

# MASTER THESIS

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## **Old Women Care Situation in Rural Nepal: A *Reflection from Professional Perspective***

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## Abstract

Nepal is one of the developing countries of South Asia where several social issues has been rising during the development process. Majority of people are living in rural areas where social care service and access of those services is really poor condition. Family and society has important role for care practices. And, all the socio-culture practices has rooted by religious and the traditional patriarchal family system, where family based care practice is a main foundation for elder care in rural scenario. During these decade, the pattern of familr and society have been changing because of globalization, education, awareness, migration and many more other factors. Young generation has been migrating from rural areas and they have been preferring to live in small nuclear family. As a result, The traditional joint family and elder care practice has been affecting. The gaps between new and old generation has increased. There are many push and pull factors for those situation such as; better life, social security, job and education opportunities, individualism etc. As a result, elder people care situation has getting worse. Especially, women situation has been becoming vulnerable because socio-cultural practice has gave secondary place for women in family and social life. Patriarchal socio- cultural practice has dominited women in all the aspects of their life. Where men are in-charge of all the family and social life. Women have very less power incomper to men and they have to dependent with man for all the day-to-day life activities. As a result, women have been suffering during their lifetime. Especially when they reached in their old age the care situation become worse because the level of dependency has increased with family. Generally, elder women have been becoming economically unproductive for families. And, family members have to spend lots of time and resource for their elder parent care and support. As a result, elder women has treated as a burden for family and society.

There are different scenario in care access and practices in urban and rural areas, as well as different class family, literate and illiterate family. Urban areas has far better situation for elder care because of social care access, economic situation and level of awareness in compare to rural areas. On the other hand, rural areas is really poor for social care facilities, social service access because of poor development process and lack of government efforts, when elder people have to dependent with their family for all the care and support. The traditional socio-cultural practice has biased elderly women for their care and support on the bases of gender, class and cultural practices. where the important intersection gender has play vital role to create multiple ground of inequality and effect on elder women care situation in rural Nepal. It is essential to make elder women less dependent with different social units. Where needs to deal some social issues such as; critical reflection on self-practice, critical assessment of service users, experiences of oppression, empowering service users, working in partnership and minimal intervention for women better care situation in their old age. Government have to make policies for collaborative efforts with family and society for women empowerment, gender equality, social inclusion, equal access on power, freedom in family and social areas as well as develop the easy access for social care service in rural Nepal. In addition, government need to implement policies in practical manner to create the social equality in between both gender especially in rural areas because there are high gender biases where majority of Nepalese people have been living in there.

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# Chapter One

## 1. Introduction

Nepal is a developing country in South Asia, where around 81 percent of the people are living in rural areas (World Bank, 2017). In these rural areas, agriculture is the main occupation. Nepal is rich in culture and tradition. Approximately one hundred ethnic groups are practicing different cultures and traditions. Around 25.2 percent of people are living below the poverty line. For the general population the literacy rate is 63.9 percent (Central Intelligence Agency, 2016). People are struggling for basic needs in their daily life. In rural Nepal, gender discrimination and inequality is high (Asian Development Bank, 2016). Where, several socio-cultural processes are playing a key role in sustaining these practices. Man is in-charge for socio-cultural, economic and other decision-making process in most of the family.

Nepal is one of the poorest countries where the prevailing socio-cultural norms and values have made it a patriarchal country. The patriarchal authoritarian family structure has been common in Nepal, where men are considered superior to women, dominating in every aspect of their personal, social and domestic life (Gyawali 2006). That's why most of the Nepalese women are socially and economically dependent on the authority of men.

Generally in Nepal, the oldest family member is considered as the head of the family. People show respect to the elders and take care of them when they reach old age. Young people normally turn to the elders for advice when they face difficulties that are connected to issues of society and their personal life. Around 80 percent of the Nepalese population are Hinduist of belief. In hinduism, caring for the elders is a cherished ideal. But, now a days the situation of respect and care for the elders is changing. Especially, the situation of womens has become worse because of gender practice (Aachary, 2008).

The obvious physical and mental changes in the body brought about by the old age is a big challenge for the elders, making it harder to do their own necessary basic things (Aachary, 2008). During this stage of life, the elders become weak both physically and mentally and some of them entirely depend on their family for full support, love and care. In order to live a life of quality, among other things, they need help with such things as cooking, eating and taking care of personal hygiene. Some of them have difficulties with talking and mobility and they face issues such as loss of memory, concentration and diseases such as respiration, joint

pain and gastritis. Because of this, this group of people needs the helping hands to take care of them in their daily lives. They are vulnerable at this state and are in high risk to diseases and disabilities. The elders need the love and care from their family members due to the incapability of taking care of themselves. At this age, the family plays a very important role in supporting their daily lives.

In Nepal, sadly, the culture and tradition of taking care of elder parents is slowly breaking down. Some of the reason for this situation can be found within the changing environment of the society; for example the desire for a small family as opposed to the more traditional joint family system, poverty, urbanization processes and influence of western culture and society (Bhatarai & Bhattarai, 2014). Especially when it comes to values related to individualism. The ways of living together in a joint family, like our ancestors did, is now gradually decreasing. The historical practices of care giving to elderly people, the living arrangements with joint family and familial responsibilities towards elders that once centered around or with the patriarchal family network are changing in line with the western culture, individualistic or emotionally nuclear family systems (Bhatarai & Bhattarai, 2014). Hence, there exists a traditional joint family structure in Nepal, but during this decade it is slowly being replaced by the ideal of the nuclear family. From a gender perspective it becomes clear that women are more affected by this development, both economically and socially, as a result of inequalities in socio-cultural and economic practices. Shortcomings regarding the care of the elderly population is a major problem and it is also in part caused by a lack of provision of a welfare system for elders from the side of the government(The Geriatric Center Nepal, 2010). In that situation, elders have to depend on their family members for care. Also the elders tend to prefer to live with the family, rather than in social care centers.

Elderly women have many concerns and problems. Among other things they are concerned for their health, diminished social status and insecurities about their importance among other people (The Geriatric Center Nepal, 2010). These women are often considered a burden for their family in socio-cultural practices. Also, in cases where the husband of the women passes away, their situation could be worsened.

In this thesis I will argue that the social caring of these women is essential and that a welfare scheme should be established to provide meaningful support and care for physical and mental

health aspects. Since more than 80 percent of the population lives in rural areas, this thesis will primarily focus on elder women living in rural Nepal.

### **1.1. Background About Rural Nepal**

In rural Nepal, several different ethnic groups are living together in small villages. They have different languages, cultures, norms and values in each group. The caste system is still practised in some parts of rural Nepal where many ethnic groups have been dominated by upper caste communities. Also, we have a male dominant society. Men are always the ones in charge in a family and they are the main decision makers. Women are responsible for household activities and the caring of babies and elders (Asian Development Bank, 2016). As mentioned in the introduction, traditionally Nepal has joint family patterns. Parents normally live with the youngest son when they are getting old. More importantly, rural people believe that living without their children in old age is unfortunate. Normally, rural people have many sons and they will start to separate from parents after marriage or when the sons want to live separately but there should be at least one son with their parents to take care of them. In the case where parents only have one son, he is supposed to stay with his parents. On the other hand, daughters are separated from their parents after marriage, because she then moves to her husband's house.

The government has been trying to emphasise that male and female have equal property and other rights throughout different laws and policies, but still in practice women have less rights than men. For example; I have full right to get my parents' property. But, if I have a sister in my family she does not have the rights to get parental property in reality and it is not practised. There still exists severe discrimination against women in rural Nepal. The majority of women typically work more than 14 hours every day but this work is mainly within household activities such as; firewood collection, caring of livestock, cooking food and caring for babies, elders etc. These activities cannot be measured in monetary terms. In addition, they are fully dependent on the man. Women's social-care situation is totally dependent on her husband or sons. On the other hand, men typically have paid jobs and they engage in business and agriculture activities where they are in-charge of all aspects of socio-cultural practices (Asian Development Bank, 2016).



I was born in rural Nepal and lived a rural life during my childhood and that's why I have specific knowledge about rural circumstances. We don't have good social infrastructure, education, health-care and job opportunities in rural Nepal. These days, especially the young generation are moving to the city or abroad for better opportunities and a better life. The migrations of men to the cities has made elderly women more vulnerable, because they are no longer there to care for them. In that situation, we will see that families with only women in the house, because the men have migrated, will be more vulnerable. On the other hand, women literacy rate is very low. According to the CBS only 57.4 percentage of women are literate (Central Bureau of Statistics, 2011). Especially in rural areas, the illiteracy rate is very high, which affects the level of empowerment of women as well as the self decision making process. Women also have less economic access and rights, which is another responsible factor that influences the situation of care of elderly women in Nepal.

## **1.2. Women in Socio-Cultural Practices in Nepalese Society**

Socio-cultural practice is a broad topic, where lots of social, norms, values and practices has come together. The terms have different meaning in different study purpose. Basically, "social- cultural practices are the distinctive, spiritual, intellectual and emotional features that characterize a society or a social group (Akuoko, 2008)." Socio-cultural practice is a foundation for every society where all the social activities has been highly influenced and guided by it. It is essential to understand social-cultural practice to reach on the root cause of any social issues. This study has used socio-cultural practice terms in several place. Where, It has represented about traditional patriarchal joint family systems practices, their norms, values, which has been practicing by the society members specially for care perspective. Where men is always in-charge of family and society day-to-day life. Family based care practice is one of the important dimension for elder care and support in patriarchal joint family system. Majority of the people has been still practice this system in Nepal.

Nepal is a multiethnic and multicultural country with more than 50 spoken languages and cultural traditions. They have often been classified into broad groups, the Tibeto-Burman, populating mostly the mid hills and mountains, and the Indo-Aryan, living in the Terai Gangetic plains and mid hills. Women from the Tibeto-Burman communities are socially less constrained than their Indo-Aryan sisters in terms of mobility, marriage/remarriage options, and most importantly; income-earning opportunities. Especially in the Indo-Aryan groups,

traditionally, women have fewer social and economic options. Social discrimination against women is felt to be more severe in the Terai communities and in the Mid-and Far-Western Development regions in general (Asian Development Bank, 1999). Both of these groups of women's land and property inheritance has been patrilineal, the residence pattern patrifocal, and early marriage is the rule rather than an exception. Culturally, marriage is seen as the most acceptable option for women for gaining access to property and land. That is why when women are not married, such as in cases of divorce or widowhood, they become more vulnerable to poverty. There are several laws for women to provide their right in that situation but the effective use of these laws faces obstacles in the form of social-cultural practices. Women in both cultural groups lag far behind men in access to property, credit, and modern avenues of education, skills development, technology, and knowledge (Asian Development Bank, 1999). The legal status of women is mixed. The 1990 constitution guarantees fundamental rights to all citizens without discrimination, on the basis of ethnicity, cast, religion, or sex, including property inheritance. In the same way, the constitution of 2015 also provides those rights for all citizens but if we see in practice there are no specific laws in Nepal to back up for women rights in practice.

As mentioned previously in this thesis, Nepal is a country that consists of several small rural villages and the majority of the people are living in rural areas. We have a male dominated society, where men play the role of decision-making actors in each sector. Men work outside the house and women work at home and are considered less important to educate (UNDP, 2010). Their labor is not taken into account in the economic sector, and just a few percent of women have access to jobs and other business activities where socio-cultural aspects play a vital role.

Nepal is one of the highest indices of son preference country in the world (Pandey 2011 in Adhikari, 2013). In this practice, boys pass on the family name and support their parent's future economic situation because of a lack of a welfare and social security system from the when they turn old. Also, they carry out the important rituals when their parents die. The women are considered only as a member of her husband's family. Regarding household composition, the majority of communities in Nepal are patriarchal, living in an joint family with a low economic status, where commonly parents live with their children (sons, their wives and unmarried daughters) and grandchildren together in one household under the

authority of one of the members (Adhikari, 2013). The son lives with his parents after marriage, and inheritance is equally distributed only among the sons. Those practice therefore has empowered the men in providing authority over property and disempowered the women making them economically dependent on men (Adhikari, 2013).

### **1.3. Social Care in Nepal**

Social care is one of the most important aspects of modern society. Every nation has their own national policies for care services for their citizens. Basically, such services focus on helping people to live their lives comfortable, particularly those people who need a certain degree of extra help in different circumstances. Further, the services are concerned about maintaining the independence of individuals through practical support. Social care is a wide term, which represents huge areas of care services where the main focus is to provide special services for helping the people in need of it in order to live their life comfortably. Every government has formulated policies for social care service to the different age groups within society. Care service policies are basically focused on people who really need those services to run their everyday life. Seen this way, old people need more care services because of their physical and mental challenges. The elders need all aspects of care services such as social inclusion, economic support, medical health care and assistance for their everyday life activities.

Elder care is becoming one of the major social care issues in Nepal. The number of elders has been rising during the last decades because of improvement in life expectancy rate which in turn has been increased the load for state social care expenditure. According to the CBS (2011) the number people over the age of 60 was 5.2 percent of total population in 1961. In 2011 this had reached 8.1 percent. The rising number of elders in the population has been affecting the social care issues. Old people are more vulnerable and especially women of old age will have several challenges in a male dominated society like rural Nepal. There are huge gender biases in several aspects such as; socio-cultural, economic, health, decision-making and power access (Asian Development Bank,1999). Most of the woman are involved in household activities. They are working more than 14 hours a day but these work does not count in economic aspects because it doesn't show financial gain directly. Socio-cultural practice has treated women as a second-class citizen. They have less power in socio-economic

and decision-making processes (Asian Development Bank, 1999). As a result, elderly women are more vulnerable than the rest of the population.

Nepal ranks 157 out of 189 in the United Nations Human Development Index (HelpAge International, 2014). One male out of four in every household has emigrated from the country. In this situation, more dependency and reliance is placed on the remaining family members, particularly the elders. Most of the young generation have moved to the city or abroad for study and work, which has a huge impact on the traditional joint family system. It has been changing the traditional joint family pattern into the nuclear family pattern, which in turn has affected the care situation of the elders (K. C. (K. C. is surname), 2019). This is because most of the elders are dependent on their family to provide care services. As a result of these changing dynamics, the care situation of elders has become one of the main social care issues.

The Nepalese government has formulated different policies and plans for social care for their citizens during different times. Enlisted here are some important efforts undertaken by the Nepalese government for the care of elders; Senior citizen policy (2002), national plan of action on aging (2005), senior citizen act (2006): to ensure the social, economic and human rights of the elderly citizens, the Senior Citizens Regulations (2008), MoCSW updating National Work Plan (2009), Senior citizens health facilities program implementation guideline (2009). Those steps have had some impact on the care situation of elders, but still those efforts have not contributed sufficiently to improving the social care area.

#### **1.4. Elder Care Practice in Nepal**

The family has traditionally been the main source of support and care for the elderly in Asia (Chan (2012) in K.C., 2019). Basically, in Nepal we have a family based care practice where the family provides all the care and support towards their elders, and as mentioned previously, according to tradition, the youngest son should be responsible to take care of their parents. One of the main reason for this practice is the socio-cultural norms and values which has played a key role for this aspect of social care. People believe that living with their family is fortunate and way to salvation.

There are several government efforts that has been undertaken through policies and plan in different phases of time. We can discuss those efforts in two different time phases; one is before the democracy, which was introduced in 1990 and the other one is after 1990. There

were not that much of an effort from the side of the government for policy making and implementation processes before the introduction of the democratic system (1990). The society and government action relied primarily on the joint family system for the care services of the elders. There were only a few facilities for old people care service. The family was the main responsible unit for taking care of old people. Although we can see some effort from the side of the government such as; government had made some old people care home in different religious places like; Pashupatinath temple, Devghat etc.

After the change in the political system in 1990, there were several changes in socio-cultural practices, literacy, economic activities etc. As a result, more government efforts was directed towards social care for elders. On the other hand, we can see huge changes in family structure during the last decade. The government has undertaken lots of efforts for policies and act to the senior citizens such as the Labor act 1992, which fixes minimum wage and provides for social security for workers in the formal sector. The Civil Act 1992 and Regulations 1994, have provisions related to social protection of government employees. The local self-Governance Act 1999, provides for protection and development of orphaned children, helpless women, the elderly, and people with disability. The Nepal Health Service Act 1997, outlines various social security and health schemes for senior citizens. The National Human Right Commission NHRC (2011) states that respect for elders and protection for the weaker are the two basic human values that all societies have been promoting since the beginning of human civilization. Khanal, (2012) emphasises that the social security and protection of Senior Citizen Act, 2006 was a landmark from a legal point of view, but its implementation was problematic (K.C. (Full name Sandip K. C.) in Academia 2019). So, it will be essential to discuss a bit about this act here.

This act was issued at 24th November 2006 and the main aim of this act was to make provisions immediately on the protection and social security of senior citizens and enhancement of trust, respect and good faith. This was meant to be done by utilizing knowledge, skills, capability and experiences inherent in them which is in itself a mile stone on the legal aspect of senior Citizens (K.C., 2019). It has 32 points as rules and regulations of senior citizen, where senior citizen means people who has cross the age of sixty years. On the other hand, it has categorized senior citizen in two categories; Helpless Senior Citizen and Incapable Senior Citizen for service providing purpose.

This act has suggested to establish a senior citizen fund and explains that it should be established for the protection and social security of senior citizens which may provide allowance or facility. It also categorizes senior citizens as helpless senior citizens and incompetent senior citizens on be prescribed grounds and provides allowance or facility as prescribed which is quite functioning but there is not any provision to the monitoring of this program. This act also deals with the provision of identity cards for senior citizens, but it does not have a clear instruction where and why to use this card (K.C. in Academia 2019).

We have around 70 registered old age homes where only 11 are from government grants, among them Pashupatinath Briddhashram which is the oldest one, established in 1977 where 230 persons can live. Most of the elders are still dependent on their family and society for all types of care services.

### **1.5. The Changing Patterns of Society**

Human society is always changing around the world, which has huge influences on individual and family life. The changing nature of society has been affecting traditional family patterns in rural Nepal. There are several factors that have been affecting those changes such as socio-cultural norms, values, traditions, political situation, globalization, modernization, information technology and level of awareness. People are moving from rural Nepal to big cities and abroad for different purposes. This has affected, and continues to affect, rural family life (The Geriatric Center Nepal, 2010). Most of the young generation has moved out for education, jobs and prospects of a better life, leaving their old parents to live a difficult life, because of the poor provision of public care services.

The majority of the young generation do not want to move back to rural areas. That is why they are making their old parents move to the big city instead, where the prospect of living a good life is different than in rural areas. They are not familiar with city life, they are really missing their quality time in rural agriculture, livestock and other activities. Security and health care is an important factor for moving old parents to big cities. But at the same time, the elders feel that they do not fit in, in this environment. They do not have any suitable activities in the city. As a result, they might feel more lonely and depressed with this closed life.

Modernization is another important factor, which has created distance between elders and the young generation. The majority of the young generation are more focused on individual life because of time and other factors. They prefer nuclear family instead of traditional joint family (K.C., 2019). It has a huge impact on their old parents life because they really want to spend their time with a big joint family. Globalization has been affecting rural socio-cultural practice, which has both positive and negative effects on society. It has changed people's level of awareness and has opened the door for universe. It has changed the social system and the peoples ways of life. Old people want to spend their time according to their previous generation practice but those change has effects on present society and family structure. We dont have good social care policies where family is the main important factors for social care. And the changing pattern of family has huge effect on old people care situation.

### **1.6. Problem Statement**

Nepal is one of the least development countries where we have several pressing social issues. In the present decade, several issues have risen because of changing patterns of society. Every country has their own social care policies for their citizens. In earlier times, different governments have formulated several welfare policies for the Nepalese society. Those policies have contributed to improve the social care situation in Nepal, but it has not paid sufficient attention to improving the situation of the elderly women.

Nepal is one of the Hindu majority nations, where socio-cultural practice has been, and continues to be, influenced by male domination. As a result, most of the policies have been formulated by men which is influenced by the gender aspect. At the same time, socio-cultural practices, awareness and power access in relation to resources also has influenced the social care situation of rural Nepalese women in different ways. Most of the rural women are fully dependent on men. This is especially true for the care of elders, because of the aforementioned family based care practice that prevails in Nepal, where men are in charge family and social life (Gyawali, 2006). The care of elderly women is therefore also fully dependent on them. It has increased the gender based inequality in society.

There are some studies about social care situation of elders but very few have been conducted on the situation elderly women in rural Nepal in particular. So, there exists a great need to study the situation of this group and also suggest improvements in the social care situation, especially from a gender perspective. This paper will therefore attempt to study how rural

women situation as regards to their needs for care when they turn old. In addition, this study will discuss how the gender discrimination affects the situation of women in their elderly age.

### **1.7. Research Objective:**

To explore the caring situation of elderly rural Nepalese women, and address challenges and solutions.

### **1.8. Research Questions:**

This research will aim to find out:

- *What are the challenges of elderly women in regard to elder care in rural Nepal and what obstacles exist to ensure a better situation for these women, understood the perspectives of the social workers in NGOs ?*

### **1.9. Research Methods:**

This research is following the qualitative methods because this is a very useful for studies of complex human situations such as; deep perspectives about a particular issue, behaviors and values of a particular cultural group (Leedy &Ormrod, 2010). In order to understand the situation of rural elderly women, their socio-cultural practices and its impact on the caring situation, this method will be applied. Qualitative methods are effective when seeking answers to questions by examining various social settings and the individuals who inhabit these settings (Berg, 2007). In the rural context of Nepal, it is essential to examine the position of the elderly women in their society in order to find the root causes behind the elder care issues. This research will conduct five in-depth interviews with local NGO representatives, who have been working for elderly women and elder care in rural Nepal.

### **1.10. Significance of the Study**

The focus of this research is on the present social care situation of elders in Nepal and in particular elderly women. This is seen as significant in rising awareness around several social



care issues concerning elderly women in rural areas, and the research will aim to support the formulation of effective policies to improve these issues.

The traditional family patterns have been changing for a while and continues to do so. There are several factors that have affected those changes such as; socio-cultural norms and traditions, the economic situation, globalization and modernisation. In that situation, this research is really effective to understand how these internal and external factors has been affecting to change the social system and people's ways of living life.

At the theoretical level, the study findings and analysis can contribute to how social care policies have to be implemented in order to achieve outcomes that are based on equality perspectives, especially in developing countries; like Nepal where the gender bias is extremely high. This is really useful in order to improve the care situation of both men and women.

This research can be useful for policy makers because it raises important issues about elderly women social care and aims at improving the elder care situation of the nation. It shows how different socio-cultural practices and changes have been affecting the elder care system of the society.

The study was conducted as a part of the assignment of the research for a partial fulfilment of the requirements for Master's of social science in social work as a comparative perspective of the Nord University in Bodø, Norway. I hope, it will be useful to generate and produce new knowledge.

### **1.11. Outline of the Thesis**

This study is organized into six chapters. **Chapter one** serves introduction, background of rural Nepal, women in socio-cultural practice in Nepalese society, social care in Nepal, elder care practice in Nepal, the changing pattern of society, problem statement, research objective, research questions, methods, the significance of the study and outline of thesis. **Chapter two** presents a literature review where the chapter is organized in different sub topics such as; research on elder care in Nepalese perspective, South Asian perspectives, research about gender and elder care from Nepalese perspective, research about gender and elder care from international Perspective, and from policies perspective. **Chapter three** presents the theoretical framework where the paper is describing five main theories which is applied in

elderly women care scenarios; the general system perspective, modern critical perspective: anti-oppressive practice, strengths perspective, social construction theory, intersectionality perspective. **Chapter four** clarifies about research design, research methods, profile of research area and my role as a researcher, sampling, primary data as a main source of data, tools of data collection; in depth interview, secondary, brief presentation of the participants, interview process, data analysis, limitation and ethical challenges. **Chapter five** has organized data analysis where research presentation of data and analysis on the basis for different social work theories. The empirical data has presented on four main categories; elderly women care situation from a personal, family, social and policy aspect. In addition, it discussion on empirical data on base of the different theories is undertaken. And in the end, **Chapter six** presents conclusive remarks of the research.

## **Chapter Two: Literature Review**

This chapter presents literature addressing the issues related to elder care and gender practice in a rural Nepalese context. In addition, some other literature about elder care and gender practice in an international perspective as well as policies perspectives. The main point of departure is an understanding of the subject in a Nepalese socio-cultural context. Elder care and gender practice is reviewed.

### **2.1. Research on Elder Care in Nepalese Perspective**

Several studies have been undertaken concerning the elderly population and their care situation. Among them K. C. (2019) has undertaken a study about senior citizens in Nepal where he revealed some interesting findings about care practices in Nepal. According to him, the family has traditionally been the main source of support for the elderly in Nepal, where one of the main reason for this practice is their social norms and values, which has played a key role for social care practice. People believe living with their family is fortunate and way to achieve salvation. In addition, he has added, the socio-cultural practice has made individuals more dependent on the family in terms of care because of poor governance mechanisms and policies for old care and other social care facilities. He argues that socio-cultural beliefs and practices has a huge influence on social care concerning the elders.

The Geriatric Center Nepal (2010) has done one study about elderly people (60+) in Nepal on health, nutrition and social status where the report has found that elder care problems have arised in rural Nepal. The majority of elders live with their families. But these days, those practices have changed because of the outward migration of young males for jobs, study and other reasons. Where old parents are cared for by the wider family networks of those who are living close by. Those migrant people maintain their ties to their parents by sending remittances back to Nepal, to ensure that their elder parents will be cared for properly. Living without family support has affected a great number of elderly parents. As a result, isolation is becoming a reality for many of the elders and particularly for women in a culture that is still dominated by patriarchy, where women are dependent on male family members like their husband, sons or elder male members of the family for economic, social and decision making. In addition, this report has found that people are migrating from rural to urban areas and in many cases other countries. There exist different reasons for this migration; one is that younger family members migrate to search better education, employment opportunities and

health care facilities for their future family life. Another one is the past Maoist civil war was an important factor for moving young people and their families to urban areas. During that migration process, elders were left behind in villages and their life became more vulnerable. The NEPAN (2008) report notes that most Nepalese enter old age after a lifetime of poverty and deprivation, poor access to health care and a diet that is usually inadequate in quality and quantity.

Chalise and Brightman (2006) has argued in their study that the majority (54%) of old women are involved in household duties and agricultural tasks. They are often amongst the most neglected groups in Nepalese society in terms of policy and socio-cultural practices and calls have been made for more legislation, research and service provision to reduce the neglect in this area (Chalise and Brightman in Geriatric Centre Nepal, 2010).

K. C. (2019) has found in his report that the changing nature of society is another important factor which has created distance between the elders and the younger generation. Majority of the younger generation is more focused on individual life in a small community. They prefer nuclear family instead of traditional joint family, which has a huge impact on the tradition of elder care practice in rural Nepal. Ghimire et al., (2018) also point out in their research that the changing pattern of family has affected the lives of elders. Especially from a care and support aspect, the majority of rural adults has migrated to big cities or abroad for different reasons which has directly affected the care situation of elderly parents. The joint family structure and strong family support may have played a significant role in the care of the elderly parents, despite the migration of some family members. However, from a policy perspective, it should be understood that these observations may be transient since the family structure of Nepalese society is rapidly changing.

## **2.2. Research on Elder Care in a South Asian Perspective**

Bailey, Sattar and Akhtar (2018) have undertaken research on older South Asian women sharing their perceptions of health and social care services and support. Their study has shown that most of the women who is living with mobility and health challenges require them to change and adapt. They have added that language and literacy might be barriers to the

building of confidential professional relationships with primary care professionals. The women emphasised needing a 'little bit of help' in the home, that is affordable, culturally appropriate and on their terms. Those women stressed that such help would make them less reliant on busy family members and restore status, purpose, and standing.

Banu (2016) has undertaken the research; human development, disparity and vulnerability: Women in South Asia. Her study has found that social and cultural norms in South Asia put women in a vulnerable situation throughout their lives, and thus by the time they become elderly, higher life expectancy is often challenged from the perspective of quality of life and well-being, including in terms of right to enjoy a life with honour and dignity, happiness and a sense of worth. In general, Banu has argued that certain social norms and cultural practices are detrimental to women's health.

In addition, Fikree and Pasha (2004) have studied the role of gender in Health Disparity: South Asian Context where their study shows that Asian women experience greater ill health and a loss of activities of daily living as they age. Women are also more vulnerable because they are likely to be illiterate, unemployed, widowed, and dependent on others. The combination of perceived ill health and lack of care support mechanisms contributes to a poor quality of life of elder women.

ADB (1999) has published; One Country Briefing Paper: Women in Nepal, where the report has mentioned that there are several emerging issues concerning women such as female trafficking and the feminization of agriculture in South Asia. Especially in the health sector, the general immunization, health, and nutrition situation of women in Nepal is still acute, particularly in rural areas. Nepalese women remain at the lower end of the scale in South Asia in terms of the human development index and the gender development index (Asian Development Bank, 1999).

### **2.3. Research about Gender and Elder Care From Nepalese Perspective**

Gyawali (2006) has found in his research that the prevailing socio-cultural norms and values have made Nepal a patriarchal country. The patriarchal authoritarian family structure has been common in Nepal, where men are considered superior to female, dominating every aspect of

their personal, social and domestic life, where most of the Nepalese women are socially and economically dependent on the authority of men.

Yadev (2012) has studied about Ageing Population in Nepal: Challenges and Management, where his study has shown elderly issues should be viewed from a gender perspective because there exist huge discrimination when it comes to the male and female care situation in their old age. Elder care is becoming one of the major social issues during this decade because of the aging population and changing patterns of society. He adds, male elderly comparatively enjoy a better status than female, but nevertheless they also face suffering being not provided with support and care. We have a culture where the family is the main responsible factor for care and support services to their elderly parents and government efforts is less visible in policies and action in the care service and support for senior citizens care (Yadev, 2012).

Pandey (2011) has argued in his study, Nepal has one of the highest indices of son preference in the world. Boys pass on the family name and support their parents future economy because of the lack of a welfare and social security system from the state in their old age. Adhikari (2013) has mentioned in her study that basically, the traditional socio-cultural practices has empowered the men, providing authority over property and disempowered the women, making them economically dependent on men. On the other hand, Raikhola (2014 ) found in his research that the care of the elderly is concerned with every aspect of the aging process, including the importance of family support and role reversal when the adult child takes on the responsibility of making the choices for an aging parent. In addition, Raikhola (2014) adds that the formal support system should be strengthened in order to meet the care of the elderly people within the family/home and also in the community. It is not just a family responsibility but also a supportive role of the state as whole to provide care service without any gender bias.

Asian Development Bank (1999) has done research on Nepalese women where the research has found that women have limited control over fertility, combined with the unavailability and poor quality service of health facilities. As a result, they have several health issues from early age. When they reach old age, they are more vulnerable. In addition, the report has

maintained that traditionally, women have fewer social and economic options in Nepal. Where social discrimination against women is felt to be more severe in the Terai communities and in the Mid-and Far-Western Development regions in general. Women's land and property inheritance has been patrilineal, the residence pattern patrifocal, and early marriage the rule rather than an exception. Women lag far behind men in access to property, credit, and modern avenues of education, skills development, technology, and knowledge (ADB, 1999).

United Nations Development Programme, (2010) has done one study about Women and empowerment where the findings have showed that Nepal is a male dominated society, and men play the role as decision-making actors in each sector. Women are mainly responsible of making food, taking care of the family and livestock as one their main responsibilities. Men work outside the house and women work at home and are considered less important to educate. Their labour is not taken into account in the economic sector, and just a few percent of women have access to jobs and other business activities. Hence, socio- cultural aspects play a vital role for equality, which again play a vital role for social care policies and practices.

Sociologist Burkitt (2008) has studied social care from a gender perspective. His study shows that gender discrimination is still one of the important global issues, especially in developing countries. It is not only affecting the human civilization and present world economy, but also each step to come in the future with the new generation. He is arguing that people should be treated not as things, as means, but as a person with absolute rights and duties. Pandey (2011) also adds that females are treated as a thing and as a means rather than a person in Nepalese society because gender inequality starts here in the womb and remains up to the tomb. Not only the uneducated and jobless women, but also highly educated and professionals are abused due to their gender (Pandey in Adhikari, 2013).

Regmi (2019) has studied the Socio-Economic and Cultural Aspects of Ageing in Nepal. His study has found interesting issues concerning gender practices. He mentions that girls are disciplined to care for the old because when they get married and are observed in their husband's household, one duty that they have to perform is to take care of the needs of the old

father-in-law and mother-in-law. If a women shows any disrespect to her father-in-law or mother-in-law, her husband, other members of his household and even neighbors will not excuse her in the Nepali society. Those practices have a huge impact on the women care situation when they are getting old.

Adhikari (2013) has found in her study that women are discriminated from their birth, firstly by their own parents and then by her husband and his kin after marriage. They are facing legal discrimination in different fundamental rights. There is still discrimination in political and decision-making bodies, education access, economic and health access. Gender is the main motive factors for all those discrimination in Nepal. In addition, Poudel (2007) has mentioned in his study it is the main reason for gender based violence and around 38 percent of women are experiencing such type of violence in Nepal. But, mostly it goes unreported. In general, almost all the Nepalese women have been facing gender-based violence once, during their lifetime. It is really a great challenge for women to improve their situation because they have to cross the male dominated culture and gender related stigmas and stereotypes (Poudel, 2007).

The ADB (1999) report has argued that gender insensitivity of educational materials, teaching procedures, and the whole educational system is a pressing issue. As a result, it has affected the life of women in several ways. Especially in their old age, the care service is directly affected by the present education practice. Reports have mentioned that the majority of Nepalese women have engaged in household and agricultural activities. Around 40 percent of Nepalese women is economically active whereas most of them are working as unpaid family workers in subsistence agriculture with low technology and primitive farming practices. Their working conditions are poor and trade union activism is low. These issues are aggravated by a lack of gender-disaggregated data on employment and wages. In addition, there exists a lack of laws on sexual exploitation in the workplace, which is discriminating against women in economic activities. Parential property rights are also not fair in Nepalese social- cultural practice where male are more benefited women has less access in parintial property. As a result, they are economically dependent with male. These social attitude towards womens low socio-economic status in general. And, its has made women fully dependent with male for their economic necessity, which has been affecting women in their old age specially for their care service (ADB, 1999).



In general, the ADB (1999) study has found that gender disparity in educational, health, economic and decision making areas are still increasing, with more and more men getting access to modern avenues of education, health care facilities, economic and decision making power, leaving women far behind. It has huge effects on women care situation in their old age because it has increased their dependency on male for Nepalese women.

#### **2.4. Research about Gender and Elder Care From an International Perspective**

WHO (2017) has undertaken a research about women, ageing and health. The research is arguing that policies and practices that support health and active ageing for all should benefit women as well as men. Hence, it is critical to understand and act on the gendered dimensions of ageing. Many elderly women continue to face inequalities related to health, security and participation. Often, they face situations of stereotyping and misconceptions that portray them as a burden or as invisible. Zhan and Rhonda (2003) have studied gender and elder care in China. Their study shows that the patterns of familial caregiving for elders in China has not varied significantly, despite dramatic demographic, economic, and political changes during the past 2000 years, particularly in the last century. Children were raised for the security of people of old age. Sons in particular, were important for passing on the family name, continuing ancestor worship, and providing physical and financial care for their parents.

Sobieszczyk, Knodel and Chayovan (2002) have done one research on gender and well-being among the elderly in Thailand. Evidence from Thailand shows that elderly Thai women do face certain disadvantages in comparison to their male counterparts, including lower education and literacy, far greater chances of experiencing widowhood and living alone and lower likelihood of receiving formal retirement benefits. In addition, their analysis provides some support for a life course perspective that relates gender differences in old age to differences in earlier life experiences, roles, and reward structures, particularly in terms of access to retirement pensions and the type of support elderly men and women provide to their co-resident children. The analysis highlights the importance of marital status and age distinction, which often mediate gender differences in elderly well-being. Fikree and Pasha (2004) have found in their study that gender practice plays an important role for the health of

women in south Asia. They added that gender discrimination at each stage of the female life cycle contributes to health disparity, sex selective abortions and neglect of girl children, reproductive mortality and poor access to health care for women. As a result of this, their situation may become more vulnerable when they enter their elder age. Policy makers, program managers, health professionals and human rights workers in south Asia need to be aware of and responsive to the detrimental health effects that gender plays throughout the life cycle.

## **2.5. Elder Care from a Policies Perspective**

Sandeep (2019) has undertaken a study on policies related to senior citizens in Nepal, where he found that the traditional sense of duty and obligation of the younger generation towards their elder generation is being eroded. The older generation is caught between the decline in traditional values on one hand and the absence of an adequate social security system on the other.

Yadev (2012) has addressed, the transitions in relation to social status, economic motive and family attitude, norms and values and transformation from joint to nuclear family structure have also challenged its properly rearing and caring. Coherent and effective policy and program measures are required to combat the issues of the care of the elders as well as welfare for all in Nepal. Recent events such as the EU Designated Year of Active Ageing (2012) worked as a reminder for governments of the pressing need to consider ageing populations as a social issue and it stressed the need to support policies to develop social work skills relevant to elder care.

Khanal, Chalise and Rai (2018) have done a study on Children's Migration and Its Effect on Elderly People, where they found that children are seen as the leaning stick (support) for people of old age. Nepalese elders find their life miserable after the emigration of the children. Major problem encountered by elderly in the absence of their children were lack of people for their care together with the lack of physical and emotional support. Due to the increasing trend of youth out-migration without any proper government initiatives to manage elderly care, the life of those elderly parents seems to become distressing, leading them to old age homes as the only option available for support and care. A more in-depth study and problem-solving initiation should be brought about by the government and other agencies

through policy interventions like social welfare measures, elderly care programs etc. in order for elderly parents to live happier lives (Khanal et al., 2018)

Parker, Nikku and Khatri (2014) have undertaken a study on social policy, social work and age care in Nepal where they stress that world population has been increasing every year and ageing is becoming a global issue. The increase in life expectancy is a real testimony to human development and improvements in population health and welfare. However, it also presents many challenges for governments and health and social care workers alike (Powell and Cook 2007, Higo & Williamson 2011 in Parker et al., 2014). Khatri (2011) has studied about Gender Mainstreaming and Maternal Mortality in Nepal Education and Development. His study shows there are huge improvements in life expectancy in Nepal. These improvements are largely related to reduction in birth rates and increasing access to education, family planning and obstetric health care (Khatri 2011). In addition, he argues in his study, that the modern medical science has played a vital role for ageing populations. An increase in numbers of old people means increasing social care expenditure for every government, where proper policies and plans are essential for better management of the care situation of the elderly people (Khatri 2011; UNFPA, 2008).

Most of the research has shown that elder care is becoming an important social issue where family, society, government and related organizations has to put more effort into resolving these issues. Existing research has demonstrated that socio-cultural practices, gender, class, religion and the changing nature of society are all central in understanding the care situation for elderly women in Nepal. Gender issues have become the most important issues which we already had discussion in Nepalese and International socio-cultural practice, And, how it has been affecting in different socio-cultural practices and people everyday life. So, it is great essential to see the old women care situation from this aspect that's why this research is going to look elder care issues from gender aspect. There are very few research has done from these aspects, where it is really important to see the elder care situation from this aspect especially male dominate developing country like Nepal.

There are many literatures available on present scenario, trends, impacts, welfare and management of elder care in Nepalese perspective. Which has been rising, elder care is not only an economic issue but also a social, cultural and political issue of the country. Most of the elders are fighting the losing battle of survival. They are not getting proper care service in

their old age. The government and other concerned agencies should conduct a compressive survey covering all aspects of old population: size, age structure, expertise, care situation and area of interest to formulate police regarding elderly women. Those institution need to work together to create awareness among communities and to make productive use of elderly women so that the elderly generation can live their rest of life with dignity.

## **Chapter Three: Adopt Theories**

This research has applied the following social work theories for the scenario of elder women care in a Nepalese perspective.

### **3.1. The General System Perspective**

System theory is used to emphasize the role of the systems in contributing to individual and community well-being, and also provides multiple ways to understand the relationship between individuals and the environment. It is the interdisciplinary study of complex systems where it develops a holistic view of individuals within an environment and it is best applied to situations where several systems closely connect and influence one another (Healy, 2014). This theory does not only focus on the individual, it tries to connect the individual with the environment. In addition, it links the individual, the society, social norms and the social environment. According to Tropeano (2015) reference systems theory explains human behavior as the influences of multiple interrelated systems. Understanding individual issues inherently involves issues of families, organizations, societies and other systems. These issues must be considered when attempting to understand and assist the individual. All systems are interrelated parts constituting an ordered whole and each sub-system influences other parts of the whole.

According to the Healy (2014) there are three different main waves of system theories; general system theory, ecosystems perspective and complex system theories. Among them general system theory is against the individualistic focus evidence where social workers focused on identifying states of 'entropy' and working towards achieving a state, or balance between the individual and their social system, specially their family system. The ecosystems perspective encourages social workers to recognize that problems arise because of a poor fit between a person's environment and his or her needs, capacities rights and aspirations. Lack of this between a person and their environment can occur for many reasons including anticipated life transitions such as retirement as well as chronic environmental stress, such as poverty (Healy, 2014). The last one, complex system theories hold the behavior of the whole system than the sum of its parts. Complex system ideas enrich, rather than replace, existing ideas about system theories in social work.

System theory provides the interdisciplinary study of complex systems, which assist the researcher to identify, define and address problems in social systems. It develops a holistic view of individuals within an environment and is best applied to situations where several systems closely connect and influence one another (Healy, 2014). That is why it can be a useful tool for this research where we can see elderly women in their own environment and how several systems closely connect and influence one another for elder women care services.

A useful analogy when looking at system theory is the human body, where each body part and organ has a different function. A rural society has different institutions, sub-systems, economic characteristics, education systems and organization. All of these have different functions. As with the body, every different organ have their specific function to keep the body healthy. If one small organ is not functioning, then the whole body will be sick. In society, small institutions have different functions and making them function properly can make equilibrium. If one branch has some problems it can affect whole society. In the same way, it is really essential that sub-systems in rural communities work properly to make equality in society. The system perspective provides a unifying conceptual foundation to understand and respond to the need of people in their own environment, which is useful for social work profession (Healy, 2005). Social researchers need to understand the socio-cultural environment of rural elderly women and that norms and values from different perspectives have been connecting each other and influencing the women care situation. In this research, system theories provide useful foundation for this understanding.

### **3.2. Modern Critical Perspective: Anti-Oppressive Practice**

Anti-oppressive practices focus on the provision of appropriate services by analysing and understanding peoples' needs regardless of their social status. According to Healy (2014) this practice draws on sociological discourses, especially critical social science ideas, and concepts from the consumer rights movement and strives to construct an understanding of client needs and appropriate responses to these needs. As Mitchell (1995) urges, women are oppressed by men, children and old people by adults, disabled people by able people and so on. In this regard, anti-oppressive theories make practitioners aware about the social divisions

that affect peoples' lives (Mitchell in Healy 2014). In addition, Healy (2014) adds that the anti-oppressive approach highlights the structural context of the problems of service users, and urges social workers to facilitate the critical consciousness of service users and collective responses to the causes of the problems they may face. The focus of these theories is to maintain social justice in society because there is always power disbalance in every society with respect to gender, class, disabilities and status.

There exists several layers of oppression. Personal, cultural and structural processes play a determining role in the life of people. Healy (2015) describes some key principles to deal with the different social issues such as; critical reflection on self-practice, critical assessment of service users, experiences of oppression, empowering service users, working in partnership and minimal intervention.

Bossmann (1994) has stressed that a rural society that sets women in a secondary position to men, oppresses women whether or not the women involved recognize this oppression or attempt to do anything about it or not. In this case, researchers can emphasise a structural analysis of the rural scenario, which should be focused on large structural reform (Healy, 2005). This is mediated by the recognition of the personal and cultural dimensions of oppression. The care of elderly women is a very common issue in rural society and anti-oppressive practices can be very effective because it supports multidimensional analysis. It is essential to understand personal, cultural and structural dimensions of service users in order to bring about professionalism to the field of social research (Healy, 2005). In other words, the anti-oppression concept is all about developing conceptual clarity in order to recognize the oppression that exists in our society and it attempts to mitigate its affects and eventually equalize the power imbalance in our communities. Basically, certain groups and communities in society hold power over women in the name of religion, cast, culture, social custom and tradition. This has huge effects on the care situation of elderly women.

### **3.3. Strengths Perspective**

This theory is widely applied in the field of social work and it emphasises on respect and the self-determination of service users. According to Healy (2014), the strengths perspective emphasizes optimism and creativity, and in so doing, offers an alternative to increasingly

defensive and risk-averse practices. This theory gives importance to personal ability and potential to achieve a better life of the service users by utilizing individual strengths rather than concentrating on personal pathology. It is essential to recognize service users and the capacity and potential of service workers in order to achieve significant improvements in quality of service user lives (Healy, 2005). According to Reynolds (1951), a recognition of what a client has to work with, in himself, is a better starting point than an attempt to make him accept his failure. Building him up as a person makes him more ready, rather less so, to go on to further growth and accomplishment (Reynolds in Healy, 2014).

This theory is mainly focused on the recognition of personal strengths and the promotion and utilization of personal capability as a main asset. Healy (2014) has described some key assumptions of this theory; all people have strengths, capacities and resources, people usually demonstrate resilience, rather than pathology, service users have the capacity to determine what is the best for them and collaborative partnership helps to build service users capacities. If we see those assumptions in the context of the care situation of elderly women we can find the potential and capacities of service users, which can determine what is best for them. In addition, it can develop collaborative partnerships with family members, government bodies and other institutions for the betterment of old women care situation through improving their capacities.

### **3.4. Intersectionality Perspective**

This theory was firstly coined by Crenshaw in 1989, and the idea was reintroduced by the sociologist Collions in 1990 (Crenshaw, 1989). This perspective has analyzed men and women as heterogeneous across and within the female and male categories. That is why it is an idea that is used in critical theories, to understand how oppressive institutions (caste, class, religion, ethnicity and gender) are inter-connected and cannot be examined separately from one another that power and oppression rest upon. The intersectionality concept is specifically used to address the experiences of people who are subjected to multiple forms of subordination within society, where it claims that is gender is a primary factor determining a women's fate (Bhattarai, 2014)



This study has used intersectionality theory as a way of framing the various interactions of cast, class, gender and religion in the content of gender inequality in an elder care situation. Research that has focused on the intersection of these factors, highlights the need to account for multiple grounds of identity in considering how gender inequality impacts on elder care. This research issue is closely related with the concept of feminism, where gender is important fact (Crenshaw, 1989). This thesis will discuss this in the context of socio-cultural practice in Nepal. In addition, this theory has proven really effective to understand how socio-cultural and economic factors including ethnicity, class, religion and cast interrelate together to result social inequality.

This research has used intersectionality perspective as part of the theoretical framework because it presents the various ways in which race, gender, class and religion intersect to shape the multiple dimensions of elder women care experience intending to provide an understanding of how these dimensions, including socio-cultural and eco-structural factors interplay multiply to cause gender inequality and how this inequality is influencing women elder care situation (Crenshaw, 1991). The intersections of cast, gender, class and religion give an understanding on multiple grounds of inequality, considering how gender is constituted in rural Nepal and how it has been affecting women care in their old age.

### **3.5. Social Construction Theory**

This theory is applied in this research to discuss how self-concept is constructed through social-cultural interaction. According to Berger and Luckmann (1966) this theory supports to seek answers to the question of who people are and who they consider themselves to be, which could be effective in exploring the understanding and perception of rural elderly women of their self as formed in social relations and social activities. This theory is effective to understand the construction of the self-image as a social process, because human reality is socially constructed (Berger and Luckmann, 1966). It is essential to understand how the person fit their self in internal and external aspects in between person and society. According to Giddens (1991) the identity is both a personal self-definition and also a definition in relation to the world outside, where culture and identity goes together in a dialectical inter-play and identity becomes a product of relations. If we see these aspects in this research perspective men are ascribed socio-culturally, religiously and economically higher value than women in

rural Nepal. This implies that a man enjoys a privileged status from birth whereas a woman is often ignored or isolated from the social interactions. Women are not granted the same opportunities in areas such as education, health care and other basic rights. Women have to leave their home after marriage and live their whole life with their husband's family and men can live with their parents and own home throughout their lives. Therefore culture and identity work in an intersection and the identity becomes a product of social relations. These theoretical understandings play a vital role to understand the situation of elderly women from different socio-cultural perspective in rural Nepal and how socio-culture has affected several aspects of everyday life of women, especially for their care situation in old age.

Social position and identity are attached to one's social status that individuals hold in a social hierarchy which can be earned either by their achievements or this can be placed in the socialization by their inherited position which can be fixed for a person at birth as gender or class (Adhikari, 2013). Every society is providing different roles to each individual according to their sex, age, race, ethnicity, family background and how they are positioned in the family. A person cannot choose their own social identity, they are more dependent on the acceptance of others. In the Nepalese context, women are not accepted on the grounds of how they think about themselves by their parents and society. Their position and identity is reduced to that as a mother, wife or daughter and this inflicts on how they are treated in family and in social interactions. That is why this theory is helpful to understand and discuss about the perspective of rural elderly women; their perceptions and their attitude in constructing their self-identity and considerations of their value in family and society, and how it has been affecting the care situation in their old age.

## **Chapter Four: Research Design and Methodical Approach**

### **4.1. Research Design**

Research design is a plan of integrated statement and justification of the technical decisions involved in a research project (Blaikie, 2010). It is the process of making all decisions related to a project before the activities to achieve output from the research. According to the Blaikie (2010), research design is a technical document, which is developed by one or more researchers for using as a guide or plan for conducting the research project. It is not just a work plan but also used as an abstract tool to complete the research. According to Frankfort-Nachmias et al. (1996), it is a program that guides the investigator as he or she collects data and interprets observations. The function of a research design is to ensure that the evidence acquired, enables us to answer the initial question as unambiguously as possible. Obtaining the relevant evidence entails specifying the type of evidence needed to answer the research question, to test a theory, to evaluate a program or to accurately describe some phenomenon (Battarai, 2014).

I have chosen qualitative methods for this research, which deals with meanings through the experience of rural elderly women regarding their needs and challenges in connection to elder care from a professional perspective. This has implications for analysis, because the way we analyse meaning is through conceptualization about qualitative data. I have used in-depth interview as a tool of data collection where in-depth interaction with respondents is the key source of data. This research has focused on NGO representatives and their experiences with the elder care situation in rural Nepal.

### **4.2. Research Methods: Why Qualitative?**

Qualitative method is grounded in a philosophical position and how the social world is interpreted, understood and experienced are central issues. In this research, I have applied Qualitative methods, with in-depth interviews in order to analyse the situation of elderly women care from a professional aspect because it is a useful method for the studies of complex human situations such as; peoples in-depth perspectives about a particular issue and the behaviors and values of a particular cultural group (Leedy & Ormrod, 2010). This method is effective when seeking to answer a questions by examining various social settings and the individuals who inhabit these settings (Berg, 2007). It is useful to find out how rural Nepal

socio-cultural practice has affected the elderly women care situation. In the same way, according to the Silverman (2001), qualitative methods are suitable to explore people's lives, histories and everyday behavior. In that situation, this is a useful study method to find out the elderly women care situation in regard to elderly women needs and challenges from a professional perspective. The purpose of this study is to explore the elderly women care situation from a professional perspective in different aspects; personal, family, social and policies.

Berg (2012), defines qualitative methods as the meanings, concepts, definitions, characteristics, metaphors, symbols and description of things. In addition, he adds that the meanings that we give to events and things come from their qualities; therefore qualitative research is necessary when one wants to understand the lives of people. It is an effective tool because of its ability to explore the people's real world directly in their own scenario. It studies the human behavior, attitudes and experiences in particular times and describes how people organize their world and produce meaning in their life. In this study there is a clear indication of why I am using qualitative research because my focus is on capturing the opinions and experiences of NGOs representatives about the care situation of elderly women in rural Nepal. These organisations have been working with elderly people and their care service from long time and that is why it is interesting to include their perspectives on the elder care situation. I have used in-depth interview as a tool to get closer to my interviewees and collect the empirical data from an in-depth perspective about opinion and experience related to the care situation of elderly old women in rural Nepal.

#### **4.3. Profile of Research Area and My Role as a Researcher**

This research was conducted in Kavreplanchok district. It is one of the mid hills districts of Nepal which is situated in the Bagmati Zone. This district is one of the closest district from the capital Katmandu but if we see from a development aspect, it is one of the less developed districts, where huge areas is covered by high hills and small mountains and the majority of the people are living in rural areas. It is located in 85° 24'' eastern longitude and 27° 85'' north longitude. The Kavreplanchok district is surrounded by Ramechhap and Dolakha in the eastern part, Kathmandu, Lalitpur and Bhaktapur in the west, Sindhupalchowk in the North, Makwanpur and Sindhuli in the south. This district covers 140,486 hectare of land and the elevation range is between 318m to 3018m. According to the population census 2001, the total population of the district is 386,267. Population growth rate is 1.72 percent and 51.01 percent is female, and 48.99 percent is male. From the total population, 93 percent live in the

rural areas, and they depend on subsistence agriculture for their livelihood, although they remain living in urban areas. Tamang, Brahmin, Newar, Chhetri are the main caste groups in this district. Comprising 34.27, 22.65, 14.21 and 13.7 percent respectively. Out of them 61.7 percent are Hindu and 38.2 percent are Buddhist (District Profile DDO, 2002). The total number of households was 70,506 with an average household size of 5.47 person. In this district, 64 percent of the people (above the age of 6 years) are literate. Among them, male literacy comprises 75.5 percent and female literacy comprises 52.8 percent.

This study is mainly focused on the local NGO representatives who have been working for elderly people and their care in Kavreplanchok district. Among them, three of these NGOs have been working for elderly women and community health care (elderly women social inclusion, providing some basic health care service for elders through different health camps in rural areas, creating health care awareness in rural communities, maternal health care, etc.). And, the other two are working for elder care with the cooperation of local care centers. They are facilitating the care centers with financial support, providing counselling to the elders who are living in care homes, providing the basic necessary things for elders in their day-to-day life. Most of the NGOs are working for the group of elders that are over 60 years of age. This research is focusing on women who has been living their old life after 70 years. I have chosen Kavreplanchok district because I have some knowledge about it since I originally come from this district. This has given me some advantage because I could understand the socio-cultural practices of the local people, language and geographical setting in comparison to other districts. In addition, I have been working with the District Development Office before I decided to move to Norway to study. During my past working time with district development office, I had some contact with different NGOs and INGOs who has been working for development, social care and different social issues. I have found some of the respondents with the help of some of my past co-workers and some of them I have contacted online.

I had a bit of difficulty in finding my respondents in the start. They were not convinced about my study purpose and they were quite busy. In addition, there was nothing to benefit from this interview from their side. I had to use some more efforts to convince them for interview. Finally I managed it.

#### **4.4. Sampling**

There are different ways to data selection sources; some researchers collect data from the whole population and some of them are only focused on certain numbers. The logic of using a sample of subjects is to make inference about some larger population from a smaller one

(Berg, 2012). It is useful for this research because Kavrepalanchok District is a very large district where lots of NGOs have been working in the area of elder care. That is why the selection of respondents is an important task for this study, where I have used non-probability sampling because it is offering the benefits of not requiring a list of all possible elements in a full population and the ability to access (Berg, 2012).

This research has used purposive sampling to select local NGOs representative members for in-depth interviews. It is one of the main tools of qualitative research, which embraces respondents directly to the issue of analysis (Bryman 2008:375). Purposive sampling is under the category of non-probability sampling where respondents are selected based on their assumed thematic appropriateness (Bryman 2008:458). Researchers make some criteria and recruit the informants that fit the criteria or pre-determined characteristics of the sample population. The aim of this sampling is to choose informants who provide the best suitable data for answering a specific research question. On the other hand, respondents are not randomly selected in this sampling method, which is effective to select the respondents for this study. There are more than hundred NGOs working in different social areas in Kavre district. Among them several NGOs are working for women and elderly people. They have different work areas and purposes. It is difficult to select NGOs and their representatives randomly because all those representatives cannot be the best suitable data source for research purpose. This study has used purposive sampling to select the best suitable informants from five NGOs representatives, which are the main sources for the empirical data. They have special knowledge or expertise about the elder care situation in rural Nepal, which has fitted the criteria or pre-determined characteristics of the sample population, to see the elder care situation from professional perspective. I have recruited all the respondents on the basis of my past work experiences in Kavre District Development Committee (KDDC) and with the help of my past co-worker friends. Like I already said, I was working with KDDC before, where most of the NGOs need to coordinate to run their activities in that district. I had some knowledge about those NGOs and their work areas from my past work experience, which was useful to select respondents. In addition, one of my past work friend has helped me during the process of selecting informants. I recruited five respondents because I considered that this was enough to address the study issues. This could be generalized to a larger population because they have extensive professional work experience in women and elder care areas.

#### **4.5. Primary Data as a Main Source of Data**

This research has followed the qualitative methods tools; interview to collect primary data which is main source of data for this study. It has used primary data because there does not exist much secondary data recorded about elderly women care in rural Nepal. Primary data is useful for this research because it serves to fulfil the objectives of the study. It is of great benefit to talk to the people and listen to their voices when it comes to this kind of research. There are five in-depth interviews with NGO representatives, which is the main source of data for this research. They have long work experiences with elderly people and know the elder care practices. This study has used interview questionnaire about research issues where open-ended, secure and deep conversation between me and my respondents are the key source of data.

#### **4.6. Tools of Data Collection**

There are different tools for data collection in qualitative research such as, individual interviews, focus group discussion, participation observation etc. where the interview is a key source for data collection in this research. Interview is useful for asking questions according to the own needs of research, which is effective for concrete learning (Leedy & Ormrod, 2010). It will always provide the space for negotiation and clarification upon research issues. The researcher can get a deeper knowledge about the research matter, which is essential for productive output from research. According to the Leedy & Ormrod (2010), interview is always an effective tool to get the facts, beliefs, experiences, attitudes and reasoning for certain actions from the respondents. There are several types of interviews among them, in-depth interview is one of the important methods of qualitative research. It is a technique of qualitative research that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, issue or situation (Boyce & Neale, 2006). The researcher can ask open-ended questions and ensure a secure and deep conversation with participants to explore the researched issue from the participants perspectives. Which is very productive to get insight about individual thoughts and behaviors upon research issues. This study has followed in-depth interview methods, in order to explore the care situation of rural elderly women in regard to their needs and challenges from a professional perspective.

Interview is a way that seeks to come as close as possible to providing a mirror reflection of the reality that exists in the social world, where the researcher always has a goal to create a pure interview. I found interview is one of the most important tools to show the real reflection

about the experience of people and expectations upon particular social issues. Interview has become an important tool for this study because all the information that I needed was supposed to come from the experience of NGO representatives. Elder care practice cannot directly be observed because it is not something that happens on a daily basis, because it is developed by social tradition. That is why the best way to get information about the study issues is to interview the people that have experienced individual and professional aspects with an in-depth perspective. Fieldwork could also be an effective way for data collection for this study but due to the issue of time limitation I have given priority to the use of interview to collect primary data.

#### **4.7. A Brief Presentation of The Participants**

Informants were selected from Kavreplanchok district from different NGOs where most of them have been working with elderly people issues for many years. The cast system is still practiced in Nepal. Regarding the cast of informants, the majority of the respondents did belong to Brahmin and Kshatrya (higher casts). Only one informant was from the Vaisya (ethnic/indigenous) group. The majority of them were from Hindu religious background, whereas one of them was Buddhist. I had agreement with them about their privacy rights, I focused on maintaining confidentiality and ensured their anonymity before the interview started. Here is some basic information about the informants.

**Ram:** He is 47 years old and is working in one reputed NGO for the last 16 years. In addition, he is from the rural area of study district. He has finished his master degree in sociology and started his career in a local NGO, which has been working for elder women and community health care.

**Sita:** She is a 39 year old woman, who has finished her study in rural development and she started to work with a local NGO which has been working for senior citizen care. She has got 12 year of work experience in this area.

**Srijana:** She is a 44 year old woman who has finished her degree in social work from abroad and came back to Nepal and started an NGO for elderly women care. She has almost 16 years of working experience with women and care related issues.

**Gita:** She is a 58 year old woman who has a different academic background. In the earlier times of her life, she was teaching in different institutions. She had started one NGO for elderly people care in the decade of the 1990s. She was inspired by her grandparents to work in this area. She has really been enjoying to work with elderly people related issues.

**Yadav:** He is a 49 year old man who has professional education in elder care and has been



working the last 17 years with elderly women and community health care. He has represented the urban areas of study location.

#### **4.8. Interview Process**

This research interview has focused on five NGO representatives who are working with different elder care related organization. I had found two of my interviewees through one of my Nepalese friend who is working in a social organization in Nepal and three of them through online contact. I have done my interview in the end of March. Each interview lasted around 40 minutes. All these interviews have been undertaken through online based (computer and mobile-mediated) communication. I contacted with my interviewee before the interview and talked with them to make them familiar about purpose of the interview and introduce each other to make the interview process more comfortable. I was focused on getting some basic general information about my interviewee and their professional background. After that, during the interview time, I focused on some open-ended interview questions. In addition, I also focused on secure and deep conversation with my interviewee about the research issues. In the starting, I was feeling, most of the respondents was bit uncomfortable for a few minutes. Later on they sounded more comfortable and were happy to share their experiences with me. I gave them enough time to think and expound their opinions upon different questions and I always tried to be patient and listened to them and observed them.

During the interview process I used an audio recorder and made detailed notes, which was effective to remember the opinions of the informants during the data analysis process. I felt that some questions were a bit confusing for some of them, but I made them clearer through re-phasing and explaining the questions in a different way. After that, they easily understood and gave their opinion about the issues. I asked them open-ended questions as well as we did deep conversation about the elderly women; their care situation and social-cultural practices. I feel, I was less reflexive for interaction during the interview process. Except these minor issues, the interview was done nicely. In addition, during the interview time, I sometimes felt that the interview was going a bit off-track but at the same time I knew where I was going with the conversation, and never lost control of the discussion. The open-ended questions has been a main key source for this study and it has valuable flexibility, which exacerbates the validity and reliability issues that are part and parcel of this approach. It allowed me to know when to probe and how to formulate follow-up questions to run the interview effectively.

#### **4.9. Data Analysis**

Data analysis is defined as consisting of three concurrent flows of action: data reduction, data display and conclusions and verification (Berg, 2012). Qualitative data needs to reduce and transform or code in order to make the data accessible, understandable and to draw out various themes and patterns. Every research has to discuss the analysis and reduction process. Social research is about specification and justification of the methods, which is undertaken to reduce and analyze the data (Blaikie, 2010). Data reduction is an important step in this study, which has been useful because it directed my attention to focus, simplifying and transforming the raw data into a more manageable form. I had summaries of all of the interviews during the first step of data analysis and unidentified analytical themes that were relevant for the research question and objective of the study. In addition, I had considered the relevant theoretical explanations in this process. During the data reduction process, the data should be organized and the data can be transferred into an appropriate database for manipulation, otherwise the research output can be totally different. I had organized summaries and proportions of various statements, phrases and terms, which I got from my respondents and it has provided directions for me to do additional analysis.

Data analysis is a process of resolving data into its constituent components, to reveal its characteristic elements and structure (Dey, 1993). The core of qualitative analysis lies in these related processes of describing phenomena, classifying it, and seeing how our concepts interconnect. During the data analysis process there are several ways among them this study has used content analysis techniques, where analysis focuses on organization of data, data reduction into themes for the discussion. In addition, empirical information has been organized into different themes related to the research question for the systematic presentation and justification of data (Creswell, 2009). I have transcribed all the primary data through digital voice recording and notes from respondents language to English where transcription is suitable for time saving. After that, empirical information was analysed and categorized into different themes for further systematic presentation of data. The thesis is based on the interview guide to create the categories and themes where data was divided in individual, family, social and policy aspects. This information is presented through descriptive and analytical perspective to explore the care situation of elderly women.

## **4.10. Limitations and Ethical Challenges**

### **4.10.1. Limitations**

During the field data collection, there is limited time because the researcher needs to spend more time to understand respondents and their community to better grasp the situation. Rural elderly women are divided in different religious, cultural, political groups and follow separate norms and values. So, there are several problems that might occur during the fieldwork. For example; In the initial level, respondents can think I am providing valuable information about rural elderly women's personal life to the international organization for my personal financial benefit. This may affect the interview process. In addition, the interview time size can also affect to select interviewee because if the interview time is too long people don't like to participate. In the same way, the personal interest of informants can also affect the selection process of interviewees and in turn the interview result, because some people do not like to participate in the research process and do not want to give their personal opinion. Use of digital voice recording might affect the response of respondents because of hesitation. Security risks are also important limitations because the researcher can face threats from different socio-cultural ethnic groups during the research data collection time. On the other hand, respondents everyday living activities are essential to understand to find a suitable time for data collection. They might be busy, so it is essential to understand their situation, otherwise it can affect the interview process. This research has followed non-probability sampling, which cannot represent the population, where generalizing of the study can be difficult because the results and views may not reflect that of the total population or on the national level the situation might be different. The research has focused on a micro level study of one particular location where generalization of data and theory may not be suitable in different circumstances.

On the other hand, I have done interviews with NGO representatives where these interviews provided me indirect filtered information and views about my respondents about elderly women care in rural Nepal. I have assumed my presence as a researcher might work to bias the responses. Sometimes respondents might tell me what I am looking for and try to answer in line with what they think I want to hear from them. But, during the interview time I tried to be neutral as much as possible.

### **4.10.2. Ethical Challenges**

Ethical issues are always in center during the interview process and in the writing process of this paper. The researcher should commonly assure that anything discussed between the

interviewee will be kept in strict confidence (Berg, 2007). There exist many ethical challenges during the time of data collection with local NGO representatives. In the process, the researcher should seriously be thinking about sensitive information of their side. The researcher should be more careful and avoid to ask sensitive information. In the same way, I should be careful about sensitive information, which provided by the NGO representatives during the interview process. For example, I should be aware about socio-cultural values, privacy and identity of the informants and respect them. The respondents were from different castes and their religious background varied. It is essential to address these aspects and respect the respondents, otherwise it can create conflict between me and my respondents. So, ethic securing is essential during the time of the interviews. On the other hand, research activities should not affect local communities social, cultural, physical, psychological wellbeing of participants. During the use of audio and videotaping might be effects on socio-cultural aspect of respondent community where researcher should think seriously about that in the data collection time and need to secure it. I had asked them for voluntary participation and they agreed for that. I have tried to adjust major ethical issues, particularly anonymity during the interviews and the paper writing process. Especially some of the participants asked me how do I protect the anonymity because they were bit worry about it. I told them about the anonymity process and made them feel secure. I have used disassociate names from responses during the coding and recording process.

## Chapter Five: Data Analysis

This chapter presents the empirical material and discusses the findings of the study and reflect upon the data collected. It discusses the elder care practices and the care situation from rural Nepal where the paper is focusing on family based care situations, which is one of the important foundations for elder care practice in rural society. This study concerns itself with women who have been living over the age seventy (70+) and their elder care situation. The paper is organized in different headlines and discusses the life situation of elderly women, their needs and challenges in care provision from individual, family, society and policies perspectives. The empirical material is organized mainly in four main aspects: personal, family, society and policies. Elder care has become one of the important issues in every developing nation and this study concerns itself with the care situation of elderly women and about their life at a personal, family and social level. Further it explores how these three aspects are interconnected and influenced by gender, class, religion, geographical location (rural and urban) and socio-cultural practices. In addition, how it has been effecting on the needs and care for women in their old age. In the same way, the paper is discussing the policies practices on the base of elder care aspect.

### 5.1.0. Old Women Situation from Rural Nepal

#### 5.1.1. Understanding The Old Age

There are different phases of life. Every stage has its separate characteristics and old age is a critical phase because during that time the body and mind are unable to perform properly. As a result, elders have to depend on others to run their everyday life. In this situation, it is essential to understand the emotions of when it comes to aspects such of life such as life situation from their personal level. Old age is a more passive time phase of life where people are less active, both physically and mentally. The empirical data shows that most of the rural Nepalese elderly women have been spending their time for different religious activities, with children members of family and gossips with their friends about their difficulties of everyday needs and challenges. In addition, they are also comparing their past life with the new generation lifestyle. Respondent Srijana has mentioned:

*Majority of the elderly women wake up early because they have less sleep in that age. So they wake up very early and finishes their morning personal cleaning things and do some praying, worship or visit the nearest temple (If they can walk) etc. After that, they just have some tea*

*and morning breakfast. Some of the old women are still very active and they are helping out the family for household activities, but most of them are unable to do cooking and other household work. They have to depend on family or care centers for those activities. Normally during the daytime, they are spending their time with their age people and start gossips about their everyday life activities, family and social issues. Most of them have lots of complaints about family and social practices because they are not getting good behaviour from those two units. In addition, most of the time they are talking about religious practices during their gossips. In general, old people are fully dependent on their family to run their everyday activities but many of them still trying to help household activities.*

It has shown most of the elderly woman are physically and mentally less active. They have been spending their time for religious activities, gossips and with children members of the family. Religion has huge influence in their everyday life, where socio-cultural practices play a vital role for that. It has shown there are some factors that play important roles for how elderly women fit in their socio-cultural environment. In addition, there are several systems that closely connect and influence one another, within individuals and environment (Healy, 2014). Elderly women are physically and mentally in weak condition and they are dependent on their family to run their everyday life. They feel that family and society behaviours and care practices towards them are not performing well and that it is not sufficient for their care. The socio-cultural practice has made the social beliefs, which is living with family is fortunate in old age. That is why elderly women believe living without family is unfortunate. Tropeano (2015) has described human behaviour as the influences of multiple interrelated systems. Even for individual issues, families, organizations, societies and other systems are inherently involved and must be considered when attempting to understand and assist the individual. On the other hand, it is not easy for elderly women to live without family because care facilities and services are not easy accessible from government and society. It seems like the majority of elders (70+ age) are fully dependent with family to run their everyday life activities. There are different reasons for that dependency. Respondent Gita has said:

*There are two major factors that has been playing important roles for this situation; one is social, cultural and religious practices, which has developed a family based care practice. Another one is the lack of government efforts on policies and practices to provide proper care and support to elderly citizens and make them less dependent with social units.*

Nepal is a country where the majority of people believes in Hinduism and religion has a huge impact on people's everyday life. That is why most of the elderly women are spending lots of

time for praying, worship and other religious activities, because they believe that these activities will open the door to the heaven for them after this life. The cultural practices have made family the most important place for elders to live their everyday life. They also want to spend their time with a big joint family, where the young generation always should respect and support their elders. In addition, they need to take care of their elderly parents when they are unable to do everyday life activities. Young family members should be responsible for the necessary support and care for elderly family members. Healy (2014) has said, it is essential to focus on identifying the balance between the individual and their social system, specially their family system to understand the situation more clearly. It is important to understand how elders are sitting in their socio-cultural practices. On the other hand, there exist few efforts on social care policies, practices and access from the side of the government where family has been playing an important role for elder care practices and their everyday activities. Socio-cultural practice has made elderly women dependent on their family.

Basically, elderly women have to depend on others to run their life. Socio-cultural practice has made them dependent on family and elders also prefer to live with their family. But during these days, they are not happy because they are feeling that they are not getting proper care from their family. Respondent Yadav has mentioned there are several reasons for this situation. Especially for a country like Nepal, where elder care practices has been really weak. Respondent Yadav has said:

*Most of the old women are feeling they are dependent with family for their elder care, where the changing pattern of behavior of society towards elders has a huge impact on elderly women for everyday life activities. In addition, the new generation does not prefer to live in joint families, where the traditional socio-cultural practice has developed like; family is the main place to live old life and leaving the body near their family members is fortunate. On the other hand, the ideological conflict between the old and the new generation about the socio-cultural beliefs and practices has impacted on elder care and elderly people's mental health. Elderly women are experiencing the new generation and its behavior like this; living their life with their elderly parents as a burden, where those experiences have been damaging to elderly people from different aspects of life.*

We have poor social care policies and practices in Nepal, where most of the young generation are having difficulties in life because they have to put huge efforts into securing their and the next generation's future life. Especially a country like Nepal, where social care services for citizens are really poor. In that point, they have to spend lots of time for the care of their old

parents during these days, which they do not want because they have to focus on fulfilling economic and other needs of the family. As a result, the gap between the young and old generation has been increasing. It is essential to develop a holistic view to see the individuals within an environment and it is best applied to situations where several systems closely connect and influence one another (Healy (2014)). Respondent Yadav has pointed out; there are two major challenges elderly women have been facing during these days. One is depending with family to run their everyday life, another one is the increasing gaps with their new generation which has been damaging to their physical and mental health as well as the traditional elder care practice. Elderly women have several major and minor health issues in Nepal. Most of the respondents have risen concerns about old women major health issues.

*They have mentioned, during their old age, there are several health issues that reduce their quality of life; joint pain, respiration related problem, gastrastic and dementia are the major health issues for elderly people. At the same time, women have lots of reproductive organs related health issues during their old age because of the child marriage and giving birth in early teen age. We have a culture that says that when girls have their first menstruation she is ready for marriage in rural area. In the past practice, most of the parents started to find the men for their girls when they cross the age 6 – 12, before her first menstruation. In some culture parents have already decided on marriage before the children birth with their relatives. If they have boy or girl according to the baby gender they have agreement and marry after few years after birth.*

It has shown, there are several health related issues for elderly women because they have become weak from a physical and mental aspect. As a result, they need more health care and other social care services when they reach this age. There are several factors that have affected their health situation such as; socio-cultural practices, their past life activities, economic situation and health awareness. Especially the situation of women is more vulnerable because child marriage has been damaged their health from an early age. Gender, class and cultural practice of society has huge impact on the situation of women. The intersections of gender, cast, class and religion give understanding on multiple grounds of inequality (Crenshaw, 1991). Considering how gender is constituted in rural Nepal it is clear that it has been affecting the care situation of elderly women. Respondent Sita has said;

*The situation of elderly women can be compared to that of children, with many similarities between these two age groups because both of them are dependent on others to fulfill their everyday life necessity. In addition, they are physically and emotionally in a weak and*



*vulnerable situation. On the other hand, some of the elders think they have been spending their whole life for their family and now the family have time to pay back for them through proper care for them.*

This has shown that, old age is a dependent time period of life where people become more sensitive and they need more proper care to get a better life. There are different units to do this care service for elderly people. Especially family is the first place in Nepalese society for the care services for elders and other members of the family. Healy (2014) has said that systems have an important role in contributing to individual and community well-being and also provides multiple ways that fit between the individual and environment. Especially for a country like Nepal, where socio-cultural practices have made the person have to spend their whole productive life for their family to get the proper care from them in their old age. Because of those practices, elderly people have a dependent mind set for their old age care, especially with family and relatives in rural Nepal.

### **5.1.2. Old Age, Self-Dignity and Identity**

Self-dignity and identity are important factors for every human being, which provide the framework to see the person as who they are, where they are and about their self-satisfaction. It is developed by socio-cultural practices as well as a personal understanding about oneself and how the person is adjusting oneself to family and society. It is essential to understand how self-concept is constructed through social-cultural interaction (Berger & Luckmann, 1966). According to the respondent Gita:

*We already talked about old age, which is a more dependent age, where most of the elderly women feel they are dependent on their family, especially their husband, sons and younger generations. If she does not have a husband, then other male members will be the in charge of the family and he should be responsible to provide all the care services to the family members. The oldest family male member has most of the economic and other main decision power where economic power directly influence health care and other care situations of the family. Socio-cultural practice has made women more dependent upon men for their health care accesses. But if we see in daily life activities, young and adult women are the main responsible for family elders day-to-day support and care services. The majority of the women are fine with those practices, but at the same time, some of them feel they have been dominated by men because all the family care and support services has been run on orders from men, which has made women dependent on men. They have been rising the question about self-dignity or identity because when they really need the care in their old age, women*

*feel more vulnerable because of the power imbalance between men and women. Men have economic and most of other powers, and as a result women dependency have increased with men in their old age especially for their care situation.*

They have been trying to adjust themselves to those structures and made their dignity and identity according to those practices made for women. According to Berger and Luckmann, (1966) self-concept is constructed by social-cultural interaction, where rural women have made themselves according to their social-cultural practices. But in the meanwhile, some issues have arisen, especially when women have been suffering in their old age for the care services, because socio-cultural practice has created inequality. Young and adult women are the main care-taker in the family for day to day activities for elders, but when they need care and support they have been suffering, because there are power imbalances in society which has influenced the care service access for elderly women. Healy (2014) has said that there are several layers of oppression and finds how personal, cultural and structural processes play a determining role in the life of the people. Cultural practice is a main source for power imbalance in family-based care practices, where men have been ruling the family (Gyawali, 2006).. During these days somehow, women also feel that these practices have been affecting their self-dignity and identity. And, it has played a vital role for their elder care situation. On the other hand, Respondent ram has mentioned.

*Old women have been comparing there past life with their old age because when they were physically and mentally active, they feel they have more power access in family and society. Everybody appreciated their contribution to the family. Women had sacrificed their young and adult life to the family with love and affection. But, now in old age they feel they are neglected because of power imbalances. The situation is not the same in urban and rural areas as a same way upper class and low class family. In addition, family education awareness about the situation and their economic situation have a huge influence on elderly women care practices.*

Elderly women are not satisfied about their present life because they are dependent on others to run their everyday life. On the other hand, few of them have realized that the different power access has played an important role in their self-dignity and identity, and it can make them more independent in their old age. In addition, they are comparing their two different life phases where it seems they have enjoyed much more in past life when they had more energy and power. In the meanwhile, the care situation is not similar in different geographical areas like urban and rural as well as across different class. On the other hand, education and

family awareness have also played an important role for power access and care situation. Personal ability and potentiality of individual and other family members can play important roles for a better life of the service users, through the utilization of individuals strengths (Healy, 2014). It is essential to develop collaborative partnership with elderly women, family members, government bodies and other institutions, for the betterment of the care situation of elderly women care situation by improving the capacities of elders. Respondent Sita has said about social cultural practice and its impact on their self-awareness process:

*Socio-cultural practice has determined the role of women in different age of their life like; as a daughter, wife, mother and grandmothers. Most of the women have been trying to feet them-self according to these social norms and values, where they are not looking them-self who they are and what they want. They have made their identity according to the family and society needs instead of looking to power imbalances in the patriarchal family practice.*

It has shown that the majority of women have been blindly following their socio-cultural practices and trying to fit themselves according to their family and society. As a result, they have forgotten to see who they are and what they really want in their life. It is essential to see how person has constructed about their self-concept about them-self and society during the social-cultural interaction (Berger and Luckmann, 1966). We can see men is ascribed socio-culturally, religiously and economically higher value than a women from all these perspectives in rural Nepal. Because of that, men are privileged status and women are often ignored, isolated from social interaction (Yadev, 2012). On the other hand, Women have been losing to see their real identity in equality perspective. The power imbalance in patriarchal family has damaged women health from their early age because women has been giving to much for their family and society without any expectation. As a result, their health situation has getting worse from early age. When they reach in old age they have been facing more critical situation.

## **5.2. Old Women Care From a Family Aspect**

The family is a basic foundation for all the social care services in rural Nepal, especially for elderly people. People have been investing their time and energy for the wellbeing of their family in their earlier age. Because they believe that the family wellbeing will provide them with safety and betterment in their old age care. Especially, the economic situation has play an important role for their family care situation, because the care practice is mainly family based. The socio-cultural practice has made people dependent on family for the care and support in their life. There are two major factors, which play important roles to develop the

practice for family based care system; one is cultural influence on care practice and another one is lack of government efforts on elder care areas. According to the respondent Yadav; *We have a family based care practice in Nepal, where government efforts are insufficient for elder care. In that condition, people are fully dependent on their family for their old age care and support. During this decade, the care practice has been influenced by different factors such as; economic situation, the changing pattern of society, globalization, awareness, education and health. In addition, the care practices have been different in urban and rural scenarios, dependent on the class and literacy of different families.*

The family based care practices have been influenced by several factors, and the situation is different in urban and rural scenario because there exists differences in awareness, education, economic condition as well as access to health care services of families. In the same way, the socio-cultural practices also differ in urban and rural areas. The changing pattern of modern society and economic situation of families have played an important role in the women care situation. Most of the young generation have been migrating to abroad or big cities for education, jobs and better life and they have been influenced by globalization. As a result, young generations prefer to live their life with a nuclear family instead of living with a joint family. On the other hand, the economic situation of families also works to determine elderly women care situation because upper class people can easily afford healthcare and other care service while lower class people cannot get access to these services. If we see these women care situation in urban and rural aspect, which is totally different in both areas. Especially in rural families, practice where old parents are living alone or with their relatives and the care situation is becoming worse because of the migration of young family members. One thing is bit common in urban and rural areas, the young and adult generations have been migrating from their family for different reason and both groups of young generation prefer to live in nuclear family instead of a joint family. Human behaviour is influenced by multiple interrelated systems where individual issues, families, organizations, societies and other systems are inherently involved. This must be considered when attempting to understand and assist the individual (Tropeano, 2015). Respondent Srijana has mentioned:

*There are some issues that have been influencing the family based care practices. Among them the gap between two generations has been playing important role for elder care practice. Elderly people are influenced by traditional socio cultural practice whereas the young generation are influenced by modernization and individualism. And, it has been*

*contributing to create differences in their lifestyle and care practices.*

We can see, there are different believers and practice in between the old and the young generation, which has increased the gap between them. Obviously it has impacted on elder care. Especially so for women because they are dependent on men and when the male members migrate for different reason, it has huge impact on women and family everyday activities. The ways of living together in joint families that our ancestors have followed are gradually decreasing with change in time and generations. The historical practices of care giving to elderly people, the living arrangements with joint family and familial responsibilities towards elders that once centered around or with the patriarchal family network, are changing in line with the western culture, individualistic or emotionally nuclear family systems (Bhatarai & Bhattarai, 2014). It has huge impact on traditional family based care practices.

We have a patriarchal family practice where men have the decision-making power. They are responsible for economic and other important aspects of family life where the role of women is to do household activities like; taking care of babies, elder parents, livestock, cooking, cleaning and washing. Income generating activities have an important role in family life and men are responsible for those activities. Women's work does not count for the economic aspect directly. Commonly they are spending more than fourteen hours a day in household activities for their family, which has a huge impact to damage their health from early age. When they reach old age the situation may become worse. There are several layers of oppressions, where personal, cultural and structural processes play determining roles in the life of the people that experience oppression (Healy, 2014). Rural society has set women in a secondary position (Bossman, 1994), where women are oppressed by men in almost all aspects of their life. Women need more care in that age but they have not been getting proper care. The main reason for this is that they do not have economic as well as social power. The socio-cultural practice is more focused on economic benefits for elder care, especially within the new generation of family members. If the old parents especially women have more property then it will increase the probability of getting better care service from her family. If we see in socio-cultural practice, women has few property rights. In rural society, men hold power over women in the name of religion, cast, culture, social custom and tradition, which has main source of inequality. As a result, their care situation is worsened. According to the respondent Gita;

*If we see in between men and women, men have always owned all fixed property and other*

*financial rights where women have very less of those rights because of patrilineal joint family systems. As a result, the elderly women situation is more vulnerable compared to that of men. The traditional socio-cultural family based care practice is more religiously rooted. And, it was more pure and natural because elderly parents had got proper care from family. In contrast, the family based care practice in present decade has become more economic oriented.*

The economic situation of elderly parents has been playing an important role for care practice in rural Nepal. There is always some degree of power disbalance in every society in the name of gender, class, disabilities and status (Healy, 2014). These are the main components of rural society in regard to inequality. The family based care system is the key foundation for elder care in Nepal. Elderly woman have some basic expectations from their family for their old age care and support. But in the practice, they have not felt that they have gotten proper care from their family. There are several reasons for this situation, such as male dominated socio-cultural practice, inequality in power distribution and economic rights, globalization etc. The government has also very less effort for the social care situation, where people have to fully depend on family to get all the care services. On the other hand, elderly people do not want to depend on government for care services if they have a family, because of socio-cultural beliefs. Respondent Sita has said;

*There are very few old care centers in Nepal. And, Old women think if they have to live in these centers during their old age, it is unfortunate for them and the door of heaven will not open for them. Those strong religious-cultural beliefs also play an important role for the traditional family based care practice.*

We have limited care facilities from the government side and socio-cultural practices have made old women mind setting in differently for their elder care. Especially if they have family and there is chance to live in good facilities care center. They never accept to live there because it is totally against their religious cultural practice. They think, living with family in any situation will open the door for their liberation.

The family has been facing several challenges to run their everyday life. The family have to spend too much time to fulfill the basic needs. Old people cannot contribute that much for family necessities. They are already in a passive stage of life and other family members have to do lots of extra efforts to take those responsibilities. The socio-cultural practice has led to a situation where the family has to push their efforts to fulfill all care aspect of elderly family members. There are several factors that have influenced family action for elderly care

activities such as; economic situation, education, awareness, rural and urban setting, the changing mentality of the young generation.

The modern family has experienced difficulties to adjust with their old parents because they are physically and mentally passive. Where the young generation has to spend more time and energy to take care their elder parents. This generation already face a lot of challenges and issues to run their everyday life. In addition, in some cases elderly people also become more demanding for their care instead to see the real situation of their family. The young generation is hugely influenced by globalization and that is why they have been focusing on individualization. As a result, they tend to prefer nuclear family instead to follow the social-cultural practice joint family system. K.C. (2019) has argued that the majority of the young generations are more focused on individual life in small communities because of time and other factors. In addition, Ghimire et al. (2018) also point out in their research that the changing pattern of family has been affecting on elderly people's life especially from care and support aspects. The majority of rural adults have been migrating to big cities or abroad for different reasons and this has directly affected elderly parents' care situation. These practices have created an ideological conflict between the young and the old generation. It seems like the young generation has become self-centered at the same as the old generation has become more dependent on their young generation to live their old life. In general, the relationship between old people and family is changing and in some instances it has worsened. This in turn has directly influenced the mental health and care situation of elderly women.

### **5.3. Old Women Care from a Social Aspect**

#### **5.3.1. Society Behaviors Towards Elders**

There are some key principles in socio-cultural practice towards elderly people in the Nepalese society such as; respect to the elders, taking their advice for everyday life, blessing from them to start new things in their life, supporting their elder etc. are the foundation of family based care practices. The social life is guided by these practices. But, during the present decades, the practices have been changing. People are showing sympathy and morally good behaviour towards the elders but in practice when elderly women need support and care, the situation is somehow changed. It is essential to understand individuals and their environment where we need to develop a holistic view of individuals within an environment and how several systems closely connect and influence one another (Healy, 2014). It supports to see the situation of rural women in relation to their family and society as well as finding out why people are not ready to put their real efforts towards the elders for care and support.

According to the respondent Yadev:

*The behavior of society towards their elders seem not well. People accept the socio-cultural value at a theoretical level, but when they need to put their real effort for support and care there is less contribution from society. There are several reasons for those changing practices towards elders. One is they believed family should be the first place to put those efforts to support and care for their elders. Especially for women, her husband and sons should be responsible for that. On the other hand, government should be responsible if the person does not have a family, they should have developed proper care and support for elders.*

Society is not giving proper respect and care towards their elders. They believe family and government are the first places for elders to get proper care and support in their old age. Everyone has lots of personal, family and other issues in rural society and they are fighting for their basic necessities in their everyday life. People that have already suffering, how can they put their efforts to help others? But, there are some religious places where Nepalese society has managed the place for elderly people who do not have a family. It is called Bridrasham (old care house). The care house access has very less and they have limited capacity in rural areas and even the elders do not prefer to live there because of their religious practices. These practices about the belief of living in care centers are unfortunate.

### **5.3.2. Gender and Care Practice**

Nepal is a country where religious practices have huge influence on people's socio-cultural practices. The majority of the people believe in Hinduism. The social cultural practice has been influenced by religion where the women (wife) has believed that men (husband) has been a form of God in traditional society. People have believed that a girl giving birth in their family means she belongs with the family of her husband in the future to take care of her husband and his family after marriage. Women identify themselves as a caring person for men and his family, where she should always respect and care for her husband's family. Those religious beliefs have developed into the patriarchal family practice in society, where society has given more power access to the men. They have divided the work in two categories; household activities and outside work (economic, social and decision-making power). Women have been doing household activities and care services for the family, where men are in charge of financial and other important aspects of social life. Respondent Srijana has said;

*The patrilineal joint family practice has created power imbalances in society. Women has to sacrifice her life to the family, where men have better position in all aspects of their life. She has less access to property rights, decision-making rights and other personal freedoms.*



*Society is giving the importance to the work of the men, because it is directly related to economic activities. The work division and socio-cultural practice of society has created inequality in all aspects of social life where women have to depend on men for all their necessities. It has huge impact on women care in old age.*

The work division of society has created power imbalances between men and women. Socio-cultural practices have developed that says that economic activity is more important than household activities. Men have all property rights and decision making rights, where women has been putting her efforts on household activities and care service which is not recognize as an important work in society. Men have decision-making power in social life, which has created inequality between men and women. It has huge impact on the care situation in old age especially country like Nepal where care practices are based on family. Women situation becomes more vulnerable in old age because they do not have resources and power access. Social cultural and eco-structural factors interplay multiply to cause gender inequality (Creshaw, 1991), and this inequality leads to influencing the women care situation. These factors play an important role to make women dependent on men for all their care and support. This dependency has created inequality in the access to care and support for women in their old age. If the woman does not have a husband or sons the situation become even more vulnerable in her old age. Respondent Ram has said;

*Men have more access to education, economic, health, traveling, decision-making processes, personal freedom compared to women in Nepalese society. Women face stricter rules in society when they want to use their personal freedom. We can see the socio-cultural practice has played an important role to bias women in their everyday life activities. As a result, it has huge impact on women in all aspects of social life, especially in her old age and care situation. Women are biased in all aspects of socio-cultural practices.*

Society has been treating women as a second-class people. There exists different behaviours from family and society towards girls and boys. For example, if a girl or women needs to go out from home more than one day, she needs approval from her family (husband or father or other male member of family). In the same way, if people see the girl or women with another man in public places, she needs to justify the situation and the person in many cases. But if there were men in same situation, he does not need to go through those processes. Hence we can see how gender practice has worked to create inequality. On the other hand, women have been doing hard work. Some of them have been working more than fourteen hours in the household everyday with love and affection towards their family. Their work is not

recognized in an appropriate manner. Women have sacrificed their life towards family during her young and adult life. As a result, her health becomes poor from early age when she reaches old age the situation will worsen. Women have to depend on family and society, especially more in her old age because they have become physically and mentally weak during that time phase. The intersections of cast, gender, class and religion have given an understanding about multiple grounds of inequality (Crenshaw, 1991), and considering how gender is constituted in rural Nepal. The power imbalance between two genders has created inequality in society, which has affected aspects of the care system of society.

### **5.3.3. Poverty and Care Practice**

Poverty has been influencing all aspects of human society. It has direct impact on the care and support systems of society. The economic condition has determined the care situation of individual, family and society. We have already discussed that the care practice is mainly based on family and society in Nepal. There are different care situations of elderly women in different class family. The situation is quite better in middle class and upper class family compared to the lower and poor families. If we see the rural urban contexts, the urban situation is far better than that of rural areas because several factors has been affecting for care practices such as; economic situation, education and awareness and health care access in these two areas. Among them economic condition is a key factor to determine elder care situation in both areas.

Nepal is a rural based country where more than 80 percent of the people live in rural areas. More than 80 percent of the land is covered by hills and mountains. Where majority of poor people live in these areas, that means the elder care situation has been affected by the economic situation of rural people. Poverty has a direct link in all aspects of human life, where the elder care and support situation is also directly affected by it. People are struggling to fulfill their basic needs for their daily life where care issues come in second position because they are fighting to survive. Women situation is more vulnerable in rural areas because if we compare with both genders, men have all the financial and property rights where women are dependent on men for all their health care and other support to run their life. Health care services are not in easy and cheap access and that is why middle and lower class people cannot get the proper access for those care service in their old age. There are always power imbalance in every society in the name of class, gender, disabilities and status (Healy, 2014), which is very common in rural society where it is essential to maintain social justice.

#### 5.3.4. Social Inclusion

Inclusion is one of the important aspects for human society. Individual and society is two side of coin where both side has equal important and needs to develop place for each other. Society is a place where different class, gender, caste, ethnicity, different age group people live together and run their everyday life with the cooperation. Where women are important part of every society. The behaviour towards women has been practicing differently in different society. If we see in rural perspectives, Society has been behaving old woman as a burden during the present decade because they are becoming physically and mentally passive. And, They have very less contribution in income generating activities as well as economic benefit for family and social life. Society needs to put their extra effort to elder women care. That's Why old women have been biasing from all aspects of socio-cultural practice. Respondents Sita has said;

*The socio-cultural practices have been giving priority for financial benefit and focus on self centered where elder care and support has affected by this practice. The past practice was more focused on religious moral values. When the elder care was more pure and natural. However care practice has been practicing in different time, there are very less inclusiveness from gender perspective in Nepalese society. Women has been biasing from different social service, places, decision making process, social aspect of society where their inclusive participation and inclusiveness in social process is essential for socio-cultural practice of every society for the sustainable development.*

People has a respect towards elder on the principle of their socio-cultural practice but when we see the day-to-day life, the situation is totally different for example in different public places such as; Health care areas, public transport, different governmental office and their services etc. old woman doesn't have easy access and people don't give priority to them. On the other hand, women have very less participation during the decision-making process in different public, social process and even in family activities. The different unit of society has been not considering women's voice and their social rights during the decision-making process and implementation of different social cultural practices. Social system has more focus on financial benefit instead to focus on the social values of human life. In addition, It has dominated by men. Socio-cultural practice has less inclusive towards older women and their issues during the social activities and day-to-day practices. Bossman (1994) has said women has a secondary position in society where they are oppressey by men. On the other hand, there are different layers of oppressions in rural society, which has play the vital role for

women Inclusion in social process.

### **5.3.5. Accessibility on Care Services**

We already had discussed women has less access on different power access. It has huge impacts on different accessibility. Especially the property rights has play the important role for elder care in rural Nepal. Older people who have a lot of property, they have been getting proper access in care services from family and different health institutions. The care situations have been influenced by economic situation of elder parents, family education and awareness, urban and rural areas.

Rural areas are far behind in development and social service access. Majority of poor family has been living in this area. Where the access of health care and other social service is really poor condition. Family and society are the main sources for individual care. And, It has been influenced by socio-cultural practice; gender, class and geographical setting etc. these factors has important role for elder care. Generally, women property and decision-making rights have play important role for their accessibility on care and support in Nepalese society.

*The access of social services and infrastructure plays important role for elder care practice. Rural areas are poor in both aspects. That's Why the accessibility of rural women in care service is really worse and dependent on family and society. Where property rights and economic condition have play important role for older women access for health care service in urban and rural both scenarios.*

People have to spend too much time to get basic health care and other social services. Especially elder women have critical situation to get access on these services because of socio-cultural practice. If women have good financial situation or lots of property during there elder life, it become bit better care situation. On the other hand, the social services are not in easy access in rural areas where elder people can't get those services with out help of family or society. But, the situation is different in urban areas. They have easy access for health care and other social services although the service getting process is really slow. And, it is not easy for elder women without support from other people. There are some important factors, which has been directly influencing to get care service for elder women in urban and rural areas such as; economic situation and rights, access of social services and socio-cultural practice of society. There are different intersect to shape the multiple dimensions of elder women access on care and other rights. It is essential to understand how these dimensions including socio-cultural and eco-structural factors interplay different types of inequality (Crenshaw,

1991). Where these factors have been playing an important role in rural women's life and their access to care in their old age.

#### **5.4. Elder Care From Policies Perspectives**

Social care service is mainly family and society based in rural Nepal. Government care services and the situation of these services' access in rural areas are in a very poor condition. Where traditional social cultural practices have played an important role to run people's elder care services. This practice for elder care is more religious and culture rooted, which is more dependent on family for care service. The family has traditionally been the main source of support for the elderly. One of the main reasons for those beliefs is their social norms and values which have played a key role for social care situation. People believe living with family is fortunate and it is a way for salvation. On the other hand, the belief is fully opposite if the person is living in an old care home, it is unfortunate and the door of heaven will close for them. These beliefs still have a huge impact on rural socio-cultural practices. In addition, it had a huge impact on traditional governmental practice to formulate elder care policies. The political practice also affected by these socio-cultural norms and values. As a result, there was very less effort in elder care from policies and implementation.

Government has been not doing well for elder care and other social care services. Before the democracy (1990), there were very few care homes in some religious places and only few hospitals in main cities. After the democracy, the care practice has increased in policies level but still there are lots of issues during the implementation. Government has announced some elder pension (Brida Bhatta) from 1994 which was one important step from government towards their elderly people for some financial support to run their basic necessity. The pension amount was very less but still it has some positive impacts on elderly people's life from financial aspect. During the 1994-2006, there were lots of policies and strategy was introduced from government side. But, it was just in basic levels and the implementation part was very weak. According to the respondent Gita;

*There was not that much effort on social care service before 1990. After democracy, there were some policies and action done from government side but the implementation part was really weak. And, the access of care and other social services are very poor in rural Nepal. Elderly people are dependent with their family and society for basic elder care service. Their situation has become worse. Especially, women's situation is more critical because of social inequality. Family and society behaviours towards their elders (especially with elderly women)*

*have been affecting by different factors. It has not done sufficient effort from government side for policies and implementation of social care service towards elders.*

Care practices has mainly family based in Nepal where elders especially women has already face inequality in family care services. And, they are not getting good behaviour and support from their family and society. On the other hand, the religious and socio-cultural practices have influenced elder women beliefs and not easily allowed them to use some facilities like; elder care home (briddhashram). There are very limited care policies in practice from government side where older woman doesn't have easy access in those services. As a result, their situation become vulnerable in their old age. Government haven't done good enough efforts yet to improve elder women care situation from different dimantation. And, provide the social justice to the marginalized group specially in rural society. Government efforts is essential for policies formulation and implementation for elder women where those action needs to focus on recognition of the personal strengths and promoting and utilizing the personal capability (Healy, 2014). It is essential to develop collaborative partnership with family members, different governmental buddy and other institution for betterment of old women care situation throughout improving their capacities.

### **5.5. Discussion on Empirical Data**

The study has demonstrated that elder women care situation from personal, family, social and policies perspective where study has discussed the elder women situation about the rural Nepal. The empirical information have shown about their everyday life activities, challenges, role of socio-cultural practice to made them dependent to men. On the other hand, it has shown how socio-cultural practice has huge influence on women to develop their perception and their role to fit them-self according to the family and society necessity. Constructing the self-image is a social process, where human reality is socially constructed (Berger and Luckmann, 1966). Women have been already fitting themselves as a; daughter, wife, mother and grandmother in their society, where we can see their different role in family and social life. The study has shown socio-cultural practice has play the important role to develop women's self-dignity and identity where the present and past practice has made women as a second-class citizen in the rural society. In addition, It has made women fully dependent with Men in their everyday life necessity. According to the Mitchell (1995) women are oppressed by men, children and old people by adults, disable people by able people and so on (Mitchell 1995 in Healy, 2014). Which is key source of inequality. As a result, women care situation has become worse in their old age. Healy (2005) has said it is essential to do structural

analysis of rural scenario, which should be focus on large structural reform and it is mediated by recognition of the personal and cultural dimensions of oppression. This study has showed women are socially oppressed. Social worker needs to make them aware about the social divisions, how that has been affecting to create inequality towards women life and their elder care situation. And, they should maintain the social justice.

Women are fully dependent with men and family where those two units has huge role for old women care practices in rural Nepal. Because, we have family based care practice in Nepal. Where, if we see the power aspects men are incharge in all aspects of family life and women don't have power access because of patriarchal socio-cultural practices. Rankin (2003) had argued that culture must be viewed not as a given set of relation and ideas structuring social life, but as something that is produced through human intention and action (Rankin in Tembo, 2013). This study has shown women in Nepalese society are raised up looking up to men as their providers. Women are limited to household activities not for economic activities and men are expected to be in economic activities to support their families. Which has justified the family raising culture in between boy and girl. On the other hand, the socio-cultural practice has made like; women are belonging to their husbands and his family after get married and take care her husband families and household activities. Women heath situation has started to become worse from her early marriage because she was physically and mentally not ready for marriage life. After marriage, the situation has become worse because normally they become pregnant in early age and they have lots of household workload. It has huge effects on their health. As a result, their situation become really worse in their old age. The cultural practices has played important role to create inequality which has directly influenced in women health and care situation in their old age. Tropeano (2015) has argued that human behaviour is the influences of multiple interrelated systems. Even for individual issues, families, organizations, societies and other systems are inherently involved and must be considered when attempting to understand and assist the individual. Because all the systems are interrelated parts constituting an ordered whole and each sub-system influences other parts of the whole. It is essential to understand the relation between individual, society, social norms and the social environment. We can clearly seen how multiple interrelated system has been affecting women, and socio-cultural practice and creating inequalities. Old women care situation and their perception has directly affected by the society where she live and how she practicing their life. On the other hand, the empirical data has showed women has secondary position in Nepalese society. Where Bossman (1994) said a society that sets women in a

secondary position to men oppresses women, whether or not the women involved recognize their oppression or attempt to do anything about it or not. It is therefore the social worker need to help people become aware of this inequality and find solution to it.

Women have been feeling they are becoming physically and mentally weak in their old age. They have been facing lots of major health issues during that age because of their past life activities, awareness, health care access, economic situation and socio-cultural practice. Which has made them more dependent with their family. And, it is the main source for all types of care and support for individual. The family based care practice has been affecting by economic aspects during this decade. People who are economically productive and have lots of economic resources that person has been more benefited from family and society for their elderly care. But, if we see the women situation, they are biased from economic rights. In addition, they are mentally and physically weak situation and can't do any contribution for economic activities. They are fully dependent with men for all the socio-economic aspects of family life. As a result, elder women have been behaving as a burden where family has to put lots of time and economic resources to take care them.

On the other hand, old women has been feeling they are not getting proper support and care in their old age especially when they really need those services. Socio-cultural practice has developed family based care practice in rural Nepal where men is incharge of all the aspects of family and social life. There are several factors affecting for those practices and women beliefs. It is essential to understand first how gender, class and religion intersect to shape the multiple dimensions of elder women life. In addition, including socio-cultural and eco-structural factors interplay multiply to cause gender inequality in family based care practice and how this inequality leads to influencing women elder care situation (Crenshaw, 1991). The study has shown the intersections of cast, gender, class and religion has huge influence in social cultural practice and women everyday life which has created multiple grounds of inequality as a form of gender, class, culture and has been impacting in old women care situation.

The study has shown society has shapes women in a way that fits the roles that are given to them social-culturally which is same also happens for the men. Comaroff (1991) has suggested that it is essential to understanding how power operates through cultural. When power is hegemonic, those in subordinate positions experience the order that oppresses them as self-evident and natural (Comaroff in Tembo, 2013). And, people are accepted the way



things are done in their society. Study has shown elder women are subordinated by men in all the situation of their lives. Most of the respondents has said, man is in charge in all aspect of family and social life where women are fully dependent with them. It is essential to understand oppressive behaviours. Social worker need to check operating systems for those behaviours and find out how it has been influencing on elder care situation of women. It is their role to advocating for minority groups who cannot advocate for their rights. Healy (2005) has said recognizing service user and service worker capacities and potentiality, which is key factors to achieving significant improvements in quality of service user lives.

The study has shown social cultural practices has provided men to more power, freedom and self-dignity in compared to the women. Where these practises has made women more dependent with men in the all aspects of their life. And, the gender practice has become a source of inequality. As a result, they are oppressed by men. The situation has become more worse when women are reached in their old age. It has huge impact on their care and support system because they are economically unproductive for family and society. The family based care practice has been affected by elders economic situation and resources. Elder people who has economically rich their care situation is better than poor. On the other hand, family economic situation have play the important role for elder care practice. The care practise has seemed different in upper and lower class family, because economic situation has directly link with care access. We have male dominated social-cultural practice where they have economic power. Therefore, women elder care situation is fully dependent with her husband or sons economic situation. She has to dependent with them for her elder care. On the other hand, the accessibility of care service and practice has different urban and rural society where the access of care service, infrastructure and economic condition has played important role for elder care situation. It is essential to understand first how gender, class and culture intersect to shape the multiple dimensions of rural and urban society. And, how socio-cultural and eco-structural factors interplay multiply to cause of inequality in family based care practice and how this inequality leads to influencing women elder care situation in rural and urban society (Crenshaw, 1991).

It has seemed the socio-cultural practices is the source of inequality of elder women care. Those practices are oppressive to the women in many ways. But, still majority of women preferring traditional family based care practice where there are huge discrimination with them for their care practice. They have been highly influenced by cultural and religious practices. This means the system has a lot to do with the acceptance of the practice and these

women's perception on it. Where Bossman (1994) said when society sets women in a secondary position and women don't recognize about it. Social worker should play the role to make them aware about the situation and find the solutions for it. It is challenging for social worker because they are different view in between clients and social worker. Therefore social work should concern to make sure that old women are sensitized on their rights and threats to these rights. It needs to recognize self-determination of the individual. The first task is to bring awareness of oppression behaviour and acts in their society and when women recognize oppression then they can help in the fight for their inequalities.

The study has shown the family pattern of Nepalese society has been changing during these decade, which has directly impacted on elder care. Most of the young generation has been moving in abroad or big cities for different purpose (education, job, better future, social security etc.). Especially the male members are migrating for these purposes because they are the main decision makers of family. Their absent in family has huge impacted in socio-cultural life as well as elder care situation especially in rural areas. It is really hard to find young and adult male in several villages in rural areas where their elder parents situation has become vulnerable. The old women want live their life near with their sons and get take care from them in their old age. But, situation has not going in that direction. The younger generation wants to live in abroad or in big cities with nuclear family instead to live with joint family, which has been impacting the traditional family based care practices. The elder care practices are family based in Nepal where the modern family practices have huge impact for elder care. Especially the women situation has been more affected because they are dependent with men in all the aspect of family and social life. There are several system interconnected for these situation and influence one another. Where social worker need develop a holistic view of individual with and environment and is best applied to situations. It is essential to see how individual and environment connected and influenced each other. Healy (2005) has said it is essential to understand a unifying conceptual foundation to understand and responding to people in their own environment. Study has shown several systems have interconnected for elder women this situation, which needs to understand to find out root cause of elder care situation.

The elder care practices have mainly family based in Nepal where government effort has very less in policies making and implementation process for social care to the citizen. After democracy (1990) there has been several policies introduced for social care where very less

for elder care aspect. The social security and protection of Senior Citizen Act, 2006 was a landmark from a legal point of view for elder care, but its implementation is problematic. Policies need to address the care aspect from gender, class, cultural, urban and rural scenario, Which has been playing important role to create inequalities in care situation. On the other hand, the care and other social service access is really poor in rural areas. Government effort is essential for effective policies and implementation in social care service especially the marginalized group of society. The effort should develop in collaborative partnership with elder women, families, societies and different buddy and other institution for betterment of elder women care situation.

## Chapter Six: Conclusion Remarks

Nepal is developing country of South Asia, where more than 80 percent people live in rural area. Most of the land was covered by high hill and mountain. Where these areas has far behind during the development process and access of government services because of poor governance, lack of infrastructure and social service. Religion has important place in people everyday life activities. Most of the socio-cultural practice has been influenced by it. People are really attached with family and society. Where most of the care practice has been mainly dependent on family and society because we have family based care practice in Nepal. The main reason for this situation is socio-cultural practice which is guided by patriarchal family system and its has huge influence on people life. This study has focused to find the old women care situation in rural Nepal from professional perspective where study has got the information from NGOs representatives about elder women care situation in rural Nepal. They have long professional service in elder women care areas. In-depth interview was the main source for this study, which has provided information about elder care situation as regards to their needs and challenges. Those collected information was analysed in the reflection of different theories and relevant literature in the areas of old women care situation.

Family has huge role for elder care and it has really influenced by religious practices. The elder care practice was more pure, moral and natural in the traditional practices. But, during these decades, family based care practice has been facing several challenges and the care practice has been affected in rural Nepal. Specially, women have been biasing from all socio-cultural aspects and they are in vulnerable situation during their elder life. Study has presented the situation of old women as regards to their care and social inclusion from professional perspective in the different dimensions; personal, family, social and policies aspect. Where paper has included some important facts about women (70+) care practice and their situation.

Family based care practice is the main foundation for elder care in rural Nepal where strong religious-cultural beliefs play important role for this traditional practice. Most of the elders are physically and emotionally in weak condition. They have been suffering by several diseases because of their past life activities, lack of health care access, health awareness etc. Where they have been dependent with family and others to fulfill their everyday life necessity. Elder women have been spending most of their time for praying, worship and

gossiping.

Women situation is more critical during their old age because they have been sacrificing their whole life for family. Socio-cultural practice has put them in early marriage, after that they gave the birth in early teen age and they have lots of household workload, which has been damaging their health from early age. When they reached in old age their situation became more vulnerable because they are dependent with men for the all aspect of care and support. During present time, elder women are not happy with family and society because how they have been treating with elders is not fair. The young generation has been behaving elder parents as a burden where those experiences have been damaging old people from different aspects of life. Women situation has more worsened because cultural practice has made them dependent with men for all the aspects of their family and social life.

On the other hand, majority of women are fine with those socio-cultural practice because there are strong influence by patrilineal joint family practice. Where women has been trying to fitting their-self according to these social norms and values. They are not looking their-self who they are and what they want. Women have made their identity according to the family and society needs instead of looking to the power imbalance in patriarchal family care practice. They have fitted themselves how socio-cultural practices made their role for family and society as a girl, mother or grandmother. Men are always in first position and women are dependent with them to run everyday life. Women are oppressed by men every aspect of their life. It is essential to reach on the roots of that strong social-cultural beliefs and practice which has been creating the inequality on the basis of gender throughout awareness and women empowerment.

Family is the main foundation of elder care practices. Where several factors has been influencing in care situation during these days such as; gender practices, economic situation, awareness, literacy, health care access, the changing pattern of society, globalization, urban and rural scenario etc. Majority of family has been treating elder as burden during the present decade. Because, elder are unproductive from economic activities where care practice is more concerned on economic benefits in family. Elders who have good financial position they are in better situation in family care, where men are always benefited because they have economic and most of the others important power. The family base care practice has huge influenced by men where women have to dependent with them for all the care and support in their old age. On the other hand, the care situation is different in different class family, educated and uneducated family, urban and rural family. Generally, economic situation, level

of awareness and access of care services play the important role for elder women family care situation.

In addition, we can see the gaps in family in between young and older generation during this decade. Older people are influenced by traditional socio cultural practice where young generation has been influenced by modernization and individualism. And, it has been contributing to create differences in their lifestyle and family care practices. Old people believes, It is unfortunate for them to live without family and the door of heaven will not open for them. Those strong religious-cultural beliefs play important role for traditional family based care practice, which has made them more dependent with their younger family members. On the other hand, young generation prefer to live in nuclear family instead to live in joint family. They have been becoming more self-centered. Because, they have to put all their efforts towards their elder care service in the traditional joint family system and they cant do anything for themselves and their future life. In addition, young generation has been focusing on better future and social security. As a result, they have been migrating from rural areas. It is essential to minimize the gaps between these two units to improve the family based care practice in rural Nepal throughout awareness, economic security, easy access on social service and social security.

Society is important place where people spend their whole life. Society has guided by traditional norms and values, which has developed by previous generation religious and cultural practice. Socio-cultural practice has given the important place for elders in Nepalese society. During these decades, the respect and importance are only in theoretical level. There are several needs and challenges of society members in their day-to-day life. Basically in rural Nepal, people are struggling for their basic needs where they have been always given the first priority for those needs to run their everyday life. Society member believes family should be responsible for all the care and support for their family members especially during the old age. As a same way, government should have responsible to take care for their elderly citizen.

Most of the social cultural practice has dominated by men where women have secondary position. They have to dependent with men in all the aspect of family and social life. Women are oppressed by men. As a result, the situation has become more worses when they reached in their old age. Patrilineal joint family practice is main source to create power imbalance in rural society. Women have to sacrificing her life to the family where men have better position in all aspect of their life. She has less access in property rights, decision-making rights and

other personal freedoms in-compared to men. On the other hand, society has given priority to the men works because which is directly related with economic activities. The work division has created inequality in all aspect of social life. In addition, Men have more access in education, economic, health, traveling, decision-making process, personal freedom incomepear to women. Which are main source for inequality as a result women situation become worse in their old age.

On the other hand, the care practice has been influenced by family and society economic situation. The care situation is quite better in middle class and upper class family in-compared to the lower and poor family society. Because economic situation play important role for care service and its access. As a same ways, the geographical setting has play important role for care situation because we see in rural society there are very less social care facilities incompear to urban areas. In addition, the care situation has influenced by level of awareness and education, which is also different in rural and urban society. Among them economic condition is the key factors to determine elder care situation and access on care services in both areas.

The social cultural practice are very less inclusiveness in Nepalese society especially for women. They have been biasing from different social service, places, decision-making process, others social aspects of society. They are excluded from social affairs and social events and they are not considered as an important member of society. There are oppressed and discriminated in all the aspects of Nepalese socio-political practices. Women inclusive participation and inclusiveness in social process is essential in socio-cultural practice of every society for the sustainable development. On the other hand, access of social services and infrastructure plays important role for elder care situation. Rural areas are poor in both aspects. It is another reason for worse accessibility of rural women in care service. In addition, if there are some access still women have to dependent on family and society to get those services.

In general, the care practice has been highly influenced by patrilineal joint family system where family is the main foundation for all the care and support for elders. Men are always in charge in all aspects of social and family life. It has main source to create inequality between men and women. Most of the power has own by men, as a result, women have to dependent with them to get the care and support in their elder age. In addition, they are bias from family and society because elder women are become economically unproductive for those two units. There are several layers of oppression in rural society. Personal, cultural and structural

processes play a determining role in the life of people. Gender, class, culture and geographical setting became the main source for inequality in old women care services and access for elder care in rural Nepal. The intersections of caste, gender, class and religion has huge influence in social cultural practice and women everyday life which has created multiple grounds of inequality. And, it has been impacting in old women care situation. It is essential to address some social issues such as; critical reflection on self-practice, critical assessment of service users, experiences of oppression, empowering service users, working in partnership and minimal intervention for betterment of women care situation in rural Nepal.

There are very less efforts from government side to make policies and implementation for elder care. Before 1990, there was very limited policies for elder citizen. After (1990) there are some efforts in policies formulation but implementation part was really weak. The traditional family based care practice has been becoming in weak situation where government should have to do great efforts for their elder citizen. Especially, women are bios from all the aspect of family and social life. There are huge inequality between men and women because of unequal distribution of power. It has influenced women access on care and support especially in their old age. There are very less effort from government side on policies and practice to provide proper care and support for elder citizen. It is essential to make them less dependent with different social units. Government have to put great effort on policies for women empowerment, gender equality, social inclusion, equal access on power, freedom in family and social areas as well as develop the easy access of social care service in rural Nepal. In addition, government need to implement the policies in practical manner to create the social equality in between both gender.



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## Interview guide

### Appendices

Firstly, I would like to thank you for agreeing to be my respondent. I am a student of Nord University, Bødo, Norway, pursuing master's in social sciences, specialization in social work with a Comparative Perspective. I am carrying out a research as a partial fulfillment of my master degree. My research topic "Elder Care Situation of Old Women: *A Reflection from Rural Nepal*" aims at finding out the old women care situation as regards to their needs and challenges. Therefore your contribution will be praised worthy to accomplish my research work. In the first part, I will introduce myself and ask about yourself. Then I expect your experiences on old women life in rural Nepal and their experience about elder care needs and challenges. In addition, National planning, policies and practices for elder care specially on old women aspects. The responses will only be used for the research purpose. I would like to assure for the confidentiality.

### Individual Interview Questionnaire

#### **Personal Information:**

Community:

Interview Date:

Position:

Involvement in Elderly Care Activities:

#### **Personal Aspect:**

What are old women doing for their living? How do they manage their everyday activities?

What kind of challenges have old women been facing to live their everyday life?

Do they have health issues? If yes, what kinds of health issue they have been facing?

Do health issues affect their everyday life activities?

How do they feel about their old life in comparison to their early age?

In general, how do the old women experiencing their needs and challenges as regard to elder care in Nepal?

How do they deal with the challenges that occur to run their everyday life?

Do the older women feels any biases in their care situation because of gender? If yes how do they feel about it?

### **Family Aspect:**

How do the family members view elderly life in Nepalese perspectives?

How has family been treating with elder women in Nepalese socio-cultural practice?

How is the present and past practice in family about elder care especially for women aspect?

Do they prefer to live in care center or with family in their home during their old age?

Do you see any discrimination between men and women regarding to elder care in family? If yes why it has been happening?

How is the present and past practice about family setting and elder care in Nepal?

How easy/difficult it is to adjust in the family for old women? Tell me about your experience.

Do they have any gender bias practice in family for elder care service?

What kind of challenges do old women face in family?

How do they deal with the challenges that occur to run their family life?

### **Social Aspect**

How dose society treat old women in regard to their elder care?

How do they fulfill their economic and health needs?

Do you see any differences in between women and men care situation in society?

If yes, what do you think why has it been happening?

Do they feel neglected, discriminated, and isolated from friends and people in the society? If yes how do they do it?

Can you tell me something about gender bias practice in your society (Do you have any experience about it in your everyday life? Especially from care aspect. If yes can we talk about that?

What emotional imbalance do they feel being elder women in their society?

How do the old women feel to adjust in the society for being as old women in rural Nepal?  
What is your experience?

Some questions on:

Socio-cultural practice

Old people social care practice

Religious practice about respondent society.

Gender practices about their society.

### **National Policy and Concerns**

How is the situation about care service from government and community for the old women?

Do they ever get any care service from government? If yes, what kinds of service they have been getting?

How is the government effort on elder care area? How is the present scenario?

How easy or difficult it is for the elder women to get the excess in government bodies?

Do they get social benefits from government?

Tell me about old women health care situation in these days.

Are the policies of the government enough for elder women care? If not why?

How is the present practice of Nepal government on elder care policies?

What kind of support should elder women get from family, society and government as regard to elder care in Nepal?

How can we improve old women social care situation in their old age?

Would you like to tell anything important, which has missing about elder women care perspective?

Do you have any question to ask me about this research?

Thank you so much your valuable time and information.

**I appreciate your cooperation to participate in this study.**

Suman Dhimal .....

(Please sign below if you are willing to participate in this interview process for my thesis study outline above.)

Signature:.....

Date:.....