CHAPTER-I

INTRODUCTION

1.1 Background of the Study

Growth is natural tendency. The child turns to the matured young and the youth someday turns to the old age. In this sense, ageing is the natural process. Images of ageing exist at two levels; personal, and societal which are mutually reinforcing. To understand ageing holistically, it is imperative to understand how the self-image is influenced by the process of ageing including the attitude of upcoming generation towards the old generation and inclusion/exclusion of old aged people within/from the social and economical roles. An important component of the old age identity is their image which includes knowledge of chronological age as well as subjective age that captures how old they feel and with which broad age group they relate to.

Ageing is judged by different criteria in different societies. The transition to old age is identified with several factors such as chronological age, ill health, retirement, physical/mental deterioration, and death of spouse. Studies reveal that changes in social role their identity as widowhood, grandparenthood, retirement and physical health dominate the definition of age identity. At the same time, studies also reveal that, like other age group, some aged separate illness or disability from ageing. While they feel their health has deteriorated because of ageing, their personality continues to remain the same. Thus, self-image remains unaltered, as the subjective image of age is not changed.

The ageing or elderly population is dominated by an administrative definition of old age. For example, within UK 65 years is the standard retirement age and is commonly used for defining 'old age', 'later life' or what recently has come to be called the "third age" although fewer and fewer people are actually retiring at this age (Coleman et al. 1993).Chronological age is widely used, in spite of being an inadequate indicator of ageing. While society may consider people to be aged at 60/65 years, people of this age group may not feel that they are aged but others of this age group do.

This shows a discrepancy between the "self-image" of the aged and the "social-image". Along with the image of their own attributes (self-image), the aged have an image of the way that the rest of the society perceives them (image of the social image). This perception is based on the societal attitudes towards the aged, which are in turn influenced by stereotypes. The social attitudes are favorable or unfavorable depending on stereotypes of the aged one. These stereotypes and attitudes are reflected in the way the social group treats the aged. Owing to these stereotypes, the aged develop favorable or unfavorable self concepts. Self-image is thus reinforced by interaction with others in the social environment. Similarly, the attitude of sons and daughters towards the old aged parents is another factor to determine the image of the old age since the attitude of sons too is diverse according various factors like social, economical, educational status of old aged people.

On the other hand, society is movable. The old assumptions, beliefs and people's way of life everything is changing day by day. In this circumstance, there is massive change on the perception and attitude of sons towards their old aged parents. Thus, it is necessary to reveal the changing attitude of sons towards their old aged parents with clear analysis of the various social factors. This research work tries to explore the changing attitude of sons towards their parents with regards to the changing family and social roles of old aged parents, their economical, social and educational status.

The inappropriate negative stereotypes lead to discrimination and prejudice (ageism) against the aged. "Ageism" coined by Butler (1999) was described as a process of systematic discrimination and stereotyping of the aged. Today, it has come to include any prejudice or discrimination in favor of the aged as well. However, more often ageism is negative than positive. The negative image typically includes a set of behavioral expectations or prescriptions which defines what a person is to do or not to do. The aged are expected to be forgetful, intellectually rigid, unproductive, asexual, and so on. The aged respond variedly to these expectations.

Palmore (2003) has identified four common responses of elders to these prescriptions and expectations; acceptance, denial, avoidance or reform. The aged who accept the negative image "act old" even if it is contrary to their personality, denial includes lying about one's age, cosmetic surgery, hair transplant and dyes, use of anti-ageing products.

While these may not appear significant, they erode the morale. Avoidance may take the form of self-imposed isolation. Reform involves an effort by the aged to eliminate the ageist attitude individually or by joining some advocacy group.

All these behaviors have a harmful effect on the aged (Pearlin and Schooler, 1998). The reference from Pearlin and Schooler clarifies about the negative behaviors to old aged people. As told by the critics, there is no clear demarcation line to measure what is negative and what is positive attitude since it is the much psychological factors than social. Rather the changing attitudes towards old aged parents by sons could be analyzed according to the changes came social and economical roles of old aged people.

Ageism can be intentional or inadvertent. The society we live in is permeated with ageism in varying degrees. Cultural stereotypes, pop cultures and media reinforce in a youth oriented society, "Young is beautiful". Further, the constant emphasis on youth, beauty, vitality and strength, indirectly strengthens the negative aspects of ageing. Literature reveals that younger people have negative image of ageing while the aged have a relatively positive image but at the same time the aged themselves had negative attitudes and perspectives of the other aged. It appears the aged themselves are impervious to negative stereotypes of ageing being influenced by the social image. This bears proof to a maxim of social psychology which says, what we think of a person influences how we perceive him, how we perceive him influences how we behave towards him and how we behave towards him ultimately shapes who he is? (Blau, 1973)

Early research on ageing reinforced the negative stereotypes of ageing. There is an urgent need to study the self-image of the aged, the social image and how the social image influences the self-image of the aged. It is an endeavor in that direction. It is descriptive and exploratory and attempts to understand the 'self-image' of the aged and their 'image of the social image'.

A sample of 86 elderly (age ranging from 60 to 75 years) was selected randomly and a set of questionnaires was administered to elicit information on transition to old age. response to ageing (change in personality, change in life style, religiosity in old age, gender differential response to ageing) best and worst aspects of ageing, ageing well

and poorly, changes in family and society, ageist attitudes, aged abuse, social image of the elderly-myths and misconceptions regarding the elderly, the need to change public perception and ways to do it, appropriate age norms for the aged, suggestions for successful ageing, special entitlements, opinions on nursing homes. Further, an ageing quiz (Miller and Dodder 2000) was conducted to test their knowledge of ageing and check for influence of negative stereotypes on their perceptions of aged and ageing.

In response to change in personality, most of the elderly emphasized their physical personality (aspects such as being physically less active, dependent and diagnosed with mental diseases that come with old age). At the psychological level, most believed that they were compelled to change their personality. Do old people tend to become more religious with old age? For some who were religious, old age provides greater time for worship. For others, the sufferings of ageing made them religious and that helped them in dealing with ageing better. For some the temple or mosque was a place of regular visit, not for worship but as a meeting place for socializing and entertainment. The best part of ageing was leisure, more time for oneself and family, having fun with grand children. The worst part of ageing was dependence, helplessness and the physical deterioration; having no cultural integrity, no financial security and having bad social relationships; forced leisure and circumscribed life; not getting the food that one desires to eat. It was difficult to bear the hitting of grandchildren if they were close to the grandparents. They were asked not to interfere in children's up- bringing. It is clear that in each society there is the variation on the attitude and responsibility of sons towards their old aged parents. In this sense, the variation of attitude could be studied under other social factors connected with old aged people.

Old age people have their own characteristics. Losing friends and relatives was also very painful and curbed their desire to live. While some readily accepted the fear of death, some said that they believed death was better, for it would relieve them of their misery. The three often cited factors for ageing well includes, economic independence, someone to love and to be loved and good memories.
Economic independence and planning for old age were considered to be pivotal for freedom and dignity in old age. Having someone who cares and someone to love

gives a sense of belonging and was reported as very important for the mental well - being of the aged. Further, taking responsibility for someone added a sense of worth to their living. Evidently, one's past and memories were significant in determining well- being of the aged.

Furthermore, the realization and acceptance that ageing is natural and inevitable helped in adjusting well. Health was considered to be the major factor that led to ageing poorly. Loss of memory worsened things. Economic dependence was considered restricting, in all aspects of living, directly or indirectly, including how children treated the aged. Not having anyone who cared and knowing nobody will be there when in need, makes him or her feel insecure and unwanted. Estrangement with children only added to the woes. It made them feel that they had wasted all their life in bringing up ungrateful children.

Society forgets you and one is made to feel like a second - class citizen. Society becomes distant. The aged become more dependent on family and the more they depend on it, the more helpless they feel. They are made to feel worthless, unwanted and alienated. Family starts treating them as a burden, they feel betrayed by their children for whom they had toiled all their lives and sacrificed so much including their youth. In this sense, the attitude of sons towards old aged parents is somehow dependent on how much the old aged parents are strong enough to be independent.

There is an important role of old aged people in the upbringing of the grandchildren in Nepalese society. Grand children whose responsibility they had taken and played an important role in their upbringing after growing up treat them like dirt. Their well-intentioned advices are treated as interference. They do not have the freedom to do anything. Even watching television depends on the mercy of the grand children. They have to tagalong and are voiceless. They have to make compromises on everything: food, living space, movement, entertainment. Children feel that having the elderly in the house is an unwanted disturbance in their private life. They are compelled to stay at home in spite of all this because of the insecurity that comes with being easy targets of victimization, exploitations, intimidation and crime Butler (1999).

A difficult adjustment that had to be made was learning to live with the death of spouse with whom one had spent a long time. Family separates and social importance reduces. One respondent was happy that his people took greater care of him because

he was old. Another was unhappy that he had to move from one home to another every six months, being ill-treated by daughters-in-law and having to bear his wife being abused by them. Further, he was made to do household chores and babysit children; it was like a slave labor.

Most of the aged were hesitant to talk on elderly abuse and attitudes while they had an incidence of abuse to narrate. Most believed that financial position and culture in which one lived significantly influenced the attitudes. Some felt lucky that they did not have to face it. Some took solace thinking that some other aged had more miserable lives with abuse. The abuse at home upset those more than the one from strangers. At home it was so subtle it could not be stated as abuse but it was. Abuse often took the form of over working them, denying them their basic needs and hurting their dignity. One 85-year-old man was made to make his own tea, wash his clothes. While he lived with his son and daughter- in- law he did not dine with them and had to eat what was left over this abuse he felt was worse than verbal abuse. Some felt that their helplessness was exploited.

They were forced to exist without a voice and freedom, and their dignity was denied. They were deprived of any autonomy. In some cases there was no abuse, but there was silence and distance, which the elderly said, was very difficult to deal with. And in some cases it was regular abuse at home. They felt that when the aged were financially independent they got better treatment. Some believed that in general people gave respect to the aged but that was on the decline. There is not only negative attitude towards old aged parents rather there is well respect in various cases. An old aged people aged 85 has proper respect and care in his family. Even his grandchildren love him a lot. According to his 18 years old grandsons and 22 years of old granddaughter, they feel comforts with their grandparents more than parents.

According to most of the studies, people's perception of the aged was predominantly negative. The younger generation believed that the aged are always nagging and they become obstinate. The younger generation starts to stereo type the aged and believe that whatever the aged person is doing or thinking is because of old age. There is no difference between aged and person: being aged it appears determines the personality and there is no room for differences.(Palmore 2003)

Unlike the previous studies, this study founds the mixed attitude during the field survey that is why it mainly focuses on the factors on the variation of attitudes of sons towards old aged parents. To bring about changes in these perceptions the aged felt that it was essential that sensitivity to the aged should be inculcated in upbringing. With the treatment of the elderly being a cultural factor, up- bringing and the family background of the person determine his response to the aged.

People should be made aware that the aged become helpless with age. A little love and caring will bring about a lot of change in their lives. One respondent believed that it was more of a family affair and if family values were restored ageing will become a natural development. Modernization, understanding and tolerance have been cited as the appropriate age norms for the aged. Keep oneself busy, share things with grandchildren who are closer and more compromising and try to get along with everyone.

Planning for financial security, insurance and bringing up children in a way they are sensitive to the aged will help in successful ageing. It is all the more important now in these rapidly changing times, that children should be taught to respect their parents and be trained to care for their parents in the future. Further, some respondents believed that for a peaceful aged life one has to be contented with what one has and believes in divinity.

With regard to the special entitlements, the aged believed that they should have access to free medical treatment and those who did not have financial security, should be given a monthly allowance. Health care should be geared to the specific needs of the aged and they should be given more concessions. The ageing quiz indicated a significant influence of the social image on self-image of the aged. The societal perceptions and expectations seem to determine the way the aged person responds to ageing. Further, the age norms perceived by the aged are supportive of the societal perceptions, while being inimical to their own welfare.

1.2 Statement of the Problem

Ageing is one of the burning and rapidly increasing problems of the world, not exception in Nepal. Especially the old people are the victims of this problem. There

are various responsible factors, which lead individual to the old age people. It created the major critical problem in the society. It has disrupted social order and encouraged violence, crime and corruption to the extent that the very integration of a nation has been problematic (Palmore 2003).

The problem of ageing is increasing day by day because of modern technology and medicine. Among the older people, they cannot properly behave and work like the youths in the family which might lead to the misunderstanding to the youths or other family members. As a result, research will examine a catalog of facilitating conditions for intergroup contact. Scholars have suggested that contact should be co-operative, equal status, in a close long term relationship, include observation of shared values and disconfirmation of stereotypes, and should enjoy institutional support of authorities. Similarly there is proper need to enrich the social security for old aged people.

i) What is the contemporary policy and support system for senior citizen?

ii) What is the assess socio-economical status of old aged people?

iii) What are the current status of inherent and social security among the old aged people?

1.3 Objectives of the Study

The general objective of this study is to find out the contemporary demographic study regarding the condition and status of social security among the old aged people. The specific objectives of the study are as follows:

(i)   To assess the policy and support system for senior citizens

(ii)   To find out the existing social and economical characteristics of old aged people.

(iii)   To analyze the inherent social security system of old aged people.

1.4 Significance of the Study

The present study is based on field research. The report helps students of the similar field to start another study like this. The student of Rural development, Population Studies, Sociology/Anthropology and Health Study might find the study useful. This study will provide valuable information to academic researchers, planners, policy makers and NGO/INGO in social activities.

CHAPTER-II

LITERATURE REVIEW

Literature review is a very important part of the sociological and anthropological research because it provides a guideline to the researcher. This chapter deals more or less with some basic parameters of relevant literature of theoretical implications and study topic concern book reviews by different scholars regarding the old aged people who have told as 'Senior Citizens' in respectable manner. To illustrate the present study, topic under the several theoretical evaluations unfold the various and critical roots to find out cultural change among old aged people.

2.1 Introduction

For critical understanding of elderly issues in Nepal and in order to organize evolving knowledge on this issue in an intelligible manner a number of theories have provided a guide. As Jagger and Rothenberg (1993) state a theory, in the broadest sense, offer a general account of how ranges of phenomena are systematically interconnected; by placing individual items in a large context. It increases our understanding both of the whole and of their worlds, for the sake of intellectual satisfaction as well as practical control (Jaggar and Rothenberg: 1993: 75).

Similarly, theories also provide both a framework for critical understanding and a basis for considering how what is unknown might be organized. In this context, the following section reviews some relevant theories and concepts to understand, explore, and analyze the issues of elderly and social exclusion among different castes and ethnic groups in Nepal. It begins with definitions of some key concepts and is followed by a brief discussion of relevant theories. An analytical framework is proposed at the end of this section.

At the outset it must be stated that the term "senior citizen" in this study is used to refer elderly or aged population or older persons and thus these terms are used interchangeably in the discussion. In addition, this term is assumed to be honorific and also fits well to the Nepali respectful word to refer to aged population i.e., *jesthanagarik*.

2.2 Key Concepts

This section tries to define the key concepts of senior citizens that have been used in this study.

2.2.1 Senior Citizen

Oxford dictionary defines senior citizen as an elderly person, especially an old age pensioner. The age of being pensioner applies only to those who were formally and permanently employed before they reached to old age. Since the retirement age varies across the countries this definition fails to recognize the all persons over the specific age as senior citizen. More applicable definition of senior citizen could be developed from the discipline of demography and economics that account persons aged 60 and over normally as economically inactive and as dependent segment of population. Hence, the segment of economically inactive or dependent population aged 60 and over could be regarded as senior citizen.

While earlier studies on elderly population in Nepal have used 60 years and above as the cutoff point (Subedi 1999), the 'Senior Citizen Act 2006/07' (*JesthaNagarikAin 2063*) clearly defines *'JesthaNagarik'* whose age is 60 years and over. However, there is a question of usefulness of the use of chronological age for defining the later stage of human ageing, because other cultures have used different social definitions of old age such as grandparenthood or physical fitness(Coleman et al. 1993), this study accepts the definition of senior citizen as defined by '*JesthaNagarikAin'* of Nepal. In this study, 'the senior citizen' is considered as a translation of Nepali word '*JesthaNagarik'*.

2.2.2 Supporting Generation

According to Nepalese customary practices, the off-springs of senior citizens especially the males are expected to support their elderly parents. In case of absence of own off-springs, the nearest relatives of the family and/or the ones staying with the elderly are expected to provide support to such elderly. The concern of ageing is related to physical disabilities rather than specific age but operationally it is not possible to adopt such definitions. Thus, the concept of cut-off point is applied. As the

cut-off point of 60 years is taken to identify senior citizens for convenience, similarly the age-group 45-59 years are considered as supporting generation. In general, One of the members of this generation is expected either to be staying with elderly parents or staying spatially closer to the senior citizens. The concept of supporting generation refers to this age group and the spatial dimension referred by closer residence.

2.2.3 Livelihood and Livelihood Assets

Livelihood is a means of gaining a living. According to Chambers and Conway (1991), "a livelihood comprises the capabilities (ability to cope with stress and shocks and ability to find and/or make livelihood opportunities),assets (resources, stores, claims, and access), and activities (livelihood strategy) required for a means of living. A living is the output or gain from the activity. According to Litwin(2007), a livelihood is more than just income. A livelihood is income, both cash and in kind, as well as the social institutions (family, kin, and village), gender relations, and property rights required to support and to sustain a given standard of living. Similarly, a livelihood also includes access to, and benefits derived from, social and public services such as education, health, services, roads, water supplies and so on provided by the state (Liptonand Van der Gaag, 1993).

UNDP defines livelihoods as the means, activities, entitlements and assets by which people make a living. The framework of UNDP brings the issues of poverty, governance and environment together and explicitly focuses on the importance of technology as a means to help people rise out of poverty for sustainable livelihoods(http//www.livelihood.org/undp).Livelihood assets are the foundations for livelihood security. These assets include:

i)   Human capital (capabilities of individuals or households to capitalize available options and adopt appropriate livelihood strategy)

ii) Natural capital (land, water, forest and other environmental resources)

iii) Financial capital (bank balance, access to loan, access to market, incomes and remittances as well as flow of money)

iv) Physical capital (basic infrastructures such as roads, schools, health posts, houses, household utensils and productive equipments, as well as the quality, reliability and access over public utilities)

v) Social/political capital (the quantity and quality of social networks, membership indifferent groups and organizations, social relations and access to wider institutions in the society that household rely on to help reduce risks, access to services to protect themselves from deprivation and to acquire information to a lower transaction costs)

The possession and access to livelihood assets may differ among different caste/ethnic groups. Access to such assets has the direct implication on the status of elderly population. Hence, this study intends to analyze the status of elderly in the light of livelihood assets entitlement, both at individual as well as household level as well as the attitude of sons towards their parents.

2.2.4 Resource Value

According to the dictionary of human Geography, values are a set of beliefs and ideas, which inform assessments (evaluations) of worthiness. Values are socially specific; they derive from the concepts that we use to legitimate society (Johnston etal., 2000). For instance, Ariansen (1997) believes that value is an inescapably intentional concept. It presupposes a direction or it loses its meaning. Value is always value for or value in relation to. Therefore, value cannot simply inhere, as if it were a property like having a positive or negative electric charge. Hence, value is not intrinsic. Regarding the landscape values, Jones (1993) argues that the landscape values are not intrinsic. Values lie within people or groups of people. Thus, landscape values depend on perceptions of the way in which landscape can serve or satisfy the needs and desires of people or groups of people.

Supporting this Pun (2004) has concluded that the values of landscape depend upon the use of the landscape by human beings according to their needs within their cultural, economic and legal context. Hence, values and meanings vary across cultural groups and among the individuals within the cultural groups. The concept of resource, especially the land, is very important in this research because this is one of the most important traditional resources where majority of rural population depends.

In reality, land is the determinant of social, economic and political status and influences power structure in Nepalese context. Moreover, in most of the rural

societies, it works as a major connector of intergenerational relation. Hence, it is important to understand the dynamics of land values, which may have different bearings in the elderly support system indifferent socio-economic spheres. Furthermore, the attitude of the sons towards their parents depends mostly on the access of the senior citizens towards the property.

2.2.5 Social Exclusion

Social exclusion is defined as multi-dimensional disadvantage which severs individuals and groups from the major social processes and opportunities in society, such as housing, citizenship, employment and adequate living standards, and may be manifested in various forms, at various times and within various sections of the population(Barry, M. 1998). De Haan suggests that 'notion of what exclusion depends on what form of inclusion is deemed to be important in specific societies or by specific groups'.

The concept of social exclusion is used to contextualize the status and the problem faced by the elderly in different castes and ethnic groups. Issues of exclusion of elderly differ from that of the economically active population. This concept is deemed helpful to look at the processes that operate at micro and macro level to understand the overall situation and the processes responsible for exclusion of elderly in different domains like, domestic, social, economic and cultural.

2.2.6 Place and Space

In social sciences in general including human geography, place and spaces are either not distinguished at all or used as synonymous. They are inherently related to each other and it is not easy to separate one from the other. In the long intellectual history of human geography these two remained often blended since there was inadequate theorization. But it is important to distinguish them. The plane on which events and objects are located at particular places is normally referred as space. Thus, in contrast to particularity of place, space is general (Tuan 1974). Place is lived or experienced whereas space is controlled or commanded. In this study and in simple terms space is something that refers to location somewhere and place is used to refer to occupation of that location. In recent publications of space is being associated with objectivist

theories and Marxist political economy whereas place is being associated with more humanistic, subjectivist theories such as phenomenology and post-modernization. The issues of living environment and living arrangement as proposed to be discussed in the context of elderly relate to this notion of space and place as they help critical understanding of the status of senior citizens.

2.2.7 Intergenerational Support

The family provides important resources that sustain the well being of all its members who are all at different stages of the life course, from the newborns to octogenarians or even nonagenarians. Providing and receiving support among family members is a life-time activity that has always been taken for granted until recently. This life time activity, however, is embedded in a large social context. However the social changes that have been taking place due to various interrelated factors have dramatically altered and reshaped this support system (Rajulton and Ravanera, 2001). They have recognized four types of intergenerational support. They are as follows:

i) Instrumental Support that includes all tangible form of help given and received by family members and neighbors such as housework (preparing food, looking after children and animals, fetching water, plugging land, harvesting and showing crops) personal care. Apart from these, borrowing and lending of foods are most common.

ii) Emotional support given and received by family members of different generations, such as confiding, comforting, reassuring, listening to problems, in essence "being there" to listen to the problems and anxieties of other family members. However this type of support is also found among the members of society.

iii) Informational support that includes giving and receiving advice when necessary, for example in seeking medical treatment, referrals to agencies and sharing of news.

iv) Financial/housing support: flow of financial support within the family members and among the members of neighborhood.

In this study these supports are explored in household and neighborhood level. Neighborhood is defined here as local places where the household normally depends on to sustain their livelihoods.

2.3 Theoretical Nexus

This section reviews some relevant literatures that are expected to provide theoretical framework and guide the proposed research on social change and senior citizens in Nepal. Since 'modernization' is assumed to be the major force of social change of which changing status of elderly is a reflection, this review begins with discussion of modernization. It is followed by discussion on place and space help analyze the spatial dimension (living environment, arrangement, location specificities). Gender dimension and issues of inclusion/exclusion are discussed next. A brief not on social security including state support system is also presented at the end of this section.

2.4 Modernization and Social Change

Modernization is considered as a process of a social, psychological, economic, cultural, political, and even biological sequence of changes. Modernization involves the adoption of new ways of material life- such as how work and community are organized or how technology or governments are dealt with- and it changes our education system and our most basic values and attitudes. Modernization theorists study the social, political, and cultural consequences of economic growth.

Modernization processes do have direct impact in the parent-child spatial proximity, which in turn has implication on elderly care. For example, in a 1971-91 longitudinal study of parent child relations in southern California, Greenwell and Bengtson (1997) found that young adult children with relatively high educational aspirations in 1971 lived farther from their parents in 1991 compared to other children. The authors argue that if early plans for educational attainment are subsequently realized, they may be regarded as a proxy variable for occupational mobility (in Smith, 1998).Modernization and ageing theory has provided the main platform for the debate on changes in family support for older people in both the industrialized and the developing worlds.

Although its well-known proposition of an 'abandonment' of older people' in individualistic society has received much attention and been solidly refuted, the modernization model continues to be the principal and most common framework for explaining the decline in familial material support for older people – both historically in the West, or at present in developing countries. The main rival explanation is provided by materialist accounts. The ability of these explanations to provide a meaningful understanding of why material family support may diminish has however received little if any analytical attention, despite its vital policy relevance, especially for the developing world (Isabella, 2004). According to her, modernization leads to the decreased importance of the extended family, increased geographic mobility and rapid changing technology, social structure and cultural values.

Some researchers argue that the processes of modernization and urbanization are beginning to erode the traditional social welfare system of Africa (van der Berg, S. 1998).In a typical African extended family unit, one readily finds elderly persons, adults, young people and children (van der Berg, S. 1998). One of the most important attributes of the traditional extended family is its potential for caring for the elderly population because of the social relations and interactions among kin groups, as well as roles and responsibilities different age groups assume. However, he contends that at precisely the point of time at which the numbers of the aged are growing, their customary source of support is being eroded. It is generally believed that as societies modernize and urbanize the size and complexity of households and families reduce, transforming from the extended to the nuclear type. With the expansion of the economic system through industrialization, family patterns will change and there will be a weakening of ties with the older generation. This refers to a decline in social interaction and physical and financial support for the elderly persons, in addition to greater prevalence of separate living arrangements as a country develops.

Therefore, using education and urban/rural residence as proxies for socio economic development, this study has examined the patterns of living arrangements of the elderly females of Lesotho in the light of modernization theory. Nyesmith and Edwardh (1984) were foremost among gerontologists to link ageing with development and dependency. Their work on dependency and the third world elderly suggests that

understanding modernization theory is crucial to gerontology, as the study of ageing develops comparatively.

They claim in their seminal work that, as a dominant paradigm, modernization imposed a particular theory of development on an evolving and still nascent theory of ageing. Its significance lay in the fact that deteriorating conditions in the lives of elderly people were attributed simply to the consequences of modernization. In addition, the relative newness of studies of the ageing process meant that these studies were absorbed with little difficulty into the universal criteria of the theory of modernization process. As a result, the role of internal differentiation and other complex issues within the industrialization process were rendered insignificant.

However, according to proponent of the paradigm, modernization theory offered the key to understand social change comparatively, in terms of established much needed cross-cultural methodological criteria: 'the issue of research methods becomes crucial when one poses issues of comparative analysis, not only because the elderly are an unknown quality, but also because of the need for particular care in utilizing universal measuring criteria' (Cowgill,1986).

Similarly, Goldstain (1983) has presented a counter -argument to modernization theory in relation to the ageing process. He concluded that although major changes have taken place in Nepalese society in recent decades, they have not altered the nature of household composition. However, the author claimed that the changes have altered the nature of social and economic relations within the family. He further suggest that these changes have operated to the detriment of elderly people whose condition sill continue to deteriorate unless there is some form of economic independence. The problem of the elderly population in Nepal do not relate simply to the process of modernization but rather to the increasing poverty of the country generated, according to these authors, by the failure of modernization to bear social and economic fruit.

In order to understand the process of modernization and its implications in the lives of the elderly, some important aspects (improvement in education, change in occupation, income diversification, changing value of resource, migration, family nucleation) have been discussed.

2.5 Place, Space and Senior Citizens

Sack (1980) asserts that place and space help to constitute our actions as they constrain and enable us. He identified elements of relational analysis namely the realms of meaning, which constitute theories that seek to describe how our ideas, values and beliefs influence our actions. The realms of social relations analyses how factors such as class, gender, government policies or modes of production influences us. Hence, social systems are not only structures of rules and structures, but time and space are also part of the action.

Place is a principal geographical tool. For Sack (2001), place does not mean the location of things in place, though places like everything else have locations. Rather place refers to the countless areas of space that we have bounded and controlled. These humanly constructed places range in scale (cited in Relph, 1976). Prince (1961) writes that knowledge of place is an indispensable link inthe chain of knowledge (ibid). "Locality", "region", "landscape", "territory", "area", and "place" have become keywords for empirical and theoretical study. In addition, it is not only in human geography that these terms constitute foci for inquiry but it is also equally emphasized in other fields. For example, Walter (1988) emphasized that place should not be considered as physical, spatial attributes. Place should rather be defined as the location of experience, the container of shapes, power, feelings and meanings (cited in Holt-Jensen, 1999). For Peet (1998) place refers to 'locales' in which people find themselves, live, have experiences, interpret, and find meaning.

The concept of place is fundamental since it serves as a unit of analysis for integrating natural and social science concepts of the environment. Place integrate the realms of meaning, nature, and social relations (Peet 1998). Based on the relationship between these realms Sack (ibid.) has identified two types of places, i.e. primary and secondary places. He used the term secondary place to indicate the distribution of certain things in space. Sack(ibid.) further explains, when place is more than just a distribution of things on space, and has power to influence, control its distribution of things than it is a primary place. "Primary places involve human actions and interactions and have the capacity to change things. In the similar way, Peet (1963) has also distinguished between places that yield their meaning to the eye, and places that are known only after prolonged experience and call the one type *public symbol*,

and the other *'field of care'*. Both the classification has emphasized the importance of time and interaction in place making process. In this study, the concept of primary and field of care will be used in the context of place concept.

Hanssen (1998) believes that people are connected to places, and their existence is dependent on their orientation towards these places. Humans meet the places with their bodies, and not only with their minds and eyes. She further adds that we possess the place and make it ours through our existence and action. In turn the place posses us and influences our actions and behavior. Man's movements from one place to another create places in the landscape and the landscape is full of places.

According to James (1961) sense of place may experience the progressive decline as a result of various factors, among them being: the demise of the gods; the loosening of the local networks of human concern; with their intense emotional involvements that could have extended to place; the loss of intimate contact with the physical setting in an age when people seldom walk and almost never loiter; and the decline of meaningful celebrations, that is, those that are tinged with religious sentiment and tied to localities (cited in Yi-Fu Tuan, 1974).

Hence, it is essential to understand whether the mobility as a factor can lead in deteriorating the place of elderly, which will influence the well-being of the elderly.

It is also important to explore if the strong sense of place has any implication in the living arrangement and ultimately the well-being of the elderly. Because older people develop strong sense of place after a long time of interaction and the very sense of place may determine the mobility (physical and socio -cultural) of these people, which may have influence in the living arrangement and informal support system.

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nature of place of the elderly people, which may determine the overall condition of elderly people.

Moreover, place can also be considered as a social position. It is the position of an individual in a given society and culture. Social position influences social status. A position that is deemed the most important to given individual is called central, others are peripheral. Some social positions may make it easier for a given person to obtain others; in other cases, some positions may be restricted based to individuals meeting specific criteria. Social position together with social role determines individual's place in the social environment and social organization.

Space is a cultural or human construct (Shummer-Smith and Hannam, 1994). Space is therefore something that is not object reality but an inter-subjective between humans. The use of space in this study is space as relational since the concept of relational space will be very important for understanding of how elderly people are marginalized. He asserts that, place and space help constitute our actions as they constrain and enable us.

To summarize, place is not only a physical thing, rather it is a space both absolute and relative where meanings are ascribed by human beings, having diverse culture, values, beliefs and traditions, over time. Place is not static, but like human beings it grows, is matured and may diminish over time in situations. Places combine realms of meaning, nature and social relation. Hence, this study intends to use the concept of place to explore its implication in the living environment, living arrangement, Informal support system, and the mobility of elderly because the place making process may varies across the caste and ethnic groups and within it in different settings which also impacts upon the perspective towards the old aged people.

2.6 Gender and Senior Citizens (Ageing)

Gender basically is associated with social norms, value and culture which ascribed different role to men and women in the society. According to Bhasin (2000), gender refers to the socio cultural definition of man and women, the way societies distinguish men and women and assign them social roles. For Bhasin(2000), it is a category derived directly or indirectly from interaction of material culture with biological

differences between the sexes. Gender is socially constructed, while sex is biologically determined. Therefore, according to Shrestha (1994), gender differences and experience of differences are socially and psychologically created and situated. They are created relationally and we cannot understand the differences apart from these relational construction. Gendering is thus not a simple and single process but highly complex, involving both psychological events and socialization, starting almost at birth.

Researchers have given limited attention to the gendered nature, race and ethnicity of care giving, caregivers' commitments, and competing obligations like intimate partnership and parenthood, and relationship between caregiver and receiver. Indeed, gender is an important barometer of care giving out comes and care giving perceptions may vary by gender and relationship race/ethnicity (Walker, Pratt, and Eddy 1995). Dwyer & Seccombe (1991 in Walker, Pratt, and Eddy 1995) have found that men often claim themselves as more and better caregivers than women. Men believe such probably due to not considering the gendered work perform by women e.g. instrumental activities of daily living such as cleaning, washing/laundry, cooking as care giving. In fact, care giving is more stressful for women than for men (Walker, Pratt & Eddy 1995). In a study, Piercy & Chapman (2001)found that all primary care givers are the women with occasional caregiver of both sexes.

Stone and colleagues (1985) state that women are more likely then men to provide both instrumental and other activities of daily living (in Walker, Pratt & Eddy 1995). Litman expresses the view that women have long been recognized as the "head nurses" in most families (Litman 1974 in Walker, Pratt & Eddy 1995). Walker, Pratt & Eddy (1995) too, states that women pre dominate among caregivers due to both social structure and ideology (Walker, Pratt & Eddy 1995).

Older women are usually more likely to live alone, especially where the overall proportion living alone is high. The most men are married into their older years, while women are more often widowed. In addition, in most countries, men are more likely to remarry after the death of a spouse or after divorce. Thus, women are at particular risk of living alone in old age, especially if they are left childless. Traditionally, however, it has been part of a woman's role to foster close emotional ties with offspring, who, in turn, are expected to provide them with support when they become

dependent and old. If it turns out to be the man who survives in to old age without being married, he may face a higher risk of living alone (UN, 2005).

According to Prakash (1999) most women perceive themselves as 'old' by the time they are50 years of age. This perception of self-ageing is based on the presence of grandchildren, widowhood, shrinkage of social role and post menopausal status. Older women are a growing presence in the developing countries. Indian older women face triple jeopardy: that of being old, of being women, and being poor (Prakash, 1999). In the context of women in Dalit, Tharu and Magars one more jeopardy can be expected, due to their socio-spatial marginality.

However, social, cultural and religious beliefs that shape women's lives have also helped them to cope with such disadvantages. A study conducted by Prakash in India, (1999) revealed the role of gender in living arrangement in the later life. He observed that more than 65 percent of Indian women live with out spouse as compared to 29 percent of older men. This is due to cultural practice of men marrying younger women and uncommon widow remarriage. Widowhood often lowers the socio-economic level of women. Older women have more problems with activities of daily living (ADL), but get less help from others. They are the traditional care givers and are expected to provide care to parents, parents-in-law, and spouse. Women report low life satisfaction and higher psychological distress (Prakash, 1999). According to Lund (1993),women are systematically assigned inferior and secondary roles because of patriarchal structure. This tendency is universal despite great cultural and geographical differences. It is further argued that the ideology of patriarchy operate within and across classes. As observed by Lund, patriarchy is one of the hindrances in Nepal for the development.

According to Subedi (2004/05), while aged population in general are facing syndrome of marginalization there are indications that women are being further marginalized, for example in marital and literacy status. Demographically married people (and living together) not only live longer, but they also spent better part of their old age as healthy ageing. Data suggests older women's poor position in term of marital status. While one out of four older women is widow the corresponding figure for male is one out of ten. Higher literacy also correlates with long and healthy ageing. Women

elderly are disadvantaged in this respect as well (only 4.6 percent of elderly women are literate, which is 28.7 percent for male in 2001)

In Nepal, where people from different socio-cultural backgrounds reside, it is important to understand the dynamics of gender relation. Hence, this study will use the concept of gender role to understand its implication in the attitudes of the sons which will be also useful to understand the perception of ageing across different socio -economic and cultural settings.

2.7 Social Exclusion and Senior Citizens

Many definition of social exclusion relate to processes which restrict or deny people participation within society, for example: 'the process through which individuals or groups are wholly or partially excluded from full participation in the society they live' (European foundation 1995:4 cited in De Hann, 1998); 'the inability to participate effectively in economic, social, political and cultural life, and in some characterizations, alienation and distance from the mainstream society' (duffy, 1995:1); or failure or inability to participate ina social and political activities' (de Haan Maxwell, 1998:2).

The notion of poverty is primarily focused upon distributional issues: the lack of resources at the disposal of an individual or households. In contrast, notion such as social exclusion focus primarily on relational issues, in other words, inadequate social participation, lack of social integration and lack of power (Quoted in Barry 1998).Despite their differences, the definitions of social exclusion have characteristics in common; these separate it from other concepts. According to De Haan (1998),quoted in Barry (1998) the characteristics of social exclusion are:

  i)   Social exclusion is defined as *the opposite to social* integration, which reflects the perceived importance of being part of society, being integrated.
  ii) It is a *multi-dimensional* concept. It refers to exclusion (deprivation) in the economic, social and political sphere. It goes beyond the analysis of resource allocation mechanisms, and includes *power relations, agency, culture and social identity.*

iii) Social exclusion can refer to a state or situation, but it often refers to *processe*s, to the mechanisms by which people are excluded. The focus is on the *institutions* that enable and constrain human interaction.

The concept of social exclusion is used to describe a group, or groups of people who are excluded from the normal activities of their society, in multiple ways. Although the concept was initially developed in Europe, it has increasingly been applied to developing countries.

Despite the lack of precise definition while the precise definition varies, there is broad agreement that social exclusion consists of Exclusion from social, political and economic institutions resulting from a complex and dynamic set of processes and relationships that prevent individuals or groups from accessing resources, participating in society and asserting their rights (Barry 1998).

Types of Exclusion: Sen (1997) emphasized the importance of constitutive relevance and instrumental importance of social exclusion, which can lead to capability and deprivation. According to Sen (1997) being excluded can sometimes be in itself a deprivation and this canbe of intrinsic importance on its own. For example, not being able to relate to others and to take part in the life of the community can directly impoverish a person's life; it is a loss on its own, in addition to whatever further deprivation it may directly generate. This is a case of constitutive relevance of social exclusion.

Sen (1997) also distinguishes between *active and passive exclusion*. Active exclusion is the result of deliberate policy or laws. For example, when immigrants or refugees are not given a usable political status, it results in many kinds of deprivations and social exclusions. This situation has been experiencing by minority communities in Europe, Asia and elsewhere. However, the deprivation comes about through social processes in which there is no deliberate attempt to exclude, is classified as passive exclusion. Poverty and isolation generated by a sluggish economy and a consequent accentuation of poverty is an good example of passive exclusion. This is not the outcome of any deliberate policy or laws.

Authors have discussed the exclusion of individuals, groups in various domains and spheres i.e. economic, political, cultural, formal citizenship, labor market,

neighborhood, civil society, basic social right Kabeer (2005); Aasland and Fløtten (2001); Iris Young (2000).

Social exclusion in old age is conceptualized as a multi-dimensional phenomenon comprising of: exclusion from material resources; exclusion from social relations; exclusion from civicactivities; exclusion from basic services; and neighborhood exclusion (Scharf, Phillipson andSmith 2005). Most scholars now consider that contemporary forms of exclusion result from the impact of changes in societal frameworks – the labor market, the institutions providing relational support to individuals (families in particular) or the institutions (such as churches or voluntary associations) integrating individuals into society (Cavalli S, Bickel JF, and Depinay CJL 2007).

In the study on social exclusion and ageing, researches have focused on functional disabilities, often overlooking the role of sensory losses, which are in fact closely related to functional abilities and everyday competence (Cavalli et.al. 2007). With increasing age, vision and hearing losses can be experienced; indeed, vision and hearing impairments can disrupt interpersonal relations and limit social participation or leisure activities. Marsiske and colleagues (in Cavalli S, Bickel JF, and D'Epinay CJL 2007) have stated that inability to follow a group conversation is a serious impediment to social life that may lead to forms of self-exclusion. Sensory losses may also give rise to problems of balance and thus oblige older people to restrict their movements. This process ultimately result some type of exclusion.

A study on exclusion in very old age: the impact of three life events by Cavalli, Bickel, and D' Epinay (2007) have focuses on the *relational aspect of exclusion,* distinguishing between(1) *isolation,* characterized by the absence or rarity of interactions with members of the family or the network of friends and acquaintances and (2) *non -participation* in social activities, by which is meant activities conducted outside the home and involving the company of other persons, or at least a social environment. In a study made on three critical life events: deterioration of health, death of a close relative, and entry into a nursing home as major life events to understand the extent of disruptions which induce exclusion have explored that with advancing age, older people withdraw from some social activities, but their relationships with family and friends remain stable. Life events have a simulative

effect on the support network, especially of family, and only the deterioration of health curbs social activity. The study remarks that the existence of a process of disengagement stemming more from the older peoples\ functional or sensory disabilities than other from individual choices does.

Motel-Klingebiel, von Kondratowitz, and Tesch-Romer (2004) have made a quantitative study in five European countries to understand social inequality in the later life. From this study researchers have found that as age advances, quality of life decreases. They further claim that with age, the impact of physical health on overall quality of life increases, while the predictive power of other domains decreases. In this context, the quality of life is an outcome of continuous and complex multi-level processes of advantages and difficulties that occur in different but interrelated life domain.

2.8 Senior Citizens and Social Security

The discussion of elderly issues is incomplete without discussion of social security system or support system. For older adults, a pension means security. Pensions are safe income for the remainder of life after retirement. Formal Support System: The government of Nepal provides pensions for government employees. It is provided to civil servants, military personnel, police officers and teachers. The retirement age is currently 58 for civil servants. However, in universities, the age of retirement for teachers and administrator is 63 and for the lower ranks of military and police officers, it is 46 to 48.

However, a universal flat pension of Rupees 100 to all persons at least age 75 years was first announced Prime Minister Late Manmohan Adhikari on 26th December 1994. When the Nepali Congress came to power in 1996, they introduced two additional social security programs, namely the Helpless Widows Allowance for widows above 60 years of age and disabled pension, each paying Rs. 100 per month, which has been raised to Rs. 200 now. Formal Support System comprises a variety of professional caregivers (e.g.., doctors, nurses, social workers) whose services are financed by people in either own resources or through their taxes (Novak, 1997, cited in Smith, 1998). In Nepal, this system is virtually nonexistent.

There are a few elderly home supported and run by the Government under the **Ministry of Federal Affairs and Local Development .** Informal Support System: Informal Support system comprises the help rendered to older people by friends, society and family. In other word Family, kinship, as well as support from not organized or non-obligatory sector could be defined as informal support system. The adult children are viewed as a major component of this system because the vast majority of older people in the developing countries are still living with their children. According to United Nations Department of Economic and Social Affairs/Population Division, co-residence with a child aged 25 years or over tends to be most common in the developing countries of Asia: on average, nearly 60 percent of older persons in this region are living with an older child. Hence, the diversity within this arrangement should be explored to better understand the quality of life of the elderly as well as son's attitude towards them.

Since the 1970s, the social policies of many western nations have favored the development of the informal support system over the formal support system, or partnerships between the two systems (Chappell and Prince, 1994 cited by Smith, 1998). Despite lacking clear and precise definition of family care giving, it has been conceptualized as occurring when one or more family members give aid or assistance to other family members beyond that required as part of normal everyday life (Walker, Pratt, and Eddy1995). This definition does not limit the concept of informal support system within the circumstances of elderly but also covers all age groups those needed others' support occasionally or in regular basis. Informal support system to elderly is so important because formal care giving is seen as an un attractive alternative to care by family members (Abel 1990, Cantor 1991, Finch & Groves 1983, in Walker, Pratt, and Eddy 1995). Walker, Pratt, and Eddy (Ibid) from the review of numbers of literatures urge that there is a consistent belief that formal care is neither authentic nor sufficient. Family caregivers of institutionalized parents feel guilty about not doing more.

Caring for dependent family members is believed as a function of commitment and affection, thus it should be distinguished from other aid exchange. Blieszner (2006) has mentioned that the higher the filial responsibility norms of parents and children, the more support the parents received from offspring, demonstrating a connection

between attitude and behavior. She also mentioned that the more support parents gave their children, the more they received from them, demonstrating the significance of reciprocity in this relationship, as in others. Wenger, (1990 in Blieszner, 2006) states that contact and help from offspring increased over time, but emotional closeness with them decreased, suggesting that increasing dependency on children for instrumental help can interfere with feeling of affection. Uhlenberg (1993 in Blieszner 2006) states that geographic proximity of family members, number of offspring, and family generational structures highly influence the support to elders.

Review of research findings show that family members provide the majority of assistance needed by their dependent elders. Several studies have found that adult children express high level of agreement with attitude of obligation to parents. Besides relying on kin, some families balance elder care and other family responsibilities by incorporating paid helpers into the family care system as a way of managing multiple demands (Piercy &Blieszner, 1999 in Blieszner 2006). Many adult children are willing to provide assistance to their parents as their needs for such help become a parent (Piercy & Chapman 2001).

Blieszner (2006) have stated that early parental investment or rejection of offspring had long term consequences for the quality of parent-child relationships later in life. In tern, current relationship quality had an impact on the tendency of spring to assist their ageing parents. According to her, children especially those who considered themselves to be the least-favored child in the family, based on their perceptions of being treated worse by the parents, have lower relationship quality and more conflict with their parents.

The extent of intergenerational support is often dependent upon socio-economic status; the lower status, the greater the degree of interdependence. This argument has been supported by numerous country and regional studies (Goldstein 1983). Goldstein's research in an urban neighborhood of Kathmandu, for example, supports the view that while major economic and social changes have taken place they have not altered the nature of household composition; but they have altered the nature of intergenerational relation within the family.

Penninx et al. (1997) have shown that emotional support is protective against mortality; but that instrumental support is not (in Litwin, H. (2007). Letwin (2007) in his article has clearly demonstrated that even after taking background framing forces and psychobiological pathways into account, selected social network variables retained significant associations with mortality, in particular, the study underscored the importance of friendship ties and communal attachment for survival in later life. Based upon a study of Jewish-Israelis aged70 and over, the analysis found that contact with friends and synagogue attendance obtained significant hazard ratios with the mortality outcome, even after controlling for the other variables in the model. Lack of friendship ties in later-life and lack of attendance at a place of worship were relate d to greater mortality risk (ibid.).

In the present context where the formal support system is virtually non existence and the dependency on this system is still not culturally accepted, the role of traditional support system is crucial. However, the traditional support system has been deteriorating under various socio-economic and cultural circumstances, which has undermined the status of elderly. It is therefore vital to understand the dynamics of informal support system indifferent caste/ethnic groups.

2.8.1 Living Arrangements of Old People

In Nepalese tradition, sons are morally obligated to provide care and support to their parents. It is estimated that more than 80% of elderly in Nepal live with their children. Only 2.7% of the elderly in Nepal are living with their daughters which may be due to the cultural taboos that prevent parents from living with married daughters. Several studies in Nepal show that the long established cultures 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.

2.8. 2 Legal Provisions

The Interim Constitution of Nepal, 2006 (Art. 13) has made a provision for separate Act, Rules and Regulations specially to protect the rights of elders. In accordance

with the Madrid International Plan of Action on Ageing (MIPAA) 2002, the government has already formulated and promulgated separate Acts, Rules and Regulations. The National Plan of Action, 2062 developed for senior citizens deals with various aspects such as economic and social security, health and nutrition, participation and involvement, education and entertainment and legal condition and reforms. These legal instruments emphasize on both equity and equality for elders. Different ministries are made responsible to ensure proper implementation of the provisions made. The government has been supporting and promoting individuals, NGOs and the private sector organizations that are coming up to work for ageing population (The National Plan of Action, 2062).

Despite these initiatives, the government is severely limited by the available trained human resources and the fund for effective and efficient implementation of the legal and institutional provisions developed so far. This population ageing can be seen as a success story for public health policies and for socio-economic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security. With the process of ageing various problems like mental and physical health, malnutrition and decrease in social participations are the common issues faced by the elders throughout the world.

As a signatory of the Second Madrid International Plan of Action on Ageing (MIPAA) 2002, the government of Nepal committed to implement actions stipulated in the conference. But the effectiveness of the programs is not turn out to be as positive as it was speculated in the past. It is due to the gaps in terms of the policies, regularly measures, institutional strength and the resources constraints. The lack of trained human resources in the field Gerontology has limited the research capability. This has led to research gaps which in turn have made it difficult to implement programs based on research findings.

Ministry of Federal Affairs and Local Development (MOFALD is committed to ensure the services and priorities recommended by MIPAA, 2002. The lack of the authentic studies on socio-economic, health and nutrition status of ageing population is always realized by the concerned ministries as well as the donor communities. The popular programs on ageing like Old-Age-Allowance, Senior Citizen Health

Treatment Fund (Jeshtha Nagarik Upachar Kosh) have been implemented more on the basis of general assumptions and common understanding of the society rather than with concrete research findings. As a consequence, the quantification of specific achievements, planning based on past experiences, and building on the lessons learned has become a prominent need of today, hence the importance of this study. Further -more, efforts are made by this study to identify basic research gaps in the implementation level that have posed difficulties to meet the commitment expressed in the international forums.

This report reviews the health and nutrition policies, regulatory frameworks and socioeconomic status of elderly in Nepal. The best practices to address health and nutritional conditions of elders as well as the social security measures being practiced in SAARC and other countries are reviewed. Based on this review, research gaps are identified and recommendations made specific to suit conditions of Nepal. The review, among other things identifies the current knowledge and programmatic gaps, presents recommendations for appropriate interventions and approaches that could be effectively scaled-up to address the problem of social security, health and nutrition of elderly people nationally. This increased longevity has prompted an explosion of research on the physical as well as psychological aspects of ageing. Results of these studies have revealed that a healthy diet rich in omega-3 fatty acids, regular exercise, balanced hormone levels, and adequate sleep keep some of the normal age-related physical and cognitive declines at bay. Staying intellectually tuned in and socially engaged appears to be major contributors to successful ageing as well (Gatrell, 2002).

Although the largest growing segment of the American population is the 85+ group, we live in a youth-oriented society, where "getting old" is not desired. Prejudicial attitudes and discriminatory practices towards seniors, also known as "ageism" have caused some elderly to feel unwanted, to be unwilling to seek needed services and health care, and to withdraw from society. Many people dread getting older because they don't have positive views on ageing; this seems to be caused by their belief in negative stereotypes, which have been perpetuated by the media for decades (Glass & Knott, 1984).

To measure knowledge and common misconceptions about ageing, results of his and similar quizzes have suggested that many people believe numerous myths about the

elderly, reinforcing negative attitudes towards "getting old." Glass and Knott (1984) designed a 12-hour workshop, named "Facts and Fiction about Ageing," to study whether giving a more realistic and optimistic spin on ageing through imagery, music, and hands-on art, could alter some of the negative age-related stereotypes. Before and after questionnaires showed that such workshops could improve opinions Attitudes towards Ageing about ageing. Only in recent years has an attempt been made by companies that cater to the older population, such as investment firms, senior living communities, and health care companies like Kaiser Permanente, to make the public more receptive towards ageing through "feel-good" television commercials. Even though lyrics like "When I grow up, I want to be an old woman" have most probably evoked some smiles, one might wonder how many years it will take to convince the current baby-boomers and the next generations to truly believe that "old" is "great." The active participation in society through clubs and volunteering, and physical activity contribute to a more positive attitude towards ageing.

Despite the fact that certain physical and cognitive declines are a normal part of ageing and numerous studies have documented that all segments of society hold negative attitudes towards ageing (Glass & Knott, 1984), many seniors over 65 report living a fulfilling life. This sounds like a paradox, but it is plausible that the seniors who respond to age-related questionnaires, possess several of the above-mentioned characteristics, thus solving this mystery. These social, economical, gender and other criteria related with senior citizens, discussed in the literature reviews sectors, affect the perception or attitudes of sons towards their old aged parents. The objective of this survey was to examine whether there was a relationship between various factors, such as age, education levels, knowledge of the ageing process and attitude towards ageing with the attitude of sons towards old aged parents and contemporary status of social security. Based on previous research I hypothesized that there is the various social, economical, educational as well as inclusion/exclusion etc that creates the multiple realities regarding the attitudes of sons towards parents in a single society. This research works observes the changing nature of attitude of the sons/daughters towards their old aged parents in relation with social, economical, educational background of old aged parents. For this purpose, being concerned with the above mentioned literature reviews; it presents the social security and economical status of senior citizens in Bijauri, Dang Nepal.

CHAPTER -III

RESEARCH METHODOLOGY

A research undertaking must be equipped with research methodology. Research methodology is a format of methods that has to be followed as guiding principle in a scientific study. It is a science of methods/rules and it deals with every step of methods. Different methods can be applied in various researches. In order to achieve the objectives of the research, methodology is necessary. This research also adopted some specific methods. In this chapter, this research method used to conduct the present study by collecting required information needed for the study is discussed. It deals with rationale of site selection for the study, the research design, nature of data, sampling procedure, and technique of data collection, analysis of the data, and limitations of the study.

3.1 Selection of the Study Sites

Dang district has been selected for the study because with the growing modernization and urbanization it has been changing its nature with regard to cultural, social and economical activities. The total population of Dang is 552,583 (261,059 males and 291,524 females) with 116,415 households according to the census 2011. Obviously, there is the shift on the old assumptions, beliefs which have ultimately changed the roles of senior citizens as well as their son's attitude towards them.

Similarly, there is the diversity in society with regard to the economical, educational, ethnic categories which is much suitable to analyze the multiple factors of sons' attitude towards their parents according to the aim of this research. Due to the factors like migration, changing nature of traditional occupation, urbanization, growing modernization, tussle between modernity and tradition, changing values etc.

Likewise, the researcher found Bijauri VDC of Dang district as the precise site for the study since the entire Dang district could not be captured in this small research. According to census 2011, the total population of Bijauri is 13,922 including 6,596 males and 7,326 females within 2982 households. Similarly, the area is chosen for the study also due to its better accessibility to collect primary data through different

techniques, tools and documents. Another reason behind selecting this site is that the researcher is permanently from this area.

3.2 Research Design

This study is based on qualitative or descriptive research design. It is exploratory as well as analytical because basically, it attempts to trace out the multiple realities regarding the son's attitudes towards the old aged parents by analyzing their opinions about social cultural transformation, family and social roles and relations, as well as through the analysis of collected data regarding the multiple categories of age, sex, occupations and so on. By exploring the hidden facts and realities and by describing the collected information this research as qualitative research describes the socio-economic condition of families and their aged parents and major problems associated with them.

3.3 Sampling Procedure

For the actual study, out of the total population the sample 103are selected according to the random sampling technique from small to large families. Though it is the random sampling, it is purposive because it tries to cover the various social, economical, ethnic characteristics of the respondents. Key Interview with the sons and daughter- in- law has been carried out during the research. Interview has been conducted randomly including all kinds of people even except from the respondents because this helps to trace out the multiple perspectives and realities.

3.4 Nature and Source of Data

Different types of quantitative data and information have been collected and analyzed in this study. Both primary and secondary data have been used in this study. Primary data has been collected during field study with the help of scheduled questionnaire. Similarly, secondary data has been obtained from different sources such as published books, journals, publications and reports of different national and international organizations. Thus, this study is based on both primary and secondary data. But primary data is used as the major sources of information.

3.5 Tools & Techniques of Data Collection

The following tools & Techniques of data collection have been used to get proper information. The investigator in formed the participants and got ready for interview. The interview has been taken in a face-to-face interview using questionnaire. The investigator himself has involved in the entire data collection process.

3.5.1 Household Survey

Household survey was done during the field visit of the research. To obtain the primary data face to face interview (unstructured and structured) are adopted, where the researcher directly talked to the respondents to know the fact about contemporary status of senior citizens. It involves interaction between interviewer and respondents. The researcher was included this types of questions; general information, information about income, borrowing, expenditure, business activities, occupational change and social security.

3.5.2 Focus Group Discussion

This method was used to explore the life pattern, activities and life history of the respondent. The case study supported to get immense information about the old aged parents.

3.5.3 Key Informant Interview

During field study, informal interactions with a number of people are made. They were asked about their daily lives, activities, health conditions etc. This technique was also useful to provide essential information about the senior citizens of the study areas. It is almost impossible to remember all the information collected during the field survey therefore field notes are recorded to remind later.

3.6 Data Analysis and Interpretation

According to the research design, in this study both descriptive and analytic methods have been used in the presentation of the data. Almost all the collected data of this

research have been analyzed descriptively and the frequency and percentage that are the simple statistical tools have been applied in this study where necessary. However, the research design of this research work is descriptive which has been used for qualitative data collected through various techniques in the field. After completing the field study, data collected during fieldwork period were edited and tabulated as per the need of report. Similarly, to make the findings more organized, various chapters and sub-chapters have been arranged and chapter and sub-topic wise descriptions and analysis have also been made.

3.7 Limitations of the Study

The specific limitations of the study are as follows:-

) This study is based on the primary and secondary data collection in the families of Bijauri, Dang. Therefore, the result may not be representative for the whole country.

) This study presents only the social and economical condition and contemporary status of social security among the old aged people.

As being the permanent resident of the research areas, it becomes a little bit easy for the researcher to trace out the reality of social and economical condition of old aged people. Similarly, being the local trying to deal with the elderly people becomes a little difficult for me. Most of the respondents hesitated to reveal the facts. In such cases, I try to deal with cross checking that is why I even took interview with the people of all age groups besides respondents though the sampling covers only the old aged people.

CHAPTER -IV

STATE POLICIES AND SUPPORT SYSTEM FOR SENIOR CITIZENS

4.1 Introduction

This Chapter deals with state policies and social security systems of the government of Nepal. The Chapter is divided into three sections with respect to the content discussed. The first section discusses the legal instruments, policies of the government and formal support provisions to the senior citizens. The second section is based on our field work. It discusses the knowledge, expectation and perception of elderly on various state provisions. A brief discussion on caste and ethnic difference on these issues are also accounted for. The third section provides the critique of the state policies based on the experiences obtained from the field work.

4.2 State Policies

This section is divided into two parts. The first part describes legal instruments that have mentioned some provisions for the senior citizens. Since these are legal instruments they are binding and one may go to the court to ask for such provisions. The second part is about the policy statements specified in the periodic plans and other policy statements. They are overlapping but the attempt has been to avoid repetition as far as possible.

4.2.1 Legal Instruments and Social Protection

The issues of senior citizens are often overlooked in the legal instruments e.g. acts and regulations, in the past. A few clauses exist here and there in some of the instruments, that too less binding and like wishful thinking. *Civil Code, 1963* under a Chapter on Court Management (Section 11) mentions a provision that the litigation of elderly aged 75 years and over and physically retarded person should be placed in third priority in the hearing. Person under custody or the prisoner under trial gets the first priority while deserted children aged below 16 years get the second priority.

Similarly, the Chapter on separation or partition of siblings with property inheritance (Section10B) notes that if the parents (mother/father) intended to stay with a particular son or daughter, the *Bandapatra i.e*., the legal note on property distribution, should categorically specify this and the respective son or daughter should take care

of the parents. If the elderly parents are unable to maintain their minimum subsistence with the household income of the sibling they are living in and if the son/daughter with whom they are living has no off-spring, the other sibling should take care of their parent's basic needs i.e., food, clothe s etc as per their earnings.

Current Constitution of Nepal guarantees fundamental rights for the Nepalese citizens. Whereas article 12 states right to live with dignity, article 13 provides for right to equality and no discrimination. Likewise article 19 states right to property specifying individual's right to earn, utilize, sell and carryout other property related transactions.

However, all these rights apply to all Nepalese citizens and unlike Children (article 22) and Women (article 20), the constitution does not provide any special rights for senior citizens. The only mention of senior citizens is under State Policies (article 35) in which section 17points out that the state shall pursue a policy of providing allowance to the senior citizens, disabled women and unemployed ones in accordance with legal provision. Apart from the constitution and civil codes, lately the government of Nepal has taken some initiatives and mentioned some clauses on local government acts and guidelines.

The LocalSelf Governance Act, 1998 under the heading of duties, rights and responsibilities of village development committee has a provision for the protection and development of orphan children, helpless women, elderly and disabled. The Ministry of Local Development has issued guidelines specifying eligibility for allowance meant for elderly, helpless (*asahaya*) and the disabled. Accordingly, the eligibility include

• Men/women above the age of 75 years (Rs.200/month)

• Citizens over 60 years of age w ith no source of income, no assets, no property; or those deserted by their families, or widows who do not get their husband's pension (Rs.150/month)

• Disabled person over 16 years of age, blind on both eyes, either the armless or dysfunctional, either legless/dysfunctional (Rs.150/month).

Likewise, the **"Social Security and Protection of Senior Citizen Act, 200**6" is the latest legal instrument promulgated to provide social security to the senior citizens. Three categories of *Chapter Six*128senior citizens are identified: i) those aged 60 and over, ii) 'helpless senior citizen' that including a) no means of income or assets and any base for subsistence, b) no family member to take care, and c) those deserted

from the family; and iii) those with mental or physical weakness. Section 3 states that to elderly deserve respect and that it is the duty of all citizens to respect elderly. It also notes that if members of the co-resident family failed to fulfill the duty, senior citizens have the right to go to the Ward Chair at the Village Development Committee.

The ward president is entitled to settle and/or issue a written order with regards to taking care of the senior citizens. However the discontented party may appeal to the VDC/Municipality. The VDC or Municipality may follow the same procedure and order in favor of senior citizens. Failing to abide by the verdict of VDC/Municipality may result into denying of essential recommendations from the local government.

According to Section 4 each family member is obliged to look after the ir senior citizens in accordance with their status and economic capacity. No member of the family should compel them to live separately against their will. There are also provisions for seat reservations on public transport including 50% discount. The health providers are also to give priority and50% discount on health services.

The cases of senior citizens are to be given priority in the courts as well. If the elder persons have no capacity to appoint lawyer, the court itself has to arrange lawyer on behalf of them to defend their interest. In view of seriousness of crime, the court instead of sending jail to the elders who are weak or above than 75 years old may send them in care centers.

The Act also provisions for establishing District Senior Citizens Welfare Committee (DSCWC), Senior Citizens Welfare Fund (SCWF), and Care Centers and Day Service Centers to work for the welfare of senior citizens.

4.2.2 State Policies of Formal Support Provisions

History of formal support system for the elderly people in Nepal is short. It was for the first time in 1994/95 that the government through budget speech established a flat universal pension system to senior citizens (aged 75 years and above). This was a formal recognition of the aging issues by the Government of Nepal through incorporation of the social security *State Policies and Support System for Senior Citizens* schemes. Earlier the long-term concept of the **Eighth Plan (1992 -96)** acknowledged that the state will protect the rights of old, helpless and disabled citizens by providing essential service and facilities; and their valuable experience, skill, knowledge and capability will be mobilized for national development. The state will guarantee social and economic justice to these people.

The **Ninth Plan (1997-2002)** considers senior citizens as assets of the nation because they carry social values, tradition and culture. It specifies that the state will properly honor and protect senior citizens, helpless widow and disabled citizens together with main streaming their capability, experience, knowledge and peculiarities in national development. The goal set in the plan reiterates that the experience of elders will be capitalized for the sake of national development. Elderly homes will be established in all five development regions. All senior citizens, helpless widows and disabled citizens will be ensured with social and economic security, and their rights will be guaranteed and preserved.

The specific working policies of the Ninth Plan can be summarized as formulation of necessary laws, establishment of elderly homes and rehabilitation centers in all development regions, provision of geriatric wards in all zonal hospitals, utilization of their experience in policy making, social security system to be based on economic and social need, classified on the basis of economic capability and vulnerability, encouragement of private sector and NGOs in this endeavor, and discount in recreational activities and public transport. Of all these, the development of family based social security system is one of the most important working policy of the government.

Despite all these working policies neither there is specification of strategies to strengthen either family -based informal support system nor many other provisions were well-founded on the basis of resource need to these programs. Again the classification merely based on economic capability fails to captures the changing value of land resource to the second generation and poor endowment of other livelihood assets including living environment and living arrangement. The spatial and cultural differences were also remained overlooked.

As a result, except some achievement on formulation of policy, record keeping of elderly people, and establishment of model elderly homes, no noteworthy achievements were made. The *Chapter Six* reasons were lack of adequate resource in the concerned Department, lack of legal provision and lack of work plan and functional network.

The **Tenth Plan (2002 -2007)** aimed to guarantee a life of dignity for senior citizens and utilization of their experience, knowledge and skills in the social development. In this context, the Plan formulated the following strategies:

⟩ Utilization of senior citizen's experience and knowledge in national development(e.g., policy formulation, income generating activities and counseling)

⟩ Formulation of necessary Acts, laws, working policies and functional network to guarantee the rights and social and economic security of senior citizens.

⟩ To run the programs oriented to social security and right s of the senior citizens.

Likewise, the working policy and implementation strategy of the Tenth Plan include:

⟩ Development of legal structural network in order to utilize knowledge, skill and education of elderly in development works;

⟩ Guarantee the rights of senior citizens which include i) formulation of necessary law and amendment in existing laws, and ii) coordinate with local institution, NGOs and civil societies to carry out programs related to senior citizens;

⟩ Social security and right which entails i) promoting community based organizations working for senior citizens and establishing and expanding model elderly homes in five Development regions, ii) adopting a policy of establishing geriatric wards for proper health care for the elderly in regional and zonal hospitals; iii) information communication to respect and serve the elderly and introduce this subject in the school curriculum; iv) update the records of senior citizen and review the existing allowances; and v) implement a social insurance for senior citizens.

In the mean time following the Madrid Plan of Action, the government formulated a *National Plan of Action, 2005 (2062) for Senior Citizen*s. It has several sections such as economic, social security, health and nutrition, participation and involvement, education and entertainment, legal condition and reform, and miscellaneous. Various programs and activities have been developed for the implementation by concerned Ministries and *State Policies and Support System for Senior Citizens* Departments. It also noted the role of NGOs for cooperation in handling the activities related to senior citizens.

The **Three Year Interim (2007 -2010)** recognizes that the major challenge on elderly issue is to ensure the rights of senior citizens and social security by bringing national, international and regional declaration and commitments related with senior citizens

into practice. In this context the Interim Plan intends to address the following issues on elderly:

- To make their life comfortable.
- To utilizes their knowledge.
- To create necessary infrastructure to allow them to live a dignified life in the society.
- To develop respect and a sense of duty in the new generation for them.
- To create an environment for the economic and social security and the protection of their rights and welfare.

The vision of Three Year Plan is to ensure respectable, safe and decent living opportunity for the senior citizens by protecting their basic entitlements and rights. Its strategies include:

- To develop policy, legal and institutional provisions.
- To extend economic social security programs targeting the senior citizens.
- To undertake joint works with local bodies, private sector, donor communities, and non-government sectors.

The working policies of the plan are similar to earlier plans such as development of necessary legal provisions, utilization of senior citizen's knowledge, skills and experience in the national development, senior citizen' commission, introduction in the curriculum, separate fund to run senior citizen's programs, effective delivery of allowances and mobilization of NGOs in this sector, database strengthening, and capacity building of organizations working for senior citizens. Programs to encourage institutional and family rehabilitation, improvement of old-age homes, special facilities in the hospital and public transport, encouragement of local bodies, private sector and civil society organizations to provide essential services and facilities to senior citizens and no budget-freezing for elderly provisions at the DDC are identified as part of the interim plan.

The programs and activities are in process of implementation. Lack of effective institutional network and lack of coordination between implementing agencies have remained recurrent concerns in this area.

4.3 Existing Social Security Provisions for Senior Citizens

Since 1994/95, senior citizens aged 75 years and above have been receiving some allowances and the amount has been revised at least three times during these years.

This is in view that the value of the money received in lieu of social security allowances to elderly citizens, single women and physically handicapped persons, has gone down due to the price increase in previous years. Lately, the government of Nepal has also acknowledged the importance of socio-cultural and different geographical diversity while providing the social security allowances. According to the budget, the average age of people belonging to some geographical regions, endangered ethnicities and *Dalit* communities is lower than the national average age; hence the current 75 years of age threshold for providing monthly allowances may not be applicable to such people. Considering this, notable changes in social security arrangements have been made effective from 17 September 2008 (Government of Nepal, Ministry of Finance, 2008). According to this new provision the allowances are:

⌡ NRs.500 per month for *Dalits,* widow and people above 60 years of age in Karnali Zone,

⌡ NRs. 500 per month for all other citizens above 70 years or age ,

These increases in social security allowances symbolize an expression of state responsibility towards the elderly citizens, dependants and the poor people. The budget allocated for social security has increased to Rs. 4 billion 410 million in 2008/09. This is an increase by 440 percent compared with 2007/08. Now the old age allowance has reached on Nrs. 2000 which somehow helped for easy survive of old aged people.

In addition, the old-age homes for some senior citizens continue and the government plans to construct more such homes. But considering the limited accommodation capacity of old-age homes, the overwhelming emphasis of the policy has been to encourage the household members (and the senior citizens) to create an environment of stay in the family.

4.4 Senior Citizen's Knowledge and Perception on State Provisions and Elderly Homes

During the survey senior citizens were asked about their knowledge on government provisions for senior citizens and their perception about elderly homes. There are some commonalities and some differences in their knowledge and perception by ethnicity and by regions. The following section summarizes this.

4.4.1 Knowledge and Expectations

The fieldwork carried out among senior citizens of four caste/ethnic groups suggested that they are not aware of state policies and provisions for senior citizens except for elderly and widow allowance. This lack of knowledge applied to all caste/ethnic groups under study.

Even in the case of monthly allowance many of them did not know how much money they are entitled to as monthly allowance. Tharus topped the in terms of lack of awareness on their entitled amount. There were also many cases of error in actual age in their citizenship certificate. In Bachhyauli, it was found that the daughter was receiving elderly allowance but her father was deprived of such allowance. Similarly, younger brother was found to begetting the allowance while the older brother was denied because in certificate he was younger than his younger brother. This research also asked about knowledge and expectation of senior citizens with regards to allowance and other supports. Whereas some of them had no comment, others were quite open. A few reported that the amount of allowance was alright. The main concern of senior citizens was that the allowance had not been provided in time and that the government should pay it on time. One elderly commented to the extent that he had not received not even five rupees let alone Rs. 500 for the last eight months. In fact none of the elderly had received any allowance for the last eight months (i.e., since June2008).

Likewise a large proportion reported that eligibility age for elderly allowance should be reduced (Table 6.1). Health facility was another important issue that senior citizens expected to be made easily and freely available by the government. Moreover, a few who were very destitute expected food, clothes and shelter from the government and the community.

CHAPTER- V
SOCIO-ECONOMIC CHARACTERISTICS

This chapter contains the Socio-economic characteristic of the elderly population of the research areas Bijauri, Dang. During the field visit, there were altogether 790 citizens who get social security allowance. Among them, 472 were the senior citizens including 164 (84 males and 80 females) dalits who get allowance after crossing 60 years age and other 308 (163 males and 145 males) who get the allowance after crossing 70 years age. From this total 472 senior citizen population, this research has selected 103 senior citizens as the respondents of the research. The Socio-economic characteristic of this elderly population contain Education status, Occupation, Main source of Economic, Living status, Household care, Household decision, Elderly allowance etc below:

5.1 Occupation status

Different caste has adopted different occupation. Tradition of the family has followed by their generation. In context of Nepal, people have adopted various types of occupation but in our occupation are divided as Own Agriculture, Agriculture Labor, Labor Non-Agriculture and others.

Table 1: Distribution of aged population in the study by occupation status

| Occupation status | Aged population by sex | | | | | |
| | Male | | Female | | Total | |
	No.	Percent	No.	Percent	No.	Percent
Own agriculture	43	63.2	19	54.3	42	40.8
Agri. Labor	23	33.8	14	40.0	57	55.3
Labor non-agriculture	0	0.0	1	2.9	1	1.0
Small business	2	2.9	1	2.9	3	2.9
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

The Table 1 shows the majority of elderly people occupation is own agriculture, i.e. 41 percent. Among the female 54 percent are engaged in own agricultural, 40 percent are agriculture labor, 3 percent are same engaged on labor non-agriculture and others occupation at once in their life. Among males almost 34 percent are engaged on own

agricultural and followed by agriculture labor (63%) and no male has engaged in labor non agriculture. In other occupations male has engaged 3 percent and where as no any elderly population male and female has engaged in any government services and small business in the study area.

5.2 Size of home land

Landholding is the crucial part for any of the economic analysis. Land is real property of elderly people. Land is an area of ground with defined boundaries, including minerals or resources below the surface and anything growing on or attached to the surface. Land is necessary to all production, no matter what be the kind or form; land is the standing-place, the workshop, the storehouse of labor; it is to the human being the only means by which he can obtain access to the material universe or utilize its powers. Without land man cannot exist. To whom the ownership of land is given, to him is given the virtual ownership of the men who must live upon it.

Table 2: Distribution of aged population in study by ownership of homeland the family is living status and sex

| Ownership of home land | Aged population by sex | | | | | |
| | Male | | Female | | Total | |
	No.	percent	No.	Percent	No.	
Own Home	33	48.5	18	51.4	51	
In Rent	26	38.2	9	25.7	35	
Unregistered (ailani)	9	13.2	8	22.9	17	
Total	68	100.0	35	100.0	103	

Source: Field Survey, 2016

The Table 2 shows that the study area what is the actual possession of ownership of home land by the households. Total 33 (48.5%) males and 18 (51.4%) females live at their home and land. Rest 26 (38.2%) males and 9 (25.7%) females live in rent. Likewise, 9 (13.2%) males and 8 (22.9%) females live on unregistered land.

5.3 Household decision

Household decision consists of works, marriage of family members, buy and sell of valuable goods, ceremony of important festival. This kind of household decision is generally done by household head and household head is must more likely

to be male compare to female. The situation of important household decision is found in our study area as follows-

Table 3: Distribution of aged population in the study by responsible person making decision on labor division of family members

| Decide the labor division | Aged population by sex | | | | | |
| | Male | | Female | | Total | |
	No.	Percent	No.	Percent	No.	Percent
Self	34	50.0	13	37.1	47	45.6
Husband/wife	29	42.6	11	31.4	40	38.8
Grandson/daughter	5	7.4	11	31.4	16	15.5
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

According to Table 3 there is self supreme interim of decision about the division of work in household and followed by husband or wife and Grand Son/daughter i.e. 39 percent and 16 percent respectively. In case of male there is almost same as 50 percent and 43 percent self and husband or wife respectively supreme for decision about the division of work in household but in case of female there is 37 percent and 31 percent self and husband or wife respectively for decision of work in household.

Table 4: Distribution of aged population in the study by decision about the marriage

| Marriage decide | Aged population by sex | | | | | |
| | Male | | Female | | Total | |
	No.	Percent	No.	Percent	No.	Percent
Me alone	27	40.9	14	40.0	41	40.6
We husband/wife	39	59.1	21	60.0	60	59.4
Total	66	100.0	35	100.0	101	100.0

Source: Field Survey, 2016

According to the Table 4 decisions about the marriage of the family members in almost 59 percent is depended on their household head followed by husband or wife i.e. male (59%), female (60%) respectively. Among 41 percent are participation me alone i.e. male (41%) and female (40%) respectively.

Table 5: Distribution of aged population in the study by goods buy/ sale

	Aged population by sex					
	Male		Female		Total	
Buy and sale	No.	Percent	No.	Percent	No.	Percent
Self	37	54.4	12	34.3	49	47.6
Husband/wife	26	38.2	11	31.4	37	35.9
Grandson/daughter	5	7.4	12	34.3	17	16.5
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

The Table 5 shows the decision about the buy and sale of the valuable goods in family. This kind of decision is higher of the self (48%) and followed by husband or wife (36%), Grand Son/Daughter (17%) respectively.

Table 6: Distribution of aged population in the study by ceremony of important festival

	Aged population by sex					
	Male		Female		Total	
Celebration decision	No.	Percent	No.	Percent	No.	Percent
Self	37	54.4	11	31.4	48	46.6
Husband/wife	26	38.2	10	28.6	36	35.0
Grandson/daughter	5	7.4	14	40.0	19	18.4
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

The Table 6 reveals the decision on the ceremony of important festival in which 47 percent reported as decision self depended. On their Grand son or daughter (18%) and followed by depended on husband or wife (35%).

In conclusion, all of the elderly people household decision as ceremony of important festival is depended on their family discussion. But most of the elderly people are dependent in term of decision in reported by higher 47 percent in case study.

5.4 Status getting elderly allowance

National Senior Citizen Act, 2063 declared that all of the elderly people who above 75 year and widow/widower and Dalit elderly people (60 and above) has to get elderly allowance pension.

Table7: Distribution of aged population in the study by status of getting elderly allowance

Available the getting elderly allowance	Aged population by sex					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	68	100.0	35	100.0	103	100.0
No	0	0.0	0	0.0	0	0
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

The Table 7 shows that 100 percent elderly people are get elderly allowance. All elderly people are 103. Then male are 68 and female 35 respectively.

Table 8: Distribution of aged population in the study by reason of not getting elderly allowance

Reason of not getting elderly allowance	Aged population by sex					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
60+ Years but no document of its proof	49	72.1	24	68.6	73	70.9
Nobody help in process	13	19.1	7	20.0	20	19.4
Lack of proper document	6	8.8	3	8.6	9	8.7
Difficult	0	0.0	1	2.9	1	1.0
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

The Table 8 that the most of elderly people (71 %) are reported that the reason of not getting elderly allowance is 60 year above age but no document of widow/widower proof, 19 percent has reported that nobody help in process and followed by lack of proper documents (9%) and 1 percent has felling difficulty to get. Among the male 72 percent and female 69 percent do not get allowance due to not being widow/widower proof document. There is also raised the question what is the process of getting allowance and who are able to get it.

5.5 Health Characteristics

This section contains the Health characteristics of the elderly population. The Health characteristics of the elderly population contain Health care system; Health status in term of capacity of slight, listen, memory and physical diseases, frequency of diseases, duration of diseases, type of diseases, education status and care system etc.

The main problem of elderly people is health problems. Most of the elderly dies due to the attraction of various diseases and being physically week is one of the remarkable features of elderly age. Various health facilities and behavior effect on the health status.

5.5.1 Diseases

Elderly age is main risk age in life in term of diseases. They are being physically week. The following table shows the diseases of study area-

Table 9: Distribution of aged population in the study by types of disease they suffer with

Types of disease	Aged population by sex					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Cough and asthma	10	14.7	7	20.0	17	16.5
Tuberculosis	1	1.5	1	2.9	2	1.9
Paralysis	1	1.5	1	2.9	2	1.9
Arthritics (bath)	3	4.4	2	5.7	5	4.9
No disease now	53	77.9	24	68.5	77	74.8
Total	68	100	35	100	103	100

Source: Field Survey, 2016

The Table 9 shows that Most of the elderly people are suffering from Cough and Asthma 17 percent; Tuberculosis 2 percent, Paralysis 2 percent, Arthritics (Bath) 5 percent and No diseases now are 75 percent.

Health care system may differ by different societies. Advanced society mostly follows the hospital treatment but in traditional society follows the home based as well as DhamiJhakri based treatment. The following table shows the health care system of study area-

5.5.2 Health care by sex

Table 10: Distribution of aged population in the study by going for care while being sick

| Have the treatment | Aged population by sex | | | | | |
| | Male | | Female | | Total | |
	No.	Percent	No.	Percent	No.	Percent
Home/ dhami/ jhakri	4	5.9	2	5.7	6	5.8
Government hospital	26	38.2	20	57.1	46	44.7
Private hospital/ clinic	7	10.3	2	5.7	9	8.7
Primary health center	30	44.1	10	28.6	40	38.8
Non response	1	1.5	1	2.9	2	1.9
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

As shows in Table 10 the treatment is mostly based on traditional belief. Majorities follow the home based treatment and followed Dhami/ Jhakri 6 percent, Government Hospital 45 percent, Private Hospital/ Clinic 9 percent, Primary Health Center 39 percent and Non Response 2 percent are not able to go for treatment.

Table 11: Distribution of aged population in the study by manage medical care

| Help to manage medical care | Aged population by sex | | | | | |
| | Male | | Female | | Total | |
	No.	Percent	No.	Percent	No.	Percent
Self	28	41.2	9	25.7	37	35.9
Husband/ wife	10	14.7	3	8.6	13	12.6
Grandson/ daughter	11	16.2	19	54.3	30	29.1
Other relatives	19	27.9	4	11.4	23	22.3
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

The Table 11 shows that Most of the elderly people are manage medical care from self 36 percent, Husband/ Wife 13 percent, Grand Son/ Daughter 29 percent and Others relatives are helps to manage medical care 22 percent.

Table 12: Distribution of aged population in the study by betterment of health facilities from the government sector in their view

Betterment view of health facilities	Aged population by sex					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Cash payment	2	2.9	1	2.9	3	2.9
Free health treatment	59	86.8	31	88.6	90	87.4
Provide free medicine	5	7.4	2	5.7	7	6.8
Mobile health workers	2	2.9	1	2.9	3	2.9
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

It is true that elderly people have many more requirements as well as they have more aspiration. If their requirements is not fulfill with respectfully then they will be felt very much pity.

The Table 26 shows that majority of elderly people i.e. 3 percent wants to cash payments by government for improvement on health status and followed by feel as a requirement to provide free medicine 7 percent, to provide free health treatment 87 percent and to manage the mobile health workers 3 percent. Majority of female (89 %) has reported as their requirement is management of free health treatment and majority of male (3%) has reported as their requirement is cash payment in the study area.

5.5.3 Daily activities

Elderly people have more knowledge about thing. They do various work on one days. They help their family by doing difference works. Following table shows the daily activities of elderly people in study area.

Table 13: Distribution of aged population in the study by daily activities

Daily activities	Aged population by sex					
	Male		Female		Total	
	No.	Percent	No.	Percent	No	Percent
Care of children	3	4.4	5	14.3	8	7.8
Going for cattle herding	2	2.9	0	0.0	2	1.9
Collection of fodder and fire wood	28	41.2	18	51.4	46	44.7
Going in daily wages	2	2.9	1	2.9	3	2.9
Participation in religious activities	3	4.4	0	0.0	3	2.9
Talking with family	30	44.1	11	31.4	41	39.8
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

The Table 13 shows that 45 percent of elderly people engage in their collection of fodder and fire wood, 40 percent elderly people spend their time talking with family. Most of the elderly people do not get rest in their house. Female situation is more difficult than male situation. 51 percent of elderly female engage in their collection of fodder and fire wood. Similarly, 31 percent talking with family, 14 percent care of children and 3 percent elderly people going in daily wages activities respectively. 44 percent of elderly male spend their time taking with family, 41 percent collection of fodder and fire wood, 4 percent care of children and 3 percent elderly people going in daily wages respectively in the study area.

5.5.4 Sleeping and getting up time

Most adults need 7 or 8 hours of sleep each night to feel fully alert during the day. This is usually also true for people age 65 or older. But as we get older, we might have more trouble sleeping. Many things can get in the way of sleeping well or sleeping long enough to be fully rested. Older adults might get sleepy earlier in the evening. Older adults may have insomnia, which makes it hard to fall asleep when they go to bed or stay asleep all night. They might wake up very early in the morning and not be able to go back to sleep.

5.5.4.1 Sleeping up time

Elderly people need more rest in their life. Their physical condition has been poor. So, they want to sleep a lot of time. Following table shows the sleeping time of elderly people in study area.

Table 14: Distribution of aged population in the study by daily sleeping up time

Sleeping up time	Aged population by sex					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
9	3	4.4	0	0.0	3	2.9
10	38	55.8	19	54.2	57	55.3
11	27	39.7	16	45.7	43	41.7
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

The Table 14 shows that 55 percent elderly people sleeping at night 10:00 o'clock. Similarly, 42 percent 11 o'clock and 3 percent elderly people at sleep at night 9 o'clock respectively. Male and female situation is different. Most of elderly male sleep at 10 o'clock 56 percent and 54 percent elderly female sleep at 10 o'clock in the study area.

5.5.4.2 Getting up time

Getting up time is a routine of elderly people in every morning. Some of elderly people get up early in morning and some elderly people get up let in the morning. Following table shows the getting up time of elderly people in study area.

Table 15: Distribution of aged population in the study by daily getting up time

Getting of time	Aged population by Sex					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
4	24	35.2	8	22.9	32	31.1
5	39	57.4	20	57.1	59	57.2
6	5	7.4	7	20.0	12	11.7
Total	68	100.0	35	100.0	103	100.0

Source: Field Survey, 2016

According to The Table 15, we know about getting up time of elderly people of study area 57 percent of elderly people get up at 5 o'clock, 31 percent elderly people get up at 5 o'clock and 12 percent elderly people get up 6 o'clock in the morning. They do not sleep property at night. Male and female situation of getting up time does not differ much. Their time is same as total condition.

5.6 Challenges and Problems Associated with Social security of Old Aged People

5.6.1 Perception on Old Age Home

Despite government's effort to support senior citizens through provision of elderly homes the concept of old age home, its information as well as knowledge on this issue is very limited among all senior citizens surveyed. In reality, there is only one old age home run entirely by the government of Nepal, which is located at Pashupatinath, Kathmandu. It hosts destitute Nepali elders by offering shelter, meals and clothes. The total housing capacity is 230 people.

In addition, there are about 50 day care centers, 20 old age homes and more than 100 elderly clubs run by 50 different organizations who are directly involved in elderly issues (Dahal2007). Government supports five old age homes run by NGOs and 14 other homes run by welfare agencies (MoPE, 2002). A total of 1500 elderly people across the country have been benefiting from Elderly Home (*Briddhashram*)**.**

The views of elderly people regarding the old age home vary among and across different caste and ethnic groups. This is due to their diverse socio -cultural condition as well as their livelihood assets. To explore the perception of elderly people on old age home a question was administered to them if they would like to go to elderly home in case of adverse situation in the family.

Magar: Living in elderly home is a taboo among most of the communities or families. There is a strong family cohesion among the Magars. They (both elderly and children) have not thought about this system of living arrangement. None of the elderly people is aware of the elderly home. None of them prefer to go to such place even if they have to face difficulties in their lives. According to them, not a single elderly person from their community and relatives had gone to elderly home.

An elderly male, aged 75, who has strong belief that going to elderly home is a big taboo, expressed his feelings as:

Oh my god! May such situation never happen in my life, how can I go in such place? I cannot imagine that my family will create such a situation. I have not heard about this and I have not even imagined about it. Where to go leaving behind the family? I'll remain here no matter how much difficulties I should have to face.

Another elderly person expressed his feelings as

No! I am a pension holder; I don't think that I'll have hand to mouth problem. How can I go to such place? This is the place that we earned by our sweat. How can we leave this place? In my view, it (elderly home) may be good for child-less people. As far as possible it is good to live with family. Where to go leaving behind the family and home? If there is a rupture in family it should be managed within the society. If it crosses the social boundary, that would be the worse condition.

This is my birth place, I have been living here all the life and become old here so I'll die here I'll go nowhere. I even don't go to daughter's home and maternal home, how can I go to Elderly home? I hope such situation won't come in our life. How can I go to elderly home leaving everything here?

According to him, what matters is the identity of place, social relation, family ties and the memories of the past. Going to elderly home is a taboo, unimaginable, unacceptable, and a detachment from family ties. He adds:

I won't go there. However the son and daughter-in-law behave they are better than others. I'll die here in my place. This is my birth place; I became old here so I don't like to go else where .I even don't like to go to there due to climatic condition.

I'll prefer to die in son and daughter's home. It would be better if the government support at home, otherwise I won't go. Children will look after; they won't let us rotten here at home.

If they misbehave I'll all the relatives and neighbors and ask to beat them. I have pension and relatives, neighbors so why should I worry about it? I'll never go to such a place.

A widow expresses her feelings:

No, I cannot leave home and my children. Even when I go to maternal home I miss the children and grand children. My husband used to tell me that love to children won't

go in vain, I am doing accordingly. I have a son and a daughter. They are taking care of me.

That (elderly home) is the place for beggar and destitute. I have family, property and my grand children where to go? My son, daughter-in-law, grandson are there to care for me. I don't want to leave this place.

These types of statements are common among the Magars of the study area. These statements of elderly people reveal some major reasons for not willing to go to the elderly home. They can be summarized as follows:

) Culture of extended family

) Strong sense of place, identity value: forefathers' place,

) Strong affection to children

) Strong social ties /capital

) Elderly home as a social taboo

) Comparatively good economic asset

) Overall physical environment of the place

Overall, their feeling is that home is the perfect place for elderly. They think that elderly home will be good for those who are socially and economically destitute and not for people like them.

Tharu: Among the Tharus, there is a mixed perception on this issue. Some believe that it is against their culture and the others express that it is good idea for someone who is destitute due to various problems. The followings are the expressions of those who reported that they do not want to go to elderly home:

.. No how can I go? I want to live with grand Childs, they are very young, if they were grown-up, I would have gone………it is the responsibility and duty of son, I hope he will take care………no! I don't want to leave family home, and society, if family member mish behave and cannot die then I may go..

These are some of the statements given by elderly people who think that the concept of elderly home is taboo. They raised the issue of family ties, family responsibility, and the right to stay with children. More over they think that it is the duty of children to care and love their parents.

Those people who do not have good livelihood assets, are in solitary living arrangement and have poor family support (in joint family) prefer to go to elderly home. These are some of the statements given by them.

…. I will go if I get facilities to be alive...I may go it is better to go is family member do not take care of elderly...I may go, don't know in detail, but better to go if no arrangement is available at home....I May go as there is no one to take care.

…yes- I am hardly feeding myself by begging, if got opportunity, I'll go to elderly home

These statements reveal many facets of their lives. First it indicates that many elderly people are living without basic services. Second the family support system is weak. And the last but not the least is the hardship of heir lives due to their poor financial capital.

Brahmin/Chhetri: Among the Brahmin/Chhetri community of Dang, going to elderly home is not considered a taboo even though most of them are unaware about this issue. Majority elderly people have just heard about the elderly home. Sizeable number of elderly is living in solitary living arrangement and ha s very limited livelihood assets. Hence when they were informed about the elderly home, more than two thirds perceived it favorably and would leave their home for elderly home irrespective of their gender and living arrangement.

However, none of their relatives and friends had gone to elderly home so far. Some of the statements given by elderly people in this regards include:

Yes, I have to live! Retain life! This land does not give me enough crops. We may die waiting for ripening of the crops. Hence it is good idea to go there.

I have nothing, if managed I'll go.

If they build it in the village I may go otherwise I may not. If it is far from the village, relatives and friends won't visit, in this case it is better to die at home.

Children are not taking responsibilities and I cannot manage either, hence it would be better to go to elderly home.

If my economic condition will not support and children will also be careless towards me I will go otherwise I won't.

If government provides facilities I'll go. When I become very old and cannot work I'll think of going. Even then if my sons ask me to stay with them I'll stay with them what ever condition I have to face.

It is very difficult to adjust with many people. Hence if life would be better I'll go.

Yes I'll go. At least there will be friend to talk.

Why not? I'll prefer to go, if I am suffering and there is no one to look after me here, why not go?

These statements reveal some important aspects of elderly people in the study area. First, their expression reflects their living arrangement and living environment. It also indicates that they have weak family ties which have hampered the family support system. As a result, they prefer to go to elderly home. Furthermore it reveals that their social ties are weak and one feels lonely in the later life. They have also raised the issue of spatial proximity of the elderly home i.e. it is better to build elderly home in nearby places where interaction among the family members can be maintained. More importantly they prefer some kind of freedom in their lives.

Many elderly people do not want to go to elderly home. Among them majority belongs to female and the widow. The respondents gave the following statements:

No! We will leave this place only by death. I have only one son, whatever I have done that is for him. He is looking after me till date.... Don't like to go. Sons have to look after me, when we really needed their help. My son will not send there. Such place is good for those without children and who are suffering now

We both, husband and wife are alive and are living together well. Even though we are living alone, if our children tell us to go then we will go. Otherwise we will stay here.

These statements reveal that their love and affection towards their children (family attachment), especially grand children is the most important. Some raised the issues of sense of place, social relation and some widow also claimed that this is the place of his spouse's death.

Dalit*:* Among *Dalit* community none of the elderly people have knowledge of elderly home.

After they were told about it they had mixed perceptions. The idea of elderly home was not taken as a taboo. Majority of them would prefer to go to elderly home irrespective of their living arrangement if they get proper facilities. *Dalit* Poor livelihood assets and family support system have compelled the m to think of leaving their places for the elderly home. The following statements given by *Dalit* elderly reflect various aspects of their lives, which have compelled them to think about the option of elderly home.

If they [government] can provide necessary support then I would rather go than face these difficulties...If they provide food, shelter and cloths then we can move there. We have no one to support and we can work no more....

I can go if it [elderly home] is nearby, because I cannot go far from my children even If they do not care properly, if such facilities are available I will go. I can stay there

without any tension. This is because here my life is full of tension and it would be good to live in such place.

Yes, if they provide food without work we can go otherwise we cannot work anymore.

Among Dalit elderly who do not want to go to elderly home, the issue of family attachment is the single most important factor. The following expressions of elderly people reflect the family ties of the elderly people:

I don't think that I can leave my children. Even if they misbehave I wont go. ..

No want to stay with son and daughter in law. How can I leave my children?

……No, this is the place where my husband died and I want to die here too. I do not like to leave this place. It would be good if the environment to live together is build.

5.6.2 Critique of State Policies

As noted earlier, the government of Nepal formally specified its social security provision through provision of elderly allowance during Eighth Plan and this provision has been continued to date. In the mean time some other support provisions to the elderly people have also been added. This is a good beginning. However, as the field survey reveals the experiences are different and that the expectations of senior citizens from the state mechanisms are far higher in the rural areas. In the mean time the proportions of senior citizens are increasing and so are their expectations. The gaps are there between state provisions and senior citizen's expectations. Some of the critique of state policies can be summarized as follows.

5.6.3 Legal Vs Practical Concerns

The positive aspect of state policies is that it recognizes that senior citizens are important segment of population. They have special problems and that these problems have to be addressed by the state. To that extent the policy document specifies some policies and actions. However, the main concentration of policies appears to be on the formulation of acts and regulations. The Senior Citizen's Act 2063 (2006) and Senior Citizen's Regulation 2065 (2008) are critical examples. The Acts and Regulations are welcome but the contents within these legal instruments mainly focus on intra-family and intergenerational conflicts and legal remedies. The clauses in these legal instruments are stated from the perspectives of the 'duties' but in the mean time it fails to address what happens if the family members do not abide by all these clauses. One may argue that with the promulgation of the Act senior citizens can go to the local government and to the court for their right but issues such as whether it is

practical or not and what will be the consequence of asking for remedy from the local government and the court on the part of the senior citizen on their daily life are overlooked.

Considering the prevailing legal system with lengthy procedure whether the existence of legal instruments really addresses the senior citizen's concerns and sufferings are big questions. One must realize that so long as the senior citizens are able to do their daily chores they are unlikely to be deprived of their rights from the family or the co-residents. It is normally when they are unable to do so they are misbehaved and that's when the sufferings are severe.

5.6.4 Conceptualization and Internalization

The other problem of state policies is the poor conceptualization and understanding of there all issue. One example is that of Tenth Plan. It emphasizes the extension of formal support system by establishment and extension of elderly home and care centers as a major working policy i.e., social security and rights. Establishment of the elderly home is one of the major programs of government, which is positive for many reasons.

The findings suggest that senior citizens prefer to be with their family or remain close to the family members irrespective of caste/ethnicity and spatial units. Mage shaving strong extended family system had objections on this and even for Brahmin/Chherti, Dalit and Tharu this is not a preferred option. What this suggests is that the policies should focus on informal support system and provisions that help create favorable environment for senior citizens to stay within the family or, family based social security system. Provisions of subsidies to the household that takes care of senior citizens such as on electricity, child education, land revenue, agricultural inputs, health care and sanitation could largely encourage siblings to take care of their senior parents. It is not possible for the government to build elderly homes for all the needy ones and ultimately it is the family that has to be made responsible to support their elderly relatives. This can be done only through development of informal support system and by supporting families who take care of the elderly persons.

5.6.5 Continuity versus Discontinuity

Support provisions such as senior citizen's allowance and elderly homes and geriatric wards continued in the following plans since Eighth Plan. However, some important provisions did not obtain adequate follow up and continuation. With the objective of

enabling senior citizens to lead a life with more dignity, the Ninth Plan targeted to strengthen family-based security system by providing facilities and given priority on public services to the families caring for elders. This was the most important policy of the Plan; however there were no programs to support this policy. No facilities and priorities on public services have been provided to supportive generation. But in the succeeding plans, supporting programs and activities could have been developed. As our findings also suggest, family -based support system is more culture friendly and more palatable to both the elderly and the supporting generation. This policy has not been continued in following Plans let alone the programs and detail activities.

5.6.6 The Policy-Program Gap

Translation of policies into programs and specific activities has been a challenge in the history of development plans in Nepal and policies on senior citizens is no exception. The Ninth Plan has aimed to strengthen the informal support system by designing the program to support households caring the senior citizens. However, no programs and activities have been developed to implement this system to date. Even the provisions of geriatric wards in all zonal hospitals, more elderly homes have remained rather as popular slogans than as actions.

The policies of state to raise awareness on elderly issues through NGO, CBOs, and local governments are notable. The elderly issues are also expected to be incorporated in school curriculum. Similarly the Plan has emphasized to make efforts to support elderly by providing concessions in public transport and entertainment. However none of these programs have been effectively implemented. As a result, majority of the elderly and the supportive generation are not aware of the policy, programs on elderly and the supports provided by the government and private institution.

Both the Plans (Ninth and Tenth) have mentioned that the experience, skill, knowledge and capability of senior citizens, helpless widows and disabled people will be utilized in policy making, income generating activities and formulating directives for national development. In reality, no efforts have been made in this regard at the local level.

5.6.7 Data Gap and the Issue of 'Age'

Since the beginning of the provision of senior citizen's allowance the government has maintained that it will update records of senior citizens. Maintaining and updating the

records of senior citizen has been major program of Ninth and Tenth Plans. However, the data gaps are there and existing data base has several flaws. Incidences of younger brothers or sisters getting allowances while their elders were deprived of such allowances due to not reaching "official" age were common than rare. The age of many seniors were wrongly documented in the citizenship. In this study I also noted a case in Tharu where the daughter was receiving elderly allowance while her father was denied due to not reaching the proper age. Such errors have deprived many needy senior citizens from state supports. A revisit to these cases is necessary by coordinating with Home Ministry and local government.

The government has defined the senior citizens in terms of age limit. In reality, ageing is related to physical disability rather than reaching a particular age. Spatial and social differences exist in ageing process in Nepal. Ageing related disabilities may differ by residence i.e., rural and urban and by ecological zones i.e., Mountain, Hill and Tarai. Likewise, there can be caste/ethnic differences. Thus, rather than a flat cut -off age some variations needs to be recognized. The latest revision of threshold age of elderly allowances is a welcome approach. But it is also important that these recognitions are based on objective findings rather than conjectures and slogans.

Amidst increasing population size of senior citizens and amidst limited resources, the government has attempted to provide some allowances and other provisions. The policies have been developed demonstrating that state shows concerns on ageing and senior citizens problems. Some legal instruments have been developed in view of social welfare and improving the quality of life of senior citizens. However, the legal instruments referring support to senior citizens are sketchy and suggestive than specific. The experiences of senior citizens under study reflect that the status of formal support system in general is at infancy.

The amount was small, they have realized it but their concern was more with getting in time rather than increase in amount. One elderly commented that they have heard an increase in the amount but they have not received single penny for the last six months. She further adds "what's the use of increase if the government does not pay the amount? A good slogan!! We would be better –off with whatever amount we're getting last year but on time."

My fieldwork carried out among senior citizens of four caste/ethnic groups suggested that most of them are not aware of state policies and provisions for senior citizens except for elderly and widow allowances. This lack of knowledge applied to all

caste/ethnic groups under study. The concept of old age home, its information as well as knowledge on this issue is very limited among all senior citizens surveyed. Even if they are informed of the situation many of them are reluctant to go there. The caste and ethnic variations are evident. Majority of the elderly are experiencing the exclusion from the social activities except Tharu and Magar elderly inthe study area. In general, those with physical disabilities are more deprived of participation in social activities.

One of the main issue of state policies relate to individual based support system versus family-based support system. The provisions under the policies at present have targeted senior citizens as individuals. But it overlooks senior citizens as part of the family. Since majority of senior citizens stay as member of the family and not necessarily as productive and powerful as they used to be, support to the family is equally important as support to them as individuals. The family based support helps create environment supportive to the senior citizens because household's eligibility to state support provisions will be based on whether the household has been looking after senior citizen's or not.

There is a need to correct policy-program gap and data gap. With clear conceptualization and internalization of the problems of senior citizens, the plan of actions needs to be more practical. The policies should also focus on utilizing senior citizen's experience and knowledge in a concrete manner. Currently, Ministry of Women, Children and Social welfare is responsible for handling the social security provisions of senior citizens.

CHAPTER-VI
CONCLUSION AND RECOMMENDATION

6.1 Conclusion

In Nepalese scenario the rate of growth of aged population has been rapid compared with the growth rate of overall national population. This growth has taken place in a situation where the country is caught into social and political transition and where the rate of growth of economy has been poor. These senior citizens require special attention from the state, from society and more importantly from the family to maintain their living and cope with adversities of ageing process. In this context this study attempted to examine senior citizens' overall living environment and arrangement through livelihood and modernization perspective revealing their contemporary status of social security.

To examine their social security, this research covered the Bijauri VDC, Dang district. Five different caste and ethnic groups namely Brahmin,/Chetri, Tharu, Dalits, Magar and Kumal were selected during the research. This study finds that there is a significant influence of modernization process on the lives, living arrangement and overall living environment of senior citizens. Examined from the social dimension of Nepalese society, i.e., caste and ethnicity, the variations are evident with Brahmnin/ Chhetri and Dalit community being highly affected by this process. While Tharu, Kumal and Magargroup seems to be less influenced, the Magar community has been more intact with respect to their traditional family system. Solitary living dominated all other types of living arrangement among Brahmin/Chhetri. Dalits were no exceptions. However, among Magar and Tharu, co-residence with siblings and relatives were more common than solitary living.

This study reveals that the social security of the elderly people has somehow secured than before. However, there is a caste/ethnic variation. Brahmin/Chhetri and Dalits experienced massive decrease in their social status due to their age related issues. Tharus have mixed perception on this issue. However, among the Magar none of them expressed their experience of decrease in their social status. The social interaction shows similar situation. It also decreased as one becomes physically weak with an increase in age.

Likewise, due to the separation of the family even some of the senior citizens have been going through alienation and negligence from their own sons and daughters.

Even there is the problem of adjustment in modernization. Thus, in the changed scenario, there is aging gap between generations which also have placed the senior citizens in marginalized position of society.

6.2 Recommendation

The issue of senior citizens touches various segments of society and various sectors of government. With time the number of senior citizens in the country will increase and so will be the social, spatial and economic problems associated with them. Senior citizens of Nepal need special attention. In this context based on the findings of the study the following recommendations are made.

- There should be appropriate policies to have senior citizen's control over their livelihood assets. The natural capital, which has only subsistence value, does not guarantee the quality of lives of the elderly people. This is because livelihood assets of elderly play a very important role in the lives of elderly people. It determines the living arrangement, environment and the overall quality of their lives.

- Financial capital plays a vital role in the lives of senior citizen, especially when the supportive generation's financial capital is weak. Thus income generation activities suitable for senior citizen should be introduced. This will help foster the informal support system.

- In a country like Nepal, where overall development level is at its infancy stage, it would be difficult for the nation to cover all the expenses in formal support of senior citizen. Hence it is essential to continue the existing support system, which has been practiced for generations. However the government's policy is not clear about to strengthen the existing informal support. To enhance this government should introduce various programs for the care takers of the elderly e.g. subsidies in agricultural inputs, electricity, health and sanitation, child education, deduction in income tax and many other facilities in social and economic institutions.

- All policies related to elderly have to integrate the concept of enhancing the livelihood assets of the elderly people. Such development policies will be more effective if they are closely linked with efforts of the society at grass root level and seek full participation of the community including the senior citizens.

〕 Modernization process has altered the traditional value system of informal support system across different caste and ethnic groups. Family system is comparatively less altered in ethnic communities and high in caste groups. Hence, proper policy intervention is needed to reduce the impact of modernization.

〕 Maintaining and updating the records of senior citizen has been major program of Ninth and Tenth Plans. The government has assigned VDCs and municipalities for this task. However, the data gaps are there and existing data base has several flaws. Are visit to these cases is necessary by coordinating with Home Ministry and local government.

〕 The government has defined the senior citizens in terms of age limit. In reality, ageing is related to physical disability rather than reaching a particular age, especially among the agrarian communities.

〕 The study team felt that the knowledge on various issues of elderly people is far from adequate in Nepal. Hence, large scales quantitative as well as qualitative studies across different geographical and socio-economic settings are a must to have comprehensive understanding of senior citizen for proper policy formulation and implementation. The Eight, Ninth and Tenth Five Year Plans as well as Nepalese constitution have not prioritized the issues of social security of old aged people.

〕 Likewise, there seems some sort of problems in the effective distribution of the allowance due to the traditional method. Since most of the senior citizens are illiterate so it is not easy to apply banking system. However, the stakeholder should focus on the application of banking system in future days with proper training for the senior citizens.

〕 It is clear that the monthly allowance of Rs. 2000 is very effective for the easy survive of senior citizens. In this sense, government should manage Rs. 520,000,000 per month only for the old age allowance for 2600,000 senior citizens (NSCF). It is not clear how the government will handle the burden of this additional expense. Thus, stakeholder should even focus on the additional means of income in local level in order to secure the economical status of senior citizens and in upcoming generations the economical burden of allowance should be handled in local level.

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QUESTIONNAIRE FOR PRIMARY DATA

A. Individual information

101. Name

102. Age

103. Sex: 1 = Male;   2 = Female

104. What is your religion?

1. Hindu

2. Buddhist

3. Muslim

4. Others

105. What caste do you belong to?

1. Brahmin   2. Chhetri

3. Magar   4. Newar

5. Kumal   6. Thakuri

7. Dalit   8. Others

106. Marital Status;

1. Single   2. Married   3. Widowed   4. Separated

5. Divorce

B. Social characteristics

107. What is the type of your family?

1. Joint Family   2. Nuclear Family

108. With whom you are living?

1. Elderly himself/herself;   2. Spouse;

3. Son;   4. Daughter;

5. Daughter-in-law;   6. Son-in-law;

7. Grand Son;   8. Grand Daughter

109. Are you satisfied with your family members/ caretaker?

Yes- 1   No- 0

110. If not why?

1. Social attitude   2. Not getting good facilities

3. Lack of due respect   4. Others

111. In your opinion what is the best living arrangement for the elderly?

1. Live alone   2. Live with spouse

3. Live with son   4. Live with daughter

5. Live with other close relatives   6. Live in old age homes

112. What is your educational qualification?

1 Illiterate   2. Informal education

3 Primary   4 Secondary

5 Higher Secondary   6 Graduate

7 Post-graduate;   8 others (specify)

113. Do you feel social isolation?

1.Yes   2.No

114. If yes why?

1. Generation gap   2. Busy family schedule   3. Physical condition

C. Economic Characteristics:

115. Are you still working?

1.Yes   2. No

116. If yes what works do you do?

1. Agriculture   2 Service

3. Handicraft   4. Priest/puret

5. Business   6. Others

117. What is your current Source of Income?

1. Own work   2. Property income

3. From Children   4. Pension

5. Govt. Allowance

118. How much do you earn (per month)? Rs…………….

119. Is your income enough to meet your needs?

Yes- 1   No- 0

120. If no, how are you fulfilling your needs?

1 Self satisfied   2. Getting support from social
organizations

3. Selling property (allotted by family for livelihood)   4. Loan   5. Son

121. Who is the household head of your family?

1. Myself   5. Son in Law

2. Wife   6. Grand son

3. Son   7. Grand daughter

4. Daughter in law 8. Husband   9. Others

122. Who has the property ownership in your family?

1. Myself   5. Wife

2. Son   6. Son in Law

3. Daughter   7. Grand Son

4. Daughter in law   8. Husband

123. How do you rate your role in family decision making?

1. No   2. Jointly   3. Fully

D. Personal Habits:

124. Do you have habit of smoking?

1. Never   2. Occasionally   3. Regularly

125. Do you have habit of chewing tobacco?

1. Never   2. Occasionally   3. Regularly

126. Do you have habit of drinking alcohol?

1. Never   2. Occasionally   3. Regularly

127. Do you have habit of doing physical exercise/yoga regularly?

Yes- 1   No- 0

128. How often do you take meal in a day?

1. Twice   2. Thrice   3.As wish   4.others

129. How often do you bath?

1. Daily   2. Twice in a week

3. Once a week   4. Some times   5. Others

E. Health Characteristics:

130 . At the Present ,weight

…………………………..kilograms,   height………………

 131. How do you rate your health condition?

1 Excellent   2 Good

3 Satisfactory   4 Poor

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132. Comparing to the others who are in the same age ,what about your age ?

( ) 1. Healthier than the others   ( ) 2 .As the same as the others

( ) 3. Worse than the others

133. Do you have a medical checkup regularly ?

( ) ever   ( ) every year   ( ) every 6th month   ( ) never

134.Do you community perform the physical exercise together?

( ) 1.yes   ( ) 2. No

135 Are you suffering from any type of chronic diseases?

Yes- 1   No- 0

136. If yes, with what you are suffering from?

1 Hypertension	2 Stroke	3 Diabetes
4 Arthritis	5 Dementia	6 Other fractures
7 Fracture hip	8 Parkinson's	9 Blindness
10 Elimination	11 Cancer	12 Heart Diseases
13 Asthma	14 Gastrocide	

137 Do you have poor vision?

Yes-1   No-0

138. Do you have Problem with hearing?

Yes-1   No-0

139.. Do you have problem with walking (200m.)?

Yes-1   No-0

140. Can you sit in a fixed place for a long time and standing up?

Yes-1   No-0

141. Can you climb 20-25 stairss without any support?

Yes-1   No-0

142. How much weight you can lift?

………………………………………

143. Do you have sound sleep?

Yes- 1   No-0

144. Do you need the help of other persons with your personal care needs, such as

eating, bathing, dressing, or getting around the house?

Yes- 1   No-0

145 What is the major impairment or health problem that limits your activitie

1. Back or Neck Problem	2. Fractures/Joint pain
3. Walking Problem	4. Lung/Breathing Problem
5. Heart Problem	6. High Blood Pressure
7. Depression	

146 Where do you consult for the treatment of your health related problems?

| 1. Health centers | 2. Traditional healers |
| 3 . Home | 4. Others |

147 What should be done for the welfare of the elderly people?

14 8 From which sectors do you expect further more assistance for the old age security?

1. Government	**2. Family**
3. Relatives	**4. Society**
5. Social organizations	**6. Others**

149. What types of support do you expect then?

| 1. Economic support | 2. Settlement arrangement |
| 3. Provision of caretaker | 4. Others |

ANNEX II

CHECKLIST FOR GENERAL QUESTIONS AS PER OBJECTIVES

1. What is the main religion of this area?

1. Hindu

2. Buddhist

3. Muslim

4. Others

2. What is majority caste in this area?

| 1. Brahmin | 2. Chhetri |

3. Magar   4. Newar

5. Kumal   6. Thakuri

7. Dalit   8. Others

3. Marital Status;

1. Single   2. Married   3. Widowed   4.

Separated

5. Divorce

4. What is the main occupation of the people around here?

5. With kind of health problems you have been facing here?

1. Elderly himself/herself;   2. Spouse;

3. Son;   4. Daughter;

5. Daughter-in-law;   6. Son-in-law;

7. Grand Son;   8. Grand Daughter

6. Any of you have passed master degree? Raise your hand?

7. What's your education qualification?

1 Illiterate   2. Informal education

3 Primary   4 Secondary

5 Higher Secondary   6 Graduate

7 Post-graduate;   8 others (specify)

8. How many of you can work in fields?

9. If yes what works his/her does?

1. Agriculture   2 Service

3. Handicraft   4. Priest/puret

5. Business   6. Others

10. What is your current Source of Income?can anyone tell me?

1. Own work   2. Property income

3. From Children   4. Pension

5. Govt. Allowance

11. Who is the household head of your family?

1. Myself   5. Son in Law

2. Wife   6. Grand son

3. Son   7. Grand daughter

4. Daughter in law 8. Husband   9. Others

12. Who has the property ownership in your family? Can you tell here?

1. Myself   5. Wife

2. Son   6. Son in Law

3. Daughter   7. Grand Son

4. Daughter in law   8. Husband

13. Who takes family decision in family?Can you tell here?

14. Do you have habit of smoking?Can you tell here?

15. Haw many of you have a habit of doing physical exercise/yoga regularly?

16. Haw many of you have been suffering from any type of chronic diseases?

17. If yes, with whichdiseases you are suffering from?

1 Hypertension	2 Stroke	3 Diabetes
4 Arthritis	5 Dementia	6 Other fractures
7 Fracture hip	8 Parkinson's	9 Blindness
10 Elimination	11 Cancer	12 Heart Diseases
13 Asthma	14 Gastrocide	