



Glimpses on Emerging Alternative Living and Care Arrangements for Elderly People in Nepal

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ABSTRACT

This paper explores emerging alternative living and care arrangements for elderly people beyond the family, in Nepal. Family-based care and support for the old in Nepal are no longer guaranteed. Elderly people are abandoned or neglected mainly due to massive outmigration of the young and demographic change. As a result, demand for place in old age homes and care centres is rapidly increasing. Exploratory visits at six different institutions, expert interviews and informal conversations with elderly residents and their relatives offered a first-hand insight into these institutions. Equipped with only the most basic facilities, lack of trained personnel, and major financial reliance on donations, old age homes that receive mainly destitute people, are overstretched and have long waiting lists. This exploratory study concludes that emerging alternative elderly living and care arrangements are much needed in Nepal and that the current facilities are rudimentary. However, the negative picture of old age homes painted by the public media is inaccurate. The study found that elderly people and close relatives are grateful for new options. The increase in the number of such institutions indicates a transformation in attitudes towards intergenerational relations and elderly support options beyond the traditional extended family.

1. Introduction

In many countries of the Global South, improved access to health care, better nutrition, education, and family development programmes have caused substantial decline in fertility and mortality, and significant increase in the life expectancy of people. This demographic trend results in population ageing throughout the world. In Nepal, the outmigration of young and working-age people is additively accelerating population

ageing. The current demographic change has resulted in a different family surrounding for the elderly. Multi-generational households, where young and old generations co-habit, are diminishing. Family-based elderly care is no longer guaranteed (Subedi, 2005; Yarger & Brauner-Otto, 2014; Khanal et al., 2018; Speck & Müller-Böcker, 2020).

Narratives are widespread, highlighting that elderly people in Nepal are increasingly neglected by their children and

grandchildren and that old age home serves as the only option for refuge. Headlines like *Elderly abandoned by their own children seek refuge in Devghat* (Khatiwada, 2015), and articles about marginalised, abandoned or unappreciated elderly people (Bhandari, 2019; Poudel, 2020) are frequently published in Nepalese media. Every once in a while, reports about old age homes (OAH) and their dilapidated infrastructure like, *Things are improving at the Pashupati Home for the elderly, but conditions remain bleak* (Sijapati, 2019), can be read in the media. Recently, the COVID-19 pandemic has aggravated the care situation for the old creating even more precarious conditions (e.g., Awale, 2020; Shrestha, 2021; see a summary in Box 1 under section 4.1).

To date, not much is known about elderly-care arrangements and institutions in Nepal. A survey conducted by Acharya (2008) in seven OAHs in Kathmandu valley identified problems and challenges of elderly homes and the old. The results indicated that “in number of respects, elderly homes are favorable for the residents and the society as a whole despite of some problems, particularly for those who are uncomfortable living with their family” (Acharya, 2008: 211). Likewise, Chalise (2014) and Chalise & Lamsal (2017) examined the physical and mental health of elderly residents in Devghat and Pashupati Bridhasram and diagnosed severe mental problems, finding that over 50 per cent of residents suffered from depression. Rai et al. (2018) investigated in five different OAHs in Kathmandu valley witnessed abuse over elderly people by their children. They found neglect and emotional abuse, followed by physical abuse, to be the most common experiences. Similarly, Khanal et al. (2018) investigated several OAHs in Kathmandu valley and assessed the effect of children’s

migration on elderly people. Emigration of the young is an important driver for the elder people to move to OAHs and that the absence of children was often cited as the reason for various problems, especially emotional ones. A more recent study provides the collected volume of Brosius and Mandoki (2020) titled *Caring for Old Age*. The collection gives an overview on ageing and care in South Asia and discusses new ways of ageing, looking at the situation in a holistic transcultural perspective. By profoundly exploring elder people’s life in primarily urban areas, they talk about so-called novel “elderscapes” where they reside and spend their time.

These studies however do not address or investigate the institutions and its infrastructure per se. What is missing in the scientific literature is a more detailed description of living and care alternatives for older people who cannot rely on family care anymore. To extend the limited knowledge, we ask: What care and support alternatives exist for the elder people beyond the family in Nepal? How are OAHs and day care centers (DCCs) organised and financed? How does infrastructure and staffing look like, and who is using these alternative care approaches? The paper adds to the knowledge of the nascent phenomenon of OAHs and DCCs in Nepal and the very scarcely available literature and data on this topic. On the backdrop of negatively conveyed images of these emerging institutions by the media, we attempted to get a first-hand glimpse into these institutions that provide accommodation and support for the old. Further, we reveal the challenges and problems that hold back the improvement of the services of these institutions for the old. With this paper we aim to fill a gap in literature that to date has not been paid much attention in the context of

demographic change and population ageing in the Global South.

2. Methods and Materials

Nepal is undergoing a demographic transition in a relatively short period of time. Fertility and mortality rates have decreased markedly since the 1980s. In 2011 the population growth rate was 1.35 per cent compared to 2.25 per cent a decade ago (GoN, 2014). This indicates a stagnating population growth with, simultaneously, a shift to an ageing population. Life expectancy has almost doubled since census recording began in the 1950s, from 36.6 years to 66.6 years in 2011 (GoN, 2014). In 2019, 2.5 million people, or 8.67 per cent of the total population (29.1 million), were estimated to be 60 years or above.

Foreign migration and internal rural-urban movements are key factors of Nepal's demographic change and its implications pose several challenges, especially for the elderly. The massive outmigration of young and middle-aged people contributes to an uneven distribution of age groups. Proportionally large numbers of old people are found particularly in the Hills and Mountain regions. These regions have a reputation of being "toothless villages" (Speck, 2017: 430), "overburdened with the proportion of older people" (Subedi, 2005: 16).

The absence of younger people and socio-economic change impact traditional family arrangements and diminish elderly care by younger family members (Yarger & Brauner-Otto, 2014). A recent study by the authors (Speck & Müller-Böker, 2020) shows that a trend towards declining support and care is both experienced and perceived by elderly villagers. The implicit inter-generational contract (Kabeer 2000), that parents take care of children and vice versa when they are old, no longer necessarily applies. Many older people reported to have challenged their

children and in-laws over living arrangements and financial constraints in old age.

The implications of labor outmigration are evident at the local level by a decline of subsistence farming, because the remaining older people in the village are less capable of doing farm work (Khanal & Watanabe, 2006; Jaquet et al., 2016;). Land ownership is also less important than it used to be, due to alternative income opportunities beyond agriculture. Consequently, land has lost its importance in securing support and care for the elderly from inheriting sons (Paudel et al., 2014; Speck, 2017). Changes in family roles and composition are also triggered by migration: roles, responsibilities and work are reallocated among those who remain at home. In many cases, roles of the daughters-in-law has increased significantly within the family and society. Women take over the responsibilities and management while their husbands migrate. The elderly people in this situation experience a decline in their solid social status within the family. For the eldest male in what was formerly a strongly patriarchal and hierarchical family, these changes mean the loss of position as a household head (Goldstein & Beall, 1982; Kaspar, 2005; Speck & Müller-Böker, 2020). The combination of these factors is detrimental to older people, particularly with regard to the provision of old-age care and support by the family (see Speck, 2017).

In accordance with the political declaration of the Madrid International Action on Ageing (MIPAA; UN, 2002) that pushes the idea of well-being in old age, Nepal issued its own Senior Citizens Act (SCA) in 2006 (GoN, 2006). The MIPAA (under priority direction 3) and the SCA support the provision of financial security and health services for elderly people, and the establishment of homes and living arrangements to "ensure enabling environments". This is thought to enhance elderly people's capabilities

at home, housing safety, maintenance of comfortable home conditions, emotional and psychological security at home, care in the community, and prevention of neglect, abuse and violence in old age (UN, 2002).

Nonetheless, the SCA shows that the Nepalese government strongly relies on care and support of senior citizens¹ by the family. The SCA emphasises: “It shall be the duty of each family member to maintain and care [for] the senior citizen according to the economic status and prestige of the member” (GoN, 2006: 4). Further, the *Muluki Ain* (section 10B, National Code of Nepal; GoN, 2019: 240) states, regarding the partition of property, that a son or daughter is responsible for the care of parents. Beyond family care, the SCA mentions day care centers, which may be established across the entire country. These “care or day service centers for older people” (GoN, 2006: 14) should be options for families who cannot take care of their elder family members, and “the concerned care center may keep such senior citizen by collecting the required expenses from such member” (GoN, 2006: 14 f).

Hence, since 2017, four ministries of the government (Ministry of Women, Children, and Senior Citizens; Ministry of Finance; Ministry of Urban Development; Ministry of Federal Affairs) have been involved in ageing issues, specifically to provide financial resources for such centers mentioned in the SCA and old people’s homes (NHRC, 2018). There are only a handful OAHs which are financially supported by the Government of Nepal (see table 1). Elderly institutions are not systematically monitored by government authorities. According to a report by the Nepal Human Rights Commission in 2018, a total of 85 OAHs and 119 DCCs for elderly people in

Nepal accommodate 1559 individuals: 932 women and 627 men (NHRC, 2018).

Further, concessions are offered for older people, such as discounts on bus fares (50% off), free or reduced costs for health services (Pun et al., 2009) and priorities for elderly people whenever public services are provided (drinking water and electricity). Specific hospitals and health services consider discounts and give priority to the elderly people (GoN, 2006: 6). Pension payments are another effort of the government to support elderly people financially. Nepal introduced a universal non-contributory social pension, the Senior Citizens Allowance in 1995. The allowance currently comprises a monthly cash transfer of 4000 NPR [33.25 USD] (The Himalayan Times, 2021) available to all those aged 70 years² or above (GoN, 2012; Samson, 2012). However, implementation of the payment and distribution are not without difficulties as services cannot be properly implemented due to infrastructural and personnel constraints, or geographic remoteness (Speck, 2021).

As provisions and efforts from the state are inadequate, voluntary sector organisations of civil society have resumed responsibility to meet the rising demand of the ageing population in a society that is increasingly losing familial support. A couple of federations and non-governmental organisations (NGOs) represent the interests of the elderly. The most important organisation is the National Senior Citizen Federation (NASCIF), a consultant and lobbying group for ageing-related affairs, supporting the government to develop ageing-related policies and programmes, providing workshops and is active in raising awareness on ageing. There are 66 district associations to strengthen collaboration among single

¹ Senior citizens and elderly people are used interchangeably, both terms defined as individuals aged 60 years or elderly.

² Dalit and inhabitants from the Karnali region are eligible for the social pension from the age of 60 years (Samson 2012).

social organisations working on ageing-related issues.

This explorative study gives a glimpse of topic of alternative living and care arrangements for the elderly people beyond their family. In 2017 and 2018 we visited six different OAHs and DCCs. This study cannot provide an all-encompassing account across the country but gives a first-hand idea on this scarcely researched, but important topic.

Media coverage and internet search provided the names of two institutions; the remaining were identified via word-of-mouth.³ We targeted different social institutions covering different standards, organisation forms, services and provisions for the old, sponsorship and finances, staffing and volunteers, capacity and facilities, and their development histories. However, we did not include high standard private institutions that are generally out of reach for ordinary citizens. Finally, we could visit a total of six OAHs and DCCs for data collection.

A total of 13 expert interviews were conducted: Eight semi-structured qualitative expert interviews (Bogner et al., 2009) were conducted with people responsible at the six visited institutions. Additionally, five expert interviews were carried out with the chairperson of NASCIF, representatives of three NGOs (Ageing Nepal, Hope Hermitage, Nepal Participatory Action Network NEPAN), and one representative of a government unit (Ministry of Women Children and Social Welfare, MoWCSW⁴). All interviewees confirmed their consent that data and pictures taken from the institutions can be used for research and publication. The interviews were conducted either in English, transcribed by Speck, or Nepali, transcribed

by her field assistant. Text data was then categorised according to Mayring (2010), a systematic textual analysis of the transcripts and aims at extracting and summarising the most relevant information on the institutions to illustratively describe them.

The visits, a kind of guided walk-through of the old-age facilities (Bernard, 2006: 352; Kumar, 2002), allowed us to gain visual impressions and identify problems and opportunities, for example adequacy or accessibility of rooms and infrastructure. We inspected the premises one by one, guided by the managers who provided additional information and explanation about the facilities and services. Sometimes, residents joined our meetings in the main office, had a short talk with us or introduced the spaces where they eat, sleep, and pass their time. This information gained by unstructured observation and informal interactions during the guided walks, were recorded in a field notebook and analysed thereafter in supplementation and in alignment of the expert interview data (Bernard, 2006). Further, a review of ageing-related laws and regulations, and brochures and leaflets from the institutions, complemented the data collection. Additionally, we used data from previous fieldwork where elderly villagers were asked about their opinions on OAHs in urban areas (Speck, 2017).

3. Results and Discussion

3.1 Glimpses of novel care and living arrangements for the old

The oldest OAHs were developed at auspicious places such as river conjunctions and *ghat*⁵. These are places where elderly people, especially those belonging to high Hindu castes, renounce the earthly life and spend

³ Most OAHs and DCCs are located in urban areas (Ojha 2018; The Himalayan Times, 2020).

⁴ From March 17th, 2018 the Ministry of Women, Children and Social Welfare changed to Ministry of Women, Children and Senior Citizen (GoN 2020a).

⁵ Ghat is a bathing-place with steps leading into river, used for religious purposes and cremation. Within Nepal, Devghat, Mulghatko tamor, Galesvar, and Ridhiko kali ganđaki are such famous places.

their last days. Nonetheless, it is not always a free decision to separate from the family and go on a spiritual retreat: some older people may be forced to leave for other reasons (Michaels, 2020: 289 f). For older people who were abandoned or neglected by their family members in the past or had no children to do the traditional death rites, the only option was to live in the shelter houses of these auspicious places. There, they received donations, mainly food, for their everyday needs.

One famous religious place is *Devghat*, at the junction of the rivers *Seti Gaṇḍaki* and *Kriṣhṇa Gaṇḍaki*. Today, three retirement homes are located there, the oldest being the state-run *Devghat* Society Welfare Centre (The Himalayan Times, 2018). In Kathmandu valley, the most important Hindu religious site and cremation ground is *Pashupatinath* (Figure 1). The country's first official OAH is located within the premises of the *Pashupatinath* Area Development Trust and is managed through the MoWCSC (see section 4.1).



Figure 1: Entrance of the Pashupati Bridhasram (Kathmandu, 2017, photo by S. Speck).

More recently established OAHs and DCCs have different origins (see section 4.2). Except for the *Pashupati Bridhasram*, all establishments originate from civil society organisations, religious bodies and community initiatives or were founded by private sector initiators. Most are registered at the Social Welfare Council, a government body that coordinates and facilitates NGO-work in Nepal. The genesis of *Pashupati Bridhasram* with its embeddedness in the famous Hindu temple complex and its strong historical entanglement with Hindu concepts of life cycles, constitutes a special case.

3.1.1 The Pashupati Bridhasram: A place for the old in Kathmandu

The *Pashupati Bridhasram* is located within the *Pashupatinath* temple premises. The complex *Pañcadevi paṭhsala* with five shrines at the center and a *dharmasala* (shelter for Hindu devotees and pilgrims) were constructed in 1881 during the reign of King Surendra Shah on the temple grounds (Michaels, 2020). elderly people increasingly started to stay for longer, not only because they wanted to spend their last days close to the deities, but because they had nowhere else to stay (interview 10, 2017). In the past, charitable people and Christian Missionaries of Charity looked after the elderly people on site. In the 1970s, one of the authors met a German nurse of the Mother Teresa Order, who regularly visited to provide basic medical treatment. She reported that she took several elderly people to the nearby hospital, when she thought they had treatable diseases. In 1976/77, the Royal Government of Nepal, from necessity, turned the place into an old people's home named *Pashupati Bridhasram*.⁶ In 2017, 186 elderly people (108 female, 78

⁶ Bridhasram = old people asram; the term asram means "to exert oneself" derived from the Sanskrit root *shram*. According to Chandra and Sharma (2006: 173), "Ashrama literally means a step in the journey of life" (Chandra p.173). The term asram connotes to of exertion, or striving after a goal in a disciplined

male) resided at the *asram*.

The *Pashupati Bridhasram* is financially supported by the MoWCSC; however, Manoj Kumar, chief of the office at the *Pashupati Bridhasram*, explained that private donations and voluntary work are of utmost relevance:

Without donations and voluntary work, it would not be affordable to maintain the *asram* for the older people. The majority of the expenses the OAH has are covered by daily donations of private persons, relatives, tourists and devotees who visit the *Pashupatinath* temple (interview 10, 2017).

The residents do not have to pay fees for staying in the *asram*, however, it was not clear if residents continue to receive their old-age allowance or if this money is collected by the OAH for exchange of the “free residence” at the *Pashupati Bridhasram*. According to Kumar, residents receive their old-age allowance every four months. He explained that there is an ATM nearby, within easy reach for elderly residents and beneficiaries of the old-age allowance. However, some media (Dhungana, 2019) and a few residents claim that they are prevented from receiving the old-age allowance, or are not aware they were eligible to receive this pension money.

“Not every elderly person gets the opportunity to stay with us”, Kumar explained. Only people of 60 years or above, with no children at all, or no sons, who were picked up from open streets by social workers or the police, or who can no longer take care of themselves, are allowed to stay at the *Pashupati Bridhasram*. Administrative procedures and conditions of admission are

lengthy: first, the applicant’s living conditions are investigated and evaluated by employees of the *Bridhasram* and the MoWCSW; second, the applicant needs to turn up for an interview and explain the situation; finally, admission is granted to the old people’s home at *Pashupatinath*.

All residents receive free health check-ups three times a year, organised and implemented by volunteer physicians. In health emergencies, residents are transferred to the nearby Stupa Community Hospital, where all elderly patients receive half-price medical treatment. The remaining costs are covered by the OAH. Entertainment programmes or activities at *Pashupati Bridhasram* are limited, however, visits to the nearby temples are highly appreciated. Residents pass their time doing household chores, washing, cleaning and cooking. Some residents reported selling handicrafts, such as traditional carvings or weavings, for additional income. The majority enjoy chatting to visitors, either their relatives or children but mostly foreign tourists and visitors to *Pashupatinath*, some of whom also make donations.

The buildings on *Pashupatinath* grounds provide rooms equipped with simple setups, mostly simple beds and chairs, and maybe a wardrobe. The facilities contain several obstacles such as door sills and stairs that are difficult for older people to pass. Rooms are poorly insulated and unheated during the winter, sanitary facilities are practically non-existent, except for a simple toilet and a water pump. Except for a simple open dining hall, only outside space, verandas and covered resting places (Nep. *pati*), are available. There is a separate section at the *Bridhasram* for around 40 disabled or bedridden people who need special care around the clock. Unfortunately, people are not allowed to visit this section. Before the earthquake in April 2015, capacity in *Pashupati Bridhasram* was

manner. Such a goal can be “ascetic and oriented towards the acquisition of spiritual power; it can be yogic, which is a method of self-development; or it can apply to philosophical reflection on the deeper significance of life and the world” (Johnston and Renkin, 2000: 94).

236 people; in 2017 only 186 old persons could be accommodated due to the damage to the building. The damaged areas are no longer habitable and financial resources to rebuild them are lacking.

Kumar mentioned that is a shortage of general staff and of professionals trained in geriatrics, on-site there are only 29 permanent staff. Caretakers are often volunteers from overseas or also nursing students or college students who help cook, clean and entertain residents.

We briefly present each social institute in this section before a summary of other aspects such as equipment and staffing, occupancy, provisions and services for the elderly follow. Table 1 gives an overview of the most relevant facts of the studied OAHs and DCCs. Very few information was extractable from leaflets, if the institutions had any at all, we present in the following the content collected through expert interviews and guided walks through the facilities.

Box 1: Coronavirus, *Pashupatinath* and Older People

The novel coronavirus (SARS-CoV-2) has not spared in Nepal. People aged 60 years or over are especially vulnerable to the disease caused by coronavirus, COVID-19, which causes an aggravation of pulmonary disease, asthma and pneumonia (Mitchell, 2020). National and regional lockdowns in Nepal and Kathmandu valley have been implemented repeatedly to prevent mass spread or to reduce infections through close contact among individuals. The *Pashupati Bridhashram* has therefore been closed to visitors and volunteers to protect the older residents. While the strict measures are necessary, it has significant adverse implications for the financial situation of the institution and for those staying at the OAH as they no longer have any contact with the outside world. The residents are no longer permitted to visit the temple as they did before the pandemic. In the pre-corona scenario, residents enjoyed support and interactions from volunteers, visits from foreign and local tourists, and from devotees visiting the *Pashupatinath* temple grounds. With no tourists and visitors due to the coronavirus restrictions, the many conversations, support and donations from outside are lacking. Not only financial donations but also donations of other materials such as clothes, blankets, or food and beverage and fresh fruits are no longer available. The lockdowns in Kathmandu badly hit the financial situation of the OAH as it mostly relies on daily donations to keep the place up and running. Financial donations reportedly decreased by almost 70 per cent compared to pre-lockdowns (Lama, 2020).

3.1.2 Arrangements for the old in Kathmandu Valley and Pokhara

Besides *Pashupati Bridhasram*, we visited four additional homes for the elderly to collect detailed information: *Pokhara Bridhasram* in Pokhara, *Nishaya Sewa Sadan*, *Hope Hermitage Elderly Care* (HHEC) and *Siddhi Saligram Bridhasram* in Kathmandu Valley. The *Jestha Nagarik Milan Kendra* is a day care center only and is located in Pokhara.

The Nishaya Sewa Sadan has been operating since 2003 under the national umbrella organisation NASCIF. Around 400 local members financially support and sympathise with the idea of providing a place for homeless and vulnerable elderly people. A life membership is given to local residents in exchange for a one-time payment of 5'000 NPR (42.6 USD), however a secure place at the OAH is not guaranteed once they get old as waiting lists are long and currently 39 people reside here.

The *Pokhara Bridhasram* welcomes homeless and disabled elderly people excluded from their families. The chairperson explained that the *asram* was established by his father providing help for the destitute and poor elderly people. Constantly expanding the buildings, the home occupies 70 residents. Beyond cash donations, individuals or private organisations also contribute clothing, blankets, snacks and drinks, and sometimes full meals.

The *Hope Hermitage Elderly Care* is doing a pioneering work in dementia, which though increasing is not yet well known in Nepal. Since there were practically no nurses or caregivers around ten years ago familiar with dementia, the HEEC themselves started to provide workshops and training for (young) urban women in cooperation with other NGOs to train professional staff. The HEEC provides residential care for 26 elderly people, and home-based care.

The *Siddhi Saligram Bridhashram* opened for senior citizens in Bhaktapur in 2005, was founded by the *Siddhi* Memorial foundation. It provides permanent and temporary residence, and day care for those living with families but preferring additional company and entertainment. A German NGO, *Nepalhilfe Beilngries* supports the foundation. The home provides space for maximum 60 elderly people.

Jestha Nagarik Milan Kendra is a faith-based community organisation dedicated to the welfare and integration of elderly people. Elderly people increasingly started to meet at Bindabasani temple to spend their days together because with adults at work and children at school, no one was at home. The DCC provides entertainment and daily tea and snacks for the elderly visiting the place.

3.2. Condition of admission at the OAHs and DCCs

Admission to the OAH and DCC are regulated differently. The *Nishaya Sewa Sadan* only takes elderly people who are transferred by their relatives or neighbors, because the OAH wants to avoid them from being abandoned at the OAH. For residents whose children work abroad the OAH demands an initial fee of around 30'000 to 50'000 NPR, depending on the financial situation. The *Pokhara Bridhasram* accepts all destitute and homeless elderly people. Many residents were picked up on the streets and transferred to their home by the police; others were transferred from hospitals directly to the *bridhasram* because no family members turned up to bring them home after treatment. The HEEC takes only elderly people with highly advanced dementia. In most institutions, they stay without charge if they lack savings or income and/or have no children, or sons, are widowed or have experienced physical violence at home. The *Siddhi Saligram Bridhasram* OAH and DCC only accommodates elderly people who have not suffered physical abuse or neglect, because it aims to support families with morally impeccable motivations. The OAHs charge relatively low residence costs except for the *Siddhi Saligram Bridhasram*, where residents have to pay a maximum of 800 NRP per day. In the day care options elderly people enjoy services and facilities free of cost.

3.3 Services and provisions at the OAHs and DCCs

All OAHs provide twice-daily meals, and afternoon-snacks and tea. However, some interviewees said meals are unbalanced and do not meet dietary needs because of limited financial resources. All five homes contain at least one covered common *pati* (resting place), room or hall where residents read, pray, meditate, chat or sing (see Figure

Table 1: Overview of the six visited OAHs and DCCs in the study.

Name, Location, Year of establishment	Type of setup (OAH, DCC)	Financial sponsorship	Staffing	Charges, Condition of admission	Capacity: Bed occupancy, Infrastructure	Residents: socio-demographic background, origin
<i>Pashupati Baidhāśram</i> Social Welfare Centre Elderly's Home <i>Pashupatiānāth</i> , Kathmandu *1976/77	OAH: public, managed by MoWCSC	MoWCSC	• 29 permanent staff of which 9 are professional caretakers	• Free residence • 60 years old	• Max. capacity: 230 • 186 residents (108 ♂, 78 ♀) Waiting list	• From all over the country
<i>Nishapa Sewā Sadān</i> – Center for the Helpless Šankharmul, New Bāneswar, Kathmandu *1991	OAH: non-profit and non-governmental community organisation	• Mainly donations • Government: 500'000 NPR p.a. • Legacy of Swiss couple	• 11 permanent staff	• Free residence* • NDA • Transfer by relatives needed	• Max. capacity: 41 • 39 residents (34 ♂, 5 ♀) • Waiting list	• From immediate neighborhood • Homeless old people
<i>Pokharā Baidhāśram</i> <i>Pokharā</i> Aged Shelter Sitapaila, <i>Pokharā</i> *1997	OAH: non-governmental social organisation	• Private donors (80%) • Government (20%, 2017: 1.5 Mio. NPR for construction)	• 7 permanent staff	• Destitute for free • If residents can afford: 10'000 NPR p. mo., or 50'000 NPR initial fee	• Max. capacity 60 • 70 permanent residents (60-97 years) • Waiting list	• Socially deprived and destitute old people
<i>Hopa Hermitage Elderly Care</i> (HHEC) Senior Citizens' Home, Club & Day Care Center Lazimpat, Kathmandu *2017	OAH & DCC: non-profit, social service-oriented NGO, strategic partner of government since 2015	• Private donors • Red Book Fund of Government	• 17 permanent trained staff • 90 trained caregivers	• Monthly fee NDA • Patients with dementia • DCC open to all • In-home care	• Max. capacity: 22 • 26 residents • Waiting list	• Residents from Kathmandu • In-home care within Kathmandu
<i>Siddhī Saigirām Baidhāśram</i> Senior Citizens Home Bhimsenshān, Bhaktapur *2005	OAH & DCC: managed by <i>Siddhī</i> Memorial Foundation	• NGO <i>Nepalhiye Baidhāśries</i> • Private donors	• 5 trained nurses • 20 employees for residential home	• OAH: max 800 NPR • DCC participation free • 60 years old	• Max. capacity: 60 • 36 permanent residents at OAH • 50-70 old people at DCC per day	• Residents from Bhaktapur • Older people, childless, or disabled older people
<i>Jesitha Nāgarik Mīlām Kenāra</i> Senior Citizens' Meeting center Bindabasini Temple, <i>Pokharā</i> *2014	DCC: faith-based organization, managed by the Bindabasini temple	• Donations from devotees at Bindabasini temple (30'000 NPR daily)	• 1 staff per 10 people • 5 committee members, all in duty of the DCC	• 70 years old • Participation free	• 50-60 old people at DCC per day	• From neighborhood surroundings

*Those elderly people with migrant children have service on payment which is dependent on the salary, i.e. how much they can afford.

2). Leisure activities include guided yoga sessions and meditation, or religious chanting (Figure 3 and 4). Excursions with employees or volunteers to sacred sites or elsewhere are provided by the *Nishaya Sewa Sadan*, *Pokhara Bridhasram* and the *Siddhi Saligram Bridhasram*. The DCC at Bindabasani temple offers small programmes such as participating in religious instructions at the temple and excursions to sacred sites. During the winter, elderly participants benefit from being indoors as the rooms are heated. The *Hope Hermitage* in Kathmandu and the *Jestha Nagarik Milan Kendra* in Pokhara provide physical therapy for movement and exercise. Volunteer doctors at all institutions provide medical check-ups for all residents and beneficiaries every three or six months. These include blood pressure-, eye- and ear- checks, and minor on-site medical treatments.

3.4 Equipping and staffing at the OAHs and DCCs

Infrequently mentioned by institution managers, but remained obvious, was the inadequate infrastructure in most OAHs and DCCs. Elderly people have limited mobility, or have specific hygiene requirements, for example in case of incontinence. There is an almost complete lack of suitable beds, stair handrails, ramps or passageways without door sills. It was emphasised several times that professionally trained, qualified geriatric care staff are lacking and national availability is scarce, a serious issue in an ageing society (Rai, 2014; Dolker, 2017; Gautam, 2018). The few well-trained care workers increasingly seek jobs abroad (see also Dolker, 2017). Only, the HEEC can rely on well-trained staff: in 2017, the institution had a pool of 90 trained and educated caregivers, available on call whenever needed.

At *Nishaya Sewa Sadan* we witnessed a group of college students, who came to work off their social service hours as part of

their obligatory community work (Figure 2). Some of the youngsters immediately started cleaning residents' rooms; others chatted with residents; the rest played ball in the garden. *Nishaya Sewa Sadan* occasionally benefits from volunteer work by nurses and doctors from nearby hospitals, and the *Pokhara Bridhasram* can count on nursing students from nearby schools. Only *Siddhi Saligram Bridhasram* relies on support from Western volunteers (Figure 3). The chairperson of the institution said: "We do not want to have local volunteers. They lack the knowledge on how to take care of the old" (interview 10, 2017).



Figure 2: Older women who are grateful for the opportunity to stay at *Nishaya Sewa Sadan* (Kathmandu 2017, photo by S. Speck).



Figure 3: Residents at *Siddhi Saligram Bridhasram* attend singing holy chants (Bhaktapur, 2017, photo by U. Muller-Boker).



Figure 4: Female residents of the Pokhara Bridhasram wash their plates after dinner (Pokhara, 2016, photo by S. Speck).

3.5 Reasons for staying in an OAH or DCC

All reasons reported by experts and residents for staying at an OAH related to family backgrounds. Those admitted range from the destitute and homeless to those with intact families: Some people have no family or spouse; others only have daughters who – in line with the patrilocal tradition – were staying with in-laws. Others sought support and care outside the family because they felt neglected or unwelcomed. Abuse, violence and conflicts within families were often other reasons for leaving home.

However, the absence of children due to out migration was a major driver. Labor migration has significantly influenced traditional living arrangements. Households are shrinking and elderly people often maintain rural houses and land, caring for pre-school children, while adult children, mostly sons, go abroad to study or work (see also Speck & Müller-Böker, 2020). The proportion of young women working or migrating (e.g., Maharjan, 2015) is also increasing, as is urbanisation for the education of children. This empowerment of daughters-in-law is not always welcomed by in-laws, whose own old-age care is impacted.

Elderly economic hardship is common among the residents of OAHs,

elderly social security is limited, and familial financial support is not guaranteed. Therefore, many elderly people are dependent on the support of the institutions for their old. However, the main explanation for staying in an OAH or DCC was that living conditions are hampered by dwindling support from adult children. The need for extra-familial institutions were both stated and discernible from the OAH waiting lists.

3.6 Contested perceptions of care arrangements beyond the family

The demand for non-family-based elderly-care is increasing, although the Nepalese government is not supportive of this development. The Civil Code of 1963 (GoN, 2019) complies with the traditional ‘family first’ mode of elderly care, which, also, the state does not have to fund.

Discussions about institutionalised elderly care mainly take place in the media. The *Pashupati Bridhasram* especially is strongly criticised for bad infrastructure and poor service, including lack of adequate and healthy food, and not enough rooms and beds. The media is disparaging to alternative care-options, stressing that children used to feel responsible for and respect the elderly. Media narrative suggests Nepal is not prepared to institutionally care for the elderly (Pant, 2016; Pun, 2014). The chairperson of Ageing Nepal, Krishna M. Gautam, depicts this issue:

(...) Old people are no furniture, you cannot move them around wherever you feel, you know. And you cannot treat older people like furniture, oh, now let’s put him or her in the OAH, ah let’s put him there (...) you know, you see when you take a plant, put in new place, abruptly, it dies! (interview 7, 2016).

In remote rural villages, we talked with old people about alternative elderly care. Religious sites and cremation grounds were known, where older people traditionally

renounce the earthly life and spend their last days, but little was known about OAHs. An elderly villager reflected disapproval of elderly-care developments: “You are not cared for by your own children, how can you trust that institution to look after you?” (interview 141, 2016). This contradicts the rising demand for OAHs and day care centers, which are overstretched.

Residents we talked to during the visits were mostly satisfied with OAH life. Many could not look after themselves anymore as they got old: Cooking, walking and daily chores became difficult to manage and without support or family members at home during the day due to school and work, many reported they were happy that they’ve been admitted or provided the opportunity to stay at a place where they are looked after and respected. Also, family members we spoke to were grateful for a safe place for their parents. However, the dilemma of being unable to care for parents because of work or financial and material scarcity was obvious. It is worth noting that OAH residents experience great solidarity and support by persons who are not directly related to them. Nepali friends and interviewees said they would gladly support such institutions because they sympathise elderly people, and it would benefit their own *dharma*.

4. Conclusion

This study gives first hand insights into six old-age institutions in Kathmandu Valley and Pokhara. Rising demand for elderly care outside the family is an inevitable result of an interplay of social, economic and demographic components, including labor migration and changing lifestyles among the young (Speck & Müller-Böker, 2020). The Nepalese state still favors traditional modes of elderly care. State social protection and security measures for the old are insufficient or non-existent. Nevertheless, nascent planning by the government for OAHs has been started by

the MoWCSC and the supplement of “Senior Citizen” in the designation of the MoWCSC in 2018 (GoN, 2020a) shows that the aging population phenomenon is recognised. The MoWCSC plans “model villages for senior citizens and disabled people in all provinces” with 17.5 million NPR already allocated (The Himalayan Times, 2020).

We observed that operating OAHs and DCCs face huge financial and personnel challenges. Most institutions depend on private donations and are not, or are only minimally, supported by the government. Poor basic infrastructure and untrained personnel affect residents’ health and well-being. Services are limited to the minimum, due to a lack of financial and personnel resources. Volunteers are welcomed, however managers and other permanent OAH staff seldom know when and how many volunteers will come or what kind of services they will provide. Additionally, the high dependency on volunteers presents risks, as the COVID-19 pandemic shows (see box 1). However, despite these shortcomings, the long waiting list of the visited institutions for people who want to stay at the *bridhasrams* reflects the great demand. It seems that residing in an OAH or spending the day in a DCC are good options, an alternative to arrangements within the family.

We propose to assess the trend towards OAHs and DCCs not as synonymous with offloading older parents without reason or care, although there are exceptions, but as attempts to support parents by other means beyond the family. The family is not a crumbling institution that no longer takes care of the old (Speck & Müller-Böker, 2020) but, in our view, is merely undergoing a transformation during which new options must be found to care for the old. For Nepal, where community-based organisations are deeply rooted and successful (e.g., *ama samaj*, mother’s group), we see considerable potential for home- and community-based care arrangements for the elderly people.

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