

CHAPTER I

INTRODUCTION

1.1 Background

Ageing is natural phenomenon and every individual who takes birth have to reach this age level after a certain time. It is the closing period of life. It begins from the age of sixty years. It is a period of wearing out of an individual both physically and mentally therefore this age is considered as the age of retirement because in this age individuals retires from jobs and slowly retire from household responsibilities. Some of the man and woman with better living conditions, better health care don't show the sign of ageing.

Ageing is caused by physical and psychological reasons. Among the physical reasons, the wearing and tearing of bodies decrease in the rate of formation of new cells: decrease in immune system weakening of cell membrane and decline in the power of mitochondria. Thinking stress banning capacities, confidence upon independence are slowly degraded by old age. Among psychological cause is the social attitude of individuals towards elderly people. The old person themselves consider their age as the last stage of their life due to psychological effect of ageing. They feel that their age of usefulness is over. They take less matter of others and it affects their adjustment with others.

In 1995, the proportion of elderly population in the world was estimated 6.5 percent. The distribution of elderly between developed and less developed countries remained to be 18.3 & 7.2 percent respectively at present; the proportion of elderly population aged 60 and above in the world is 10 percent. The proportion of elderly population in Nepal is 5.2 percent.

Growing challenges of elderly population have introduced various programmers and policies at the government and non government level. Health issues include nutrition and medical care housing and living arrangements and personal social services such as legal advice, counseling and referral with

recreational and social activities. The elderly issues are overlooked even to date. Improvement in mortality has reinforced to increase the elderly population in Nepal. The issue is emerging as an eminent problem. Studies have not been carried out in regard to this issue. Moreover, there is an absolute dearth of research dealing with specific feelings of older people and their support system. Thus, this study had been carried out to fulfill this gap as well as to accomplish the academic requirements. Some of the bridhashaams are running throughout the kingdom from government, nongovernmental and even common public. Pashupati Bridhashram as holy pilgrimage is among the elderly homes. The study of this Bridhashram has also revealed the important factors in living the house by Bridya and Bridhas.

1.2 Statement of problem

Currently, the world is passing through the demographic transition of higher birth to lower death rates. By this, the population of children will be lesser and the working age population of future is decreased. The percentage old age people will be even increasing. With the decreasing fertility in countries the proportion of old age population of the world has increased. The world's economy will be greatly affected by this trend. The growing number of old age population means increasing in cares. In development countries like Nepal, this will have much more significance.

The world's current migration trend from village to town, town to city and developing countries to developed countries, has generated the requirements of elderly people. Nepalese social life modernization has extended the requirement of elderly support. The responsibility to provide economic security for dependent aged tends to be shifted from family to state.

Following public responsibilities toward elders; Pashupati, Devaghat, Santi and some others Bridhasram are operated in Nepal. Overall situation of the Bridhashram established in different parts of the country reveal a gloomy

picture. They are mostly with poor resource and offer poor residential services. Although, Bridhashram may fulfill survival needs of elderly they can not fulfill their spiritual and emotional needs that the family, neighborhood and kinship networks provide (Subedi, 1999).

More age based distinction that the Government has attempted to do is not enough. The support system facilitated by elderly homes (Bridhashram) has to be considered from the criteria of age, sex, economy, cast, marital status and the life. This study is concentrated to identifying the answer of the following research questions.

- 1) Why the elders are moving to Elderly care centre?
- 2) What is the portion or situation of elders in elderly home?
- 3) What are the requirements of elderly support?
- 4) How the elderly issue can be addressed best?
- 5) What do the elders prefer on from the family and state?

1.3 Objectives of study

The general objective of the present study is to assess the socio economic status of elderly people in Pashupati Bridhashram in Kathmandu Nepal. The specific or immediate objectives are as follows:

1. to identify the socio-economic profile of elderly population living in elderly home.
2. to assess the services, facilities or support for elderly people in the study area.
3. to identify health practices of elderly people and the problems being faced by them.

1.4 Significance of the study

In the content of Nepal, as the number of elderly inhabitants is increasing, the trend of people to go to elderly care home is also increasing.

The study is only focused on the older people living in Pashupati Bridhashram of Kathmandu. It may be representative one. The significance of the study is as follows:

1. The study investigates basic needs, health and social security problems being faced by elderly people in Pashupati Bridhasram.
2. It helps to identify the reasons of older people to come in Bridhashram.
3. It helps to identify the reasons of elderly people to come in elderly care centre.
4. It helps policy makers; NGOS/INGO's elderly homes run by Government and others some private organizations to formulate policies and strategies on elders to give an effectiveness of activities.

1.5 Limitations of the study

Followings are the limitations of the study.

1. This will be limited to Pashupati Bridhashram in Kathmandu.
2. This study will be limited to the exploration of those elderly people who live in Pashupati Bridhashram in Kathmandu.
3. The conclusion/recommendations of this study may only be generalized to the studied population.

1.6 Organization of the study

This study has been organized into five chapters.

The first chapter introduces the subject of the study. Similarly it states the problem, objectives of the study, limitations, and the definition of the term used.

The second chapter highlights on the literature both conceptual and related studies.

The third chapter is about research methodology where research design, sampling, data collection techniques and tools and data analysis pattern are described.

The fourth chapter deals with data presentation and analysis. In the chapter data collected from the field are presented in diagrams, charts and analyzed with the help of simple statistical tools like average, frequency and percentage.

The last and the fifth chapter is about summary, conclusion and findings of the study.

1.7 Definitions of the term used

- Ageing** :- Process of Growing old
- Elderly** :- People who are above the sixty years old.
- Generation Gap** :- A gap in thought between the young and elderly people
- Management** :- The facilities especially related with ageing problem
- Old Person** :- An old person isgray hair, over 60 years of age, physically slow, talkative, wrinkle face, loose skin muscle, poor hearing, low vision, patience, one side
- Senior Citizen** :- A Citizen above 60 year of age.

CHAPTER II

LITERATURE REVIEW

In this chapter, concept about aging, old age and studies based on these concepts have been reviewed. To accomplish this task, books, journal articles and thesis are consulted and reviewed.

2.1 Conceptual Review

Old age is the last phase of human development. In general, in most of the countries in the world, people above 60 years of age are regarded as old age population; however there is no universal definition old around the world. Countries have their own basic for defining ageing or old population; sometimes it is defined by the countries on the basic of their social or economic structure such as 'retirement age' or age at which people are eligible for social security benefits. (Singh, 2003)

The state of elderly is normally defined in terms of specific age. However, the problem of aging is rather concerned with the old age disabilities and that con's condition as aged dependents personal health, sex, employment and socio-economic status. There are various words describing older age as the later part of life, viz. "senior citizen," "Golden age, "Elderly person," person in harvest years.

Old age is declining age in terms of physical, mental, emotional and social aspects. Due to declining these aspects old people are affected by various psychological problems. Some specific characteristic are appeared in the period of old age. Among them, weak adoption, declining immunity power, mostly affected by traditional thinking are significant. Old age is stereotypically seen as a period of decline, and people can find it difficult to more about easy to become isolated. An ageing global population means that resources to tackle the situation become more limited as the need grows to find was to help elderly people to continue their normal everyday lives (Upadhaya, 2004).

The beginning of the old age is also characterized by the time from which the capacity to do work begins to be affected by physical, mental and biological conditions of old people, making the operation definition of old age limits 60,65,70 years or above. There is no universal accepted specification span of years for the old age at the formal retirement age from service of the country on the average is often taken as its initial limit (Bisht, 2005).

Population ageing is a global phenomenon. It is a natural outcome of demographic transition from high fertility and mortality to low fertility and mortality. In this sense population ageing can be viewed as a product of successful population programs that most countries have implemented (UN, 1991).

The decline in fertility levels reinforced by continued declines in mortality levels is producing fundamental changes in the age structure of the population of most societies, most notably record increases in the proportion and number of elderly persons, including a growing number of elderly persons (ICPD, 1994). Traditionally, we have distinguished between ageing as an individual phenomenon and ageing as an aggregative process through which population structure is modified. In considering the former it is important to emphasize that human aging is a multifaceted phenomenon that begins at birth and follows varied timetables, depending on whether one is tracing biological, cognitive or social parameters, although, demographers are less concerned with the ageing of individual person (Chaulagain, 2004).

2.2.1 AGEING IN THE WORLD

Over the past few years, the world's population has on its remarkable transition from a state of high birth and death rates to one characterized by low birth and death rates.

The world elderly population (hereafter defined as persons 60 year and above) was estimated to be 242.7 millions in the mid 1995. The world's elderly population consists of nearly 55 percents elderly woman. There are more than half, almost 52 percent of the world senior citizens dwelling in Asia. The

population ageing is primarily a result of decrease in the proportion of younger aged population, as a result of falling fertility rates in the developing countries. When the fertility and mortality levels continue to descend to much lower levels, the life expectancy increases in the region and the age distributions resemble very close to those of more developed regions in 1950.

During the 20th century, nearly 90 percent of population growth took place in countries classified as less developed countries (LDCs) by the United Nations all countries in Africa, Asia (except Japan), Latin America and the Caribbean, and the Oceania (except Australia and New Zealand). This remarkable development resulted from an unprecedented spread of public health measures, health care and disease prevention, particularly after the end of World War II in 1945. These improvements result in higher increase of elderly people both in developed and developing countries.

Between 2011 and 2050, virtually all population growth will take place in the LDCs. In overall, the small amount of population growth project for MDCs will be largely accounted for by the United States and Canada. But most of that growth will likely due to immigration from LDCs. The population projected to LDCs from 5.5 billion in 2011 to 8.1 billion in 2050. There are vast differences in age structure between the more developed countries and less developed countries. The large number of people in the LDCs, “parents of tomorrow”, ensures substantial population growth. Exactly the opposite is true in the MDCs.

United Nations population division (UN 2002) has estimated the 629 million (62.9 cores) elderly persons, of which 39 cores live in less developed regions and 24 cores in more developed regions. This old age population is projected to grow to reach the figure of 2 billion by 2050, at which time populations of the older persons will be the largest than the population of the children (0-14) for the first time in the human history (Bisht, 2003).

The proportion of the older persons varies from region to region. In total, one out of every two persons is now 60 years or older. This proportion is one out of five for Europeans and one out of twenty in case of Africans. By the year 2050,

in total, one out of five is expected to be of 60 years or older, and by 2150, this has been estimated to be one out of three person, an alarming old aged population since ever. It indicates that ageing will have extensive effects on the social, economic and health condition of the people (Bisht, 2005).

Currently, the Asian and Pacific region contains more than 300 million elderly persons. In China, there are more than 114 million elderly. Japan contains 25.1 million elderly persons, the largest proportion of the elderly among all the countries in this region. In short, the East Asian countries are farthest ahead in the population ageing process followed by South East Asia and South Asia.

2.2.2 Madrid International Plan Of action On Ageing 2002

The international plan of action on aging adopted at the first world assembly on ageing in Vienna, has guided the course of thinking and action on aging over the past 20 years, as crucial policies and initiatives evolved. Issues of human rights for older person were taken up in 1991 in the formulation of the United Nations principles for older persons which provided guidance in the areas of independence, participation, care, self fulfillment and dignity.

The twentieth century saw a revolution in the longevity of the age. Average life expectancy at birth has increased by 20 years to 66 years since 1950, and is expected to extend further 10 years by 2059. Globally, the proportion of persons aged 60 years and older is expected to double between 2000 and 2050, from 10 to 21 percent. Population ageing is poised to become a major issue in developing countries which are projected to age swiftly in the first half of the twenty first century. The fastest growing group of the older population is the oldest of the old, that is, those who are 80 years or older. By 2050, the oldest old are expected to increase to five times than their current figure.

In general, older woman outnumber older man, and this figure increases as the old age increases. The situation of older woman should be a top priority for making policy actions. It is essential to integrate the evolving process of global ageing within the larger process of development. The aim of the international plan of action is to ensure that persons at every age should be able to live with

security and dignity, and they should be allowed to participate in their societies as full-rights citizens.

The recommendations for action are organized according to three priority directions: older persons and development; advancing health and well being into old age; and ensuring enabling and supportive environments. According to this declaration, the extent to which the lives of older people are secure is strongly influenced by progress in these three directions. The priority direction are design to guide policy formulation and implementation towards the specific goal of successful adjustment to an ageing world, in which success is measured in terms of social development, the improvement for older persons' quality of life and the sustainability of the various system, formal and informal that underpin the quality of well being throughout the life course.

2.2.3 International Conference on Population and Development (ICPD, 1994)

International Conference on Population and Development was held Cairo, from 5-13 September, 1994. The International Conference on Population and Development provided some international polices and recommendations regarding the status of elderly people, which are listed as bellows.

-) To develop social and economic security system.
-) To develop the health care system
-) To enhance the self reliance of elderly people
-) To promote quality of life and independency

Elderly population is an inevitable consequence of the demographic transition and it is taking place at much faster pace in the developing countries. In almost all societies, older woman has outnumber older men (ICPD+5). The United Nationas General Assembly Special Session ICPD+5 (1999) recommended that to government.

-) Invest more resources in gender sensitive research as well as training and capacity building in social policies and health care for the elderly particularly older woman.

-) Support system to enhance the abilities of families and communities to care for older family members.
-) Support research and develop comprehensive strategies at national, regional and local levels to meet challenges of elderly population.

Anyway, the issues of elderly people are growing concern all over the world. Many countries are currently re-examining their policies in the light of the principle that elderly people constitute a valuable and important component of a society's human resources. They are also attempting to recognize how to help elderly people with long-terms support needs.

2.3.4 Ageing in SAARC Region

At the dawning of the 21st century, almost all of the countries of the large and diverse Asia Pacific region are experiencing dramatic changes in their population structure. These changes pose important socio economic challenges and will have profound impact on the region socially, economically and politically. The concern over ageing in many countries is not so much due to the current level of population ageing as more to the rate of growth over the next 25 to 30 years which will be unprecedented in this region and much more rapid in the previously experienced elsewhere in the world (HAI, 2001).

The criterion of ageing varies in SAARC region. Maldives considers 65 years, Sri Lanka 55 years, India, Nepal and Pakistan 60 years, Bangladesh and Bhutan 58 years as criteria to define elderly citizens". Cross-national comparison of the ageing in the developing regions is rather tricky. Part of the reasons is that most of these countries started to address the issue of ageing very recently and therefore there is a dearth of data related to older population. Another problem is these countries are using different cut off points to define old age, sometimes depending on the official national ages of retirement (Acharya, 2001).

Depending upon the availability of information, a number of indicators could have been used to capture different aspects of the ageing process in these

countries including socio-economic aspects. The population of all countries in the SAARC region is expected to continue to grow during projection period. By the year 2025, all the countries will have less than 30 percent of their population under to 15-64 years. One feature of the age structure will be that the percentage of share of population in this age group will continue to be lower (Acharya, 2001). In SAARC region, similar scenario could be observed in the case of the older population i.e. slow but gradual rise of the population who are aged 65 years or above. Although considerable variation could be observed among the countries, Sri Lanka will have 12.4 percent of the total population as old' by the year 2025. India comes in second position in terms of it's of old population throughout the projection period. The total share of older population in the India will be eight percent by the year 2025. Bangladesh and Pakistan will have just over 5 percent of the older population, while rest of countries i.e. Bhutan, Nepal and Maldives will have 4-5 percent of the older population (UN, 1999).

Table 2.1: Distribution of population aged 60 years and above in SAARC Countries

Countries	Elderly population (in millions)
Bangladesh	7.210
Bhutan	0.144
India	81.089
Maldives	0.016
Nepal	1.438
Pakistan	8.611
Sri Lanka	1.857

Source: UN population on Ageing, 2002

Above table shows the amount of elderly population is high in SAARC region. Among the SAARC country, India shares the highest (81.09 million) number

of elderly people and Maldives shares the lowest 0.016 million. From this literature, we can conclude that the increasing rate of elderly people is similar as other parts of the world.

2.4.5 Elderly Population in Nepal

Ageing is not so problem in Nepal or the number of elderly population in this current situation is not so much proportion of total population but, the growth rate old population and its management is big problem of Nepal. According to Nepal census year 2001 the share of the old population was 6.1, with growth rate of 301 which is higher than national population growth rate of 2.1 percent which shows that Nepal will face the problems of ageing in near future.

In the context of Nepal the people 60 or above 60 of age is known as old population. Overall, till 1960s Nepalese population has remained young, with more than 40 percent of its people under the age of 15 years. More than half of the population consisted of people between the ages off 15-59 years. Only a small proportion consisted of people age 60 and above. The proportion of elderly people has been increasing slowly from 1971. According to the data collected in the different censuses, the percent of population aged 65 years and over was 3.1 in 1971 and 3.4 in 1991 (Acharya 2001). According to latest censuses of Nepal, the growth rate to elderly population is faster than the growth rate of total population which is proved by various national census of Nepal.

Presently, decrease in fertility and mortality rates with improvements in life expectancy have led to add about 65000 new elderly people each year. Furthermore, projections indicates that the number of older people of 1474379 (6.5% to total population) in 2001 on expected to be 2037309 (6.94 % to the total population) by the end of 2001 which shows increasing in senior population.

The majority of the elderly people in Nepal are living in rural areas (85 %+), depending upon their agriculture profession and living under the poverty due to lack of access to resources and income-generating activities. Many of the elderly people living in rural areas are suffering from food scarcity, health facilities, low social and economic status, discrimination etc. as well as decade-long conflict between Maoist and Government resulted many parents live alone in their old age with their grandson and granddaughter (NEPAN, 2012).

The literacy rate (those who can read and write) for aged 65+ years is found as 27.0 percent for males and 4.07 percent for females and 47.12 percent are found economically active with sex differential of 59.7 percent males and 34.30 percent for females (CBS, 2003). Elderly people in Nepal are found usually active and productive in their advancing years. They are involved in child care, cattle herding, handicrafts and farming activities. Elderly females, in particular, mostly share responsibilities in household chores. However, their contribution and economic value have not been duly recognized (MoPE, 2002). HDI was estimated as 0.461 in 2001 which has significant disparity within and across regions and districts. MDI in urban areas is at 0.581 and rural areas at 0.43915. HDI is lowest in mountains (0.492) and human poverty in rural areas is 45.3 percent whereas 23.3 percent in urban areas. The government of Nepal runs one old age home for 235 family-ousted and homeless elderly people. There are other five old age homes run by NGOs with government support and 14 other homes run by welfare agencies (MoPE, 2002). A total of 1500 old aged persons have been confined from such old age homes. Moreover, there are also some day care centers for elderly persons, mostly in some urban areas of Nepal.

Like other countries, either developed or less developed countries in the world, the number of older population in Nepal is increasing in absolute number as well as in percentage. Traditionally, the family, especially the young members, have been caring for their elderly both in rural and in urban areas. They still are expected to fulfill their traditional role. However, the ageing process is taking

place together with socioeconomic changes that are affecting the role of family with urbanization, the family size is declining and kinship ties are weakening families have started to become 'less extended 'and' more nucleated (Acharya, 2001).

2.5.6 GROWTH RATE OF ELDERLY POPULATION IN NEPAL, 1952/54-2001

The growth rate ageing population is higher than the growth rate of total population in Nepal. Last three censuses of Nepal, from 1971 to 2001, there has been high rate of growth in the elderly population. The high rate computed 3.5 persons per annum of elderly population in 2001 census of Nepal imply that the number of elderly will double in less than 20 years (table below). The population growth recorded in 2001 census was 2.25, which is less than the elderly population growth rare 3.5 percent per annum in the year.

Table 2.2: growth Rate of Total Population and Elderly, 1952/54-2001

Census Year	Inter Census Growth rate (%)	Doubling time (in years)	Elderly growth Rate (%)	Doubling time (in years)
1952/54	2.30	30	-	-
1961	1.65	42	1.79	38.72
1971	2.07	34	2.42	28.64
1981	2.66	26	3.26	21.26
1991	2.10	33	2.26	30.67
2001	2.25	31	3.5	19.80

Source: Population Census of Nepal 1952/54-2001

Table 2.3: Distribution of elderly population by Development Region, 1981-2001

Development region	Census Year		
	1981 (%)	1991 (%)	2001 (%)
Eastern	5.5	5.6	6.4
Central	5.9	5.9	6.3
Western	6.6	6.9	7.8
Mid-Western	4.7	4.5	5.0
Far-Western	5.5	5.1	5.7
Nepal	5.7	5.8	6.5

Source: Population Census of Nepal 1981-2001

According to the distribution of elderly population by development region, presented in three censuses western development region contains the highest proportion of elderly (7.8) and the Mid-western development region contains the lowest proportion of elderly population (5.0), 2001.

2.6.7 Government Plan and Policies on Ageing Issues

In the situation, numbers of elderly people are increasing in absolute number and proportion the government should concern on the issue related to elderly population. Similarly, due to modernization and the trend of migration towards other countries resulted on many older people live alone in their old age. Which ultimately increase the number of elderly people compels to live in “Ashram” or “Elderly Center” which is not desire of those people. And another problem is that, the existing “Ashram” is not sound for elderly which they have to be in their old ages.

The government of Nepal provide an old age pension to the early age 70 years and older a sum of one hundred and fifty (Rs. 150), per month at present, raised from one hundred to one hundred and fifty rupees from the international years

of older persons 1999 but this amount is not adequate and even the retirement pension received by retired persons is not sufficient to sustain their life because the majority of the elderly people have no definite source of income after their retirement (Bisht, 2005).

There has not been much attempt on the part of government to help the elderly people. For the last few years the government has initiated a program of providing people above 70 years with a minimal old age allowance. There is housing facility for excluded elderly people in Pashupatinath temple where about 230 people are living at present which was established in 1976. This is the largest shelter for elderly people in the country and the Ministry of woman, children and social Welfare run this center. Besides this, smaller shelter has been established in Birgunj, Butwal, Pashupati, Dhankuta, Biratnagar etc. There are about 1500 old person are living the shelter homes.

The government of Nepal internalized the ageing issues by incorporating, the social security schemes with a monthly allowance to senior citizen in 1994/95. This was a part of the ninth five year plan (1997-2002) and was also considered in the tenth five year plan (2002-2007) with an aim to guarantee capacity development social security and life of dignity for senior citizens.

The three year plan (2007-2010) starting this year has adopted the following policies on elderly issues:

-) Develop legal and institutional mechanisms to ensure welfare and right of senior citizens.
-) Expand old age homes, allowances and other social-economic security programs with reviewing the programs and modalities followed by governmental and nongovernmental agencies.
-) Provide special facilities to elderly people in hospitals and public transports.

-) Formulate policies to respect and utilize the knowledge, skills and experiences of senior citizen in nation development and social transformation.
-) Inspire and motivate local government, private sectors and civil society organizations to provide appropriate services and facilities to senior citizens.

Under the heading of duties, rights and responsibilities of village development committee in the local self Government Act, 1998 there is a provision for the protection and development of orphan children, helpless women, elderly people and disabled. The guidelines of the Ministry of Local Development include disabled allowance:

-) Men/ woman above the age 70 years will be eligible for monthly allowance of Rs. 500.
-) Nepal annual budget speech 2065 announced old age allowance from Rs.200 to Rs.500.
-) People above 60 years of age who have no income source, who are not taken care by their families, have no personal assets and/ or properties or widows who do not get their husband's pension are eligible for monthly allowance of Rs. 150.
-) Disabled person above 16 years of age, blind on both eyes, either the armless or dysfunctional, either legless are eligible for monthly allowance of Rs. 150.

2.2 Review of Related Studies

The elderly issue remains related with all the aspects of social life. Thus various literatures relevant to the elderly issues have been reviewed to gain an overview on it. Demographic situations were observed in reference to the Census report published by the central bureau of statistics. The population census 1991 recorded 5.8% of total population aged 60 years and above. From 1950s to 1990s there has been a steady growth in the proportion of both male

and female elderly in Nepal. In 1952/54 elderly male comprised 2.2 percent of total population. By 1991 this percent reached 2.9 percent. Similarly, female elderly constituted 2.8 percent of total population in 1952/54 and 2.9 percent in 1991. The population of elder people is consistently over from 5% in 1952/54 to 5.8% in 1991. This review has revealed that the elderly population has been increased by 16% between 1952/54 and 1991.

This denotes that the elderly population is significantly increased in Nepal. Thus an in time precaution is needed in order to manage the emerging social problem. The author in an article has raised great concern over the issue and has concluded that some sorts of supports system are needed to introduce. But he argues that the sustainability of such support should be looked upon. Similarly the article has raised an issue and has suggested that it is high time to think about the elderly supports mechanism from the state level. Referring the proverb “make hay while the sunshine” he has further drawn the conclusion that it is high time for policy makers to work for the mechanism to protect elderly from socio-economic suffering from aging process. (Subedi, 1999).

Similarly Subedi (1999) in another article has recommended some measures in recognizing the elderly population and making further involvement of the actors on elderly issue. The intergenerational aspect of elderly support is extensively addressed in the article. Considering the less availability of research works and stressing in its impotence he has further recommended conducting the research for all of these measures. (subedi, 1999).

Luintel (NA) in his article focused on the requirement to mainstream on the elderly issue in course of policy formulation, program implementation and benefit sharing. Similarly he has pointed out the responsibility of state as well as of the civil society in addressing the elderly issue. (Luintel, NA)

In an article “Caring for the Aged”, the author has raised the concern of running formal and informal support system in the eve of decreasing support from family members. (Adhikari, 1999).

A great concern about the differential arrangement of treatment, judicial processing and study is also raised in an article published in the Nepal population and development Journal. (Dhital, 1999).

The UNFPA published on international perspectives on aging: Population and policy Challenges has also highlighted the growing issue of population aging. It has further stressed that the growing phenomenon of aging requires not only the provision of economic and social support for the older population but also a re-examination of the essential aspects of family structure, employment, income, social security and other services. (UNFPA: 1982). United Nations program have consistently promoted the fullest possible participation of older person and the recognition of their needs and concerns. Center for social Development and Humanitarian Affairs of the department of international Economic and social Affairs has been looking after the matters relating to aging within the United Nations System. The International Plan of action of aging is the first International instrument in guiding thinking and formulating the policies and programs on aging. It was endorsed by the UN General assembly in 1982 (resolution 37/51), having been adopted earlier the same year at the world assembly on aging at Vienna, (26 July to 6 August 1982). It includes 62 recommendations and addresses the sector areas of as health and nutrition protection of elderly consumers, housing and environment, family social welfare, income security, employment and education. Earlier, similar conferences also held in Mexico and Philippines in 1980 and 1982 respectively. Subsequently, the general assembly adopted the United Nations Principles for Older persons on December 16, 1991 (resolution 46/91) having 18 Principles (1992).

The UN General Assembly designated the year 1999 as the “International Year of Older people”. It also adopted the Proclamation on aging in 1992. It draws attention to the independence and interdependence of the generations the factors being to create a dynamic and reciprocal exchange of encouragement, ennoblement and caring at old age. Such reciprocity enacted in family

community and society at large is the animation principle leading towards a society for all ages as the theme of the year.

The main idea is to focus attention of the members' countries on the emerging problems of aging.

The conceptual framework for the international year of older person 1999 is based on the plan and principle. It comprises four facts: Situation of older [person, individual lifelong development, relationship between generations and interrelationship of population aging development. The theme and conceptual facets for 1999 underscores the lifelong and society wide dimension of aging. They point to the importance of policy investments in individual lifelong development in context of the longevity and coordination the effects of population with other social transformation such as globalization and the technological revolutions.

The General Assembly resolutions 36/20 November 9,981 had invited all states to designate a national day for the aging. Further, the United Nations has declared 1 October, to be observed as international day of older person for national observance. Nepal also observes the day with different programs.

An issue of intergenerational solidarity towards creating a just society is also required as the usual safety net that was provided by family's remains with many holes. (Concept of old age needs updating, newsletter,1999). In Nepal books and writing having in-depth analysis of the social and economic condition of elders are very rare. The sociologist and Anthropologists are not found much involved in this issue. Even population scientists have done no remarkable studies except mentioning the demographic state of elderly people. State level policies and strategies are not sufficient in our country. The constitution of the Kingdom of Nepal, 1990 has introduced the guidelines to launch some affirmative actions in favor of the elders. But it is not implemented in a systematic and planned way even in a period of 12 years. However, the provision of elderly allowance, some of the awareness generated among the governmental and non-governmental sectors and a minimal

coverage of matters in the ninth development plan is some of the arrangement in this area.

Ninth five years plan of His Majesty's Government of Nepal (1997-2002 A.D.) has emphasized on plans and programs to uplift helpless and senior citizens. The plan has identified the following objectives, strategies and programs in regards to the senior citizens.

-) Senior citizens are assets of the nation as they carry social values, tradition and cultures. The state will properly honor and protect senior citizens mainstreaming their capacity, experience, knowledge and peculiarities in national development.
-) Families caring for elders would be provided facilities and given priority on public services.
-) All zonal hospitals will have geriatric wards and
-) Elderly homes would be established in all five- development regions. NGO and private sector will be encouraged for this purpose.
-) All senior citizens will be ensured with social and economic security and their rights will be guaranteed and preserved.

Some of the research carried-out in a particular area of aging has also supported to identify the situation. Bhattari (2041), in his dissertation paper has analyzed the condition of elderly people living in Pancha Deval in Pashupati. He concludes "while analyzing the social aspects of people living in shelters for old, it is found that most of these people came in this shelter due to dislodged by families, physically weak, isolation and suffering. few were people living near Pashupati and Bagmati riverbank, with religious purpose. While analyzing the economic aspects of these people, mostly who haven't any jobs, income resources become dependent in the shelters and those who have very small amount of income but cannot meet their minimum basic requirement to survive become dependent in the older people. "Similarly, Dahal (2053) in her dissertation paper "Old people living in Pashupati Pancha Deval "has made an in-depth analysis of social and economical aspects of the old people living in the shelter for elderly.

Uprety (1998) in her dissertation, "The Old Women of Sita Paila VDC" has made an in-depth analysis of social economic health religious and psychological aspects of old women. She concludes "Women have to face more problems in society than males. The condition of women in our society is very pathetic, as they have to live from birth to death under male domination. Due to Social restrictions and male suppressions women are devoid of decisive roles to play in the family. It has greatest impact in the lives of the old women. Therefore it is the need of the hour to give them equal rights and educational opportunities and help them to participate in any every program so as to make them real beneficiaries".

Likewise Gautam (2000) in his dissertation "Social Gerontology: A Case Study of old Age People Living in Tanahu Pashupati" has highlighted the issue. He has concluded that the capacity of older people to cope with disabilities common to older person depends upon his educational level, lifelong styles of behaviors, and the supportive levels of their existing environment.

He has further concluded that with a fact that aging is jointly a psychological, biological and social problem. The position of aged is thus dependent on a very complex combination of factors. One or another factor may be dominant in a given situation thus all of them have to be considered. It is the need of the time to make legal provisions which not only gives the right to sons to inherit parental property but prescribe their duty to look after to the parents with proper respect and love. A talk program was organized by "The Society of Old People" on social security of old people and their rights for integrated life (Ashwin 3, 2049 BS, Kathmandu). Many scholars presented the papers in the talk program. Mr. Youbraj Sangraula presented a miserable situation of old peoples in reference to the field survey of Panchadeval, Pachil Bhairav, Showyambhu and Bouddha Areas. While highlighting the importance of changing the very fabric of our society and not neglecting the old people of the society, he appealed the participants to identify the problems faced by old people and to bring out appropriate solutions. In the report discussions on some of the legal provisions, he stated, "the unscientific and impractical provisions

made in the civil code specially related to the partition deeds and dealings has delimited the social security and rights for an integrated life for the old people. The Law has guaranteed the rights of sons to force their parents to part with their properties without incorporating the duty of the sons to take care and provide for their parents. Likewise Tulsi Bhattari is of the view, “the perverse practice to seize the property of the parents and to dislodge them from home is quite rampant in our society. To eradicate such problems, provisions of the moral education should be made from the primary level and family environment should be made respectful for the old people (Uprety: 1998).

However, various issues such as living arrangements their socio-economic characteristics, supporting mechanism, impact of eroding traditional belief and obligations on the livelihood of elderly have remained completely unexplored issues in Nepal. Caring the elderly is one of the major one. Moreover, no studies are carried out on the situation of Pashupati Elderly home. In order to develop an effective support system, the situation of all elderly home lying throughout the kingdom has to be studied.

Reviews of some literature have focused on the requirement of extensive studies on the issues of aging. In reference to the studies the formulation of policies and strategic planning are also necessitated. The responsibilities of all actors i.e. government organizations, non-governmental organizations, and the civic society perspectives have also to be identified. Than the in-time response of this reemerging issue may get an effect. These factors have further encouraged me to conduct the research and to explore the existing situation of elderly people.

CHAPTER III

RESEARCH METHODOLOGY

Research Methodology is very important part of any kind of research. In this chapter, the research design, sampling procedure, data collection techniques and data analysis procedures have been explained.

3.1 Research Design

This study is based on descriptive research design. Analytical type of design has also been adopted in order to analyze the data collected from the field. Both descriptive and analytical designs have helped to find out the existing socio-economic, demographic and health status of the sampled population.

3.2 Population Sample Size

The total sample size of this study is 65. Out of total 235 elder population in the Ashram 65 were selected for the study. It included the elderly people living in Pashupati eighter in Ashram in the home provided by the *Area Development committee of Pashupati* after paying certain amount.

3.3 Sampling procedure

A non probability sampling procedure was adopted for the thesis. Purposive sampling technique was used since an equal amount of participation from different kinds of Ashram is thought to be more informative. Elderly people living in semi government funded Ashram and self funded (or sometimes self-made) Kuti were interviewed in the specific numbers as required.

3.4 Nature and sources of data

This study is based on primary data collected from the field. Secondary data have also been used from various sources. Mostly data are qualitative whereas little portion of quantitative data have also been used.

3.5 Method of data collection

In this study, data were collected through direct interview of the respondents with the help of questionnaire made in advance, which included both open-ended as well as close-ended questions. Sometimes, the respondents were too old to answer all the questions properly, at that time a third person was introduced to elaborate the answer, so that the specific option can be best chosen.

3.6 Data processing

Interview questionnaires were filled carefully and correctly to the best of the interview's knowledge, and rechecked quickly after getting complete information from respondents. The data then were carefully edited and processed with the help of computer using statistical software SPSS 11.0 and spreadsheet software Microsoft Excel 2007.

3.7 Data analysis

The data collected through individual interview are presented in suitable tables. They are analyzed and tabulated according to the objectives of the study. The data are analyzed based on frequency and percentages.

CHAPTER IV

DATA PRESENTATION AND ANALYSIS

In this chapter data collected from the field, the Pashupati Bridhashram, has been analyzed both quantitatively and qualitatively. For this, simple statistical tools are applied.

4.1 Social Status of Elderly Population

4.1.1 Age Sex Composition

According to table below, there were highest share of the female than male. Among 65 respondents, 47 were female (72%), while male were only 18 in number (27.7%). It also revealed that there were highest share of the people in age group 70-74 and very lowest share of the population in age group 85 and above. There was also very low percent in age group 65-69 (only 6.2%). Analyzing age sex composition, it clearly showed that the trend of living in 'Ashram' was higher among female (72.31%) than in male (27.69%).

Table 4.1: Distribution of respondents according to age sex structure

Age Group	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
60-64	10	15.38	3	4.62	13	20.00
65-69	2	3.08	2	3.08	4	6.15
70-74	13	20.00	4	6.15	17	26.15
75-79	9	13.85	5	7.69	14	21.54
80-84	12	18.46	2	3.08	14	21.54
85+	1	1.54	2	3.08	3	4.62
Total	47	72.31	18	27.69	65	100

Source: Field Survey, 2011

Interviewing most of the female respondents revealed that there was gender biasness prevailing in the then society at their young age. Widow, anole women and women without children are considered as witch, bad luck and social hatred, due to which it became hard for such women to continue their survival in their family or society. Thus a major percentage of such women wanted to join in Ashrams of Pashupati. It is well known that many villages and towns of Nepal suffer the same type of biasness even now. Though the overall effects of biasness seem to be fading out with the increase in the overall educational status, it is a shame to say that it is still continuing.

4.1.2 The Original Place of Respondents Living at Pashupati

The below table divided the respondents according to their original place of residence from where they came to Ashrams of Pashupati, into five development regions. Most of the respondents were found to come from Western Development region which constituted 33.85% of the total. The second highest portion came from Central Development region which accounted to 30.77% .The third highest was from Mid Western Development region which accounted to 24.62%. The least (10.77%) was from Eastern region.

Table 4.2: Distribution of the respondents according to their place of origin

Original Place	Sex					
	Female	Percent	Male	Percent	Sum	Percent
Eastern Dev. Reg.	6	9.23	1	1.54	7	10.77
Central Dev. Reg.	11	16.92	9	13.85	20	30.77
Western Dev. Reg.	19	29.23	3	4.62	22	33.85
Mid-Western Dev. Reg.	11	16.92	5	7.69	16	24.62
Far Western Dev. Reg.	0	0.00	0	0.00	0	0.00
Total	47	72.3	18	27.69	65	100.00

Source: Field survey, 2011

The data above reveals the incoming pattern of respondents to the Ashrams of Pashupati. What we can conclude is the most proximate the place of origin was, the higher was the chances to come in Pashupati. This can be generalized as the knowledge about the availability of Ashram was better in the close proximities of Pashupati as compared to the distant regions.

4.1.3 Caste & Religious Composition of the Respondents

The analysis suggested that most of the respondents are Hindu devotees. Out of total 65 respondents, only 1 (1.54%) was Buddhist and rest were Hindus (98.46%). This clearly indicated the importance of Pashupati among Hindu followers, and the trust in God is more prevalent among the elderly people than in any age. Also, most of the respondents hailed from Brahmin caste. There were 69.23% Brahmins, among Brahmins 56.92% were female while only 12.31 were male. And the second highest was “Chhetri” which constituted 16.92% of the total where only 7.69% constituted of Newer caste.

Table 4.3: Distribution of respondents according to their Cast and religion

Religion	Sex					Total
	Female	Percent	Male	Percent	Sum	Percent
Buddhist	1	1.54	0	0.00	1	1.54
Hindu	46	70.77	18	27.69	64	98.46
Total	47	72.31	18	27.69	65	100
Caste						
Brahmin	37	56.92	8	12.31	45	69.23
Chhetri	4	6.15	7	10.77	11	16.92
Newar	2	3.08	2	3.08	4	6.15
Others	4	6.15	1	1.54	5	7.69
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

The table clearly showed attraction of Pashupati among Hindu followers especially among senior citizens. This was evident as Pashupati is well known for its sacred soil, holy rivers and different important temples, caves and saints. Brahmin accounted more than half of the total respondents, Chhetri came second and Newar the third, which depicted the perfect harmony with the caste composition of the country.

4.1.4 Marital Status

Below table categorized the marital status into three viz, married, separated and widow (er). Among 65 respondents, most of them were married. Among total respondents 36(55.38%) were married, 40% female and 15.38% male. Similarly, the second majority was widow (er) accounted to 41.54%, divided into 32.31% female and only 9.23% male. There were only few separated which accounted to 3.08%, all these were male. Also, according to table, there were high prevalence of married (26, 40% in total) and widow (21, 32.31%) among female (47, 72.31%) compared to male.

Table 4.4: Distribution of respondents according to their marital status

Marital Status	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Married	26	40.00	10	15.38	36	55.38
Separated	0	0.00	2	3.08	2	3.08
Widow(er)	21	32.31	6	9.23	27	41.54
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

The high portion of the married elder citizens was found to be going to the Ashram. This depicted the abnormal relation between the respondent and his/her spouse or family members in the then society. Also, since female carried the higher percentage, it was almost evident that gender biasness was

one of the factors that led the women to flee from their home to Ashram. Widows were to Ashram as there were not their loved ones to live with, and generally they were found to have no children either.

4.1.5 Educational Status

In the below table, respondents are divide according to their educational status; illiterate, primary, secondary and Bachelor. There are 65 respondents in all total, among them 50 (70%) were illiterate and the rest were literate. Among literates, 13.85% had completed their primary education, among them 7.69% were male and 6.5% were female. Only 3 persons (4.62%) had completed secondary level education of which all were male.

Table 4.5: Distribution of respondents according to their educational status

Educational Status	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Illiterate	43	66.15	7	10.77	50	76.92
Primary	4	6.15	5	7.69	9	13.85
Secondary	0	0.00	3	4.62	3	4.62
Bachelors	0	0.00	3	4.62	3	4.62
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Above table clearly showed the then current educational status of the respondents. Since, a majority of respondents are illiterate; it kept perfect harmony with the then educational status of the country. This face could be more understood with the division of education status among the sex; there were only males with the higher education, which also was similar to the national records.

4.1.6 Total Births And Number Of Children Of Elder People

According to table below, there was the highest percentage of respondents who didn't have any child. By analyzing the table, it is found that 46.15% respondents had no children, which was further divided into 41.54% female and 4.62% male. Those who had 1 to 3 children accounted 26.15%, while who had 4 to 5 children summed up to 23.08%, and who had 6 children and above accounted to 4.6%.

Table 4.6: Distribution of respondents according to their total live births

Total Live Births	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
None	27	41.54	3	4.62	30	46.15
1 to 3	12	18.46	5	7.69	17	26.15
4 to 5	7	10.77	8	12.31	15	23.08
6+	1	1.54	2	3.08	3	4.62
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

There was clearly a reason why the highest percentage of respondents didn't have any child. Most of such female respondents had got married at an early age of around 7-9 and when they reached at their puberty age, their husband had already died. Also, there was significant percentage of respondents who had many children, this accounted to the lack of knowledge (or wish) of family planning prevailed in the then society.

4.1.7 Reasons to Leave Home by Respondents

There are a number of reasons why the senior citizens leave home. Some have no options than to leave while some have misunderstanding as a factor. Below table showed a clear picture of why the senior citizens living in the Ashrams of Pashupati had left home. The major reason (38.46%) to leave home was the

absence of family members to live in the home. Be it the accident or diseases of family members that led to death, more than one third of the respondents, female 33.85% and male 4.62%, were left with no option than to join with the friends of the Ashram. Family misunderstandings had become the second (16.92%) fact to leave home, female accounted 12.31% of them while male accounted 4.62% only. There were some respondents (15.38%) who had come to the Pashupati by own interest while a smaller percentage (9.23%) had joined the Ashram due to religious importance. Amazingly, one fifth (20%) of the respondents had no any specific reasons to tell.

Table 4.7: Distribution of respondents according to the reasons they left home

Reasons	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
No Family Left	22	33.85	3	4.62	25	38.46
Family Misunderstandings	8	12.31	3	4.62	11	16.92
By own interest	7	10.77	3	4.62	10	15.38
Due to Religious place	0	0.00	6	9.23	6	9.23
Others(hatred, combination of reasons)	10	15.38	3	4.62	13	20.00
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Analysis of the table showed that a considerable number of respondents were living the Ashram because they had no options as they had no family members left as a reason to live in their home. A less percentage had also pointed to misunderstandings between the family members as a reason to leave home.

4.1.7 Time Of Last Visit To Home By Elder People

Visiting home by senior citizens living in Ashram shows as intimacy between his/her family. The analysis revealed that most of the elderly people did not visit home frequently. By studying the table below, the majority of the respondents had visited their home several years ago. This totaled to 30.77% of the respondents, of which 29.23% were female while 1.54% were male. Similarly, the people who didn't know actually when they last visited their home were 13.85% all female. An interesting thing revealed was in the first two categories, the frequency was high among male than female. This was due to the fact that male respondents had some sort of property in their names and they usually go to their home to see that. 10.77% of male compared to 6.15% of female visiting home last month, and 12.31% male compared to 7.69% of female visiting home within last year added proof to this.

Table 4.8: Distribution of respondents according to their time of last visit to home

Time of last visit to home	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Last month	4	6.15	7	10.77	11	16.92
Within last year	5	7.69	8	12.31	13	20.00
Several Year ago	19	29.23	1	1.54	20	30.77
Don't Know actually	9	13.85	0	0.00	9	13.85
Others (no family, home)	10	15.38	2	3.08	12	18.46
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Analyzing the trend of visit to home by the elderly citizens, we can conclude that one third of the total respondents visit home within a year (16.92+20=36.92%). This can be taken as a good intimacy between the respondents and their family. But when the period of stay in the Ashram

lengthened, the frequency of visit to home dropped, there by clearly signaling the distance increasing between the respondents and their family. A big portion of the respondents did not visit their home for several years, which is not good. A few respondents didn't actually know when was their last visit to their own home, citing the number of years they left their home. While some others (18.46%) had no specific answers as they neither had home nor family (or both).

4.1.8 Willingness to Return Home

In the table below, respondents were divided according to their willingness to return home. More than half of the respondents did not want to return their home, the percentage is high among female (49.23%) compared to male (9.23%). Still some respondents (13.85%) had shown their interest to return to their home if possible, where female accounted 7.69% and male accounted 6.15%. a few respondents (7.69%+3.08%=10.77%) were found to be in dilemma. They either had to think about this before saying any other things or they put emphasis on the circumstances that might make them think to return home.

Table 4.9: Distribution of respondents according to Willingness to return home

Willingness to return home	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Of course, I will go	5	7.69	4	6.15	9	13.85
No I won't go	32	49.23	6	9.23	38	58.46
I have to think	1	1.54	4	6.15	5	7.69
Depends on situation	2	3.08	0	0.00	2	3.08
Others (No Home, Family)	7	10.77	4	6.15	11	16.92
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

The analysis of the table hinted the high level of frustration among the senior citizen towards returning to their home. What the senior citizens in general total was, they had come to the Ashram because of their own family members' hatred, and how they could forgive them and return so easily; instead they preferred to die in the same Ashram. Some respondents who wanted to return to the home were very optimistic because they were in the hope that their family members would one day take them to the home and serve in the hardest time of life.

4.2 Economic Status of Elder Population

4.2.1 Occupational Status of the Respondents

According to the occupational status of the respondents in their working age, respondents were divided into three categories viz. agriculture, employment and business/trade. It showed that majority of the respondents (84.62%) were from agricultural background, divided into 67.69% female and 16.92% male. While considerably a low percentage 10.77 were employed, and the division among sex was 9.23% male and 1.54% female. Least selected occupation by the respondents was Business/ Trade, accounted to total 1.54% of whom all are male. The rest 3.08% respondents were never engaged in any kind of occupation.

Table 4.10: Distribution of respondents according to their occupational status

Occupational Status	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Agriculture	44	67.69	11	16.92	55	84.62
Employment	1	1.54	6	9.23	7	10.77
Business/Trade	0	0.00	1	1.54	1	1.54
Nothing	2	3.08	0	0.00	2	3.08
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Analyzing above table, it can be said that an overwhelming percentage of the respondents came from agricultural background including farming and daily household works. This was obvious and gave a clear account of the then society because agriculture was the default occupation of almost all Nepali people. An interesting factor was that most of the female were engaged in agriculture, which showed it was the most common occupation among the female. There were considerable respondents who were employed, and here too female were lagged behind, as there were negligible percentage of female participation.

4.2.2 Sources of Income

Below table categorized the respondents according to their sources of income. More than on third (41.54%) of the respondents had not any sources of income, mostly (40%) female. Similarly one fourth (26.15%) had either land or house as their source of income, divided into 15.38% female and 10.77% male. Those who had either pensions or bank balances accounted just 7.69% and interesting fact revealed was all of them were male. The respondents who had both land (or house) and pension (or Bank balance) totaled to 6.15% and again, these all were male. Those who stated that government old age allowances were only the sources of income were all female totaling to 6.15%. Those who had various sources of income accounted to 12.31%, 10.77% male and 1.54% female. These included visitor's donation, some works, selling 'Baati' (a cotton line used as small light when soaked in oil or ghee) etc.

Table 4.11: Distribution of respondents according to their Sources of Income

Sources of Income	Sex				Total	
	Female	Percent	Male	Percent	Sum	percent
Land or Home	10	15.38	7	10.77	17	26.15
Pensions or Bank Balance	0	0.00	5	7.69	5	7.69
Land (or house) and pensions (or bank balance)	0	0.00	4	6.15	4	6.15
Government allowance	4	6.15	0	0.00	4	6.15
Others (Donation, small works)	7	10.77	1	1.54	8	12.31
Nothing	26	40.00	1	1.54	27	41.54
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Analysis of the above table revealed that most of the respondents were living without any income. This was evident with the fact that many respondents either didn't have family or left all the property. A small percent had land or house, and even smaller percentage had both land (house) and pensions (bank balance). More interesting factor revealed in this study was female respondents didn't fall in either of these two categories. This was due to fact that female didn't hold any property of the household in their names in the then society, and in some cases female didn't feel it necessary too to take some property ownership. Another important fact was there were only female who were dependent on the government allowance as their only source of income, though it was less in percentage.

4.2.8 Land Ownership of the Respondents

Land ownership is considered very important in the Nepalese society. It depicts the prosperity and capability of a person to easily survive in the long term.

Below table divided the respondents according to their land ownership. It revealed that most of them (64.62%) had no property at all, consequently no land, those were divided into 56.92% female and 7.69% male. Those who had less than 1 ropani of land accounted total 9.23%, equal among male and female (4.62% each). Those who had sufficient land between 1 ropani to 1 bigaha (13ropani) totaled a small percent (10.77%), 6.15% being male and 4.62% being female. There were also a considerable number of respondents (15.38%) who possessed a good land ownership (more than a bigaha), divided into 6.15% female and 9.23% male.

Table 4.12: Distribution of respondents according to their land ownership

Land Ownership	Sex				Total	
	Female	Percent	Male	Percent	Sum	percent
Not at all	37	56.92	5	7.69	42	64.62
Less than 1 ropani	3	4.62	3	4.62	6	9.23
1 ropani to 1 bigaha	3	4.62	4	6.15	7	10.77
More than 1 bigaha	4	6.15	6	9.23	10	15.38
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Analysis revealed that a whopping percentage had no land ownership at all. This was a pity condition in Nepalese society and most of them were passing there with this condition. Rest respondents had some in their names, though only certain percentage had more than a bigaha of land. A bigaha of land in a hill doesn't cost much, and having land less than this also depicted the poverty. Thus, leaving some of the respondents, most of them are poor in terms of land ownership too. The fact also showed that male had occupied the greater percentage to possess the highest amount of land ownership compared to female.

4.3 Basic Facilities and Raring and Caring of Elder people

4.3.1 Eating Habits

Below table showed the eating habits of the respondents living at Ashram and Kuri of Pashupati. Of total 65 respondents, 60% were found to be vegetarian, divided into 47.69% female and 12.31% male. Rest 40% were non vegetarian, divided into 24.1% female and 15.38% male.

Table 4.13: Distribution of respondents according to vegetarianism

Are you vegetarian?	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
No	16	24.61	10	15.38	26	40
Yes	31	47.69	8	12.31	39	60
Total	47	72.30	18	27.69	65	100

Source: Field survey, 2011

Analyzing the above table, it was found that two third respondents were found to be vegetarian. This was due to many factors: some of them were vegetarian by born, some had adopted vegetarianism after they got older, some become vegetarian because of diseases, while a few adopted this as there were no other option living in the Ashram. It is mention worth that is was very hard to find non vegetarian food in and around Pashupati.

4.3.2 Who Cooks Food For You?

Among total respondents, foods for 55.38% respondents were cooked by Ashram staff in the Ashram's kitchen. Among them were 43.08% female and 12.31% male. More than one third respondents (38.46%) had been found cooking food for themselves, 27.69% female and 10.77% male. A small portion of the respondents (6.15%) had hired some people to cook food for them and to serve them in their daily works like cleaning.

Table 4.14: Distribution of respondents according to who cook food for them

Person to cook food	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Self	18	27.69	7	10.77	25	38.46
Ashram Staff	28	43.08	8	12.31	36	55.38
Others(hired cook)	1	1.54	3	4.62	4	6.15
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

There was clear separation among the respondents living in the Ashram and in the Kuti in terms of cook of the food. Senior citizens who live in the government funded Ashram didn't cook food for themselves, Ashram staff were there working on the permanent basis. Respondents who live in a simple kuti were managing their daily food by themselves; hence they cook food for themselves too. Interestingly, some respondents who live in the well managed Ashrams were found to hire some convenient people to help in their household works.

4.3.3 Number of Meals Taken Per Day by Respondents

According to the table below, there were the majority of the senior citizens (47.69%) who took three meals a day, among them 29.23% were female and 18.46% were male. Similarly, 29.23% of the respondents used to take meal four times a day, female accounting 24.62% and male accounting to 4.62%. also 23.08% used to take two meals per day, 18.46% female and 4.62% male.

Table 4.15: Distribution of respondents according to their meal intake per day

Number of meals per day	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Two times	12	18.46	3	4.62	15	23.08
Three times	19	29.23	12	18.46	31	47.69
Four times	16	24.62	3	4.62	19	29.23
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

It is well known that giving the good consumption and timing of meal, one will have good chance to be healthy. Analyzing above table, we can say that majority took three times meal per day, which was itself normal, but their health depended on other dimensions too, the nutritional balance of the meal. Respondents who lived in the government funded Ashram was having three meals per day as a routine. Those who had options took up to four times a day, and those lucky were among the respondent who lived in the self funded Kuti or Ashram.

4.3.4 Food items Included in the Daily Meal of Respondents

It is well known fact that good food is the basis for the good health. Given the balanced diet taken in the meal by the respondents, we can guess upon their problem health conditions of discarded other interfering variables. Below table showed the list of food times taken by respondents in their daily life. According to the table, majority of the respondents (43.08%) usually took rice, curry, vegetables, green salad and milk and fruits as their daily meal. Among them 33.85% were female and 9.23% were male. Similarly one fifth of the respondents are rice, curry, vegetable, green salad, milk and fruits as their daily meal, which is considered to be somehow balanced diet. A less proportion of

respondents (10.77%) were found to be consuming only rice, curry and vegetables on their daily meal.

Table 4.16: Distribution of respondents according to meal contents

Food contained in the meal	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Rice, Curry and Vegetable	6	9.23	1	1.54	7	10.77
Rice, Curry, Vegetable and Green Salad	7	10.77	3	4.62	10	15.38
Rice, Curry, Vegetable and Milk	6	9.23	1	1.54	7	10.77
Rice, Curry, Vegetable, Green Salad and Milk	22	33.85	6	9.23	28	43.08
Rice, Curry, Vegetable, Green Salad, Milk and Fruits	6	9.23	7	10.77	13	20.00
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Analysis of the daily meal includes revealed that a significant number of the respondents got a normal meal. And, this was the respondents living in the government funded Ashrams. Implications in the health were profound because this food routine clearly lacks fruits and other important nutrient meals. Hence, the respondents living in such Ashrams were found to be poor in health in general. In contrast, the respondents living in self funded Ashrams were comparatively healthier as they consumed more fruits and nutritional food items.

4.3.5 Clothing Provided to The Respondents By

In response to the clothing's provider to the respondents, more than one third of the respondents (36.92%) stated that they themselves arranged their clothes, among them male and female accounted an equal share (18.46%). The second

highest number of respondents (29.23%) stated the clothing was provided by Ashram. One tenth of respondents (10.77%) stated clothing was arranged by both Ashram and themselves. A similar number of respondents (9.23%) said such arrangements were made by their family. A lower percentage (4.62%) revealed that clothing arrangements were made by their family members and themselves together. A small percentage (1.54%) stated clothing was arranged by all sides i.e. themselves, their family and the Ashram. A considerable percentage (7.69%) of respondent's clothing's needs was found to be addressed by visitors visiting Pashupati or some programs held there some times in the year.

Table 4.17: Distribution of respondents according to their clothing sponsors

Clothing provided by	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Self	12	18.46	12	18.46	24	36.92
Family	3	4.62	3	4.62	6	9.23
Elderly Care Center	18	27.69	1	1.54	19	29.23
Self and Family Members	3	4.62	0	0.00	3	4.62
Self and Elderly Care Center	6	9.23	1	1.54	7	10.77
Self, Family and Elderly Care Center	1	1.54	0	0.00	1	1.54
Others (Visitors, programs)	4	6.15	1	1.54	5	7.69
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Regarding the clothing sponsors to the respondents, analysis of the data revealed that there was a combination of option that together were addressing the clothing needs. The highest percentage of respondents were found to be arranging clothing themselves while a significant percentage were found to be

helped by either their family members Ashram or visitors visiting the Pashupati as a Hindu holy place.

4.3.6 Opinion Toward Whether This Place is Physically Secure or Not?

Security is the most sensitive thing is everybody's life. It was important to know whether the senior citizens living in the Ashram feel themselves secured or not living there. Following table divided the opinions aired by the respondents in the interview. Majority of the respondents (81.54%) nodded that the Ashram was physically secure, saying this was 60% female and 21.54% male. The respondents who held contrasting vies totaled to 18.46%, with female accounted to 12.31% while male to just 6.15%. Those who sensed some lack of insecurity in the Ashram of Pashupati were greatly affected by the frequently thefts occurring in the area. The theft sometimes was so shameful that clothes and pots used by the elderly people were also not left.

Table 4.18: Distribution of respondents according to their views in Ashram security

ECC physically secure?	Sex				Total	
	Female	Percent	Male	Percent	Sum	percent
No	8	12.31	4	6.15	12	18.46
Yes	39	60.00	14	21.54	53	81.54
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Analysis of the table clearly showed the greater sense of security felt by the senior citizens in the Ashram of Pashupati. This could be taken as a very positive aspect to live there. What can be discussed more was the difference the senior citizens perceived in the security between their home and in the Ashram. Also the rising incidents of theft and robber could be taken as the shame for the

Pashupati area that is till renowned for the holy and sacred place of Yogies and temples. It is very obvious that government can do something to stop this.

4.3.7 Better to Live in Ashram or Own Home

Below table showed the opinions of elderly citizens towards better to live in home or Ashram. It revealed that 75.38% had preferred to live in Ashram than home, 56.92% female and 18.46% male. One fifth (20%) of the respondents opined home to be better than the Ashram where they live, 12.31% female and 7.69% male. A small percentage (3.08%) saw no difference between home an Ashram. And 1.54% couldn't state which is better.

Table 4.19: Distribution of respondents according to their views on where to live

Better, Ashram or home?	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Better in home	8	12.31	5	7.69	13	20.00
Better in Ashram	37	56.92	12	18.46	49	75.38
No Difference	1	1.54	1	1.54	2	3.08
Others (can't opine)	1	1.54	0	0.00	1	1.54
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, Status of elderly people living in Bridha Ashram, 2011

The significance of the overwhelming majority towards living was better in Ashram than home was important. This was caused due to the negative aspects to live in home, as told by respondents. Continuous family hatred and meaningless tensions were gone at least when a senior citizen lived in Ashram. Some had also favored to this answer as they clearly knew they had no alternatives than Ashram. Those who opined that home is better than Ashram were found to be frustrated with the Ashram and government. Lack of proper basic facilities, insufficient government allowances and poor medical

opportunities in the Ashram had hardly hit their life and they were left them with no options than to think about better options, and they saw home as the one.

4.4 Health and Safety Condition of Elder Population

Health and safety are the most important aspects to any human being. They are even crucial to the people in the older ages. There will be always a number of factors that contributes to the health condition of senior citizens. Following are some of them which revealed the health and safety condition of elder citizens in Pashupati.

4.4.1 Waking Time of Elder People

By studying the table below, most of the respondents were found to wake up very early in the morning. More than two third (67.69%) of the respondents used to wake up before 5 am in the morning, among them 49.23% were female and 18.46% were male, while one fourth (24.62%) respondents used to weak up between 5 am to 7 am, divided into 18.46% female and 6.15% male. There were actually very few respondents who generally woke up late, i.e. after 7 am; those accounted to total 7.69%.

Table 4.20: Distribution of respondents according to their wake up time

Waking Time	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Very early (Before 5 am)	32	49.23	12	18.46	44	67.69
Early (between 5am to 7am)	12	18.46	4	6.15	16	24.62
Late (after 7 am)	3	4.62	2	3.08	5	7.69
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Waking time in case of elderly citizens in Pashupati was found to be early, in general. Though, this can't be concluded to the health conditions of the respondents living there. Rather, early waking habits accounted mostly to the rituals and religious aspects among most of the respondents being Hindus and being living in Pashupati, one of the sacred places for Hindus. A few respondents, though very less, were found to be waking late, as a result of very old age and some sort of diseases had attacked them.

4.4.2 Are You Suffering From any Kind of Diseases?

Diseases are common in every age. But, this accounts much to the people who are at older ages. Below table revealed that a vast majority (89.23%) of the respondents were suffering from different kinds of diseases, among them 67.69% were female and 21.54% were male. Very less percentage of respondents (10.77%) was found to be not suffering from any kind of diseases, divided into male (6.15%) which outnumbered female (4.62%).

Table 4.21: Distribution of respondents according to their current health status

Suffering from diseases?	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Yes	44	67.69	14	21.54	58	89.23
No	3	4.62	4	6.15	7	10.77
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

Analysis of the above table showed that females were more victims of diseases as compared to males. Female left male far behind in case of suffered from diseases while lagged behind in case of not suffered. These were the results of the nature of work done by female compared to male. In our traditional society, women were usually found to do the household works and baby growing works which involved vigorous and random works in unhealthy working conditions.

4.4.3 Kind of Diseases they were Suffering From

During interaction with respondents, it was found that many respondents had been suffering from a number of diseases. 10 respondents (15.38%) were suffering from Gastric, female (7.69%) were found ahead than male (7.69%). The second highest disease found among the respondents was “Problem in bones” which accounted to 7.69%, and in this case too, female (4.62%) left male (3.08%) far behind. General Illness that included fever, cough flu etc. accounted to 7.69%, which were all female. Afterwards, 9.23% were suffering from ear problems, 7.69% suffering from eye related problem and very less were suffering from Hypertension or Cardiovascular diseases (1.54% each).

Table 4.22: Distribution of respondents according to their diseases

Diseases	Sex				Total	
	Male	Percent	Female	Percent	Sum	Percent
Cardiovascular diseases	0	0.00	1	1.54	1	1.54
Asthma	2	3.08	3	4.62	5	7.69
Hypertensions	0	0.00	1	1.54	1	1.54
Pains (Muscle, backbone, Veins)	1	1.54	2	3.08	3	4.62
Gastric	5	7.69	5	7.69	10	15.32
Diabetes	1	1.54	1	1.54	2	3.08
High/Low blood pressures	3	4.62	5	7.69	8	12.31
Psychological problem	3	4.62	1	1.54	4	6.15
Problems in bones	2	3.08	3	4.62	5	7.69
General illness (fever, cough, flu etc)	0	0.00	5	7.69	5	7.69
Skin Diseases	0	0.00	4	6.15	4	3.08
Rheumatism (“Baath”)	0	0.00	2	3.08	5	7.69
Eye problem	0	0.00	5	7.69	2	9.23
Ear problems	0	0.00	6	9.23	6	3.08
Dental problem	0	0.00	2	3.08	2	3.08
Others	1	1.54	1	1.54	2	6.36
Total	18	27.71	47	72.32	65	100.00

Source: Field survey, 2011

Analysis revealed that women were more vulnerable to the diseases in general, and Gastric was the common problem in the respondents, which is in tandem with the scenario of the country in general.

4.4.4 Who Help In You Treatment?

By analyzing the health sponsors of respondents, most of them were self sponsors for their treatment. More than half (52.31%) of the respondents sponsor for their treatment themselves, among them female were 33.85% and male 18.46%. one fifth (20.00%) respondents' treatment was provided by Ashram, all of whom were female. Similarly, 9.23% treatment was provided by self and family, 6% by family members and 1.54% were provided by relatives and Ashram in tigher.

Table 4.23: Distribution of respondents according to their health sponsors

Health sponsor	Sex				Total	
	Female	Percent	Male	Percent	Sum	Percent
Self	22	33.85	12	18.46	34	52.31
Family	3	4.62	1	1.54	4	6.15
Elderly Care Center	13	20.00	0	0.00	13	20.00
Others (excluding stated)	2	3.08	2	3.08	4	6.15
Self and Family	3	4.62	3	4.62	6	9.23
Self and Elderly Care Center	3	4.62	0	0.00	3	4.62
Relatives and Elderly Care Center	1	1.54	0	0.00	1	1.54
Total	47	72.31	18	27.69	65	100.00

Source: Field survey, 2011

From the analysis of the data and direct experience of the field survey, it was found that most of the respondents did not rely on the Ashram for the health related expenses, as it was not able to manage properly. Those who had family members had arranged accordingly, and those who didn't have managed somehow themselves. In few cases, a combination was used. This clearly explained the lack of medical services and medicines in the hospital, which was provided by the government funded Ashram. Those who have money on their own never seek assistance from Ashrams and those who hadn't any had no options than this hospital.

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 SUMMARY

The thesis was conducted on Pashupati ashram on elderly population living either in Ashram or government. An ashram is a home for elderly citizens who are either abandoned by the family members or are left with no family. Pashupati Bridha ashram is government founded which seem all facilities. They have somehow able to manage the basic facilities to eat and live, but looks very sympathetic. They are hardly managing their hand to mouth problems. In the ashram basic need of elderly people provided by government.

According to information obtained from study , among total respondents (i.e.65)most of them (72.31%)were female while few (27.69%)were male .Talking about the marital status of the respondents ,most of them were married (55.38)and major of them (41.54%)were widow . Most of the respondents hailed from Western Development Region and Central development Region 33.85%and 33.77respectively .It might be due to the vicinity of the regions with Pashupati . Most of the respondents were found from agricultural (84.62%) back ground from rural areas of Nepal . Educational status of the respondents was found very poor a huge majority (76.92%)were illiterate ,mostly female (66.15%). Near about one third of the respondents (29.23%) were residing there since 15 years and a similar number (27.69%) from 5 to 10 years.

In response to the question why you are living here, most of them (38.46%)replied no family left Less percentage (16.92%)respondents stated it was due to family misunderstanding and similar number (15.38) stated it was due to own interest . About One tenth (9.23%) stated they came there due to religiously holy place. In response to the willingness to return home, most of them (58. 46%) did not want to return back but still some (13.85%)

respondents showed their desire to return back to home .In the concerns of family visit to them, more than half (53.85%) stated their family members never visit to them .About the a quarter (26.15%) stated their family members visit occasionally .

A whopping majority (64.62%) stated they did not have any land in which significant (56.92%) portions were female. A very less number (15.38%) of respondents stated they have more than 1 bigaha of land ownership; male were 9.23 %and female 6. 15%. This revealed less ownership of land among female compared to male .Also, it is found that about two fifth (41.54%) did not sources of income, among them almost all (40.00%) were female and very few (1.54%) were male. Luckily, about a quarter (26.14%) of them had both land and house.

According to the information obtained from study, most of the respondents (89.23%) were suffering from different kind of diseases, many from multiple diseases. According to the findings ,a fifth (20.91%) of respondents were suffering from Gastric , 11.82% of respondents had problems in bone , 10.91% were suffering from general illness (fever, cough and flu), 5.45% had ear problems , 4.55% had eyes problems ,6.36% were suffering from asthma , 7.27% suffering from high and low blood pressure , 3.64% from diabetes etc , there were many other from which they were suffering from .

Most of the respondents (52.31%) had to spend their own money in their treatment , and we asked them from where you had money they replied some from old age allowances , some from selling Baati” , while some 20 .00% from ashram , 6.15% by family , 9. 23% by family and self money . Most of the respondents reply they spend old age allowances in treatment and some time they bought some delicious food.

When we asked them about good aspects of Ashram most of them (33.77) replied it was and ultimate destination for elderly. Some 23.08 %replied this

place was religiously good and no family tension, while some 7.69 % stated ultimate destination and religious place. Similarly about bad aspects of Ashram most of them 36.92% stated there was no any bad aspect of Ashram , some 13.85% replied they fell loneliness , 9.23% stated no care in Ashram , 10.77% stated there was theft problem .

We asked them did you know about old age allowances and in which sector government policy should change to make better of the elderly people in Nepal. In the response, most of them 87.69% has knowledge about old age allowances while some 67.69% were not getting old age allowances from any means. In response of the government policy regard to elderly population most of them 36.92% replied for free medical and increment in old age allowances. While some 12.31% stated facilitated elderly care center 4.62% stated free medical checkup.

We also asked them what kind of improvements needed in Ashram, about 43.08% respondents stated need to improve in basic facilities and health. Some 20.00% stated improve of well managed Ashram 9.23% respondents started that was enough they were getting, about 13.85% respondents replied improve in every possible aspects of Ashram.

6.2 CONCLUSIONS

After having interviewed with many elderly citizens in Pashupati, it seems that the living condition of elderly people is very poor. In many cases, they are found to be lacking the basic facilities like enough food, good clothing and proper shelter. Also, many elderly citizens are generally found to be associated with some sort of social and psychological problems, though they hesitate to agree in many cases. For example, respondents sometimes informed that they did not remember their family members at all, but in fact, while they were telling this, they were full of tears. Also, there is a common problem of insecurity. Almost all respondents living in own Ashram complained that theft

is quite common in the area. Theft here was found to be so severe that their cooking pots and clothes were also found to be stolen.

Most of the respondents were living in the Ashrams in Pashupati because of two reasons: no family left and hatred of the family members at their old age those who had family. Social had rituals had compelled to live their whole life in dark without family and happiness. A lot of respondents who were female were actually found to be widows, who had become widow since their early age of life ranging from 8 to 14. This implies how cruel our society towards these women was. It was also found that a number of elderly people who were living in a quite managed Ashram were the victims of family hatred. Some of them had abandoned their home which full of modern facilities, citing the disrespect of the family members towards them when they started to become old, also, many of the respondents living in Ashram cited the religious importance for the reasons to live there.

The health conditions of respondents interviewed were also found to be very poor in general. There is a small hospital with availability of general checkup and medicine in front of the government funded Ashram. This hospital generally lacks a good doctor all the times, so what the elderly people get is only the general checkup like fever, flu, cough, pressures, pains etc. and they get the medicine for the same. If they have some serious problems, then the hospital is of no worth. Some, who have their family members, call their family members to help, but who don't have are living with their disease. As an example, many respondents are in continuous complain of gastric and pains, but they had never got any good medicine or well checkups. It was even found that some medicines given to them are clearly outdated thereby being counterproductive sometimes. The hospital runs somehow from the government funds and some help from community sectors or with some donations collected, thereby clearly lacking the common needs.

Many of the respondents living in the Ashram had been found to have no property means. They don't have either land or home or any means of income. So, they completely rely on the Ashram what it takes to be. Almost all the respondents know about the monthly age allowance given by the government which is generally given in six months time, but a major portion complain that they are not getting it since a year, and they fear the change in the government may cause loss to their little money, which they generally invest in completing their small desires like fruits and little clothes. Also they deemed it not necessary because of the small amount and complex procedures to get it. The general day of the respondents is to start very early in the morning, take little breakfast if available, do some Bhajan-Kritans, take lunch, chat with friends, sit idle for hours, again do some spiritual prays, take dinner and go to bed. Some are performing the job of "Batti kaatne" to get rid of this frustrating routine. Their only means of entertainment is to chat with friends and watch the television. Very few got the chances to go outings with the family members that too even sometimes only. Mostly celebrate their festivals in the Ashram itself, though some got the chances to be lifted from their by their family members at the festive season. And then the days seem to be monotonous as always.

Majority of the respondents think that their successors should take responsibility of them in their old age, pointing to sons and daughters. But, some were found to be in the thought of there are nobody responsible for them, that is their self responsibility. While few point to the government for the raring and caring. A lot of respondents deemed the social respect these days is far lower than previous times. Because of the deteriorating health conditions found in old age, many respondents termed the ideal age to be less than 60.

Towards the policies of the government needed to manage the betterment of the lives of elderly people, respondents opined that government should initiate a maximum care to them including good increase of monthly allowances, adequate basic facilities, free medical treatment and well managed Ashrams.

Finally, analyzing the good and bad aspects to live in Ashram, many hesitate to answer freely. But after request of server times, they finally agreed to opine for the pros and cons living there. According to them, the good aspect to live in Ashram of Pashupati is that is an ultimate destination for the older people where they can find similar people to share their feelings. Also, it is of well importance place religiously to the Hindu followers.

6.3 RECOMMENDATIONS

Owing to the research conducted, it seems that there are a number of things that can be improved for the betterment of the living of elderly people in Ashram. First of all the randomness of Ashram and its mismanagement is causing the elderly people problems to search and go to the Ashram. It is found that many of elderly people who want to go to Ashram from many different place in the country don't know where the Ashram that they can go to.

Looking at the poor health condition of the elderly people living in the Ashram, the concerned body is recommended to improve the living condition there. Proper medical checkups, follow-ups, and medicines are argents of needs there. Besides, there should be proper assessments of the medicines provided to the elderly people.

Government seems to have indifferent towards the woes of elderly people. The government funded Ashram are too poor in condition, and looking at those Ashram, one will have to think that how it managed till date. Also, a number of INGO's are operating in the country to help the elderly people but they seem to be lacking either the proper funds to help them or there are no actual intentions to help them. A lot of money flows through the INGO's sectors but they rarely go to the actual beneficiaries.

The Ashram lacks the crucial basics facilities for the elderly people, so a number of measures could be made to ensure the adequacy of proper food, clothing and shelter. Since there are no income sources for elderly people

living in Ashram, they are solely dependence on the Ashram and the old age allowances give to them. Looking at the grievances of the elderly people that they are not getting the old age allowance from the past year, government should enact the local bodies to make sure the process distributing old age allowance is smooth. Also, since the old age allowance is too low the current inflation of the country, it is recommended that this be increased sufficiently so as to meet the primary obligations of the elderly people.

Security is also an issue for the elderly people. Government should enforce some security measures to make sure that the already poor people shouldn't be tortured on the daily basis and live in constant fear.

The grievances of the elderly people seem somehow also related to the illiteracy and the inability to do some work. For this, there are no other options than spreading the light of education in the country. Also, the social bad rituals are the major factor for some of the elderly to forcefully leave their home.

Finally, the government should better manage the whole Pashupati area, as it is going to be more congested in the near future. A preplanned development of residential area, religious places, crucial facilities providers etc. is immediately needed so that upcoming elderly citizens should not face such difficulties stated. Also, there should be betterment of the elderly citizens already living there.

1. There should be better condition between the government and other agencies (NGO'S/INGO'S) to solve the problems faced by elderly people.
2. While making policies on elderly people living in bridhashram the government should pay attention on the following areas.
 - A) Create a control mechanism to monitor the functioning of Birda Ashram throughout the nation.
 - B) Set a minimum standard of living conditions to open a Bridha Ashram .The standard should ensure

I) Minimum basic facilities (food, clothing, shelter)

ii) Security of elders against theft and robbery.

iii) Ensure there is no human rights violation against the senior citizens .

C) create a co-ordination committee in the local level that works for maintaining a warm relation between government and other agencies who are working for the similar purpose the betterment of senior citizens in the local area .

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Annex I: Case Studies

Case Study 1: Case Study of A Woman Living in Ashram

Name: Pabitra Subedi

Age: 72

Marriage status: Married

Original Place of residence: Rumjatar Okhaldhunga



Pabitra Subedi is married who is living now in government funded Ashram of pasupati Bridhashram. She had come to Birdhashram from Rumjatar of Okhaldhunga district.

Before 10 years ago in 1996, she came to this bridsharam by herself. She says with no family left "she has no options but to live in the ashram until her life." She does not care about the facilities of ashram. She said she is alive now because of the ashram. Once asked how often do you remember your family, she replied she does not want to remember at all. She does not like to return to her home because no one comes up at home to visit and help me. In the ashram staff cooks for the elderly people. A cup of tea with some beaten rice or biscuits is her breakfast in the morning and evening. Day time lunch and dinner are her big meal. The food is generally the same routine rice or bread fruits. Her beds and clothing are also provided by ashram and some times by donor. She is also provided with medical facilities by Nurse of the Bridhashram. She had also got cot, glass, basin.

She does not possess any sources of income /no land, no house, no money. She is even getting government monthly allowance to elderly citizens due to lack of citizenship.

She wishes to have citizenship if someone helps her to get that. She wakes up early at around 5 am and also sleeps in evening 8 pm. She is suffering from gastric. She has problems in bone because she fell from a saltress 11 years ago. Asking about who helps in your medical treatment. She says it is only the ashram that provided medicine to her. She is getting treatment in ashram on Sunday, Tuesday and Friday and also on the necessity. Pabitra Subedi passes her day by chatting with elderly people of Bridhashram and praying to god. She sometimes entertains with

the T . V. She usually celebrates her Dashain and Tihar , Ramnawami ,Krishan Astami with the friends there in Ashram .Asked about the ideal age of person She says 60 years of age is good .She has provided her opining about the accommodation problems and suggested that further land should be provided by Pashupati Development fund for this Briddhashram to solve the problem of accommodation .

Answering the question of status of social respect to elderly people in Nepal, She tells that it is worse .She says that people have no respect to the elderly people .She further added that people forget that they will also be old one Days Responding to the advantage and disadvantage of living in the ashram .She thinks ashram is an ultimate destination for elderly people.

Case Study 2: Case Study of A Woman Living in Ashram

Name: Laxmi Devi Thapa

Age: 75

Sex: female

Marital status: Married

Original place of residence: Banesowar, Kathmandu



Laxmi Devi Thapa is married but divorced .She has no home and she has working in other house as maid –servant. she used to wash dishes of other .She has no options put live in the ashram .She requested to the staff of Pasupati Briddhashram for getting shelter over there .Seeing her miserable condition the staff of Bidhramashram showed sympathy to her and try his best to admit her in the Briddhashram . She thinks to live in the Bridharasm until her life .She does not care about the facilities of Bidhsram .She usually says that she is alive now because of the Ashram. Once asked how often do you like to return your house she responded she does not have her home she says that Briddhashram is like heaven for her. She even does not like to return to her family because no once come him to visit whom elderly home .She does not possesses any sources of income ,no land , ,no house ,no money .She is even getting government monthly allowance to elderly citizens due to lack of citizenship . In the ashram staff cooks for the elderly people .A cup of tea with some beaten rice or biscuits is her breakfast in the morning and evening .Day time lunch and dinner are her big meal .The food generally the same routing rice or bread

fruits .Her beds and clothing are also provided by ashram and some times by donor. She is also provided with medical facilities by Nurse of the Bridhahsram .She had also got cot dish, glass, susbin. She wakes up early and sleep in evening 8 pm .She does not exercises event does not practices, yog, she does not wash her teeth because she has no teeth .She bath once a weak .She is suffering from gastric , blood pressure, asthma ,low –hearing , low eyesight Asking about who helps in your medical treatment .She says it is only the bridhasharam that provides medicine to her .she is getting medical treatment by bu nurse and occasionally by doctor of asharam Laxmi Devi Thapa passes her day by chatting with elderly people of Briddhashram and praying to god. She sometimes entertains with the T. V. She usually celebrates her Dashain and Tihar , Ramnawami ,Krishan Astami with the friends there in Ashram.Asked about the ideal age of person She says 60 years of age is good. Answering to question pertaining to the status of social respect of elderly people in Nepal, she tells that it is worst. She says that people have no respect to the elderly people .She further added that people forget that they will also be old one Days. Responding to the pras cons of the ashram, she thinks ashram is the ultimate destination for her.

Case Study 3: Case Study of A man Living in Ashram

Name: Shankar Karanjit

Age: 73 Marital Status: Married

Original place of residence: kaushaltar, Bhaktpur



Shankar is a married man who is living now in one of the government found ashram.He came to Pashupati from kaushaltar,Bhaktpur.He is a hindu follower and running in the age of 80 .An illiterate , Shankar on his time , worked on farms and depended on agriculture to solve his hand to mouth problems.

A married man, Shankar unfortunately lost his wife on an initial stage of marriage .He did not want to marry again and thus is left without any predecessors .He came to pashupati about 4 years ago after long frustrations to live alone .Since it had been a long time, he does not remember his family at all .He recalls that he went to his home several years ago, which is now being taken by his nephews. He clearly hints of not going back to home from ashram, his thought is it better for him to live in

ashram than others. In the ashram staff cooks for the elderly people .A cup of tea with some beaten rice or biscuits is his breakfast in the morning and evening .Day time lunch and dinner are his big meal .The food generally the same routing rice or bread fruits. Asking about who helps in your medical treatment .He says it is only the bridhasharam that provides medicine to his .He is getting medical treatment by bu nurse and occasionally by doctor of asharam. His beds and clothing are also provided by ashram and sometimes by donor. Asking about who helps in your medical treatment .He says it is only the bridhasharam that provides medicine to her .He is getting medical treatment by nurse and occasionally by doctor of asharam. He passes his day by chatting with elderly people of Briddhashram and praying to god .He sometimes entertains with the T . V. She usually celebrates her Dashain and Tihar , Ramnawami ,Krishan Asthami etc with the friends there in Ashram. He does not posses any sources of income, no land, no house, no money. Asking about who helps in your medical treatment .He says it is only the ashram that provided medicine to her .He is getting treatment in ashram on Sunday, Tuesday and Friday and also on the necessity. He says that people have no respect to the elderly people .He further added that people forget that they will also be old one Days. Responding to the pras cons of the ashram, she thinks ashram is the ultimate destination for elderly people.

Annex 2: Survey Questionnaire

१.

उत्तरदाताको नाम :

उमेर :

लिङ्ग :

शिक्षा :

जाति :

धर्म :

स्थायी ठेगाना (आउन भुन्दा अधिको) :

(१) तपाईं अहिले कति बर्ष हुनुभयो ?

(क) ६०-६४ वर्ष (ख) ६५-६९ वर्ष ग) ७०-७४ वर्ष

(घ) ७५-७९ वर्ष (ङ) ८०-८४ वर्ष

(२) तपाईंको सन्तान छन् कि छैनन् ?

(क) छन् (ख) छैनन् ।

(३) छन् भने कति जना छन् ?

(क) छोरी.....जना

(ख) छोरा.....जना

(४) छोरा/छोरीको पेशा/व्यवसाय ?

(५) वैवाहिक स्थिति :

(क) विवाहित

(ख) अविवाहित

(६) हालको वैवाहिक अवस्था

(क) पति/पत्नी संगै बसेको

(ख) विदुर/विधवा

(ग) दाम्पत्य विच्छेद -कानुनी रूपमा भिन्नभिन्न बसेको

(७) पारिवारीक विवरण :

सन्तान	जम्मा	जीवित	विवाहित	नति	नतिना
छोरा				पुरुष	महिला
छोरी					

(८) स्थायी ठेगाना :.....

(९) बृद्ध हुन्जेलसम्म घरमा बसेको अवधि:.....

वर्ष.....महिना.....

(१०) वृद्धाश्रममा आउनु अघि तपाईंको कुनै पेशा थियो कि थिएन ?

(क) पेशा (ख) आयस्रोत

(ग) छैन

(११) तपाईं यहाँ बृद्धाश्रममा बस्न थाल्नु भएको कति वर्ष भयो ?

(क) २ वर्ष

(ख) ३ वर्ष

(ग) ४ वर्ष

(घ) ५ वर्ष

(ङ) १० वर्ष भन्दा बढी

(१२) यस वृद्धाश्रममा तपाईं कसरी आउनु भयो ?

(क) छोरा/छोरीद्वारा

(ख) आफन्तद्वारा

(ग) गाउँलेद्वारा

(घ) आफैँ

(१३) किन तपाईं यस बृद्धाश्रममा आउनु भयो ? वा शरण लिनु भयो ?

(क) छोरा/छोरी नभएर (ख) परिवारले हेला गरेर (ग) सुख पाइन्छ भनेर

(घ) केहि उपाय नभएर

(१४) जेष्ठ नागरिक (सरकारद्वारा) भत्ता पाउनु भएको छ ?

(क) छ

(ख) छैन

(१५) भत्ता किन पाउन सक्नु भएन ?

(क) नागरिकता नभएर

(ख) नागरिकता नबनाई दिएर

(१६) तपाईं घर फर्कने इच्छा छ कि छैन ?

(क) छ

(ख) छैन

(ग) कहिलेकाहिँ

(घ) जान्छु आउँछु

(१७) घर जाने इच्छा किन नभएको ?

(क) हेला गर्छन्

(ख) खान पग्दैन

(ग) यहाँ सुख

छ

(घ) स्वर्ग यहाँ छ

(१८) जेष्ठ नागरिकलाई समाजले हेर्ने दृष्टिकोण कस्तो पाउनु भएको छ ?

(क) सकारात्मक (माया)

(ख) नकारात्मक (हेला)

(ग) थाहा छैन

(१९) जेष्ठ नागरिक भएर बाँच्नु पर्दा भोग्नु परेको समस्या के-के हुन जस्तो लाग्छ ?

(क) पारिवारिक

(ख) सामाजिक

(ग)

मनोवैज्ञानिक

(घ) आर्थिक

(२०) तपाईंको परिवारका सदस्यहरु तपाईंलाई भेट्न कति समयमा आउने गर्दछन् ?

(क) नियमित

(ख) कहिकाँही

(ग) कहिल्यै

आउँदैनन् ?

(२१) तपाईंलाई तपाईंका परिवारले कुनै प्रकारको सहयोग गर्दछन् ?

(क) गर्दछन्

(ख) गर्दैन्

(२२) यदि गर्दछन् भने कस्तो प्रकारको सहयोग गर्दछन् ? (जति हुन्छ त्यति उत्तर दिनुहास्)

(क) पैसा

(ख) लता कपडा

(ग) औषधि/उपचार

(घ) वैचारिक

(ङ) अन्य

(२३) फेरि पनि तपाईंलाई तपाईंका छोराछोरीसँग बस्न मन लागेको छ ?

(क) लागेको छ

(ख) लागेको छैन

(ग) अहं थाहा छैन

२. (१) दिनको कति पटक खाजा खानुहुन्छ ?

(क) एकपटक

(ख) दुई पटक

(ग) तीन पटक

(२) खानाको बीच तपाईं कुनै फलफुल खानुहुन्छ कि ?

(क) खान्छु

(ख) खान्

(३) तपाईं दिनहुँ दाँत माभ्नु हुन्छ ?

(क) माभ्छु

(ख) माभ्दिन

(४) दाँत सफा गर्न के को प्रयोग गर्नुहुन्छ ?

(क) दन्तमञ्जन

(ख) कोइला

(ग) दत्तिउन

(घ) अन्य

(५) तपाईं कति पटक नुहाउनु हुन्छ ?

(क) दिनहुँ

(ख) एक दिन बिराएर

(ग) हप्तामा

(घ) अन्य (उल्लेख गर्ने)

(६) लता कपडा कहिले कहिले सफा गर्नु हुन्छ ?

- (क) दिनहुँ (ख) एक दिन बिराएर (ग) हप्तामा
(घ) अन्य (उल्लेख गर्ने)

(७) तपाई कुनै व्यायाम गर्नु हुन्छ ?

- (क) गर्छु (ख) गर्दिन

(८) तपाई कुनै प्रकारको योग गर्नु हुन्छ ?

- (क) गर्छु (ख) गर्दिन

३. (१) बृद्धाश्रमले बृद्धबृद्धाहरुलाई के कस्ता प्रकारका सहयोगहरु उपलब्ध गराइरहेका छ ? (एक वा बढी)

- (क) खाना (ख) बास अस्थायी/स्थायी (ग) विछौना
(घ) सिरक डस्ना (ङ) औषधि सम्बन्धी (च) औसधि
(छ) अन्य औषधि (उल्लेख गर्ने)

(२) यस्तो व्यवस्थापनको लागि आवश्यक पर्ने खर्च कसरी व्यवस्था गरिएको छ ?

- (क) व्यक्तिगत दान (ख) सामाजिक संघ संस्थाबाट (ग) सरकारी सहयोग
(घ) आफ्नै आम्दानी

(३) बृद्धबृद्धाहरुका लागि नियमित स्वास्थ्य परीक्षणको व्यवस्था छ ?

- (क) छ (ख) छैन

(४) यदि छ भने नियमित स्वास्थ्य परीक्षणको को सँग गराउनु हुन्छ ?

- (क) डाक्टर (ख) स्वास्थ्य सहायक (ग) नर्स
(घ) अन्य स्वास्थ्य कार्यकर्ता

(५) बृद्धबृद्धाहरुलाई प्रदान गरिने खानाको सामान्य स्वरूप कस्तो छ ?

(६) के बृद्धाश्रमले फलफुल, दुध तथा अन्य पोषणयुक्त खानाको पनि प्रबन्ध गरेको छ ?

(क) नियमित रूपले (ख) केहिलेकाहिँ (ग) छैन

(७) बृद्धबृद्धाहरु केही त्यस्ता शारीरिक अभ्यास तथा योग जस्ता क्रियाकलापमा सहभागी हुने गछन् ?

(द) यदि गर्छन भने कस्ता प्रकारका क्रियाकलापमा सहभागी हुने गर्छन् ?

(९) त्यस बृद्धाश्रमका बृद्धाहरुको दैनिक क्रियाकलापहरु के के हुन् ?

(१०) यस्ता बृद्धबृद्धाहरुसँग सम्बन्धित व्यक्तिहरुलाई तपाईंको तर्फबाट केही विशेष धारणाहरु राख्न

चाहनु हुन्छ कि ?

(क) सन्तान (ख) समाज (ग) राज्य

४. (१) औषधि उपचारको व्यवस्था छ कि छैन ?

(क) छ (ख) छैन

(२) तपाईं कुनै निश्चित प्रकारको स्वास्थ्य समस्या छ ?

(क) छ (ख) छैन (ग) थाहा छैन

(३) यदि छ भने, उल्लेख गर्न सक्नु हुन्छ ? (एक वा वढी उल्लेख गर्ने)

(क) श्रवण शक्ति कमजोर (ख) दृश्य शक्ति कमजोर (ग) बाथ

(घ) कमजोर (ङ) लामो ज्वरो (च) दमको व्यथा

(छ) ग्यास्टिक (पेट सम्बन्धि) (ज) ढाड दुख्ने (झ) प्रेसर

(ञ) सुगर (ट) अन्य

(४) यी समस्याले तपाईंलाई कहिले देखि सताएको हो ?

(क) उमेर

(५) उपचार सेवा कति समयमा पाउनु हुन्छ ?

(क) दैनिक (ख) हप्तामा.....दिन (ग) हप्तामा एक पटक

(घ) आवश्यक परेका बेला

५. (१) बृदाश्रमबाट प्रदान गरिएको सुविधाप्रति प्रतिक्रिया

(क) (ख) (ग)

(घ) (ङ) (च)

(छ)

(२) यस बृदाश्रममा तपाईंले पूरा गर्नुपर्ने कर्तव्य वा दायित्व के-के हुन् ?

(क) (ख) (ग)

(घ) (ङ) (च)

(छ)

(३) बृदाश्रमले गर्नु पर्ने सेवा सुविधा सुधार प्रति केहि सुझाव दिनुहोस् ।

(क) (ख) (ग)

(घ) (ङ) (च)

(छ)

६. बृद्धबृद्धाहरुको सामान्य अनुभव/धारणा

तपाईंको विचारमा बृद्धबृद्धाहरुको लागि के-कस्ता प्रकारका सेवा तथा कार्यक्रमहरुको व्यवस्था गरिनु पर्दछ ।

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७. बृद्धबृद्धाहरुको लागि सेवा तथा सहयोग कार्यक्रमसम्बन्धमा निम्न निकायहरुको के-कस्तो जिम्मेवारी दायित्व हुनुपर्छ ?

(क) राज्यको (ख) समाजको (ग) राज्य/परिवार