

CHAPTER ONE

INTRODUCTION

1.1 The study context

Ageing has now become a big problem with unprecedented increase in the number of elderly people worldwide. There are approximately 810 million persons aged 60 years or over in the world in 2012 and this number is projected to grow to more than 2 billion by 2050. At that point, older persons will outnumber the population of children (0-14 years) for the first time in human history. Asia has more than half (55 per cent) of the world's older persons, followed by Europe, which accounts for 21 per cent of the total. (UN Population Ageing and Development; 2012)

Proportion of the total population aged 60 years or over .one out of every nine persons in the world is aged 60 years or over. By 2050, one out of every five persons is projected to be in that age group. The proportion of the total population that is 60 years or older is much higher in the more developed regions than in the less developed regions: one in five persons in Europe; one in nine persons in Asia and Latin America and the Caribbean; and one in 16 persons in Africa. Although ageing is evolving fast in the more developed regions, the less developed regions will experience faster ageing over a much shorter period of time (UN population on ageing; 2012).

On 14 December 1990, the United Nations General Assembly (by resolution 45/106) designated 1 October the International Day of Older Persons. The United Nations (UN) celebrated the international day for older persons in 2012 with the theme “Longevity: Shaping the Future”.

According to the 2001 census, Nepal's elderly population constitutes 6.5 percent of the total population of the country. During the years 1991-2001, the annual elderly population growth rate was 3.39 percent as against the national population growth rate

of 2.3%. According to the 2011 census, the percentage of elderly population has increased to 9.1 percent (male 4.6% and female 4.5%). (www.nepalnews.com/.../18567-nepals-ageing-population-are-we-prepare)

The elderly population is estimated to double by 2017. Elderly people in Nepal are usually found active and productive in their advancing years . They are involved in childcare, cattle herding, handicraft making and other farming related activities. Elderly females, in particular, mostly share responsibilities in household chores. However, their contribution and economic value have not been duly recognised.

Social security of the old and retired people has drawn much concern among the policy-makers and planners in both the developed and underdeveloped countries of the world.

The issue associated with elderly people's social security has often been politicized in most of the developing countries. Due to lack of strong political commitment, social security has remained just a means of garnering votes and paving one's way to the high office.

The concept of social security in many developing countries, including Nepal, is gradually making a transition from family domains to that of the state. The joint family system in Nepal used to provide social security to individuals until some years back. With rapid urbanization, people have started living in nuclear families, and the concept of social security has gradually shifted to the realm of the state.

Social security is a system to identify individuals against interruptions or loss of income, and contingencies arising from retirement, marriage, birth, sickness, work injury, maternity, unemployment, old age and death(www.gefont.org).

Social security mainly refers to a field of social welfare concerned with social protection, or protection against socially recognized needs, including poverty, old age, disability, unemployment, and families with children and others. (www.en.wikipedia.org/wiki/social)

Social security systems contribute not only to human security, dignity, equity and social justice but also provide a foundation for political inclusion, empowerment and consolidation of democracy.

The international labour organization (ILO) launched a global campaign on social security for all on June 18, 2003. A press statement of ILO office in Geneva stated, “noting that four out of five people in the world lack basic social security coverage. The ILO has charted out a programme to spearhead a campaign to encourage countries to expand their social security to more of their citizens.”

Moreover, half of the world’s population has no social security of any kind. According to ILO, social security coverage involves access to healthcare and basic income security in cases of old age, unemployment, sickness, work injury, maternity or loss of a bread winner.

According to the ILO’s World Social Security Report 2010/11, only 20 per cent of the world’s working-age population has access to comprehensive social security systems. To address this enormous challenge, two important developments for the extension of social protection to all marked the year 2011.

At its historic 100th Session in June 2011, the International Labour Conference (ILC) reached a global tripartite consensus on social security which underlined the importance of social security as a human right and as a social and economic necessity for countries, at all levels of development. (www.ilo.int/global/publication/magazines-and-journals)

The Social Protection Floors Recommendation, 2012 (No. 202) was adopted by the International Labour Conference (ILC) in June 2012.

This recommendation expresses the commitment of Member States to move towards building comprehensive social security systems and extending social security coverage by prioritizing the establishment of national floors of social protection. It complements the existing ILO Conventions and Recommendations related to social security.

The recommendation provides guidance to Member States, so as to ensure that all members of society enjoy at least a basic level of social security throughout their lives. It provides guidance to countries in establishing and maintaining national social protection floors as a fundamental element of their national social security systems and in implementing their floors within strategies for the extension of social security that progressively ensure higher levels of social security to as many people as possible, guided by ILO social security standards.

There is no universal approach to expanding social security coverage. Each country has its unique situation and requires tailored actions. A number of middle income countries have been successful in expanding the coverage of their social security systems. The republic of Korea increased health coverage from 20 percent to 100 percent between 1977 and 1989 and 1999. In addition to this, Costa Rica has achieved full health coverage for its citizens through a combination of social insurance and a free access to public health while Brazil has lifted millions of families out of poverty by expanding tax- financed social pension.

Despite being an underdeveloped country, Nepal has adopted some measures to ensure social security of the people. The source of social security system in the country is the liberal fundamental rights enshrined in the part 3 of the constitution of Nepal 1990. The provision for the affirmative action by the state

for the protection and advancement of the interest of women, children, and the elderly and physically or mentally handicapped persons has been made under the fundamental rights to equality. The constitution has visualized the concept of a *welfare state* based on economic, social and political justice protecting the life, property and liberty of the people. The term “social security” has been specifically mentioned under section 9 of the state policies mentioned in the Directive Principles and policies of state of the constitution. The paragraph reads: “The state shall pursue such policies in matters of education, health and social security of orphans, helpless women, the aged, and the disabled and incapacitated persons as will ensure their protection welfare.”

Similarly, the section 7 (participation of women in development), section 8 (protection of rights and interests of children) and section 10 (promoting the interests of backward groups) are also relevant constitutional guidelines for social security system in Nepal.

As per the constitutional arrangements, in 1995, the communist party of Nepal (CPN) (United Marxist-Leninist) government introduced, for the first time, a universal social security programme. Under the programme, an old age pension of Rs. 100 per month for 75 plus years old people was introduced. Besides, free medical services, establishment of homes for old aged and orphans.

When the Nepali Congress came to power through a verdict of the electorate in 1996-97, it introduced two additional social security programs, namely the Helpless Widows Allowance for widows above 60 years of age and the disabled pension of Rs. 100 per month. In the International Year of Elderly Persons (1999), the ruling Nepali Congress raised the old age allowance from Rs.100 to 150. (Assessment of Social Security Allowance Program in Nepal, National Planning Commission 2012)

The incumbent Nepal Government seems to be very serious about social security

of the elderly people, marginal sections and disabled. In its budget for the fiscal year 2006/07, the government has accorded priority to the welfare of aged people, widows and disabled by increasing the manly allowances.

Subsequently, the Interim Constitution of Nepal 2007 has recognized social security as a fundamental right of the citizen that can be consider as first and indeed a significant step towards protecting citizens against social and economic distress. The Interim Constitution has mentioned a right to employment and social security, basic health among others.

The Ministry of Labor and Transport has created social security fund by raising one percent fund by foreign labor migrants since 2009-10 to provide social security benefits to the contributors. The social security management fund has been established to manage the fund and benefit.

The table below highlights the age structure of Nepali people since 1952-2011

Table 1.1

Age Structure in Nepal by Broad Categories (1952-54 & 1991-20011)

Census Year	Population Distribution (in %)		
	0-14 years	15-59 years	60+ years
1952-54	38.4	56.6	5.0
1961	39.9	54.9	5.2
1971	42.1	52.5	5.4
1981	41.4	52.9	5.7
1991	42.4	51.8	5.8
2001	42.2	51.4	6.5
2011	34.91	56.96	8.13

Source: CBS, 1985; 1993; 2001; 2011

The data reveal that the percentage of old age people is gradually increasing each year. In the census year 1952-54, the total percent of old age people was only 5%. Where as the highest percentage is 8.13 in 2011 census.

1.2 Identification of Problem

Rapid and widespread population aging is one of the foremost demographic phenomena of the twenty-first century. The substantial increase in the proportion of the older population is occurring not only in rich countries but also in the poorer countries that have recently undergone rapid fertility and mortality declines

A fundamental question associated with the increase in survival is whether the extra years of life are being spent in good or bad health. Older people are more likely to use health services and to require assistance conduction daily tasks than are younger people. But in many countries, they also represent an untapped resource as potential workers.

Accordingly, determining the prevalence of physical limitations among the elderly is essential for forecasting both their ling-term needs and the feasibility of efforts to extend their engagement in the labour force. Nepal, despite being a backward and economically poor country, has witnessed a remarkable improvement in the life expectancy of its citizens over the years.

The reasons behind the increase in the life expectancy of common Nepalese is the gradual improvement in health services and facilities, family planning initiatives and the overall health policy of the government to control fatal and communicable diseases. It is seen that the life expectancy of common Nepalese has been going up during every censuses conducted in the gap of the years.

The population Census of 2011 revealed that the life expectancy of the Nepalese was 67 years. The life expectancy for women was 69 years and for men it was 65 years. Studies

have revealed that there has been some improvement in these levels of life expectancies.

The results of the 2011 census show that the number of the elderly people who had crossed the age of 60 was 2,700,000. As the rate of increase in the elderly people is seen to be higher than the rate of increase for the overall population growth, it is estimated that the population of the elderly is expected to grow in the years to come.

The successive governments in Nepal have not made much effort to address the problems of the elderly people. This group seems to have fallen in the shadow while drafting national programmes and policies. However, the minority government of the CPN (UML) came up with the policy of giving old age allowance to those citizens 75 and older.

Apart from the old age allowance given to citizens, the government has been giving shelter and food along with medical treatment to the elderly at the Social Welfare Centre at Pashupati Elderly Peoples' Home (PEPH). The centre has been in operation under the Ministry of Women, Children and Social Welfare since 1995. The centre is located in the vicinity of the holy temple of Lord Pashupatinath in Kathmandu.

At present, about 230 senior citizens have been taking shelter at the centre. Of the total number, 103 are males and 127 are females. The total annual budget being given to the centre was Rs.12.5 million.

The people above the age of 65 are eligible to seek enrollment at the centre provided that their concerning Village Development Committees (VDCs) or the wards forward an application to the Ministry of Women, Children and Social Welfare for permission to live in Elderly's Home. Then the application is approved and admission shall be made if there is vacancy.

Only those senior citizens who do not have anybody to look after them and also do not have any source of earning to sustain their livelihood are eligible to get enrollment at the

centre. Apart from this centre, there are about 40 centers for the elderly in various parts of the country.

When looking at the over 2.7 million elderly people in Nepal and the number of the old age homes for those who are helpless without anybody to look after them it is clear that the government must do a thorough homework to assess the real status of the elderly citizens in Nepal .

Those living at the PEPH have their own woes to share. Though they are being given meals to eat and clothes to put on, the concern about their health and overall attitude towards life, the reasons behind their displacements from their homes. Their attitude towards work still remains unexplored.

Be it at young age or old age, people are allays in the quest of finding the meaning of their life. They are constantly asking themselves how they could serve their country and society. Until the elderly people at the PEPH are inculcated with the motivation and education to share their knowledge and expertise with the rest of the society, they would continue to feel that there isn't any meaning behind their existence. Efforts in this direction need to be initiated.

1.3 Research question

1. What were the compulsions that led you to come PEPH?
2. Are you satisfied about the accommodation, food, clothes and medical facilities provided here?
3. What improvements need to be made?
4. What is the best thing that you like here?

1.4 Objective of the study

Making an overall assessment of the living conditions of the elderly people staying at the PEPH was the general objective of the study. The specific objectives of the research study included:

- a) What are the reasons for the displacement of old-aged people from their homes?
- b) What are the challenges of senior citizens at PEPH ?
- c) What are the socio-economic/psychological condition about PEPH
- d) How to helping senior citizen in Nepal.

1.5 Rationale of the study

Being the largest shelter home for the elderly and retired people in Nepal, the PEPH is home to about 230 the elderly people, who have been from various nooks and corners of the country. Most of them are homeless and have nobody to take care of them.

The elderly people could possibly serve as a realistic sample to carry out the study relating to the problems of the old people in the country. Moreover, the study could also help to assess the shortcomings that need to be overcome in order to upgrade the facilities at the country's oldest and largest home for the elderly people. As the home to more than 230 elderly people from different cultural and ethnic backgrounds, the study could help to assess the problems of the old people in the respective cultural groups. Until now, only limited studies have been carried out on the problems being faced by the old people in Nepal. So, it is very urgent to conduct studies on the problems of the elderly people. As reservoir of knowledge and experience, they could make significant contributions to the process of nation building.

1.6 organization of the Study

This study has been organized in five chapters, namely; introduction, literature review, research methodology, data analysis and interpretation, and findings, conclusion and recommendations.

Chapter one deals with the study context, identification of the problem, objectives of the study and organization of the study.

Similarly, Chapter Two deals with literature review defining terminologies of social security, ageing: basics, theoretical review: some key theories on ageing like: sociological, disengagement/activity, structured dependency theory, biological theories on ageing, gerontological theories on ageing and evolutionary theory on ageing. Similarly, concept of social security, age and generation, rationale of social security for the senior citizens and some important media coverage on elderly citizens living at home and abroad are briefly discussed in this chapter.

Chapter Three offers research methodology applied for carrying out the research work. The methodology includes the limitation of the study, rationale for the selection of the study area, research design ,nature and sources of data, sampling procedure, variables and their operationalisation, data collection techniques, reliability and methods of data analysis.

Chapter Four presents and analysis and interpretation of data collected during the field survey.

Chapter five concludes with findings and conclusion of the study. It also offers some vital recommendations for further improvement of PEPH and for the betterment of elderly people living there.

CHAPTER TWO

LITERATURE REVIEW

this chapter deals with literature review defining terminologies of social security, ageing: basics, theoretical review: some key theories on ageing so as sociological, disengagement/activity, structured dependency theory, biological theories on ageing, gerontological theories on ageing and evolutionary theory on ageing. Similarly, concept of social security, age and generation, rationale of social security for the senior citizens, some important medial coverage on elderly citizens living at home and abroad and some case studies related to the subject matter are briefly discussed in this chapter.

Literature review is a part and parcel of any research study. This chapter has sought to explore the reasons behind ageing as explained by different sociological and social and biological theorists. It is necessary for the researchers to understand how and why ageing takes place before setting out to undertake a research on the problems being faced by the elderly people. The later part of the chapter has focused on the social security aspects of the elderly people.

2.1 Ageing: The Basics

There have been many reasons cited for the causes behind ageing. Going by the views of medical experts, ageing is predominantly the result of the physiological changes that come about in a human being with increased age.

2.1.1 Definitions

Ageing can refer to progressive deterioration of cells, tissues, organs, etc. associated with increased age- but can also refer to positive aspects of growing old: becoming wiser, evolution of life- style, mellowing and so on.

Senescence, on the other hand, refers to the purely deteriorating aspects of ageing. Thus, we can say that wine improves as it ages but not as it senesces. Senescence has a second meaning: demographic senescence, or population senescence. Demography is the numerical and mathematical analysis of population and their distributions.

A standard experimental means of studying ageing is to look at the pattern of death, or mortality in a population, human or animal.

Lifespan can be expressed in a number of ways, e.g. life expectancy, from birth or from later age. Comparing changes in life expectancy from birth versus over 65 years of age, we can see that most of the changes in the former are due to reductions in infant mortality. In fact, life expectancy in the elderly has not increased that much.

Maximum lifespan has not changed so much. Rather, the survival curve has become more rectangular.

By improvements in health and sanitation, mean and medial lifespan can be dramatically increased, but maximum lifespan much less so. However, there is no finite limit to human lifespan. Nevertheless, the maximum human lifespan is slowly increasing. The maximum verifiable human lifespan is that of a French woman Jeanne Calment who died in July 1997 aged 122. But she is an outlier. The maximum (recorded) life span for humans has increased from 103 in 1798 to 110 years in 1898, 115 years in 1990, and 122.45 years since Calment's death in 1997 (www.en.wikipedia.org).

The title of oldest living person is now held by 115-year-old Misao Okawa, of Osaka, Japan who was born on March 5, 1898 and is the world's oldest living woman after the death of Jiroemon Kimura who also belongs to Japan and died at the age of 116 on June 12, 2013.

Men don't live as long as women. The gender gap: 5-7 years in life expectancy from birth. The basis for this is unclear, but the main culprit is probably testosterone—through its combined effects on male behavior and physiology.

Thus, a log plot of mortality versus age produces a straight line. Now this increase in the rate of mortality with increasing age is described as demographic senescence. This is a common feature of animal species. There is some controversy at the moment about what happens among the oldest old? Recent evidence suggests that demographic ageing slows down at advanced ages, from 97 years onwards (www.ageing.com).

It must be noticed that the plots of male and female mortality are parallel. What this says is that although men age faster than women, in demographic terms the rate of ageing in men and women is the same – what is different is that the onset of ageing occurs at an earlier age in men.

Demographic ageing can be expressed as the rate of increase in mortality rate in the form of Mortality Rate Doubling Time (MRDT). Thus, for example in human populations, the MRDT is eight years: probability of dying of old age doubles every eight years, whereas in domestic dogs it is three years, and in mice it is four months.

2.2 Theoretical Review: Some Key Theories on Ageing

Some of the important theories of ageing are mentioned below:

2.2.1 Sociological Theories

There are many sociological theories of ageing. These may operate at either the micro (individual) level or macro (societal) level and their origins in the major sociological schools of thought such as Functionalism or Marxism. Two different types of macro-

level theories are summarized here to illustrate how different sociological perspectives have been used to study old age and the experience of ageing. (www.ageing.com).

2.2.2 Disengagement/ Activity Theories

Disengagement theory is derived from the 'functionalist' school of sociology. This perspective argues that the function of old age was the mutual withdrawal of older people from society for the benefit of society (and the individual). This argued that as we age, we withdraw from the social world in preparation for death, the ultimate 'disengagement'. This meant that younger people could take over the roles previously occupied by older people and hence facilitate a smooth transfer of 'power' across the generations. Such theories could be used to justify age segregation and failure to provide services. The opposite theory proposed that age 'successfully' the individual had to remain active. Both theories were functionalist and prescriptive in nature and, although largely discredited, have been enormously influential in thinking about old age.

2.2.3 Structured Dependency Theory

These approaches derive from a 'Marxist' perspective and argue that old people are deliberately made dependent. Legally defined retirement age and low state pensions push older workers out of the workforce and into poverty. This creates the ideal of old people as an economic burden and the need to control expenditure on them. This theory sees continuation of class- based inequalities continuing into old age. Exclusion from society through poverty is compounded by physical dependency, which further makes older people in hospitals and homes as the double exercise of power against the old- through not having alternatives and through not having say. The theory has been criticized for being too deterministic and for conceptualizing older people as a homogeneous group. It is, however, a thought provoking (www.aging.com).

2.2.4 Biological Theories on Ageing

The biology of ageing is a vast subject. The process of ageing is a catastrophe that will befall all of us that reach old age. Ageing is really something terrible; it takes away everything : first your physical fitness then your capacity to have children, your attractiveness, your sex drive- it turns you into a eunuch- it slowly erodes your intelligence, your sanity, your physical health – often condemning you to years, decades of physical pain, until finally it kills you (Lewis,1976).

So to all of us here, in biomedical terms surely the problem of ageing, how it happens and why it happens, is one of the most interesting questions in sociology. Hence, this subject seems to be marginalized within the field for two reasons.

a. The first is something commented on by one of the founders of modern ageing research, Alex Comfort, who worked at UCL: this was that the only way that it is possible to live in the shadow of something as horrifying as our own impending ageing and death is to forget about it. We're all in denial about ageing, and this has affected the interests of biologists.

b. The second reason, which as Comfort comments is probably related to the first, is that for most of this century much of ageing research has not been very impressive.

The people that have worked on ageing have tended to fall into two groups:
Gerontologists and Evolutionary Biologists.

2.2.5 Gerontological Theories of Ageing

Almost every aspect of biology seems to have its own theory of ageing. By one estimate there are over 300 theories of ageing (Elie Metchnikoff, 1904). Ageing results from toxins released by bacteria in the intestinal tract and claimed that ageing could be staved off by eating yogurt, and that human beings could thereby attain lifespan of 200

years. The different lifespan of animal species was explained by the different bacteria in their intestines.

There are many other early theories, some seem ridiculous today, such as the belief that ageing in men resulted from a reduction in the level of secretions from the testicles. This led to craze in the 1920s for surgically implanting animal testicles, for example, from goats or monkeys, typically into the scrotum of the recipient. These were believed to have rejuvenating effects. With the development of molecular biology, there naturally appeared molecular biological theories of ageing.

Leslie Orgel in 1963 proposed that ageing might result from errors in translation of mRNA into protein, and that these errors would give rise to defective proteins which result in a higher level of error in translation, resulting in a positive feedback loop, leading ultimately to an error catastrophe, and that this is what led to ageing. This was a theory that was easy to test.

One only needed to look and see whether there was a dramatic increase of altered, abnormal protein with age, and generally speaking, there is not. Another means used to test this theory was to try to induce an error catastrophe by feeding amino acid analogues to test animals- e.g. *Drosophila* – which is incorporated, giving rise to abnormal non- functional proteins. No shortening of lifespan was seen.

2.2.6 Evolutionary Theory of Ageing

Gerontological theories of ageing try to explain what happens during ageing:

The molecular and cellular mechanisms underlying ageing relies on how ageing occurs. But why does ageing occur at all? Many features of animals came into existence through evolution because of their adaptive value, e.g. vision, body size, behavior; but what about ageing? Is it adaptive? Or is it just a failing that evolution has not been able to overcome?

2.3 Social Security

Social security is a system of government-financed income transfers designed to effect a distribution of income considered desirable. The component of most social security system is welfare benefits, given to those in poverty. This can be done in two ways: (a) by identifying groups that are likely to be poor, and giving, benefits to them (e.g. the unemployed, the elderly and the disabled) irrespective of their actual; (b) by identifying through means tests, people who are poor (www.poli.haifa.ac.il/-levi/res/dicpe.html).

There are five “pillars” of social security assistance: Pensions and survivors’ benefits; family and maternal benefits; social assistance; and unemployment compensation (www.undp.org/rbec/nhdr/1996/Georgia/glossary.htm).

2.4 Age & Generation

Ageing is relevant to justice concerns not so much in terms of the process of individual aging as in terms of the aggregation of individuals into age groups and generations or cohorts as socially delimited entities. And as will be seen age groups per se are not really problematic; it is the differentiation into generations that creates the major problems in terms of distributive justice. Over the past two decades, they have usually been addressed as the problem of generational equity. It needs to be emphasized that age groups are not given but socially constructed through the institutionalization of the life course. “The elderly” as a category are today directly predicated upon the institutionalized age boundary of retirement. Changing this boundary would create different relative sizes of age groups, and thus change the distributional balance. Raising it has therefore become one of the main avenues in the current reform or retrenchment of pension systems. However, such changes are difficult to implement because these age boundaries, although socially constructed, are not freely available to

political intervention- they are linked to basic structural properties of 3 welfare states and labor markets (e.g., seniority wage systems) and stabilized through deeply entrenched biographical orientations and expectations (Kohli, 1994). In all modern societies the elderly are the main recipients of public income transfer programs, while children – even when taking child allowances and the costs of schooling into account- are to a large part financed privately by their parents. Such unequal allocation of public resources among age groups may be considered “unfair” or ineffective if, e.g., its outcome is that one group is consistently worse off than another. But in principle an unequal treatment of age groups is perfectly legitimate. The reason is that age is not a fixed characteristic (Daniels, 1988). Age groups are to be viewed not as entities with fixed membership but with regularly changing membership, with all individuals progressing through the life course from one to the next according to an institutionalized schedule. With generations, this is not the case. The concept of generation can be defined with regard to society or to family- two levels which are usually analyzed separately but need to be treated in a unified framework (Kohli, 1996; Kohli & Sydlik, 2000). At the level of the family, generation refers to position in the lineage. At the societal level, it refers to the aggregate of persons born in a limited period (i.e., a birth cohort according to demographic parlance) who therefore experience historical events at similar ages and move up through the life course in unison. One cannot leave a societal generation or birth cohort in this formal sense – they are fixed – membership entities. In a title such as *Justice between age groups and generations* (Laslett & Fishkin, 1992) the and thus stands for a major conceptual and empirical problem. Under what conditions and to what extent this common socio-historical location experienced by a birth cohort throughout its life leads to a shared consciousness of being a generation and to a common mobilization as a societal actor has been the subject of intense argument and research. What is clear, however, is that the concept of generation is a key to the analysis of social dynamics. In the sequence of generations, families and societies create continuity and change with regard to parents and children, economic resources, political power and cultural hegemony. In all of

these spheres generations are a basic unit of social reproduction and social change – in other words, of stability over time as well as renewal (or sometimes revolution).

In some “simple” traditional societies without centralized political power and class-based social stratification, age and gender are the basic criteria for social organization and the distribution of rights and duties. The most obvious type are the societies – to be found mostly in East Africa – based on formal age classes or age-sets, as they are sometimes called (Bernardi, 1985). A subtype of particular relevance to the present chapter are those societies in which the basis is not age but generation- that is, position in the family lineage. Here the sequence of generation in the family directly conditions the position of the individual in the economic, political and cultural sphere (Muller, 1990). In modern societies these features of social organization have been differentiated and are now institutionalized in separate spheres. But they need to be linked at least conceptually, so that shifts in the relative importance of these spheres may be detected. There are indications, for instance, that in the West the main arena of intergenerational conflict has shifted from the political and cultural to the economic sphere. The political cleavage between generations has turned into a cleavage over the distribution of public resources. As these brief remarks show, the idea of conflict or competition between young and old is by no means new. But it may have taken on a new form of institutionalization in the modern era, with its emphasis on societal dynamics and progress through the replacement of old by new generations. In political and cultural terms, a case in point is the youth movements at the beginning of the 20th century. They celebrated and mobilized youth as the vanguard of cultural and political change, and even as a higher form of human existence, necessarily at war against the adult world. The contemporary history of the conflict dates from the institutionalization of age-based social security (Williamson & Watts- Roy, 1999)

2.5 Social Security for Senior Citizens

Negligence of senior citizens by the state and even the family members is a serious problem of the present world. Yearly, millions and millions of old people become helpless and homeless throughout the world. Due to the growing wave of modernization and urbanization, the tendency has been found increasing. There is no denying the fact that everybody aspires to live a long life. However, when parents become old, their youngsters neglect them. It is a universal truth that parents love their children more than they love themselves. Parents do their best to keep the children happy. On the other hand, when the parents become old, the modern children consider the senior citizens as their burden. Nevertheless, it should be viewed that senior citizens are the bank of knowledge and experiences. If shared those valuable experiences, it would be easy for the young generation to furnish their life with ease and comfort.

2.6 Some Important Media Coverage on the Elderly citizens living at Home

A news report headlined ‘Old age homes will mushroom as many young people settle abroad’ published in ‘Myrepublica’ on March 12, 2013 reveals the state of the elderly citizens in Nepal after their children settled abroad.

‘A majority of the elderly people, both in urban and rural areas, are living a pathetic life. Weakening family bonds have made the life of elderly people in urban areas very painful. In the coming days, you will see many old age homes in Kathmandu and other urban areas,’ Sociologist Ganeshman Gurung was quoted.

“It is least likely that the children settled in UK, USA, Australia, and Canada would come back to take care of their aging parents. Even if they have some feelings for their

parents, the younger generation is too constrained by the course of their life. So, in near future you will see old age homes mushroom here and in the cities outside the Valley. Elderly people in rural parts of the country are facing even greater hardships. “Their children are working in countries like Malaysia, Qatar, Israel, Oman and Saudi Arabia. If they are married and have children, their wives generally come to the capital or other urban areas for the sake of providing better education to their children. This had led to the exodus of young people from villages. ,” sociologist Gurung was quoted.

“There is nobody who would take them to health posts when they are sick. Even when they die, there would be no one to carry their dead bodies. Foreign employment has given us remittance but it has drained our towns and villages of youth and robbed our aging populations of their happiness and rights,” he added.

The news also quoted Mita Rana, senior clinical psychologist at Teaching hospital as ‘A lot of elderly people are increasingly suffering from depression, notes. Many of the elderly people who visit her these days are the ones whose children have settled abroad. When they turn old and weak and gradually lose confidence in themselves, they feel very insecure. Separation with their children deeply affects them, especially, when they are not well.’”

Senior Citizens Act 2006 ensures that the aging parents are provided proper support and care. The act reads: “it shall be the duty of each family member to maintain and care the senior citizen according to the economic status and prestige of the member.”

It further adds that “no one shall detach the senior citizen from the family or compel the senior citizen to get detached from the family against his or her will.”

The Himalayan Times Daily published a news report headlined ‘PM visits old age home’ in its October 6, 2011 issue. The news reported that Prime Minister Baburam Bhattarai visited the elderly people at Pashupati old age home and the old people at

the old age home in Pashupati were all elated as they found themselves with the prime minister of the country.

The PM acquired information from them about the condition of the old age home which is home to the old people, and directed to improve the condition of the Ashram.

Office Chief Ram Sharan Thapa said the prime minister expressed worries over the environment of the rooms for the old people, and directed to present an action plan for improvement of the Ashram.

A news report carried by the English Dalily “My Republica” on September 18, 2010 under the headline “Elderly at the receiving end of old age home's heritage status” is case in point, which reveals the archeological site of the oldest retire home in the country. In the news report written by Pratik Rimal the short coming related with the problems facing the old-age home due to listed in the world heritage site.

“As the building is listed in the World Heritage Site, we cannot change its structure,” Purushottam Pokhrel, a senior officer at the old-age home is quoted as saying gin the news report.

“The building is part of Pashupatinath Temple and that the building isn’t suitable for the elderly. The gaps between steps are too big for the elderly to climb. Each gap between the steps measures a maximum of 12 inches. Likewise, the lattice windows are too small for ventilation. Worse still, the rooms are too congested for around 230 elderly living there,” Pokhrel is quoted by the Daily as saying.

Moving the old age home could be a solution. However, it’s not as easy as meets the eye. “They (the elderly) are ready to move, but only around the temple’s periphery and we have forwarded our proposal for shifting and building a proper old-age home near the temple’s periphery to the Ministry of Women, Children and Social Welfare. They positive about it,” Pokhrel is quoted by the Daily.

Another report headlined “65-year-old woman thrashed, fed faeces for practising black magic” published in the Himalayan Times on April 5, 2013. In the report it has been stated that sixty five year old woman Raj Kumari Rana was beaten mercilessly on the charge of practicing witchcraft. She was beaten mercilessly and fed human feces for allegedly practicing witchcraft. According to husband of victim Mr. Nahara Rana, a group of 30 people including her niece Nira Rana and brother-in-law Lal Singh Rana barged into her house and beat her and shaved her head off.

One other report headlined “Mother-in-law dashed to death” was published in Nepalsamacharpatra on December 11, 2012 had reported that 60 year old Panchi Devi Mukhiya, a resident of Lagadigoath-4, Siraha district was dashed to death by her daughter-in-law as they had a fight over a family marriage affair.

Comments: These are few samples of the cases of injustice meted out against the elderly in different parts of the country, there could be many cases from across the country that has gone unreported. This well reveals the poor condition of our elderly citizens and also substantiates the fact that they have hardly any social security. The media too needs to play a proactive role to highlight the issues of the elderly citizens and contribute towards helping them to lead a better life.

2.7 Some Case Studies Related to the Subject Matter

Case Study: One

Setimaya Dhakal, 78, hails from Aappipal, Gorkha. Dhakal had given birth to one son and one daughter. Unfortunately her son faced premature death. “After my son’s death, my neighbours asked me to give some of the property to my daughter,” Dhakal said.

She heeded the advice of her neighbours and gave away the property to her daughter who later was widowed. After her husband’s death my daughter eloped with another

man leaving me with a grandson. I took the onus of bringing up the grandson who started to despise me with the passage of time. Dhakal said that she was gradually feeling weak and had also lost her eyesight.

One fine day, she said that her grandson asked her to accompany him to Kathmandu for medical treatment. The grandson actually wanted to relieve himself of the responsibilities of looking after Dhakal who had lost her eyesight and was very old. He brought her to Pashupatinath and quietly vanished into thin air after leaving her. Poor Dhakal says that she was left in the open for three days without any shelter, food or drink.

Later after coming to know that she did not have anybody to take care of her, the commuters carried her and reached her to the Social Welfare Center, Elderly Home in Pashupati. The center took the necessary steps to provide medical treatment to her and now she can see very well and is happy to be amidst kind people.

Case study: Two

Mukti Nath Regmi 73, from Kuringhat, Gorkha is an illiterate man who spent his life herding cattle and looking after his household farm. He says that he never got married. After his parent's death his others who were married and had families started to look down upon him and once he fell awfully ill and was hovering between life and death.

His brothers and nieces said that they would take him to Kathmandu for treatment. "I never knew that they were bringing me here to the elderly home." They had already taken away my share of property and hence wanted to get rid of me altogether.

One fine day in the year 2055 B.S. they brought me here as they had already completed the paper work back home. Had I known that I was being brought to this place, I would never bothered to come. "Now that I have already come here I do not want to go back," he said.

Regmi had long nails and was clad in dirty clothes. It seemed that he did not know much about health and hygiene. He said that his relatives did come to feed him from time to time and brought biscuits for him. He said that though he was eager to live with his family members, he was forcefully brought to the center. He said he was not satisfied with the amenities at the center. It would be more prudent to build separate buildings of that the elderly can be housed in an area which is equipped with modern facilities. But the irony is that the actors running the show at the center are different. The amenities are owned by the Pashupati Area Development Trust, while the land belongs to Pashupati Amalkot Guthi which is making things at the Center.

He further said that the government ought to make a high level decision to give the ownership of the center complete to the Elderly home so that new amenities could be added in that place. He also emphasized on the enactment of laws that require children to take care of their old and ailing parents.

Generalization Drawn From the Case Studies: Many elderly citizens who are economically weak have been leading miserable lives in their homes across the nation. They are being taken as a burden by the younger generations in many cases. They do not get the proper health care and are deprived of the love and care from their family members. One glaring reason for their displacement from their homes is that they are unaware about their citizen rights and are forced into giving away their property to their sons and daughters who later on dump them after their motive is fulfilled.

CHAPTER THREE

RESEARCH METHODOLOGY

The research methodology is applied for carrying out the research work. The methodology incorporates the rationale for the selection of the study area, research design, nature and sources of data, sampling procedure, variables and their operationalisation, data collection techniques, reliability and methods of data analysis.

The research is descriptive and explanatory in nature. The study has assessed the overall status of the elderly people living at the PEPH. Interviews were taken with the selected samples of the elderly. An attempt was also made to look into their problems through interactions, and observations. The random sampling method was adopted to select the respondents, who were asked semi-structured questions to find their literacy level, age, sex, marital status and the major reasons for their displacement. The findings taken from the research were interpreted, and recommendations were made accordingly.

3.1 Rationale for the Site Selection

Only limited studies have been conducted so far on the overall living conditions of the elderly citizens living at the PEPH. As the home has old people from various part of the country, the study could give a real picture of the senior citizens of the country. Moreover, the home has been selected for the study because it is easily accessible.

Located on the banks of the Bagmati River, the Pashupati Elderly People's Home is near the famous Pashupatinath temple. The shelter home is believed to have been started during the reign of the late King Surendra Bikram Shah about 200 Years ago. During those years, Maids and other workers for the Palace were brought from different parts of the country. After many years of work at the palace and after

becoming old, the maids and workers disapproved the idea of going back to their homes. They preferred to stay back.

The then King thought of opening up a welfare home for the maids and workers and accordingly rest houses were constructed near the holy temple of Pashupatinath. At the initial stage, the shelter home was known as 'pakshala'. Official records show that in the year 2034 B.S., a committee was formed under the chairmanship of the then zonal Commissioner of Bagmati Zone. The committee decided to integrate three other old-age homes situated in Lankeswor, Purneswor and Panchkhal with the one at Pashupatinath. During those years, those who were able to work despite being old were kept at the old-age home in Panchkhal and Panauti. Only those who were unable to work were kept at the Pashupati home before it was brought under the jurisdiction of the then Ministry of education and social welfare. Later on, the ministry for labour and social welfare was formed. The old age home was kept under its supervision. With the formation of the ministry for women, children and social welfare in 1995, the old-age people's home has been kept under its supervision. The ministry has allocated Rs. 4.6 million for the old-age home. Until five years back, there were 180 old people living at the home. In 2002, the number of such people increased to 205 after the old beggars were removed from the pashupati area.

The old people having nobody to look after them first need to submit an application at the ministry after getting a recommendation from the concerned ward or village development committee. The ministry then decides on the applications after conducting a thorough study. The very regulations made by the PEPH that only those who do not have anybody to look after them can be given shelter at the home is faulty. What about those senior citizens who are with their sons and daughters but aren't getting the desired help and care?

There are around 40 retired homes in different parts of the country. Most of them are charity institutions being run through donations from different sources. But they have

not been able to provide accommodation to a large number of people owing to the constraint of budget and resources. Of the 298, 8 to 10 of them have been getting some donations from the government.

3.2 Research Design

The study has aimed to assess the overall status of the elderly people at the PEPH by adopting a descriptive-cum-exploratory research design. Structured individual interviews were conducted in the quantitative approach. The elderly people of the PEPH were the key respondents. The key informants were identified with the help of the quantitative research approach.

3.3 Universe and Sampling Procedure

The total number 230 of the elderly members living at the PEPH were taken as the universe of the study. A sample size of 60 elderly citizens were selected randomly. Similarly, 14 respondents were taken for the Focus Group Discussion (FGD), key informants interview, etc. based on gender composition and marginalized groups.

3.4 Nature and Source of Data

Both primary and secondary data have been used to make inferences regarding the status of the elderly people at the centre. Primary data have been collected from the centre based on the inferences drawn from the answers given by the respondents. Similarly, secondary data were drawn from published materials related with the social security of the elderly people.

3.5 Techniques of Data Collection

3.5.1 Observation

Observation was an important technique to draw inferences regarding the overall status and living condition of the senior citizens residing at the PEPH. All the concerned amenities at the home were studied to make a candid assessment of their situation.

3.5.2 Interview

The respondents were interviewed with the help of semi-structured questionnaire. Most of the respondents were happy to share their feelings and problem but due to the aging process in and of itself some seems angry, as they were frustrated about getting old, having chronic pain, losing family and friends, having memory issues and being incontinent.

3.5.3 Key Informant Interview

Interviews with key informants such as chief of the PEPH management office and Senior Officer of the PEPH to acquire necessary information about the status of the elderly people and the various plans and programmes being implemented for their welfare.

The chief of the PEPH, Ram Sharan Thapa said that the allocated budget from the Ministry of Women, Children and Social Welfare is not sufficient so it is hard to give out medical services, quality foods and other facilities (like heater, mosquito net etc.) to the elderly. The PEPH is partially sustained through the donation provided by the visitors and the local people.

Likewise, Purushottam Pokhrel, a senior officer of PEPH told that the accommodation is not suitable for the elderly people because the windows are too small for ventilation and rooms are congested for around 230 elderly people. As the building is listed in the

World Heritage Site, it is impossible to change its structure and they have forwarded the proposal for shifting the building near the periphery of Pashupati temple.

3.5.4 Case Study

Typical and glaring cases related to the reasons behind the displacement of the elderly two elderly people of PEPH home have been included in the study so as to provide strength to the findings.

3.5.5 Process of Data Analysis

Data analysis is the major focus of any research work. The collected data have been analyzed and processed.

3.5.6 Operational Definition and Measures

- a) In this study, the elderly being referred to here are people aged 65 and above.
- b) Elderly referred to as “poor” and those who do not have any lank and anybody to support them.
- c) By authorities, the thesis means to refer to the government and local bodies.
- d) Poor quality of food refers to food below the widely accepted Nepali standard
- e) By old age social security, the thesis refers to the security that needs to be given to the old people during their old age i.e. 65 and above. The old age social security includes factors like protection against any threat to the elderly citizens’ life. Providing pension and healthcare facilities and rendering of all basic services like lodging, food and health in case the elderly does not have anybody to look after him or her.

3.6 Limitation of the study

The study has been confined only to the PEPH. The study constitutes only a small sample of the over two million elderly in Nepal. Hence, the findings may not apply to other situations of the elderly people. The status of the elderly could be different in

different social groups, which have their own culture and tradition. Therefore, the findings may not necessarily resemble those groups. However, it would make an attempt towards exploring the general condition of the elderly in Nepal. Due to the constraints of time and budget, efforts could not be made to study and analyze the situation of other elderly people's homes established in other parts of the country. The study has also been conducted just as a partial fulfillment of the requirements of the Master's Degree in Sociology under the faculty of humanities and social sciences. Moreover, the study is primarily descriptive in nature.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

Chapter Four presents an analysis and interpretation of data collected during the field survey.

4.1 Current Status

During the course of collecting data from the field survey, the researcher had collected the details whether the respondents had their own homes or not. The collected data are presented in the table below.

Table 4.1

Number and Percentage of Male and Female Living at the Elderly Home

Respondents	Number	Percentage
Women	127	55.22
Male	103	44.78
Total	230	100

Source: Field Survey, March 2013

Of the total number of 230 elderly citizens living at PEPH, 127 are females who comprise 55.22% while 103 are male who comprise 44.78%. The data reveal that the percentage of female elderly members taking shelter at the Bridhaashram in Pashupati is greater than that of the males by 10.44 percent. This also gives us the hint that more than the males the females are being compelled to live at the old age home.

4.2 Classification of the Elderly People on the Basis of Caste

The total respondents have been classified into different groups based on their caste. The details are tabulated below:

Table 4.2

Classification of the Elderly People on the Basis of Caste

Caste	Number	Percentage
Brahmin	58	25.2
Chetri	50	21.8
Newar	67	29.1
Dasnami	12	5.2
Tamang	16	6.9
Gurung	6	2.7
Magar	6	2.7
Dalit	8	3.4
Madhesi	3	1.3
Rai	3	1.3
majhi	1	0.4
Total	230	100

Source: Field Survey, March, 2013

Similarly, when analyzing the percentage of the elderly citizens living at the Bridhaashram with respect to caste, the number and percentage of the Newar caste group who are staying at the center is slightly high compared to other caste groups.

The Newar comprise 29.1 percent of the total number of elderly living at the center. The second largest group in terms of number and percentage is that of the Brahmin and the third that of the Chetri respectively. Elderly members from other caste groups constitute a negligible percentage living at the center.

4.3 Distribution of the Elderly on the Basis of Development Regions

It was thought essential to analyze the respondents' place of origin on the basis of development regions. Following data were obtained from the field survey.

Table 4.3
Distribution of the Elderly on the basis of Development Regions

Development Region	Number	Percentage
Eastern Dev. Region	14	6.08
Central Dev. Region	197	85.66
Western Dev. Region	14	6.08
Mid Western Dev. Region	4	1.74
Far Western Dev. Region	1	0.44
Total	230	100

Source: Field Survey, March 2013

When looking at the percentage of elderly citizens living at the center with respect to development regions, the percentage of elderly citizens living at the center, the Central Development Region is highest (85.66 percent) while there is only one elderly citizen who represents the Far Western Development Region, which is 0.44 percent of the total number.

4.4 Zonal Classification of the Elderly People

The researcher had also assessed the elderly people residing at Pashupati Elderly People's Home on Zonal basis. The collected data have been presented in the table below:

Table 4.4

Zonal Classification of the Elderly People

Zone	Number	Percentage
Mechi	4	1.74
Koshi	9	3.92
Sagarmatha	1	0.44
Janakpur	5	2.17
Narayani	10	4.34
Bagmati	182	79.13
Gandaki	7	3.04
Lumbini	7	3.04
Dhawalagiri	-	-
Rapti	3	1.30
Bheri	1	0.44
Karnali	-	-
Seti	1	0.44
Mahakali	-	-
Total	230	100

Source: Field Survey, March 2013

The data reveal that those coming from the Bagmati Zone have the highest number at the old age home. They constitute around 79.13 percent of the total members, i.e. 182. Similarly, Mechi has 1.74% followed by Koshi (3.92%), Janakpur (2.17%), Narayani (4.34%), Gandaki and Lumbini (3.04%), Rapti (1.30%), Sagarmatha, Bheri and Seti (0.44%).

4.5 District- wise Population Distribution of the Elderly People

The district-wise population distribution of the elderly people residing at Pashupati Elderly People's Home is presented in the table below:

Table 4.5

District- wise Population Distribution of the Elderly People

Name of District	Number	Percentage
Kathmandu	101	44
Bhaktapur	22	9.57
Lalitpur	18	7.83
Kavrepalanchowk	18	7.83
Sindhupalchowk	7	3.04
Nuwakot	9	3.92
Dhading	7	3.04
Dolkha	3	1.30
Ramechhap	2	0.87
Chitwan	6	2.60
Makwanpur	3	1.30
Bara	1	0.43

Jhapa	4	1.73
Solukhumbu	1	0.43
Bhojpur	3	1.30
Morang	3	1.30
Sunsari	2	0.87
Dhankuta	1	0.43
Gulmi	3	1.30
Nawalparasi	1	0.43
Palpa	3	1.30
Gorkha	2	0.87
Kaski	2	0.87
Lamjung	1	0.43
Syangja	1	0.43
Tanahu	1	0.43
Dang	1	0.43
Pyuthan	1	0.43
Rukum	1	0.43
Bardiya	1	0.43
Doti	1	0.43
Total	230	100

Source: Field Survey, March 2013

When looking at the data that represent district wise enrollment of the elderly at the center, the center is giving shelter to the elderly from only 31 districts out of the 75 districts. Out of the total of 230 at the center, 101 of them (44%) are from Kathmandu, 22 (9.57%) from Bhaktapur and 18 (7.83 %) from Lalitpur and Kavrepalanchowk districts. One each from 12 other districts (Bara, Solukhumbu, Dhankuta, Nawalparasi, Lamjung, Syangja, Tanahu, Dang, Pyuthan, Rukum, Bardiya and Doti) has been

enrolled at the center. There are 7 (3.04%) from Sindhupalchok and Dhading, 9 (3.92%) from Nuwakot, 3 (1.30%) from Dolkha, Makawanpur, Bhojpur, Morang, Gulmi and Palpa, 2 (0.87 %) from Ramechap, Sunsari, Gorkha and Kaski, 6 (2.60 %) from Chitwan and 4 (1.73 %) from Jhapa. This clearly calls for the need to establish one old age home in each of the five development regions.

4.6 Distribution of Elderly People With Respect to Age Group

The total population of the PEPH has been classified with respect to age group. The findings have been presented in the table below:

Table 4.6
Distribution of Elderly People With Respect to Age Group

Age Group	Number	Percentage
65 to 70 years	57	24.79
71 to 75 years	66	28.70
76 to 80 years	58	25.21
81 to 85 years	27	11.74
86 to 90 years	16	6.96
91 to 95 years	6	2.60
Total	230	100

Source: Field Survey, March 2013

When analyzing the number and percentage of elderly with respect to age group there are 66 members in the age group of 71-75 years, which comprises the highest percentage 28.70 in terms of age group. There are 58 elderly members in the age group of 76-80, which constitutes (25.21 %) of the total number while there are only six persons between the age 91-95, which comprises (2.60) of the total number.

4.7 Disabled people taking shelter at pashupati elderly people's home

The elderly people taking shelter at pashupati elderly people's home have been classified into the following groups as per their disability.

Table 4.7
Disabled people taking shelter at pashupati elderly people's home

Disabled	Number	Percentage
Dumb	35	35.72
Physically disabled	40	40.82
Mentally disabled	12	12.24
Visually impaired (blind)	3	3.06
Deaf	8	8.16
Total	98	100

Source: Field Survey, March 2013

There are a total of 98 disabled elderly citizens living at the center. Forty of them comprising 40.82% of the total number are physically disabled. Thirty five of them are dumb and constitute 35.72. Similarly, twelve of the elderly citizens are mentally disabled and comprise of 12.24% of the total number, three of them are blind and comprise of 3.06% while eight elderly citizens are deaf and comprise 8.16% of the total number of elderly citizens living at the center i.e.230, the total percentage of the disabled is 42.60%.

4.8 Home Status of the Respondents

During the course of collecting data from the field survey, the researcher had also tried to assess the home status of the respondents. From the survey, the researcher was able to collect the following status of the respondents with regards to their own home.

Table 4.8
Respondents Having Their Own Homes

Own Home		% of the total
Yes	28	46.7
No	32	53.3
Total	60	100

Source: Field Survey, March 2013

Thirty two out of the 60 respondents said that they did not have a home and were forced to seek shelter at the old age home. The total percentage of those not having homes in the sample taken is 53.3 percent. Most of them again happened to be unmarried men and women who lost the share of their property after being forced by their family members to give it away.

Twenty eight respondents said that they did have home. They comprise 46.7 percent of the total number. They said they could not get on well with their family members and thought that it would wise for them to abandon their homes and live peacefully at the welfare center.

Two of the respondents said that they lost their homes due to natural calamities like arson and flood. Most of the lady respondents were widowed a few years after marriage and could not continue to stay at their husband's place and hence were displaced without getting the share of the property.

Two respondents said their parents had died when they were small and cannot remember anything about their home. They set out to live and lead a life of their own begging in the premises of Pashupati and late were given shelter by the old age home.

Chief of the Social Welfare Center, Elderly Home, at Pashupati informed that among the elderly four to five percent had come to the center after becoming tired with their materialistic lives. Ten to fifteen percent are orphans and the came on their own while there are some who have come to keep aloof from the society after being involved in social activities that are despised and pointed at by the society. Some who have children have also come to the center, he said.

4.9 Reason behind choosing to stay at the Elderly Home

During the field survey, the researcher tried to analyse the major responsible factors leading the elderly people to come to the PEPH. The following data were obtained in regards to their willingness to stay at shelter:

Table 4.9
Reasons behind choosing to stay at the Elderly Home

	No of respondents	% of the total
Loss of income	17	28.3
Domination by family members	13	21.7
Nobody to provide food and care	21	35
Impairment	9	15
Total	60	100

Source: Field Survey, March 2013

About 35% of the total respondents said that they were forced to leave their homes because of lack of persons to offer them food and necessary care. Similarly, 28.3 %

cited 'loss of income' as the major cause compelling them to come to the old age home. 21.7% of the respondents said domination by their family members was the reason why they left home and came to the shelter house. About 15 % said that they were bound to stay in the old age people's home because they were physically impaired and failed to making a living for them.

4.10 Satisfaction Level of Respondents on Quality of Services

As part of assessing the satisfaction level of the respondents on the quality of services being offered at the PEPH, the researcher received the data as follows:

Table 4.10
Satisfaction level of respondents on quality services

No of respondents		% of the total
Satisfied	46	76.7
Not satisfied	14	23.3
Total	60	100

Source: Field Survey, March 2013

Most of the respondents (76.7 %) said that they were satisfied with the quality of services being provided to them at the PEPH. Recalling the hardships that they had to go through before coming to the old age people's home, they said that the government had tried its best to look after them. They also said that they have not been concerned with food and clothing.

However, some of the respondents were not satisfied with the quality of services being provided to them at the shelter house. About 23.3% of the total respondents showed

their dissatisfaction over the facilities and services offered to them.

4.11 Quality of Food Served at Pasupati Elderly People’s Home

The researcher has also assessed the quality of food served at the PEPH. From the field survey, following data was collected.

Table 4.11
Quality of food served at Pasupati Elderly People’s Home

	No of respondents	% of the total
Reasonable	39	65
Very Bad	5	8.3
Bad	3	5
Very Good	13	21.7
Total	60	100

Source: Field Survey, March 2013

Majority of the respondents stated that the food served at the elderly home was reasonably good. They did not have any negative comments regarding the food and said they were given meat once a month.

Five of the respondents i.e. 8.3 percent of them stated that the food served was very bad. They complained that there wasn’t much variety in the vegetables served “The food is sometimes cold and we do not feel like eating”, they said.

Thirteen of the respondents i.e. 21.7 percent had positive comments about the food. They said that the food was very good “We cannot expect more that what is given to

us,” they said. Of the total respondents one of them said that the fool was bad and did not stimulate their appetites.

4.12 Quality of Clothes Provided at Pashupati Elderly People’s Home

It was thought necessary to analyse the clothes provided to the elder people at PEPH. From the field survey, following data were gathered.

Table 4.12
Quality of clothes provided at the Pashupati Elderly People’s Home

	No of Respondents	% of the total
Need more warm clothes	12	20
Need more quality clothes	15	25
Whatever being given is good	33	55
Total	60	100

Source: Field Survey, March 2013

Majority of the respondents said that whatever clothes being given to them were sufficient and satisfactory. They were happy that they did not have to worry about their clothing.

Fifteen of the 60 respondents were not happy with the clothes being given to them. They said that the quality of clothes given to them was of inferior quality. They demanded that they be given clothes of higher quality.

Twelve of the respondents said that they should be given some more warm clothes to keep them warm during the winter.

4.13 voice Consideration

The researcher also assessed whether the voices of the old people were considered or not. From the field survey, the following data were obtained.

Table 4.13
Voice consideration

No of Respondents		% of the total
No	18	30
Yes	42	70
Total	60	100

Source: Field Survey, March 2013

While assessing the consideration of the voices of elderly people at PEPH, about 70 percent stated that their voices were considered. They lauded the support and love they were getting from other subordinate staff at the elderly home.

On the other hand, about 30 percent responded that their voices were not considered. They complained that the people in the kitchen were very rude. They sometimes even pass derogator comments and hurt them so much until they were left crying. It was reported that some workers at the elderly home even tried to manhandle them at certain times. They also complained about the lack of coordination and feeling of compassion among the elderly. They also said that there were instances when people had lost their mattress and other belongings. They lamented and said that the people entrusted with the responsibility to look after the elderly home never bothered to take action against the accused who were proven guilty

4.14 Medical Facilities

The researcher also assessed that whether the medical facilities provided to the old people at PEPH was sufficient or not. From the field survey, following data was collected.

Table 4.14
Medical Facilities

No of Respondents		% of the total
Yes	48	80
No	12	20
Total	60	100

Source: Field Survey, March 2013

The above table shows the views of the respondents on the medical facilities offered to them. About 80 percent of the respondents were happy with the medical facilities being provided at the elderly home. They said the nurse was available whenever they were in need of medical help. In contrary to this, about 20 % of the respondents expressed their dissatisfaction towards the medical facilities being provided at the elderly home. An eighty seven years old Brihaspati Ghimire informed the researcher that he was sick for the last five months and he could not eat even a single grain of rice but still he was unable to get treatment. He complained that the officials at the PEPH had not been taken for thorough medical check up apart from being administered with cetamol.

This researcher in the course of non participant observation learnt that there was only one medical attendant at the elderly home. As most of the elderly were sick, she was not able to look after them all.

Initially the elderly home did not have adequate budget earmarked for medical treatment. The chief of the elderly home said that he had to squeezed budget from other heads and spent it on medicines and treatment of the poor. He said he had Rs. 300 thousand for the medical treatment of the elderly. He further elaborated that he had been corresponding with the Ministry for full time doctor at the elderly home to give immediate medical advice to the sick people.

The PEPH has two separate sections or infirmary for the sick. One is for male and the other is for female elderly members. But no medical attendant was seen to be at the disposal of the sick and ailing elderly patients.

4.15 Health Facilities

Health condition is a major concern of the old people. On the health issue, following data were gathered from the research.

Table 4.15
Health facilities

No of Respondents		% of the total
Yes	46	76.7
No	14	23.3
total	60	100

Source: Field Survey, March 2013

Majority of the elderly citizens living at the old age home in Pashupati were found to be suffering from one or the other form of disease. Most of them complained of rheumatism, asthma and loss of appetite.

Lack of balanced diet before they came to the old age home and hard labor during their

active life was found to be the reasons behind their ailments. Only 23.3 percent informed that they did not have any kind of disease. Two separate wards have been provisioned to look after the old people. The attending sister remains at the retired home only during the day time, hence people who are in need of medical help face a hard time during the night hours. The elderly people living at the old age home complained that there was nobody to give them water in case they happened to fall ill during the night. Moreover according to the Chief of the welfare center, the budget earmarked for medical services was very negligible. He stated that it was hard to give out medical services to the elderly with the budget provided. He informed that he had curtailed the budget for other headings and had allotted 300 thousand rupees for medical check up and regular health delivery services. He also informed that he had been approaching the Ministry for Children, Women and Social Welfare for announcing a vacancy of a full time doctor for the Elderly Home.

4.16 Further Improvement

During the field survey, the respondents were also asked whether it was necessary to make further improvement in the facilities and services in the elderly people's home in the future. From the field survey, the following data were gathered.

Table: 4.16
Further Improvement

	No of Respondents	% of the total
Quality of food has to be improved	8	13.3
Health care needs to be improved	3	5
No improvement needed	12	20
Overall improvement needed	37	61.7
Total	60	100

Source: Field Survey, March 2013

Thirty seven of the respondents (61.7 percent) pointed out the need for making overall improvements in the facilities and services being offered to the people at the shelter home. They said they were unhappy with the quality of food provided. According to them, the bedroom was overcrowded and lacking cross ventilation. The southern face of the building could dilapidate any moment and needs immediate renovation. The respondents said the clothes that they were given were of inferior quality and they needed more clothes. They also complained that they were facing a lot of problems as the toilet was far from their bedrooms. Regular power shortage at the elderly home has been a problem for the elderly people who are unable to walk around during the night.

About 13.3% of them viewed that the quality of food had to be improved. They complained that the quality of rice being provided was below the desired standard and there wasn't much variation in the vegetables served. They also complained that the people serving food at the kitchen were overtly rude and sometimes even mistreated them when asked to heat up the food.

Similarly, 5 % said that the healthcare was in need of improvement. They complained that medicines were not made available on time and people who were sick for long days were in a neglected state without any attention from the concerned authorities.

However, about 20 % said that they were happy with whatever was being given to them. Some of them seemed to be a bit reluctant to speak their mind out while the others were genuinely commenting positively about the services at the elderly home.

4.17 Status of the off- springs of the Respondents

The researcher thought it was necessary to assess the number of children of the elderly people living at the shelter house. From the field survey, following data was collected.

Table: 4.17
Status of the off – springs of the respondents

Options	No. of Respondents	% of the total
Yes	33	55
No	27	45
Total	60	100

Source: Field Survey, March 2013

Majority of the respondents (about 55 %) conceded the fact that they had children. But they said they were not happy staying with them, as their children did not show any kind of love and affection towards them. Consequently, they decided to come to the old age home and live independently.

On the other hand, 45% said that they did not have any children. Most of them not having children were those who happened to be widowed at an early age. They said they were forced to come to the old age home as they did not have children and were helpless after their relatives did not care for them.

Others who did not have children happened to be bachelors and spinsters who never got married during their lifetime. They said that the idea of getting married and settling down in a family never occurred to them.

4.18 Frequency of Visit by the Relatives

The researcher had also assessed the frequency of visits by their relatives during their stay at the PEPH. The responses of the respondents are tabulated below:

Table 4.18
Frequency of visits by the relatives

Options	No. of Respondents	% of the total
Regularly	1	1.7
Occasionally	17	28.3
Never	42	70
Total	60	100

Source: Field Survey, March 2013

Only one respondent said that his children regularly visited the old age home to learn about his state of affairs. Seventeen of the respondents (28.3 %) said that their children, friends and relatives rarely come to meet them. Majority of the respondents i.e. 70 percent of them said that nobody ever came to meet them.

4.19 Functional Living Arrangement

During the field survey, the researcher had also asked the respondents about the best functional living arrangement. From the field survey, following data were obtained.

Table : 4.19
Functional Living Arrangement

Options	No. of Respondents	% of the total
Live with son	15	25
Live in an old age home	45	75
Total	60	100

Source: Field Survey, March 2013

Majority of the respondents (about 75 %) said that they would prefer to live in old age home than with their family members. They said unlike in the family where there were frequent misunderstandings with family members, life at the old age home was relatively easier and more peaceful.

Most of them, who opted for the old age home, did not seem to have any options as they had been estranged from their families due to internal strife and conflict, loss of property and income and inability to live harmoniously.

None of the respondents approved the idea of living with daughters or living individually or with spouse. The reason for not wanting to live with daughters is that the society looks down upon an individual if he/she decides to live with a daughter.

4.20 Smoking Habit

In course of study, the researcher felt it was necessary to assess whether the respondents had the habit of smoking or not. Following data were obtained from the field survey:

Table 4.20
Smoking Habit

Options	No. of Respondents	% of total
Yes	26	43.3
No	23	38.4
Used To	11	18.3
Total	60	100

Source: Field Survey, March 2013

43.3% of the respondents said they were smokers. They buy cigarettes from the money they receive from the donors. The fact that they smoke a lot has been major cause for their bad health. Since 99 % of the respondents are illiterate, they are unaware about the negative impact of smoking on their health.

Most of them, hence, have health problems related to asthma and chest infections. They were found coughing frequently during the researcher's visit. Twenty three respondents said that they did not smoke. Those who said that they were non smokers were pretty healthy.

Eleven of the respondents i.e. 18.3 percent of them said that they quit smoking after it had a negative impact in their health. It was informed that they were frequently alerted against smoking by the doctors. Some of the respondents were also found giving up the habit of smoking.

CHAPTER FIVE

FINDINGS, CONCLUSION AND RECOMMENDATIONS

Chapter Five is the final chapter that deals with the findings and conclusion of the study. It also offers some vital recommendations for further improvement of PEPH and for the betterment of elderly people living there.

5.1 Findings

Thirty two out of the 60 respondents did not have their own home and were forced to seek shelter at the old age home. The total percentage of those not having homes in the sample taken is 53.3 percent. On the other hand, about 46.7 percent of the total number had their own home but they could not get on well with their family members and thought that it would be wise for them to abandon their homes and live peacefully at the welfare center. While assessing the reasons behind choosing PEPH as their shelter, about 35% of the total respondents said that they were forced to leave their homes because of lack of persons to offer them food and necessary care. Similarly, 28.3% cited 'loss of income' as the major cause compelling them to come to the old-age home. 21.7% percent of the respondents said domination by their family members was the reason why they left home and came to shelter house. About 15% said that they were bound to stay in the old age people's home because they were physically impaired and failed to making a living for them.

In due course of assessing the satisfaction level of the respondents on the services being provided to them, about 76.7% said that they were satisfied with the quality of services being provided to them at the PEPH. However, about 23.3% of the total respondents showed their dissatisfaction over the facilities and services offered to them. Speaking on the ground of the food served at the PEPH, about 8.3 percent of them stated that the food served was very bad. About 21.7 percent had positive

comments about the food, about 65% stated that the food was reasonable and about 8.3% passed their bad comments on food served.

While assessing the satisfaction level of the respondents on the cloths provided to them, majority of the respondents said that whatever clothes being given to them were sufficient and satisfactory. On the other hand, fifteen of the 60 respondents were not happy with the clothes being given to them. Twelve of the respondents said that they should be given some more warm clothes to keep them warm during the winter.

While assessing the consideration of the voices of elderly people at PEPH, about 70 percent stated that their voices were considered. On the other hand, about 30 percent responded that their voices were not considered. Similarly, while assessing the satisfaction level of the respondents on the medical facilities offered to them, about 80 percent of the respondents were happy with the medical facilities being provided at the elderly home. In contrary to this, about 20% of the respondents expressed their dissatisfaction towards the medical facilities being provided at the elderly home. Majority of the elderly citizens living at the old age home in pashupati were found to be suffering from one or the other form of disease. Most of them complained of rheumatism, asthma and loss of appetite. Lack of balanced diet before they came to the old age home and hard labor during their active life was found to be the reasons behind their ailments. Only 23.3percent informed that they did not have any kind of disease. About 61.7 % pointed out the need for making overall improvements in the facilities and services being offered to the people at the shelter home. About 13.3 % of them viewed that the quality of food had to be improved. They complained that the quality of rice being provided was below the desired standard and there wasn't much variation in the vegetables served. They also complained that the people serving food at the kitchen were overtly rude and sometimes even mistreated them when asked to heat up the food. Similarly, 5% said that the healthcare was in need of improvement. However, about 20 % said that they were happy with whatever was being given to them. Some of

them seemed to be a bit reluctant to speak their mind out while the others were genuinely commenting positively about the services at the elderly home.

In course of assessing whether the respondent had their children, about 55% of the respondents conceded the fact that they had children. On the other hand, majority of the respondents (about 55%) said that they have children. only one respondent said that his children regularly visited the old age home to learn about his state of affairs. Seventeen of the respondents (28.3%) said that their children, friends and relatives rarely come to meet them. Majority of the respondents i.e. 70 percent of them said that nobody ever came to meet them.

Speaking on the habit of smoking, majority of the respondents (about 43.3%) said they were smokers. About 18.3 percent of them said that they quit smoking after it had a negative impact in their health. Some of the respondents were also found giving up the habit of smoking.

5.2 Conclusion

Of the total respondents, majority of them had their home but due to the conflict with their family members, they could not dare to live with their family members. Some of them had lost their homes due to natural disasters. Lack of persons to offer them food and necessary care, loss of income, domination by their family members, physical disabilities were the major reasons behind choosing PEPH as their shelter. Majority of the respondents were found satisfied with the services being provided to them at the PEPH. Speaking on the ground of the food served at the PEPH, 65% stated that the food was reasonable. While assessing the satisfaction level of the respondents on the cloths provided to them, majority of the respondents said that whatever clothes being given to them were sufficient and satisfactory. Similarly, while assessing the consideration of the voices of elderly people at PEPH, about 70% stated that their voices were considered. Speaking on the satisfaction level of the respondents on the

medical facilities offered to them, about 80% of the respondents were happy with the medical facilities being provide at the elderly home. Most of them complained of rheumatism, asthma and loss of appetite. Lack of balanced diet before they came to the old age home and hard labor during their active life was found to be the reasons behind their ailments. About 61.7% pointed out the need for making overall improvements in the facilities and services being offered to the people at the shelter home. Majority of the respondents had children and about 45% of the respondents conceded the fact that they were childless. Speaking on the habit of smoking, majority of the respondents said that they were smokers. About 18.3 % of them said that they quit smoking after it had a negative impact in their health. Some of the respondents were also found giving up the habit of smoking.

5.3 Recommendations

Based on the findings of the research study, the following recommendations have been made for upgrading facilities and services for the elderly people at the old aged people's home:

- The bedrooms should be made more spacious with cross ventilation facilities.
- The number of health personnel (doctors, nurses and auxiliary health workers) should be increased considering the number of the elderly people living there and their health condition.
- The quality of food items has also to be improved.
- The elderly home management should carry out some more recreational and religious activities.
- The Ministry of Women, Children and Social Welfare (MoWCSW) should allocate additional budget for improving the overall facilities and services at the shelter house.
- The MoWCSW should recruit more efficient, result oriented and caring staff for the elderly people's home.

REFERENCES

Bernardi, (1985), *Conditions of Old People*, London: Oxford Press.

Central Bureau of Statistics (2011), National Population and Housing Census, Volume 01, National Planning Commission Secretariat,,Government of Government of Nepal

Constitution of the Kingdom of Nepal, 1999

Daniels, (1988), *Socially Excluded People*, London: Oxford Press.

Elie Metchnikoff, (1904), *Senior Citizens*, London: Oxford Press.

ILO Press Release (June 18, 2003)

International Labour Conference (2013), Employment and social protection in the new demographic context, 102nd Session, ILO office Geneva

Kohli, (1994), *Social Security of Senior Citizens*, London: Oxford Press.

Kohli, Szydlik, (2000), *Global Problems of Socially Excluded People*, London: Oxford Press.

Laslett&Fishkin, (1992), *Problems of Senior Citizens*, London: Oxford Press.

Lewis H.K, (1976), *An Unsolved Problem In Biology*, London: Oxford Press.

Mathema Padma (2012),National Social Security Policy: A Reality need for Nepal, Vol.24, No.2, Administration and Management Review of Nepal Administrative Staff College

Medawar P.B., (1952), *An Unsolved Problem In Biology*, London: Oxford Press.

MoktanDasrath, (2001), *Old Age Voice*, NEPAN.

Muller,(1990), *Respect to senior citizens*, London: Oxford Press.

National Planning Commission, (May 2012), Assessment of Social Security Allowance Program in Nepal, Government of Nepal

Nepal Country Report presented at the Fifth Asian and Pacific Population Conference (Dec.11-17,2002),Bangkok.

Population Briefs, Vol.9 No.1Feb.2003,population council publication.

Rose M.R,(1981), *Genetics of life history in drosophila Melanogaster II,Exploratory Selection Experiments*: 187-196

Sharma Mahesh, Thapa Man Bahadur, (2002), *Towards Secure Ageing*, NEPAN.

ShresthaHeetsingh , SatyalVikash Raj, (2003), social security and pension for the elderly in Nepal, Institute for Integrated Development Studies (IIDS)

Thapa Man Bahadur, (2002), *Ageing Sensitization Training for Master Trainers*, NEPAN

UN. 2009. World population on Ageing

(UN Population Ageing and Development 2012 Wall Chart)

Weismann A., (1891), *Essays Upon Heredity and Kindred Biological Problems*,Vol 1 (2nd edition) Clarendon Press, Oxford.

Williamson & Watts-Roy, (1999), *Situation of seniors*, London: Clarendon Press.

www.undp.org/rbec/nhdr/1996/Georgia/glossary.htm

www.ageing.com

www.ageingnepal.com.np

www.cbs.gov.np

www.en.wikipedia.org/wiki/social.

www.gefont.org.

www.kantipuronline.com/ko/newsphp

www.nepalnews.com/18567-nepals-ageing-population-are-we-prepare

www.poli.haifa.ac.il/-levi/res/dicpe.html.

www.unpopulation.org

www.ilo.int/global/publication/magazines-and-journals

Zwaan B.J., (1964), *Direct Selection on Life Span in Drosophila Melanogaster*, Evolution, Page 649-659, Clarendon Press, Oxford.