

**SOCIAL WELLBEING AND HAPPINESS AMONG AGEING
POPULATION OF KIRTIPUR MUNICIPALITY, KATHMANDU**

A Thesis

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DECLARATION

I hereby declare that dissertation entitled “**Social Wellbeing and Happiness among Ageing Population of Kirtipur Municipality, Kathmandu**” submitted by me to the Central Department of Sociology, Tribhuvan University, Nepal is entirely original research done under the supervision and guidance of Associate Professor Dr. Tika Ram Gautam. I have acknowledged all the data/information, references, and citations from respective published and unpublished documents during the course of this research. I have also acknowledged all the individuals, institutions, communities and respondents consulted during the entire works. The results of this dissertation have not been presented or submitted anywhere else for the award of any degree. I am responsible if any evidence is found against my declaration.

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LETTER OF RECOMMENDATION

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LETTER OF APPROVAL

This dissertation entitled “**Social Wellbeing and Happiness among Ageing Population of Kirtipur Municipality, Kathmandu**” submitted by Mrs. Jyoti Kharel has been evaluated and accepted by the following evaluation committee as a requirement for the partial fulfillment of the requirements Master Degree of Arts in sociology.

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ABSTRACT

Social wellbeing refers to the quality of relationship and interaction of a person with others in society including sense of belonging and the level of satisfaction with their social interaction and happiness is a positive emotional state where a person feels joy and satisfaction with their life, which are the important factors helping to foster healthy and happy lives of growing aging population in Nepal. This study aims to explore the status and correlation of social wellbeing and happiness among ageing population using a mixed-method approach including surveys and interviews integrated through Social Wellbeing Standards (Keyes, 1998) and Oxford Happiness Questionnaires (Hills and Argyle, 2002). Purposive sampling design has been used to identify and select the sample population of 120 individuals over 60 years of age among which 55.8% are males and 44.2% are females of Kirtipur Municipality, ward number-10, Kathmandu, Nepal. The data collected has been analyzed using SPSS and interpreted with Karl Pearson's correlation coefficient, independent sample t-test and F-test (ANOVA). The study has revealed most of the aging population (47%) is with moderate social wellbeing and least of the aging populations (18%) are with higher social wellbeing. The most of the aging population of this study are with moderate happiness (31.7%) and least of the aging populations (18.3%) are found with low happiness. The correlation between the social wellbeing and happiness has been found positively correlated ($r=0.277$) indicating the positive connectivity of social wellbeing and happiness. The comparison of mean value between social wellbeing and gender is significantly different ($p=0.001$) between males (3.35 ± 0.81) and females (2.84 ± 0.80) indicating males have more social wellbeing than females. The mean value difference between social wellbeing and migration status of the aging population has revealed the significance difference ($p=0.000$) between locals (3.48 ± 0.76) and migrants (2.82 ± 0.80) indicating locals have more social wellbeing status than the migrants. The mean value difference among the caste groups with Brahmin/Chhetri, Janajati and Dalits and social wellbeing is obtained significantly different ($p=0.000$) with Dalits having higher level of social wellbeing (3.82 ± 0.63) compared to Brahmin/Chhetri (2.88 ± 0.80) and Janajati (3.37 ± 0.80). The mean value difference among the social security allowance receiver is found significantly different ($p=0.001$) with the higher social wellbeing of the pension receivers (3.4 ± 0.80) than ageing allowance receiver (3.02 ± 0.82) and non-receivers (2.52 ± 0.68). The mean value difference among the past

occupation variables with social wellbeing is found significantly different ($p=0.024$) having respondents with local works as past occupation with higher level of social wellbeing (3.6 ± 0.75) compared to government jobs (3.44 ± 0.81), agriculture (3.04 ± 0.82), foreign employment (3.16 ± 0.78), INGO's/NGOs (3.24 ± 0.82), local business (2.81 ± 0.68) and housewives (2.77 ± 0.84) with least social wellbeing status.

The study has outlined the most of the respondents with moderate happiness (31.7%) and least of the respondents are found with low happiness (18.3%). The comparison of mean value between happiness and gender is significantly different ($p=0.03$) between males (4.29 ± 0.15) and females (3.77 ± 0.17) indicating males have higher level of happiness compared to the females. Respondents with higher level of education are found significantly happier ($p=0.011$) with the mean and standard deviation (4.82 ± 1.36) compared to Illiterate (3.85 ± 1.16), Secondary Level of education (4.23 ± 1.31) and primary level of education (3.53 ± 1.76) with least happiness. The comparison of mean value among the social security with happiness allowance receivers has been obtained significantly different ($p=0.045$) with the mean and standard deviation value of (4.49 ± 1.33) compared aging allowance receivers (3.86 ± 1.24) and non-receivers (3.83 ± 1.26) with least happiness among the groups.

Male found with higher social wellbeing and happiness is due to traditional patriarchal Nepalese society where men hold more authority in decision making, education, employment and property ownership and it fosters their social wellbeing and happiness. Lack of access to education, employment, opportunity in social activity and freedom to community gatherings females have lower social wellbeing and happiness compared to males. Locals have high level of social integration, sense of belongingness and connectedness to enhance their social wellbeing and migrants find hard to adjust in different culture and tradition which hinders their social wellbeing. The caste groups with higher social wellbeing have been contributed by their local status, strong social network, sense of belongingness, supportive friends and neighbors, shared responsibilities and recipient of social security allowance in the form of pension and ageing allowance. Past occupation contributed to the affirmation in the society through the dignity of the professions and networks created along with the financial security due to intergenerational continuity of the occupation and recipient of the pension. Higher the education more confirmed is the happiness status

since the education provided the broad sense of adaptation, sense of financial autonomy and contribution to the society through the community programs. The social security measures like ageing allowance and pensions provide the financial regularity and stability, dignity and reduced dependency. The familial connectedness, community engagement programs, ageing friendly urban planning and development, formation of Retired Professional Clubs (RPC) to utilize the skills, knowledge and experiences, awareness programs including digital literacy and technological interferences, expansion and continuation of social security schemes by Government of Nepal and Social Welfare Programs including engagement of aging population in academic institution through book free day, community based programs like bhajan/kirtan, mediation, counseling etc. by provincial and local governments are envisioned interventions required for the better social wellbeing and happiness of aging population.

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LISTS OF ACRONYMS AND ABBREVIATIONS

ANOVA:	Analysis of Variance
GoN:	Government of Nepal
H ₀ :	Null Hypothesis
H ₁ :	Alternative Hypothesis
ILO:	International Labor Organization
INGOs:	International Non-Governmental Organizations
NGOs:	Non-Government Organizations
NPC:	National Planning Commission
NSO:	National Statistics Office
OHQ	Oxford Happiness Questionnaire
SN:	Serial Number
SPSS:	Package for Social Sciences
TU:	Tribhuvan University

CHAPTER I

INTRODUCTION

1.1 Background

Social well-being defines individual's conditions and performance within the community. The Theory of Social Well-being asserts that it is a unique aspect of overall wellness, involving how people interpret and operate in their social surroundings. It extends beyond personal satisfaction, emphasizing the value of interactions and bonds with the wider society. An individual's level of social well-being is manifested through social inclusion, social recognition, social realization, social consistency, and social participation (Keyes, 1998)

Social well-being denotes an individual's condition that assesses one's social existence, the quality of connections with the community, sense of inclusion, and level of contentment derived from social interactions. It is shaped by personal experiences and social ties. Among older adults, social well-being reflects how they adjust to societal transformations and their perspectives toward the social setting. Social well-being involves the capacity to engage effectively within a community and across diverse cultural contexts while maintaining respect for oneself and others. It incorporates interpersonal bonds, supportive networks, and participation in communal activities. Hence, social well-being is understood as positive functioning that entails social tasks and challenges, comprising five dimensions of social well-being

According to the Globe Global evidence on national happiness and insights from the emerging science of happiness, collectively referred to as happiness, suggest that the quality of people's lives may be assessed through a variety of indicators of subjective well-being (Helliwell et al., 2012). Additionally, happiness is associated with positive emotions that are oriented toward the future, such as faith, trust, hope, optimism, and self-assurance. In other words, happiness mirrors a psychological or emotional condition characterized by positive feelings that range from contentment to extreme delight.

Aging is a lifelong biological and social phenomenon, beginning at conception and continuing until death. It involves both maturation and the gradual decline of bodily functions as a result of physiological changes. The process of aging can be categorized into three distinct phases: growth and development during infancy, maturation in adolescence, and senescence after the age of thirty stages considered fundamental in the study of aging.

Globally, the aging population has been rising rapidly, largely due to declining fertility rates and improvements in life expectancy. In the context of Nepal, life expectancy has increased significantly in recent decades, resulting in a faster growth rate of the elderly population compared to the total population (Chalise, 2019; Chalise, 2023). Moreover, aging should not be viewed solely as a biological process but also as a socio-cultural phenomenon (Jensen, 1958), and it has become a defining characteristic of human populations in the twenty-first century (Ossewaarde, 2014; Saroha, 2018).

Happiness is generally described as a mental and emotional condition of well-being, marked by positive and pleasant emotions. Numerous biological, psychological, religious, and philosophical perspectives have attempted to define happiness and explore its origins. Analyses of these perspectives suggest that happiness and well-being represent a state of mind shaped by three interconnected dimensions: physical (structural) health, psychological (mental) health, and social health. These dimensions are mutually interdependent and influence one another. A hierarchical model of happiness and well-being therefore rests upon these three linked domains—physical health, psychological health, and social health. Within this framework, social determinants of health are identified as the economic and social conditions—and their distribution across populations—that affect disparities in health status. From certain perspectives, the distribution of these determinants is influenced by public policies shaped by prevailing political ideologies of governing authorities. Ultimately, analysis of these interlinked elements indicates that physical and psychological health form the foundation of social health, while social health functions as the pathway toward well-being and happiness. Collectively, these three elements are central in fostering positive emotions, resilience, happiness, and overall well-being (Sundriyal & Kumar, 2014).

In Nepal, the older population has nearly tripled since 1991, reflecting a significant demographic shift. The population structure is transitioning from being youth-dominated toward ageing, largely influenced by declining fertility rates and increasing outmigration of younger groups. As a result, the child population is shrinking, while the working-age group is contracting, thereby intensifying the dependency burden. For analyzing ageing trends, classification by ecological regions is essential. The index of ageing, as recorded in the 2011 and 2021 censuses, reveals substantial regional differences. The Hill region showed the sharpest rise—from 25.7 in 2011 to 43.6 in 2021—followed by Mountain and Tarai zones. Both Hill and Mountain regions are ageing faster compared to Tarai. At the provincial level, Bagmati Province reports the highest proportion of older persons. Migration patterns also play a role: urban areas attract younger migrants, which temporarily lowers their ageing index compared to rural areas. Nevertheless, between 2011 and 2021, the ageing index increased by about 13 points in both urban and rural settings. Nationally, the index of ageing for those aged 60 years and above rose from 23.3 in 2011 to 36.7 in 2021.

Despite the tradition of older persons residing with family, the number of elderly living alone or with only a spouse is rising. Furthermore, literacy gaps remain stark, with 52.2% of older men illiterate compared to 84.9% of older women, showing that elderly women face disproportionately higher illiteracy. These low literacy levels—particularly among older women—are linked to continued economic necessity, especially in agriculture-based livelihoods (NSO, 2025).

Defining senior citizen is a difficult statement and it varies as per the countries and regions. The age at which someone is considered a senior in wealthy nations is usually 65 or older, but in poorer nations like Nepal, it is generally 60 years (GoN, 2006). Due to shifting social norms, smaller family sizes, and rising migration of younger generations in search of better prospects, the traditional model of family caregiving for the elderly in Nepal is under threat. With 10.12% of the total population and about 2.91 million people living in both rural and urban areas, Nepal's senior population is growing quickly. The rate at which the elderly population has grown has increased by 3.29% over the past ten years. Compared to the Terai, the elderly population is geographically greater in the Hill and Mountain areas, and there are more older people in rural areas than in cities (NSO, 2021). In Nepal, the

proportion of people 60 years and older has grown by 38% over the past ten years, indicating that the population is aging at a faster rate overall.

The Government of Nepal defines the elderly population as individuals aged 60 years and above under the Senior Citizen Act, 2006 (GoN, 2006). This population receives support through the government's social security programs, which are guided by provisions in the Labor Act, 2017 (GoN, 2017) and the Social Security Act, 2017. However, research by Khanal (2015) and Khadka (2020) indicates that many older adults in Nepal often lack caregivers, as their designated caretakers, typically their sons, are frequently working abroad or living separately. This points to a significant gap in care and support for the aging population despite the existence of government social security schemes. Additionally, Tausig and Subedi (2022) highlight that seniors face multiple physical, mental, and psychological challenges, including diabetes, hypertension, memory loss, depression, and mobility limitations, even with some support provided by NGOs and INGOs.

1.2 Statement of the Problem

The aging population in Nepal faces various challenges like lack of supports from family and society, economic hardship, social and family isolations, accessibility to health services, affordability to fundamental resources, and lack of communications, loneliness and technological difficulties. These challenges adversely impact the reflection of elderly population to social changes and their attitude towards social environment like social connections, participation to social welfare activities and solidarity. The challenges are directly linked with the social wellbeing and happiness of the ageing population since the growing ageing population is perceived only as the demographic and socio-economic issues in Nepal. Robust social wellbeing of the ageing population being the indicator of robust society, the intervention on social wellbeing of this population is an urgent requirement in Nepal. Social wellbeing and happiness are interconnected. The reflection of social wellbeing is inherited in the happiness of an individual. However, there have been very little researches to identify the factors affecting the wellbeing and happiness of aging population in Nepal. The world happiness index report 2024 has shown that the overall ranking of the happiness of aging population is 76 out of 143 countries and the happiest being the young and least happy being the upper middle age population. The identification of

factors that links the social wellbeing and happiness of aging population will be a milestone achievement to address the challenges and constrains of aging population through the policy interventions. Hence, to address the requirements of the social wellbeing of ageing population, the interventions can be supported by research and integration of research findings in a policy. This research will be helpful to address the issues and factors affecting social wellbeing and happiness of ageing population and the association between social wellbeing and happiness will support the policy and program formulation and implementation.

In Nepal, the aging population faces multiple interrelated challenges such as insufficient family and societal support, economic hardship, social and family isolation, limited accessibility and affordability of healthcare and basic resources, loneliness, and technological barriers. These constraints not only diminish their capacity to adapt to social changes but also negatively affect their participation in social connections, community welfare activities, and solidarity. Despite the strong linkage between social wellbeing and happiness, elderly wellbeing is often perceived only as a demographic and socio-economic issue rather than as a vital dimension of national development. With Nepal ranking 76th in the World Happiness Index 2024 and older adults being among the least happy groups, there is limited research that systematically identifies the factors influencing the social wellbeing and happiness of the elderly. The lack of empirical evidence on these factors poses a gap in developing effective policy interventions that could improve the quality of life, social engagement, and happiness of Nepal's aging population.

1.3 Research Questions

On the premises of the stated objectives, the given research questions were formed to guide this study;

- a. How doe social wellbeing and happiness vary by their social, economic, cultural, background of the aging population in Kirtipur, Kathmandu?
- b. What is the relationship between social wellbeing and happiness among the elderly population in Kirtipur, Kathmandu?
- c. Which factors significantly influence the happiness and wellbeing of aging populations in Kirtipur, Kathmandu?

- d. How can research-based findings be integrated into policies and programs to improve the wellbeing and happiness of elderly citizens in Kirtipur in specific and in Nepal in general?

1.4 Objectives of the Study

The general objective of this research is to assess the status of social wellbeing and happiness of ageing population of Kirtipur Municipality (Ward Number Ten), Kathmandu. The specific objectives are;

1. To examine the variation in social wellbeing and happiness among the ageing population in Kirtipur Municipality, Kathmandu based on their social, economic and cultural background.
2. To explore the association between social wellbeing and happiness among individuals of ageing population.
3. To analyze the significant factors influencing the happiness and wellbeing of ageing population in Kirtipur Municipality Kathmandu.
4. To propose policy and program recommendations based on research findings to enhance the wellbeing and happiness of ageing population.

1.5 Limitations of the Study

This study is limited to Kirtipur Municipality ward no 10 and its findings may not be generalized to the other areas of Nepal due to differing socio economic, cultural and physical infrastructural conditions. Social wellbeing and happiness are the subjective concepts, responses may be influenced by personal emotions, moods etc. The sample may not fully represent the diversity and actual reality of ageing population of all over Nepal. Limited field work duration and sample size may restrict the depth of qualitative insights. Since there are very few sociological research conducted in Nepal and other parts of the world in the area of social wellbeing and happiness. It may be very hard to find sufficient literature for the research.

CHAPTER II

LITERATURE REVIEW

This chapter highlights the theoretical, empirical and policy review on social wellbeing and happiness of ageing population. The following literatures are the references for this study.

2.1 Theoretical Review on Sociology of Ageing

Bengston, Burges and Parrot (1997), in their article “Theory, Explanation, and a Third Generation of Theoretical Development in Social Gerontology” shared that efforts at cumulative knowledge building in social gerontology have been lax, judging from research articles published in journals between 1990 and 1994. Too little attention has been paid to the cumulative development of theory; readers are left with many empirical generalizations but underdeveloped explanations by which to interpret findings and build upon them in subsequent research. To assist future theory development in social gerontology, they review seven theoretical perspectives referenced most frequently in journals: (1) social constructionist, (2) social exchange, (3) life course, (4) feminist, (5) age stratification (age and society), (6) political economy of aging, and (7) critical theory.

2.1.1 Social Constructionist Theory

This theory emphasizes their interest in understanding, individual process of ageing as influenced by social definition and social structures. "Social constructionist" Perspective of aging reflects a long tradition of micro-level analysis in the social sciences focusing on individual agency and social behavior within larger structures of society: symbolic interactionism (Mead, 1934), phenomenology (Berger and Luckmann, 1966), and ethnomethodology (Garfinkel, 1967). Following an even earlier tradition pioneered by Max Weber (1905/1955), social constructionist uses hermeneutic approaches, the science and methods of interpretation. Researchers who employ social constructionist theories emphasize their interest in understanding, if not

explaining (a distinction that is important to many scholars in this tradition), individual processes of aging as influenced by social definitions and social structures. First, by examining the social construction of age and aging, these researchers link individuals to social-structural contexts. Second, these theories explore the "situational, emergent and constitutive features of aging" (Passuth and Bengtson, 1988, p. 345) by examining how social meanings of age and self-conceptions of age arise through negotiation and discourse. Third, social constructionist theories of aging emphasize that social reality shifts over time, reflecting the differing life situations and social roles that come with maturation (Dannefer and Perlmutter, 1990; Kuypers and Bengtson, 1973). Key concepts of social constructionist theories of aging include: social meaning, social realities, social relations, attitudes toward aging and the aged, life events, and timing.

2.1.2 Social Exchange Theory

Social Exchange Theory is based on the principle that participants in an interaction such as parents and children or older and younger individuals bring various resources to the exchange, which are not necessarily material and are often unequal. A key assumption is that individuals will maintain exchanges only as long as the perceived benefits outweigh the costs and no better alternatives exist (Hendricks, 1995). Another fundamental premise is that exchanges are guided by norms of reciprocity, meaning that when one gives something, there is an expectation that something of equivalent value will be returned (Gouldner, 1960). Core concepts in this framework include social costs and benefits, social resources, social interactions, reciprocity norms, social power, and altruism.

When applied to aging, this theory explains interactions between individuals of different ages in the context of changing roles, skills, and resources associated with advancing age (Hendricks, 1995). Social exchange theories of aging analyze the balance or imbalance between what is given and received across generations, considering whether exchanges are rational and self-interested or altruistic. For instance, this perspective may explore why older adults reduce contact with certain individuals while increasing interactions with others. Additionally, it emphasizes understanding how exchange behaviors reflect the evolving circumstances of older

adults and those in their social support networks, such as family members or close associates.

2.1.3 The Life Course Theory

Elder, a pioneer of the life course perspective, provides an illustrative example through the study of psychological stress. Elder, George, and Shanahan (1996) examined life course concepts such as social context, structural position, social construction, age roles and norms, and major life transitions to explore how caregiving relates to stress. They observed that, due to historical and demographic shifts, caregiving has become a standardized—or at least predictable—component of the life course. Nevertheless, its timing and duration vary widely, and its meaning is shaped by cultural interpretation and a lifetime of experiences, rather than solely by the immediate stressful or beneficial aspects of caregiving. The life course perspective emphasizes how early life experiences influence later outcomes. It conceptualizes age in stages, with individuals expected to perform specific roles appropriate to each stage. This approach views aging as a dynamic and interconnected process rather than a static phenomenon. Consequently, it is particularly valuable for designing policies and interventions that consider the entire lifespan and multiple influences on aging, rather than focusing exclusively on old age.

2.1.4 Feminist Theory

The origins of feminist theories in social gerontology reflect the broad tradition of feminist thought in sociology and the social sciences (Connell, 1987; Hess & Ferree, 1987; Smith, 1987). Since the 1970s, feminist scholars have emphasized the significance of gender, highlighting the historical exclusion of women from social science research, re-examining differences between men and women, and identifying gender biases within social science frameworks (Ferree & Hess, 1987). Feminist theorists maintain that gender must be a central factor when studying aging and the elderly, as it shapes social life across the lifespan (Rossi, 1985) and profoundly influences the experience of aging (Ginn & Arber, 1995; Hess, 1985). They also argue that existing aging theories are inadequate because they neglect gender relations and women's experiences (Blieszner, 1993; Reinharz, 1986). At the macro-level, feminist perspectives examine economic and power relations between older men and women,

with socialist-feminist theories emphasizing historical materialism as a fundamental form of domination (Hendricks, 1993, p. 115). At the micro-level, these perspectives assert that gender must be studied in the context of social meanings, drawing on symbolic interactionism, phenomenology, and ethnomethodology, paralleling the social constructionist approach discussed previously. For instance, Diamond's (1992) ethnography of nursing assistants was influenced by feminist ethnomethodology, particularly the work of Smith (1987).

Feminist theories also aim to integrate micro- and macro-level analyses by exploring links between individuals and social structures, especially regarding power relations (Bury, 1995; Calasanti, 1996). Key concepts at the macro level include gender stratification, power structures, and social institutions, while micro-level concepts encompass social networks, caregiving and family work, social meanings, and identity. An illustrative application is Calasanti's (1993; Calasanti & Zajicek, 1993) study of women's retirement, which highlights that women are often overlooked in retirement research due to assumptions that their work is unimportant or because of limited data on women's retirement experiences. Her findings show that occupational segregation and labor market discrimination based on gender and race result in disparities in pensions, Social Security, and other post-retirement income. Additionally, retirement from paid employment does not free women from domestic responsibilities, which are often compounded by caregiving duties for spouses or older relatives.

2.1.5 The Age Stratification Theory

The age stratification perspective examines the impact of social change on family structures. Riley and Riley (1993) suggest that contemporary social transformations have introduced a new dimension to extended family relationships, which they term a latent matrix of kin connections. This matrix functions as a web that activates or strengthens kin ties, providing potential social support. As successive cohorts experience longer lifespans, individuals remain embedded in a large, complex network of family connections throughout their lives. Using the age stratification perspective, Riley and Riley explain that kinship patterns among younger cohorts indicate a shift toward these latent kin support network. Current social trends such as remarriage, cohabitation, reliance on fictive kin, and the persistence of

intergenerational relationships create additional avenues for support across the life course, even when nuclear family ties dissolve due to divorce. This perspective also explores how societies categorize individuals by age and how these age-based categories influence roles, status, responsibilities, and opportunities. It highlights the dynamic nature of aging and the ways in which societal expectations shape aging experiences. Older adults may be excluded from social tasks or marginalized in decision-making due to age-based hierarchies. The age stratification perspective has made significant contributions to social gerontology. First, it links aging theories to mainstream sociology and was among the first to highlight the relationship between aging and social structures (Marshall, 1996). Second, it helps to distinguish the effects of cross-sectional age differences from longitudinal life course patterns. Third, it provides insights into the connections between individual development and historical change. Additionally, this perspective emphasizes cohort-based variation within the elderly population, offering novel approaches to examine differences related to time, period, and cohort effects.

2.1.6 Political Economic Theory

The political economy approach aims to explain how the interaction of economic and political forces influences the distribution of social resources, thereby suggesting that differences in the treatment and status of elderly people are best understood via economic changes, social structures, and public policies (Minkler, 1984; Walker, 1981). This viewpoint holds that those political and financial elements, which often deprive elderly individuals of less freedom, power, and influence, greatly affect the aging process. Therefore, chronological age is just one among several interacting factors affecting aging; others are social class, gender, race, and ethnicity. Supported by state regulations and economic systems, these structural dynamics limit the possibilities, choices, and lifetime results of senior citizens. Main concepts in this framework are marginalization, social class, resource management, and structural barriers.

Robertson (1991) expanded on this by investigating how the healthcare industry and aging policies define illness by fusing political economy with social constructionism. She argued in her study of Alzheimer's that what she calls "apocalyptic demography" has politicized the illness that signifies as that this is

a framework that disregards more general socioeconomic factors affecting labeling, caregiving, medical hegemony and growing healthcare expenditure. Robertson claims that the politicization of Alzheimer's must be carefully investigated as allegations of a demographic catastrophe distract from the basic structural problems that cause the elderly in American society to be marginalized. Among these fundamental problems are policy restrictions, fabricated narrative conflicts, and socioeconomic inequalities.

2.1.7 Critical Theory

Critical perspectives on aging are represented through several theoretical strands in social gerontology, including political economy, feminist approaches, diversity theories, and humanistic gerontology (Minkler, 1996; Phillipson, 1996). Tornstam (1992) applied critical gerontology to the discipline itself, contending that mainstream gerontology relies heavily on narrow positivist views of science, which frame aging mainly as a set of social problems. In contrast, he advocated for a more human-centered approach, allowing older individuals to shape research agendas. His own theory of *gerotranscendence* (Tornstam, 1992, 1996) exemplifies this orientation.

Similarly, Dannefer (1988) adopted a critical stance in highlighting the “neglect of variability” in aging studies. He argued that most theories in social gerontology, largely individual-level frameworks focusing on development, socialization, and normative aging, fail to account for the increasing heterogeneity that comes with age. Although the life course perspective partly addresses variation, Dannefer maintained that many models treat difference as deviance, thereby marginalizing it. He concluded that such neglect stems not from methodological limitations but from deeper positivistic assumptions embedded in traditional gerontology.

From a humanistic critical perspective, Atchley (1993) reconceptualized retirement in three ways: as a social institution, as a set of distributive issues, and as a distinct life stage. Critical gerontology, he argued, must interrogate the hidden assumptions in each of these categories, asking who benefits from them. While Atchley envisioned retirement as a potentially emancipatory stage, he stressed that this is unattainable in contexts where retirement is forced or older people are regarded as expendable. Hence, he urged critical gerontology to challenge conventional positivist frameworks in order to better capture the multiple dimensions of retirement.

2.2 Theories on Social Wellbeing

Social wellbeing is the appraisal of one's circumstances and functioning in society. Keyes' (1998) Social Well-being Theory posits that social well-being is a distinct dimension of overall well-being, encompassing how individuals perceive and function within their social environment. It's not just about individual happiness, but rather about the quality of relationships and connections with society. Keyes defines social well-being through five key components.

2.2.1 Social Integration

Social integration is evaluation of the quality of one's relationship to society and community. Healthy individuals feel that they are a part of society. Integration is therefore the extent to which people feel they have something in common with others who constitute their social reality as well as the degree to which they feel that they belong to their community and society. This refers to the feeling of belonging and connection to one's community and society. It's about the quality of relationships and the sense of shared identity with others.

2.2.2 Social Acceptance

Social acceptance is the construal of society through the character and qualities of other people as a generalized category. Individuals who illustrate social acceptance trust others, think that others are capable of kindness, and believe that people can be industrious. Social acceptance is the social analogue to personal acceptance people who feel good about their personalities and accept both the good and the bad aspects of their lives exemplify good mental health. Therefore, social acceptance of others might be the social counterpart to self-acceptance.

2.2.3 Social Contribution

Social contribution is the evaluation of one's social value. It includes the belief that one is a vital member of societies with something of value give to the world. Social contribution resembles the concepts of efficacy and responsibility. Social contribution reflects whether, and to what degree. People feel that whatever they do in the world is valued by society and contributes to the common well.

2.2.4 Social Actualization

Social actualization is the evaluation of the potential and the trajectory of society. This is the belief in the evolution of society and the sense that society has potential which is being realized through its institutions and citizens. Social actualization involves assessing whether society is realizing its potential and moving towards a better future.

2.2.5 Social Coherence

Social coherence refers to an individual's understanding of the structure, organization, and functioning of the social world. It also encompasses an interest in gaining knowledge and making sense of how society operates.

2.3 Theoretical Approaches to Happiness

Somashekher (2021) described happiness as a positive emotional state encompassing present-moment joy, life satisfaction, contentment, and a sense of fulfillment. The focus is on an individual's subjective well-being, reflecting their overall feelings about life under current circumstances. The article also outlines various sociological approaches to studying happiness.

2.3.1 Human Need Approach

The Needs Approach posits that happiness is enhanced when human needs are met. This perspective emphasizes identifying the essential needs that must be satisfied and the conditions necessary to fulfill them. However, since human needs vary across individuals, fulfilling these needs does not necessarily guarantee happiness for everyone.

2.3.2 Relative Standard Approach

This approach assumes that happiness is shaped by the alignment between an individual's expectations and the actual conditions they experience. Setting excessively high personal standards without considering the surrounding context can result in lower satisfaction. The approach suggests that external circumstances

indirectly influence happiness, and by adjusting expectations in response to situational and flexible external factors, individuals can optimize their happiness to the levels they anticipate.

2.3.3 Cultural Approach

The cultural approach deals with the fact that the happiness of the people tends to be influenced by societal norms, cultural heritage and conventions. This approach contends that striking factors that differentiate happiness between the group are not been found associated with the prevailing standards of living. Thus, the cultural characteristics of a nation will have a bearing on the happiness of its population. This approach helps to understand the culture and remove the prejudices and biases about society.

2.3.4 The Cross-National Approach

The cultural approach deals with the fact that the happiness of the people tends to be influenced by societal norms, cultural heritage and conventions. This approach contends that striking factors that differentiate happiness between the group are not been found associated with the prevailing standards of living. Thus, the cultural characteristics of a nation will have a bearing on the happiness of its population. This approach helps to understand the culture and remove the prejudices and biases about society.

2.4 Empirical Review on Social Wellbeing and Happiness of Ageing

2.4.1 Social Wellbeing

An increasing number of studies have examined the relationship between religion and well-being in later life, with many reporting that religious attendance is positively linked to psychological well-being. Yet, this conclusion requires careful consideration, as prior research has often been limited by a lack of nationally representative data, the possibility that observed effects are mediated by physical health, and insufficient clarity on the mechanisms behind the association. Addressing these limitations, Barkan and Greenwood (2003), using pooled data from the *General Social Survey*, found that even after controlling for other factors, religious attendance

remained positively associated with two indicators of subjective well-being among adults aged 65 and above.

Lindsey et al. (2005), in their study “*Productive Activities and Subjective Well-Being among Older Adults: The Influence of Number of Activities and Time Commitment*”, examined how life satisfaction, happiness, and depressive symptoms relate to the number of activities and time devoted to productive engagement. They argued that participation in multiple productive activities enhances subjective well-being by fostering social integration and providing meaningful roles for older adults. The findings showed that greater time commitment to such activities was positively associated with life satisfaction and higher levels of happiness. However, only limited evidence was found linking productive activities with reductions or changes in depressive symptoms. Overall, the study supports the notion that engaging in productive activities contributes to older adults’ well-being, lending weight to the *role enhancement hypothesis* and underscoring the value of social integration in later life.

Gartaula, Visser, and Niehof (2011) demonstrated that an improvement in women’s *objective well-being* does not automatically lead to enhanced *subjective well-being*. They emphasized that subjective experiences are complex, multifaceted, and highly context-dependent, shaped by factors such as family circumstances, socio-cultural background, and individuals’ prior economic conditions.

Monteiro et al. (2024) conducted a systematic review to examine the relationship between social engagement and well-being among community-dwelling older adults. The review covered studies published between 2000 and 2021, searching across five databases with predefined inclusion and exclusion criteria. A total of 42 eligible papers were analyzed, and a narrative synthesis was developed to address conceptualizations, measurements, and key findings. Despite considerable methodological and conceptual variation, the evidence consistently showed that greater participation in social activities is linked to improved later life. Notably, these positive effects appeared stronger for disadvantaged groups and demonstrated a cumulative pattern, where higher levels of engagement translated into higher well-being. However, the review also noted that overly demanding activities may have optimal, rather than linear, participation levels.

Monteiro et al. (2024) concluded that while social engagement clearly benefits older adults' well-being, its measurement remains complex and diffuse. They emphasized the need for future research to adopt clearer conceptual frameworks, employ robust measurement tools, and examine dimensions of well-being. The review further highlighted that social engagement should be regarded as a vital developmental resource for interventions and policies aimed at enhancing the lives of older adults.

Li Li, (1995) investigated the *subjective well-being of Chinese urban elderly*, focusing on life satisfaction and overall well-being among older adults. The study was conducted in Guangzhou, one of China's largest cities, with a sample of 520 respondents aged 60 and above. The survey gathered extensive information on family structure and relationships, living arrangements, daily activities, health conditions, concerns about aging, and demographic characteristics. Subjective well-being was measured in three dimensions: economic situation, health status, and psychological condition. Respondents were first asked to assess their economic conditions with responses as "Very good", "Good", "OK", "Difficult", and "Very Difficult". Similarly, respondents were asked to evaluate their overall health. The researcher concluded that, aging does not occur in a social vacuum but is greatly influenced by social structures and processes. Life satisfaction and well-being of the elderly are closely associated with changes in social and family structures, values and status. As a society becomes more and more industrialized commercialized, its members, young or old, are more likely to rely on gains as a major source for daily living and satisfaction. Economic development China has contributed to the improvement of people's living standards same time, led to a growing demand from the elderly for services and supports.

Subjective well-being, social well-being, reduced sedentary behavior (SB), and increased physical activity (PA) are all critical determinants of health in later life, yet the precise nature of their interconnections remains uncertain. Evidence suggests that older adults who report higher levels of subjective and social well-being tend to sit less and participate more frequently in physical activities, a pattern particularly pronounced among the oldest-old population (Chen et al., 2021).

2.4.2 Happiness

Ayhan, et al., (2024) in their research “The Effect of Leisure Involvement on Happiness and Successful Ageing in elderly” concluded that, the participation of the elderly in activities based on their leisure involvements contributes to them gaining many mental and physical benefits, enabling them to age successfully and increase their happiness levels. In this context, relevant public institutions and organizations have duties to ensure that elderly individuals live a healthier and happier life. It is recommended that these institutions/ organizations organize regular informative training, establish recreational service offices for the elderly, and expand areas for participation in activities to increase the leisure involvement levels of elderly individuals. Their study aimed to investigate the effect of leisure involvement on happiness and successful aging levels in the elderly. The personal information form, the leisure involvement scale, the Oxford happiness scale, and the successful aging scale were used in this study. The convenience sampling method was preferred in the current study. The data of the study were collected from individuals who performed leisure activities in recreational parks in Istanbul. The Pearson correlation analysis and linear regression analysis were used for the analysis of obtained data. A total of 227 (MAge=64.32± 2.74) elderly participated in the study voluntarily. There was a positive relationship between leisure involvement with happiness ($r=.381$) and healthy aging ($r=.311$). Moreover, when the results regarding the main hypothesis of the research were examined, it was observed that leisure involvement had a positive effect on happiness and successful aging ($p < .001$). Accordingly, it was determined that the participants’ leisure involvements predicted their happiness and successful aging levels by 14% (adj. $R^2 = .141$) and 9% (adj. $R^2 = .093$), respectively. They found that, elderly over the age of sixty with high levels of leisure involvement may feel better as physically and psychologically, they can become happier humans and achieve more successful aging.

The world happiness index report, 2024 has shown that Finland is in number one and Afghanistan being the last country in happiness ranking out of 143 countries. The rank of Nepal is 92 in overall happiness rating. Whereas age group wise rating is 92 for young age group (below 30 years), 101 for lower middle age group (30-44 years), 93 for upper middle age group (45-59 years) and 76 for ageing population (above 60

years) with the happiest being the young and the least happy being the upper middle age group (Helliwell et al., 2024).

2.5 Social Wellbeing and Happiness in Ageing Population

Portero et al. (2023) employed the *Oxford Happiness Questionnaire (OHQ)* to examine how social relationships influence well-being and happiness among older adults living either alone or with relatives. Their findings revealed that older individuals who actively participate in formal or informal learning activities report higher levels of well-being. Such activities not only stimulate functional skills but also provide opportunities for social interaction, group belonging, and the development of emotional ties and support networks. The study, which involved 352 participants aged 65 and above, further demonstrated that those living with family members experienced greater social integration, happiness, and overall well-being compared to those living alone. However, participation in social activities was shown to mitigate the disadvantages of solitary living, indicating that social engagement plays a stronger role in enhancing well-being than cohabitation status. Based on these outcomes, the authors recommended the development of intervention policies that encourage social participation and interpersonal connections to improve older adults' well-being and happiness.

In a related study, Beygi et al. (2023) investigated the relationship between social support and happiness among older adults attending health centers in Zarrin Shahr, Iran. Using both the *Oxford Happiness Questionnaire* and a *Social Support Questionnaire*, data were collected from 584 participants (62.2% women, 37.8% men) selected through multistage random sampling. Analysis indicated that sociodemographic factors such as sex, marital status, education, and age significantly affected levels of social support and happiness ($p < 0.05$). Importantly, the study identified a strong positive correlation between overall social support and happiness, with emotional support and education level emerging as key predictors ($R^2 = 0.265$). The authors concluded that targeted interventions to strengthen social support systems are essential for promoting happiness among older adults.

2.6 Policy Review on Social Wellbeing and Happiness

The Constitution of Nepal: The Constitution of Nepal under Fundamental Rights in Article 41 has highlighted the Right of Senior Citizens stating that “Senior citizens shall have the right to special protection and social security from the State” ensuring the ageing population for state recognition and protection. Article 43 of the constitution ensures Right to Social Security including the aging populations and indigent citizens, incapacitated and helpless persons, single women, citizens with disabilities, children, those unable to take care of themselves and citizens from endangered tribes. Similarly, Article 16 has guaranteed the Right to Life with Dignity; Article 35 has guaranteed the Right to Health stating Citizens are entitled to basic free health services, cannot be deprived of emergency health services, have a right to information, and must have equal access to care and clean drinking water and sanitation; Article 36 has guaranteed the Right to Food ensuring protection from life-endangering hunger, and the right to food sovereignty under law; Article 37 has ensured the Right to Shelter with the provision of appropriate housing for citizens and Article 42 has ensured the Right to Social Justice and Inclusion that provides the special opportunities and benefits in education, health, housing, employment, food, and social security for indigent citizens and communities on the verge of extinction along with the guarantee of inclusion and dignity for persons with disabilities and historically marginalized groups.

These constitutional provisions ensure and highlight to abide the foundation directly addressing the social well-being, inclusion, and conditions that underpin a life of dignity and happiness across Nepal’s diverse and vulnerable populations including the ageing population.

The Senior Citizen Act 2063 B.S and Regulations 2065 B.S.: The Act has defined “Senior Citizen” as the individuals with sixty plus age and protects their dignity, social security and rights stating in Section three as “it is the duty of everyone to respect senior citizens. This is a standard provision supporting social inclusion. The Act highlights Maintenance and care of ageing population explicitly through social services and entertainment addressing provisions aimed at social well-being and quality of life. In Section four under “Maintenance and Care” explicitly includes food, clothing, housing, movement, social services and entertainment and involvement in

religious activities which links the law directly to social wellbeing and activities that contribute to happiness/quality of life. Same section highlights the Family duty stating the duty of family members; care must be provided according to economic status. If family members fail, other relatives may be required to step in.

The Act has highlighted the legal remedies and priority access in various sections. Under section five of the Act has provision on the complaint mechanism in which a senior citizen can file a complaint to the local Ward Chairperson / VDC/Municipality if family fails in maintenance duties, reconciliation procedures and enforceable orders follow. Under sections nine and eleven the Act the provision on the priority in the public services has been highlighted stating that the Government bodies must give priority to senior citizens in administrative acts and in services (e.g., health, water, electricity, telephone) that has dictated to improve the access to services that affect wellbeing. Section Seven of the act has provision regarding Procurement of service from seniors and states that the government or agencies to procure services from senior citizens who have special qualifications/experience, providing remuneration and facilities; this supports social participation, purpose, and economic inclusion.

The Act has provision on institutional mechanisms through central & district welfare committees and also a Senior Citizen Welfare Fund to support care and services. The Act urges family members to maintain and care for senior citizens, and gives older persons legal recourse to complain where family support is absent. Section thirteen to sixteen under Central & District Senior Citizen Welfare Committees” the committees are mandated to prepare policy, programs and to coordinate implementation, monitoring, and inventories of senior citizens. They are the bodies responsible for planning social support, activities, and welfare services.

Section seventeen of the act has provision regarding the Senior Citizen Welfare Fund (social security financing) that establishes a Senior Citizen Welfare Fund to finance protection and social security measures; the fund may receive government money, grants, donations and must be used only for senior citizen welfare. This provides a funding route for programs (allowances, care centers, day services). The act also prohibits causing seniors to beg or forcing religious renunciation against their will which shall be deemed criminalizing exploitative acts that harm dignity and wellbeing

The Senior Citizenship Rules (2065) encompasses the operational details through classification of beneficiaries, procedures for identity cards, guidelines for care centers/day service centers and functions of the central/district committees that supports the implementation of social-wellbeing measures. The Rules also specify beneficiary classification like helpless, single/widowed, procedures for identity cards, and the process for granting allowances/facilities as prescribed by the Government which insights and shapes the senior citizens receiving targeted social support that affects wellbeing.

Local Government Operation Act, 2074: This act is one of the acts that integrates the social wellbeing and happiness of the aging population in local levels. Under clause 46 of the act, there is a provision of Judicial Committee and Elderly Protection that has a provision stating every local government must form a Judicial Committee that shall handle the all the local level disputes including the failure to provide proper care and maintenance to senior citizens; cases of neglect or mistreatment of elderly persons by family or community, resolve disputes related to elderly rights at the local level and provisional support to elderly protection, dignity, and social justice by allowing grassroots-level redress mechanisms.

The Act also has provisions regarding social welfare responsibilities of Local Governments highlighting the mandates to provide social welfare services that includes establishing and maintaining rest houses, shelters, or care homes for helpless persons including the elderly, facilitating social security programs such as distribution of allowances or assistance to senior citizens, developing community infrastructure like parks, libraries, and community halls that promote social interaction and wellbeing of all citizens including seniors promoting social inclusion, engagement, and quality of life for the ageing population.

The act also has highlighted the coordination and implementation role of the local government with provincial and federal governments for implementing senior citizens' welfare programs and with non-governmental organizations and community groups that support elderly care that enables the implementation of national policies on ageing, ensuring they meet community-specific needs at local level. Local governments are also required to include senior citizens' welfare in their periodic development plans and allocate budgetary resources for elderly care and social

protection activities ensuring sustainable and institutionalized support for the ageing population.

The Madrid International Plan of Action on Ageing (MIPPA, 2002), adopted in 2002 has emphasized to integrate the importance of ageing population to social and economic policies of the countries to ensure the living standard of the ageing population with dignity, security and actively participation in social activities. The action plan has given three priority direction through (i) older persons and development: that highlights to the recognition of ageing population as one of the major contributors to development, governments should commit to include ageing population in social and economic development policies and programs; (ii) advancing health and wellbeing into old age: that highlights to the prioritized access to primary health care focusing good health is imperative to independent and regular contribution to the family and the society and (iii) ensuring enabling and supportive environments: that highlights to the recognition of research and development on ageing population the output of which being the reference of evidence based policy formulation and encompasses the government's primary responsibility to ensure the basic social services for ageing population.

The major commitments and actions of the action plan are the human rights and nondiscrimination, work and pension, health and social protection, and family and community support that integrate the social wellbeing and happiness of the ageing population through harmonized policies worldwide.

2.7 Research Gap

There have been researches on the social wellbeing and happiness with respect to psychological aspects of the individuals particularly focusing on the health status. Some of the researches highlight the economic wellbeing of the individuals integrating to their psychological and mental health aspects. There have been very limited researches regarding the psychological and mental health aspects of the individuals in Nepal and barely the researches are conducted on the social wellbeing and happiness among the aging population in Nepal. Hence, this research has highlighted the social wellbeing status of the aging population relating to their happiness. Contributing factors of social wellbeing are social integration, social

acceptance, social coherence, social actualization and social contribution that integrate the happiness of the aging population so as to recognize the healthy and happy society with happy aging population. There has also been a vital research gap on the comparative analysis on the social wellbeing and happiness of the migrant ageing population and the local aging population leading to the gaps on the government's policies and programs to enhance the social wellbeing and happiness of the ageing population in Nepal.

Bengston, Burges and Parrot (1997), in their article "Theory, Explanation, and a Third Generation of Theoretical Development in Social Gerontology" suggested that, taken together, these represent a "third generation" of explanation in social gerontology, noting their debt to older and more established traditions in social science theory. They argue that authors and journal reviewers should place more emphasis on theory development, which means, most simply, the construction of explicit explanations in accounting for empirical findings and if knowledge development about social aspects of aging are so be cumulative, systematic, and incremental. They argued that social constructionist, social exchange, life course, feminist, age stratification, political economy of aging, and critical theory perspectives suggest a rich and diverse theoretical future for knowledge development in social gerontology. For each of these perspectives they have summarized their intellectual origins, explanatory focus, and key theoretical concepts; they have provided examples of recent research applications; and they have commented on their utility as explanatory frameworks. It is clear that no theory can explain all social aging phenomena. Each of these theories represents a slightly different lens from which to view social aspects of aging, from interpretive to positivist and at micro to macro-level, creating a mosaic of theoretical understanding within the field of aging. They have argued that by building on this third generation of theories, we can explore the questions of contemporary aging research and create a greater understanding of aging and social phenomena for future generations of researchers.

CHAPTER III

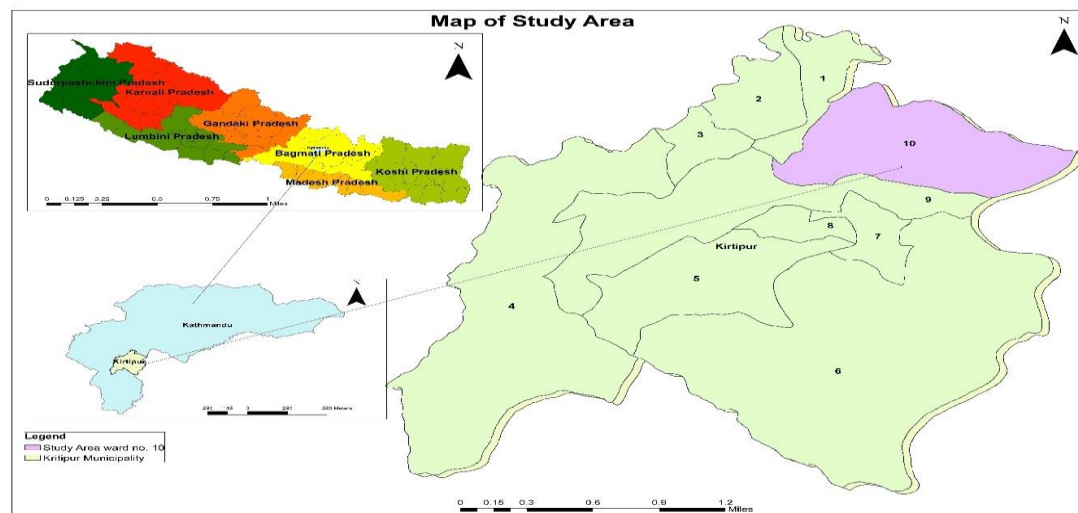
RESEARCH METHODOLOGY

3.1 Study Area

Kirtipur Municipality is an ancient and historical area in Nepal which is located in Kathmandu Valley. This municipality has remarkable conservation status of the Newari Cultural Heritage in the Valley. The Municipality is divided into 10 administrative Wards and covers 14.76 square kilometers (sq. km.) area. It is encircled by the Bagmati River in the East, Chandragiri Municipality in the West, Kathmandu Metropolitan City in the North, and Dakshinkali Municipality in the South (www.sthania.gov.np/gis/). The population Census 2021 indicated 24,150 households with a total population of 81,578, Population Density of 5527, Sex Ratio 112.83, Literacy rate of 88.88% (Literate Male-94.9 % and Literate Female-81.8%) in the Municipality (NSO, 2021). The major ten castes of the municipality are Newar (31.1%), Kshetri (23.2%), Bhraman Hills (21.3%), Tamang (6.3%), Magar (3.7%), Rai (1.7%), Tharu (1.6%), Bishwokarma (1.3%), Thakuri (1.2%) and Pariyar (0.8%) whereas the major religion of the municipality are Hindu (76.5%), Buddha(18.6%), Christian (3.2%), Kirat (1.04%), Islam (0.6%), Prakriti (0.1%) and Bon (0.02%) (NSO, 2021).

Figure 1

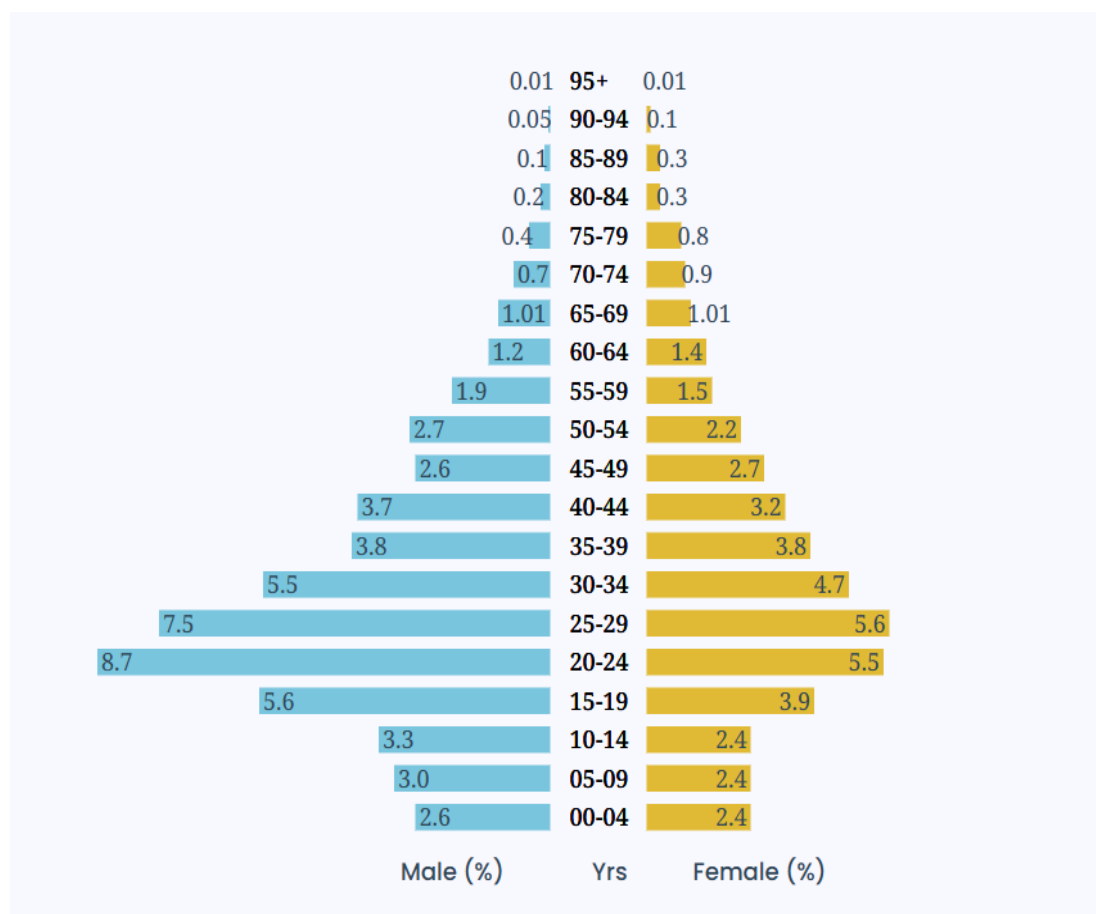
Map of Kirtipur Municipality



Kirtipur Municipality, Ward Number Ten has total population of 9782 with 5359 (54.79%) male individuals and 4423 (45.21%) female individuals. The total population of ward number ten of Kirtipur Municipality is 9782 of which the total composition of ageing population (more than 60 years) is 4.19 % (410 individuals) that comprises 197 males and 213 Females. The total households in this ward are 3198 with average household size of 3.06 and sex ratio of 121.16 (NSO, 2021). The population of 5-year age group and sex has been shown in figure 2 below.

Figure 2

The Population of 5-year Age Group and Sex in Kirtipur Municipality (NSO, 2021)

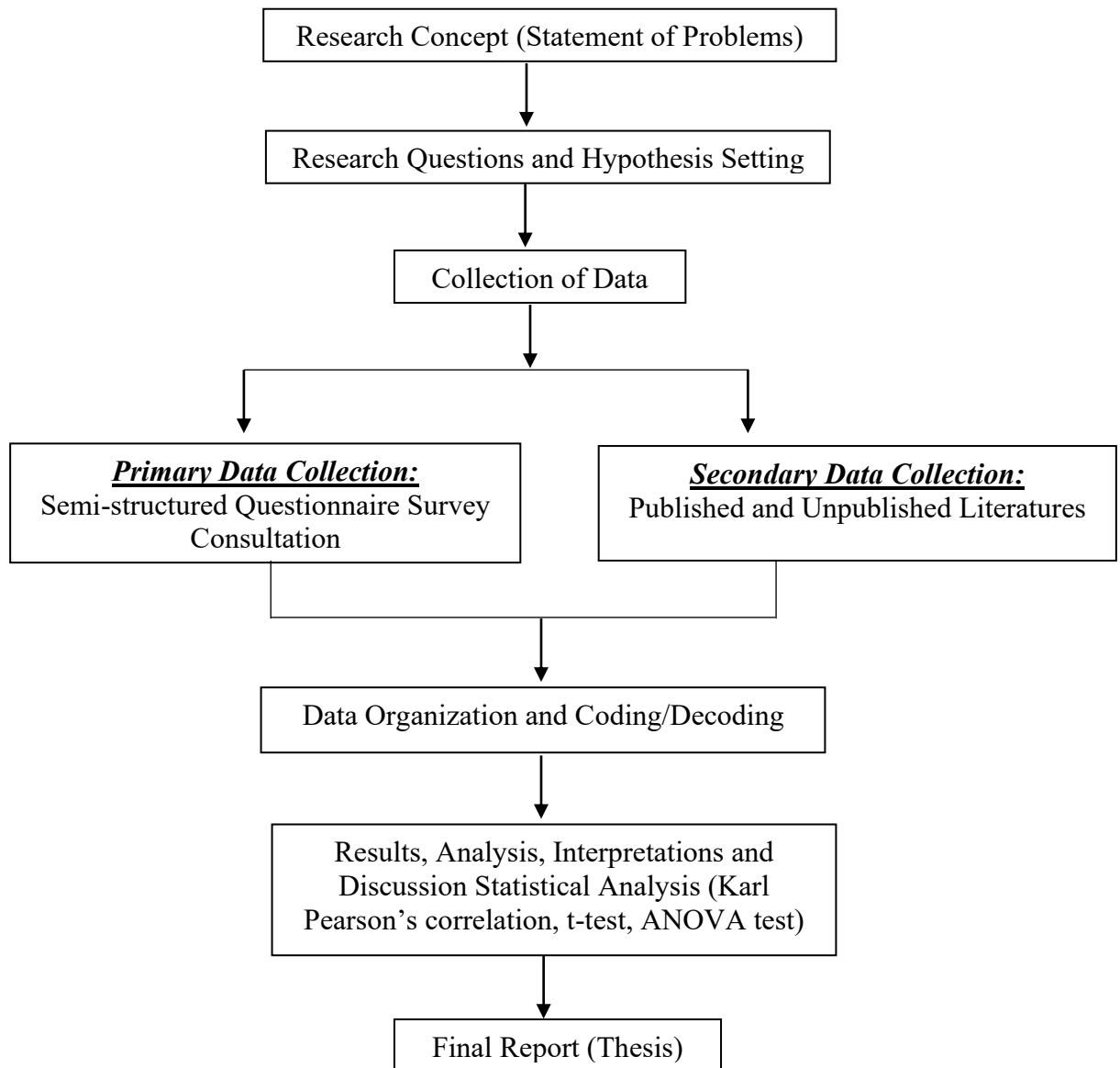


3.2 Research Framework

Following Research design has been adopted for the preparation of dissertation:

Figure 3

Schematic Representation of Research Design



3.3 Sources of Data

Both primary and secondary data has been collected for the purpose of this research. Collection of secondary information has been done by reviewing the published documents of Government of Nepal (GoN) like National Population and Housing Survey 2021, Senior Citizen Act 2063 etc., publication by National Planning

Commission (NPC), National Statistics Office (NSO), publications of other ministries and publications of Kirtipur Municipality has been assessed and reviewed. The published research articles from various sources and unpublished documents like dissertations and other related project documents has been assessed and reviewed.

Primary data has been collected using both qualitative and quantitative techniques as mentioned below:

3.3.1 Study Population and Sampling Design

A consultation with the elected representative of Kirtipur Municipality and ward representative of ward number-10 of Kirtipur, Municipality and the officials of Kirtipur, Municipality has been done to access the availability and locations of the ageing population in the study area. Purposive sampling method has been used to identify the sample population of ageing population. The ageing population has been identified by the coordination with ward office, health care providers, as well as by personal and community networks. Heterogeneous sampling with diverse population has been captured for this research.

The total population of ward number ten of Kirtipur Municipality is 9782 of which the total composition of ageing population (more than 60 years) is 4.19 % (410 individuals) that comprises 197 males and 213 Females. The sample size for the research has been considered 120 individuals of aging population and which questionnaire survey for 6 numbers of males and 53 numbers of females has been conducted for collecting the required information for social wellbeing and happiness.

3.3.2 Individual Questionnaire Survey

A semi-structure questionnaire (Annex-1) prepared on the basis of Social Wellbeing Standards (Keyes, 1998) and Oxford Happiness Questionnaires (Hills and Argyle, 2002) has been used to collect the information regarding baseline information on status and factors of influence on social wellbeing and happiness. The questionnaire has the Likert representation of the views expressed by the respondents. For social wellbeing; Likert of Five variables which are (1) Strongly Disagree (SD), (2) Disagree (D), (3) Neutral (N), (4) Agree (A) and (5) Strongly Agree (SA) has been

used whereas for the happiness; Likert of Seven variables which are (1) Strongly Disagree (SD), (2) Disagree (D), (3) Slightly Disagree (SliD), (4) Neutral (N), (5) Slightly Agree (SliA), (6) Agree (A) and (7) Strongly Agree (SA) has been used to express the views of the respondents. The questionnaire attached has been translated in Nepali language for the language comfort of the respondent and surveyor during the field visit. The interview for the survey with ageing population has been conducted from Falgun to Baishak (March to May, 2025 AD) in the year of 2081/2082 BS.

3.3.3 Data Analysis and Presentation

Data from questionnaire survey has been rearranged and quantified based on the percentage of the views expressed.

3.3.3.1 Analysis and Interpretation of Social Well Being

The scores provided by an individual respondent were averaged to get the overall social wellbeing of the individuals as expressed below:

$$\text{Overall Social Well Being(OSWB)} = \sum Ni/N \dots \dots \dots \text{Equation (1)}$$

Where:

Ni = Individual Scores provided by respondents in the Likert Questionnaire

N = Number of Likert Questionnaires used for overall social well being

Since, the Likert values of social wellbeing are from 1 to 5, the overall social wellbeing scores by individual respondents ranges the same. Since, the value of the neutral expression has been considered 3, this neutral expression has been utilized as the reference score for the interpretation of the overall social wellbeing of the individual as defined by Corey Keyes' validated theoretical model. As per the analysis using equation-1, the overall social wellbeing has been interpreted as per following interpretation matrix:

Table 1

Interpretation Matrix for Overall Social Wellbeing

S.N.	Overall Social Wellbeing Score	Interpretation	Remarks
1	Below 3.0	Low social well-being	Languishing
2	3.0-3.9	Moderate social well-being	Neutral
3	More than 4.0	High social well-being	Flourishing

Similarly, the score for individual domains of social integration, social contribution, social actualization, social acceptance and social coherence were also determined by calculating average of individual domains as expressed below:

$$\text{Domain Social Well Being(DSWB)} = \sum \text{Nid} / \text{Nd} \dots \dots \dots \text{Equation (2)}$$

Where:

Nid= Individual Scores provided by respondents in the particular domain

Nd= Number of Likert Questionnaires used in the particular domain

3.3.3.2 Analysis and Interpretation of Happiness

The questionnaires of happiness having negative/reciprocal expressions has been rearranged through reverse scoring; which implies as: 1 → 4, 2 → 3, 3 → 2, 4 → 1 accordingly for the analysis. The scores provided by an individual respondent were averaged to get the overall happiness of the individuals as expressed below:

$$\text{Overall Happiness (OH)} = \sum \text{Nih} / \text{Nh} \dots \dots \dots \text{Equation (3)}$$

Where:

Nih= Individual Scores provided by respondents in the Likert Questionnaire

Nh= Number of Likert Questionnaires used in the happiness

Since, the Likert values of happiness are from 1 to 7, the overall social wellbeing scores by individual respondents ranges the same. Since, the value of the neutral expression has been considered 4, this neutral expression has been utilized as the reference score for the interpretation of the overall social wellbeing of the individual. As per the analysis using equation-3, the overall happiness has been interpreted as per following interpretation matrix:

Where:

r = Pearson's correlation coefficient

x and y = individual scores for the two variables

n = number of paired scores

The interpretation of the findings of correlation coefficient has been as per following matrix:

Table 3

Interpretation Matrix for Correlation Coefficient

S.N.	Value of r	Strength	Direction
1	+0.90 to +1.00	Very strong	Positive correlation
2	+0.70 to +0.89	Strong	Positive correlation
3	+0.40 to +0.69	Moderate	Positive correlation
4	+0.10 to +0.39	Weak	Positive correlation
5	0	No correlation	
6	-0.10 to -0.39	Weak	Negative correlation
7	-0.40 to -0.69	Moderate	Negative correlation
8	-0.70 to -0.89	Strong	Negative correlation
9	-0.90 to -1.00	Very strong	Negative correlation

3.4.1.2 Statistical Relation between Demographic Characteristics, the Social Wellbeing and Happiness

To understand the mean difference between the demographic characteristics and social wellbeing among the group, following hypothesis has been set and analyzed.

H₀: There is no significant difference in the mean value of the demographic characters (Sex, Age Group, Living Arrangement, Caste, Migration, Education, Social Security, Health, Marital Status, and Past Occupation) and social wellbeing among groups.

H₁: There is significant difference in the mean value of the demographic characters (Sex, Age Group, Living Arrangement, Caste, Migration,

Where:

t = calculated t -value

\bar{X}_1 and \bar{X}_2 = the sample means of group 1 and group 2

$(S_1)^2$ and $(S_2)^2$ = the sample variances of group 1 and group 2

n_1 and n_2 = sample sizes of group 1 and group 2

The following equation has been used for the computation of one-way ANOVA:

$$F = \frac{MS_{\text{between}}}{MS_{\text{within}}} \dots \dots \dots \text{Equation (6)}$$

Where:

F = F -Ratio

SS = Sum of Square

MS = Mean Sum of Square

$$MS_{\text{between}} = \frac{SS_{\text{between}}}{df_{\text{between}}} \dots \dots \dots \text{Equation (7)}$$

$$MS_{\text{within}} = \frac{SS_{\text{within}}}{df_{\text{within}}} \dots \dots \dots \text{Equation (8)}$$

Computation of SS_{between} and SS_{within} has been done as per following:

$$SS_{\text{between}} = \sum n_i (\bar{X}_i - \bar{X}_T)^2 \dots \dots \dots \text{Equation (9)}$$

Where:

N_i = the number of observations in group i

\bar{X}_i = the mean of group i

\bar{X}_T = the overall (grand) mean

$$SS_{\text{between}} = \sum \sum (\bar{X}_{ij} - \bar{X}_i)^2 \dots \dots \dots \text{Equation (10)}$$

Where:

\bar{X}_{ij} = the individual score in group i

\bar{X} = the mean of group i

$$df_{between} = k - 1$$

$$df_{within} = N - k$$

Where:

k = number of groups

N = total number of observations

Post hoc tests have also been performed after a one-way ANOVA when the ANOVA has shown a significant difference, to find the significance difference in the group using following Tukey's HSD (Honestly Significant Difference) formula:

$$HSD = q \cdot \sqrt{\frac{MS_{within}}{n}} \dots \dots \dots (Equation 11)$$

Where:

HSD = the Honestly Significant Difference

q = the Studentized range statistic (from the q -table, depends on number of groups and degrees of freedom)

MS_{within} = the mean square within groups (from ANOVA table)

N = the number of subjects in each group (assumes equal sample sizes)

Then, for any two group means \bar{X}_i and \bar{X}_j , the difference is significant if:
 $|\bar{X}_i - \bar{X}_j| > HSD$

CHAPTER IV
SOCIAL DEMOGRAPHY, WELLBEING AND HAPPINESS
AMONG ELDERLY PEOPLE

4.1 Demographic Characteristics, Wellbeing and Happiness

The total of 120 respondents of which 67 males and 53 females has been considered as the sampling size for this research. The following table 4 shows the overall statistics of the respondents.

Table 4

Overall Categorical Characteristics of the Respondents

Parameters	Categories	Frequency	%	Mean	Standard Deviation	Variance																																																																																																																																										
Sex	Male	67	55.8	1.44	0.499	0.249																																																																																																																																										
	Female	53	44.2				Age Group (Years)	60 to 70	33	27.5	2.09	0.850	0.723	71 to 80	48	40.0	81 to 90	34	28.3	> 90	5	4.2	Caste	Brahman/Chhetri	74	61.7	1.64	0.868	0.753	Janajati	31	25.8	Dalits	15	12.5	Social Security	Aging Allowance	71	59.2	1.49	0.648	0.420	Pension	39	32.5	NA	10	8.3	Education	Illiterate	75	62.5	1.88	1.224	1.499	Primary	6	5.0	Secondary	17	14.2	Higher	22	18.3	Health	Poor	30	25.0	2.20	0.931	0.867	Fair	48	40.0	Good	30	25.0	Excellent	12	10.0	Living Arrangement	With Family	60	50.0	1.78	0.954	0.911	With Children	36	30.0	With Spouse Only	14	11.7	Alone	10	8.3	Marital Status	Married	73	60.8	1.77	0.968	0.937	Unmarried	2	1.7	Window/Widower	45	37.5	Past Occupation	Agriculture	19	15.8	3.94	1.682	2.829	Business	5	4.2	Foreign Employment	12	10.0	Government	35	29.2	Housewife	34	28.3	Local Works	7	5.8	NGO/INGOs	8	6.7					Migration	Local	56	46.7	1.53	0.501
Age Group (Years)	60 to 70	33	27.5	2.09	0.850	0.723																																																																																																																																										
	71 to 80	48	40.0																																																																																																																																													
	81 to 90	34	28.3																																																																																																																																													
	> 90	5	4.2																																																																																																																																													
Caste	Brahman/Chhetri	74	61.7	1.64	0.868	0.753																																																																																																																																										
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	Dalits	15	12.5																																																																																																																																													
Social Security	Aging Allowance	71	59.2	1.49	0.648	0.420																																																																																																																																										
	Pension	39	32.5																																																																																																																																													
	NA	10	8.3																																																																																																																																													
Education	Illiterate	75	62.5	1.88	1.224	1.499																																																																																																																																										
	Primary	6	5.0																																																																																																																																													
	Secondary	17	14.2																																																																																																																																													
	Higher	22	18.3																																																																																																																																													
Health	Poor	30	25.0	2.20	0.931	0.867																																																																																																																																										
	Fair	48	40.0																																																																																																																																													
	Good	30	25.0																																																																																																																																													
	Excellent	12	10.0																																																																																																																																													
Living Arrangement	With Family	60	50.0	1.78	0.954	0.911																																																																																																																																										
	With Children	36	30.0																																																																																																																																													
	With Spouse Only	14	11.7																																																																																																																																													
	Alone	10	8.3																																																																																																																																													
Marital Status	Married	73	60.8	1.77	0.968	0.937																																																																																																																																										
	Unmarried	2	1.7																																																																																																																																													
	Window/Widower	45	37.5																																																																																																																																													
Past Occupation	Agriculture	19	15.8	3.94	1.682	2.829																																																																																																																																										
	Business	5	4.2																																																																																																																																													
	Foreign Employment	12	10.0																																																																																																																																													
	Government	35	29.2																																																																																																																																													
	Housewife	34	28.3																																																																																																																																													
	Local Works	7	5.8																																																																																																																																													
	NGO/INGOs	8	6.7																																																																																																																																													
Migration	Local	56	46.7	1.53	0.501	0.251																																																																																																																																										
	Migrants	64	53.3																																																																																																																																													

The total of 120 respondents of which 55.8% males and 44.2% females has been considered as the sampling size for this research. Among them, 27.5% respondents are of age group of (60-70) years, 40% are (71-80) years, 28.3% are (81-90) years and 4.2% are above 90 years. Four different caste groups have been identified in this research based on the availability and accessibility. They are Brahmin/Chhetri (61.7%), Jana Jati (25.8%) and Dalits (12.5%). The respondents have access to two types of social security like ageing allowances provided by the government and pension. (59.25%) of respondents get ageing allowances and (32.5%) respondents have pensions and remaining (8.3%) respondents do not have access to ageing allowances and pensions. The respondents without the aging allowance and pension facilities is due to their age not eligible for receiving the aging allowance or they had no past jobs with pension schemes. Most of the respondents of this research are illiterate (62.5%), (5.0%) respondents have primary level education, (14.2%) respondents have secondary level education and (18.3%) respondents are highly educated. The health status of the respondents is also found different. (25%) respondents reported poor health, (40%) respondents reported fair health, (25%) respondents reported good health and (10%) respondents are still having excellent health. Half of the respondents of this research population are living with their family (50%), and (36%) of the respondents are living with their children and they are widow/widower, (11.7%) of the respondents are living with their spouse only, (8.3%) respondents are living alone. There are (1.7%) unmarried respondents in the research, (37.5%) respondents are widow/widower, and (60.8%) respondents are married. The respondents have engaged in various types of occupation in their past. They are, (15.8%) agriculture, (4.2%) business, (10%) foreign employment, (29.2%) government service, (28.3%) housewives, (5.8%) local works and (6.7%) in NGOs/INGOs. Respondents are categorized as locals (by born) and migrants (by born), (53.3%) respondents are migrants (47.6%) respondents are locals.

Table 5*Statistical Characteristics of Sex with Demographic Characteristics*

Parameters	Sex	Mean	Standard Deviation	Remarks
Age Group (Years)	Male	2.03	0.834	
	Female	2.17	0.871	
Caste	Male	1.78	0.885	
	Female	1.47	0.823	
Social Security	Male	1.58	0.581	
	Female	1.38	0.713	
Education	Male	2.15	1.317	
	Female	1.55	1.011	
Health	Male	2.33	0.927	
	Female	2.04	0.919	
Living Arrangement	Male	1.73	0.963	
	Female	1.85	0.949	
Marital Status	Male	1.69	0.957	
	Female	1.87	0.981	
Past Occupation	Male	3.57	1.708	
	Female	4.42	1.537	
Migration	Male	1.46	0.502	
	Female	1.62	0.489	

4.2 Background Characteristics and Social Wellbeing

The independent sample t-test has been performed for sex and migration having two categorical values with social wellbeing and following results has been obtained (All the computed data has been shown in Annex-II).

4.2.1 Gender and Social Wellbeing

The independent sample t- test performed in between gender and social wellbeing of the respondents with their social wellbeing score has shown that the value of (t) is obtained to be 3.426 with mean and standard deviation value is obtained to be 0.51 ± 0.15 respectively. Similarly, the mean and standard value of male is obtained to

be 3.35 ± 0.81 respectively and that of female is obtained to be 2.84 ± 0.80 respectively. The p value is obtained to be 0.01 which shows that the independent t-test between gender and social wellbeing is significant at 95% confidence level.

Table 6

Independent t-test among Social Wellbeing and Gender

Independent Samples Test										
Levene's Test for Equality of Variances					t-test for Equality of Means					
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	
Average_SWB	Equal variances assumed	.075	.784	3.426	118	.001	.51038	.14897	.21537	.80539
	Equal variances not assumed			3.430	112.209	.001	.51038	.14880	.21556	.80520

Male respondent of this research reported higher social wellbeing compare to the female counterpart. Nepalese society has a deeply rooted patriarchal system where men hold more authority and decision-making power in families and societies. They are more likely to be respected as head of household. Most of the male respondents of this research had access to education, employment and property ownership and it leads to better financial stability in old age. They also have greater freedom to engage in social activities, religious events and community gatherings. They have sufficient time to observe political and social events, listen to news and trends happening around them. On the other hand, female respondents are discriminated, marginalized and in vulnerable situation. Most of the female respondents are uneducated, depending upon their husband and children for financial support, have less opportunity to social activities, less freedom to engage in community gatherings and have less time to engage in religious activities due to the burden of household responsibilities. Early marriage, child bearing and rearing hinder their ability to personal development. They

are always engaging in household chores, managing the home, treated as caregiver without any vacation, pension and allowances but obediently.

4.4.2 Migration and Social Wellbeing

Independent sample t- test performed in between migration and social wellbeing of the respondents with their social wellbeing score has shown that the value of (t) is obtained to be 4.632 with mean and standard deviation value is obtained to be 0.66 ± 0.14 respectively. The mean and standard deviation value of local respondents is obtained to be 3.48 ± 0.76 respectively and that of migrant is obtained to be 2.82 ± 0.80 respectively. The p value is obtained to be 0.00 which shows that the independent t- test between migration and social wellbeing is significant at 95% confidence level.

Table 7

Independent t-test among Social Wellbeing and Migration

Independent Samples Test										
		Levene's Test for Equality of Variances				t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Average_SWB	Equal variances assumed	.105	.746	4.620	118	.000	.66107	.14308	.37773	.94441
	Equal variances not assumed			4.632	116.876	.000	.66107	.14273	.37840	.94374

The migrant respondents have lower social wellbeing compared to the local respondents. Most of the respondents have migrated to Kirtipur because of their children's job and some of them have migrated for better health care opportunities. Migration to the cities and the abroad is rapidly growing in Nepal and the rural areas

of Nepal are being empty (NSO, 2021). Most of the migrant respondents regret to leave their birth place, migration to the new places create problems like loneliness, different cultures and traditions, new people, new society make them helpless and hopeless and find hard to adjust. They are left behind a strong social network, including relatives and friends and also have missed the community life they had in their hometown. Ageing population, who are used to live in a quiet life style find the migrating area polluted, congested/lack of physical spaces directly affecting their social wellbeing. Most of the respondents have deep emotional connection with their homeland expressing the increased nostalgia and sense of loss in their new habitat. Compelled migration due to the children has created the dependency to their offsprings for every fundamental requirement with loss of their autonomy.

4.3 Gender, Migration and Happiness

The independent sample t-test has been performed for sex and migration having two categorical values with social wellbeing and following results has been obtained.

4.3.1 Gender and Happiness

The independent sample t- test performed in between gender and happiness of the respondents with their happiness score has shown that the value of (t) is obtained to be 0.03 with mean and standard deviation value is obtained to be 0.57 ± 0.23 respectively. The mean and standard deviation value of male respondents is obtained to be 4.29 ± 0.15 respectively and that of female is obtained to be 3.77 ± 0.17 respectively. The p value is obtained to be 0.03 which shows that the independent t-test between gender and happiness is significant at 95% confidence level.

Table 8*Independent t-test among the Happiness and Gender*

Independent Samples Test										
		Levene's Test for Equality of Variances				t-test for Equality of Means				
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Avg_Happiness	Equal variances assumed	.135	.714	2.203	118	.030	.517	.235	.052	.983
	Equal variances not assumed			2.212	113.361	.029	.517	.234	.054	.981

Male respondents are found happier than the female respondents. Most of the female respondents of this research got married at the age of 9 to 14 years. They never got opportunity to education, most of them are illiterate. Few respondents can only read the single Nepali words. Very few respondents are found to be highly educated. The disparity between male and female is shaped by socio-cultural, economic and health related factors. Lack of educational and occupational opportunities limits their financial independence in their all ages. Their unpaid domestic work is not recognized or rewarded. They expected to be caregivers and it creates physical and emotional draining. As women live longer than men, a large proportion of ageing female population is widowed. In Nepalese community widows are highly stigmatized, they often face social exclusion and even restricted on participation in cultural or religious activities. This leads them to isolation, anxiety and depression. Female respondents are financially dependent on their husbands and children and it leads to stress and conflict. A lack of financial autonomy limits their ability to make choices or access to care and support. Older women face more chronic illness due to early marriage, early child bearing, and poor nutrition in pregnancy and postpartum etc. Access to health

care is still unequal, females are less likely to seek or receive medical treatment due to cost and cultural stigma. Lack of voice and representation, they often have limited roles in decision making in family and society. The social and political structures still heavily favor male leadership, and women especially older women are often invisible in policy making. The absence of their representation creates the feeling of marginalization and it directly affects the happiness of female ageing population.

4.3.2 Migration and Happiness

The independent sample t- test performed in between migration and happiness of the respondents with their happiness score has shown that the value of (t) is obtained to be 0.43 with mean and standard deviation value is obtained to be 0.10 ± 0.238 respectively. The mean and standard deviation value of local respondents is obtained to be 4.12 ± 1.32 respectively and that of migrant is obtained to be 4.02 ± 1.28 respectively. The p value is obtained to be 0.66 which shows that the independent t- test between migration and happiness is not significant at 95% confidence level.

The comparison of mean values has revealed that the local respondents are happier than the migrated respondents but very low. The well anchored social structures, their social status, connectedness and relations has contributed to their happiness whereas the education level, privileged job placement and contribution in nation building by the migrated respondents has left negligible competition with the local respondents in terms of the happiness.

4.4 Demographic Characters and Social Wellbeing

The one-way ANOVA for the comparison of mean of variables between caste, education, social security, health, living arrangements, marital status and past occupation with the social wellbeing has been performed and following results has been obtained.

4.4.1 Age Groups and Social Wellbeing

The study has identified four categories of age groups of aging population in the study area. The identified age groups are 60 to 70 years with frequency 33, 71 to 80 years with frequency 48 and 81 to 90 years with frequency 34 and more than 90 years with

frequency 5 with mean 3.13 and standard deviation 0.84. The mean and standard deviation of age groups 60 to 70 years, 71 to 80 years, 81 to 90 years and more than 90 years have been obtained as 3.14 ± 0.80 , 3.23 ± 0.87 , 2.98 ± 0.91 and 3.10 ± 0.20 respectively. The F value obtained between the groups is 0.577 and the p value obtained between the groups is found to be 0.631 showing that there is no significant difference in the age group and social wellbeing status of the respondents at 95% confidence level.

There is no statistically significant difference in the social wellbeing between different age groups. This reflects a combination of psychological resilience, adaptive strategies, and societal structures that help maintain social wellbeing uniformly across ageing population.

4.4.2 Caste and Social Wellbeing

The study has identified three categories of castes in the study area. The identified castes are Brahmin and Chhetri with frequency 74, Janajati with frequency 31 and Dalits with frequency 15 with mean 3.13 and standard deviation 0.84. The mean and standard deviation of Brahmin and Chhetri, Janajati and Dalits have been obtained as 2.88 ± 0.80 , 3.37 ± 0.80 and 3.82 ± 0.63 respectively. The F value obtained between the groups is 11.01 and the p value obtained between the groups is found to be 0.000 showing that there is significant difference in the caste and social wellbeing status of the respondents at 95% confidence level.

Since, there is significant difference in the social wellbeing and castes groups, Post hoc test has been done to identify the groups of which there has been significant difference. Tukey HSD analysis has shown that the p value between Brahmin/ Chhetri and Dalits is 0.000 indicating the significant difference of social wellbeing of these groups at 95% level of confidence. Similarly, p value between Brahmin/Chhetri and Janajati is 0.012 indicating the significant difference of social wellbeing of these groups at 95% level of confidence. However, the p value between Janajati and Dalits is 0.164 indicating the insignificant difference of social wellbeing of these groups at 95% level of confidence.

Table 9

ANOVA table showing the significance difference on Social Wellbeing by Caste Groups

ANOVA Table			Sum of	df	Mean	F	Sig.
			Squares		Square		
Average_SWB *	Between	(Combined)	13.497	2	6.749	11.012	.000
Caste	Groups						
	Within	Groups	71.706	117	.613		
	Total		85.203	119			

There is significant difference in social wellbeing of different caste groups. Dalits have higher social wellbeing compared to Brahmin and Janajati because all of the Dalit respondents are locals receiving either pension or aging allowances provided by Government of Nepal. They have strong social networks, family, friends and neighbors supporting for their emotional support and shared responsibilities fostering a sense of belongingness and stability.

4.4.3 Education and Social Wellbeing

The study has identified four categories of education level in the study area. The identified castes are Illiterate with frequency 75, Primary Level with frequency 6, Secondary level with frequency 17 and Higher Level with frequency 22 and with mean 3.13 and standard deviation 0.84. The mean and standard deviation of Illiterate, Primary Level, Secondary Level and Higher Level have been obtained as 3.14 ± 0.87 , 3.2 ± 0.89 , 2.78 ± 0.68 and 3.30 ± 0.82 respectively. The F value obtained between the groups is 1.36 and the p value obtained between the groups is found to be 0.258 showing that there is no significant difference in the education and social wellbeing status of the respondents at 95% confidence level.

4.4.4 Social Security Measures and Social Wellbeing

The study has identified three categories of social security measures for the aging population in the study area. The identified Measures are Aging Allowance by Government of Nepal with frequency 71, Pension receivers with frequency 39 and no measures received with frequency 10 and with mean 3.13 and standard deviation 0.84.

The mean and standard deviation of Aging Allowance receivers, pension receivers and no measures have been obtained as 3.02 ± 0.82 , 3.4 ± 0.80 , and 2.52 ± 0.68 respectively. The F value obtained between the groups is 6.90 and the p value obtained between the groups is found to be 0.001 showing that there is significant difference in the social security measures and social wellbeing status of the respondents at 95% confidence level.

Table 10

ANOVA table showing significance among Social Wellbeing and Social Security Measures

ANOVA Table						
			Sum of Squares	df	Mean Square	F Sig.
Average_SWB * Social Security	Between Groups	(Combined)	8.989	2	4.495	6.900 .001
	Within Groups		76.214	117	.651	
	Total		85.203	119		

Since, there is significance difference in the social wellbeing and castes groups, Post hoc test has been done to identify the groups of which there has been significant difference. Tukey HSD analysis has shown that the p value between Aging allowance receivers and pension receivers is 0.019 indicating the significant difference of social wellbeing of these groups at 95% level of confidence. Similarly, p value between pension receivers and no measures applied is 0.003 indicating the significant difference of social wellbeing of these groups at 95% level of confidence. However, the p value between Aging allowance receivers and no measures applied is 0.152 indicating the no significant difference of social wellbeing of these groups at 95% level of confidence.

Pension and allowance receiver respondents reported higher social wellbeing than non-receiver respondents. Pension and allowances provide a regular source of income, which can reduce the financial strain that many individuals experience. Financial security allows the respondents to focus more on personal and social activities rather than worrying about money. Respondents can afford to meet basic needs, hobbies, health care and socializing. Economic hardships often contribute to social exclusion

and having reliable income allows people to stay connected to their communities and participate in social interaction. This economic stability prevents individual from falling into poverty and provide sense of security, which helps to maintain social wellbeing.

4.4.5 Health and Social Wellbeing

The study has identified four categories of health status for the aging population in the study area. The identified categories are poor health status with frequency 30, fair health status with frequency 48, Good health status with frequency 30 and excellent health status with frequency 12 and with mean 3.13 and standard deviation 0.84. The mean and standard deviation of poor health status, fair health status, good health status and excellent health status have been obtained as 2.94 ± 0.87 , 3.09 ± 0.85 , 3.22 ± 0.88 and 3.5 ± 0.53 respectively. The F value obtained between the groups is 1.44 and the p value obtained between the groups is found to be 0.234 showing that there is no significant difference in the health Status and social wellbeing status of the respondents at 95% confidence level.

4.4.6 Living Arrangements and Social Wellbeing

The study has identified four categories of living arrangements of the aging population in the study area. The identified categories are living with family with frequency 60, living with children with frequency 36, Living with spouse only with frequency 14 and living alone with frequency 10 and with mean 3.13 and standard deviation 0.84. The mean and standard deviation of living with family, living with children, living with spouse only and living alone have been obtained as 3.23 ± 0.84 , 3.08 ± 0.82 , 2.93 ± 1.07 and 2.93 ± 0.54 respectively. The F value obtained between the groups is 0.795 and the p value obtained between the groups is found to be 0.499 showing that there is no significant difference in the health Status and social wellbeing status of the respondents at 95% confidence level.

4.4.7 Marital Status and Social Wellbeing

The study has identified three categories of marital status of the aging population in the study area. The identified categories are married with frequency 73, unmarried

with frequency 2, and widow/widower with frequency 45 and with mean 3.13 and standard deviation 0.84. The mean and standard deviation of married, unmarried and widow/widower have been obtained as 3.16 ± 0.90 , 3.54 ± 0.31 , and 3.05 ± 0.76 respectively. The F value obtained between the groups is 0.463 and the p value obtained between the groups is found to be 0.631 showing that there is no significant difference in the health status and social wellbeing of the respondents at 95% confidence level.

4.4.8 Past Occupation and Social Wellbeing

The study has identified seven categories of past occupation of the aging population in the study area. The identified categories are government job with frequency 35, housewife with frequency 34, agriculture with frequency 19, Foreign Employment with frequency 12, INGOs/NGOs job with frequency 8, local works with frequency 7 and local business with frequency 5 and with mean 3.13 and standard deviation 0.84. The mean and standard deviation of past occupation as government jobs, housewife, agriculture, foreign employment, INGO's/NGOs, local works and local business have been obtained as 3.44 ± 0.81 , 2.77 ± 0.84 , 3.04 ± 0.82 , 3.16 ± 0.78 , 3.24 ± 0.82 , 3.6 ± 0.75 and 2.81 ± 0.68 respectively. The F value obtained between the groups is 2.53 and the p value obtained between the groups is found to be 0.024 showing that there is significant difference in the past occupation and social wellbeing status of the respondents at 95% confidence level.

Table 11

ANOVA Table Showing Significance among Social Wellbeing and Past Occupation

ANOVA Table			Sum of	df	Mean	F	Sig.
			Squares		Square		
Average_SWB * Past Occupation	Between Groups	(Combined)	10.119	6	1.687	2.538	.024
	Within Groups		75.084	113	.664		
	Total		85.203	119			

Since, there is significance difference in the social wellbeing and past occupation, Post hoc test has been done to identify the groups of which there has been significant

difference. Tukey HSD analysis has shown that the p value between government employment and house wife is 0.014 indicating the significant difference of social wellbeing of these groups at 95% level of confidence.

There is significant difference in the overall social wellbeing of the respondents with their past occupation. Respondents with local works as their profession have higher level of social wellbeing than the respondents with other professions. Many local jobs like small business, artisans and service providers have strong community integration and social recognition. They build personal relationships with customers by creating trust. They often set their own hours for work and have no rigid schedules like 9 to 5 jobs. They can easily take breaks, attend family and social events and have sufficient time to engage in community activities than the other official employees. As well as government employees, farmers, INGOs/NGOs employees also have higher level of social wellbeing compared to housewives. Because housewives have fewer opportunities for personal growth in patriarchal setting like Nepal and that affects their social wellbeing.

4.5 Social Demography and Happiness

The one-way ANOVA for the comparison of mean of variables between age groups, caste, education, social security, health, living arrangements, marital status and past occupation with the happiness has been performed and following results has been obtained.

4.5.1 Age Groups and Happiness

The study has identified four categories of age groups of aging population in the study area. The identified age groups are 60 to 70 years with frequency 33, 71 to 80 years with frequency 48 and 81 to 90 years with frequency 34 and more than 90 years with frequency 5 with mean 4.06 and standard deviation 0.84. The mean and standard deviation of age groups 60 to 70 years, 71 to 80 years, 81 to 90 years and more than 90 years have been obtained as 3.91 ± 1.33 , 4.33 ± 1.29 , 3.86 ± 1.1 and 3.97 ± 1.43 respectively. The F value obtained between the groups is 0.577 and the p value obtained between the groups is found to be 0.631 showing that there is no significant

difference in the age group and happiness status of the respondents at 95% confidence level.

4.5.2 Caste and Happiness

The study has identified three categories of castes in the study area. The identified castes are Brahmin and Chhetri with frequency 74, Janajati with frequency 31 and Dalits with frequency 15 with mean 4.06 and standard deviation 0.13. The mean and standard deviation of Brahmin and Chhetri, Janajati and Dalits have been obtained as 3.98 ± 1.34 , 4.33 ± 1.28 and 3.93 ± 1.1 respectively. The F value obtained between the groups is 0.88 and the p value obtained between the groups is found to be 0.41 showing that there is no significant difference in the caste and happiness status of the respondents at 95% confidence level.

Janajati, though have strong community and collective support system, traditionally strong kinship networks where elders are respected and cared by the extended families, maintain festivals and communal gatherings that keep the elders socially engaged, culture often values simple living and community harmony over material success keeps them away from stress and anxiety in old age, their culture values ageing, provide community support, promote active lifestyle and preserve indigenous communal systems the statistical insignificance on their happiness is due to the urban set up where most of the aforementioned ties are not reinforced strongly. On the other hand, Brahmins and Dalits are less happy because in traditional societies, Brahmins enjoy high social respect but modernization has reduced their influence over other caste groups. Despite legal protection, Dalits are still facing social exclusion, untouchability and limited access to social, economic and cultural factors.

4.5.3 Education and Happiness

The study has identified four categories of education level in the study area. The identified castes are Illiterate with frequency 75, Primary Level with frequency 6, Secondary level with frequency 17 and Higher Level with frequency 22 and with mean 4.06 and standard deviation 1.29. The mean and standard deviation of Illiterate, Primary Level, Secondary Level and Higher Level have been obtained as 3.85 ± 1.16 , 3.53 ± 1.76 , 4.23 ± 1.31 and 4.82 ± 1.36 respectively. The F value obtained between the

groups is 3.86 and the p value obtained between the groups is found to be 0.011 showing that there is significant difference in the education and happiness status of the respondents at 95% confidence level.

Table 12

ANOVA table showing significance among Happiness and Education

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Avg_Happiness * Education	Between Groups	(Combined)	18.221	3	6.074	3.863	.011
	Within Groups		182.361	116	1.572		
	Total		200.582	119			

Since, there is significance difference in the education level and happiness, Post hoc test has been done to identify the groups of which there has been significant difference. Tukey HSD analysis has shown that the p value between Illiterate education level and Higher education level groups is 0.010 indicating the significant difference of education level and happiness of these groups at 95% level of confidence.

Level of happiness also found different among the respondents who have received different levels of education. Respondents who have higher level of education are found happier and followed by secondary level education, illiterate and primary level education respectively. Most of the educated respondents are males. Highly educated respondents have better opportunities and sense of autonomy and life purpose. Education leads to better paying jobs, financial stability and reduced stress over basic needs. Educated respondents have more stable careers with benefits like pensions and they have lower poverty risks. Similarly, they have ability to creative thinking that helps them to manage stress and make better life decisions. They can also adopt with the changes like technological shift and other environmental and social changes. Society values the educated individuals and they expand their social circle. They follow family planning, have fewer children, provide better upbringing and reduce familial stress. On the other hand, illiterate individual and individual with primary level education are found less happy. They have fewer opportunities in formal jobs

and have no upward mobility in their profession. They stuck in manual labor, subsistence farming and face workplace abuse, wage theft or scams because of lower level of education and no education.

4.5.4 Social Security Measures and Happiness

The study has identified three categories of social security measures for the aging population in the study area. The identified Measures are Aging Allowance by Government of Nepal with frequency 71, Pension receivers with frequency 39 and no measures received with frequency 10 and with mean 4.06 and standard deviation 1.29. The mean and standard deviation of Aging Allowance receivers, pension receivers and no measures have been obtained as 3.86 ± 1.24 , 4.49 ± 1.33 , and 3.83 ± 1.26 respectively. The F value obtained between the groups is 3.17 and the p value obtained between the groups is found to be 0.045 showing that there is significant difference in the social security measures and happiness of the respondents at 95% confidence level.

Table 13

ANOVA table showing significance among Happiness and Social Security Measures

ANOVA Table			Sum of	df	Mean	F	Sig.
			Squares		Square		
Avg_Happiness *	Between	(Combined)	10.326	2	5.163	3.175	.045
Social Security	Groups						
	Within Groups		190.256	117	1.626		
	Total		200.582	119			

Since, there is significance difference in the education level and happiness, Post hoc test has been done to identify the groups of which there has been significant difference. Tukey HSD analysis has shown that the p value between ageing allowance receivers and Pension receivers' is 0.042 indicating the significant difference of social security and happiness of these groups at 95% level of confidence.

The Social security measures and happiness of the respondents is obtained to be significantly different. The respondents who are receiving social security like pensions and ageing allowances are found happier than the non-receivers. Among

them pensioners have high level of happiness because they have stable and predictable income that allows them to maintain autonomy as well as reduce dependency on their family and children. The respondents are using their pension and ageing allowances in both personal needs and familial needs. They seem confident, independent and are very happy and thankful to the Government of Nepal.

The ageing allowance and pension given to the respondents by government of Nepal makes them happy and independent for their personal expenses like medicines, travel etc. It makes them to feel valuable member of family and society and can contribute some finances to their family.

4.5.5 Health and Happiness

The study has identified four categories of health status for the aging population in the study area. The identified categories are poor health status with frequency 30, fair health status with frequency 48, Good health status with frequency 30 and excellent health status with frequency 12 and with mean 4.06 and standard deviation 1.3. The mean and standard deviation of poor health status, fair health status, good health status and excellent health status have been obtained as 3.71 ± 1.2 , 4.23 ± 1.3 , 4.03 ± 1.37 and 4.33 ± 1.26 respectively. The F value obtained between the groups is 1.81 and the p value obtained between the groups is found to be 0.32 showing that there is no significant difference in the health Status and happiness status of the respondents at 95% confidence level.

4.5.6 Living Arrangements and Happiness

The study has identified four categories of living arrangements of the aging population in the study area. The identified categories are living with family with frequency 60, living with children with frequency 36, Living with spouse only with frequency 14 and living alone with frequency 10 and with mean 4.06 and standard deviation 1.3. The mean and standard deviation of living with family, living with children, living with spouse only and living alone have been obtained as 4.17 ± 1.31 , 3.87 ± 1.15 , 4.22 ± 1.50 and 3.93 ± 1.48 respectively. The F value obtained between the groups is 0.504 and the p value obtained between the groups is found to be 0.680

showing that there is no significant difference in the health status and Happiness status of the respondents at 95% confidence level.

4.5.7 Marital Status and Happiness

The study has identified three categories of marital status of the aging population in the study area. The identified categories are married with frequency 73, unmarried with frequency 2, and widow/widower with frequency 45 and with mean 4.06 and standard deviation 1.3. The mean and standard deviation of married, unmarried and widow/widower have been obtained as 4.21 ± 1.36 , 3.21 ± 0.34 , and 3.86 ± 1.18 respectively. The F value obtained between the groups is 1.46 and the p value obtained between the groups is found to be 0.236 showing that there is no significant difference in the health status and happiness of the respondents at 95% confidence level.

4.5.8 Past Occupation and Happiness

The study has identified seven categories of past occupation of the aging population in the study area. The identified categories are government job with frequency 35, housewife with frequency 34, agriculture with frequency 19, Foreign Employment with frequency 12, INGOs/NGOs job with frequency 8, local works with frequency 7 and local business with frequency 5 and with mean 4.06 and standard deviation 1.3. The mean and standard deviation of government job, housewives, agriculture, foreign employment, INGO/NGOs, local works have been obtained as 4.58 ± 1.33 , 3.77 ± 1.16 , 4.06 ± 1.03 , 3.54 ± 1.65 , 4.09 ± 1.17 , 4.09 ± 1.48 and 3.60 ± 1.24 respectively. The F value obtained between the groups is 1.71 and the p value obtained between the groups is found to be 0.125 showing that there is no significant difference in the past occupation and happiness of the respondents at 95% confidence level.

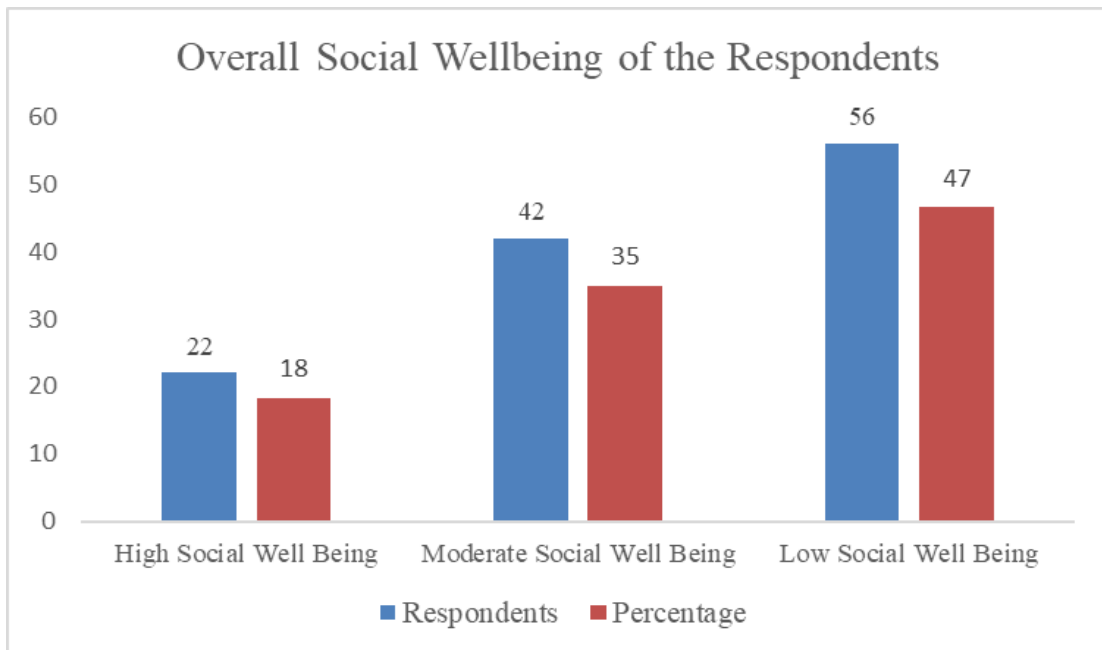
4.6 Overall Social Wellbeing and Happiness of the Respondents

The average social wellbeing score and average happiness value of the respondents were computed in SPSS and following result has been obtained. The 56 percent of the respondents are with Low Social Wellbeing; 42 percent of the respondents are with

Moderate Social Wellbeing and only 18 percent of the respondents are with High Social Wellbeing.

Figure 4

Overall Social Wellbeing of the Respondents



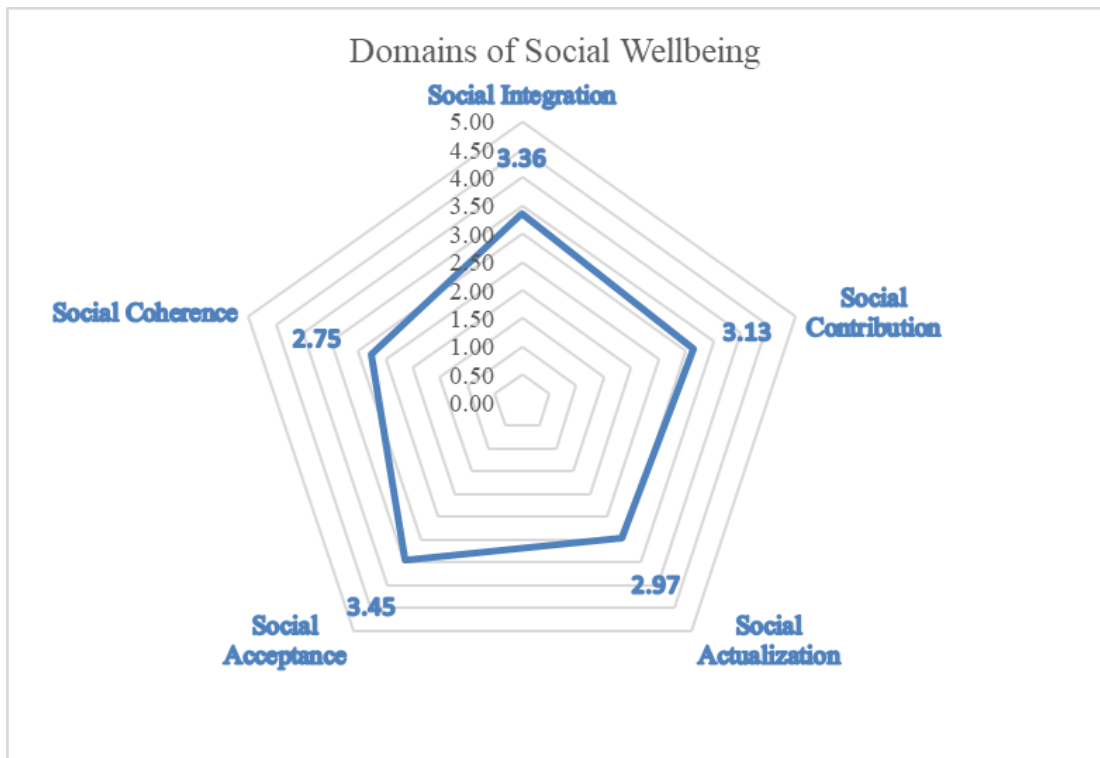
The result shows that the overall status of social wellbeing found different in the groups. The highest numbers of respondents have low social wellbeing (47%), followed by moderate social wellbeing (35%) and the lowest numbers of respondents have high social wellbeing (18%).

The social domains as shown in Figure 5 indicates that all the domain values have been obtained less than four indicating very low dominance of higher social wellbeing. The least value with 2.75 for social coherence followed by 2.97 for social actualization dragged the overall population to represent the low and moderate social wellbeing. The migrant status of the respondents might have influenced for low social coherence and social actualization resulting the maximum number of the respondents with low social wellbeing.

The radar plot of the average domains of the respondents have shown the following figures with low values of social coherence and low social actualization.

Figure 5

Domains of Social Wellbeing



This figure has strongly remarked the social integration (3.36), Social Acceptance (3.45) and Social Contribution (3.13) being the major contributors for the social wellbeing of the respondents. Though these are the major contributors for social wellbeing in the study area, the value indicates that there is still a need to intervene in these domains to support high social wellbeing. The figure also has highlighted that social coherence (2.75) and Social Actualization (2.97) are poorly granted in the study area to adhere a major gap to fulfill for the well-established social wellbeing. The characteristics of social coherence like social events, societal activities, social systems, events and trends of society, social navigation and social actualization like potentiality to better society, humanity, synergistic effort to solve problems, positivity towards societal momentum, inspiration by society are to be furnished and flourished to achieve greater social wellbeing in the study area.

Figure 6

Overall Happiness of the Respondents

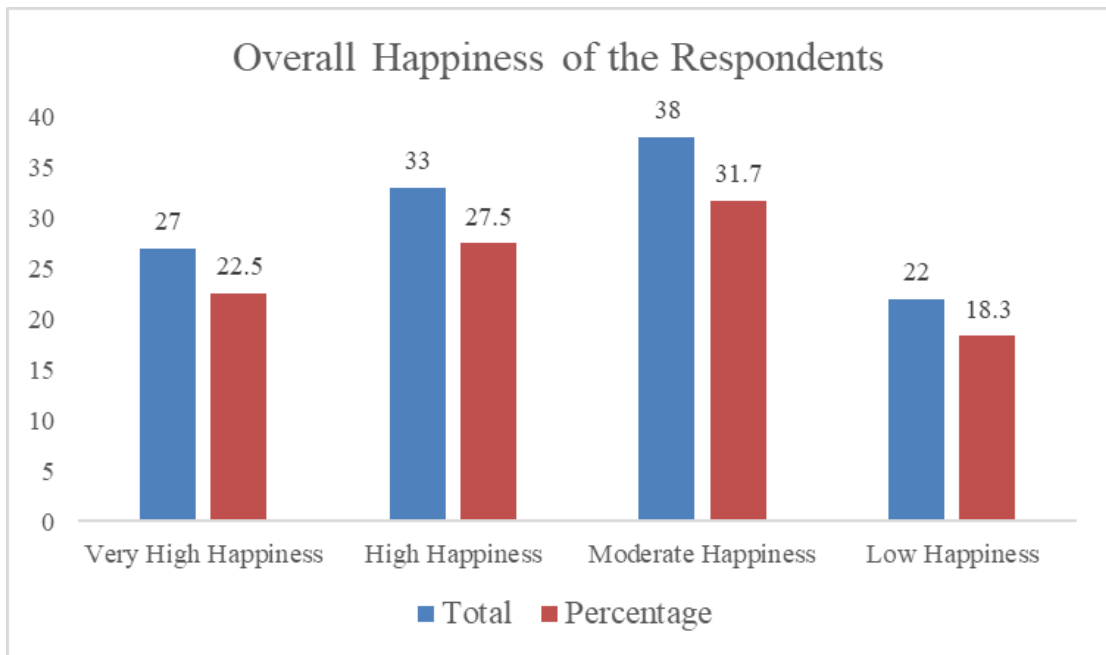


Figure 6 has highlighted the results on the overall happiness of the respondents in the study area. The highest number of respondents are found with moderate happiness (31.7%), followed by high level of happiness (27.5%), and followed by very high happiness (22.5%) and low happiness (18.3%) among the respondents. Most of the happy respondents are living with their family and receiving financial and emotional support. The social security schemes of Government of Nepal including the pension and aging allowance have also financially help them to maintain their self-respect and dignity in the society contributing to high happiness. Festivals, family gatherings, social gatherings and closely knitted neighborhood keep them engaged and help to reduce and address stress and anxiety of the aging population. Most of the respondents with low level of happiness (18.3%) are widow/widower, single and with very weak health status. Some of them are living alone and abandoned by their family members and also going through financial crisis. Declining age, weakness, loneliness, diseases, poor health of their counterparts and loss of their counterparts, neglecting by the family members, are the major influencing factors for low happiness. The study has identified the aging population with low level of happiness due to their painful days, restless nights, indigestion, loneliness due to their age made them feel helpless and useless contributing to decline their happiness. The overall unstable situation of

the country politics, continuing news regarding the increased corruption in every sector, increasing level of biodiversity loss, unethical use of resources, loss in the originality and locality of the social institutions, increased westernization and modernization collapsing the reality of Nepalese society also have made the respondents worry on the overall situation of the country. Contributing to the low level of happiness. Lack of modern technological knowledge has created the operational problems for ageing population as the country has adopted the digital models in most of the sectors like social media apps, internet banking, digital payments, hospital, vendors, groceries etc.

4.7 Correlation between Social Wellbeing and Happiness

The comparison of social wellbeing and happiness of the respondents has shown that there is weak positive correlation with Pearson's correlation coefficient 0.277, Mean and Standard Deviation of Happiness being 4.06 ± 1.298 respectively and Mean and Standard Deviation of Social Wellbeing being 3.13 ± 0.85 respectively. The value of (p) is obtained to be 0.002 which is smaller than 0.05 indicating that the correlation is statistically significant. The following table 15 describes the overall statistics of the correlation between Social Wellbeing and Happiness.

Table 14

Correlation between Social Wellbeing and Happiness

Correlations		Happiness	Social Wellbeing
Happiness	Pearson Correlation	1	0.277**
	Sig. (2-tailed)		0.002
	N	120	120
Social Wellbeing	Pearson Correlation	0.277**	1
	Sig. (2-tailed)	0.002	
	N	120	120

** . Correlation is significant at the 0.01 level (2-tailed).

The study reveals positive correlation ($r=0.277$) between social wellbeing and happiness. To enhance the happiness of ageing population, social wellbeing should also be enhanced. Some of the measures to enhance social wellbeing are government based free religious library, connecting the younger generations with the ageing

population and collaboration of local schools with ageing homes, day's cares and aging clubs during book free day in the schools. Their interests, experiences, indigenous knowledge can be shared with the younger generation in book free days. Developing social and economic environment, living arrangement with the family, children and the spouse would connect the aging population supporting to be loved and respected by the family members and community members. Ageing friendly public spheres, parks, walking areas, hospitals and housing would enhance the social wellbeing of the aging populations which ultimately enhance the happiness as shown by the correlation coefficient. Continuing and expansion of social security schemes by the public and private stakeholders is another important component of social wellbeing and happiness of ageing population.

Individuals who reported higher level of social wellbeing also reports higher level of happiness. Social wellbeing includes feeling of connectedness, support from friends/family and sense of belongingness. The correlation between social wellbeing and happiness shows that, people with strong social connection tend to experience less loneliness and greater emotional fulfillment. This directly contributes to the happier life of ageing population. Strong social networks reduce stress and provide emotional support in difficult time. Engaging in social activities often brings joy and reinforces positive emotions. The respondents engaging in social activities are found to be more confident to navigate personal and familial problems.

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

Social wellbeing encompasses the ability to form and maintain healthy relationships, feel a sense of belonging, and contribute to one's community. It involves the quality and quantity of social interactions and the extent to which an individual feels connected to others. Happiness is a positive emotion characterized by feelings of joy, contentment, and satisfaction. It can be influenced by various factors, including social connections, personal achievements, and overall life satisfaction. Social wellbeing is one of the key drivers of happiness. Strong social connections and positive social interactions can contribute to feelings of happiness and overall life satisfaction. There have been very limited researches regarding the psychological and mental health aspects of the individuals in Nepal and barely the researches are conducted on the social wellbeing and happiness among the aging population in Nepal. Hence, this research has highlighted the social wellbeing status of the aging population relating to their happiness. A total of 120 semi-structured questionnaire survey, with the ageing local and migrant respondents, was conducted at ward number 10 of Kirtipur Municipality. The data collected was interpreted with the SPSS. The collected data was analyzed through t-test and F-test (ANOVA) and the result was interpreted with the national data and other similar research.

This study explores the status and correlation of social wellbeing and happiness among ageing population of Kirtipur Kathmandu Nepal. As Nepal undergoes through demographic shifts with an increasing ageing population, understanding the social well being and happiness of ageing population becomes crucial. The overall status of social wellbeing is found different in the groups. The highest numbers of respondents have low social wellbeing (47%), followed by moderate social wellbeing (35%) and the lowest numbers of respondents have high social wellbeing (18%). Similarly, the highest number of respondents are found with moderate happiness (31.7%), followed by high level of happiness (27.5%), and followed by very high happiness (22.5%) and low happiness (18.3%) among the respondents. The study reveals positive correlation ($r=0.277$) between social wellbeing and happiness.

The independent t-test between gender and social wellbeing and migration and social wellbeing is obtained significant indicating that the social wellbeing of male is higher than the female and the social wellbeing of locals is higher than the migrants. The F-Test (one way ANOVA) between caste and social wellbeing showing that there is significant difference in the caste and social wellbeing status of the respondents which has revealed that Dalits have higher social wellbeing compared to Brahmin and Janajati. The study has revealed the significant difference in the social security measures and social wellbeing status of the respondents indicating pension and ageing allowance receiver respondents have higher social wellbeing than non-receiver respondents. The analysis identified the significant difference in the past occupation and social wellbeing status of the respondents highlighting that the respondents with local works as their past occupation has higher level of social wellbeing than the respondents with other professions.

The independent t-test between gender and happiness is obtained significant reporting that the males are found happier than the female respondents. The F-Test (one way ANOVA) between the caste and happiness status of the respondents is obtained significant showing that the Janajati respondents have higher level of happiness compared to Brahmin, Chhetri and Dalits respondents. The test has identified that there is significant difference in the education and happiness status of the respondents showing the respondents who have higher level of education are found happier compared to the respondents with secondary level education, illiterate and primary level education status. The F-Test between social security measures and happiness is also found significant with the interpretation that the respondents who are receiving social security like pensions and ageing allowances are found happier than the non-receivers among them pensioners have high level of happiness.

5.2 Conclusion

This study reveals the overall status of social wellbeing and correlation between the social wellbeing and happiness of ageing population of Kirtipur Kathmandu Nepal. The highest numbers of respondents have low social wellbeing (47%), followed by moderate social wellbeing (35%) and the lowest numbers of respondents have high social wellbeing (18%). The migrant status of the respondents might have influenced for low social coherence and social actualization resulting the maximum number of

the respondents with low social wellbeing. Migration to the new places, the respondents left behind their strong social network and they missed the community life they had in their hometown. Among the five indicators of social wellbeing, the least value with 2.75 for social coherence followed by 2.97 for social actualization dragged the overall population to represent the low and moderate social wellbeing. Most of the respondents have migrated to Kirtipur because of their children's job and some of them have migrated for better health care opportunities. Compelled migration due to the children has created the dependency to their offspring for every fundamental requirement with loss of their autonomy that directly contribute to the low social wellbeing of the respondents. Most of the respondents with high level of social wellbeing are locals. They have strong community bonds, active community and social engagement, religious and cultural participation that fosters the social wellbeing of local ageing population.

The highest number of respondents are found with moderate happiness (31.7%), followed by high level of happiness (27.5%), and followed by very high happiness (22.5%) and low happiness (18.3%) among the respondents.

The study reveals positive correlation ($r=0.277$) between social wellbeing and happiness. Social wellbeing and happiness of the respondents positively reinforce each other. When there is increase in social wellbeing there will also be increased in happiness of the respondents. People with strong social connection tend to experience less loneliness and greater emotional fulfillment and this directly contributes to the happier life of ageing population. Strong social networks reduce stress and provide emotional support in difficult time. Engaging in social activities often brings joy and reinforces positive emotions. The respondents engaging in social activities are found to be more confident to navigate personal and familial problems. Findings of this research suggest that, family support and intergenerational relationship, community engagement and social participation, access to healthcare and medicines, economic stability, involvement in cultural and religious practices, strong community and collective support system, festivals and communal gatherings, active lifestyle strongly contributes to the social wellbeing and happiness of ageing population. On the other hand, financial insecurity, social isolation, inadequate ageing friendly infrastructures,

loneliness, loss of their counterparts, poor health status hinders the social wellbeing and happiness of ageing population.

The independent t-test between gender and social wellbeing is obtained significant indicating that the social wellbeing of male with mean value and standard deviation (3.35 ± 0.81) is higher than the female (2.84 ± 0.80) at 95% level of confidence with t-value (3.426). Status of social wellbeings among the locals found higher compared to the migrant respondents. The mean and standard deviation value of local respondents is obtained to be 3.48 ± 0.76 respectively and that of migrant is obtained to be 2.82 ± 0.80 respectively with t-value (4.632).

This research reveals different level of social wellbeing status among the respondents of different castes. Among all the caste groups, Dalits have higher level of social wellbeing with mean and standard deviation (3.82 ± 0.63) compared to Brahmin/Chhetri (2.88 ± 0.80), and Janajati (3.37 ± 0.80) with F-value 11.01 at 95% confidence level. The study has revealed the significant difference in the social security measures and social wellbeing status of the respondents. The mean and standard deviation value of respondents receiving pension obtained (3.4 ± 0.80) and receiving ageing allowance obtained (3.02 ± 0.82) has higher level of social wellbeing than the non-receiver respondents (2.52 ± 0.68). The F-value obtained between the groups is 6.90 with 95% confidence level. The analysis identified the significant difference in the past occupation and social wellbeing status of the respondents highlighting that the respondents with local works as their past occupation has higher level of social wellbeing than the respondents with other professions. The mean and standard deviation of past occupation as government jobs, housewife, agriculture, foreign employment, INGO's/NGOs, local works and local business have been obtained as 3.44 ± 0.81 , 2.77 ± 0.84 , 3.04 ± 0.82 , 3.16 ± 0.78 , 3.24 ± 0.82 , 3.6 ± 0.75 and 2.81 ± 0.68 respectively. The F value obtained between the groups is 2.53 and the p value obtained between the groups is found to be 0.024 showing that there is significant difference in the past occupation and social wellbeing status of the respondents at 95% confidence level.

This study reveals that, male respondents are happier than the female respondents. The mean and standard deviation value of male respondents is obtained to be 4.29 ± 0.15 respectively and that of female is obtained to be 3.77 ± 0.17 respectively. The p

value is obtained to be 0.03 which shows that the independent t-test between gender and happiness is significant at 95% confidence level. Caste and happiness status of the respondents is obtained significant at 95% confidence level showing that the Janajati respondents have higher level of happiness with mean and standard deviation (3.98 ± 1.34), compared to Brahmin/Chhetri (4.33 ± 1.28) and Dalits respondents (3.93 ± 1.1). The test has identified that there is significant difference in the education and happiness status of the respondents showing the respondents who have higher level of education are found happier with the mean and standard deviation (4.82 ± 1.36) compared to the respondents with secondary level education (4.23 ± 1.31), illiterate (3.85 ± 1.16) and primary level education status (3.53 ± 1.76). The F-Test between social security measures and happiness is also found significant with the interpretation that the respondents who are receiving social security like pensions and ageing allowances are found happier than the non-receivers among them pensioners have high level of happiness. The mean and standard deviation of Aging Allowance receivers, pension receivers and no measures have been obtained as 3.86 ± 1.24 , 4.49 ± 1.33 , and 3.83 ± 1.26 respectively with the F value obtained between the groups is 3.17 at 95% confidence level.

Conclusions in order: status of social wellbeing and happiness, level of social wellbeing and happiness by social and demographic variables/background, correlation between social wellbeing and happiness.

5.3 Recommendations

The study underscores the importance of familial and community support in enhancing the social wellbeing and happiness among ageing population. Based on the study, following recommendations have been made:

5.3.1 General Recommendations

1. The belief of government systems and programs to make better society through social actualization and their hope on positive way forward through social coherence should be enhanced for better social wellbeing,
2. The familial connectedness and integration through family gathering regularly should be promoted to enhance the happiness of the ageing population,

3. The positive discrimination among male and female, migrants and locals, different castes regarding the social wellbeing and happiness indicators would be applied to achieve high social wellbeing and happiness among the ageing population,
4. Engaging ageing population, community organizations, local leaders and younger generation to identify and address the key issues of social wellbeing and happiness of ageing population,
5. Identify the financial challenges, technological and digital difficulties, public spaces, infrastructural and transport interferences faced by ageing population and implement the programs to address such challenges,
6. Utilize senior citizens skills, knowledge and experiences in nation building forming Retired Professional Clubs (RPC) by societies, communities and governments,
7. Encourage younger generation to connect with ageing population by conducting intergenerational activities like knowledge, skill and experiences sharing to foster intergenerational bonding, respects and positive/spiritual environment,
8. Encourage the ageing population to engage in religious practices, festivals, and community gathering to enhance connectedness,
9. Promote respect for ageing population through education and media to enhance social honesty and morality.

5.3.2 Policy Recommendations

1. Expansion and continuation of social security and pension policies by Government of Nepal,
2. Preparation and implementation of social welfare programs for ageing population like book free day in academic institutions, day care homes, ageing homes by Provincial and Local Governments,
3. Regular free health checkup programs, medical camp programs, community-based programs (bhajan/kirtans, mediation, counseling etc) for ageing populations should be launched by Local Governments,

4. Conduct digital literacy programs to reduce the social isolation among the ageing population and access the role of social media and mobile communication to enhance social ties by all tiers of governments in Nepal,
5. Promotion of ageing friendly urban infrastructures, public spaces, transportations planning will help increase happiness of ageing population,
6. Allocation of fund for research and development by Government of Nepal and conduction of research by academic/research institutions to foster the better social wellbeing and happiness of ageing populations and integration of the policy recommendations of such researches in government's policy and program for enhancing the social wellbeing and happiness of the ageing populations.

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ANNEXES

Annex I Research Questionnaire

Instructions:

- Please tick (✓) the response that best represents your opinion.
- All responses will remain confidential and used for research purposes only.

Name of the Respondent (Please get the consent first):

Section I: Demographic Characteristics

S.N.	Demographic Variable	Response Options
1	Age	Years
2	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3	Caste	
4	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
5	Education Level	<input type="checkbox"/> No formal education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Higher
6	Occupation (Current/Past)	
7	Monthly Income (if applicable)	<input type="checkbox"/> <10,000 <input type="checkbox"/> 10,000-20,000 <input type="checkbox"/> 20,000-30,000 <input type="checkbox"/> >30,000
8	Living Arrangement	<input type="checkbox"/> Alone <input type="checkbox"/> With spouse <input type="checkbox"/> With children <input type="checkbox"/> Others
9	Health Status (Self-rated)	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
10	Migration Status	<input type="checkbox"/> Migrant <input type="checkbox"/> Local

Other Specific Remarks (if any):

Section Ia: Social and Family Support

7. How often do you interact with your family members?

- Daily Weekly Occasionally Rarely Never

8. Do you feel valued and respected by your family?

- Yes Sometimes No

9. How often do you participate in community/social activities?

- Frequently Occasionally Rarely Never

10. Do you have close friends or a support network?

- Yes No

Section Ib: Economic and Financial Security

11. Are you financially independent?

- Yes No Partially

12. Do you face any financial difficulties in meeting daily needs?

- Yes No Sometimes

13. Are there sufficient social security and pension schemes available for elderly individuals in Nepal?

- Yes No Not sure

Section Ic: Health and Access to Services

14. How would you rate your overall health?

- Good Average Poor

15. Do you have access to healthcare services when needed?

- Yes No Sometimes

16. Are there enough elderly care services (e.g., senior citizen homes, health programs) in your area?

- Yes No Not sure

Section Id: Psychological and Emotional Well-being

17. How often do you feel lonely?

- Never Occasionally Often Always

18. Do you feel a sense of purpose in life?

- Yes No Sometimes

19. Do you experience stress or anxiety related to aging?

- Yes No Sometimes

Section Ie: Government and Social Policies

20. Do you think the government is taking sufficient initiatives to support the elderly population?

Yes No Not sure

21. What improvements would you suggest for elderly well-being in Nepal? (Open-ended)

Section II: Social Well-being Questionnaire (Corey L. M. Keyes)

S.N.	Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
(Domain-Social Integration)						
1	I feel that I am an important part of my community.					
2	I feel close to other people in my community or social groups.					
3	I feel that the social groups I belong to are good places to be.					
4	I feel connected to society.					
5	I feel that my values align with those of my community or society.					
(Domain-Social Contribution)						
6	I believe that I am a valuable member of society.					
7	My daily activities contribute positively to the lives of others.					
8	I feel that my skills and abilities are appreciated by my community.					
9	What I do every day benefits my community or society.					

10	I feel like I am making a difference in the world around me.					
(Domain-Social Actualization)						
11	I believe that society has the potential to become better.					
12	I feel hopeful about the future of humanity.					
13	I believe that people can work together to solve the world's problems.					
14	Society is evolving in a positive direction.					
15	I feel inspired by the progress being made in my community or society.					
(Domain-Social Acceptance)						
16	I believe that most people are good at heart.					
17	I trust others to do the right thing.					
18	I feel comfortable interacting with people who are different from me.					
19	I accept that people have diverse opinions and ways of living.					
20	I am able to forgive others for their mistakes or shortcomings.					

(Domain-Social Coherence)						
21	I understand what is happening in society and how it affects me.					
22	The way society works makes sense to me.					
23	I feel that social systems (like government or education) are fair and just.					
24	I can make sense of events and trends in the news.					
25	I feel confident navigating the social structures around me.					

Any Statements Regarding Social Wellbeing.....

Section IIIa: Health and Well-being

8. How would you rate your overall health?
- Very good Good Fair Poor Very poor
9. Do you have any chronic illnesses? Yes No (If yes, specify: _____)
10. How often do you engage in physical activity (e.g., walking, yoga)?
- Daily Weekly Occasionally Never
11. Do you have access to healthcare services when needed? Yes No

Section IIIb: Social and Family Support

12. How often do you spend time with family members?
- Daily Weekly Occasionally Rarely Never
13. How satisfied are you with your social relationships?
- Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied
14. Do you participate in social or religious activities? Yes No
15. Do you feel respected and valued by your family and society?
- Yes No Sometimes

Section IIIc: Financial Security

16. Are you financially independent? Yes No
17. How would you rate your financial security?
- Very secure Somewhat secure Neutral Insecure Very insecure
18. Does financial stress affect your happiness? Yes No

Section IIId: Psychological and Emotional Well-being

19. How often do you feel lonely?
- Never Rarely Sometimes Often Always
20. Do you feel a sense of purpose in life? Yes No
21. How often do you feel anxious or depressed?
- Never Rarely Sometimes Often Always

22. What activities bring you happiness? (Check all that apply)

- Spending time with family Religious activities
Gardening Music Reading Other: _____

Section IIIe: Environmental and Living Conditions

23. How satisfied are you with your living environment?

- Very satisfied Satisfied Neutral Dissatisfied
Very dissatisfied

24. Do you feel safe in your neighborhood? Yes No

25. Do you have access to transportation for your daily needs? Yes No

Section IIIId: Overall Happiness

26. How happy do you feel in your daily life?

- Very happy Happy Neutral Unhappy Very
unhappy

27. What is the biggest factor contributing to your happiness? _____

28. What is the biggest challenge affecting your happiness? _____

Section III: Oxford Happiness Questionnaire

1 – Strongly Disagree, 2 – Disagree, 3 – Slightly Disagree, 4 – Neutral, 5 – Slightly Agree, 6 – Agree, 7 – Strongly Agree

S.N.	Statement	1. SD	2. D	3. SliD	4. N	5.SliA	6. A	7.SA
1	I don't feel particularly pleased with the way I am. (R)							
2	I am intensely interested in other people.							
3	I feel that life is very rewarding.							
4	I have very warm feelings towards almost everyone.							
5	I rarely wake up feeling rested. (R)							
6	I am not particularly optimistic about the future. (R)							
7	I find most things amusing.							
8	I am always committed and involved.							
9	Life is good.							
10	I do not think that the world is a good place. (R)							
11	I laugh a lot.							
12	I am well satisfied about everything in my life.							
13	I don't think I look attractive. (R)							
14	There is a gap between what I would like to do and what I have done. (R)							
15	I am very happy.							
16	I find beauty in some things.							
17	I always have a cheerful effect on others.							
18	I can fit in (find time for)							

	everything I want to.							
19	I feel that I am not especially in control of my life. (R)							
20	I feel able to take anything on.							
21	I feel fully mentally alert.							
22	I often experience joy and elation.							
23	I don't find it easy to make decisions. (R)							
24	I don't have a particular sense of meaning and purpose in my life. (R)							
25	I feel I have a great deal of energy.							
26	I usually have a good influence on events.							
27	I don't have fun with other people. (R)							
28	I don't feel particularly healthy. (R)							
29	I don't have particularly happy memories of the past. (R)							

Any Statements Regarding Happiness

Thank you for your valuable time and participation!

Annex II

SPSS Computed data for the respective themes

Gender and Social Wellbeing:

Group Statistics					
	Sex	N	Mean	Std. Deviation	Std. Error Mean
Average_SWB	Male	67	3.3564	.81390	.09943
	Female	53	2.8460	.80592	.11070

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Average_SWB	Equal variances assumed	.075	.784	3.426	118	.001	.51038	.14897	.21537	.80539
	Equal variances not assumed			3.430	112.209	.001	.51038	.14880	.21556	.80520

Migration and Social Wellbeing:

Group Statistics					
	Migration	N	Mean	Std. Deviation	Std. Error Mean
Average_SWB	Local	56	3.4836	.76651	.10243
	Migrant	64	2.8225	.79519	.09940

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper	
Average_SWB	Equal variances assumed	.105	.746	4.620	118	.000	.66107	.14308	.37773	.94441
	Equal variances not assumed			4.632	116.876	.000	.66107	.14273	.37840	.94374

Gender and Happiness:

Group Statistics					
	Sex	N	Mean	Std. Deviation	Std. Error Mean
Avg_Happiness	Male	67	4.29	1.297	.158
	Female	53	3.77	1.253	.172

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper	

Avg_Happiness	Equal variances assumed	.135	.714	2.203	118	.030	.517	.235	.052	.983
	Equal variances not assumed			2.212	113.361	.029	.517	.234	.054	.981

Migration and Happiness:

Group Statistics					
	Migration	N	Mean	Std. Deviation	Std. Error Mean
Avg_Happiness	Local	56	4.12	1.324	.177
	Migrant	64	4.02	1.284	.161

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Avg_Happiness	Equal variances assumed	.074	.786	.433	118	.666	.103	.238	-.369	.575
	Equal variances not assumed			.432	114.885	.666	.103	.239	-.370	.576

Age Groups and Social Wellbeing:

Report			
Average_SWB			
Age_Group	Mean	N	Std. Deviation
60-70	3.1406	33	.79982
71-80	3.2325	48	.87171
81-90	2.9824	34	.91449
>90	3.1040	5	.20513
Total	3.1310	120	.84616

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Average_SWB * Age_Group	Between Groups	(Combined)	1.252	3	.417	.577	.631
	Within Groups		83.951	116	.724		
	Total		85.203	119			

Caste and Social Wellbeing:

Report			
Average_SWB			
Caste	Mean	N	Std. Deviation
B/C	2.8876	74	.80131
Dalits	3.8267	15	.63851
Janjati	3.3755	31	.79844
Total	3.1310	120	.84616

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Average_SWB * Caste	Between Groups	(Combined)	13.497	2	6.749	11.012	.000
	Within Groups		71.706	117	.613		
	Total		85.203	119			

Multiple Comparisons						
Dependent Variable: Average_SWB						
Tukey HSD						
(I) Caste	(J) Caste	Mean Difference (I- J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
B/C	Dalits	-.93910*	.22168	.000	-1.4653	-.4129
	Janjati	-.48792*	.16749	.012	-.8855	-.0903
Dalits	B/C	.93910*	.22168	.000	.4129	1.4653
	Janjati	.45118	.24623	.164	-.1333	1.0357
Janjati	B/C	.48792*	.16749	.012	.0903	.8855
	Dalits	-.45118	.24623	.164	-1.0357	.1333

*. The mean difference is significant at the 0.05 level.

Education and Social Wellbeing:

Report			
Average_SWB			
Education	Mean	N	Std. Deviation
Illiterate	3.1477	75	.87520
Primary	3.2667	6	.89467
Secondary	2.7812	17	.68441
Higher	3.3073	22	.82026
Total	3.1310	120	.84616

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Average_SWB * Education	Between Groups	(Combined)	2.895	3	.965	1.360	.258
	Within Groups		82.308	116	.710		
	Total		85.203	119			

Social Security Measures and Social Wellbeing:

Report			
Average_SWB			
Social Security	Mean	N	Std. Deviation
Aging Allowance	3.0299	71	.82248
Pension	3.4718	39	.80426
No	2.5200	10	.68973
Total	3.1310	120	.84616

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Average_SWB * Social Security	Between Groups	(Combined)	8.989	2	4.495	6.900	.001
	Within Groups		76.214	117	.651		
	Total		85.203	119			

Multiple Comparisons						
Dependent Variable: Average_SWB						
Tukey HSD						
(I) Social Security	(J) Social Security	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Aging Allowance	Pension	-.44194*	.16086	.019	-.8238	-.0601
	No	.50986	.27261	.152	-.1373	1.1570
Pension	Aging Allowance	.44194*	.16086	.019	.0601	.8238
	No	.95179*	.28608	.003	.2727	1.6309
No	Aging Allowance	-.50986	.27261	.152	-1.1570	.1373
	Pension	-.95179*	.28608	.003	-1.6309	-.2727

*. The mean difference is significant at the 0.05 level.

Health and Social Wellbeing:

Report			
Average_SWB			
Health	Mean	N	Std. Deviation
Poor	2.9440	30	.87071
Fair	3.0958	48	.85587
Good	3.2240	30	.88198
Excellent	3.5067	12	.53675
Total	3.1310	120	.84616

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Average_SWB * Health	Between Groups	(Combined)	3.061	3	1.020	1.441	.234
	Within Groups		82.142	116	.708		
	Total		85.203	119			

Living Arrangements and Social Wellbeing:

Report			
Average_SWB			
Living Arrangement	Mean	N	Std. Deviation
With Family	3.2393	60	.84726
With Children	3.0811	36	.82073
With Spouse Only	2.9371	14	1.07087
Alone	2.9320	10	.54260
Total	3.1310	120	.84616

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Average_SWB * Living Arrangement	Between Groups	(Combined)	1.716	3	.572	.795	.499
	Within Groups		83.487	116	.720		
	Total		85.203	119			

Marital Status and Social Wellbeing:

Report			
Average_SWB			
Marital Status	Mean	N	Std. Deviation
Married	3.1655	73	.90082
Unmarried	3.5400	2	.31113
Widow/er	3.0569	45	.76887
Total	3.1310	120	.84616

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Average_SWB * Marital Status	Between Groups	(Combined)	.669	2	.334	.463	.631
	Within Groups		84.535	117	.723		
	Total		85.203	119			

Past Occupation and Social Wellbeing:

Report			
Average_SWB			
Past Occupation	Mean	N	Std. Deviation
Agriculture	3.0442	19	.82633
Business	2.8160	5	.68211
Foreign Employment	3.1633	12	.78485
Government	3.4434	35	.81667
Housewife	2.7706	34	.84068
Local Works	3.6000	7	.75011
NGO/INGOs	3.2400	8	.82642
Total	3.1310	120	.84616

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Average_SWB * Past Occupation	Between Groups	(Combined)	10.119	6	1.687	2.538	.024
	Within Groups		75.084	113	.664		
	Total		85.203	119			

Multiple Comparisons						
Dependent Variable: Average_SWB						
Tukey HSD						
(I) Past Occupation	(J) Past Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Agriculture	Business	.22821	.40971	.998	-1.0018	1.4582
	Foreign Employment	-.11912	.30057	1.000	-1.0215	.7832
	Government	-.39922	.23228	.605	-1.0966	.2981
	Housewife	.27362	.23348	.903	-.4273	.9746
	Local Works	-.55579	.36041	.719	-1.6378	.5262
	NGO/INGOs	-.19579	.34355	.998	-1.2272	.8356
Business	Agriculture	-.22821	.40971	.998	-1.4582	1.0018
	Foreign Employment	-.34733	.43389	.984	-1.6499	.9553
	Government	-.62743	.38971	.676	-1.7974	.5425
	Housewife	.04541	.39043	1.000	-1.1267	1.2175
	Local Works	-.78400	.47730	.655	-2.2169	.6489
	NGO/INGOs	-.42400	.46470	.970	-1.8191	.9711
Foreign Employment	Agriculture	.11912	.30057	1.000	-.7832	1.0215
	Business	.34733	.43389	.984	-.9553	1.6499
	Government	-.28010	.27268	.947	-1.0987	.5385
	Housewife	.39275	.27370	.782	-.4290	1.2144
	Local Works	-.43667	.38768	.919	-1.6005	.7272
	NGO/INGOs	-.07667	.37206	1.000	-1.1936	1.0403
Government	Agriculture	.39922	.23228	.605	-.2981	1.0966
	Business	.62743	.38971	.676	-.5425	1.7974
	Foreign Employment	.28010	.27268	.947	-.5385	1.0987
	Housewife	.67284*	.19628	.014	.0836	1.2621
	Local Works	-.15657	.33750	.999	-1.1698	.8567
	NGO/INGOs	.20343	.31944	.995	-.7556	1.1624
Housewife	Agriculture	-.27362	.23348	.903	-.9746	.4273

	Business	-.04541	.39043	1.000	-1.2175	1.1267
	Foreign Employment	-.39275	.27370	.782	-1.2144	.4290
	Government	-.67284*	.19628	.014	-1.2621	-.0836
	Local Works	-.82941	.33833	.187	-1.8451	.1863
	NGO/INGOs	-.46941	.32031	.764	-1.4310	.4922
Local Works	Agriculture	.55579	.36041	.719	-.5262	1.6378
	Business	.78400	.47730	.655	-.6489	2.2169
	Foreign Employment	.43667	.38768	.919	-.7272	1.6005
	Government	.15657	.33750	.999	-.8567	1.1698
	Housewife	.82941	.33833	.187	-1.863	1.8451
	NGO/INGOs	.36000	.42188	.978	-.9065	1.6265
NGO/INGOs	Agriculture	.19579	.34355	.998	-.8356	1.2272
	Business	.42400	.46470	.970	-.9711	1.8191
	Foreign Employment	.07667	.37206	1.000	-1.0403	1.1936
	Government	-.20343	.31944	.995	-1.1624	.7556
	Housewife	.46941	.32031	.764	-.4922	1.4310
	Local Works	-.36000	.42188	.978	-1.6265	.9065
*. The mean difference is significant at the 0.05 level.						

Age Groups and Happiness:

Report			
Avg_Happiness			
Age_Group	Mean	N	Std. Deviation
60-70	3.91	33	1.335
71-80	4.33	48	1.382
81-90	3.86	34	1.100
>90	3.97	5	1.436
Total	4.06	120	1.298

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Avg_Happiness * Age_Group	Between Groups	(Combined)	5.607	3	1.869	1.112	.347
	Within Groups		194.975	116	1.681		
	Total		200.582	119			

Caste and Happiness:

Report			
Avg_Happiness			
Caste	Mean	N	Std. Deviation
B/C	3.98	74	1.341
Dalits	3.93	15	1.102
Janjati	4.33	31	1.283
Total	4.06	120	1.298

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Avg_Happiness * Caste	Between Groups	(Combined)	2.982	2	1.491	.883	.416
	Within Groups		197.600	117	1.689		
	Total		200.582	119			

Education and Social Happiness:

Report			
Avg_Happiness			
Education	Mean	N	Std. Deviation
Illiterate	3.85	75	1.162
Primary	3.53	6	1.769
Secondary	4.23	17	1.319
Higher	4.82	22	1.361
Total	4.06	120	1.298

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Avg_Happiness * Education	Between Groups	(Combined)	18.221	3	6.074	3.863	.011
	Within Groups		182.361	116	1.572		
	Total		200.582	119			

Multiple Comparisons						
Dependent Variable: Avg_Happiness						
Tukey HSD						
(I) Education	(J) Education	Mean Difference (I- J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Illiterate	Primary	.313	.532	.935	-1.07	1.70
	Secondary	-.380	.337	.673	-1.26	.50
	Higher	-.972*	.304	.010	-1.76	-.18
Primary	Illiterate	-.313	.532	.935	-1.70	1.07
	Secondary	-.693	.595	.651	-2.24	.86
	Higher	-1.285	.577	.122	-2.79	.22
Secondary	Illiterate	.380	.337	.673	-.50	1.26
	Primary	.693	.595	.651	-.86	2.24
	Higher	-.593	.405	.463	-1.65	.46
Higher	Illiterate	.972*	.304	.010	.18	1.76
	Primary	1.285	.577	.122	-.22	2.79
	Secondary	.593	.405	.463	-.46	1.65

*. The mean difference is significant at the 0.05 level.

Social Security Measures and Happiness:

Report			
Avg_Happiness			
Social Security	Mean	N	Std. Deviation
Aging Allowance	3.86	71	1.244
Pension	4.49	39	1.333
No	3.83	10	1.266
Total	4.06	120	1.298

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Avg_Happiness * Social Security	Between Groups	(Combined)	10.326	2	5.163	3.175	.045
	Within Groups		190.256	117	1.626		
	Total		200.582	119			

Multiple Comparisons						
Dependent Variable: Avg_Happiness						
Tukey HSD						
(I) Social Security	(J) Social Security	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Aging Allowance	Pension	-.621*	.254	.042	-1.22	-.02
	No	.037	.431	.996	-.99	1.06
Pension	Aging Allowance	.621*	.254	.042	.02	1.22
	No	.659	.452	.315	-.41	1.73
No	Aging Allowance	-.037	.431	.996	-1.06	.99
	Pension	-.659	.452	.315	-1.73	.41

*. The mean difference is significant at the 0.05 level.

Health and Happiness:

Report			
Avg_Happiness			
Health	Mean	N	Std. Deviation
Poor	3.71	30	1.203
Fair	4.23	48	1.305
Good	4.03	30	1.378
Excellent	4.33	12	1.263
Total	4.06	120	1.298

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Avg_Happiness * Health	Between Groups	(Combined)	5.946	3	1.982	1.181	.320
	Within Groups		194.635	116	1.678		
	Total		200.582	119			

Living Arrangements and Happiness:

Report			
Avg_Happiness			
Living Arrangement	Mean	N	Std. Deviation
With Family	4.17	60	1.314
With Children	3.87	36	1.156
With Spouse Only	4.22	14	1.508
Alone	3.93	10	1.483
Total	4.06	120	1.298

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Avg_Happiness * Living Arrangement	Between Groups	(Combined)	2.580	3	.860	.504	.680
	Within Groups		198.002	116	1.707		
	Total		200.582	119			

Marital Status and Happiness:

Report			
Avg_Happiness			
Marital Status	Mean	N	Std. Deviation
Married	4.21	73	1.364
Unmarried	3.21	2	.341
Widow/er	3.86	45	1.183
Total	4.06	120	1.298

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Avg_Happiness * Marital Status	Between Groups	(Combined)	4.895	2	2.447	1.463	.236
	Within Groups		195.687	117	1.673		
	Total		200.582	119			

Past Occupation and Happiness:

Report			
Avg_Happiness			
Past Occupation	Mean	N	Std. Deviation
Agriculture	4.06	19	1.037
Business	3.60	5	1.247
Foreign Employment	3.54	12	1.650
Government	4.58	35	1.337
Housewife	3.77	34	1.166
Local Works	4.09	7	1.482
NGO/INGOs	4.09	8	1.170
Total	4.06	120	1.298

ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Avg_Happiness * Past Occupation	Between Groups	(Combined)	16.699	6	2.783	1.710	.125
	Within Groups		183.883	113	1.627		
	Total		200.582	119			

Annex II
Photographs taken during Questionnaire Survey



Photo 1: Researcher Interviewing Local Male Aging Population (92 Years)



Photo 2: Researcher Interviewing Migrant Male Aging Population (82 Years)



Photo 3: Researcher Interviewing Local Female Aging Population (92 Years)



Photo 4: Researcher Interviewing Migrant Female Aging Population (82 Years)



Photo 5: Researcher Interviewing Local Male Aging Population (93 Years)



Photo 6: Researcher Interviewing Migrant Male Aging Population (77 Years)



Photo 7: Researcher Interviewing Local Female Aging Population (76 Years)



Photo 8: Researcher Interviewing Migrant Female Aging Population (72 Years)



Photo 9: Researcher Interviewing Local Male Aging Population (74 Years)



Photo 10: Researcher Interviewing Migrant Male Aging Population (72 Years)



Photo 11: Researcher Interviewing Local Female Aging Population (65 Years)



Photo 12: Researcher Interviewing Local Male Aging Population (64 Years)