SILENT SUFFERINGS OF OLD AGE PEOPLE: A STUDY OF POKHARA AGED SHELTER

A Dissertation Submitted to Tribhuvan University Department of Anthropology Prithvi Narayan Campus, Pokhara in the Partial Fulfillment of the Requirement for the

Master's Degree in Anthropology

By

Kalpana Paudel

Roll no.: 81/066 B.S.

TU Regd No: 4-1-46-14-99

Tribhuvan University

Faculty of Humanities and Social Science

Department of Anthropology

Prithvi Narayan Campus

Pokhara, Nepal

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LETTER OF RECOMMENDATION

This is to certify that Ms. Kalpana Paudel has completed this dissertation entitled **"Silent Sufferings of Old Age People: A Study of Pokhara Aged Shelter"** under my supervision and guidance. I, therefore, recommend and forward this dissertation for final approval and acceptance by the dissertation committee.

Date: 2073-12-28

Dr. Prakash Upadhyay
Associated Professor
Department of Anthropology
Prithvi Narayan Campus
Pokhara, Nepal

LETTER OF ACCEPTANCE

This dissertation entitled **"Silent Sufferings of Old Age People: A Study of Pokhara Aged Shelter"** submitted to the Department of Anthropology, Tribhuvan University, Prithvi Narayan campus, Bagar, Pokhara By Kalpana Paudel has been accepted as the partial fulfillment of the requirements for the Degree of Master Arts in Sociology by the undersigned members of the dissertation committee.

Dissertation Evaluation Committee

_____

Dr Prakash Upadhyay
Associate Professor
Dissertation Supervisor

_____

Janardan Thapa
Lecturer
External Examiner

_____

Surya Bhakta Sigdel
Head of the Department

Date: 2073-12-28

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Kalpana Paudel

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ACRONYMS

CBO	:	Community Based Organization
CBS	:	Central Bureau of Statistics
GCN	:	Geriatric Centre Nepal
HIV/AIDS	:	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
MWCSW	:	Ministry of Women, Children and Social Welfare
NGO	:	Non-governmental Organization
UN	:	United Nation
UNDESA	:	United Nations, Department of Economic and Social Affairs
UNFPA	:	United Nations Fund for Population Activities
WHO	:	World Health Organization

ABSTRACT

The thesis entitled "Silent Sufferings of Old Age People: A Study of Pokhara Aged Shelter" is mainly focused on the daily routine experiences of senior citizens and their sufferings in daily life. A descriptive qualitative case study design was used to explore the experiences. The senior citizens from Pokhara Aged Shelter were selected in the study. The total number of respondents was 25.

The primary data was obtained from the field work with in-depth interview. Qualitative data was recorded, transcribed and thematic analysis was made.

Elderly people describe themselves as useless and worthless. They have nothing to contribute to social life and the community. Social activities are reduced after ageing.

They have fear of pain, disability, decline, loss of control and death and also involved feelings of anxiety, fear and powerlessness. Elderly people have negative feelings such as emptiness, sadness, resignation, frustration, loneliness and regret. It could be caused by living alone, limited activities or troubles to cope with ageing. They feel discouraged and helpless. During the ageing process, they give up daily activities gradually.

Old age is not a problem itself but it becomes a problem when the obvious physical and mental changes brought by old age make men unable to do their own necessary basic things. The issue of senior citizen and old age should be addressed appropriately as other social problems in society. Older persons missed having somebody to share their small daily experiences. Even though elderly people maybe already have lost their friends or other important persons, people who are still alive should keep in touch with them to support their ageing process. Family is an important factor that contributed to the elderly people’s ability to cope with. Positive attitudes bring benefits for ageing process.

CHAPTER I
INTRODUCTION

1.1 Background of the Study

Ageing is a process rather than a state and the experience of ageing is heterogeneous (Shenkin, Laidlaw, Allerhand, Mead, Starr, and Dreary, 2012). Furthermore, with the increase in longevity the older adult population group is becoming even more diverse and varied (Laidlaw & Pachana, 2009). It is therefore crucial for society to develop a greater understanding of the ageing process in order to refute existing age.

Aging is a normal, inevitable, biological and universal phenomenon. It is the outcome of certain structural and physiological changes taking place in different parts of the body as the life years increases. United Nations (UN) use 60+years to refer to the aged population (United Nations Department of Economic and Social Affairs (UNDESA, 2013). The World Health Organization (WHO) defines senior citizens as people 60 years and above. The Senior Citizens Acts 2063, Nepal also defines the senior citizens as "people who are 60 years and above" (Khanal, 2009).

The older adult population is rapidly growing. Globally this population group is projected to increase from 810 million to 2 billion in 2050. The fastest growing age group is those aged over 80 years; the ‘oldest-old,’ with numbers expected to increase almost eight-fold by 2100 (United Nations, 2012). These demographic changes present many challenges, one being the increased demand on health and clinical services (Laidlaw, 2010). Global ageing is the success story of the 21st century because of which declining fertility and mortality as well as improved public health interventions, aged population has been a world-wide phenomenon (Geriatric Centre Nepal [GCN], 2010).

As a consequence of developments in technology and medicine, people live more comfortably and longer than ever before, and the rate of elderly people in the population has been increased gradually (Bayram, Oksuz, Turk & Sagsoz 2011). Ageing of the population has brought about concerns on how to keep older people living at home as long as possible. During the ageing process, coping with the situations of everyday life and meeting its demands become even more personal than

before (Pietila & Tervo 1998,). From the old person's point of view, the decreased functional ability and suffering from various health complaints also means dependency on others for carrying out activities of daily living, which may be more or less hard to live with (Andersson, Hallberg & Edberg 2008,).

Nepal is rich in the culture of paying respect to the elders and aged, however, present social culture is being broken by the changing context of the world, desire for a small family, poverty and urbanization process (Ministry of Women, Children and Social Welfare [MWCSW], 2002).

Several studies in Nepal show that the long established culture and traditions of respecting elders are eroding day by day. Younger generations move away from their birthplace for employment opportunities elsewhere. Consequently, more elderly today are living alone and are vulnerable to mental problems like loneliness, depressions and many other physical diseases (GCN, 2010). Over the past decades, Nepal's health program and policies have been focusing on issues like population stabilization, maternal and child health, and disease control. However, current statistics for elderly in Nepal gives a prelude to a new set of medical, social and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers (Shrestha, 2012).

Old age is not a problem itself but it becomes a problem when the obvious physical and mental changes brought by old age make men unable to do their own necessary basic things. Hence, the issue of senior citizen and old age should be addressed appropriately as other social problems in society (Acharya, 2008).

1.2. Statement of the Problem

The world population has never been as mature as now. Currently, the number of people aged 60 and over is more than 800 million. Projections indicate that this figure will increase to over two billion in 2050. People aged 60 can now expect to survive an additional 18.5 to 21.6 years (UNFPA, 2012). The global share of older people (aged 60 years or over) increased from 9.2 percent in 1990 to 11.7 percent in 2013 and will continue to grow as a significant proportion of the world population, reaching 21.1 percent by 2050 (UNDESA, 2013).

According to the Central Burreau Statistics (CBS) 2001, census of Nepal comprised of 1.5 million elderly inhabitants, which constitute 6.5 percent of the total population in the country. During the years 1991-2001, the annual elderly population growth rate was 3.39 percent as against the national population growth rate of 2.3 percent. In 2011 census, the percentage of elderly population has increased to 8.125 percent in Nepal and 8.7 percent in Kaski district. Current elderly population constitutes 2.4 million (male: 4.6 % and female: 4.5 %) distributed across urban (24.2%) and rural (75.8%) areas (CBS, 2011).

A multitude of social, demographic, psychological, and biological factors contribute to a person's mental health status. Almost all these factors are particularly pertinent amongst older adults. Factors such as poverty, social isolation, loss of independence, loneliness and losses of different kinds, can affect mental health and general health. Older adults are more likely to experience events such as bereavements or physical disability that affect emotional well-being and can result in poorer mental health. They may also be exposed to maltreatment at home and in care institutions (WHO, EURO, 2013). On the other hand, social support and family interactions can boost the dignity of older adults, and are likely to have a protective role in the mental health outcomes of this population. There are older women worldwide than older men. This difference increases with advancing age and has been called "feminization of ageing". Older men and women have different health and morbidity patterns and women generally have lower income but better family support networks Intergenerational solidarity is declining, especially in high-income countries. In some low- and middle income countries, a grandparent is increasingly more likely to be living with a grandchild. These so called "Skipped Generation" living arrangements are becoming more common because of economic migration, and in some societies as a consequence of HIV/AIDS related deaths. The impact of this on the perceived social stress amongst older people needs further research (UNFPA, 2012).

An important risk factor to the health and mental health of older adults, and an important human rights issue, is elder maltreatment. WHO (2012) defines elder maltreatment as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust that causes harm or distress to an older person". This type of abuse includes; physical, sexual, psychological, emotional, financial and material abuse; abandonment; neglect; and

serious loss of dignity and self-respect. In high-income countries where data exists, around 4-6% of older persons have experienced some form of maltreatment at home. The frequency should be even higher, as many older adults are too scared or are unable to report maltreatment. Though data on the extent of the problem in institutions including hospitals, nursing homes and other long-term care facilities are scarce, it so far indicates much higher rates as compared with maltreatment at home. Elder maltreatment can lead not only to physical injuries but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety (UNFPA, 2012).

Until recently, measures of older adults' attitudes and perceptions of ageing in research and clinical practice were limited. Previous research tended to focus on attitudes across the whole age group or younger people's attitudes towards growing old. It should be the older adult population group which should be targeted when trying to obtain a richer understanding of the ageing process**.** Hence, the researcher aims to explore the physical, social and psychological experience of senior citizens to cope with their lives. Following are the key research questions for the study:

1. What are the factors behind joining the old age home?
2. What are the sufferings (experience) of old age people?

1.3. Objective of the study

- To explore the factors behind joining old age home.
- To assess sufferings (experiences) of old age people.

1.4 Justification of the Study

The present study explores the factors behind joining old age home and also assess the sufferings (experiences) of old age people. The study findings will be useful for all the health personnel, old age people and health policy makers from the different perspectives regarding old age people. The results of this study might provide insights for developing appropriate interventions to improve health care needs of old age people. The study opens up avenues for further anthropological research as well.

1.5 Operational Definition of Key Terms used in the study

- **Old age people:** It consists of elderly people of aged 60 and above.
- **Suffeirngs (experiences):** It refers to the individual's physical health and wellbeing, individual's perceived personal view regarding elderly, social support, social contact and services at home and outside, and the individual's psychological status (stress. feeling of aging) and emotional balance.

1. 6 Limitations of the Study

- The generalizability of results may be limited because the participants have been chosen purposefully and only limited respondents were selected.
- This study investigates the real world at one point in time. Such a design does not examine longitudinal fluctuations.

1.7 Organization of the Study

The whole thesis is divided into eight chapters. The first chapter is about the introduction where background of the study, statement of the problem, objectives, and justification of the study, operational definition of key terms, limitation of the study and organization of the study. Concept review, theoretical review, review of previous studies and conceptual framework is discussed in the second chapter i.e. literature review. The third chapter is about the research methodology which deals about the justification of the site selection, research design, universe and sampling, nature and source of data, data collection technique and methods of data analysis.

Socio demography of the respondents is illustrated in the fourth chapter whereas physical, social and psychological experiences of elderly are discussed in the fifth chapter. Similarly, silent sufferings of the senior citizens are presented in sixth chapter. Likewise untold and unheard stories are presented in the seventh chapter. Finally, summary, conclusion and recommendation are discussed in eight chapter.

CHAPTER II
LITERATURE REVIEW

A literature review is a search and evaluation of the available literature in given subject. It documents the state of the art with respect to the subject or topic the researcher is writing about. Besides determining the extent of the existing knowledge related to the study topic, the review of the literature also helps to develop a theoretical or conceptual framework for a study. Occasionally, the initial review of the literature may actually precede the identification of the problem. The problem area may be determined from the suggestions or recommendations of researchers who have conducted previous studies in the area of interest. Finally, the review of the literature can help the researcher plan study methods (Nieswiadomy, 2009).

2.1 Concept Review

2.1.1 Ageing

Ageing is a biological phenomenon. It marks the transition of change in the lives of human beings. The ageing process ('normal ageing') represents the universal biological changes that occur with age and are unaffected by disease and environmental influences. The aging process reduces physiological capacity, which makes the elderly more susceptible to many heath threats (Shenkin et al., 2012). The ageing process differs because of a number of reasons such as health problems, functional abilities, personal resources or the amount of social support (Howieson, 2015). Healthy aging is viewed as a multidimensional concept involving physical, psychological, emotional, and social aspects, which are inextricably related to oneself, family, friends, neighbors, and society.

With fast changing family condition and social contexts, lives of elderly people in Nepal have been changing dramatically. Migration, patriarchal social structures, coupled with poverty due to low agriculture productivity and outflow of youth to urban centers has pushed elderly almost to the brink. The dramatic changes in family ties and rise of nuclear family have affected living and wellbeing of elderly people. As majority of elderly people depend on economic and social support of their children, who themselves face socio- economic inequalities, children fail to look after their ageing parents. Thus the traditional family norms and values of supporting the

elderly parents are fast eroding. Another feature of ageing in Nepal is the fact that the proportion of elderly is much higher in the rural areas than in the urban areas. Ageing is about changes in life. Population ageing is not only an issue of developed countries now but it is a serious issue of developing countries too (Acharya, 2008).

2.1.2 Ability

Ability is the physical, mental and legal competence to function. The elderly may be limited in their ability due to co-morbid illnesses, such as cardiac, neurological, and musculoskeletal diseases. The elders may not be able to meet the weekly recommendations of moderate- to vigorous-intensity exercise. Although they may not be able to derive primary or secondary prevention benefits, exercise can still benefit the frail elderly. Strength training exercises are often easier to perform than aerobic exercise, and advantages can be demonstrated more in terms of improvement in daily function and strength. In addition, recent studies show that sedentary behavior is an independent cardiovascular risk factor. Therefore, any kind of activity, regardless of the intensity, may be beneficial for frail older persons. Ultimately, it is important to adjust exercise programs to accommodate each person's limitations so that maximum benefits can be derived without causing any injuries (Benedetti et al., 2008).

Likewise, certain cognitive abilities show at least a small decline with advanced age in many, but not all, healthy individuals. Although differences between the young and elderly can be shown in some cognitive areas described below, declining ability does not translate into impairment of daily activities. These changes are subtle. The most consistent change is cognitive slowing. For example, on a writing task in which people were asked to substitute as quickly as possible symbols for numbers, 20-year-olds performed the task almost 75 percent faster on average than 75-year olds. Age-related slowing is also evident on certain attention to tasks, such as trying to grasp a telephone number when someone rattles it off quickly. Overall, cognitive slowing is thought to be a contributing factor in elderly people's higher rate of automobile accidents per miles driven (Howieson, 2015).

2.1.3 The experience of coping

The definition of experience is something that happens to oneself that affects how one feels. The experience of aging refers to self perceptions of the individual's own aging process. These perceptions are multidirectional and multidimensional, implying that individuals experience both gains and losses in different domains, such as physical, psychological, and social functioning (Bode et al., 2012). The concept of coping, pictures how an individual manages and/or makes out in life's adversities. Coping may be seen as adaptation also. Many things affect the possibility to live at home while getting old, including health, functional abilities and the amount, availability and quality of home care services. The factors that uphold coping in everyday life were social, physical and psychological.

The research about older home nursing patients' perception of social provisions and received care showed that high levels of social provisions and togetherness were clearly associated with frequency of contact with various social networks, and with amount of formal and informal care (Dale et al., 2010). Rowena Mac Kean and Joan Abbott-Chapman (2012) studied older people's perceived about contribution of peer-run community-based organizations. The result was that older 10 people from the sample were independent, active and involved with a wide range of social, cultural, educational and sporting activities, despite a range of medical conditions. A research on family functioning, health and social support assessed by aged home care clients and their family members and concluded that the assessment of needs, care planning and updating are important. The factors influencing life satisfaction compared and examined between older people living with family and those living alone. They found that perceived health status, self-esteem, depression, age and monthly allowance were the factors related to the life satisfaction of older people. Effects of family caregivers on the use of formal long-term care were investigated in South Korea. They draw the conclusion that the decision to use formal services may depend not only on the care level required by the applicant, but also on the presence and type of care givers (Shin & Sok, 2012).

2.2 Theoretical Review

2.2.1 Activity Theory and Continuity Theory

Activity theory and continuity theory are the theories about ageing. Both theories were developed by Havighurst, Neugarten and Tobin. The Activity Theory, developed by Havighurst and associates in 1953, asserts that remaining active and engaged with society is pivotal to satisfaction in old age. Successful aging equals active aging. Activity can be physical or intellectual in nature, but mainly refers to maintaining active roles in society. To maintain a positive self-image, the older person must develop new interests, hobbies, roles, and relationships to replace those that are diminished or lost in late life. On the flip side, some elders may insist on continuing activities in late life that pose a danger to themselves and others, such as driving at night with low visual acuity or doing maintenance work to the house while climbing with severely arthritic knees. In doing so, they are denying their limitations and engaging in unsafe behaviors.

The activity theory was based on the hypothesis that older people remain socially and psychologically fit, if they stay active (McGarry et al., 2013). The activity theory sees activity as necessary to maintain a person's life satisfaction and positive self-concept. Within the context of this theory, activity may be viewed broadly as physical or intellectual. (Meiner, 2015). The Continuity Theory of aging relates that personality, values, morals, preferences, role activity, and basic patterns of behavior are consistent throughout the life span, regardless of the life changes one encounters. This theory builds upon and modifies the Activity Theory. This theory utilizes the psychological theory of personality to explore the influence of personality on personal roles and life satisfaction (McGarry et al., 2013). According to the continuity theory, the latter part of life is a continuation of the earlier part and therefore an integral component of the entire life cycle. Individuals will respond to aging in the same way they have responded to previous life events (Meiner, 2015).

2.3 Review of Previous Pertinent Literatures

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and social conditions. These

changes are expected to affect quality of life of the elderly (Singh, 2014). Some people use their chronological age as a criterion for their own aging whereas others use such physical symptoms as failing eye-sight or hearing, tendency to increase fatigue, decline in sexual potency etc. Still others assess their aging in terms of their capacity for work, their output in relation to standards set in earlier years, their lack of interest in competing with others, lack of motivation to do things or a tendency to reminisce and turn their thoughts to the past rather than dwell on the present or the future." The acceptance of the fact that they are old develops in the aged an "old age complex" (Antonelli et al., 2002).

Older adults face special health challenges. Many of the very old lose their ability to live independently because of limited mobility, frailty or other physical or mental health problems and require some form of long-term care. Early on, in the beginning of the millennium, it became clear in the USA that about 20% of adults aged 55 and over suffer from a mental disorder (Department of Health and Human Services, 2001). Subsequently, global statistics showed this to be an almost universal problem (WHO, 2012). Mental health problems of older adults are under-identified by health care professionals and older people themselves, and older people are often reluctant to seek help.

The drastic demographic change brings about new challenges but also potential opportunities. The socioeconomic impacts, paired with health consequences, are new concerns for the world. This creates a paradoxical situation. Changes in the social role of the elderly have an impact on their wellbeing. In a considerable proportion of countries, older adults are now in better health as compared with the past. Older adults are increasingly "expected" to be more productive and are even being asked to contribute more to their family and/or community. Conventional attitudes toward the elderly have typically been considerate of their dignity, with a few exceptions in some cultures. However, the current expected role of an elderly person seems to have changed from the role of "sage advisor" as it used to be in most parts of the world. Retirement age is increasing in many high-income countries. Older people are expected and are able to make important contributions to society as family members, volunteers and as active participants in the workforce, provided they stay fit enough for carrying out such roles. Nevertheless, improving productivity and asking older

adults to provide support to communities and families must be complemented by additional support to them from society (Yasamy, Dua, Harper & Saxena, 2013).

Among the various disorders that affect the elderly, mental health deserves special attention. Depression and dementia incapacitate elderly people worldwide, since these conditions lead to loss of independence and, almost inevitably, loss of autonomy. Mental disorders affect 20% of the elderly population and, among these, dementia and depression are highly prevalent.1 In Brazil, approximately 10 million elderly people suffer from depression (Snowdon, 2002).

According to WHO (2002), participation in light and moderate physical activities may delay the functional decline. Thus, an active life improves mental health and contributes towards managing disorders like depression and dementia. There is evidence that physically active elderly people present lower prevalence of mental diseases than non-active elderly people do.

The study done in Malaysia showed the high prevalence of chronic illness among the elderly respondents (60.1%). The most prevalent chronic illness in the study was hypertension (22.0%), followed by diabetes mellitus (11.3%). Most of the elderly with chronic illness had only one illness, with a smaller percentage having a combination of 2 or 3 illnesses. There was probably an under reporting of joint pains as the respondents were only asked to report on diagnosed chronic illness. Joint pains were classified as “symptoms” and not as “diagnosed chronic illness” in this study. There was no association between chronic illness and any socio demographic factor in this study. This is probably because chronic illness can affect any elderly regardless of their social status and background (Sidik, Rampal & Afifi, 2004).

Depression is common in the elderly and is a major public health problem. The WHO (2005) also emphasizes that depression, which is the fourth most common illness, can lead to physical, emotional, social and economic problems. The prevalence rate of depression varies worldwide and their prevalence rates range between 10% and 55%. A study shows the depression ranges from 34.6% to 77.5% in old age home. Depression in late life is associated with significant morbidity, including deficits in a

range of cognitive functions and considerable influence on functional impairment, disability, decreased quality of life, and has a negative effect on the body's recovery from illness, increases the rate of suicide, increases use of health care services and expenses and can result in early death and disturbance in the general state of wellness (Chalise, 2014).

There are about 82 organizations registered with the government spread all over Nepal. These organizations vary in their organizational status (government, private, NGO, CBO, personal charity), capacity, facilities, and the services they provide. Most of them are charity organizations. About 1,500 elders are living in these old-age homes at present (Adhikari, 2013). These private organizations are providing services to elderly out of the individual's initiatives. The services and care, virtually, do not include aspects that are essential to cater elderly in old age home. The survey done by Geront World Nepal in 2007 indicated that in number of respects elderly homes are favorable for the residents and the society as a whole despite of some problems, particularly for those who are uncomfortable in their family (Acharya, 2008).

The study done in three old age homes in Kathmandu in 2010 under Geriatric Center Nepal explored that more than half of the residents were diagnosed with at least one chronic health problem (Hypertension, gastritis and arthritis) and all old age homes faced a lack of trained human resources and fi nancial constraints. The study highlights the urgent need of developing fundamental guidelines to improve the care services (Khanal & Gautam, 2011). The perusal of these literatures depicts a serious knowledge gap regarding the study on elderly people. They lack elderly people's physical, social and psychological experiences while living in senior people's home. Hence, this current study tries to fill up the lacuna of knowledge.

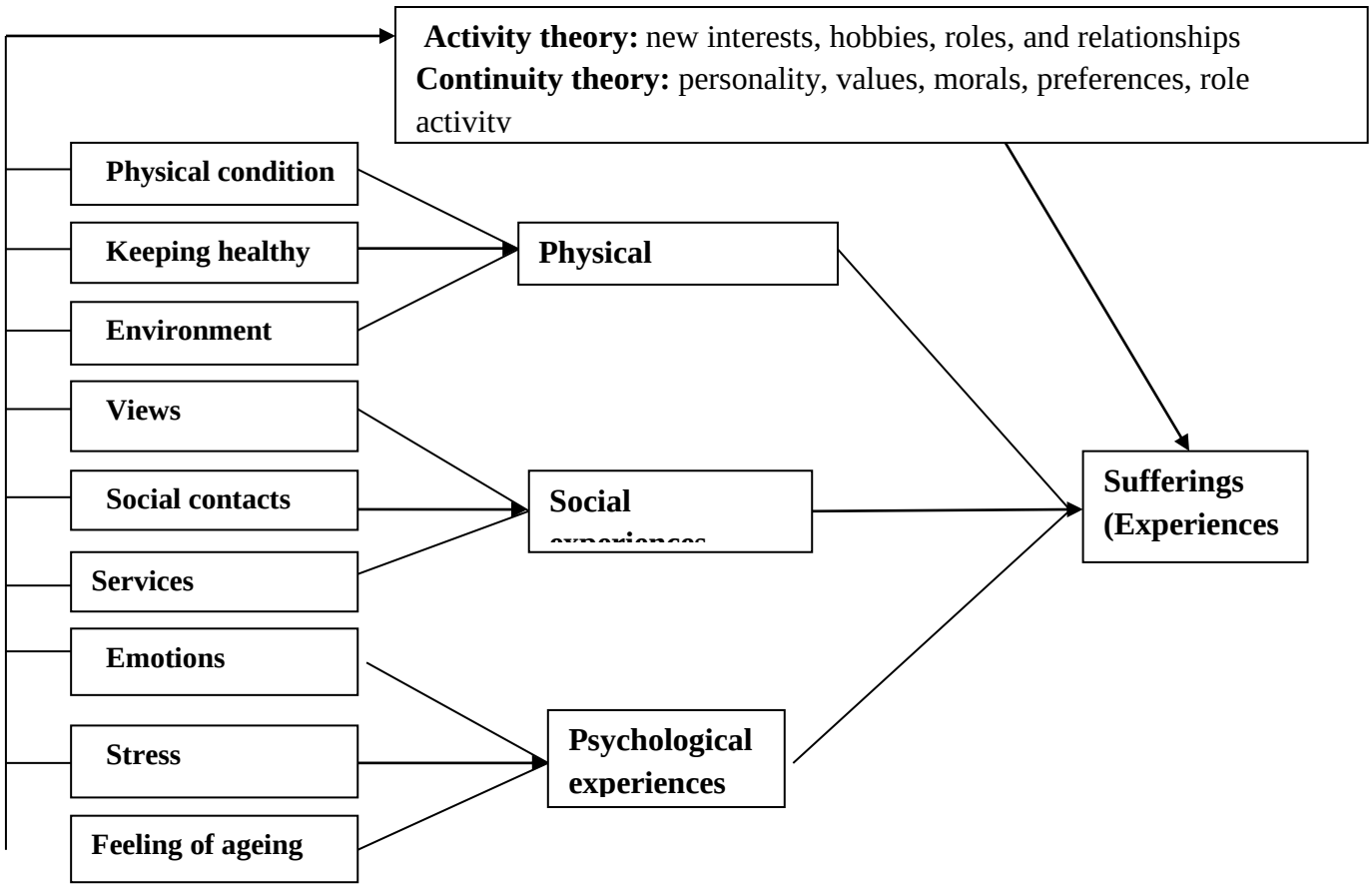
2.4 Conceptual Framework

A conceptual framework represents the researcher's synthesis of literature on how to explain a phenomenon. It maps out the actions required in the course of the study given in his/her previous knowledge of other researchers' point of view and his observations on the subject of research.

The conceptual framework "sets the stage" for the presentation of the particular research question that drives the investigation being reported on the problem statement. The problem statement of a thesis presents the context and the issues that cause the researcher to conduct the study.

The ageing process has brought different challenges for elderly people and society. The older peoples' attitudes towards their own aging with respect to physical change, psychological and social factors partly mediated the relationship between their health and quality of life. Many of the very old lose their ability to live independently because of limited mobility, frailty or other physical or mental health problems and require some form of long-term care. The physical, social and psychological experiences of the elderly is studied which is illustrated in the figure 2.1

Figure 2.1 Conceptual Framework of the Study



CHAPTER III

RESEARCH METHODOLOGY

This chapter deals with the brief explanation of research methods that was employed in this study. This included location of study area, rationale of the study area, research design, sampling design and data collection techniques and data analysis.

3.1 Study Site and Rationale for the Selection of the Study Site

The study was conducted in the "Pokhara Briddhasram" which is also called "Pokhara Aged Shelter". The shelter is situated in Seeta Paila, Mahatgaunda, Ward No. 17, Pokhara Sub-metropolis, Kaski district, Gandaki Zone, Western Region, Nepal.

The shelter "Pokhara Briddhasram" was registered in District Administration Office, Kaski in 1st of Chaitra 2053 B.S. and was affiliated with Social Welfare Centre in 12th Baisakh 2054. The area of 13 ropanis 3 anas of land was provided to the Shelter by Nepal Government and a building with three rooms was offered by District Forest Office, Kaski. Initially, the shelter was occupied by five senior citizens. At present, there are 55 senior citizens people living at the shelter.

The reason behind selecting this site for the study is that "Pokhara Aged Shelter" is the only one old age home in Pokhara where so many senior citizens are staying and it is providing protection and service to the senior citizens who are devoid of assistance from anybody else whether they are from the affluent or poor family.

3.2 Research Design

A research design is an outline picture of a research study in sequence. In this study, a descriptive qualitative case study research design was used to explore and generalize the physical, social and psychological experiences of senior citizens to cope with their lives. This study has been descriptive because it has described the socio demographic as well as cases (senior citizens) to cope with their lives.

Ethics in this research has been completely maintained. Consent from the participants was taken before hand. They were told about the research purpose and objectives. Their privacy has been maintained throughout the research.

3.3 Nature and Sources of Data

The nature of the data was qualitative. The primary data was obtained from the field work with in-depth interview.

In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea or situation. Here, the researcher asked the participants (senior citizens) about their sufferings (physical, social and psychological experiences) to cope with their lives.

3.4 Sampling: The universe of this study was the old aged people of Pokhara Aged Shelter (PAS). Currently, 55 senior citizens are staying in the shelter. Among them 25 cases were selected as sample for this study purposively because only 25 senior citizens were able to answer the asked questions whereas other were having some problems like, some were chronically ill, bedridden, paralyzed, having depression, etc.

3.5 Techniques of Data Collection

3.5.1 In-Depth Case Study Interview

In-depth interview was taken by the researcher herself with each respondent in friendly environment in their own home setting. Then qualitative data was collected from the participants according to their feasible time. Interview was recorded in cell phone and field note was maintained that took around 45-60 minutes.

3.7 Methods of Data Analysis

Data was analyzed on the basis of research objectives and research questions. In qualitative data analysis, recordings were transcribed by the researcher herself by listening the interview and writing transcription. Then, case study of each case was done and thematic analysis was made.

CHAPTER IV

SOCIO DEMOGRAPHIC PROFILE OF THE RESPONDENTS

This chapter deals with the socio-demographic information of the respondents. It includes the respondents' age, sex, ethnicity, religion, educational status, previous occupational status and marital status.

4.1 Age and Sex Background of the Respondents

Age is a period of human life, measured by years from birth, marked by a certain degree of mental or physical development and involving legal responsibility and capacity. Age category is a culturally defined division based on age used to define the life cycle such as infant, child, teenager, young, adult, elderly where sex refers to a person's biological status and typically categorized as male, female or intersex. Elderly of different age and sex are interviewed in the research. The Figure 4.1 shown below illustrates the age and sex category of the respondents in the research.

Table 4.1: Age and Sex Background of the Respondent

Age Group	Frequency				Total Number (N)	Percent (%)
	Male		Female			
	Number	Percent (%)	Number	Percent (%)		
61-65 years	2	8.0	4	16.0	6	24.0
66-70 years	5	20.0	2	8.0	7	28.0
71-75years	1	4.0	5	20.0	6	24.0
76-80 years	2	8.0	2	8.0	4	16.0
81-85 years	0	0.0	1	4.0	1	4.0
86 and above	1	4.0	0	0.0	1	4.0
Total	11	44.0	14	56.0	25	100.0

Source: Field Survey, 2017

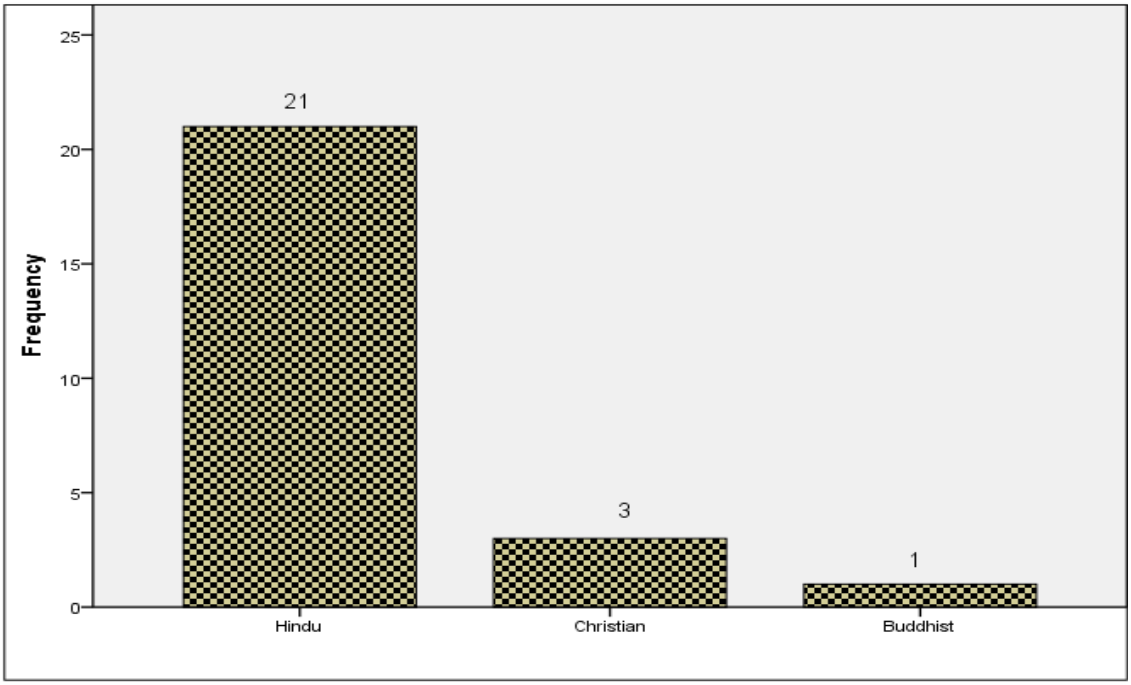
The above table depicts that highest percent of the age group living in old age home is 66-70 with 28.0 percent followed by the age group of 61-65 and 71-75 with 24.0 percent each whereas the lowest percent is 4.0 in the age group of 81-85 as well as 86 and above. There are many female respondents in the research than male. There are 14

females with 56.0 percent whereas 11 males with 44.0 percent. This shows that the males are less joined to the organization in comparison to females.

4.2 Religion of the Respondents

Religion is a set of beliefs concerning the cause, nature, and purpose of the universe, especially when considered as the creation of a superhuman agency or agencies, usually involving devotional and ritual observances, and often containing a moral code governing the conduct of human affairs. Religion as a unified system of beliefs and practices relative to sacred things, that is to say things set apart and forbidden-beliefs and practices which unite into one single moral community called a Church, all those who adhere to them. Religious beliefs may vary within culture as well as among societies, and they may change over time. In this research, the respondents' religious background has been analyzed which is shown in Figure 4.1 below.

Figure 4.1 Religious Background of the Respondent



Source: Field Survey, 2017

Figure 4.1 shows the religion background of the people living in "Pokhara Briddhasram". Most of the people are Hindu. Hindu believers are 21 (84%) and 3 (12%) respondents have faith in Christianity. Among the respondents, one of them (4%) is Buddhist. No any Islamic respondents have been found ih the organization during the research period.

4.3 Ethnicity of the Respondents

Ethnicity is derived from Greek word "ethnos" meaning "people" or "nation", these terms refer to people who identify with one another on the basis of common ancestry, language, shared history and cultural heritage (Henslin, 1998). It applies to cultural characteristics. The research conducted to various caste groups which are classified according to their ethnicity which is illustrated in the table below.

Table 4.2 Ethnicity of the Respondents

Ethnicity	Frequency	Percent (%)
Ethnic group	5	20.0
Brahmins	11	44.0
Chhetri	9	36.0
Total	25	100.0

Source: Field Survey, 2017

Table 4.2 shows that Brahmin group is higher in number with 44.0% in that old age home followed by Chhetri 36% and ethnic groups 20%. No any Muslim background respondents were found during the survey. No discrimination based on the ethnicity and caste has been found in the old age home during research study.

4.4 Educational Status of the Respondents

Education is the wealth of knowledge acquired by an individual after studying particular subject matters or experiencing life lessons that provide an understanding of something. Education requires instruction of some sort from an individual or composed literature. The information regarding the educational status of the respondents is presented in the table 4.3.

Table 4.3 Level of Education of the Respondents

Level of Education	Frequency	Percent (%)
Illiterate	19	76.0
Can read and write	5	20.0
Primary	1	4.0
Total	25	100.0

Source: Field Survey, 2017

Table 4.3 shows that the majority of the respondents are illiterate i.e, 76 percent. Only 20 percent of the respondents can read and write. They had not received the education formally. Out of all the respondents, only one respondent had gone to school and received education upto primary level.

4.6 Marital Status

Marriage is socially approved sexual and economic union usually between a man and a woman that is presumed to be more or less permanent and that subsumes reciprocal rights and obligations between the spouses and their children which is universal. The marital status of the respondents has been illustrated below:

Table 4.4 Marital Status of the Respondents

Marital Status	Frequency	Percent
Unmarried	3	12.0
Single	2	8.0
Widow/widower	17	68.0
Divorced/separated	3	12.0
Total	25	100.0

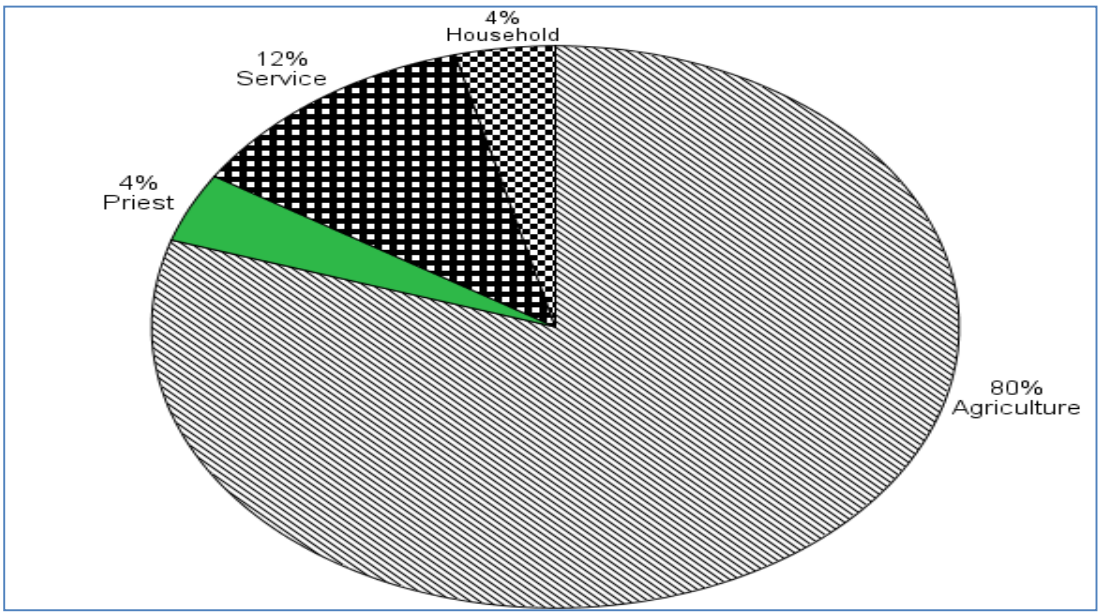
Source: Field Survey, 2017

The above table shows that 17 out of 25 respondents are widow/widower which comprised of 68%. Only 12 percent of the respondents are unmarried and the respondents who divorced or separated are also 12 percent. Only 8 percent of the respondents are living single life.

4.7 Previous Occupational Status of the Respondents

Occupation is a person's usual or principal work or business, especially as a means of earning a living. It is a person's job or means of employment. It also means "to seize control of" and "the act of being engaged in an activity". The respondents recently residing in the old age home were previously engaged in different occupations which are shown in the pie chart below:

Figure 4.2 Previous occupational Status of the Respondents



Source: Field Survey, 2017

Figure 4.2 illustrates the various occupations of the respondents in which they were engaged previously. Majority of them were engaged in agriculture i.e, 80 percent. Out of 25 respondents, only 3 respondents used to do service for earning. One of the respondents was a priest who had worked for many temples. Likewise one respondent was engaged in household activities.

4.8 Summary/Overall Synopsis

The highest percent of the age group living in Pokhara Aged Shelter is 66-70 with 28.0 percent. The prevalence among female residing in old age home is higher i.e. 56%. Eighty four percent of the senior citizens in that old age home follow Hindu religion. Senior citizens from Brahmin group are higher in number with 44.0%. Majority (76%) of the respondents are illiterate. Most of them (68%) had lost their spouse. Almost 80% of the respondents were previously engaged in agriculture.

CHAPTER V

EXPERIENCES OF OLD AGE PEOPLE IN OLD AGE HOME

This chapter deals with the various sufferings and experiences of the senior citizens regarding ageing based on the interview done by the researcher. According to the analysis, the categories of sufferings are physical, social and psychological experiences. Condition, health and environment were categorized to physical experiences. The sub-categories of social experiences are views, contacts and services. Emotion, stress and feelings of ageing are the sub-categories of psychological experiences.

5.1 Physical experiences

This consists of physical deterioration, illness or diseases, symptoms and operations. Elderly people have different kinds of physical deterioration such as auditory and visual deterioration, difficulties in moving and keeping balance, deteriorating memory *(case 11),* losing resilience and diminished strength.

Some were unable to read any more, some had lost their ability to hear *(case 3, 18, 20),* and some did not remember things or were unable to move. Reported physical changes were mainly difficulty in walking and moving around, dizziness and difficulty in keeping their balance *(case 9).* Another experience was lack of strength and energy *(case 2, 3, 4)*. Reduced strength in the arms and legs, for example having to walk with the help of walking aid. High blood pressures *(case 1, 12, 19, 23),* diabetes *(23),* knee problems *(case 17),* arthritis, insomnia *(case 11, 15),* are examples of illnesses among the participants.

5.2 Social Experiences

Social experiences comprise social views of elderly people and elderly people's own views. In the society, there are some negative views about older people. Several of the participants talked about how they perceived society's view of elderly people, describing it as becoming useless and worthless *(case 20).* They emphasize shamefulness in being old needs to be abandoned *(case 25).* However, some other

elderly people think themselves negatively to society. Being not respected or understood made elderly persons feel being separated *(case 5, 9, 24)*.

These old persons had not been respected or understood in their lives. Old persons spoke about how they felt awkward in social life. "We are a burden to society" *(case 7)*. They had nothing to contribute to social life and the community.

Family, friends, neighbors and social activities compose social contact. Older people contacted their relatives and friends by calls. They also visit other family members, friends and neighbors or get visit from others. Activities with friends keep the relationships. Several of them go out for visit especially temples, new places, other old age homes. In comparison, some elderly people reduced their social activities. Indeed, few elderly people had very limited social networks because they did not have good body condition or good relationships with others. Many of the participants were active in their societies, participating in or being responsible for different activities.

Physical changes such as reduced hearing and vision and a body that had become stiff or more easily fatigued hindered their ability to maintain contact with the outside world.

5.3 Psychological experiences

Emotion comprises fear, worry and anxiety *(case 3)*. Elderly people fear that they are not able to manage things what they did or enjoy existence as individual persons any more. Concerning the future, they felt only fear. They had a fear of pain, disability, decline, loss of control, and ultimately dying or death. The physical changes were perceived as problems they had to struggle with in daily life and involved feelings of anxiety, fear and powerlessness. Participants expressed anxiety that their physical and mental abilities would be weakened and decrease if they did not actively use them. Some of the participants stressed that the most important thing for them was to stay totally independent. They fear the day when they cannot manage any longer. Thus they described uncertainty about how to cope in the future.

However, some other elderly persons have negative feelings such as emptiness, sadness, resignation, frustration, loneliness and regret. It could be caused by living alone, limited activities or troubles to cope with ageing. They feel discouraged,

helpless *(case 4)*, and different from others, too. Being dependent and being not needed are also negative feeling from their opinion.

5.4 Coping with daily life

A participant (widower) said that his days had become less, and life had become dull as compared with earlier in life. Elder people feel that they have too much time. Doing something makes time go quicker for them. If they do not have any activities during the whole day, they will feel the day goes very slowly *(case 13, 16)*.

Everyday doings for older people are composed of personal hygiene, dressing, taking medication, gardening, learning things, reminiscing and rest. Reading, listening, watching television and household activities such as cooking, doing dishes, cleaning and doing laundry, constitute their activities. Taking part in everyday tasks (cooking, shopping, following the daily events in the newspapers, radio, and television) was important in keeping up the activity.

Assistance is also one of important parts for some elderly people. Some of them think that receiving assistance is a troublesome process. On the other hand, assistance can also weaken elderly person's independence.

Feelings of life are different from different elderly people. Some elderly people feel that life is dull, meaningless, boring and even miserable, while others feel happy and confident to live at old age home. Older adults need peaceful life *(case 13)*. The previous life experiences are very important for them to cope with daily life of ageing process.

The participants felt optimistic and confident about the likelihood of being able to continue living in old age home. Some participants even mentioned that they could buy and do whatever they wanted since they had their allowances. They also mentioned that they save some money for future needs.

5.5 Coping with ageing

Attitudes include positive attitudes and negative attitudes. Elderly people who have positive attitudes are optimistic. They feel happy to be independent. They enjoy their life and adapt to new conditions. They are active and responsible. They do things by themselves as possible as they can *(case 17, 22)*. They also combat loneliness.

Nevertheless, some older people have negative attitudes to the ageing process. They are unwilling to fight against ageing and change. They have pessimism spirit. They do not have expectation to get better. They give up unmanageable things. Elderly adults who are lazy prefer to get helps than be independent. They just do not want to do anything. Their spirits had altered from optimism to pessimism or from a cheerful temperament to melancholy. Participants gave up socializing as they felt that they could not manage. Some of them are even not sensitive to notice the changes of their body.

In order to adapt to ageing, older people adjust their doings. Having a rest during doings is an example of adjusting. They learn to give up when they cannot do something anymore. During the ageing process, they give up daily activities gradually.

The findings of the study are closely linked with the theoretical perspective selected for this study. The activity and continuity theory states that regular activities are necessary to maintain a person's life satisfaction and positive self-concept. Likewise the values, morals activity and basic behavior are consistent throughout the life span, regardless of the life changes.

CHAPTER VI

SILENT SUFFERINGS OF SENIOR CITIZENS

This chapter deals with the silent suffering of the senior citizens. Every person in the 'Pokhara Aged Shelter' has a history, only the difference is either ' the tragedy' or 'the blessing'. But throughout the survey, most of the stories were based on the tragedy which makes everyone downhearted after hearing their stories. Some of the peculiar reasons to stay in old age home are presented.

6.1 Reasons to stay in old age home

Case 1

Actually my family ignored me after I became Christian. When I suffered from blood pressure for the first time, one of my friends suggested me to follow Christianity so that everything will be fine. Then I followed that. That decision kicked me out from my family. I have had conversation only with my youngest daughter just for two times. Once, I asked her to have conversation with my wife but I was very disappointed to hear that she did not have any interest on me and she threw the phone set. I had to live this troublesome life ……(cried……..could not speak).

Case 5

I lost my parents during childhood. My father died when I was in my mother's womb. I even do not remember my mother's face as she died when I was one and half years old. I was grown up by my aunt. I used to rare live stocks, worked in field in my uncle's house. My cousins used to hate me, they always wanted me to work in field. They did not give me enough meal to fill my stomach. They did not think of my marriage also, so I remained unmarried till date. Today I am in this old aged home because I do not have anybody to look after me. If I had got my family, I would be the happiest person in this world. But see how unfortunate I am?

Case 6

I had four children. My youngest son lost his life in Maoist insurgency. He was killed by the government without any apparent reason. My daughters got married but they never turned out to look after me. My husband passed away 13 years ago. My eldest son had been abroad for the betterment of the family. He too was driven away with the thoughts of my daughter in law. I have got the problem in my ankle so that I can't walk properly. I fell in the vicious circle of the family members. They discarded me resulting me to be here in this old age home.

Case 15

My husband died 10 years ago. I have been staying in this old age home since 9 months. I have two sons and daughter. Both the sons are married but my daughter is unmarried. She is 32 years old now. After the marriage of my sons, I started living separately with my daughter as my daughter in laws do not like me. My sons were also driven away with the thoughts of daughter in laws. So, me and my daughter decided to live separately. I equally distributed my property to my two sons as well as to my daughter. My sons and daughter in laws were not happy with my decision.

We two (mother and daughter) were living in the house which was given by me to my daughter. After few months, I was totally shocked that even my daughter started to quarrel with me without any reason. She argued that the property given to her was less. She even started not to cook for me. "Santan ko sukha ta malai lekheko rahenachha". So, today I am here in this old aged home.

Case 20

The son of Kali Yug cannot be considered as a good son. I tried to convince my son a lot but he is not a man. I said, "You are my everything" and I also told him to give him all the things I have; the money given by donors and the allowances of elderly; but also he is ignoring me. He does not care about me. My wife married to another person while the son was only one and half years old. Then after, I took care of my child. I never thought of my second marriage for the sake of my son. I admitted him in SOS school, Pokhara. Now he has done bachelor degree. I have heard that he teaches in a school here in Pokhara. I am nothing for him, I am valueless for him. "Paleko Kukurle achhi khayera afailai tokchha vaneko yehi ho."

CHAPTER VII

UNTOLD AND UNHEARD STORIES: DEAILED CASES

This chapter deals with the untold and unheard stories of senior citizens living in "Pokhara Aged Shelter". Untold and unheard stories mean suffering i.e. their experiences to cope with their lives. The physical, social and psychological experiences are presented in this research study. The name and address of the respondents mentioned below in the case study are hypothetical.

Case 1

I am Dev Bahadur Thapa. I was born in Rainaskot Mohariya VDC of Lamjung district. I am 73 years old. I have been staying in this organization since 3 years. Before 15 years, my right hand and right leg got paralyzed because of high blood pressure. Then I became a bit weak. I could not walk much up and down in village. After I could not work, my family members started to abandon me. I felt sad seeing their behavior towards me. Then I was hovering in search of a shelter and finally I arrived here. It is fourth year running here.

In terms of physical changes, blood pressure is the main cause of my suffering, since it has attacked me, my life has become upside down' says Dev Bahadur. I am facing the miserable life if I have to say it honestly. My right hand and right legs are weakening day after day, hence not been able to perform the daily activities properly. In the past even in the night, I could read newspapers in dim light too. After 50 even in day, I cannot see well. Main thing is with the old age, eyesight decreases. Small letters are hard to read for me but can hear well. Teeth weakening, dropping of teeth, body pain, etc are my common problems. As my right hand and right leg are little weak, I cannot work much. I wonder around here and there. Here, we have a television which the donors have bought; I used to watch that sometimes.

After I came here, I have not gone to home neither anyone has come. My own family does not care; what to say about others. My heart says that I would love to live with my family in every situation. But I have to forget this part. If they do not remember me what can I do. Slowly, I am trying to forget them nowadays. I used to be sad, unhappy and like to be isolated but nowadays, I am not like that. I look the people here and console my heart and mind.

Actually my family ignored me after I became Christian. When I suffered from blood pressure for the first time, one of my friends suggested me to follow Christianity so that everything will be fine. Then I followed that. That decision kicked me out from my family. I have had conversation only with my youngest daughter just for two times. Once, I asked her to have conversation with my wife but I was very disappointed to hear that she did not have any interest on me and she threw the phone set. I had to live this troublesome life ……(cried……..could not speak).

Case 2

I am Mam Bahadur Chhetri and I am 66 years old. I was born in Dolakha and grew up there. Now I have become old. My wife and children all passed away before 13-14 years ago, Earliest the children, then wife ……(long Pause… with tears…..). After the loss of my family, now I have to hover for a shelter. Nothing happened as desired. I am totally alone now.

My eyes have little problems, both eyes have dim vision. In old age, everything goes weak eye turned weak, ears weak, everything weak. The sad aspect of ageing is that everything is changed; nothing is preserved from the past. I worry much, to escape from these worries, sometimes I smoke cigarette, which relieves me. I used to work as a contractor of building house etc. Because of old age, I lost my energy and could not work anymore. My shoulder and my knees ached sometimes. The energy is decreasing day by day. Then I came to this geriatric home for living since last three years. Even my relatives might not know that I am here. Nobody cares about me. When I remember those days, I cannot sleep.

Here in this Ashram, I wake up at 6 a.m. in the morning. Those who can work, help in kitchen work, peeling the vegetables, I bring some firewood slowly. Whenever needed I sometimes work as a construction worker too. My eyes are bit weak. After ageing, everything becomes worse. In this age, even money does not work. There is old–age allowance by the government, I save a little in a bank. Sometimes I go out and eat fish, meat, etc from that money. Here is not the provision of eating meat items. Smoking and drinking alcohol is strictly prohibited.

Case 3

My name is Shanti Sudedi, 61 years, originally from Syanjya District. I have a lot of property for survival. But that property did not help me to live happier. My husband was killed by Maoist before many years. I have a step family: two sons and 3 daughters. They were grown up with me. But they do not care me, get furious to me. To prepare a meal, we need many things, to collect those all the things, I felt quite bothering so I decided to come here. It was hard for me to do all those things. I was unable to bring water from a distant tap, neighbors had to that. But how many days would I make others to work for me? Some people told that there is good service in old age home. So, I felt better to stay in old age home. One of my maternal uncles in relation brought me here. I lost all my energy, no confidence. Here too, I am not too much happy. I am not thinking to stay here long. I feel it is not good to greed for food only. If I were able to work, I would work in Church as a volunteer to clean church, meet people and serve them. But now everything is gone.

It may be the reason of old age, my eyes do not work properly. I even cannot hear sound from a bit distance. I too have terrible back pain. Sometimes I use belt and take pain killer also. I am no more young now, I have weaknesses. Now everything is decreasing. See I have to shave my head because I could not get anyone to care my hair and remove lice.

I feel a lot of sadness and worries. Now I have lonely life. I wish I could die easily, without any sorrow, without disability. I always pray with Lord Yesu and always ask that I could die easily. As my age is growing old, I have no any options. My heart says go to Church, garden the flower, care about the Church only.

Case 4

I am Mina Kumari Paudel, aged 71 years and I am from Bharatpokhari VDC, Kaski. I am a widow. I remained unfertile.

My step children live in Terai since many years. But I stayed in village and took care of my house which was made by my husband for me. My husband died in Terai and I went there for his funeral and rituals. After that I could not work properly. So, I came here in this old age home and have been staying since the starting of this organization.

Initially I used to get worried thinking about the future of my life. I used to feel lonely. I never had my friends and neighbors visited me. But nowadays I sometimes go myself to visit my village, friends, neighbors. I used to get involved in the functions of my relatives. They remember me nowadays and invite me. I knit Tapari/plates of the leaves and make holy thread for Puja.

It may be because of old age, I cannot concentrate in anything. Physical weakness begins after ageing, so I cannot walk, cannot speak well. Now my life ends here. I have been exposed to two surgeries of both of my eyes. Now, I have to put on glasses. There is hearing loss also. I cannot listen a voice from a little distance. I have high blood pressure and am taking medicine for that. I do not eat oily and spicy food because digestion becomes poor.

Case 5

I am Harka Rai, 68 years male, originally from Parbat District. I lost my parents during childhood. My father died when I was in my mother's womb. I even do not remember my mother's face as she died when I was one and half years old. I was grown up by my aunt. I used to rare live stocks, worked in field in my uncle's house. My cousins used to hate me, they always wanted me to work in field. They did not give me enough meal to fill my stomach. They did not think of my marriage also, so I remained unmarried till date. Today I am in this old aged home because I do not have anybody to look after me. If I had got my family, I would be the happiest person in this world. But see how unfortunate I am?

The son of my cousin sometimes comes here to see me. He brings biscuits, juice, etc for me. He hopes to get some money from me which I get from donors and as old age allowance. He comes here to visit me only for the sake of money. No one has affection towards me.

I can do all the works, I am not that much weak physically. But psychologically, I have become very weak. I can see well as well as hear. But sometimes I get severe headache which is my problem since my childhood. Due to old age, I sometimes get pain on knee joint. Sorrow has become my friend……but when I see my friends here I think that every individual is lonely and isolated during old age. "Ekali janmane eklai marne ta honi yo jindagi vaneko".

Case 6

I am 73 years old Purna Kumari K.C., originally from Nuwakot. I had four children. My youngest son lost his life in Maoist insurgency. He was killed by the government without any apparent reason. My daughters got married but they never turned out to look after me. My husband passed away 13 years ago. My eldest son had been abroad for the betterment of the family. He too was driven away with the thoughts of my daughter in law. I have got the problem in my ankle so that I can't walk properly. I fell in the vicious circle of the family members. They discarded me resulting me to be here in this old age home.

*Although my family discarded me, I am not much worried. They will also face the same due to my curse. I am strong enough to do my work. I can wash my clothes, I help to prepare meal here in the kitchen. I can even dance in bhajan, we usually used to sing bhajan in the evening. I never remember my family member. If they do not remember me then why should I? "*mero karma ma *yestai lekheko rahechha, chitta bujhauchhu".*

I do not think about future, it will be painful. So, I try to live a life of present. I do my routine work. I try to be happy and cheerful, "marera k lanu chha ra". The most important is to stay totally independent " marne belama kasailai dukha dina naparos". I feel confident about the likelihood of being able to continue living in old age home.

Case 7

My name is Lal Maya Khanal. I am 62 old years now. I was born in Nawalparasi. I was married at the age of nine on a step lady. I could not stay in that home for a long time. Married daughter could not get shelter in parental home too. So, I escaped and wet to India. I spent 40 years there. After I returned, I started to live with my younger brother and his family. Until I was active, everything was going fine but after I started to get sick, I became burden. They started to discard, humiliate and hate me. Then directly I came here and started living without informing anybody. This is eighth year here.

Life is full of happiness and sorrows: happiness in youth and sorrows in old age. No one should get proud because life ends with death and Karma of previous life determines the role of this life.

I had a good fence of teeth but now it has gone. I have become ungraceful and unattractive (a long laugh….). My eyes and ears are not as healthy as they were in youth. I have a problem of allergy. I also have asthma, so I take medicine for that. Rest of the part is fine till now.

I start my day with yoga in the morning. I take shower and pray to god. Usually I join cultural hymn singing in the evening. I am happy here, I should be. There is no option for me. Sometimes I have sound sleep sometimes not. Sometimes unusual thoughts use to come. I wish not to be dependent to anyone because we are a burden to society. "bolda boldai saas jawoos"…….that is all what I want.

Case 8

I am Ganga Maya Acharya, 78 years old and I was born in Galkot, Baglung. I realized that shelter is prior to feeding. I have nothing, no one to care, no shelter to live. So, I am here today. When I was fourteen, I was married but could not remain happy with the husband. Within one month, I returned back to my parent's home and started living with them. After the death of my parents, my younger brother had the entire parent's property. It became difficult for me to live with sister in law and my brother. I became helpless so that I came here.

I have put on power glasses, due to eye weaknesses. Both of my eyes are weak. My ears are active, I can hear properly but sometimes they tune. I have the problem of joint pain, heart problem and allergy.

Usually, I do not have sound sleep at night. If I have persisting monologue, I cannot sleep properly. Now, that I have been institutionalized in this ashram, everything is gone. Here, I am waiting for death.

Case 9

I am Sitala Kumari Paudel, from Kaski District. I am 64 years old. I have three children; one daughter and two sons, all are mentally retarded. My daughter is 30 year s and sons are above 25 years. My husband passed away eighteen years before,

a river took him away in flood. As I grew older, it was pretty hard for me to grow and care the retarded children. After my death, my children will have a pitiable condition. So we sold everything what we had and gave that money to this geriatric home and came here to live.

I have little backache problem as well as severe headache also. My problems regarding ageing are not primary to me, they do not bother me. I have concern about my children. I only think of them and cannot sleep at night. What a bad luck I do have? "baleko aago tapchhan sabaile." Who cares people like us? Phewww!!!!! (Takes a deep breath).

Case 10

My name is Bam Bahadur Chhetri. I am 62 years old. I am originally from Sarlahi District, I do not know my exact birthblace. My mother died when I was just 6 years old. I know nothing about my father. I am the single child of my parents. I was brought in Nawalparasi to work in a small scale industry. Sometimes I worked in carpet factory also. Then after few years I started to work as peon in one private water plant office. No one gave me daughter so that I remained unmarried. See how ugly I am?.....(laughs a loud)…….

I am not too old to feel sad, alone and decline. I want to survive up to the age of 80. I have high blood pressure so that I get tempered easily. Otherwise, I do not have any other physical problems. No one is free of problem. My eyes and ears are functioning well. Teeth are strong enough. Although the society considered the old persons as burden but we had done a lot for this society during our youth.

Case 11

My name is Hira Kumari Bista. I am 70 years old. I am from Myagdi. It has been 40 years of the death of my husband. He passed away after 10-12 years of marriage. He married me after the death of his first wife so that I could look after his daughter. I became the victim of infertility. Although I have no child, the daughter of my step is very good to me as I took good care of her during her childhood. After her marriage, I remained alone. I do not have any hope from others. I do not have any close relatives too. My heart convinced me to come here rather to tolerate the humiliation. I

came here secretly here without informing my relatives, later they knew. It is my own decision to come here.

The house of my brother and daughter is nearby this old age home. They often come to see me. I also go once a day and play with my grandchildren. I love to be with them. Daughter has kept livestock, so she often brings milk for me.

Regarding physical changes during ageing, I have so many. I plan to do many things but cannot accomplish, confidence is what I have lost due to ageing. The memory power is also decreased. After I came here, I prepared 2-4 lakh holy threads. After that, my eyes have become weak. My ears are working properly till date. Though I do not have teeth, I can eat the food provided here.

I do not have sound sleep at night. I try not to take stress. After observing the disables here, I only think and wish I could die without being bed ridden. The life of disable in this old age home is horrible, cannot imagine.

My community members use to invite me in various functions and I also join them. But these days I have become physically and psychologically weak. So, I rather prefer to remain here. This is my sorrowful story. I am waiting for my death. Death is inevitable. No one knows the date of death.

Case 12

I am 70 years old man. My name is Bir Bahadur Lama. My birthplace is Dhading. I have been living in this old aged home for 3 months. My home is not far from here. No one desires to live away from their beloved ones. I never had an interest to live over here, but it is my compulsion. I had a joint family with two sons and two daughter family, a big one. Me and my wife were living happily just before the arrival of my eldest grandson from my younger son. My younger son and daughter in law are living overseas for several years.

The reason behind my story is my grandson. He is a very spoilt son of his parents. He is grown enough but not grown with his knowledge. I mean to say he never understood the value of family. He is turning 20 next week. I escaped from my own house for own safety. He has a bad habit of drinking alcohol, I have a feeling that he uses drugs too. We are a victim from our own grandson, he abuses his grandmother a

lot for the money. If we ask him the purpose, he used to attack us. Whatever he gets into his reach he used to insult us like wood stick, knife or stone. We have been beaten by him several times.

Moreover, I am a patient of high blood pressure and Arthritis for many years. I am already physically weak. I have a problem on the left leg. I cannot sleep over the night. I am scared if I would end up with the severe depression. Who will look after my wife? I have spoken several times with my son regarding his sons behavior. But still I cannot see any changes over his attitude. He has remained the same.

In order to save my life I have made a decision to come over and stay in this old age home. But my wife refused my decision, so she stayed at home. She says unless she is physically incapable of doing anything she does not want to leave her house and stay with me in this old aged home. So since three months I am away from my wife. I often remain quiet and bit worried about my wife. Death is the part of life and I am not afraid of dying, just worried about my wife.

Case 13

I am Ram Krishna Dangol from Khokana-4, Lalitpur. I am 70 years old now. I have been staying in this old age home since seven months. I worked for many years as priest of different temples in Kathmandu District, Chitwan and Pokhara Valley. I think I spent nearly 17 years in this field.

I am the youngest child of my parents. I have one elder brother and two elder sisters. My brother lives in Lalitpur with his family. I was never married because I do not like married life. It is not as easy as we have thought. Being single is good to be free of unnecessary tensions in life. I remained busy to serve the God and Goddesses, so had no time to think about marriage……(laughs). Older people need peaceful life.

Nowadays I feel weak, I get easily tired after a short walk, I have shortness of breath. I might have asthma. I have cataract in one eye (right). I am going to have surgery for cataract in near future. My ears cannot detect sounds properly from far.

We have too much time here, the days go very slowly here. I used to wander outside, sometimes go for shopping. This organization is constructing a temple. So that I am very happy. Nowadays I remain busy looking at the construction site.

Case 14

My name is Som Nath Nepali and I am 62 years old. My birthplace is Nirmalpokhari, Kaski. I am slum. There raised lots of conflict in between me and my wife regarding poverty so we used to live separately. Life is only about getting food and a set of cloth. If these are available, that is life otherwise it is meaningless life. Everyone likes to live in prosperity, not in poverty.

I used to look after buffalo at my maternal uncle's home. Everyone hates and dominates the poor people. I was living a troublesome life there. My friend advised me to come here for easier life than that. So that, I came here and started living.

I have backache problem, doctor has advised me to wear belt while working. I have to sleep in hard bed. I do not have other physical problems like loss of vision, loss of hearing, etc.

Sometimes I worry about my future. I wish that my soul remain in heaven after my death. This life ends after death and human have the reincarnation. Good deeds in this life give a happier life in next incarnation.

Case 15

I am Kamala Sharma and I was born in Parbat District. I am 79 years old. My husband died 10 years ago. I have been staying in this old age home since 9 months. I have two sons and daughter. Both the sons are married but my daughter is unmarried. She is 32 years old now. After the marriage of my sons, I started living separately with my daughter as my daughter in laws do not like me. My sons were also driven away with the thoughts of daughter in laws. So, me and my daughter decided to live separately. I equally distributed my property to my two sons as well as to my daughter. My sons and daughter in laws were not happy with my decision.

We two (mother and daughter) were living in the house which was given by me to my daughter. After few months, I was totally shocked that even my daughter started to quarrel with me without any reason. She argued that the property given to her was less. She even started not to cook for me. "Santan ko sukha ta malai lekheko rahenachha". So, today I am here in this old aged home.

Physically and mentally, I have become too weak. I can't see and hear properly. It is very difficult to pass days in old age. I also have insomnia. Usually, I see my husband in my dreams so I think I might die soon."Mare pachhi dummai raja".

Case 16

I am Ramba Devi Basnet. I am 70 years old and I am from Kaski Naudanda. I was married at the age of 14. I could not conceive the baby. My husband died 12 years ago. After the death of my husband, I became helpless. I had no one to look after me, no one concerned about me. Everyone has his/her own problem, who cares about me? One of my friends suggested me that it is better to stay in old age home during elderly. So, I came here and have been staying since 5 years.

Elderly is the most terrible period of life in my opinion. Till now, I am able to take care of myself. I can wash my clothes and dishes. But the main problem here is to spend time. Time and day pass too slowly. I spend time knitting holy threads, gossiping with friends. I enjoy singing chant. As my village is near to this organization, I frequently visit there. I love to be there.

Case 17

I am Shanti Devi Paudel, 65 years old. I was born in Nirmalpokhari, Kaski. I am the only single child of my parents. My father died when 1 was one year old. My mother rare and cared me. I was married to a very old person i.e. 25 years elder than me. I had three steps, nobody could give birth to a child. After few years of my marriage, I left my home and started to live with my mother. We had a house and some land. We two used to grow the crops, graze the livestocks, etc. My mother is almost 85 years now. She thought that after her death, I will be alone, there will be nobody to look after me. So, she suggested living in old aged home. Then, we donated all our property to this and came to stay here.

I am active till date. My eyes, ears work well. There is little problem with my knee. During winter, I get severe knee joint pain. Here also, we two have a single room. I take care of my mother. I worry sometimes thinking about my future. I think that my life will be dejected after the death of my mother.

Our relatives use to invite us in several functions. I used to attain all the functions if possible. But my mother can't walk much. Hence she attains only few. I knit Tapari and make holy threads for puja. My mother can't see properly and she is weak enough. So I spend most of the talking and caring my mom.

Case 18

I am Manmaya Paudel, 85 years old from Nirmalpokhari, Kaski. My husband died after three years of my marriage. I have only one daughter. My daughter's married life was not satisfactory. After few years of my marriage, she left her home and started to live with me. We had a house and some land. We two used to grow the crops, graze the livestocks, etc. I thought that after my death, she will be alone, there will be nobody to look after her. Therefore, I suggested her to live in old aged home so that she does not have to bother about her future. Then, we donated all our property to this and came to stay here.

I am already 85, waiting for death. So, see how week I am? I have not seen you clearly. You have to speak loudly. Otherwise I can't hear properly. I have to use walking stick. Here, we two have a single room. My daughter takes good care of mine. I always worry that my daughter will be alone after my death. There is no one to look after her. Her life has become a miserable one.

Our relatives use to invite us in several functions. My daughter use to attain all the functions if possible. But I can't walk much. I spent most of time sleeping and taking sunbath.

Case 19

My name is Bishnu Maya Pokhrel. I am 75 years old. I was born in Nirmalpokhari, Kaski. I had three sons and one daughter. Daughter and elder son are abroad with their family. My younger son was alcoholic and he died because of jaundice. As we two (husband and self) were growing old, it was difficult for me to look after myself and my husband who was 90 years old. So, we two came here to stay. Last year, my husband died here (tears in eyes).

I can hear very well but my vision is not clear. My legs get swollen, I have severe backache problem. I use medicine for high blood pressure. I do not worry about my

future. "Marna ko lagi euta nehun chhahinchha ni". I do not have desire to live longer. I spend days sleeping most of the time.

Case 20

I am 96 aged Bal Dev Paudel. My birth place is Balam, Kaski. The son of Kali Yug cannot be considered as a good son. I tried to convince my son a lot but he is not a man. I said, "You are my everything" and I also told him to give him all the things I have; the money given by donors and the allowances of elderly; but also he is ignoring me. He does not care about me. My wife married to another person while the son was only one and half years old. Then after, I took care of my child. I never thought of my second marriage for the sake of my son. I admitted him in SOS school, Pokhara. Now he has done bachelor degree. I have heard that he teaches in a school here in Pokhara. I am nothing for him, I am valueless for him. "Paleko Kukurle achhi khayera afailai tokchha vaneko yehi ho."

I have to use walking stick and I am using hearing aid too. My eyes always remain watery, I have blurred vision since I am nearly 100 years. I cannot watch television, cannot walk for long and can do nothing. It is bit difficult to pass time here.

I have no worries. No one gets worry about me then why should I? "Maran ta awasya hunchha hunchha…kasari hunchha vane matari ho". Everyone has to go through this old stage. Being old is not shameful but my son does think so and he abandoned me. He will also have to pass through this stage……..let us see what time says?

Case 21

I am 79 years old Jhamka Rijal, originally from Chitwan. I was grown up in India. At the age of 3, I was affected by polio virus which made my left leg weak. After the death of my parents, I came to my hometown at the age of 15. All the property of my father was taken by my uncle and he did not care about me. So, I started staying with my grandmother of maternal home. I used to help my grandmother in selling fruits and vegetables. I was married to a blind lady who died e in the bus accident on the way to Kathmandu few days after my marriage. I am very unfortunate, happiness is not in my life.

After the death of my grandmother, I became totally alone. Anyhow I was surviving. But being old and surviving alone started to be troublesome. Therefore I came here to live.

I have blurred vision and sometimes I have double vision also. The hearing power of ears is also diminishing. Body has become very weak, cannot stand for long, and cannot work like before. Psychologically also, I have become very weak. I cannot concentrate in one thing for long duration. My legs use to get swollen. Everything in my life is so miserable. I do not want to remember my past as well as do not think about future.

Case 22

My name is Chandra Bahadur K.C. I am 78 years old. Originally, I am from Gorkha. I follow Christianity. I have no one in my family. It is my mistake that I left my family when I was young. I did not care of my wife and my children, so at this time they do not show concern about me." Ubelama buddhi bigryo ahile sasti chha malai" (laughs a lot…..).

Life is nothing, it is only the combination of happiness and sorrow. To birth is to die. So, I never regret for what I have done. Past is past, nothing left to be remembered. I should be happy with the present of my life.

Everyone gets week in old age so do I. My left ear has diminished hearing. Both eyes had gone cataract surgery 5 years ago but not beneficial. My legs cramps while walking, hands tremor. But also I am doing my daily activities. I can do until my death, I have that much faith on Yesu.

Case 23

I am Narayan Khatri. I am about 68 years old. I do not know my birthplace. I do not know about my parents. I was grown up by one merchant in Nawalparasi District. I worked for him for more than 40 years. I got married and had a daughter. My wife committed suicide because of some personal conflict. My daughter has her own family. I could not work actively as before due to ageing. So, I have to leave the merchant's home. Therefore I came here to stay.

I can hear and see properly. I have diabetes and high blood pressure and I am under medication. Due to high blood pressure, my left side of the body has become weak. I have to use walking stick. Though I can do my activities, I feel too week. I have sound sleep at night. I sometimes worry about my health. The life during elderly is like a curse. To survive alone is also too difficult.

I spend the days here by watering the plants, watching television, etc. I go for walk for half an hour daily as doctor has advised me for my health. As I don't have any relatives, nobody come to visit me here. I had talked with my daughter only once after I came here. She might have her own problem.

Case 24

I am 74 years aged Saraswoti Khadka and I am from Tanahun. When I was 58 years old, I entered in this organization as a volunteer staff. I served the elderly people for 2 years here and since 12 years I have been receiving the services here. I lost my husband 15 years ago. I had a son whom I had adopted when he was a month old. He had gone Malaysia. His family didn't not care about me. So I came here without informing anyone.

Here I am happy. I use to prepare holy threads and tapari for puja. Sometimes I help in cooking, preparing vegetables and serving food. I have hearing problem and I am using hearing aid. Usually, my legs get cramping. Since 5 days my legs has started to tremor. I have to seek medical help.

I bother about my future. Who will take care of me if I get paralyzed? I want to die without being disabled. I do not want to be burden to anyone. Love of the spouse is the most important during elderly.

Case 25

My name is Ujeli Paudel, I am 73 years old and I am from Butwal. I have been staying in this institution since 4 years. I was brought here by my uncle who used to stay here and now he is no more alive. I have step children, I do not have my own. I was abandoned by my family after the death of my husband. So, I came here to stay.

Actually, life is nothing. Everyone has to die, it is sure and certain. But human behave as if they don't have to die. My daughter in laws is so cruel. She will also have to go through this stage but she never realizes that.

Since I am 73, I am not as active as before. I can carry out daily activities. I can wash the dishes, clothes myself. Sometimes I have blurred vision. There is no hearing problem till now. I knit the holy threads and use to sell them. Preparing holy threads helps in the passing of days easily. I do not like to watch television. During festivals, I use to visit my relatives in Butwal. I attend other functions too as much as possible. But nowadays, I can't travel long. No one visit me here since it is far from my hometown. My relatives use to give me calls frequently.

CHAPTER VIII

SUMMARY, CONCLUSION AND RECOMMENDATIONS

7.1 Summary

Elderly is a phenomenon as old as mankind, is the last stage of the circle of lifetime. The ageing process reduces physiological capacity, which makes the elderly more susceptible to many health threats. Many studies revealed that healthy ageing is viewed as a multidimensional concept involving physical, psychological, emotional and social aspects which are inextricably related to oneself, family, friends, neighbors and society. Coping experiences of elderly is still a dominant research topic for medical professionals. Qualitative study is conducted in this study. The real experience of the elderly is portrayed in the study. Their socio-economic life along with the reasons to stay in old age home is studied.

The main focus is on the physical, social and psychological experiences to cope with ageing process. Untold and unheard stories of their life are presented in this study as cases study. Analytical as well as descriptive research design has been used in the study. This study has explored the new insights, ideas, knowledge on coping of the elderly people towards ageing. Ethical consideration has also been maintained in the study.

The study was conducted on senior citizens residing in "Pokhara Aged Shelter" of Pokhara valley. The physically disabled members were not included in the study. In-depth case study interview was done in order to collect data.

7.2 Major Finding of the Study

1. Majority of the age group living in old age home is that of 66-70 years with 28.0 percent followed by the age group of 61-65 and 71-75 with 24.0 percent. Female senior citizens are residing more (56%) in the old aged home in comparison to male.
2. It is found that the prevalence of the senior citizens living in old age home is higher among the Hindus 84% followed by Christianity 12% and Buddhism 4%.

3. Senior citizens from Brahmin group are higher in number with 44.0% in that old age home followed by Chhetri 36% and ethnic groups 20%.
4. Almost 76 percent of the respondents are illiterate. Only 20 percent of the respondents can read and write. Only one respondent had gone to school and received education upto primary level.
5. 17 out of 25 respondents are widow/widower which comprised of 68%. Only 12 percent of the respondents are unmarried and the respondents who divorced or separated are also 12 percent. Only 8 percent of the respondents are living single life.
6. Majority of the respondents were previously engaged in agriculture i.e, 80 percent. Out of 25 respondents, only 3 respondents used to do service for earning. One of the respondents was a priest.
7. Some of the respondents were unable to read any more, some had lost their ability to hear, and some did not remember things or were unable to move. Reported physical changes were mainly difficulty in walking and moving around, dizziness and difficulty in keeping their balance.
8. Difficulty in walking, dizziness and difficulty in keeping their balance were the mainly reported physical changes.
9. High blood pressures, diabetes, knee problems, arthritis, insomnia are examples of illnesses among the participants.
10. Several of the participants talked about how they perceived society's view of elderly people, describing it as becoming useless and worthless. Being not respected or understood made elderly people feel being separated.
11. Old persons spoke about how they felt awkward in social life. "We are a burden to society". They had nothing to contribute to social life and the community.
12. Several of them go out for visit especially temples, new places, other old age homes. In comparison, some elderly people reduced their social activities.
13. They felt only fear thinking about future. They had a fear of pain, disability, decline, loss of control and death and aslo involved feelings of anxiety, fear and powerlessness. They fear the day when they cannot manage any longer. Thus they described uncertainty about how to cope in the future.
14. Some other elderly people have negative feelings such as emptiness, sadness, resignation, frustration, loneliness and regret. It could be caused by living

alone, limited activities or troubles to cope with ageing. They feel discouraged and helpless.

15. Feelings of life are different from different elderly people. Some elderly people feel that life is dull, meaningless, boring and even miserable, while others feel happy and confident to live at old age home. Older adults need peaceful life. The previous life experiences are very important for them to cope with daily life of ageing process.
16. Elderly people who have positive attitudes are optimistic. They enjoy their life and adapt to new conditions. They are active and responsible. They do things by themselves as possible as they can.
17. Some older people are unwilling to fight against ageing and change. They have pessimism spirit. They do not have expectation to get better. They give up unmanageable things.
18. They learn to give up when they cannot do something anymore. During the ageing process, they give up daily activities gradually.

7.3 Conclusion

It can be concluded from the results that keeping good physical condition, having good social contacts, positive attitudes to ageing and being able to get assistance are the ways to help elderly people to cope with lives. Good physical condition is one of the most important factors for elderly people to be able to live independently.

Performing an activity could help to forget pains and worries. The risk of physical deterioration was something that was always present, so healthcare providers should not only check on the status of elders living alone, particularly if their health status is fragile, but also deliver health promotion programmes when they are in good health. People at advanced ages are lonely because giving up social and other activities was a natural part of ageing. The disengagement in activities and social contacts resulted in feeling of resignation and dejection. However, being active and socializing give feelings of pleasure and a sense of belonging.

Older persons missed having somebody to share their small daily experiences. Even though elderly people maybe already have lost their friends or other important persons, people who are still alive should keep in touch with them to support their ageing process. Family is an important factor that contributed to the elderly people's

ability to cope with. Positive attitudes bring benefits for ageing process. This transition process is a troublesome experience to the very old persons who felt old. Family and near relatives are the most important sources of help and care. Strengthening the individual's autonomy, despite dependence on others, are equally important. Elderly people's individual desire should be respected.

The theoretical perspective i.e. activity theory and continuity theory justifies this study. Successful aging equals active aging. Activity can be physical or intellectual in nature, but mainly refers to maintaining active roles in society. To maintain a positive self-image, the older person must develop new interests, hobbies, roles, and relationships to replace those that are diminished or lost in late life. The activities are necessary to maintain a person's life satisfaction and positive self-concept.

7.4 Recommendations

The existing condition of the senior citizens living in the old age home was that they felt lonelier, and had a lower level of satisfaction with life. In this context, the need for preserving our tradition of a joint family and the mutual cooperation and understanding between the younger and the older generations could be more imperative.

Many senior citizens still follow a life style that aggravates a lack of mental, social and physical wellbeing. They need to be encouraged and educated to do more physical exercise, keep socially connected, keep their brains active, reduce their weight, and stop smoking or the use of alcohol and control of blood pressure and blood sugar. Most of these are plausible interventions for a good proportion of the older adult population.

As the ability of the elderly to continue living independently in the community is influenced by their health status, these factors need be addressed appropriately so that the associated health problems can be managed and reduced.

7.5 Suggestions for Future Researches

- Future researchers can focus on the quality of life of elderly people.
- Can also focus on the quality of services provided for elderly people.

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Senior citizens chanting hymn.

Senior citizens preparing vegetables.

A senior citizen helping the disable one.

Senior citizens feeding themselves.

A senior citizen knitting holy threads.

Senior citizens serving food.

A senior citizen taking rest in her room.

Researcher taking interview with senior citizens.