
- Campbell, A., Converse, P. E., & Rodgers, W. L. (1976). *The quality of American life: Perceptions, evaluations, and satisfactions*: Russell Sage Foundation.
- Cantril, H. (1965). Pattern of human concerns.
- Cronkleton, P., Artati, Y., Baral, H., Paudyal, K., Banjane, M., Liu, J., . . . Kassa, H. (2017). How do property rights reforms provide incentives for forest landscape restoration? Comparing evidence from Nepal, China and Ethiopia. *International Forestry Review*, 19(4), 8-23.
- Dahlberg, S., Dahlström, C., Norell, V., & Teorell, J. (2011). The Quality of

- Government Institute Quality of Government Survey 2008–2010: A Report. *The Quality of Government Institute, University of Gothenburg*.
- Diener, E., Lucas, R., Helliwell, J. F., Helliwell, J., & Schimmack, U. (2009). *Well-being for public policy*: Series in Positive Psychology.
- Diener, E., & Tay, L. (2015). Subjective well-being and human welfare around the world as reflected in the Gallup World Poll. *International Journal of Psychology, 50*(2), 135–149. doi:10.1002/ijop.12136
- Easterlin, R. A. (1974). Does economic growth improve the human lot? Some empirical evidence. In *Nations and households in economic growth* (pp. 89–125): Elsevier.
- Grzeskowiak, S., Sirgy, M. J., & Widgery, R. (2003). Residents' satisfaction with community services: Predictors and outcomes. *Journal of Regional Analysis and Policy, 33*(1100–2016–89857).
- Hagerty, M. R., Vogel, J., & Møller, V. (2006). *Assessing quality of life and living conditions to guide national policy: The state of the art* (Vol. 11): Springer Science & Business Media.
- Han, B. H. (2015). The Effect of Government Capacity on the Quality of Life of Citizens A Study on the Mediated Effect of Government Performance in Social Welfare. *Journal of the Korean Association of Public Administration's 2015 Summer Conference*, 109–134.
- Helliwell, J. F., & Huang, H. (2008). How's your government? International evidence linking good government and well-being. *British Journal of Political Science, 38*(4), 595–619.
- Helliwell, J. F., Huang, H., Grover, S., & Wang, S. (2014). Good governance and national well-being.
- Holder, M. D., & Coleman, B. (2009). The contribution of social relationships to children's happiness. *Journal of Happiness Studies, 10*(3), 329–349.
- Hollar, D. (2003). A holistic theoretical model for examining welfare

- reform: Quality of life. *Public Administration Review*, 63(1), 90–104.
- Inglehart, R., Foa, R., Peterson, C., & Welzel, C. (2008). Development, Freedom, and Rising Happiness: A Global Perspective (1981–2007). *Perspectives on Psychological Science*, 3(4), 264–285. doi:10.1111/j.1745-6924.2008.00078.x
- Kennedy, E., Fekadu, H., Ghosh, S., Baral, K., Davis, D., Sapkota, D., & Webb, P. (2016). Implementing Multisector Nutrition Programs in Ethiopia and Nepal: Challenges and Opportunities From a Stakeholder Perspective. *Food and nutrition bulletin*, 37(4_suppl), S115–S123.
- Kim, T. H., Choe., J. I., Jung., S. H., & Moon., M. J. (2018). The Impact of Quality and Size of Government on the Quality of Life: Objective and Subjective Quality of Life. *The Korean Journal of Local Government Studies*, 22(1), 281–306.
- Ko, D. H., Lee, J. Y., Moon, M. S., & Han, S. (2016). *Social Economy and Social Value: Ancient Future of Capitalism*. Paju: Hanul Academy.
- Ko, M. C. (2013). Analysis of the relationship between public service satisfaction, government performance, and quality of life – based on top–down approach. *Korean Public Administration Review*, 47(2), 1–30.
- Ko, M. C. (2018). The Effects of Public Service Satisfaction on Subjective Well–being : Focusing on the moderated mediation effect of community QoL by Trust in Local Government. *The Korean Journal of Local Government Studies*, 22(2), 119–146.
- Koehn, P., & Hayes, L. D. (1978). Student Politics in Traditional Monarchies: A Comparative Analysis of Ethiopia and Nepal. *Journal of Asian and African Studies*, 13(1), 33.
- Koopmans, T. A., Geleijnse, J. M., Zitman, F. G., & Giltay, E. J. (2010). Effects of Happiness on All–Cause Mortality During 15 Years of Follow–Up: The Arnhem Elderly Study. *Journal of Happiness*

- Studies*, 11(1), 113–124. doi:10.1007/s10902-008-9127-0
- Layard, R. (2005). *Happiness: Lessons from a new science*. New York, NY, US. In: Penguin Books/Penguin Group (USA).
- Leitão, J., Alves, H., & Pereira, D. (2016). Open Innovative Governance, Municipalities' Transparency and Citizens' Quality of Life: Are They a Perfectly Matched Trilogy? In *Entrepreneurial and Innovative Practices in Public Institutions* (pp. 169–188): Springer.
- Levasseur, M., Tribble, D. S.-C., & Desrosiers, J. (2009). Meaning of quality of life for older adults: importance of human functioning components. *Archives of gerontology and geriatrics*, 49(2), e91–e100.
- Lewis-Beck, M. S., & Paldam, M. (2000). Economic voting: an introduction. *Electoral studies*, 19(2–3), 113–121.
- Leyden, K. M., Goldberg, A., & Michelbach, P. (2011). Understanding the pursuit of happiness in ten major cities. *Urban affairs review*, 47(6), 861–888.
- Lucy, W. H., Gilbert, D., & Birkhead, G. S. (1977). Equity in local service distribution. *Public Administration Review*, 687–697.
- Martikainen, L. (2008). The Many Faces of Life Satisfaction among Finnish Young Adults'. *Journal of Happiness Studies*, 10(6), 721. doi: 10.1007/s10902-008-9117-2
- Massam, B. H. (2002). Quality of life: public planning and private living. *Progress in planning*, 58(3), 141–227.
- Okulicz-Kozaryn, A. (2016). Happiness research for public policy and administration. *Transforming Government: People, Process and Policy*, 10(2), 196–211.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). Servqual: A multiple-item scale for measuring consumer perc. *Journal of retailing*, 64(1), 12.
- Rice, T. W. (2001). Social capital and government performance in Iowa communities. *Journal of Urban Affairs*, 23(3-4), 375–389.

- Salvesen, D., & Renski, H. (2003). The importance of quality of life in the location decisions of new economy firms. *University of North Carolina, Center for Urban and Regional Studies*.
- Samanni, M., & Holmberg, S. (2010). Quality of government makes people happy. *QoG Working Paper Series, 1*, 1421–1441.
- Sirgy, M. J. (2001). *Handbook of quality-of-life research: An ethical marketing perspective* (Vol. 8): Springer Science & Business Media.
- Sirgy, M. J., Gao, T., & Young, R. F. (2008). How does residents' satisfaction with community services influence quality of life (QOL) outcomes? *Applied Research in Quality of Life, 3*(2), 81.
- Sirgy, M. J., Michalos, A. C., Ferriss, A. L., Easterlin, R. A., Patrick, D., & Pavot, W. (2006). The quality-of-life (QOL) research movement: Past, present, and future. *Social Indicators Research, 76*(3), 343–466.
- Veenhoven, R. (1996). The study of life-satisfaction.
- Verme, P. (2009). Happiness, freedom and control. *Journal of Economic Behavior & Organization, 71*(2), 146–161.
- Welsch, H. (2009). Implications of happiness research for environmental economics. *Ecological Economics, 68*(11), 2735–2742.
- Woo, C. (2018). Good Governance and Happiness: Does Technical Quality of Governance Lead to Happiness Universally in both Rich and Poor Countries? *Journal of International and Area Studies, 25*(1), 37–56.
- Yilmaz, S., & Venugopal, V. (2008). *Local government discretion and accountability in Ethiopia*. Retrieved from



지방정부의 질과 개인의 특성이 삶의 질에 미치는 영향: 네팔과 에티오피아의 사례를 중심으로

Odkhuu Khaltar
연세대학교 빈곤문제국제개발연구원

김태형
연세대학교

이현옥
연세대학교

본 연구는 개발도상국인 네팔과 에티오피아의 지방정부를 대상으로 정부의 질과 개인의 특성이 삶의 질에 미치는 영향을 분석하고자 하였다. 기존의 많은 연구에서 삶의 질에 대한 보편적인 척도로 정부의 질을 강조하고 그 효과를 검증하였지만 개발도상국을 대상으로 한 연구는 부족한 실정이다. 본 연구는 기존의 모형을 개발도상국 사례를 통해 검증함으로써 개발도상국에서 여전히 적용 가능한지 여부를 보여주고 각 국가의 삶의 질과 관련된 지방정부의 역할을 검토하고자 하였다. 본 연구는 2017년 네팔 티카푸르의 412명의 지역 주민들과 2019년의 에티오피아 3개 지역의 500명의 지역 주민들로부터 수집된 설문조사 데이터를 사용하였으며, 설문조사는 빈곤문제국제개발연구원에서 ‘Capability Data Series’ 프로젝트를 통해 실시되었다. 연구 결과 거버넌스의 질과 공공서비스의 질, 그리고 공공서비스에 대한 접근의 편리성이 삶의 질에 긍정적인 영향을 미치는 것으로 나타났으며, 개인적 특성 측면에서 개인의 자유, 건강 상태, 생활습관이 삶의 질에 영향을 미치는 것으로 나타났다. 또한, 정부의 질과 개인의 특성이 삶의 질의 다양한 차원에 대해 미치는 영향이 국가에 따라 차이가 있는 것으로 확인되었다. 이러한 결과는 정부가 책임을 지고, 더 나은 공공 서비스를 제공하고, 공공 서비스에 대한 접근 용이성을 보장하는 지역에 사는 사람들이 정부의 질이 낮은 지역에 사는 사람들보다 더 삶의 만족도가 높고 행복하다는 것을 보여준다. 또한, 사회, 경제, 육체적으로 안전하고 건강한 상태와 건전한 생활습관을 가진 사람들은 높은 수준의 삶을 영위하고 있는 것으로 볼 수 있다.

[주제어: 정부의 질, 공공서비스, 삶의 질, 네팔, 에티오피아]

논문접수일: 2019년 6월 7일

논문수정일: 2019년 6월 19일

게재확정일: 2019년 8월 27일

제1저자(주저자): Odkhuu Khaltar(할타르 어뜨후)는 연세대학교에서 행정학 박사학위를 취득하였고, 현재 연세대학교 원주캠퍼스 빈곤문제국제개발연구원의 전임연구원으로 재직하고 있다. 연구 관심분야는 공공관리, 조직행태, 정책수단 등이다 (tulipoh@gmail.com).

제2저자(공동저자): 김태형(Tae Hyung Kim)은 연세대학교에서 행정학 석사학위를 취득하였고, 현재 동 대학원 박사과정을 수료하였다. 연구 관심분야는 조직, 공공관리, 정책수단 등이다(taehyung@yonsei.ac.kr).

제3저자(교신저자): 이현옥(Hyunok Lee)은 미국 코넬대학교에서 발전사회학 박사학위를 취득하고, 현재 연세대학교 원주캠퍼스 글로벌 행정학과 조교수로 재직중이다. 주요 관심분야는 사회적 경제, 국제개발, 젠더 등이다(hlee1@yonsei.ac.kr).