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ANGALO
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"Senior Lives Matter"

Report on the Situation of Senior Citizens Living in Government and Private Old Age Homes in Nepal[1]

Summary of Research Findings and Recommendations (March 2019)

Background

As per the Census 2011, senior citizens[2] made up 6.5% of the total population in Nepal. By 2015 it was 8.5% or 2.5 million people and is expected to rise to 11% by 2030 and 18% in 2050, largely due to rise in life expectancy. Nepal has a national policy on ageing since 2006 and a pension coverage which stands at 56%[3]. Nevertheless, ageing is not yet adequately reflected in national planning and programming especially as the country undergoes rapid demographic transition which has given rise to many socio-economic challenges both for the state, individuals, family and community. Nowhere is this more evident, than in the treatment, care and welfare of senior citizens.

Undoubtedly, a majority of the senior citizens are still taken care of in their own homes by family members. However, the number of senior citizens who are abandoned, or who have no one to take of care of them and have to live in the senior care homes either operated by the government, NGOs or private agencies is on the rise[4]. In these care homes, they either stay for free or have to pay a service charge depending on whether it is a government shelter, "ashrams' or a form of privately assisted living. The critical point is that the demand for different types of care homes far outstrips supply and as such they are mushrooming especially in the private sector of Kathmandu Valley. Currently, this form of development, however positive, remains a highly unregulated sector with little or no quality assurance and standard; the latter being truer in the public sector care homes as illustrated by the Angalo Report.

The aim of the field study was to identify areas needing support for improving the well being of senior citizens. Personal issues and institutional gaps in the process of senior care management were assessed in 15 government and private sector care homes in 5 districts of Province 3. Purposive and 'snowballing' sampling techniques were used in the selection of the care homes. Out of the 481 senior citizens (320 female and 161 male) residing in the 15 senior care homes, 200 or 42% were interviewed individually or in focus groups; of these 70% were female respondents.

Major Research Findings

1). Profile Of Senior Citizens In Care Homes:

The age of senior citizens in care homes ranged from 70-80 years. In terms of ethnicity, a major proportion (63%) was Brahmins and Chhetris, Janjatis (33%) and a nominal percentage (2%) were Dalits. A majority of them were illiterate (73%), a few were able to read and write (11%), and only two of them had SLC certificate. Most of them (58%) came from middle class families and only the poor were found to be living in government run care homes.

[1] The Report was commissioned by ANGALO Jestha Jeevan Bahumulya Prathisthan. The field work was conducted in September 2018 and the report was completed in 2018.
[2] The Senior Citizen Act 2063 (2006) defines senior citizens as a person above 60 years of age.
[3] Global Age Watch Report Card: Nepal 2015.
[4] Care homes are those operated by government or the private sector; home is where senior citizens lived before coming to care homes.

A majority of the senior citizens were said they were a widow or widower (67% in government and 52% in private); a few were still married (8% in private and 5% in government care homes). Around 20% of the senior citizens were never married. Yet, more than half of the respondents (55%) did not even know if their spouse was still alive or dead (73% private and 45% government).

A little more than half (51 %) of the senior citizens living in private care homes said they have children living in their house, whereas, around 67% living in the government care homes had no children. Around 40% female and 16% male in government care home said that their families visited them; the response was higher in case of private care homes (64% female and 57% male). In the latter case, most of them admitted that they never got to visit their previous homes where they had lived most of their life. More than a quarter of senior citizens were rescued from their homes or staying elsewhere and then brought to private care homes. Fewer senior citizens were rescued and brought to government care homes, i.e. they came of their own volition.

2). Duration Of Stay:

Senior citizens living in government care homes had been there for longer period of time compared to those living in private homes. The average number of years for female senior citizens living in the government care home was 10 years and male 7 years. Most of them living in both types of care homes wanted to live there forever. In all care homes, the age of female was less than that of males when they first came.

3). Reasons For Coming:

From the KII's conducted, it can be inferred that some came to the senior care homes with consent of family members and relatives, whereas, some came due to the conflict with their family members over property or because they were forced to endure humiliation and violence. Some senior citizens working as laborers came once they were unable to work and make a living; others were rescued from the streets and temples. The respondents, claiming to have come because of their own desire was more pronounced in private care homes than in government care homes.

- **Violence in the family:** The actual violence or the fear of violence seemed to drive senior citizens out of their homes and make them take refuge in the senior care homes, particularly in the age group of 70-79 years. In total, one fourth of senior citizens had left their home due to conflict and fear in their homes. More than a quarter of female (29%) and almost one fifth of male (18%) came to the care homes due to conflict in the family or fear of conflict and this percentage was higher in private homes (32% private care homes and 10% government care homes).

- **Available facilities: M**ore than 70% senior citizens mentioned food, shelter and health/medication in the government and private care homes as reasons. More respondents from private care homes mentioned availability of *Bhajan kritan*, excursion visits and income generating work as an attraction. However, such leisure activities were far less in government homes compared to private care homes.

- **Clothing:** Almost half of the senior citizens reported that the care homes provided clothes to them as well as there were donations from outside. In this regard, private homes received more clothes as compared to government care homes. About quarter o**f** the senior citizens in private care homes received seasonal clothes from their family and relatives. About 40% senior citizens in government care homes said that the clothes provided were not sufficient for them. Relatively speaking, more senior citizens in government facility were wearing old and dirty clothes.

4). Perception towards senior care homes:

A majority of the senior citizens, both from government run and private care homes, expressed relative satisfaction over the facilities including food and accommodation provided. Those that were dissatisfied were mostly occupants of government care homes and they mentioned that it did not provide them adequate nutritious food and fruits. A negligible percentage of senior citizens from private care homes complained about inadequate nutritious food provided to them. Some from both care homes complained about congested rooms. More specific comments were also made on:

- **Verbal abuse:** One in three senior citizens shared that they were verbally abused in the care homes, and females were more verbally abused in both care homes. Male senior citizens in private care homes were subjected to more verbal abuses as compared to the government care homes. Verbal abuse was often due to disobedience to manager and staff members of the care homes. More than half of the senior citizens in private care home had defended themselves from being insulted and abused; this was not the case in government care homes where the situation was worse. In the latter, more than half of female senior citizens from experienced hurtful activities from staff compared to some in private homes. Few from government homes mentioned that they were manhandled while there was no such information from private sector care homes.
- **Payments:** All senior citizens from the government care home said that it was free of cost while some from private care homes reported that they paid money monthly or annually with some advance payments. Some local government bodies (municipalities) have allocated budget to support some senior care homes, which ranged from NPR 1, 00,000 - 7, 00,000 annually for payment of rents and performing last rites. It was not clear if utilization of this fund had been audited.
- **Lending and borrowing money:** Lending and borrowing money is not practiced at the senior care homes as with their senior citizen card they can easily access their social security allowances/pensions. Most of the senior citizens in private care shared that they were not in need of money as their food and accommodation was well taken care of but this was not the case in government care homes.
- **Utilising free time:** Most of the senior citizens preferred to rest during their free time as there was not much of regular and daily leisure activities. They like to attend bhajans/kirtans and also visit temples. Some senior care homes have prayer halls within their premises which were easily accessible to them. Outside TV time, occasional excursions and family visits, no other forms of leisure were mentioned.
- **Income generation**: The senior citizens are not engaged in income generating activities, expect for some women who made cotton wicks and would sell it for NPR 70-80 per 1000 wicks.

5). Perception on Government Rules, Regulations and Policy:

Sixty three percent of female respondents living in the government care homes perceived that the government policy towards senior citizens was good while very few males residing in private home felt discriminated. Almost half of the senior citizens were relatively happy with the rules and regulations of the private care homes and believed they should not change. Only less than a quarter (23%) were dissatisfied with the policy of the care homes and was limited to room space and better use of free time for leisure. More from government care homes opined that the rules and regulations should be reviewed and changed for the better.

6). Social Security:

In comparison to males, more female senior citizens received social security allowance. For example more than three quarter of the female senior citizens from the government care facility and half of private sector facility received social security allowance. Less than half of male respondents had received social security allowance in both care facilities.

7). Health Issues:

A majority (84%) of senior citizens had at least one health problem and the percentage needing immediate care was higher in the government care homes (92% male and 86% female). The most common health problems were diabetes, blood pressure, asthma, heart problem, eye problem, weak memory and gastritis. However, most of them living in both types of homes reported about body ache. Only 60% of the respondents expressed satisfaction over the available health services. Lack of medicine, specialized treatment, alternative home therapies or remedies and no - referral mechanism were the reasons for dissatisfaction. It was found that 88% senior citizens (93% female and 77% male) maintained their own personal hygiene. It was noticed that less than half of the senior citizens were wearing clean clothes (48% female and 43% male).

Recommendations

- There is an urgent need to review rules and regulations and step up support systems for government run care homes. This includes addressing issues around abuse and violence.
- There is imperative to take proactive measures to improve health care management system in both types of care homes in line with comprehensive geriatric health care protocols.
- All INGOs/ INGOs supporting private care homes or sponsoring them should be made to support government run care homes instead.
- Senior citizens staying in both types of homes should be encouraged to be engaged in some productive leisure activities that are stimulating for mental and physical health.
- Poor senior citizens residing in government run care homes should get support to generate income from their own capabilities if they so wish.
- Before permitting any type of care homes, the concerned public authorities should make sure that the amenities provided are satisfactory including comprehensive geriatric health care. If government is unable to do this, it could make another entity act on its behalf.
- All financial funding, donations and in kind support received by both types of care homes should be investigated to take stock of how, in what way, with what modality the finance and support system was operating there.
- There is a need for the appropriate public authorities to strategically investigate different type of care facilities and scrutinize their operational management in order to come up with corrective and supporting quality of care measures.
- The Federal Government with the help of provinces should undertake a thorough governance and management audit of public and private run care homes. Findings should be published as a national White Paper outlining policy, rules and regulations and minimum standard operating guidelines in any type or size of senior care homes. Quality assurance and implementing acceptable standards of comprehensive geriatric care that uphold human rights and dignity of senior citizens should be the hallmark of this White Paper.