

An Empirical Note on Social Protection, Life Meaning, and Integrated Quality of Life in Rural Ghana

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Quality of life in rural areas is typically lower than in urban areas due to vulnerabilities arising from relatively higher poverty levels which expose rural populations to greater life risks. This study examines the mediating role of life meaning on the relationship between social protection interventions (preventive and coping strategies), and an integrated understanding of the quality of life. Integrated quality of life included objective, subjective and existential/religious dimensions. Using the assumptions of capability approach theory, data was collected from 399 individual beneficiaries of social protection interventions in six rural communities in southern Ghana. Ordinary least square regressions were used to test the hypotheses sets. The study found that preventive social protection interventions have positive and significant effects on only subjective quality of life. Coping social protection interventions were positive and significant with objective, subjective and existential/religious quality of life. The findings also revealed that meaning in life mediates the relationship between preventive social protection interventions and subjective quality of life as well as coping social protection interventions and subjective quality of life. The study argues that while rural people have recognized the benefits of accessing social protection interventions due to their functionality, they also need to be assisted to develop meaning in their lives since it has a bearing on the perceived quality of life. Results indicate the need for different approaches that take into account the complexity of local peculiarities to achieve the integrated quality of life through social protection interventions.

Keywords: Social protection interventions, Integrative quality of life, Existential quality of life, Meaning in life, Rural areas, Ghana

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INTRODUCTION

Quality of life is a multidimensional concept composed of a dynamic set of material and non-material dimensions. It is expressed generally in terms of objective and subjective quality of life that define people's totality of life experiences (Michalos, 2017). Discussions on quality of life are done with a narrow lens as the most objective and subjective needs are discussed (Costanza et al., 2008). Cummins (1996) argues that non-material items accounted for 89 percent of the quality of life dimensions. In line with Plato's theory of the soul and his observation that a human being is spirited, understandings of quality of life are not complete without attention given to the spiritual aspects of life. Ventegodt, Merrick and Andersen, 2003 et al., (2003) define this as the existential quality of life. Thus, integrated quality of life can be conceptualized as having three dimensions—objective, subjective

and existential—allowing for a comprehensive measurement of the total quality of life (Ventegodt, et al., 2003).

Ostensibly, social protection interventions (SPIs) should improve the integrated quality of life of the poor they target. Social protection interventions strategies—preventive, mitigation, coping and transformative—aim to equip the poor with critical developmental resources for improving their lives in the direction they desire (Sabates-Wheeler & Roelen, 2011). However, to the extent that they raise incomes only, accessing these interventions may not guarantee the achievement of this desire as there is no linear relationship between variables (Anaya et. al., 2016), incomes do not always result in high quality of life evaluations. And income is not always seen as the most important indicator of life satisfaction (Jebb et al., 2018).

This calls for the introduction of a key additional variable: meaning in life (MiL). Liedmeier et al., (2020) found a positive explanatory power of meaning in life to quality of life. Meaning in life has been found to play an active mediating role in how one deals with the stressors of life (Zhang et al., 2019). It has also been found to relate significantly to the emotional, and motivational aspects of psychological well-being (García-Alandete et al., 2018). Likewise, Bélanger et al., (2016) found social support from friends, family, and partners to be associated with a better life. As such, the existential or meaning in life dimension of quality of life appears to be indispensable when evaluating the effectiveness of pro-poor social protection interventions.

As a large proportion of poverty occurs in rural areas worldwide, incorporating an understanding of MiL is very important when analyzing the integrated quality of life issues among the rural poor. Few studies have focused on this phenomenon (Quagraine & Enim, 2015). While previous studies agree that accessing social protection interventions relates positively to meaning in life and integrated quality of life (Lai, Yu & Woo, 2020), the role played by MiL in explaining the promotion of integrated quality of life among the rural poor has not been addressed. Therefore, it is unclear which specific dimensions of social protection interventions affect the integrated quality of life among rural people. Accordingly, the study sought to find answers to the effect of social protection interventions on integrated quality of life of the rural poor and how MiL mediates this relationship.

The study focuses on rural Ghana. The World Bank reported in 2018 that 43.94% of Ghanaians reside in rural areas. The Ghana Statistic Services defines rural people as those who live in a community with a population of less than 5,000. Research in rural Ghana suggests that people living in these areas have to deal with myriad challenges resulting in a negative effect on their lives, such as poor roads (Guerrero, Maas & Hogland, 2013), lack of medical facilities (Bem et al., 2019), and low literacy and income (Anum, Washington-Nortey & Dzokoto, 2020). Consequently, social protection interventions are used as a mechanism to expand the development choices of rural people (Plagerson et. al., 2019), promoting quality of life.

This study aims to analyze the mediating role of MiL on the relationship between social protection interventions and integrated quality of life in rural areas, using the experiences of beneficiaries of social protection interventions in southern Ghana. In this way, this study explores the interaction of integrated quality of life with MiL, through preventive and coping social protection interventions processes. The study explores the effect of social protection interventions on the integrated quality of life of the rural poor, and how MiL mediates the effect of social protection interventions on integrated quality of life outcomes.

The study adopts a capability approach theory (CAT) perspective, especially its concept of functioning and capabilities (Sen, 2004), arguing that the integrated quality of life of rural people is embedded in their abilities. This provides a conceptual framework to understand the shaping of integrated quality of life in various ways. The incorporation of MiL as a mediator uncovers different direct and indirect relationships between social protection interventions and integrated quality of life, through the use of an ordinary least square regression approach. This assists in expanding the range of approaches used in the previous social protection interventions and integrated quality of life literature.

The study finds that preventive social protection interventions have positive and significant effects on only subjective quality of life. Coping social protection interventions were positive and significant across objective, subjective and existential/religious dimensions of quality of life. The findings also revealed that meaning in life mediates the relationship between preventive social protection interventions and subjective quality of life

as well as coping social protection interventions and subjective quality of life. These findings reinforce the call for a redefinition of the quality of life beyond that of improving lives using only objective and subjective items. Understanding this is important, as various studies have found the integrated quality of life to be complex and dependent on local conditions. Accordingly, this study adds to the broader literature on the social protection interventions – integrated quality of life nexus that has been concentrated mostly on developed economies. This study, therefore, helps to restore the discrepancy in such knowledge by exploring the perspective from a developing economy. In addition, the study advances the theoretical base of integrated quality of life in rural studies by exposing and exploring linkages within the social protection interventions and integrated quality of life nexus. The aim is then to use the findings of the study to advance the theoretical proposition that integrates various dimensions of social protection interventions with integrated quality of life. This is in response to the call for more studies in quality of life using rural studies perspectives (Boncinelli et al., 2015).

The remainder of the paper is organized as follows. Next, section two presents a brief overview of the relevant variables used in the study. This will layout the theoretical and empirical foundations for explaining the variables used in the study. The third section outlines the research methods used in the study. The results and discussion of both qualitative and quantitative analyses are in section four. Section 5 concludes the study with a review of the key findings of the study used as pointers for policy insights. It also provides suggestions for further research.

THEORETICAL BACKGROUND AND DEVELOPMENT OF HYPOTHESES

The capability approach theory (CAT) focuses on the quality of life by positing that it can be achieved in terms of what one manages to be and do. Sen (2004) associates this with the concepts of functioning and capabilities. Functioning includes achievements such as being well-nourished, being healthy, not suffering from a lack of self-respect, taking part in social life, among other aspects. These can be achieved when one is presented with capabilities made up of real opportunities that allow for living one's valued life. According to CAT, the process of converting available opportunities into the quality of life is dependent on one's ability to transform opportunities into a function and social factors that comprise of opportunities that one can access. Previous studies based on the CAT framework revealed the direct impact of opportunities on enhancing the quality of life (Singh, 2020). Thus the greater desire among rural poor for attaining a better balance of life and accessing poverty alleviation tools could explain the higher relationship observed between poverty reduction and social protection interventions.

Integrated Quality of Life

Quality of life means the standard level of general well-being of individuals and societies (Barcaccia, 2013). It can be divided into objective and subjective dimensions of life (Costanza, et al. 2008). The quantitative aspect of quality of life is the external observable conditions of life, which finds expression in objective indicators such as education, social status, health, job security, personal safety, sexuality, and access to microfinance services. A limitation with the objective quality of life (OQoL) measures is that they do not capture the culturally-valuable experiences of people. This dimension is addressed by subjective quality of life (SQoL), which is mostly measured through self-evaluation of aspects of one's psychological state, such as level of happiness, life satisfaction, job satisfaction, and the realization of dreams and desires (Costanza et al. 2008; Sirgy, 2012). Although it has been criticized due to its high level of subjectivity, it can capture experiences that are important to the individual within their cultural setting.

According to Ventegodt et al. (2005), one's ability to function is dependent on both physical and spiritual issues. For example, religious beliefs and activities are critical for coping with many diseases (Lin et al., 2018). Hence, to address the spiritual side of life, Ventegodt et al. (2003) proposed incorporating the existential dimension into the OQoL and SQoL model. This existential quality of life (EQoL) is more challenging to articulate than the other two dimensions. It relates to the religious and spiritual aspect of life (Quagraine & Enim, 2015).

Hagerty et al., (2001) suggested that a comprehensive understanding of the quality of life hangs on appreciating the totality of one's life experiences. Being religious or spiritual can be conceived of as a path to finding one's self in relation to a deity or an ultimate reality. Indicators used to measure this concept are prayer, meditation, and church attendance, the practice of religious-based moral virtues, having faith, and reading religious books (Ventegodt et al., 2003).

This study adapted Ventegodt et al.'s (2003) model of "objective-existential-subjective spectrum" integrated quality of life. Drawing on the above arguments, next is a review of the literature devoted to analyzing the relationship among the variables used in the study from which the hypotheses for the study are derived.

Social Protection Interventions

The United Nations Development Programme (UNDP) defines social protection as all measures providing benefits in cash or in-kind to guarantee income security and access to health care such as education, social work and social care (UN, 2016). These are measures that are used for preventing, managing, and overcoming situations that adversely affect people's well-being (Devereux et al., 2011). The 2015 National Social Protection Policy of Ghana conceptualizes social protection as a range of actions carried out by the state and other parties in response to vulnerability and poverty that seeks to guarantee relief from destitution for those sections of the population who for reasons beyond their control are not able to provide for themselves (Abebrese, 2011). Social protection, therefore, consists of deliberate interventions (policies and programs) or opportunities designed to reduce vulnerability and enhancing the capacity of the poor to manage all forms of life challenges or risks they encounter.

Social protection varies across countries. In Ghana, growing interest in addressing the challenges associated with poverty resulted in the enactment of the National Social Protection Strategy (NSPS) in 2007. Key social protection interventions are social assistance (School Feeding Programme, cash transfer programme); social insurance schemes (National Health Insurance Scheme, payment exemptions for vulnerable groups); social welfare services (free maternal care, school uniforms) and social equity measures (rights awareness campaigns, human trafficking and domestic violence reduction).

These social protection interventions accordingly can be categorized as prevention, mitigation, coping, and transformation (Dlamini, 2020). Preventive interventions are ex-ante actions used to avoid the occurrence of risks such as migration, insurance, microfinance, education, skills training, cash transfer, and social pensions (Devereux et al., 2011). However, when these risks occur, mitigation intervention is used to reduce their severity or duration. These include insurance schemes for funerals, support for developing community social capital, and social support (Ojong, 2014). Coping interventions are ex-post actions such as private transfers, women empowerment, family support, cash saving and borrowing as well as electricity subsidies, accommodation for orphans, agricultural inputs subsidies and transportation benefits (Devereux, et. al., 2011). Finally, transformative social protection interventions address issues of social equity and exclusion with equity, empowerment and economic, social and cultural rights (Devereux and Sabates-Wheeler, 2004). As the goal of social protection interventions is to reduce risks in rural areas, the study used preventive interventions to address the occurrence of risks while coping intervention address their effects.

Preventive Social Protection Interventions and Integrated Quality of Life

The literature on the effect of social protection interventions on integrative quality of life shows divergent results. Preventive strategies are used to reduce the likelihood of the occurrence of a risk associated with vulnerability (Devereux, et al., 2011). Prior research predominantly suggests that preventive social protection interventions are important drivers for integrative quality of life, especially when there is a need to enhance the choice, aspiration, and efforts of vulnerable people. In most economies, migration has been found to enhance education as it equips people in the host location with competencies to solve problems and cope with difficulties. In addition, it improves access to quality healthcare services (Sweileh, et al., 2018) and family income (Clemens

& Pritchett, 2019). Additionally, insurance mitigates disaster-induced poverty traps (Linnerooth-Bayer, et al., 2019). However, a negative trickle-down effect of microloans and education was found by Khan, Shaorong and Ullah (2017). For example, they found that loan size is negatively associated with total and per capita household income, due to the budget tightening effect of loans. Nevertheless, Lipka, Forkosh-Baruch and Meer (2019) concluded that educational institutions like universities are essential in improving quality of life, given their great relevance in the making of economic and social decisions, their capacity to increase employment opportunities and their contribution against social exclusion. Based on these arguments, preventive social protection interventions are expected to positively and significantly effect changes in OQoL.

According to causation theorization, SQoL—as a function of happiness, life satisfaction, job satisfaction, welfare, and the realization of dreams and desires (Ventegodt et al., 2003)—can be attributed to PSIs opportunities which are critical for the development of capabilities. Thus, Chu and Hail (2014) examine the relationship between income and life satisfaction of migrant workers in Shanghai, China, and found the relationship to have an U-shape. The positive effect of income on life satisfaction eventually reaches a plateau but is limited by their outsider identity. A socially inclusive program in Ghana called Livelihood Empowerment against Poverty (LEAP) was also found to increase happiness (Daidone, et al., 2019). In addition, van Aardt, de Clercq & Meiring, (2019) found micro insurance to be a means of achieving happiness.

The existential (spiritual-religious) quality of life (EQoL) bridges the objective and subjective aspects of human life. Improvement along this dimension entails a new humility and respect for the richness and complexity of life. In their study, Oman and Thoresen (2005) found religious behavior to provide a source of comfort to cope with persistent life challenges. Religion also transmutes the quality of life by providing a context for people to cope with difficult life experiences. Riklikienė et al. (2020) observed that unmet religious needs were positively associated with less life satisfaction. Similarly, Haußmann et al. (2017) also found an association between chronic disease and unmet spiritual needs. This corresponded with attachment theory which helps in understanding the patient's needs (Milberg et al., 2012).

Drawing on this literature, the study postulates the following hypotheses:

H1: Preventive social protection interventions positively and significantly influence changes in OQoL;

H2: Preventive social protection interventions positively and significantly influence changes in SQoL;

H3: Preventive social protection interventions positively and significantly influence changes in EQoL.

Coping Social Protection Interventions and Integrated Quality of Life

Coping social protection interventions such as private transfers, cash saving, borrowing, as well as electricity subsidies and allowances, agricultural inputs subsidies and transportation benefits (Ventegodt et al., 2003; Tirivayi, Knowles & Davis, 2016) influence the improvement of integrated quality of life. In Pakistan, the coping strategies most often employed by the poor include drawing down savings, borrowing money and selling productive assets such as cattle, poultry, and land (Kruk, Goldmann & Galea, 2009). Additionally, conditional cash saving was found to positively increase the aspiration for higher education for socioeconomically disadvantaged parents and children (García, Harker & Cuartas, 2019). Offering loans to students enrolled in colleges could generate substantial attainment increases (Marx & Turner, 2019). To achieve their lifestyle dreams, young people in India resort to using debt to finance consumption and quality asset creation (Kishan, 2019). Moreover, researchers have found evidence across all continents that cash transfers have a positive effect on food consumption (Stoeffler, Mills & Premand, 2020). These findings suggest that coping social protection interventions are statistical and positive for promoting OQoL.

People living in rural areas often have comparatively limited welfare. Such people, therefore, compensate through agricultural input subsidies and transportation benefits. As a result, receiving these interventions becomes a pre-requisite to attaining QoL. Wang, Cheng, and Smyth, (2019), for example, found that those with high levels of savings had a high level of happiness. Hossain, Asadullah, and Kambhampati (2019) documented a positive relationship between empowerment and life satisfaction among residents of rural Bangladesh. This is

consistent with CAT, which posits that empowerment comes with opportunities to be what one wants to be. Using a cross-sectional and descriptive study, Jo, Kim, and Jeong (2020) found that the happiness of rural residents was affected by various supportive factors.

From a sociological perspective, religion is an integrative force in society, which has the power to shape collective beliefs (Beckford, 2019). Faith-based organizations provide charity in the form of a monetary donation (Kashif, et al. 2015) to assist low-income households experiencing various hardships. Zakat, a form of compulsory charity giving in Islam, influences the economic condition of the poor where they can turn to be *muzakki* (the zakat payer) in the future (Beik, 2009). Similarly, Bekkers and Wiepking (2011) examined 500 studies that sought to find the reasons behind charity. Giving of charity thus becomes a means of enhancing the means of the vulnerable to address their needs. Porter and Kramer (2002) found that charitable giving improves education and training for locals. They found the motivators to include humanity, reputation, and psychological values. De Oliveira et al. (2012) explored the link between private cash transfer and religious charity and found that for religious people this is considered to be the right thing to do. However, other researchers found that cash transfers may not move households out of poverty and may not guarantee sustainable livelihoods (Daidone, et al., 2019; Hajdu, et al., 2020). In light of the ongoing discussions, Geraedts et al., (2020) argued that coping strategies were predictive variables of the three dimensions of integrated quality of life identified in this study. From the above consideration, it is possible to formulate the following hypotheses:

H4: Coping social protection interventions have a positive and significant effect on OQoI;

H5: Coping social protection interventions have a positive and significant effect on SQoI;

H6: Coping social protection interventions have a positive and significant effect on EQoI.

Meaning in Life as a Mediator between Social Protection Interventions and Integrative Quality of Life

Meaning in life can be defined as the value a person places on the social, economic, psychological, political, and religious aspects of life experiences (Ventegodt et al., 2003). Meaning of life is understood from the vantage point of those living it. While socially, MiL is associated with the value people place on social relations, economically it has to do with employment, income and job satisfaction (Hills & Argyle, 2002). Meaning in life can be measured with such indicators as sense of purpose in life, satisfaction with life, understanding life's purpose, happiness and discovery of a satisfying life purpose (Veenhoven, 2015). The general sociological literature has shown that MiL has a substantial impact on integrated quality of life (Luz, Murta & Aquino, 2017). Within the integrated quality of life literature, findings on the relationship between MiL and integrated quality of life have been mixed. One of the studies that found a positive correlation between meaning in life and integrated quality of life is Steger (2009), who found that the presence of MiL is important for explaining the extent to which people have a sense in their lives that transcends the mundane concerns of daily life.

Meaning in life appears to be important for well-being. The presence of MiL was positively associated with life satisfaction, good health, happiness (Onyishi, et al., 2020), and was able to reduce emotional and spiritual problems (Nakau, et al., 2013). For example, a longitudinal study of 1,238 community-dwelling elderly people in the United States found that having a higher level of MiL was substantially negatively correlated with death rates (Boyle, et al., 2009). These studies support the theoretical debate surrounding living a life of meaning with inner virtue, labelled with the Greek term *eudaimonia* (Fowers, 2016). The implication is that MiL provides people with opportunities to experience positive emotions like fulfilment, solace, and optimism.

Drawing on these arguments, the study considers the integrated quality of life as being the result of having opportunities to access social protection interventions and the meaning that these opportunities have on the functioning of their beneficiaries. These discussions lead to the argument that social protection interventions positively affect the meaning that beneficiaries give to their lives as they potentially release a sense of wellbeing that is positively associated with integrated quality of life. This accords with the thesis that the influence of social protection interventions accessed by the rural poor substantially enhance their integrated quality of life when interacting with MiL.

Based on the view that a life with meaning is more satisfying and relates positively to productivity (Horst, et al., 2014) and reduced emotional and spiritual problems (Nakau, et al., 2013), the following hypotheses are formulated:

H7: For the rural poor, the relationship between preventive social protection interventions and integrated quality of life is mediated by MiL;

H8: For the rural poor, the relationship between coping social protection interventions and integrated quality of life is mediated by MiL.

In the conceptual framework that is proposed, social protection interventions are treated as the independent variable, while the dependent variable is integrated quality of life. This is because achieving integrated quality of life is the prime objective of social protection interventions. Additionally, the framework takes into account the potential mediating effect of MiL. This is because studies show that MiL constitutes a key differentiator of integrated quality of life (Onyishi, et al., 2020).

RESEARCH METHODS

Quantitative research methods were used for the study. This approach is useful for assessing the meaning that people assign to issues in their lives in the settings where they naturally occur, with minimal intrusiveness by the researcher (Saunders, 2011). The study focused on rural people who had accessed Social Protection Interventions (SPIs) in six rural areas in southern Ghana: Ankaaase, Frankadua, Teteman, Oyoko, Efumfi, and Sankar. With the assistance of religious leaders and community heads, 799 people who had benefitted from microcredit, education, health care services, farming support, school feeding programs, and public money transfers were identified irrespective of their sex, religion, ethnicity, and socio-economic status. After a series of mobile phone calls, 503 agreed to be part of the research. However, only 399 completed questionnaires were returned. This sample size was based on the recommendations made by Krejcie and Morgan (1970), suggesting a sample size of 384 is appropriate for a population of 1,000,000. Also, it accords with Hair et al.'s (2006) view that there should be between 15 and 20 observations for each predictor variable for regression analysis.

The questionnaire was made up of four sections with different sets of questions. The first sets had questions about the profile of the respondents. The second set consisted of six questions that sought the respondents' views on preventive social protection interventions and coping social protection interventions. The views of respondents on meaning in life were determined using three questions while nine questions for integrated quality of life were included in section four. Before the administration of the questionnaire, it was pre-tested with 10 people at Otcherbleku, a farming community in Ningo-Prampram. Data were collected within the period from February to March 2019. While some of the respondents were assisted in filling in the questionnaires by the three trained researcher assistants, others completed and returned them without assistance. It took an average of an hour for research assistants to assist respondents to fill in the questionnaires.

Measurement of Variables

Various instruments were developed to assess the independent and dependent variables used in the study. The profiling of respondents was established with gender, marital status, and religion. Following previous research, the independent variable preventive social protection interventions were analyzed through responses indicating the receipt of microloans, insurance, and saving (Ojong, 2014). Private transfers, public money transfer and borrowing (Toska, et al., 2016) were used to measure coping social protection interventions. Meaning in life was measured through individual response to having a sense of purpose in life, satisfaction with life and happiness (Ventegodt et al., 2003).

Integrated quality of life as the dependent indicator was measured with nine statements extracted from previous studies. The indicators used for OQoL were employment, education and health care (Ojong, 2014), while that of the SQoL scale was made up of experiencing love, self-worth, and realization of life potential (Ventegodt

et al., 2003; Sen, 2004). Existential/religious quality of life (EQoL) was measured with faith in God, strength to deal with difficulties and practice of religious-based moral virtues (Cummins, 1997; Constanza, et al., 2007). For each item, the respondent was asked to indicate the size of the variables using a 5 point Likert scale (1-strongly agree; 2-agree; 3- no opinion; 4-disagree; and, 5-strongly disagree).

The study also included two control variables: marital status and religious denomination. Marital status was controlled as a significant relationship between marital status and well-being has been established. For instance, single-parent households headed by mothers are more likely to experience poor mental health and economic hardship (Kim, Choi & Kim, 2018). Previous research has shown that being religious influences well-being. In a study of religious people in South Korea and North America, Kim (2003) found that religious resources can help individuals feel more secure, stable, and happy as well as meet members' social needs, thereby contributing to societal progress. Although income is key for determining the integrated quality of life, the study did not control for it due to the high seasonal price fluctuation in the rural economy (Covarrubias & Zezza, 2009).

Model Specifications

Based on the theoretical explanation discussed earlier, Y is the integrated quality of life for rural people, defined as a function of preventive (β_i) and coping social protection interventions (β_{ii}). As it is uncertain that all explanatory variables will be represented in the model, (e) an error element is included. Equation 1 is proposed to measure hypotheses 1 -6.

$$Y = f(\beta_i, \beta_{ii}, e) \quad (1)$$

A mediation model seeks to explain the processes that underlie an observed relationship between social protection interventions and integrated quality of life proposed in this study using MiL (m) as a mediator to determine the nature of the study more accurately and functionally. The processes involve independent variables that first influence the mediator variable, and then the mediator influences the dependent variable (Baron & Kenny, 1986). This relationship is expressed in the study as follows in equation 2. It is used to measure hypotheses 7 and 8. These hypotheses suggest that in situations where one has a meaning in life, accessing social protection interventions will be associated with increased integrated quality of life.

$$Y = f(\beta_i, \beta_{ii}, m, e) \quad (2)$$

ANALYSIS AND RESULTS

Descriptive Statistics

Out of the 399 responses used in the analyses, 112 were males and 287 were females. The majority of the respondents (72.93%) were married. The remaining 27.062 percent had never married (10.28%) or were separated (11.78%) or divorced (5.01%). Marital status did not vary greatly between the sexes—73.39 percent of men and 71.35 percent of women were married. Marital status is one of the key variables in well-being as it is seen as an institution that describes one's status, self-worth, and respect in a Ghanaian community (Fokuo, 2009). Out of the 399 respondents, the majority (73.18%) were Christian, while 15.03 percent and 7.02 percent were practising Islam and traditional religions respectively. A further 5.01 percent did not profess to any religion. The findings accord with the observation that most Ghanaians are Christian (Fuseini & Kalule-Sabiti, 2015).

The Measurement Model

The measurement model evaluates the relationships between variables and their indicators by assessing the reliability and validity of the instruments used. The reliability of the scale was ascertained by estimating Cronbach's alpha (α) (see Table 1). The estimated coefficient for the study ranged between 0.70 (MiL) and 0.87 (EQoL),

which is good (see DeVellis, 2016). Factor loading (FL) was used to assess the construct reliability, generating satisfactory coefficients ranging from 0.59 (public money transfer) to 0.90 (realization of life potential) (see Hair, et al. 2006).

Inter-Correlation Analysis

An inter-correlation analysis between all variables used in the study was undertaken to determine any potential issues of multicollinearity (see Table 2). As indicated in Table 2, there were no cases of high correlation

Table 1. Reliability and validity of variables

Variables	A	FL	Mean	Standard deviations (SD)
Preventive social protection interventions (PSPIs)	0.76			
Microcredit		0.74	3.99	1.03
Microinsurance		0.65	3.68	1.10
Savings		0.76	4.01	0.96
Coping social protection interventions (CPSIs)	0.82			
Private transfers		0.78	3.35	1.60
Borrowing		0.81	3.29	1.55
Public money transfer		0.59	3.39	1.35
Meaning of Life (MiL)	0.70			
Sense of purpose in life		0.74	2.85	1.60
Satisfaction with life		0.60	2.00	1.55
Happiness		0.61	2.57	1.34
Objective quality of life (OQoL)	0.82			
Securing employment		0.77	3.23	1.08
Accessing education		0.67	3.16	0.66
Accessing health care		0.64	3.14	0.61
Subjective quality of life (SQoL)	0.76			
Experiencing love from others		0.68	2.79	1.05
Having self-worth		0.80	3.81	1.34
Realization of life potential		0.90	3.87	0.94
Existential/religious quality of life (EQoL)	0.87			
Having faith in God		0.79	2.05	1.65
Strength to deal with difficulties		0.61	2.90	1.39
Practising of religious-based moral virtues		0.75	3.44	1.60

Table 2. Correlation matrix

Variable	Mean	SD*	PSPIs	CPSIs	OQoL	SQoL	EQoL	MiL
PSPIs	1.93	0.84	0.029	-				
CPSIs	2.01	0.77	0.032	0.121*	-			
OQoL	2.66	0.99	0.025	0.042*	0.012*	-		
SQoL	1.75	0.71	0.038*	0.221	0.169*	0.240	-	
EQoL	2.34	0.63	0.102**	0.024	0.049*	0.122*	0.035*	-
MiL	2.19	0.75	0.090	0.190**	0.241	0.104*	0.046	-

Note: *Correlation is significant at $p < 0.05$; **Correlation is significant at $p < 0.01$.

among the variables (Akoglu, 2018). Thereafter, the hypotheses were tested.

Testing of Hypotheses

Ordinary least square regression was used to test the hypothesized relationships between the theoretical variables. A summary of the path relationships between constructs in the theoretical model, their betas (β), t-values and associated p-values are provided in Table 3. For H1, preventive social protection interventions were predicted to influence changes in OQoL. The beta ($\beta = 0.150$; $p = 0.658$) was not significant, suggesting a rejection of H1. The results indicate that preventive social protection interventions related positively and significantly to only SQoL. This suggests that one size does not fit all when it comes to SPIs. The non-significant effect of preventive social protection interventions on OQoL provides empirical validation for the position of Khan et al. (2017) that there is a negative trickledown effect of microloans. Banerjee et al. (2015, p. 4) attested that “microcredit is not for every household or even most households”, as it does not automatically lead to social transformation. In the Ghanaian situation, this might be attributed to low returns from rural economic activities (Dary & Kuunibe, 2012) and redistributive claims for assistance being made by family and friends on one's savings. Shipton (2007) restricts the returns on microcredit to education and payment for healthcare.

A positive and significant relationship was found between preventive social protection interventions and SQoL ($\beta = 0.393$; $p = 0.016$). This supports the view that when the poor in rural areas access micro-loans, enrol in microinsurance and make savings, they are better prepared to experience the love of others, build their self-worth and realize their life potential. These resources, according to CAT, are critical for effective functioning in any society (Robeyns, 2003). Accordingly, H2 is accepted. The results can be explained with economic sociology which looks at the social cause and effect of various economic phenomena (Daidone, et al., 2019).

H3 was not supported by the study as it recorded a non-significant relationship between preventive social protection interventions and existential (religious) quality of life. Specifically, those who access preventive social protection interventions do not exhibit higher levels of existential (religious) quality of life ($\beta = 0.229$; $p = 0.202$). The insignificant effect of preventive social protection interventions on existential (religious) quality of life might be due to microcredits inability to sustainably raises clients' incomes or assets (Banerjee, Duflo, & Hornbeck, 2014), and thereby to enable people to engage in religious charity giving. In this case, microcredit is unable to equip rural people with functioning abilities.

Table 3 shows the results of coping social protection interventions' effects on integrated quality of life. The results suggest a negative and significant impact of coping social protection interventions on OQoL ($\beta = -0.148$; $p = 0.048$). This suggests that coping strategies may not be able to address the OQoL issues of the rural poor. The argument may be that the rural poor experience difficult situations such as unemployment. Therefore, H4 is rejected. The results indicated the existence of a positive and significant relationship between coping social pro-

Table 3. Results of hypotheses

Hypotheses	Hypothesized relationships	B	t-test	p-value	Meaning
	Direct effect				
H1	PSPIs * OQoL	0.150	4.23	0.658	NS
H2	PSPIs * SQoL	0.393	2.20	0.016	S
H3	PSPIs * EQoL	0.229	1.99	0.202	NS
H4	CSPIs * OQoL	-0.18	4.75	0.048	S
H5	CSPIs * SQoL	0.436	5.44	0.029	S
H6	CSPIs * EQoL	0.296	4.62	0.004	S

Note: NS - not significant; S - significant. *Correlation is significant at $p < 0.05$; **Correlation is significant at $p < 0.01$.

tection interventions and SQoL ($\beta = 0.435$; $p = 0.029$), therefore H5 was accepted. Finally, the study confirmed that coping social protection interventions are positively and significantly related to the existential (religious) quality of life ($\beta = 0.296$; $p = 0.004$). This means coping social protection interventions contribute to SQoL and existential (religious) quality of life leading to the acceptance of H5 and H6.

Social Protection Intervention, the Meaning of Life and Integrated Quality of Life

Based on the literature, six different regression analyses were conducted to examine the mediating role of MiL on the relationship between SPIs and IQoL (see Table 4). Only preventive social protection interventions and SQoL were used as the relationships among preventive social protection interventions, OQoL and EQoL were not significant. The estimates suggest that preventive social protection interventions are significantly and positively related to meaning in life ($\beta = 0.095$; $p = 0.031$), as is MiL and SQoL is ($\beta = 0.103$; $p = 0.001$). The third condition for mediation is confirmed by a reduction of the level of coefficient of the relationship between preventive social protection interventions and SQoL ($\beta = 0.072$, $p = 0.024$). The estimates extracted from the Sobel test ($z = 2.13$; $p < 0.05$), a method used to test the significance of a mediation effect, also collaborate the mediation. Consequently, MiL mediated the relationship between preventive social protection interventions and SQoL. Therefore, H7 is partially supported, as MiL explains the existence of this relationship.

Table 4 also provides the details of the analysis carried out for testing the mediating effect of MiL on the relationship between coping social protection interventions and integrated quality of life. This led to the generation of H8 a-c. The estimates suggest that coping social protection interventions are significantly and positively related to meaning in life ($\beta = 0.105$; $p = 0.032$). Additionally, it can be seen that MiL does not significantly impact on OQoL ($\beta = -0.008$; $p = 0.053$), resulting in the rejection of the second condition for mediation. The effect of coping social protection interventions on OQoL changes from $\beta = -0.219$ and $p = 0.048$ to $\beta = -0.072$ and $p = 0.010$, indicating a negative and significant effect when the mediator is introduced into the relationship. The result obtained from the Sobel test confirms the non-existence of a mediating impact ($z = -1.55$; $p > 0.05$). The findings of the study, therefore, do not support H8a.

H8b considered the coping social protection interventions and SQoL nexus. As shown in Table 4, there is a positive and significant relationship between coping social protection interventions and MiL ($\beta = 0.104$; $p = 0.011$). The extracts indicated that MiL impacts positively on OQoL ($\beta = 0.153$; $p = 0.043$). This relationship is significant and consequently, the second condition for mediation is accepted. Finally, meaning in life is signifi-

Table 4. Results of the mediating variable: meaning in life

Hypotheses	Hypothesized relationships	B	t-value	p-value	Meaning
H7	PSPIs*MiL	0.095	2.32	0.031	S
	MiL * SQoL	0.103	2.86	0.001	S
	PSPIs*MiL * SQoL	0.072	1.99	0.022	S
H8a	CSPIs *MiL	0.105	3.02	0.032	S
	MiL*OQoL	-0.008	0.01	0.053	NS
	CSPIs *MiL*OQoL	-0.072	2.01	0.010	S
H8b	CSPIs*MiL	0.149	4.26	0.011	S
	MiL*OQoL	0.153	4.66	0.043	S
	CSPIs*MiL*SQoL	0.056	2.10	0.014	S
H8c	CSPIs*MiL	0.052	4.32	0.023	S
	MiL*EQoL	0.169	2.84	0.015	S
	CSPIs*MiL*EQoL	0.056	4.66	0.041	S

Note: NS - not significant; S - significant. *Correlation is significant at $p < 0.05$; **Correlation is significant at $p < 0.01$.

cantly and positively related to coping social protection interventions and SQoL ($\beta = 0.056$; $p = 0.014$). Therefore, MiL mediates coping social protection interventions and SQoL nexus. The impact of MiL in explaining the presence of this relationship is validated with the results of Sobel test ($z = 2.17$; $p < 0.05$). Subsequently, H8b is supported.

Coping social protection interventions do significantly impact meaning in life ($\beta = 0.052$; $p = 0.023$), leading to the acceptance of the first condition for mediation (see Table 4). Meaning in life is significantly associated with EQoL ($\beta = 0.169$; $p = 0.015$). Also, the results lead to the rejection of the third condition for mediation, because the inclusion of a mediator into the model does register a significance level in the relationship between coping social protection interventions and EQoL ($\beta = 0.056$; $p = 0.064$). Consequently, H8c is supported.

DISCUSSION

In terms of building upon prior research, we note that not all of the findings of this study were consistent with that of other researchers. However, our research is distinguishable in a significant way. The study proposed and empirically tested the social protection interventions and integrated quality of life nexus with MiL as a mediator. By controlling for marital status and religious denomination, the study shows that SQoL is discussed by all respondents in terms of shared understandings and ways of enhancing the integrated quality of life within the cultural bounds of Ghana. In this sense, preventive social protection interventions and coping social protection interventions represent access to capabilities embedded through functioning. So, accessing these interventions could be viewed as the medium through which opportunities and values are obtained and could be seen as the capability approach enablers to poverty alleviation of rural people.

When MiL is combined with coping social protection interventions and OQoL, the mediating effect is not significant. This is interesting when compared to findings reported in the literature, which identify the relevance of MiL to OQoL (Haugan, 2014). Using the theory of constraints as a lens, it can be said that the inability of the rural poor to provide enough to meet their basic needs of life opens them to low self-esteem, and less dignity and respect (McAreavey & Brown, 2019), making them feel left behind. It can, therefore, be said that MiL is not an enabler for taking advantage of OQoL opportunities.

The rural poor experience difficult lives due to their operation within a deprived environment. This study highlights the importance of using preventive and coping social protection interventions as tools to address the needs of the rural poor, such as being loved, having self-worth and realization of life potential. It supports the argument that the building of capabilities is vital in determining SQoL (Daidone, et al., 2019). The study provides empirical validation that the rural poor who are able to access preventive and coping social protection interventions are likely to report higher levels of SQoL.

As a resource to EQoL, higher MiL gives a sense of purpose which makes life worthwhile. Bruner (1990: p. 56) notes that without meaning people “would be lost in the murk of chaotic experience and probably would not have survived as a species in any case”. Accordingly, MiL is a mechanism that allows the rural poor to tap into resources for functioning. This confirms the claim emanating from the psychological literature that MiL can positively alter meaning under stressful conditions (Halama & Bakosova, 2009). So, MiL could be viewed as the medium through which EQoL is pursued, reinforcing the argument that MiL is essential for optimal spiritual functioning.

Implications of the Study

Our theoretical contribution is in showing social protection interventions as enablers which usher in opportunities for building a rural setting with an enriched quality of life. Subjective quality of life, therefore, becomes an outcome of the practices of social protection interventions embedded in MiL. What this study suggests is that SQoL in rural areas is the outcome of social protection interventions and MiL. Within the modus operandi of social protection interventions, the rural poor invoke functioning that makes it possible for them to convert re-

sources such as micro income and insurance, and private and public transfers, into experiencing love from others, developing self-worth and realization of life potential. Accordingly, social protection interventions and MiL are appropriate lenses to use when looking at SQoL in local rural contexts because it allows for an appreciation of abilities for improving QoL. The study also contributes to social protection interventions and SQoL literature following the recommendations of Reindal (2009) and Oni and Adepoju (2014), who have called for analyzing integrated quality of life through Capability Approach Theory. The literature on integrated quality of life discusses EQoL to include both religious and non-religious indicators. However, this study defined it using only religious indicators. This presents a limitation of the study but presents an interesting avenue of future research to determine whether social protection interventions have the same interactions with both religious and non-religious among all aspects of EQoL.

This study has implications for policy-makers in terms of development initiatives. It demonstrates that policy-makers need to remain conscious of the enabling forces of integrated quality of life when designing development interventions. It shows that rather than a one size fits all strategy, policy formulations should be geared towards working in rural settings in accordance with their complexity. While resources and opportunities are made available by the interveners, it is the locals in rural settings who understand the context in which these will operate. This position is underpinned by the situated knowledge hypothesis, which claims that one's experiences are dependent on one's social and cultural setting.

This research shows the benefit MiL can bring to bear on SQoL. While rural people have recognized the benefits of accessing SPIs to assist their functioning, they also need to be assisted to develop meaning in their lives. Drageset, Haugan and Tranvåg (2017) recommended the following for enhancing MiL: facilitate personally treasured activities, experiencing belonging, recognition, and spiritual connectedness. Approaches to tackling integrated quality of life cannot, therefore, be a "one size fits all", and policymakers may have to accommodate contextual differences.

CONCLUSIONS

This research was concerned with the questions: (1) what is the effect of social protection interventions on the integrated quality of life of the rural poor?, and (2), how does MiL mediate the effect of social protection interventions on integrated quality of life outcomes of the rural poor? It presented evidence that while preventive social protection interventions inform SQoL, coping social protection interventions are critical for enhancing OQoL, SQoL, and EQoL. Additionally, SQoL exists by bringing to bear the meanings that rural people attached to life. Whether preventive social protection interventions and coping social protection interventions are productive to SQoL depends on MiL. The insights from people in rural Ghana demonstrate that in such places, SQoL is an ongoing process based on MiL.

This study demonstrates that at a rural community level, SQoL and MiL impacts on the way capabilities are accessed and utilized to enhance one's QoL. The study provides no support for the claims about the effects of preventive social protection interventions and coping social protection interventions on OQoL and EQoL. This lack of evidence and the fact that policymakers are investing in social protection interventions to enhance the integrated quality of life in rural areas should be cause for serious concern for all rural development actors as the study has shown that relying on social protection interventions as a solution to the promotion of development may be precarious due to complexities associated with integrated quality of life issues.

Several limitations of the present study should, however, be noted. The study included data only on individuals' perceptions, not actual abilities. In this vein, ascertaining the validity of their responses is challenging. Other means of confirming responses obtained from respondents, such as using direct observation should be considered. Additionally, long term panel datasets that have information on the beneficiaries' transitions to and from accessing social protection interventions would offer yet another way of understanding the relationships examined in this study. Due to the importance of improving lives in rural settings, it would be of great interest

for this study to have collected more detailed information concerning social protection interventions to better analyze what drives the integrated quality of life due to its complexity of rural areas. To have a more realistic picture of the important drivers for improving integrated quality of life, future studies can consider using assigned weightings for each dimension. Such findings will assist in the creation of effective policy especially where there is a need for trade-offs. Finally, the conclusions of this study are limited by the geographical representation of Ghana. It would be useful if future work examined these relationships further and in a different rural setting. This would enable a better understanding of the relationships between social protection interventions, MiL and integrated quality of life, and how these might contribute to “being” and/or “becoming”.

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