

Reasons behind Leaving Home at Old Age: A Case from Nepal

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ABSTRACT

The study aim to investigate the reason why elderly individuals become detached form their families and choose to migration to elder homes in Nepal. A questionnaire was developed, and in-depth face- to- face interviews s were conducted with elderly residents at Devghat Elder Home. A mixed- method approach (qualitative and quantitative) was employed to analyse the factors influencing elders to migrate in elders homes. Ethical considerations were observed, and consent was obtained from the elders. Data was collected through face-to-face interviews, including physical measurements. Analysis was conducted using SPSS and CDC tools. The study focused on three types of elder homes in Devghat, Chitwan: NRAN-constructed payable elder homes, Rotary Karunalaya Elder Home and Thaha Sadbarta. Region for migration included lack of space in their own homes, abuse form family members, and seeking peace and security. Elderly residents found solace in the peaceful environment, companionship, and respectful treatment at the elder home. The study revealed varying levels of nourishment among residents, with a prevalence of moderate thinness and instances of abuse and neglect leading to migration. Elderly individuals in Nepal face challenges such as abuse, neglect, and lack of familial support, promoting them to seek refuges in elder homes for a peaceful and secure living environment. Understanding the factors driving elderly migration to elder homes is crucial for addressing the needs of this vulnerable population.

Keywords: abuse, elder, elder home, migration, neglect, Nepal, peace, securit

Introduction

The Chitwan Old Age Elder Home served as the study's location. The elders are located at the following locations: Baglung, kaski, Gorkaha, Jhapa, Banke, Kavre, Dhangadi, Gulmi, Kavre, Lalitpur, Syanja, Magdi, Nuwakot, Lamjung,

Gulmi, Bhakatpur, and Delhi, India. There were 73 responders in all, 45 of them were men and 28 were women. The study was carried out at the homes of the Chitwan seniors at the Rotary Karunalaya Elder House, Thaha Sadabarta 8, and Devghat Tample Trust Kuti.



Since room sharing is uncommon and unfavourable in Japan, young adults would have to pay for all expenses on their own or with assistance from their parents (Fukuda, 2009). In certain cases, businesses who provide full benefits or who employ people as public servants will provide housing subsidies or low-cost dorms or apartments (Fukuda, 2009).

In light of changes to their safety, health, or the loss of a spouse, older persons (OP), particularly those in their seventies and beyond, are amenable to the prospect of new living arrangements, according to ISAX & Housing Agency (2016, p. 10). According to the study, OP is amenable to new forms of supportive housing, such as independent living with care, provided that it allows them to maintain their independence, feel protected, and have access to the facilities and communities that are meaningful to them. However, in the end, they recognized that any modifications were paid for by their pensions rather than by their personal riches, assets, or family house (ISAX & housing agency, 2016).

As a second home for senior persons, Nishaya Swea Sadan is relatively impoverished (Giri, 2015). Nonetheless, the state has given them modest incentives, and the institution has helped with their basic necessities and medical care. According to psychological research, the majority of senior people struggle with issues like loneliness, family disengagement, declining self-esteem, and an inability to adapt to a changing environment. However, they also possess advantages like autonomy, lack of regulations, and limitation by their grown-up offspring. In a similar vein, they felt better after talking to each other about their prior experiences. The majority of older people felt united by their shared stories. They so referred to that location as their "second home" (Giri, 2015).

Older people have rights outlined in Section 9 of the Republic of South Africa's constitution, specifically that they cannot be unjustly denied the ability to:

- a. Engage in community life in any capacity that best suits their interests and abilities;

- b. Take part in intergenerational programs;
- c. Create and take part in organizations and structures geared toward the elderly;
- d. Engage in activities that improve their ability to generate income;
- e. Reside in a setting that accommodates their evolving needs; and
- f. Have access to opportunities that support their ideal degree of social, physical, mental, and emotional well-being (South Africa, 2006; p. 6).

The government of Kerala (2016, p. 5) states that the need for alternative arrangements to assist the elderly in finding a place of rest in their later years has increased due to the rise in the proportion of elderly people in the world's population and the declining role that families play in caring for their elderly members. Aging has accelerated due to the global population shift from children to the elderly, which began in the second half of the 20th century and gained momentum in the following decades. The advancement of medical technology has led to an improved health management system, which has extended life expectancy. The population is changing in all civilizations, even though developed nations who have already experienced this have learned to live with it. However, the emerging nations continue to struggle with inadequate solutions to numerous issues that their more developed counterparts encounter (Government of Kerala, India, 2016).

Hem K. Subba et al. (2023) state that financial, psychological, and neglectful abuse of older individuals is the most prevalent type of maltreatment of this population. Therefore, in order for relevant authorities to avoid and control the mistreatment of older adults and to ensure the elderly's wellness, an awareness campaign for the elderly and their caregivers is required.

The majority of the elderly in Pokhara City suffered from various sorts of abuse. The most common type of abuse they endured was caregiver neglect, which was followed by psychological abuse. Elder

abuse was substantially correlated with female sex, being illiterate, single, widowed, separated, or divorced, and having a chronic disease. It is advised that the government create a number of elderly empowerment initiatives that can shield the elderly from abuse, as well as education and public awareness campaigns on elder abuse, its prevention, and control (Bhandari & Adhikari, 2020).

According to Baral, M. et al. (2021) the majority of older individuals who moved into old age homes in Pokhara Lekhnath Metropolitan City had previously experienced abuse from their caregivers, primarily in the form of verbal abuse and neglect, and women were more likely than males to experience abuse.

Agrawal et al. (2021) state that the issue concerns the business model choice that the developer of a prospective senior citizen home must make. The report lists several reasons why senior citizens like living in community living initiatives.

Stula, Sabrina (2012) reports that the project, which was funded by the European Commission's Fifth Framework Programme, examined the impact of the home environment—including living patterns, objective living conditions, and subjective perceptions—on the well-being and societal participation of individuals in the 75-89 age group who resided alone in urban areas across five European countries (Sweden, the United Kingdom, Hungary, Latvia, and Germany). The European comparison demonstrates that the strategies supporting older living in the examined Member States go beyond the layout and modification of living areas and incorporate social participation and the active integration of senior citizens into their (residential) environment.

Measures to design infrastructure that is appropriate for the age or generation and to provide local supportive services are added to these techniques. One example is the British plan "Lifetime homes, lifetime neighbourhoods," which highlights the significance of the living environment for the independence and well-being of older people ("inclusive and sustainable neighbourhoods"), in

addition to the existing housing difficulties. Apart from assisted living and nursing homes, a range of professional residential facilities are available that provide care services (assisted living, sheltered housing, and shared housing¹⁷), day care and short-term care, as well as plans that enable people to live in their own homes and receive care from friends and/or family when necessary.

Preventative home visits are another project in Denmark and Finland that supports older adults who do not already receive out-patient care and support in staying in their own homes. These visits are intended to identify care needs early on and assist senior adults in making plans for independent living (Stula 2012).

NGOs, care providers, and policy makers are some examples of the stakeholders that are expected to get information and recommendations regarding the provision of care, according to Help Age (2013). The report's conclusions are supported by evidence; nevertheless, given the variety of countries in the region and the scope of care offered, it should be noted that further research on the subject will likely yield inconclusive results (Help Age International 2013).

We have carried out this investigation to determine if the human rights of elderly individuals in England who desire or are getting care in their homes are adequately promoted and safeguarded (Redfield, 1997). A systematic investigation on the human rights of elderly individuals receiving or needing home-based care and support has never been conducted. While home care is significantly more common among older adults than residential or nursing care, greater emphasis has been paid to the human rights of older adults receiving in-home and hospital care. Individuals who are receiving home care must have faith in others to assist them with private and personal duties including eating, dressing, taking a shower, and getting into bed.

When this assistance is provided effectively, it is done in a way that honors the elderly person's right to privacy, their dignity, and their ability to make decisions about how things are done; in other

words, it adheres to a human rights approach to service delivery.

The Nepalese Constitution (2015, p. 27) states in Part 3: Fundamental rights and duties under the heading of senior citizen rights: Senior citizens will be entitled to social security and particular protection from the government. For their protection, uplift, empowerment, and development, the underprivileged and members of communities facing extinction have the right to specific chances and advantages in the areas of education, health, housing, work, food, and social security (The constitution of Nepal, 2015).

The elderly are those who, in every community, have reached retirement age. Although older citizens are an invaluable resource for any nation, the rise in the number and percentage of senior people in society has given rise to a new phenomenon known as population ageing. Even if an increase in the senior population in any nation signifies a long life expectancy, it frequently entails a unique set of issues. Since life expectancy has increased over the past century, there will soon be a greater proportion of elderly people than children in the world. There are opportunities as well as challenges associated with this societal change. The 2012 World Health Day theme, which was 'Aging and Health. The association helps the elderly and gives them a stress-free environment in an assisted living facility. Seniors who live in an assisted living facility will have constant company and, consequently, peace of mind—which is especially important at this time. Living in an assisted living facility would provide better living conditions due to ongoing medical care, security, upkeep, and—above all—constant company (Bhat & Ahmad, 2021).

The study's senior housing lived up to its promise of offering an easily accessible physical and social environment that not only promotes and permits residents to be physically active and independent but also offers social activities and a sense of safety. In this way, the senior housing complex provided a setting that promotes healthful aging and overall well-being. Nonetheless, there were differences in

the tenants' perceptions of what the senior housing complex stood for (Jolanki, 2021).

Finally, elder home (Briddaashram) ought to be a substitute location for certain old people in need, but not for everyone. The government should encourage senior citizens to live with family members by offering rewards to those who look after their parents and enacting laws that penalize abuse or neglect of the elderly (Mishra & Chalise, 2019).

Older adults today have considerably more housing options than either sticking where they are and making due or relocating into specialized housing or residential care. A versatile range of choices has surfaced, emphasising the advancement of self-sufficiency and overall wellness. Important information on the creation, delivery, expenses, and advantages of these choices has been made available (Robinson et al., 2020).

The elderly people are often defined as citizens over the age of retirement but the age of retirement varies from country to country. Many low-income people and tradespeople work beyond the age of retirement for various reasons. The International Plan of Action on Ageing adopted by the World Assembly on Aging applied the term to persons over the age of sixty. However, in many countries people continue to work and function well beyond that age. Indeed, some countries have abandoned a mandatory age of retirement. Moreover, it is recognized that the functional capabilities rather than chronological age are more important for policy purposes (United Nation, 1993).

About half of the respondents were having issues while adjusting at old age home and similar percent has reported that their life has considerably changed after joining the old age home. Over half (52%) of these have experienced negative impact, such as homesickness, feeling of left alone (abandoned) by family members, feeling of staying at a hostel, follow certain schedule, elderly have to adjust in their daily life, and so on. Due to family attachment, many respondents feel lonely. For instance, 56 percent of the respondents perceive that they are being left out by their family members. While,

two-thirds of respondents perceive that other elderly who are staying with their family members are having a better life than themselves.

As a result, a lot of respondents said they would like to return home. Even though over half (54%) of the participants are aware that they will live out their remaining days in the assisted living facility. On the other hand, 2 percent of respondents said they would soon return to their previous houses with family members, while 42% of respondents stated they were unsure about their future stay. Even yet, a lot of respondents reported having favorable outcomes from their time in the senior home. However, several of the respondents reported experiencing loneliness, bad living conditions, or other undesirable feelings. The main cause of these experiences is the absence of family members in the area (Janbandhu et al., 2022).

Independent living, as defined is just any type of housing intended specifically for older persons, usually those who are 55 years of age or older. There is a huge range in housing, from single-family detached homes to apartment living. Generally speaking, the housing is more accommodating to senior citizens, frequently being smaller, simpler to navigate, and requiring no yard or maintenance work (Robinson, et al., 2023).

German (2019, p. 8) claims that as people age, they spend an increasing amount of time at home. Their living situation is crucial to their happiness, health, and quality of life—even more so as they get older. For as long as possible, the majority of older people today would like to be allowed to remain in their comfortable settings. This is true even in the event that they are unwell and require assistance BMFSFJ.

Anil, & Hemamala (2018) state that the percentage of elderly Indian citizens (over 60) is 8.6% of the country's total population (60 million). Currently, 1% of this population, for a variety of reasons, lives in old age homes throughout India. The current state of the elderly's living in assisted living facilities is not praiseworthy. Research has shown that the environment of senior living facilities and

the personnel have an impact on the well-being and medical treatment of their inhabitants.

Researchers have shown that there are service gaps between elderly care workers and residents, despite the variety of services offered. In order to improve the living conditions of the elderly population in nursing homes, it is imperative that we examine the living standards of this demographic, the services that these facilities provide, and how their residents spend their life there (Anil & Hemamala, 2018).

There was a 15.5% prevalence of malnutrition and a 61% risk of malnutrition among senior persons residing in old age homes inside the Kathmandu municipality. The existence of co-morbidities (hypertension and diabetes), smoking, drinking alcohol, leading a sedentary lifestyle, and taking numerous medications were identified to be lifestyle-related factors affecting elderly citizens' nutritional condition. Elderly people residing in assisted living facilities are more likely to suffer from malnutrition, and this risk appears to be increasing with age (Shing & Shrestha, 2016).

The United Nations country report (2007) states that older people rely on their offspring, especially their sons, for security and assistance as they age. According to a recent study by Chaudhary, over 60% of the elderly in Nepal are the head of the home, and over 80% of them live with their children¹⁰. In Nepalese society, where men predominate, the oldest male member of the household is typically considered the head of the household. The authority belongs to the head of the home. The study also reveals that just 2.7% of the elderly in Nepal live with their daughters, in contrast to the West where daughters—married or not—typically take care of the elderly¹¹. It's possible that cultural taboos that forbid from living with married daughters.

According to Khanal et al. (2018), elderly parents are left behind alone in their home countries or in certain assisted living facilities due to the rising trend of youth internal and external migration. It is critical to examine issues pertaining to the elderly before the problem becomes chronic through more intensive research work.

As room sharing is uncommon and not recommended in Japan, young adults would have to pay for all of the expenses on their own or with assistance from their parents. In certain cases, businesses who provide full benefits or who employ people as public servants will provide housing subsidies or low-cost dorms or apartments (Fukuda, 2009).

In light of changes to their safety, health, or the loss of a spouse, older persons (OP), particularly those in their seventies and beyond, are amenable to the prospect of new living arrangements. According to the study, OP is amenable to new forms of supportive housing, such as independent living with care, provided that it allows them to maintain their independence, feel protected, and have access to the facilities and communities that are meaningful to them. However, in the end, they recognized that any modifications were paid for by their pensions rather than by their personal riches, assets, or family house (ISAX & housing agency, 2016).

Using a 5'10", 160-pound person as an example, the following equations are used to calculate BMI in the US customary system (USC) and the International System of Units (SI):

$$\text{USC Units: BMI} = 703 \times \frac{\text{mass (lbs)}}{\text{height}^2 \text{ (in)}}$$

$$\text{SI, Metric Units: BMI} = \frac{\text{mass (kg)}}{\text{height}^2 \text{ (m)}}$$

Disease Control and Prevention (DCP)

$$\text{BMI Prime} = \frac{\text{BMI}}{25}$$

When a person's measured BMI is divided by the top limit of what organizations like the WHO and the CDC consider "normal," the result is their BMI prime. This upper limit, which will be referred to as BMI_{upper}, is 25 kg/m², though it may vary in other countries, such as those in Asia.

The BMI prime formula is:

$$\text{BMI Prime} = \frac{\text{BMI}}{25}$$

BMI prime is a dimensionless value since it is the ratio of two BMI values. A person is considered underweight if their BMI prime is less than 0.74; normal if it is between 0.74 and 1; overweight if it is more than 1; and obese if it is more than 1.2. A person's weight classification based on their BMI prime is displayed in the table below:

Table 1
Thinness Classification

Classification	BMI	BMI Prime
Severe Thinness	< 16	< 0.64
Moderate Thinness	16 - 17	0.64 – 0.68
Mild Thinness	17 – 18.5	0.68 – 0.74
Normal	18.5 - 25	0.74 – 1
Overweight	25 - 30	1 – 1.2
Obese Class I	30 - 35	1.2 – 1.4
Obese Class II	35 - 40	1.4 – 1.6
Obese Class III	< 40	< 1.6

We can quickly determine how far a person's BMI deviates from the top bound of what is deemed normal thanks to BMI Prime. Additionally, it enables comparisons between sets of individuals with varying upper BMI ranges (Fitness and Health Calculators, 2008–2023).

A residential facility is a building or other structure that is primarily used to house and provide round-the-clock services to older people. Rehabilitation is the process of enabling an older person to reach and maintain his or her optimal levels of physical, sensory, intellectual, psychiatric, or social functioning; it does not include treatments to replace lost or absent functions lodging and offering senior citizens a round-the-clock service (The parliament of the Republic of South Africa, 2006).

Children were impacted by the floods and prepared results by measuring body mass and anthropometry. Literature review on children impacted by floods and the consequences of natural floods (disasters). Establish the target demographic, take ethical issues into account, and seek the mother of the children's informed agreement. According to the research, children in sane social zones who were not affected by flooding are less likely to be malnourished than children who were. Unimaginable floods of the Karnali River claim human lives. Nearly all residences evacuate during the floods for a period of one to four weeks, staying as trash in Godam buildings, community homes, and schools (Ghimire et al. 2023).

Malnutrition was present in both areas, although it was more prevalent in the flood-affected area than in the non-flood area. The Karnali, Nepal's deepest river, is impacted between once and three times a year. Its effect on society is that people must spend one to four weeks (7 days to 30 days) a year in safe areas such as Godam, community centers, and school facilities. Monsoon floods from June to September was the primary issue. The level rises to 11 meters when the Karnali River floods. Residents of the riverbank neighborhood flee their houses and remain there as refugees (Ghimire et al. 2023).

At Mangal Secondary School, Kirtipur -10, Kirtipur, Kathmandu, there was severe wasting total (1) 4.5%, moderate wasting (1) 4.5%, and normal (20) 90.9%; in Mahendra Adarsha Secondary School, there was moderate wasting (3) 11.1%, and normal (24) 88.9% (Ghimire et al. 2024).

Statement of Problem

Older people are not being consulted as to the care they need and want, which is partly contributing to significant gaps in care provision. The biggest care related gap for older people is not care, also a lack of the social support. The group for whom this is the biggest issue is older people aged 70 above. In Nepalese condition above 70 government also announced senior citizen of Nepal and provided little bit social allowances. Many care fail to understand the basic needs for their older relatives and may lack the support structures. As a communication centre for health and care inform, significant benefits; community groups and networks can provide support for older people and cares; and community care facilities can ensure that services that services are received by the most isolated and rural of older people. Most of the Nepalese elders experience it generally means the unpleasant ones like painful experience from son, daughter in law and daughter. They all respected and transfer their property (land, gold, cash and home) in own name and kicks to elers.

Research Objective

To investigate the causes of elderly people leave their homes and the of adjusting their life along with nutrition status of elder through height, weight measure in the elderly home.

Methodology

This study was based on qualitative research methodology. The study adopted a systematic review methodology to analyze the quantity of available literature and facilitate the identification of a central theme. A structured questionnaire was developed, and a face-to-face interview was conducted with elderly home-living respondents.

Primary data were collected from elder homestay elders, and secondary data were reviewed for a related study. The collected data was compiled and analysed using SPSS through use WHO Disease conCDC tools on the computer.

Results and Discussion

The result and discussion related to elder citizens who are staying in elders’s homes. The finding result and discussed following:

Table 2

Son and Daughter Status of Old Age People

	Son and Daughter			Total
	Son yes	Daughter yes	No	
Male	45.21% (33)	15.07% (11)	1.17% (1)	61.64% (45)
Female	20.55% (15)	17.81% (13)	0	38.36% (28)
	65.75% (48)	32.88% (24)	1.17% (1)	100% (73)

Table 2 shows the total respondents were 100% (73); among them, the son said 65.75% (48) and the daughter said 32.88% (24) the results show

elder citizens have sons and daughters; they leave their homes.

Table 3

Elder Widow or Meadow and With Wife Status

	Widow, Meadow and with wife							Total
	Widow	Meadow	With wife or with husband	Separate	Unmarried	Ascetic (gogi)	Alone	
Male	6.67% (3)	42.23% (19)	26.67 (12)	6.67% (3)	11.12% (5)	4.45% (2)	2.23% (1)	100% (45)
Female	60.71% (17)	7.15% (2)	28.57% (8)	0	0	0	3.57% (1)	100% (28)
	27.39% (20)	28.76% (21)	27.39% (20)	4.11 (3)	4.11% (5)	6.85% (2)	6.85% (2)	100% (73)

Table 3 shows that the total family status of respondents was 100% (73), among them widow 27.39% (20), meadow 21, with-wife 27.39% (20),

separate 4.11 (3), unmarried 4.11% (5), ascetic (gogi) 6.85% (2), and single (alone) 6.85% (2) were.

Table 4

Elder Have Home And Land Property

	Home and land property				Total
	Own name Home yes	Yes (Irrigated)	Only upland	No have Property	
Male	44.45% (20)	44.45% (20)	2.23% (1)	8.89% (4)	100% (45)
Female	17.85% (5)	82.15% (23)	0	0	100%(28)
Total	34.25%(25)	75.34%(43)	3.57%(1)	5.48%(4)	100%(73)

Table 4 shows that the total number of respondents for elders' homes and land property was 100% (73), with 34.25% (25) owning a home, 75.34% (43)

having land irrigation, 3.57%(1) having upland, and 5.48%(4) having no property in their name.

Table 5*Elders Previous Life*

	Previous what you to do					Total
	Farmer	House Manager	Job	Business	Traditional occupation (tailoring, shoe making, Agriculture tools making)	
Male	35.55%(16)	0	53.33%(24)	11.11%(5)	0	100%(45)
Female	85.71%(24)	3.58%(1)	7.15(2)	0	3.58%(1)	100%(28)
Total	54.79%(40)	1.37%(1)	36.32%(26)	6.84%(5)	1.37%(1)	100%(73)

Table 5 shows that in the in the previous life of elders, total respondents were 100% (73); among them, farmers were 54.79% (40); house managers were 1.37%(1), Job 36.32%(26); and traditional occupations were 1.37%(1).

Table 6*Living Elder's Home Name*

	Now living old age residential			Total
	NRNA, Galeshower old age home	Rotary Karunalaya Elder home and Thaha Sadabarta	Devghat Temple Trust Kuti (samll home constructed self)	
Male	73.34%(33)	8.88% (4)	17.78%(8)	100% (45)
Female	35.72(10)	14.28%(40)	50%(14)	100%(28)
Total	58.90(43)	10.96(8)	30.14%(22)	100% (73)

Table 7*Types of Elder Home Residential*

	Type of residential		Total
	Long life	Annual	
Male	51.12% (23)	48.88% (22)	100%(45)
Female	71.42%(20)	17.78% (8)	100% (28)
Total	58.90%(43)	41.1%(30)	100%(73)

Table 6 and 7 show that the types of residential total respondents were 100% (73), among them long-lived males 51.12% (23), annulment paid males 48.88% (22), females (long-lived) 71.42% (20), and annual paid males 17.78% (8).

Table 8

Paid Amount

Paid amount	Male/Female		Total
11 lakh long life	70% (7)	30% (3)	100% (10)
5 lakh long life	75% (3)	25% (1)	100% (4)
46,500 annually	76.47% (13)	23.53% (4)	100% (17)
36,500 annually	80% (8)	20% (2)	100% (10)
60000 annually	60% (6)	40% (4)	100% (10)
Little amount paid to Devghat Temple Trust and stayed	36.36% (8)	3.63% (14)	100% (22)
Total	61.64%(45)	38.36%(28)	100%(73)

Table 8 shows that the total number of total respondents was 100% (73). Among them, 11 lakh paid for long-lived males were 70% (7) and females were 30% (3) were. 5 lakh paid males were 75% (3) and females were 25% (1). The amount of 46,500 annually paid to males and 76.47% (13)

and females was 23.53% (4). 36,500 annually paid to males 80% (8) and females was 20% (2), 60,000 annually paid to males 60% (6) and 40% (4) females. The little amount paid to Devghat Temple Trust male were 36.36% (8) and construct self-home were and female 3.63% (14) were.

Table 9

Types Of Room

	Types of Room				Total
	Single attached	Two beds sharing	Four beds sharing	Common	
Male	37.75% (17)	28.88% (13)	24.45%(11)	8.88%(4)	100%(45)
Female	67.85%(19)	14.28%(4)	7.15%(2)	10.71%(3)	100%(28)
Total	49.38%(36)	23.28%(17)	17.80(13)	9.54%(7)	100%(73)

Table 9 shows types of room total respondents 100% (73) among them single attached room male were 37.75% (17), two beds shared were 28.88% (13), and four bed shared room 24.45%

(11) and common room shared were 8.88% (4). Female single attached room 67.85% (19), two bed shared 14.28% (4), four bed shared 7.15% (2) and common share were 10.71% (3).

Table 10

Financial Manage for to Paid Elder Home

	Financial manage for to paid in elder home					Total
	Pension	Previous deposit bank balance	Paid by son	Paid by relative	Elder Allowances	
Male	31.11%(14)	35.55%(16)	4.45%(2)	4.45%(2)	24.44%(11)	100%(45)
Female	21.42%(6)	17.85%(5)	0	0	60.72%(17)	100%(28)
Total	27.39%(20)	28.76%(21)	2.73%(2)	2.73%(2)	38.35%(28)	100%(73)

Table 10 shows that financial management for paid elder home total respondents was 100%

(73); among them, males paid from pension were 31.11% (14), previous bank balances were 35.55%

(16), paid by relatives were 4.45%(2), and from elder allowances were 24.44% (11). Females paid from pension were 21.42% (6), previous deposit

bank balance was 17.85% (5), and paid from elder allowance was 60.72% (17).

Table 11

Overall Elder Home Management

	Overall Elder home management			Total
	Good	Medium type	not good	
Male	75.55%(34)	17.77% (8)	6.67% (3)	100% (45)
Female	100% (28)	0	0	100% (28)
Total	84.93% (62)	10.95% (8)	4.10% (3)	100% (73)

Table 11 shows that overall management of elder home total respondents were 100% (73), among them males told good 75.55% (34), medium type told 17.77% (8) and not good told 6.67% (3).

Females told me good 100% (28) were. The data shows that females are happier in the elder home because there are not many medium-types and not many good answers from females.

Table 12

Staying in Elder Home

	Staying in Elder home		Total
	Single	with wife/husband	
Male	88.88% (40)	11.19% (5)	100% (45)
Female	89.28% (25)	10.72% (3)	100% (28)
Total	89.05% (65)	10.95% (8)	100% (73)

Table 12 shows that there were 100% (73) respondents who were staying in an elder home, 88.88% (40) of whom were male, and 11.19% (5)

who were married. Female singles staying 89.28% (25) were and with husbands 10.72% (3) were.

Table 13

Water And Electricity Facility Condition

	Paid amount for per month net used			Total
	Not paid	No facility	@ NRs. 200.00	
Male	2.22% (1)	26.66% (12)	71.12% (32)	100% (45)
Female	0	64.28% (18)	35.72% (10)	100% (28)
Total	1.37% (1)	41.09% (30)	57.54% (42)	100% (73)

Table 13 shows that water supply and electricity facility condition total respondents 100% (73); among them, male best told 93.33% (42); and scarcity told 6.67% (3). Similarly, female told best 89.28% (25), good told 10.72% (3) were. There is available hot and cool water and a cloth washing facility in the washing machine for those elders who are not able self-wash.

The quality of water should be checked for each elderly home interms of availability, reliability, physical, chemical and biological parameter as standard describes by Mishra (2018) and Mishra & Acharya (2018) taking the reference of Salyankot water supply system, where emphasis was given on national water quality standard 2005, which describe the minimum quality standard of water for drinking.

Table 14

Memorable In Leave Home

	Male or Female			Total
		Male	Female	
High memorable in leave home	No memorable previous home	50.73% (35)	49.27% (34)	69
	3rd daughter	100% (1)	0	100% (1)
	Birth place	50% (1)	50% (1)	100% (2)
	Blindness small son	0	100% (1)	100% (1)
Total		50.68% (37)	49.32% (36)	100% (73)

Table 14 shows that memorable in leave house total respondents were 100% (73), among them male 3rd daughter 100% (1), birth place was 50% (1), and 50.73% (35) were told not any things memorable

now. Female 50% (1) told birthing birth place, blindness small son told 100% (1) female was, and 49.27% (34) females told no things memorable now.

Table 15

Mobile use of Mobile

	Have you use mobile		Total
	Yes	No	
Male	93.33% (42)	6.67% (3)	100% (45)
Female	85.71% (24)	14.29% (4)	100% (28)
Total	91.42% (66)	9.58% (7)	100% (73)

Table 15 shows that total respondents were 100% (73); among them, 91.42% (66) used mobile, and

9.58% (7) could not use mobile.

Table 16

Used Paid Amount Every Month Nrs.

	Paid amount for per month net used			Total
	Not paid	No facility	@ NRs. 200.00	
Male	2.22% (1)	26.66% (12)	71.12% (32)	100% (45)
Female	0	64.28% (18)	35.72% (10)	100% (28)
Total	1.37% (1)	41.09% (30)	57.54% (42)	100% (73)

Table 16 shows that paid amount for net use total respondents were 100% (73), among them males, not paid only 2.22% (1); no facility told 26.66% (12) were and paid at 200 NRs. Were 71.12% (32).

Female no. facility told 64.28% (18) were, and @200 NRs. Paid told me 35.72% (10) were. The result shows that mobile mobilised training needed both male and female.

Table 17*Nourishment Height And Weight Status Of Elder People Of Elder Home*

Normal		Over Weight		Obese Class I		Obese Class III		Moderate Thinness			
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
(37)	(17)	(8)	(5)	0	(3) 100%	0	(1)100%	(1) 100%	0	0	(1)100
68.52%	31.48%	61.54%	38.46%								
(54) 73.97%		(13) 17.80%		(3) 4.10%		(1) 1.36%		(1) 1.36%		(1) 1.36%	

The above 17 shows that total normal was 54 among them (37) 68.52% male and (17) 31.48% female were, overweight total 13 among them (8) 61.54% male and (5) 38.46% female were, obese class I was (3) 100% female, moderate thinness (1), and severe thinness female (1) 100% were.

Total nourishment status of elders was normal (73.9%), overweight (17.80%), obese class I (1) 1.6%, obese class III (1) 1.6%, moderate thinness (1) 1.36%, and severe thinness (1) 1.6%. The report shows moderate thinness in one male and severe thinness in the other in the other female.

Table 18*Elder's nourishment status*

Nourishment indicators	Total number	Percentage (%)
Normal	54	73.97
over weight	13	17.81
Obesity class 1	3	4.11
obesity class III	1	1.37
Moderate thin	1	1.37
Severe thin	1	1.37
total	73	100.00

Table 18 shows that the total number of elders' nourishment status was 73; among them, normal was 73.97% (54), overweight was 17.81% (13); obesity I was 4.11% (3); obesity class III was 1.37% (1); moderate thin was 1.37% (1); and severe thin was found 1.37% (1).

Story inside the story**Case study**

My name is Kisan Tripathi (not true, but an artistic name). I am 74 years old. My home is in Pokhara Metropolitan City. Before I was young, I was a school teacher. I've been single for 40 years. After my wife's death, I could not marry due to my children's love. Nepal communist party (Maoist) fighters every day come to my workplace. They thread to me always; go back; otherwise, we will die to you. So I leave my permanent (retire-life)

job after 10 years. After a week off, I have returned to my home.

I could not balance my bank account due to my children's education and their marriage. After my sister-in-law came home, the tussle started. At the same time, COVID-19 also started; I also affected COVID-19 in April 2021 and was in bed. One evening, my daughter-in-law gave me a glass of water. My grandson said Grandpa should drink water. I replied not to eat; I am not interested now; I will drink later. The water glass was on the table. At mid-night, I saw water turn white. I wonder what this is. I have poured water into a small bottle and tested in the lab. There was poison used. She wants to kill me. Same time Asthma and pneumonia. The conflict started at home due to a daughter-in-law. She did not provide five days' food at home. There is no safety

and peace, no facility in the home, so I leave it. After the poison case and abuse, I have been kicked out of my home.

I have come here to die due to the Hindu holy place of Devghat. Now I have annually paid \$280 (Nepali Rupee 36,500, thirty-six thousand five hundred). If here dead, go to heaven (according to Hindu religion). It is a tribute of Hindus holy place of Kali (a Saligram founded in a river) and Trishuli River. In the Non-Residential Nepalese Association (NRNA) elder home, there is a doctor who comes weekly and provides a little medicine for free. My eye operation was done for free by Eye Hospital. It is not possible if I am at home. All the daily medicine provided by the government hospital is covered by insurance.

No one came to visit me. 40 years widow (single or wife death), children education managed, their marriage, they don't support and care for me now. Little bit of relation with daughter, she asks and helps me. Here is good because it is clean Toilet and bath room, bed available, safe, walking easy, good natural environment, and road access. Lastly, I want to die here. Thank you.

The case study reveals that Kisam Tripathi (not true name), like Nepalese elders, receives punishment from their children and relatives (son, daughter, and daughter-in-law). Elders are trying to adjust till last; after no way, they leave their home and migrate to the elder home for their remaining life. Such types of conditions in Nepalese society are sorrowful for the community, nation and elders as well.

Elders Home Leave Reasons

- Unsafe, and there is no space in the home. Son came with full drinks at night and was dragged out of the bed room with a pressed throat, threatening to hand over the elder age allowance amount. When I arrived here, I was staying peacefully and safely, and I also wanted to die in a Hindu's holy place to go to heaven and not for rebirth.
- Relative takes the government-provided amount and doesn't give one rupee to me. I could not be told to give my money if I beg; he or she will physically attack me at night.

- After the wife or husband's death, she became single; in the elderly, she could not work (cooking, washing, and cleaning); she always became sick due to old age; she needed care and support for a health check-up, medicine purchases, and hot and cold water drinking.
- Unmarried or single, nobody is supportive; they could not move and work. Before, I stayed freely and in a wide area at home peacefully. After marriage, it is not good to build up with a daughter-in-law (married with two daughter's birth home). She told me to always get out of this home when I arrived here for a peaceful stay.
- All of the property was legally transferred to the wife's name. After a disagreement with the wife, she told me, "What are you doing in this house? You are property less human," and kicked me out. After divorce separation, I was empty, but to live my life, I have arrived here to eat and live.
- Single life felt lonely and alone. All the youth who have migrated to foreign countries (Europe, USA, UK, and Australia) alone could not stay at home.
- We, husband and wife, are vegetarians, and son and daughter-in-law eat meat. It is not a good environment to own a home for a stay, so we have arrived at a vegetarian food found place.
- Husband has married a second wife and left me. Her children contributed to my long life by paying for it and carrying me.
- Make law stop property handed over system legally in Nepal, the property handed over between husband and wife otherwise it will be government property.

Best for paid elders in Non Residential Nepalese Association (NRNA) Devghat elder Age home (Hindu holy place):

- This is the central part of Nepal; everywhere in Nepal, all public vehicles come near it; roads are accessible; in upland, stay-home construction is safe, sunny, good environment;

it is near a river; and it is a peaceful location.

- Hindus Holy land, good natural environment (forest, tribute to the Kali and Trishuli river monkey movements), own cow farming, respect for elders (not abuse), and enough land for morning and evening walks are safe.
- Cheap and best price for elders (long life as well as annually), in a 1.5-hectare building constructed with a compound wall, an inside wall foot trail, a neat and clean organic and vegetarian kitchen, a 24-hour water facility, electricity and a net facility, a basic health check-up centre, and support for hospitalized serious illnesses.

Suggestions for NRNA elder homes and stakeholders:

- Construct or implemented strong rule and regulation elder save, supportive for social respect and improvement law to elders. Provide free living elder home and treatment after 60 years to all elders.
- Conduct executive committee meetings with elders from time to time for feedback.
- Please change the name of the elder home because it is a dependent people's home and not a free residential facility for the elderly. This NRN elder home is payable and stay elders' home; the name is purposed elder home peace centre or elder life convenience centre.
- Health check-up facility continuously and provide regular use medicine (sugar, pressure, heart, uric acid, thyroid, cholesterol, etc.). Lab facility with 24-hour health personnel (doctor or nurse) and emergency beds.
- Establish an elder treatment fund (deposit a fixed account amount of one Koror Nepali rupee with support from the local government, NRNA support, and elder's partnership). Use interest only for those elders who cannot treat themselves.

- Conduct funeral activities after the deaths of elders; don't call their children (son and daughter) for funeral activities.
- Provide quality rice, pulses, and fresh vegetables; do not reduce cow milk to less than 200 ml (one glass) at morning and evening feeding times.
- Construct a male-female separate toilet, repair and maintain the bath room flushing, electricity, fan, water tap, etc.; change the elder's bed (quilt, pillow cover, curtain, etc.) after 3–4 years.
- Long-term residents who wish to return with the assistance of their children are required to follow the rules and regulations outlined in the Degaht NRNA constitution.

In Nepali society, elders are the wealth of the country because they transfer their knowledge for free with the next generation. They are also happy with small talk, like visiting relatives and talking; they have no ambitious plans. All the elders want to stay at home with their grandsons and daughters, with their care and love. But when they transfer their properties—land and house—their son, daughter and daughter-in-law kick from home. All the elders have paid long-term taxes to the government, collecting different experiences with strong learning. Easily, they have not developed an elder condition. They do not have strong power to carry loads and could not work without timely food. At a young age, they work and give something to the country. The government of Nepal focuses on and carries out a social security package for the elderly people of Nepal. Like free insurance, a small amount (NRs. 4000 per month) allowances, elders beds in hospitals, not needing to stay in queues in government offices, etc. Elders forcedly home leave root case is property, if government make legally not property handed over system such context could not come.

Conclusion

The food provided was elder's rice, pulses vegetables, pickles, chapatti, and 200 ml cow milk every morning and evening, breakfast black tea only, day snacks beaten rice, and biscuits with black tea. Elder's health check-up and free medicine provided from the basic health posts of allopathic medicine and Ayurveda. For big treatment cases and operation cases, elders' expenses are handled by their own home coordinates only. Elder's home support to carry in hospital by using their vehicle. In the unable health condition, elders needed support for care and management. Otherwise, at normal conditions, good lunch and dinner, a good environment, and being attached to the Hindu holy place of the world, all the elders of Devghat, Chitwan, are proud to stay in this big Hindu holy place and are coming for death here.

- Every day, all the elders go to the holy river Kali beach and bat, pray in the Shiva temple, do yoga, and hear religious speeches by Hindu puran speakers.
- There are slightly slower, if needed, maintenance issues with the issues with the water tap, flushing, and electricity-related issues.
- Neat and clean the elder house and toilet and bath room every day; a doctor check-up facility twice a month; free medicine for elders; and recommendations for chronic diseases and operations.
- Do not sneeze (kitch kitch) sometime; show respect to all elders; and soon maintain the tap, flushing, fan, and electricity.
- Twenty-four-hour nursing facility in a basic medical health center.
- The local government provides 100% support and keeps the Bharatpur Municipality Devghat elder home.
- It is needed literacy training to be aware of modern mobile apps (Facebook, YouTube, Messenger, etc.).
- The nutrition status of elders is normal (73.97%), overweight (17.81%), obesity class I (4.11%), obesity class III (1.37%), moderately thin (1.37%), and severely thin (1.37%).

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