

NISAHAYA SEWA SADAN AS A SECOND HOME

Psychosocial Experiences of Senior Citizens Living in an Elderly Care Home

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Thesis, Spring 2015

Diaconai University of Applied Sciences

Diak South, Helsinki

Degree Programme in Social Services

Option in Community Development

Bachelor of Social Services (UAS)

ABSTRACT

Giri Parimal, Nishaya Sewa Sadan as a Second home: Psychological Experiences of Senior Citizens Living in an Elderly Care. Diak South, Helsinki ,Finland. Spring 2015.55 Pages, two Appendixes- Language English. Diaconia University of Applied Sciences. Degree programme in Social Services and Community Development. Degree: Bachelor in Social Sciences.

The study discusses about the status and experiences of elderly living in Institutional settings, Nisahaya Sewa Sadan located in Kathmandu, Nepal. Existing welfare scheme for elderly in Nepal, demographic status, social, cultural setting and psychological impact are the components of the study. Qualitative research methodology was carried out; semi-structure interview was performed for data collection. Five senior citizens above 65 years were the key informants. Thematic data analysis was used for interpretation of the data, as the method is appropriate for relating and associating human experience.

The conclusion of the study specify on the status of the senior citizens are relatively poor. However, they have been provided small incentives from the state and basic needs and health assistance from the institution. From psychological point of view, majority of the elderly are facing problems like loneliness, detached from their family, dropping self-esteem and unable to cooperate to the changing world. On the other hand, they also hold the positive aspects such as freedom of choice, no rules and restriction by their adult children. Similarly, sharing past experience among themselves had made them feel better. Majority of the elderly had common stories, which made them feel as one. Therefore, they called that place as second home.

Keywords: Senior citizen, Aging , Elderly Homes, Mental Health

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1 INTRODUCTION

William Shakespeare probably characterized the various stages of man in a very elegant way, from the moment of conception to maturation and loss of functional capacity and ends in death.

Aging is the continuous progress by nature that degrades with the course of time. Longevity is an achievement derived from tremendous advancement of science and medicine. The increase in life expectancy, decreased birth and death rate has resulted in the increased proportion of the aged people (Singh R, Singh B, Lall BS, 2013, 48-53). Ogawa also describes further that aging is the progressive attachment of ages of last stage of maximum life of span. Similarly, he defines the two mechanisms of population aging, decrease in fertility and reducing mortality among the elderly (Ogawa, 2003).

According to Kshetri, Baidwar, Smith and Khadka, 2012, change in family structure have affected in significant manner, elderly people are well respected and often considered as the head of the family. Traditionally, they live with their spouse, grown up son and grandchildren to ensure the appropriate support in their old age. However, the increase in aging population paved to crises. Similarly, migration of youths to different locations from rural to urban and abroad leaving their parents at home alone declined the care and support to the elderly people.

Likewise Eckerman's study in Nepal on elderly care reveals that only 7% receives care and support from the state owing to the long term physical and mental illness as well as government's ignorance on population management and lack of expert on elderly focused policy respectively.

In an unfortunate note, the changing pattern in family structure from joint to nuclear families has more or less declined their well-being. However, families,

civil society, I/NGOs and government possibly will provide the various level of assistance in various ways.

Meanwhile, the change in social structure has declined the traditional values and old people are considered as a burden to the family and problem to the society (Kshetri, Baidwar, Smith and Khadka, 2012).

Community development is a vital course of action or process not only limited to empowerment, poverty reduction but also the advocacy of the less visible issues. It also involves the management and the promotion of the aging crisis, providing support for the individual's welfare and sense of wellbeing.

This research is based on community development focus on well being of the elderly people residing in the Nishaya Sewa Sadan, elderly home located in Kathmandu. The research explores the experience that they have gained living in the elderly home and community membership and sense of belongingness. As the population of the elderly is growing and the study aims to review the social security scheme launched by the government of Nepal and also to evaluate the condition of the elderly people living with. While trying to achieve the aforementioned objective, minute observation of an old age home in Kathmandu and semi structure interview of five individuals living there were carried out. Qualitative research method was conducted. Here, five elderly citizens living in the elderly home was the key informant. Similarly, to interpret the data thematic content analysis was used.

1.1 Aim and research questions

According to the demographic dividend (CBS 2011), the number of elderly people is growing and so as to their problems care and support. Changing trend in family structure; from joint to nuclear family has even significantly added fuel. Similarly, youth migrate, permanently or temporary from their place of origin to urban areas or abroad for various reason such as business, trading, education, employment, marriage and so on.

In recent days, depleting socio-cultural value system, diversification in occupation from agricultural to non-agricultural, higher mobility of economically active persons for seeking job and better education, and replacing existing joint family system by nuclear family system have been seen as problematic for safety and security of aged people in Nepal. Similarly, the specific health needs of senior citizens are virtually ignored by the present health services system (Acharya, 2011, p-10).

Similarly, the elderly population in Nepal is growing steadily at the rate of 3.39% per year (CBS, 2011). And it is projected that the proportion of the elderly population will be doubled in 2017 on the basis of it can be predicted we can say that Nepal is already in the process of population ageing with the demographic transition period (Acharya, 2011).

As a result the elderly people are largely affected as they remain alone at their home due to various reasons such as death of their partner, migrating abroad or shifting to nuclear family of their sons and daughters. Thus, elderly people rely on the government incentives as old age pension and few live in the old age home.

Population development and ageing concern well-being are the major structural issues for the 21st century. According to D Vandana and T Matthew (2009), aging problem in low economic growing country like- Nepal is even more serious. No universal social security arrangement is available for the elderly in many Asian countries. This has become a humanitarian concern, as traditional family support system has been eroded in many communities. Honoring elder people's dignity has received very little general attention, thus it is the matter of social justice and human right.

In the society, where the concept of the old age home is virtually non-existence and whatever numbers of old age home are operated is with the will of some institutions. So, it is essential for the concerned parties to find out how does the old age home functions and is perceived by the stakeholders and experience of old age people living there.

The research will focus on the two interlinked key dimensions of the issues. First, how the socio-economic structural changes have affected the life of the elderly. Secondly, elderly peoples need and their position in the society.

The research question is;

What are the psychological and social experiences of the Senior citizens living in Nishaya Sewa Sadan?

Research question is interlinked with three sub- questions:

1. How elderly people experience social relationship with their family and community?
2. How the social structure has affected their life?
3. Why old age home important to them?

1.2 Hypothesis

The elderly people are facing a lot of problems, one of them is- psychological; feeling of loneliness, social isolation, lack of self-esteem, anxiety and depression, negligence of family are common psychological deformities. As mentioned by Kanwar and Chadha 1998, depression and loneliness of institutionalized elderly was higher than that of non-institutionalized elderly.

1.3 Motivation of the study

During my study in Diaconia University of Applied Sciences (Diak) as a student of Social Service and Community Development, we have been familiarized and trained with number of cases/ issues of the society. Therefore, the new vision paved me to study about elderly people and their status living in my own country and adds new result.

However, there has been number of research done from our University in various social and health issues from Nepal alone, but these researches do not concern about the elderly people and their present condition. The cases studied on elderly people are limited and the general attention is lacking. However, these numerous research is essential for overall diverse view on development of social and health sector in the community. Therefore, I chose the issue thinking aging crisis management is equally important issue as poverty reduction, gender equality and various empowerment programs.

Aging problem is viewed as a negative condition however it is a global issue now (Higo and Williamson 2011). When the citizens grow old the decision-making and management rights can be often taken away. The caregiver's are highly influenced by the feelings of burden. As a result the negligence, physical and psychological abuse, isolation and various inequalities occurs to elderly (S.Parker, R.Khatri, G.Cook and Pant. 2014, p-233).

If wealthy countries struggle to maintain a healthy aging process and provide decent health and social care for its older citizens then how will the emergent longer living populations in low and middle incomes countries such as Nepal manage this process? (S.Parker, R. Khatri,G Cook and Pant. 2014, p-233).

According to above-mentioned views on aging citizen and alarming growth of elderly population, motivated me study brief on it. The overall population have witnessed significant political, economic and social changes in last 10 years in Nepal and its impact have been to large extent on elder citizens, as they are considered as a dependent population.

Thus, I chose the issue of psychological experiences of elderly people of living in elderly homes as specific aspect of my study. It is equally important to identify psychological problems and its root causes. At the same time, focus of the study is to identify their different experiences that come across in their life and their relationship with the various demographic variables.

1.4 Objective of the study

- to describe the activities necessary to support elderly service users
- to find out physiological perceptions and experience who stay there
- to review the policies and programs for the elderly

1.5 Scope of the study

This study was done via non-participant observation and five individuals open ending interviews. This study deals with psychological aspects like feelings, emotion, desire and expression of the interviewee. Only relevant data collected during interviews are used this study and carried out at Nishahaya Sewa Sadan. It doesn't represent the whole elderly people of our country. The major objective of the research was to find out the physiological status of the elderly people. Therefore, this study would not be extensive one due to time and cost constraints.

2 SITUATION OF ELDERLY CITIZENS IN NEPAL

The elderly population in Nepal is growing steadily at the rate of 3.39% per year (CBS, 2011). And it is projected that the proportion of the elderly population will be doubled in 2017 on the basis of that we can say that Nepal is already in the process of population ageing with the demographic transition period (Acharya, 2011, p-63).

2.1 Demographic status

Individuals 60 plus are considered as elderly in Nepal. According to the census of 2011, the total population of the country is 26,494,504 (CBS, 2011). The number of the population over 60 was 1,582,304 in the year 2006 (CBS, 2011). The number of the elderly people is growing gradually; in the year 1981 the number was 857,061, which grew to 1,073,757 in the year 1991 and in the year 2001 it was 1,477,379 (CBS, 2011). The elderly population percent was 2.43% in the year 1911, a century ago, which rose to 7.49% in the year 2001. Among 65+ years aged person, 47.12 % are found economically active with sex differential of 59.7% for male and 34.30% for female (CBS, 2001).

TABLE 1: Demographic Status from 1981-2011

Years	Populations
2011	1761,201
2006	1582,304
2001	1,477,379
1991	1,073,757
1981	57,061

Source: CBS, 2011

The total population of the country has increased by 180 percent while the total elderly population has increased by 267 percent from 1952/1954 to 2001. On the other hand, average household size is in decreasing order. In 1981, it was 5.8 that reduced to 5.6 in 1991, 5.4 in 2001 and 4.9 in year 2011 (Chalise, 2006, p-199).

2.2 Ageing in Nepal

The last five censuses reveal that the elderly people in Nepal are increasing continuously both in absolute number and in proportion. The population ageing is increasing steadily in Nepal. Another important feature of the elderly population in Nepal is that it is increasing in fast pace than the population as a whole. The ageing of the population has become a global issue and presented new challenges of meeting the rapidly increasing needs of the elderly (Shresth, H S et. al. 2003, p-1).

In Nepal, generally elderly people live with their children, especially with son and a few with daughter. A research has shown that, more than 62 percent elderly are living with their sons and only 2.7 percent are living with their daughters and the elderly who are living with their spouse, either with or without children is 16.9 percent and the number of elderly living with others is greater than 15 percent (CBS, 2003).

During 1950s life expectancy was low as a result of high infant mortality rate later, improvement in health sector have reduced the infant mortality rate that led to an increase in the life expectancy. Similarly the life expectancy during the half of 20th century increased from 27 to 60 years. It is clear that the baby born at the turn of 21st century have 30 years greater then born 50 year earlier (Chalise, 2006, p-199).

Similarly, the specific health needs of senior citizens are virtually ignored by the present health services system (Acharya 2011, p-61). On the other hand, the government plan and policies claim's the different story. The theoretical scheme and practicality stays apart. The discussion with the focus group and close

observation during research raised many questions on implementation of the government policies.

It is seen that during 1971-2001, the total literacy rate of the age group 60-64 and 65+ has increased approximately two fold and, one and half respectively. The literacy rates of these age groups have been increased regularly over the decades. The elderly depend on their children, particularly sons, for support and security in their old age. More than 80% of elderly in Nepal are living with their children and more than 60% of the elderly are the heads of the household. Only 2.7% of the elderly in Nepal are living with their daughters (Chalise, 2006, p-202).

2.3 Aging in worldwide prospective

The population is ageing, and the proportion of elderly population is rapidly increasing. The world is experiencing huge demographic transition, as people have fewer children and live longer. It is like other social phenomena that has become the concern of most countries from 21st century. In other word, it is an outcome of the human development to which sociologist might connect as modernity. Similarly, from public health prospective it is a combination of epidemiologist and demographic changes (Cook and Halsall, 2011, Dummer et al. 2011).

The first change occurred in industrial societies across Europe and North America and shifted to countries with rapid economic changes like Japan, South Korea and Singapore. At the current phase countries like China, Ecuador and South Africa have passed 7% of the overall population (Cook and Halsall, 2011, Dummer et al. 2011).

Moreover, low and middle-income countries are witnessing rapid aging with the fastest demographic changes globally (WHO, 2012). Current measures of older people (60 years plus) estimate 784 million people globally and a predication of 2 billion by 2050. In developing countries, current estimates suggest an elderly population represents 9% with a prediction to 20% by 2050 (UN, 2011) (Cited in S.Parker, R.Khatri, G COOK, Pant, 2014, p-235)

The number of people aged over 60 in the developing world is predicted to rise from 375 million in 2000 to 1,500 million in 2050 and even in developing countries with relatively young populations, the proportion of older people will rise significantly. By 2050, less developed regions will have a population age structure similar to today's developed world (Gorman, 2004, p-19).

TABLE 2: Present scenario of aging population among SAARC countries, 2005-2011

SAARC COUNTRIES	2005	2008	2011
India	44.14	57.47	62.1
Pakistan	7	7.0	7.1
Nepal	1	1.1	1.22
Srilanka	1.2	1.22	1.25
Bhutan	0.04	0.1	0.04
Bangladesh	4.33	5.9	7.54
Afghanistan	0.6	0.7	0.65

Source: PRB, World population data sheet, 2005, 2008, 2011 (Cited: R.Yadav 2012, p- 49)

As a result, the elderly in South Asian countries face many problems such as insolvency, loss of authority, social insecurity, insufficient recreational facilities, a lack of overall physical and mental care and support, problems associated with living armaments and many others (Chalise, 2006, p-199).

Similarly, rapid Globalization, Urbanization and Modernization have added more fuel on the aging problem and degrade the quality of life with its unexpected outcome (D Pradhan and C. Aruna, 2014).

3 SOCIAL WELFARE SCHEME FOR ELDERLY CITIZENS IN NEPAL

The mission of the welfare scheme is to enable wellbeing of the elderly citizens and to promote adequate care and support. The basic recognition is people of various age group have equal right to live a full life. It is society who has to make the best possible changes for promotion of the life of the elderly. However, the wide spectrum of facilities and support are under pressure due to huge demographical transition, mismanagement ineffectiveness on implementation of the policy and program.

3.1 Legal note and Plan of Action on Ageing

According to Civil Code, 1963 section 10, "if the parents want to live with a particular son or daughter, it has to be clearly stated in the Bandapatra (the legal note on property distribution) and that son and daughter should take care of the parents. If the older parents cannot survive on their own income then son/daughter with whom they are not living should take care to feed and clothe them as per their earning."

According to Eighth Plan there is no separate policy and program for social but the annual program for the Fiscal Year 1995/96 had incorporated some policies like assuring social security to helpless, old and weak citizens for maintaining dignified human life; accepting social security as social investment; and institutionalizing it. Free medical treatment and help to old people were promised but only allowance distribution program could be made effective in practice. Similarly, in Ninth Plan period, policy related to senior citizens was formulated; record of senior citizens getting monthly allowance was maintained along with works, such as operation of old age home on pilot basis, health care services and discount on airfare were carried out. And in the Tenth Plan the

policy and work strategy such as Legal infrastructure network development, utilize the knowledge; skill and ability of senior citizens were to be utilize in the development works.

The Interim Constitution of Nepal, 2006 (Act. 13) has made a provision for separate Act, Rules and Regulations specially to protect the rights of elders. In accordance with the Madrid International Plan of Action on Ageing (MIPAA) 2002, the government has already formulated and promulgated separate Acts, Rules and Regulations.

Senior Citizens Health Facilities Program Implementation Guideline 2061BS, was adopted by the council of ministers on Bhadra 2061, which attempts to provide medical facilities to the old age people. The government has provision to establish Senior Citizens Health Facilities Fund in each district. The government allocates some fund each year for each district for this purpose. Following the Senior Citizens Health Facilities Program Implementation Guideline, 2061BS, the poverty affected elderly people are provided free medicine and treatment up to NRs. 2000 at a time in all 75 districts from the fund.

The government is providing Old–Age-Allowance (OAA) to help the elderly persons in Fiscal Year 1995/96, under which an allowance of Rupees 100 per month was provided to persons who were over 75 years in age. In the Fiscal Year 1996/97 the program was expanded to provide such allowance to the helpless widows of 60 years in age and disabled persons of more than 16 years in age. In addition a lump sum of Nepalese Rupee. 2000 was made available to those elderly persons who were over 100 years in age. The amount of old age allowance has been increased from Rupees 100 to Rupees 150 per month since 1999 in recognition of the international year of the old. Now the OAA is increased to Rupees 500 per month. The allowances is managed by Ministry of Women, Children and Social Welfare and distributed through the local units of Ministry of Local Development at the village level.

As per the guidelines prepared by the government the allowance is distributed through the ward offices of the municipalities in the urban areas and the office

of the Village Development Committees in the rural areas. The Village Development Committees and Municipalities are also authorized to increase the amount of allowance from its own resources as required. In order to recommend the applicants at the local level an all-party committee is formed which is chaired by the chairperson of VDC and Municipalities. As the cases of irregularities is reported in the media lately many VDCs and Municipalities now have started to deposit the OAA amount directly to the bank in the individuals account. Similarly the central bank is also promoting many campaigns to open the bank account for any economical transaction.

3.2 Senior Citizen Policy 2001

The government of Nepal has issues a policy for senior citizen entitled "Senior Citizen Policy 2058" which envisaged incorporating economic benefit, social security, health service facilities and honor, participation and involvement, and education as well as entertainment aspects to support the elderly people in having prestigious livelihood. The policy aims to enhance the respect and dignity of the elderly in their family, society and nation. It also determines to improve the potential of the Elderly so that they would be active and productive in the development of society, which in turn will help to develop the nation and to create opportunities to assist them to continue to be self-reliant.

3.3 Senior Citizen Act 2006

According to Senior Citizen Act, 2006 formulated in the year 2006 has widened the responsibility of the government regarding the care and social security towards the senior citizens. One of the purpose of the act is, "to protect and provide the social security of elderly" and to "ensures to nourishment and health care of old age; to maintain their dignity; ensuring their property and have right for use of their property; special facilities and exemption of transportation fair for old age". The government has formulates the Senior Citizens Regulations 2065 which provides guidelines for the effective implementation of the Act. The

regulation plans to "establish the Old Age Homes, Day Care Centers and Geriatric Centers under certain terms and conditions conducted by the various sectors".

3.4 National Plan of Action

Government of Nepal has formulated National Plan of Action on Ageing by following the Madrid Plan of Action on Ageing, 2002. This plan of action has attempted to include the various spheres like economic, social security, health and nutrition, participation and involvement, education and entertainment and legal of elders for their empowerment and wellbeing. And the priority is given to the community-based actions more than the institution based. In public transportations the people above the age of 60 years are legally provided the discount of 50%. (Acharya, 2011 62).

When ageing is embraced as an achievement, the reliance on the skills, experience and resources of the older groups is recognized as an asset in the growth of mature, fully integrated, human societies.

3.5 Pension Policy

For older adults, a pension means security. Pensions are safe income for the remainder of life after retirement. The Nepalese government provides pensions for government employees. It is provided to civil servants, military personnel, police officers and teachers. The retirement age is currently 58 for civil servants. However, in universities, the age of retirement for teachers and administrators is 63 and for the lower ranks of military and police officers, it is 46–48. The highest number of pension recipients is former security personnel (military and police) followed by civil servants. The elderly use such a pension for daily living, medical supplies and religious work. Only a few individuals (less than 7 per cent) benefit from this pension system (Chalise, 2006, p-202).

About 80 per cent of older people in developing countries have no regular income. Small, regular payments to older people can improve their health and social standing. With a pension, older people can afford to eat at least one meal a day. They can access basic services such as credit, health care and water. South Africa, Bolivia, Namibia and Nepal report greater levels of local accountability and support of citizens towards the working of government, due to the regular transfer of income to the older poor. Experience in countries such as Bolivia, Nepal and South Africa shows that developing countries can deliver social pensions" which " is a lifeline to the chronically poor" (Gorman, 2004, p-5).

According to Universal Declaration of Human Rights, article 25, 'everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control', and ' motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection'. So, every government makes the policy and plans in accordance to this article to ensure the rights of every citizen.

There may be the three major causes for the population ageing, first is the increasing the life expectancy, second is the decreasing fertility and third one is migration. Due to changes in lifestyles in the developing world, chronic illness is becoming endemic among many older people, because technical advances in medicine have exceed social and economic development that allows for relatively disease-free living in developed countries where as in developing countries, the problems associated with old age are poor diet, ill-health and inadequate housing, which are all exacerbated by poverty (Acharya, 2011, p-61).

The increase in the proportion and number of elderly is not matched by any corresponding increase in support measures either through formal channels – pension/ health plans - or informal channels - socioeconomic security measures

or the provision of subsidies for health care, home help or any other form of nursing care. Nepal's pension plan is the only system of social security for older people. However the pension coverage is limited. The elderly are then forced to be dependent upon family support (Chalise 2006, p-361).

When older people bring resources into the household, they are viewed as valuable family members, rather than as a burden. "Older people in Nepal and India, especially women, have commented that having a pension has given them a sense of self-worth and increased their status and social recognition within the family. The government also has pension scheme for retired public servants and their widows and children" (Gorman 2004, p-34).

Help Age International states that, Experience in a number of countries shows that implementation of universal pension schemes is feasible. In countries where the social pension exists, such as South Africa and Nepal, systems are relatively well administered and succeed in reaching older people in rural areas.

In Nepal social pension Old-Age-Allowance is administered by the Ministry of Local Development. The elderly people receive the pension, from the VDC office. They have to present their citizenship card or election identity card to receive the allowance. In 1995, the Government of Nepal introduced the Old-Age-Allowance scheme for people aged over 75 in five districts. The scheme was extended to cover the whole country in 1995-1996. To start with, the amount paid to each beneficiary was 100 Rupees per month (US\$1.40). This was increased to 150 Rupees (US\$2.12) in 1999. Currently, the social pension scheme (Old Age Allowance Program) is increased to 500 rupees per months from which more than 400,000 older people are benefited.

3.6 Rehabilitations Services

Pashupati Bridashram is the only one shelter for destitute elderly people run by the government, which was established in 1976 as the first residential facility for elders which has the capacity for 230 people only. There are about 70

organizations registered with the government spread all over Nepal (P. 62, Acharya, 2011). These organizations vary in their organizational status (government, private, NGO, CBO, personal charity), capacity, facilities, and the services they provide. Most of them are charity organizations. About 1,500 elders are living in these old-age homes at present (MOHP, 2010, p-11).

The United Nations estimates that approximately 125 million people live outside their country of birth and in the late 1990s, 2.6 million people migrated annually from less-developed to developed countries, seeking employment, reuniting with family, or fleeing conflict and persecution as refugees and internally displaced persons (Gautam 2008, p-148).

According to Help Age International, Age and security shows that establishing, or extending, non-contributory pension programs in other developing countries could have a significant impact on reducing poverty and vulnerability among households with older people and their dependents.

3.7 Health of Elderly People

The Government has proclaimed through the budget speech of fiscal year 2066/67 that the government will provide free health service for heart and kidney patient of 75 years and above age. The fiscal year (2066/67) budget also has provision to establish one health center for the elderly "Aarogya Aashram" in each of the five development regions of the country. Now the government has launched Free Health Service Program to the elderly people through which they can be benefited.

4 SOCIAL STRUCTURE AND ELDERLY

Respect for elders and protection for weaker are the two basic human values that all societies have been promoting since the beginning of human civilization. Family and education institutions have been responsible for inculcating such values in each individual. However, these values are eroding in almost all societies and elder abuse is the result of such behavioral deviations (NHRC, 2011,1).

Modernization has tended to favor nuclear families and has therefore threatened the place of senior citizens in Nepalese society. The proportion of the country's elderly people (above 60 years) has increased from 1% in 1961 to 7.21% in 2001, indicating significant improvements in health standards.

In recent days, depleting socio-cultural value system, diversification in occupation from agricultural to non-agricultural, higher mobility of economically active persons for seeking job and better education, and replacing existing joint family system by nuclear family system have been causing problematic for the security of aged people in Nepal.

Older persons who are married are less likely than those who are unmarried to show signs of depression and to feel lonely, and are more likely to report that they are satisfied with life. However, older women's economic situation is usually more strongly influenced by marital status than is men's (UN, 2011).

In most developing countries a majority of older persons live with relatives, most commonly with their own children and it is not uncommon for at least one adult child to stay with the parents as long as they are alive. In both developed and developing countries, studies show that older persons living alone are more likely than those living with a partner or in a multigenerational household to be lonely and depressed, to have a small social network, and to have infrequent contact with children (UN, 2011).

The contribution of the elderly people to their immediate family and society is also valuable, not only one way caring from the family. Support typically flows in both directions, and the nature and amount of support often varies or changes in response to individual needs. Frequently, older persons in multigenerational households are net providers of care and support for the younger generation rather than the other way around. Even when older persons are net recipients of material and financial support from the younger generation, they frequently help with childcare and other household and community activities (UN, 2011).

In recent years the proportion of older persons living alone has risen in many countries, and the proportion residing with children has declined. In developing countries, on average, about 90 per cent of men aged 60 years or above are identified as the head of household. Women can expect to live longer than men and to spend a greater total number of years in good health; however, women spend a greater proportion of their older years in poor health. A high proportion of older people suffer from depression, loneliness and anxiety (UN, 2011).

Growing tendency of individualism and popularity of nuclear family structure has deteriorated the traditional values. Meanwhile, the risk arises when the welfare scheme of the state is not adequate. The notion of living with family peacefully has become the past experience for the elderly. Consumerism and Modernism have added impact on care and support.

The potential of older persons is a powerful basis for future development. This enables society to rely increasingly on the skills, experience and wisdom of older persons, not only to take the lead in their own betterment but also to participate actively in that of society as a whole (UN, 2002).

5 THEORETICAL AND CONCEPTUAL FRAMEWORK

The world is experiencing rapid demographic transition. Universal Declaration of Human Rights, states 'everyone has the right to a standard of living adequate for the health and the wellbeing of himself and his family; and to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.'

The Population of Nepal is moving slowly from a young population to old population. The elderly depend on their children, particularly sons, for support and security in their old age. More than 80% of elderly in Nepal are living with their children and more than 60% of the elderly are the heads of the household. Only 2.7% of the elderly in Nepal are living with their daughters (Chalise, 2006).

The Interim Constitution of Nepal, 2006 (Art. 13) has made a provision for separate Act, Rules and Regulations specially to protect the rights of elders. In accordance with the Madrid International Plan of Action on Ageing (MIPAA) 2002, the government has already formulated and promulgated separate Acts, Rules and Regulations. And, Senior Citizens Health Facilities Program Implementation Guideline was adopted by the government to provide medical facilities to the old age people.

Due to changes in lifestyles in the developing world, chronic illness is becoming endemic among many older people, because technical advances in medicine have exceed social and economic development that allows for relatively disease-free living in developed countries where as in developing countries, the problems associated with old age are poor diet, ill-health and inadequate housing, which are all exacerbated by poverty (Acharya, 2011). Nepal's pension plan is the only system of social security for older people. However the pension coverage is limited. The elderly are then forced to be dependent upon family support (Chalise, 2006).

6 PSYCHOLOGICAL ASPECT AND ELDERLY

Comprehensively, psychological health of aging has a broad meaning that includes state of coping ability, inspiration, wisdom and personality. Over the life span, it has wider influence of social surrounding of a person and life time phenomena.(Issakainen,Sulkava & Wichmann.2012)

Additionally, study of gerontology gives overall insight while studying aging psychology, taking in account above mentioned elements.

State of psychology in aging is also determined by shifting power. In aging shifting power is a critical stage between working life and getting retired.as soon as they retired they lose the role of heading family, responsibility admiration from their children and possession of property. Such transition in old age leads them to lose also their personal ability like self-esteem, motivation , excitement which increase humiliation and isolation and feel uncared and no support. (Issakainen,Sulkava & Wichmann.2012,2)

During aging, human being does not loose only physical capabilities but also the psychological, leading elderly people to deformities like loneliness, depression and anxiety. Meanwhile they also need the mental health care along with the social and medical.

In Nepalese context, psychological deformities results in old age due to rapid change in family structure from joint to nuclear. Such change is experienced because of freedom, privacy, and individual life and less economic burden in nuclear family. Breakdown of existing structure of family leads old age people to seek psychological care and support in the care centre like- Nishahaya Sewa Sadan.

In Nishahaya Sewa Sadan, elderly people get adequate medical health support; counseling and psychiatric test from the hired medical staff to minimize the

psychological deformities. However, the limited resources and growing number of aged clients have been challenge. Activities like, group work, excursions to religious places have realized change in their thought process as responded by one of the informants.

In the study, three out of five are fatalist, they seems to consider the incident that has happened are due to fate. Self-esteem in them are limited and finds themselves helpless. Here, the stigmas associated with psychological aspect rarely convince them to step forward for help.(Nishahaya Sewa Sadan)

Loosing ability to live independently and seeking care and support are closely related . On the other hand trend of Nuclear family have opposite effect to it .as a result the mental and physical condition of the elderly are declining. (McLeod,S.A, 2008)

7 NISAHAYA SEWA SADAN AND CARE OF THE SENIOR CITIZENS

Nisahaya Sewa Sadan; non-governmental elderly care home registered in 1991 but was started from 1995 B.S. It is situated at north-east part of Kathmandu named Shanti Nagar, ward number- 35, on the bank of the holy river named Bagmati. The aim of the organization "is to give shelter to those who are helpless and without any support." (Nishaya Sewa Sadan, 2014).

It gives the shelter to the people whose age is plus 60 year. It also gives the opportunity to those who want to stay as a payee, but should be over 60 year. One should present a request letter with the photocopy of the citizenship certificate to be admitted. The center also provides caretaker facilities for the needy person.

The center provides the essential facilities for its residents, like lodging, accommodation, clothes, medicine etc. A nurse comes every morning and evening to examine the health condition and provide necessary medical assistance. There is a clinic within the premise of the center, where a physician visits twice a week to provide medical facility to the residents. (Nishaya Sewa Sadan 2014).

The center is spread over 10,952 sq ft. When it was constructed 18 years ago it was not planned according to the need of the old people. When it was started, there were only 2 old people in the center. Gradually, the number of elderly people increased. Though the capacity of the center is 43 persons, 42 persons are dwelling at present. Among them, 7 are male and 35 female. Since its inception 38 old people had expired and 6 people had returned to their homes from the organization. People had come from various part of the country but many of them had come from surrounding districts. (Nishaya Sewa Sadan 2014).

Figure 1: Location of Nisahaya Sewa Sadan



(Google Map, 2014)

7.1 Funding

The government had provided the land to it and now provides two hundred thousand (200,000) Nepalese rupees per year. The center has introduced many schemes to increase its income. It gives the membership to people of various walks of life. The life member fee is 5,000 rupees and there are around 400 life members of the center. In the initial days the life membership charge was only 1,000 rupees. The center has about 750 thousand rupees in bank as safe deposit. Every now and then many individuals and institutions provide donations to the center.

The policy is that one should pay the donation amount while admitting there. The donation amount varies from 30-40 thousand Nepalese rupees to 1-2 hundred thousand according to the capacity of the person. But the helpless and penniless were also admitted there.

7.2 Admission Policy

The admission policy is that one should pay the donation amount while admitting there. The donation amount is not fixed. The elderly person who was admitted here in the past has donated 30-40 thousand Nepalese rupees to 1-2 hundred thousand according to their capacity. The donation amount is not compulsory as many helpless and penniless are also admitted there. The capacity of the old age home is 43, as the seat will be vacant the executive committee verifies the application and decides the needy one to be admitted. It must be certified by the municipality or the VDC that the applicant is helpless/invalid/dependent, orphan and poor; the applicant must be over 60 of age. The applicant must not be blind, physically disabled or suffering from any contagious diseases. (Nishaya Sewa Sadan, 2014)

7.3 Food and Eateries

In Nisahaya Sewa Sadan, they provide tea and snacks twice a day and two meals per day. They provide healthy food, vegetarian and non-vegetarian, according to the choice. The fruit supply is also adequate for the elderly. The administration managed the supply from own resource and from the donors contributions.

7.4 Provisions for Cloths and Entertainment

The Nisahaya Sewa Sadan offer bedding, cloth, footwear and other item according to the need of the elderly citizens. New cloths are provided two times a year by the institution. Donors from outside also donate clothes to the elderly from time to time. The quilts, anti-mosquito net, bed are also changed according to the condition (Nishaya Sewa Sadan, 2014).

The Nisahaya Sewa Sadan has installed a few televisions sets for the elderly people. Those who want to watch television can watch it. Television is installed

not in the rooms but in the passage hall and in the dining room. And many do possess their own radio sets. Newspapers also came in the center but only a few male elderly people are habitual to reading.

7.5 Health Provision

The Nisahaya Sewa Sadan in its premise runs a clinic where a physician doctor attended every Sunday and Thursday. A nurse would come to visit every morning and the evening. The sick and severe are taken to the medical colleges and specialist hospitals. The institution has subsidy deal with several hospitals and medical colleges in the Kathmandu valley and in some occasions some international medical institutions also came to provide the medical support. So the medical aspect is relatively sound in the Nisahaya Sewa Sadan (Nishaya Sewa Sadan, 2014).

7.6 Performing Last Rites

The Nisahaya Sewa Sadan has same provision for the last rites of the elderly citizen who would pass away. If there are some relatives who would live nearby and ready to take the responsibility of the deceased they would call them. If the elderly has no one to take care the institution Manage the last rites according to their wish.

8 RESEARCH METHODOLOGY

Quality of life as a tool was selected to study the elderly people's well-being. The research explored thoughts on identifying the problem areas based on literature reviews, observation and semi-structure interview of five individuals living in Nishaya Sewa Sadan.

The research was designed to follow the Qualitative research method as it relates to the objective of the study for better understanding, which combines context situation and theory of the studied subject. Similarly, it deals with the study of experience. Thus, qualitative research method is appropriate tools for the study.

Qualitative research is a broad cover term for research traditions, concerned with the study of human experiences, for the purpose of understanding the meaning of these experiences, and takes place in the field or a naturalistic setting. (Polit & Hungler, 1999, p12-14)

8.1 Focus group

The researcher interviewed 5 elderly people from the research area, here the old age home, Nishahaya Sewa Sadan also mentioned in Scope of the Research in page 7. Every interviewee were above 65 years old but capable to respond very well. In addition, native language (Nepali) was suitable medium of communication during interview. Also the discussions with the caregiver, involve experts, activist were held. The suggestions form the supervisor and field book record made easier to fetch the result.

8.2 Data need assessment

Considering the descriptive nature of the research it would demand qualitative as well as some numerical facts. Demographic data were studied and analyzed with the help of figure and tables. The data related to health access, educational attainment, access to infrastructure services, etc. would be needed numerical interpretations. For better picture, the psychological aspect is also described with the help of tables. Elderly people their attitudes and psychosocial status theme based analysis is conducted.

Similarly, the information regarding the policy related to elderly people of the research area and the national plan was analyzed accessed through the previous research on the related topics, newspapers, journals.

8.3 Data collection method

Two methodologies were carefully designed: Non-participatory observation, semi- structured interviews. During the data collection period, interview was recorded and taped which was later on transcribed into written and printed papers.

Data collection was considered as fundamental tools, during the practical placements we have been reminded its importance. In research, observation is generally used as 'a fundamental method of gathering data for qualitative studies. The aim is to gather firsthand information in a naturally occurring situation. The researcher functions in the learning mode with the question, what is going on here?' (Burns and Grove, 2003, 375).

One of the drawbacks of non-participant observations is that the researcher's presence 'might alter the behavior of those being observed', though, a prolonged stay of the researcher can diminish such occurrences. 'The longer the researcher observes, the more likely those being studied are to forget about his or her presence, and the more likely they are to act naturally.' (Haralambos

& Holborn, 2004, p-909). Ten days stay in the community of Nisahaya Sewa Sadan and repeated visit to the same place made me realize that it was enough to bring the good result.

As suggested by my thesis supervisor to use field book during the observation in the research, I realized its importance later that has become a good tool for advancing to the outcome.

Semi- structure individuals interview: It helps to reach the core of the issue, a set of questionnaires were prepared in advance, but the study was not restricted for adding number of questions later. Focus was not only towards words but also the expression, gestures of their body, eye contact and level of confidence (Bhusal, 2010).

Similarly, the intension of the researcher is not only focus on proving hypothesis but also understanding the experience. The main focus is on other people's thoughts and stories (Seidman, 1991).

Haralambos and Holborn (2004) argue that interviews are 'more flexible than any other research method. They can be used to extract simple factual information from people. They can be used to ask people about their attitudes, their past, present or future behavior, their motives, feelings and other emotions that cannot be observed directly.' (Haralambos & Holborn, 2004, p-906).

8.4 Data Analysis

The study demands the concept of data analysis as thematic analysis. According to Braun and Clarke thematic analysis as a method for identifying, analyzing reporting them with in data (Braun and Clarke, 2006). Relying on this fact thematic analysis was selected to describe and organize data in details.

Thematic analysis allows to build the theoretical concept rather than relying only on hypothesis. Similarly, It is important to arrange the data in such a way that common experience interviewee could be measured. Most common and

representative experience was considered as theme then focusing only on the frequency. Numerical data was analyzed with the help of the figure and table to derive statistical values to support the objectives of the study.

8.5 Recruitment of the interviews

Sampling refers to the process of deciding who will participate in the research project. The selection of our research participants/sample was based entirely upon the idea of the most appropriate respondents, who held specific knowledge or experience about the issues to be studied in our research (David & Sutton 2011, 232-237).

As Cited in Limbu & Shahi 2014, p-43, the interviews were selected based on the convenience and purposive sampling. At first to draw the picture of the scenario and fetch gross estimate outcome with inexpensive convenience sampling method was ideal. Similarly, purpose sampling method was conducted as it is suitable for the qualitative research where the researcher is interested in informants who have the best knowledge in related research topic (Elo, Kääriäinen, Kanste, pölkki, Utriainen & Kyngäs 2014, 4).

There are 42 elderly persons residing in the study area. Among them 7 were male and 35 female who have come from different part of the country but majority of them have come from the surrounding districts. In this research, 5 informants were selected between the age group 65 to 82 years old.

8.6 Data collection process

Nisahaya Sewa Sadan located in Kathmandu, Nepal was selected for the study. First of all, permission from the thesis supervisor was granted to proceed for the data collection. After discussion on research idea paper, set of questionnaires was prepared and sent to the organization for research permission. Secondly,

the interviewees were selected based on their health condition and interest to share their experience. Likewise, participants were pre informed about the goal and meaning of the research. Meanwhile, the set of questions were translated with the help of staff member of the organization into native language (Nepali) vice versa. Above 70 years old, two male and three female were interviewed.

8.7 Ethical issues and consent

Ethical concern was considered as important element throughout the study, from planning phase to the outcome phase.

According to Mäkinen, 2006, Ethicality should be concerned already during the research planning. Especially questions of loyalty, choosing and informing the focus group, taking through the interviewing session and reporting the results should be planned from an ethical point of view. The interviewees should be chosen to the research ethically fairly (Cited in Joensuu, Henriikka & Röppänen, Iita, 2012).

First of all, it is very important to understand the sensitivity of the focus group while preparing the set of questions. Questions should not cause any mental pressure or harm their self-esteem. At the beginning of the interview, it is the responsibility of the researcher to inform clearly about the purpose of the study, how the information will be used in the future as well as the goals and the plans.

During the interview, the objective of the research was explained in a very simple language to the elderly. Interviewees were not forced or persuaded by the reward with but welcomed voluntarily. Interviewees were able to leave the interviews at any time as well as pass those questions if they do not wish to answer without offering any reason.

Concerning the issue of confidentiality of the informants, they are identified as anonymous. Instead, their identity is given individual profile and the information they have provided have been precisely mentioned in this study paper.

9 DISCUSSION

During the interview various issues pop up. Neglected by younger generation is significant one. According to the interviews response they have been pushed to the extreme stress, verbal aggression insult and even threat as a consequence they abandoned family and home. Their adult children abused majority of elderly for money and wealth. One of the informants responded the issue that he has been through a critical issue over the equal sharing of his property among his children which adversely affected their relation. Consequently, he gone through the abuse by them and felt abandoned in the family. This condition led him to Nisahaya Sewa Sadan.

According to Scharloch 1987, it has been shown that the quality of relationship is lower and care giving burden is higher among caregivers who face unrealistic expectations about care giving. (Debadatta Pradhan and C. Aruna' 2014, p126-138)

In Nepalese context, increasing rate of unemployment works as push factor for migration of youths from country side or place of origin to Urban or city areas where they afford better living because of employment opportunities. At the same time, they knowingly or unknowingly they come to assimilate urban culture of nuclear family. Consequently, sooner or later they became alienated from parents and family. And during Urban living, nuclear family becomes appendage of their life style making parents burden to them; resulting the negligence.

Besides these, Nepalese socio-cultural structure is being fragmented by the changing context of the world, desire of small family, poverty and growth urbanization. In such circumstances, the society seems to have empathized the problems and needs of the elderly and hence have attempted, though not sufficient, to ease their life (Singh R, Singh B, Lall BS, 2013, p-49).

For instance, one of the informants shared his/her experiences on the similar issue:

“I used to live in countryside with my well set up joint family and we all were happy together. As of my sons and daughters got married they decided to move to the nearest city due to bigness of family. That left me alone at home without care and support from my belongings and felt alienated and discomfort. In search of people like me, I found this home where I feel better comfortable and well cared.”

Above story also gives an insight example of condition of other elderly people living in care and support homes in Nepal.

In D. Pradhan and C. Aruna 2014 words, Urbanization, industrialization and globalization are the vital factors for eroding traditional values and norms as a result relationship between parents and children changing in context to rights and responsibilities.

As a researcher, I agree with the above statement as globalization leads to mass migration for various causes and locations. Change do not always carries merits but also the demerits. Studying the other side of it makes clear on the unwanted result and its consequences. Since trend of youth migration is popular for education, employment and marriage, abandon of their elder parents are common. Either elderly people encounter difficulties to match their new environment or new home or had to live miserable lonely life in the place of their origin. Similarly, cases of their children leave their elderly parents alone, helpless and isolated rapidly growing says local youth leader of the community.

Since there has been dramatic change in urbanization and modernization at global scale, Concept of nuclear family is being practiced abundantly and so to the context of Nepalese family structure. This trend has raised question over the existence of joint family resulting less attention to elderly people outside and in family. In Nepalese, family tradition, basically female member bears the role of care and support to the elderly. But their weakening economic condition forces them to involve in labor market as key work force has reduced the role of traditional care giver.

High number of care giving manpower, the role of traditional caregiver is abandoned. The social and cultural chain is being broken by the changing context. Desire for small family has been trending. As a consequence, concern bodies seems empathized the problem and need for the institutions for the care of elderly people.

In Nepal, the case of divorce, widow marriage is very nominal so the couples look after each other and in many ways they are each other's helping hand. When the couple faced the loss of the spouse, they felt alone and helpless.

Supporting the above statement, one of the male informant, responded

“Since I lost my wife 3 years back, I was broken from inside and could not cope with the situation of my loneliness. Besides this, I lost care and support from my family as well.”

And another issue that drags my mind was the government policies and its implementations. Aging as the challenge to the welfare of the citizen is not understood in the realism of the policymaking and program implementation. The degree of problem gets worst because the consequences have not been realized and understood. (Acharya, 2006) fetches the similar issue in sight too. The welfare scheme declared by the government are far from the reach of these helpless due to various reasons, lack of communication, unaware about the benefits, and feeling of shame to accept the financial support. In addition, the bureaucratic pattern and process are beyond understanding and not easy to access support for elderly citizens.

On the other hand, the concept of old age home is not significant where the elderly people choose to go to old her age home. “Life is better here” one of the interviewee says, she explained she gets food to eat, cloths to wear and place to live. For her more important was freedom. While relatives and people who care her used to control her.

10 CHALLENGES AND ETHICAL DILEMMA

Dealing with sensitive issues that normally recall the painful past was not easy, especially in case of elderly. It was sometime challenging to handle the situation when emotional aspects hindrance the study. During the interview, there has been number of times the interviewees were driven by the bitter past. As a researcher, I had to derail the interview into other direction.

Similarly, seizing opportunities to conduct the interview was difficult. Interview was often postponed. It was important to avoid their busy hours. Best time remain was after lunch but it seems often tired and sleepy. A researcher had to wait a long hours. In addition, if the interviewee had unexpected visitors or did not feel well, the interview would be cancelled for that day.

During the research period, from the first visit the researcher had to offer something especially sweets, fruits to these elderly people to get their attention. At the same time a researcher had an ethical dilemma on this act. According to the staff members in the institution it is a gratitude to the senior citizens for giving time. It is important to build relationship

11 PROFESSIONAL DEVELOPMENT

The aim of Degree Programme in Diaconia UAS is to produce skilled and trained Social Workers with understanding of study programme at both; theoretical and practice level. Such structure of the study module gives them efficient skills and knowledge so that they have ability to ease and enable the life of people who have different problems like- mental, social and physical regardless of their age, sex, race and culture.

At theoretical level Diak provides full time lectures to its students while at the practice level students voluntarily practice their learning in various placement organizations locally and internationally for their professional growth where research is a part of it.

During my research, there were many challenges, Productive result, time schedule and planning, analyzing the data requires huge commitment. However, the skill of time management, communication and development in listening habits and rely on the proper source material for the study have been supportive tools for minimizing challenges. Here, Elderly citizens were the focus group, research not only acknowledged the status of the vulnerable group but also help in depth understanding on aging crisis management.

In the initial phase of the research, it is likely driven by pre assumed mind concept the depth exploration of the study leads to the different finding. The core idea is; no knowledge is final, there are always possibilities of further exploration and findings.

Similarly, the concept of interaction between the clients and the workers could be the vital tools for understanding and gaining trust to each other. During the study, I have developed the understand of reflexiveness that how social worker identifies the problem and feedback solution tactfully. In the process the client gain power over their feeling and emotion and benefits themselves to overcome the suffering.

12 FINDINGS

There were 42 persons residing in the study area. Among them 7 were male and 35 female. People had come from various part of the country but many of them had come from surrounding districts. Since its inception 38 old people had expired. And, 6 people had returned to their homes.

Five interviews were carried out for the study. Among them two were male and three were female. The age varied from 65 to 82 years, which showed most of them were of old age. The finding showed that the numbers of female were comparatively more than that of male. As the national figure indicates the number of female was greater than male and so was in the study area.

12.1 Educations and Low Self esteem

Education is considered as an important aspect of livelihood specially higher education can offer good chances to get higher level jobs and handsome salaries, but the distribution of the respondents ranges from illiterate to intermediate level of the study. About 60 percent of the respondents were illiterate. Similarly, 20 percent were just literate who could read and write, and 20 percent of the respondent had studied up to Intermediate or Higher level study.

The association between education levels they have received and psychosocial status has strong connection. During the interview, the informants replied that the feeling of guilt , and less self-esteem were the cause of being ignorant. In addition, it determines the socioeconomic status in the community. Although they wished to gain the skill of reading and writing but could not make it therefore they have been unsatisfied with their life as a consequences they have never been confident in their life.(Table 3).

TABLE 3: Education level

Education	Percentage (%)	
Illiterate	3	60
literate	1	20
High School	0	0
Higher education	1	20

Source: Field Survey, 2014

12.2 Low income and economic burden

Agriculture was the occupation of the elder people in the study area. Along with the major occupation agriculture, people were also involved in different kinds of non-farming activities like jobholder, business and services. Some of them who were still in workable condition were engaged in different kinds of economic activities like tailoring etc. About 40 percent of respondents were engaged in agriculture; similarly 20 percent of them were engaged in business, services and jobholders, which are shown in the following figure. However at their old age majority have been limited in their income and they carry feeling of being burden to their family.

Comparing to their past life, they are now considered as dependent population and have to rely on others. Everything has gone; family and wealth, with bitter face they explained. 41% of the elderly in institutional settings had no income whereas in home settings, 76% of the elderly had income of their own. Also it was found that the number of elderly with no income was significantly higher 16.6% (Singh, S.Lall.Jain, 2013, p-51).

The most of the respondents were unable to pay donation or any other amount to the old age home as they were not economically independent nor they were involved in any kind of income activities. The old age pension which all of the respondents were receiving from the government is not itself sufficient for their various personal expenses. Among the selected respondents only one were able to pay the old age home for his stay, as he was a civil servant and receive pension from the government.

In chapter nine which has been already mentioned: According to the interviews response they have been pushed to the extreme stress, verbal aggression insult and even threat as a consequence they abandoned family and home. Their adult children abused majority of elderly for money and wealth. Therefore they have been chose to live away from their home. As a result the victims miserable condition made them feel unsatisfied with their life and depressed to various levels.

12.3 No place to be; fate brought me here

In Nepal, homeless has been a problem for many people and the majority of its victims are elderly people. In Nishahaya Sewa Sadan , most of its clients have been forced to live here in this home by their family due to possession of property One the clients told the researcher that it is her fate that brought her here rather than blaming her family. In Nepal, spiritual dominance has greater influence over the human life. This has constructed a fatalistic mentality especially among older generation. So they do believe on their fate whatever happens in their daily life.

Table 4: Reason of their stay at old age home

How did you come to this old age home		
Own Will	2	40%
Force Fully	0	%
Other	3	60%

Source: Field Survey, 2014

The different respondents had stayed there for different period of time. Some of them had started staying there from last year and for others respondents the staying time span stretched up to 4 years.

The different respondents had different thoughts about coming to this old age home, some of them choose themselves to come here, whereas some said they had nowhere to go and they happened to come here. 40 percent of the respondent had come here by themselves whereas 60 percent came here as they were unable to stay in their home. In other word, they have been victim of negligence by their families.

All of the respondents said that their health condition was in stable condition as the old age home had a clinic in its premise where a physician visited twice a week and a nurse came twice a day in the morning and in the evening, which was generally not in practice in Nepalese home.

All of the respondents except one, though living there for the last couple of years and will be living there till their last day doesn't feel as they were living in home. Most of them said it was hard in the initial days but gradually they were habitual to the old age home and feels engaged with other fellow partners but time and again they missed their family very much. This happened mainly during the festival seasons and when they were sick. Among the respondents 60 percent said that they missed their family at the time of different festivals whereas 20 percent said that they missed their family during their sickness and remaining 20 percent said that they missed their family for other reasons.

11.4 Feelings of being away

The old age people who had left their family and were staying in old age home, do not get regular visitors from their family. 80 percent of the respondents said that they got visitors occasionally whereas 20 percent respondents had no visitors from their family members at all (Table 5).

Table 5: Family Visit Frequency

Family Visit		
	Frequency	Percentage (%)
Regularly	0	0
Occusaionally	4	80
Never	1	20

Source: Field Survey, 2014

The following 20 percentage of elderly intended to keep away from others. they are less sociable as other informant responded about them. Furthermore isolation from everyone have made them even more nasty in temper.

11.4 Generation Gap

The Nisahaya Sewa Sadan is an old age home that is in operation for 19 years. The guideline to admit the elderly people was very inclusive. They admitted the helpless people who needed care. While doing that they do not regard any discrimination like social, caste, economic, etc. Many individuals and institutions are contributing the old age home, which had made them able to cater the quality service to the elderly.

While the interviewing respondents various issues pop up. Among them the issue of generation gap was a dominant one. As the society was pressed with the modernity the size of the family turned to nuclear from joint. And the

economic pressure was also making troublesome to their parents. In Nepal the case of divorce, widow marriage was very nominal so the couples look after each other and in many ways they were each other's helping hand. When the couple faced the loss of the spouse, they felt alone and helpless. On the other hand the concept of old age home was not significant where the elderly people choose to go to old age home.

11.5 Sense of freedom and building bond among themselves

One common feeling with all the respondents were that they felt free as they led their retired life. The male members were habitual with reading and writing; among the respondents some were prone towards intellectual exchange. One even said that he was translating a religious text while the female members were not engaged in reading and writing. As most of the female members were not educated they helped the regular chores of works in the kitchen, like preparing the vegetable, sorting the grains etc.

The institution has installed the television sets at different places. It was a medium of entertainment of the elderly members, mainly in the evening. Many of them had their own radio sets which gave them company. In the morning, many of them were engaged in meditation and physical exercises. In the daytime they spent their time talking with each other.

The elderly there share the room with other fellow members. Many rooms were double bedded and a few triple bedded. Sharing the room gave them company and had developed a bond with the roommates. While interviewing to them no respondents complained about the sharing of the room.

These days the institution saw a flock of volunteer students, particularly the subject introduced a few years ago titled Social Service, came there. Their volunteering was remarkable contribution to the institution. More than that, their engagement with the senior citizen gave them a kind of solace which made elderly feel kind of relieved and belonging.

Though the country was occupied in the decade long Maoist Insurgency while the country lost thousands of lives and thousands more were missing. This cost a heavy loss of physical infrastructure and a strong setback to the development process. It had direct indirect impact in almost all walks of life in Nepal. But its direct impact to the people residing in the Nisahaya Sewa Sadan was not directly visible particularly the respondents were living there for the few years. And the reason of their staying there was completely family matter.

13 CONCLUSION AND RECOMMENDATION

The overall experiences of the elderly people living in Nisahaya Sewa Sadan can be viewed as significant difference in their psychological aspects. The result was analyzed considering their educational status, marital status, duration of their stay in the elderly home, income and family they belong to.

Majority of the elderly people had been affected by changing trend of family structure, joint to nuclear family, which resulted into abandoned of the traditional care giving, loss of traditional values and norms and generation gap. The study showed the most of the elderly had been a victim of abuse and negligence by their own adult sons or daughters. Urbanization, industrialization and globalization were the vital factors for eroding traditional values and norms as a result relationship between parents and children changing in context to rights and responsibilities.

Changing context not only paved fragmentation of the family but also dispersed of their children around the globe and left their old parents in the country of origin.

However there was significant difference in their status, majority of them were facing psychological problems like, feeling of loneliness, detached from their family, dropping self-esteem and unable to cooperate to the changing world.

In contrast, the elderly people also experienced the positive thing in their life, sense of freedom, no more chained with rules and restriction by their adult children. Similarly, sharing past experience among themselves had made them feel better. Majority of the elderly had common stories, which made them felt as one. Therefore, they called that place as second home.

13.1 Recommendations

The study focus on the psychological and cultural aspect of elderly citizens living in Nisahaya Sewa Sadan, it has achieved the solution for the research Question:

1. What are the psychological and cultural experiences of the elderly people in institutional setting?

The outcome of the study suggests that the senior citizens have been affected in large due to change in social and cultural aspects. The majority of them experiences being excluded from the families, society. Hence, they had to rely on the institution for better living.

In addition, the study not only reveals the importance of institution and role of state to ensure the quality of life among senior citizens but also the needs for family support. Likewise, considering the increasing trend of the aging population the state needs to implement its existing polity and programs effectively. Similarly, the action plan focuses on recreational activities which could reduce the level on stress.

Furthermore, the senior citizens need to be considered important participants while constructing policy and legislation, involving them in the decision making activities as well. There should be awareness regarding the importance of the elderly in the family. Instead of having to consider them as burdens and send them away to elderly homes. Trends of aging needs to put forward amongst the masses through various Media holding campaigns in various locations to ensure the basic concepts of ageing and its preparation.

Elderly homes are associated with various dimensions; socio-cultural, economic, psychological and spiritual. Therefore, institution can play vital role for the promotion of social values and norms in the society. *“We have to respect the senior and love the junior”* preset norms need to be accepted.

Over all development of the elderly can be made conceivable by considering due importance to the skill, knowledge and experience they have.

Similarly, appropriate social and emotional care and counseling are linked with mental illness therefore time to time counseling can uplift their overall health condition.

13.2 Recommendation to Nishahaya Sewa Sadan

As per the finding of the study it is recommended that for the improvement of mental health of the it's clients participation and decision making in different social activities should be given priority inside the home like-social gathering, celebration of festivities, group interaction, counseling and excursion are equally important. .At the same time it is also important that regular physical exercises twice a day and indoor games to improve their physical health capabilities.

An effective communication between its care takers and clients should be encouraged in order to build trust and friendly environment at the care center. Identifying the every ones capabilities of physical, mental, spiritual and social potentiality should be taken into consideration as equally as other aspects of care.

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APPENDIXES

Appendix 1: Questionnaires

A Brief Study of Nisahaya Sewa Sadan, an old age home in Kathmandu and Senior People Living There

Name:

Sex:

Age:

Education

Permanent Address:

Marital Status:

No of Children: (.....) Sons (.....) Daughter

1. How did you came to this old age home?

2. How long have you been staying here?

Recently (6 months) From 1 yearfrom 2 year From 4 year or more

3. Are you paying for your staying?

4. Modality of Payment

Sponsored According to the capacity Monthly pay

5. What is your routine at old age home?

6. What are the convenient facilities about this old age home?

7. What are the inconvenient facilities about this old age home?

8. Does the government provide you getting the old age pension?
9. How would you collect the old age pension?
10. Is the old age pension sufficient for you?
11. Do you share your feelings at the institution?
12. What are the difference between living here and living home?
13. What are the things/services you don't have here which you had in your home?
14. What are the things/services you have here which you hadn't in your home?
15. Do you feel lonely staying here?
16. What do you miss mostly here?
1..... 2..... 3.....
17. How do you feel sharing the room?
18. Does your family member come to visit you?
Regularly Occasionally Never
19. How is your relationship with other elderly people living here?
20. What wish do you have?

Appendix 2: Daily Routine

The daily activity of the Nisahaya Sewa Sadan is as follows:

- Wake up at 5 AM
- Yoga/Meditation at 6 AM
- Tea at 8 AM

- Meal at 10 PM
- Snacks at 2 PM
- Dinner at 5 PM
- Go to sleep by around 9 PM

Thank you