

# CHAPTER ONE

## INTRODUCTION

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

This chapter deals with the study context, statement of the problems, description of the study area, objectives of the study, limitations of the study, rationale of the study and organization of the study.

### **1.1 The Study Context**

Ageing has now become a big problem with unprecedented increase in the number of elderly people worldwide. In 1950, the number of people above 60 years of age was about 200 million. The number tripled to nearly 600 million by 2000. By 2025, the number of such persons is expected to exceed 1 billion. The problem is more serious in Asia, where half of the world's old people are living. About two-thirds of the world's total people above 60 years of age will be living in this region by 2050. The population of this age-group is projected to reach 1,200 million by the year 2015. The increasing number of elderly people would imply lower number of young people. The number of children in Asia will decline marginally over the next 50 years. The old people will start outnumbering children by 2040. By 2050, there will be 25 percent more old people than children in Asia (Source: UN Resolution on Ageing, 2001).

With a view to promoting the theme of working to create "a society for all ages", the United Nations (UN) celebrated the year 1999 as the International Year for Older Persons. In 2002, the world body adopted an International Plan of Action on Ageing in which all governments pledged to work for the security of older persons, as well as to empower them so that they can "participate fully in the economic, political and social lives of their societies."

In Nepal, the share of elderly persons (60 years and above) was 5 percent in 1952-54, which increased to 5.8 percent in 1991 and 6.5 percent (1.48 million) in 2001([www.kantipuronline.com/ko/newsp.htm](http://www.kantipuronline.com/ko/newsp.htm)). 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 recognized.

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](http://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](http://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. An estimated 20 percent of the world's population has adequate social security coverage. In the least developed countries, less than 10 percent of the working population is covered by social security. In middle income countries, social security coverage ranges from 20 to 60 percent of the population, while in industrialized countries it is close to 100 percent

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.

The campaign seeks to leverage the support of the ILO's tripartite constituents-as well as other organizations-to initiate and sustain efforts to help countries and expand social security systems through a process of experimentation and social dialogue.

The campaign also aims at intensifying efforts already underway in 40 countries for extending social security, and initially concentrate on five key activities including extending social security through social dialogue, strengthening community based schemes including the use of micro-insurance to meet social security needs, projects for overcoming social exclusions, extending healthcare coverage and establishing pilot projects to extending social security through a Global Social Trust that links developed and developing countries to launch social protection schemes.

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 and 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. The subsequent Nepali Congress (NC) led coalition government expanded the social security by including helpless widows of 60 plus years old and physically and mentally handicapped persons.

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 monthly allowances. The table below highlights the age structure of Nepali people since 1952-2001.

**Table 1.1 Age Structure in Nepal by Broad Categories (1952-54 & 1991-2001)**

<b>Census Year</b>	<b>Population Distribution (in %)</b>		
	<b>0-14 years</b>	<b>15-59 years</b>	<b>60+ years</b>
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

*Source: CBS, 1985; 1993; 2001*

## **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 (Population Briefs, Vol. 9 No. Feb.2003, Population Council Publication).

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 conducting 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 long-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 census conducted in the gap of the years.

The Population Census of 1991 revealed that the life expectancy of the Nepalese was 54.4 years. The life expectancy for women was 54 years and for men it was 55 years. Studies have revealed that there has been some improvement in these levels of life expectancies. Of the total population, the number of elderly people in Nepal has been put at 2.37 percent, according to the Central Bureau of Statistics (1991). The results of the 1991 census show that the number of the elderly people who had crossed the age of 60 was 10, 71,234. 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. In 1991, the records at the Vital Registration Division of the Local Development Ministry showed that the number of citizens above 75 years was 1, 73,834.

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 People's 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. Until five years back, the number of such people stood at 180. The number increased to 205 after 25 elderly citizens were taken in at the centre following the government's rule to remove the beggars from the streets of Pashupati. Of the total number, 81 are males and 124 are females. The total annual budget being given to the centre was Rs. 4.6 million until three years back.

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 a certification to the Ministry.

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 30 centers for the elderly in various parts of the country.

When looking at the over 1.4 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 always 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 Description of the Study Area**

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 30 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.



#### **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 study included:

- a) Assessing the challenges of senior citizens at PEPH;
- b) Identifying the reasons for the displacement of a large number of old-aged people from their homes;
- c) Making recommendations to the concerned authorities regarding the urgent steps to be taken for helping the old-aged people.

#### **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 Limitations of the Study**

The study has been confined only to the PEPH. The study constitutes only a small sample of the over one 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 analyse 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 Rural Development under the faculty of humanities and social sciences. Moreover, the study is primarily descriptive in nature.

### **1.7 Organisation of the Study**

This study has been organised 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, statement of the problems, description of the study area, objectives of the study, limitations of the study, rationale of the study and organisation 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, some important media coverage on elderly citizens living at home and abroad and some case studies related to the subject matter are briefly discussed in this chapter.

Chapter Three offers research methodology applied for carrying out the research work. The methodology includes 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.

Chapter Four presents an 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

Chapter Two deals with literature review defining terminologies of social security, ageing: basics, theoretical review: some key theories on ageing 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 media 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 a 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 median 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. Since 1946, the number of centenarians has doubled every 11-12 years. 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. Given current patterns of mortality, the maximum lifespan one can hope for is 110 years, that is, assuming no effective treatments for ageing are developed in the meantime. A more informative way to study the ageing of populations is to calculate the age – specific mortality ([www. ageing.com](http://www.ageing.com)).

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](http://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](http://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 idea 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 powerless. Structured dependency sees the institutionalization of 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.ageing.com](http://www.ageing.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 H.K, 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, behaviour; 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](http://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](http://www.undp.org/rbec/nhdr/1996/georgia/glossary.htm)).

### **2.4 Age & Generation**

Aging 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 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 & Szydlik, 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 generations 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 Why 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 and Abroad**

A news report carried by the English Daily “The Kathmandu Post” on July 16 under the headline “Pashupati Briddhashram struggles to maintain service” is a case in point, which reveals the deplorable state of the oldest retire home in the country. In the news report written jointly by Saurav Jung Thapa and Caesar Rana the shortcoming related with medical care being provided to the senior citizens at the Briddhashram has been duly high lighted.

“Manpower resources are severely over-stretched as it is impossible for me to attend properly to all the elderly inmates,” Sister Bimala Subedi is quoted as saying gin the news report.

“Virtually, all the members at the old age home suffer from one ailment of the other, and I can hardly give enough attention to each one of them. The patients also require psychological counseling and someone to talk to them, besides being administered pills and syrups.” Sister Subedi is quoted by the Daily as saying.

Krishna Prasad Upadhyaya, 74, has in the news report expressed hi grievances towards the poor quality of food being served at the Briddhashram. The elderly people at the Briddhashram have echoed their unanimous voice not to shift the Briddhashram have echoed their unanimous voice not to shift the Briddhashram from the premises of the Pashupatinath temple in response to rumours making their rounds that the center was going to be shifted to another Place. They have collectively voiced in the news story that they would rather seize to be than to move out of their present abode located close to the temple of Lord Shiva whose very thought delighted their hearts.

The Himalayan Times Daily published a news report headlined ‘move to give benefits to senior citizen’ in its November 10, 2003 issue. The news reported by Ananta Raj Luitel has referred to the draft of a new Bill prepared by the Nepal Law Reform Commission with the view to provide special facilities to the elderly citizens of Nepal.

The proposed facilities in the draft bill include discounts while commuting in public vehicles and first priority to elderly citizens seeking health services.

The report has stated that the draft bill on the Senior Citizens' Welfare Act will be ready within a month.

Another report headlined "Health Programmes For Senior Citizens To Be Expanded" published in the 'Kantipur Daily' on September 17 has informed that the Ministry of Women, Children and Social Welfare is adding some health related programmes for the elderly in some additional districts. The report by Maina Dhital has stated so far health programmes for the elderly is confined to 28 districts at the moment. As per the programme the Ministry has been providing Rs, 2,000 to elderly citizens for the medical examination. They can get the health allowance for not more than two times in a single year. The announcement was made on the occasion of the marking of the 13<sup>th</sup> International Day for the Elderly. The Day was marked with the slogan, "New Human Resources for Development."

One other report headlined 'Rebels cross moral limit, kill 79-year-old man' was published in the Kathmandu Post Daily on November 12, 2003. In the report it has been stated that the Maoist rebels killed Prabahang Kedem, a 79-year-old man in Thinglabu Village Development Committee (VDC) in Taplejung district by slicing off his neck for failing to cough up donation by them. The old and helpless man was killed in front of his family members.

A news report headlined "Elderly burnt to death as hut catches fire" published in the Kantipur Daily on December 8 well reveals the state of the elderly citizens in Nepal.

Ramdal Rai, 97, hailing from Morang, Sanischhared-6 had kept him lighted a fire in the hut where he was living close to his house in order to get respite from the cold. He was burnt to death when the fire spread and started spreading all over the hut.

According report carried by "The Rising Nepal" Daily Published on Dec 7 under the headline "Eighty year old woman left neglected" has referred to a pathetic story of Laxmi Maya Poudel, 80, of ward No:2 in Tilpung VDC.

The news dispatched from Ramechhap by the Rastriya Samachar Samiti has stated that Poudel was kicked out of the house by her daughter-in law Radha Poudel following a minor scuffle between them.

“Both my husband and son are dead, and as my daughter-in-law has forced me out of the house I do not where to go,” Poudel said. She is taking refuge at the District Administration Office at the moment.

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 coverage on elderly citizens of Nepal is very scant the above reports were collected in the span of over three month. 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.

One more interesting AP/AFP report published in the September 9, 2003, issue of ‘The Rising Nepal’ under the headline “20,561 Japanese over 100 years old,” has stated that the figure hit a new record in the world’s longest living nation.

The report has stated that the figure was up from a record 17,402 centenarians last year. According to the Japanese Health Ministry all those elderly citizens have been included in the list who will have celebrated their 100<sup>th</sup> birthday by the end of September.

Japan has the world’s highest life expectancy for both the sexes, 85.23 years for women and 78.32 years for men in 2002. The country’s oldest living person, Kamato Hogo born in 1887 and recognized as the world’s oldest by Guinness Book of Records was a Japanese national. She was crowned as the oldest person ever living on earth after Maude Farris Luse-an American died in March 2003 at the age of 115. The 116 year-old Japanese woman also passed away on October 31<sup>st</sup>, 2003. The world’s second oldest man was also Japanese named Yukichi Chuganji, he passed away at the age of 114 on September 29, 2003.

## **2.7 Some Case Studies Related to the Subject Matter**

### **Cash Study: One**

Mana Kumari Auguste, 83, hails from Batrati, Trishuli. Auguste 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,” Auguste 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. Auguste 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 anted to relieve himself of the responsibilities of looking after Auguste who had lost her eyesight and was very old. He brought her to Pashupatinath and quietly vanished into thin air after leaving her. Poor Auguste 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 69, 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. 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 the 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 have bothered 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 feet 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 so 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 completely 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.

He added that the budget at the center had been hiked from 3.3 million rupees to 5 million rupees in the recent fiscal year and was sufficient to keep the elderly comfortable.

**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**

Chapter Three offers research methodology 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 operationalisations, 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.

#### **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. Sample sizes 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 Sources 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 conditions 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.

#### **3.5.3 Key Informant Interview**

Interviews with key informants such as chief of the PEPH management office and concerned officials at the Ministry of Women, Children and Social Welfare to acquire necessary information about the status of the elderly people and the various plans and programmes being implemented for their welfare.

### **3.5.4 Case Study**

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

### **3.5.5 Data Analysis and Processing**

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 land 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.

## CHAPTER FOUR

### DATA ANALYSIS AND INTERPRETATION

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

#### 4.1 Previous 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

<b>Respondents</b>	<b>Number</b>	<b>Percentage</b>
Women	140	60.86
Male	90	31.14
Total	230	100

*Source: Field Survey, September 2006*

Of the total number of 230 elderly citizens living at PEPH, 140 are females who comprise 60.86% while 90 are male who comprise 31.14%. 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 29.72 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 People Living in Pashupati Elderly People's Home 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 People Living in Pashupati Elderly People's Home on the Basis of Caste**

Caste	Number	Percentage
Brahmin	90	39.14
Chhetri	39	16.95
Newar	56	24.78
Ethnic communities (Bhote, Tamang, Rai, Gurung, Sherpa)	38	16.52
Sanyashi	1	0.43
Others	2	0.86
Dalits	4	1.73
Total	230	100

*Source: Field Survey, September 2006*

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

The Brahmins comprise 39.14 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 Newars and the third that of the Chhetri respectively. Elderly members from other caste groups constitute a negligible percentage living at the center.

### **4.3 Distribution of the People Living in Pashupati Elderly People's Home 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 People Living in Pashupati Elderly People's Home Based on Development Regions**

<b>Development Region</b>	<b>Number</b>	<b>Percentage</b>
Eastern Dev. Region	7	3.04
Central Dev. Region	205	89.13
Western Dev. Region	11	4.78
Mid Western Dev. Region	6	2.60
Far Western Dev. Region	1	0.43
Total	230	100

*Source: Field Work 2006*

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 (89.13 percent) while there is only one elderly citizen who represents the Far Western Development Region, which is 0.43 percent of the total number.

#### 4.4 Zonal Classification of the Elderly People Residing at Pashupati Elderly People's Home

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 Residing at Pashupati Elderly People's Home**

Zone	Number	Percentage
Mechi	7	3.04
Koshi	3	1.30
Sagarmatha	1	0.43
Janakpur	5	2.17
Narayani	3	1.30
Bagmati	197	85.65
Gandaki	5	2.17
Lumbini	5	2.17
Dhawalagiri	1	0.43
Rapti	4	1.73
Bheri	1	0.43
Karnali	1	0.43
Seti	1	0.43
Mahakali	-	-
Total	230	100

*Source: Field Survey, September 2006*

The data reveal that those coming from the Bagmati zone have the highest number at the old age home. They constitute around 85.65 per cent of the total members, i.e. 197. Similarly, Mechi has 3.04% followed by Koshi (1.36%), Janakpur (2.17), Narayani (1.30%), Gandaki and Lumbini (2.17%), Rapti (1.73%), Bheri, Karnali, Seti, Sagarmatha and Dhawalagiri (0.43%).

#### 4.5 District-wise Population Distribution of the Elderly People Residing at Pashupati Elderly People's Home

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 Residing at Pashupati Elderly People's Home**

Name of District	Number	Percentage
Kathmandu	117	50.86
Bhaktapur	12	5.21
Lalitpur	18	7.82
Kavrepalanchok	28	12.17
Sindhupalchowk	7	3.04
Jhapa	3	1.30
Bhojpur	2	0.86
Morang	1	0.43
Solukhumbu	1	0.43
Dhanusha	1	0.43
Sindhuli	1	0.43
Dolkha	3	0.30
Rasuwa	1	0.43
Nuwakot	8	3.47
Dhading	6	2.60
Chitwan	3	0.30
Palpa	5	2.17
Kaski	2	0.86
Morang	1	0.43
Gorkha	2	0.86
Baglung	1	0.43
Rukum	1	0.43
Pyuthan	1	0.43
Humla	1	0.43
Doti	1	0.43
Dang	2	0.86
Bardia	1	0.43
Total	230	100

Source: Field Survey, September 2006



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 27 districts out of the 75 districts. Out of the total of 230 at the center, 117 of them (50.86%) are from Kathmandu, 12 (5.21%) from Bhaktapur and 18 (7.82%) from Lalitpur districts. One each from 11 other districts (Morang, Solukhumbu, Dhanusa, Sindhuli, Rasuwa, Baglung, Rukum, Pyuthan, Humla, Doti and Bardia) has been enrolled at the center. There are 28 (12.17%) from Kavrepalanchok, 7 (3.04%) from Sindhupalchok, 3 (1.30%) from Jhapa, 2 (0.86%) from Bhojpur, 3 (0.30%) from Dolokha, 8 (3.47%) from Nuwakot, 6 (2.60%) from Dhading, 3 (0.30%) from Chitwan, 5 (2.17%) from Palpa, 2 (0.86%) from Kaski, 2 (0.86%) from Gorkha and 2 (0.86%) from Dang. 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**

<b>Age Group</b>	<b>Number</b>	<b>Percentage</b>
65 to 70 years	72	31.31
71 to 75 years	74	32.17
76 to 80 years	43	18.70
81 to 85 years	26	11.30
86 to 90 years	12	5.21
91 to 95 years	-	-
96 years and above	3	1.30
<b>Total</b>	<b>230</b>	<b>100</b>

*Source: Field Survey, September 2006*

When analyzing the number and percentage of elderly with respect to age group there are 74 members in the age group of 71-75 years, which comprises the highest percentage (32.17%) in

terms of age group. There are 72 elderly members in the age group of 65 to 70, which constitutes (31.31%) of the total number while there are only three persons above 96 years, which comprises (1.30%) 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**

<b>Disabled</b>	<b>Number</b>	<b>Percentage</b>
Dumb	30	13.04
Physically disabled	40	17.39
Mentally disabled	8	3.48
Visually impaired (blind)	19	8.26
Deaf	8	3.48
<b>Total</b>	<b>105</b>	<b>82.63</b>

*Source: Field Survey, September 2006*

There are a total of 105 disabled elderly citizens living at the center. Forty of them comprising 17.39% of the total number are physically disabled. Nineteen of them are blind and constitute 8.26% of the total number. Similarly, 30 of the elderly citizens are dumb and comprise 13.04% of the total number while seven of them are deaf and comprise 3.48 per cent of the total number. Of the total number of elderly citizens living at the center i.e. 230, the total percentage of the disabled is 45.65%.

#### 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**

<b>Options</b>	<b>No of Respondents</b>	<b>% of the total</b>
Yes	13	43.3
No	17	56.6
Total	30	100

*Source: Field Survey, September 2006*

Seventeen out of the 30 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 56.6 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.

Thirteen respondents said that they did have home. They comprise 43.3 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 they 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 Reasons behind Choosing to Stay at the Elderly Home

During the field survey, the researcher tried to analyze 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 the shelter:

**Table 4.9 Reasons behind Choosing to Stay at the Elderly Home**

<b>Options</b>	<b>No of Respondents</b>	<b>% of the total</b>
Loss of income	9	30
Domination by family members	6	20
Nobody to provide food and care	13	43.3
Impairment	2	6.6
Total	30	100

*Source: Field Survey, September 2006*

About 43.3% 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, 30% cited 'loss of income' as the major cause compelling them to come to the old-age home. Twenty percent of the respondents said domination by their family members was the reason why they left home and came to the shelter house. About 6.6% 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 of Services**

<b>Options</b>	<b>No of Respondents</b>	<b>% of the total</b>
Satisfied	26	86.6
Not satisfied	4	13.3
Total	30	100

*Source: Field Survey, September 2006*

Most of the respondents (86.6%) 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 13.3% of the total respondents showed their dissatisfaction over the facilities and services offered to them.

#### 4.11 Quality of Food Served at Pashupati Elderly People's Home

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

**Table 4.11 Quality of Food Served at Pashupati Elderly People's Home**

<b>Options</b>	<b>No of Respondents</b>	<b>% of the total</b>
Reasonable	19	63.3
Very Bad	2	6.6
Bad	1	3.3
Very Good	8	26.6
Total	30	100

*Source: Field Survey, September 2006*

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.

Two of the respondents i.e. 6.6 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.

Eight of the respondents i.e. 26.6 percent had positive comments about the food. They said that the food was very good "We cannot expect more than what is given to us," they said.

Of the total respondents one of them said that the food 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 analyze the clothes provided to the elder people at PEPH. From the field surveys, following data were gathered.

**Table 4.12 Quality of Clothes Provided at Pashupati Elderly People's Home**

Options	No of Respondents	% of the total
Need more warm clothes	5	16.6
Need more quality clothes	7	23.3
Whatever being given is good	18	60
Total	30	100

*Source: Field Survey, September 2006*

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.

Seven of the 30 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.

Five 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**

Options	No of Respondents	% of the total
Yes	8	26.6
No	22	73.3
Total	30	100

*Source: Field Survey, September 2006*

While assessing the consideration of the voices of elderly people at PEPH, about 73.3 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 26.6 percent responded that their voices were not considered. They complained that the people in the kitchen were very rude. They sometimes even pass derogatory 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 co-ordination 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 surveys, following data were collected.

**Table 4.14 Medical Facilities**

<b>Options</b>	<b>No of Respondents</b>	<b>% of the total</b>
Yes	26	86.6
No	4	13.3
Total	30	100

*Source: Field Survey, September 2006*

The above table shows the views of the respondents on the medical facilities offered to them. About 86.6 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 13.3% of the respondents expressed their dissatisfaction towards the medical facilities being provided at the elderly home. An eighty years old Lule Biswakarma 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 PEHP 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. According to sources at the elderly home, only Rs, 4,000/- had been allotted for medical expenses. The Chief of the elderly home said that he had so far squeezed budget from other heads and spent it on medicines and treatment of the poor. He said he had Rs, 150 thousand for the treatment of the elderly. He further elaborated that he had been corresponding with the Ministry for a full time doctor at the elderly home to give immediate medical advice to the sick people.

The PEHP 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**

<b>Options</b>	<b>No of Respondents</b>	<b>% of the total</b>
Yes	25	83.3
No	5	16.6
Total	30	100

*Source: Field Survey, September 2006*

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 16.6 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 150 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**

<b>Options</b>	<b>No of Respondents</b>	<b>% of the total</b>
Quality of food has to be improved	4	13.3
Health care needs to be improved	2	6.6
No improvement needed	7	23.3
Overall improvement needed	17	56.6
Total	30	100

*Source: Field Survey, September 2006*

Seventeen of the respondents (56.6 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, 6.6% 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 23.3% 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 surveys, following data were collected.

**Table: 4.17 Status of the Off-springs of the Respondents**

<b>Options</b>	<b>No. of Respondents</b>	<b>% of the total</b>
Yes	10	33.3
No	20	66.6
Total	30	100

*Source: Field Survey, September 2006*

About 33.3% of the respondents 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, majority of the respondents (about 66.6%) 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**

<b>Options</b>	<b>No. of Respondents</b>	<b>% of the total</b>
Regularly	1	3.3
Occasionally	9	30
Never	20	66.6
Total	30	100

*Source: Field Survey, September 2006*

Only one respondent said that his children regularly visited the old age home to learn about his state of affairs. Nine of the respondents (30%) said that their children, friends and relatives rarely come to meet them. Majority of the respondents i.e. 66.6 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 surveys, following data were obtained.

**Table: 4.19 Functional Living Arrangements**

<b>Options</b>	<b>No. of Respondents</b>	<b>% of the total</b>
Live with son	5	16.6
Live in an old age home	25	83.3
Total	30	100

*Source: Field Survey, September 2006*

Majority of the respondents (about 83.3%) 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**

<b>Options</b>	<b>No. of Respondents</b>	<b>% of total</b>
Yes	11	36.6
No	12	40
Used To	7	23.3
Total	30	100

*Source: Field Survey, September 2006*

Majority of the respondents (about 36.6%) 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. Twelve percent of the respondents said that they did not smoke. Those who said that they were non-smokers were pretty healthy.

Seven of the respondents i.e. 23.3 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

Seventeen out of the 30 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 56.6 percent. On the other hand, about 43.3 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 43.3% 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, 30% cited 'loss of income' as the major cause compelling them to come to the old-age home. Twenty percent of the respondents said domination by their family members was the reason why they left home and came to the shelter house. About 6.6% said that they were bound to stay in the old-age people's home because they were physically handicapped 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 86.6% said that they were satisfied with the quality of services being provided to them at the PEPH. However, about 13.3% 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 PEHP, about 6.6 percent of them stated that the food served was very bad. About 26.6 percent had positive comments about the food, about 63.3% stated that the food was reasonable and about 3.3% passed their bad commends 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, seven of the 30 respondents were not happy with the clothes being given to them. Five 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 73.3 percent stated that their voices were considered. On the other hand, about 26.6 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 86.6 percent of the respondents were happy with the medical facilities being provided at the elderly home. In contrary to this, about 13.3% 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 16.6 percent informed that they did not have any kind of disease. About 56.6% 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, 6.6% said that the healthcare was in need of improvement. However, about 23.3% 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 respondents had their children , about 33.3% of the respondents conceded the fact that they had children. On the other hand, majority of the respondents (about 66.6%) said that they did not have any children. Only one respondent said that his children regularly visited the old age home to learn about his state of affairs. Nine of the



respondents (30%) said that their children, friends and relatives rarely come to meet them. Majority of the respondents i.e. 66.6 percent of them said that nobody ever came to meet them.

Speaking on the habit of smoking, majority of the respondents (about 36.6%) said they were smokers. About 23.3 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 PEHP. Speaking on the ground of the food served at the PEHP, 63.3% 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 73.3 percent stated that their voices were considered. Speaking on the satisfaction level of the respondents on the medical facilities offered to them, about 86.6 percent of the respondents were happy with the medical facilities being provided 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 56.6% 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 were found to be childless and about 33.3% of the respondents conceded the fact that they had children. Speaking on the habit of smoking, majority of the respondents said that they were smokers. About 23.3 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.

### **5.3 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.