Prithvi Academic Journal

(A Peer-Reviewed, Open Access International Journal)
ISSN 2631-200X (Print); **ISSN xxxxxx** (Online)
Volume 1; May 2018

Silent Screams of Ageing: Untold and Unheard Stories of Senior Citizens in Pokhara Elderly Care Centre

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ABSTRACT
Ageing is a normal biological process. The ageing transition reduces physiological, social and other capacities and makes elderly susceptible to social and health threats. The rich tradition of dignified ageing is drastically eroding in Nepal; hence, more older people today are living in seclusion, depression, diseased and neglected by their children. The key objective of this article is to assess how the senior citizens experienced their transition of ageing. The study is pedestaled on primary data following the qualitative techniques. Healthy ageing is a multifaceted notion and one of the most intense social transformations in human history allied to physical, psychological and social experiences linked to the aged-people, immediate surroundings, friends and the society. But, amid disrupted lives, familial neglect and abandonment, the broader socio-cultural narratives on ageing transition of the elderly contain a decline as empty nesters and a very little age defying ideology. Successful aging equals active aging, hence, to keep positive self-esteem, senior citizens should be physically and mentally vibrant as well as take new responsibilities and roles, nurture new interests and develop new interactions to substitute their previous roles that have diminished with people age. Respect and mutual understanding between the older and young generation under the kinship care system is a part of oriental tradition, which needs to be sustained by state policies. This article suggests some vital measures to be addressed for a proactive dignified ageing.

KEYWORDS: Elderly, anthropology of ageing, kinship care system, lost life roles

INTRODUCTION

As a biological experience related to time, ageing is growing old or maturing that marks the transition and progressive change in human life. It is a normal process occurring with age. Different physiological and mental changes take place in the body with ageing. Shenkin, Allerhand, Mead, Starr, and Dreary (2014) state that rather than a state, ageing is a process and the experience of ageing is heterogeneous. For Laceulle and Bars (2014), from an anthropological

perspective, ageing takes place in the context of broader socio-cultural narratives since ageing people live their everyday lives in different communities and multiple socio-cultural relations.

Ageing makes a person a senior citizen or elderly. World Health Organization (2008) identifies senior citizen or elderly as a person who is 60 years and above. Nepal's Senior Citizens Acts 2006 defines senior citizens as people who are 60 years and above (Khanal, 2009). According to United Nations, by 2050 every country in the world will experience a sizeable increase in the size of the population aged 60 years or over. As per Nepal Demographic Profile, by July 2017, the life expectancy of Nepalis at birth is 71 years, male 70.4, and female 71.6 (World Factbook, 2018). 8 percent of Nepali population is more than 60 years of age. The number of people aged 60 years or more is likely to double by 2050 (Chhetri, 2018); and the increase in life expectancy denotes wide-ranging age-related conditions, which create social and healthcare challenges and the increased demand on health and clinical services (Laidlaw, 2010).

The increase in the number of aged population has raised concerns about how to keep senior citizens healthy. Pietila and Tervo (1998) argue that during the ageing process, coping with the situations of everyday life and meeting its demands become even more personal than before. Decrease in functional ability, health problems, dependency on others and decline in life quality is a usual phenomenon of ageing. Ageing brings a number of changes in the physical conditions which are expected to affect quality of life of the elderly (Singh, 2014). The criterion of ageing may vary from chronological deterioration to emergence of various physical and psychological symptoms auditory and visual problems, diminishing capacity to work, exhaustion, decline in sexual potency, lack of motivation, apathy, fading memory and a propensity to compare the present status with the past. Antonelli, Rubini, and Fassona (2002) state that the psychological acceptance of the fact, that they are old, develops in the aged an old age complex.

Ageing has become a social problem when it is left unmanaged, and when the physiological and mental deterioration makes elderly people vulnerable to manage their daily life, consequently making them a loser. Hence the issue of senior citizens requires attention like other social problems--beggary, gambling, alcoholism, etc. Bode, Taal, Westerhof, Gessel, and Laar (2012) state that the experiences of ageing and perceptions are multidirectional and multidimensional, implying that individuals experience both gains and losses in different domains, such as physical, psychological, and social functioning. But the vital concern is how elderly manage the challenges of life and the possibility to live at home which is affected by different factors such as the health condition, ability to work, love and affection, and the quality of care.

Traditionally elderly people have venerable status in Nepal with rich oriental socio-cultural norms of respecting the old people. They are traditionally cared by the children. But as a result of changing family relations, the traditional family norms and values of caring the elderly parents are eroding. The present social culture is being broken by the changing context of the world, desire for a small family, poverty and urbanization process (Ministry of Women, Children and

Social Welfare, 2002). Consequently, more elderly today are living alone vulnerable to problems like loneliness, depression and many other diseases. Many old people have been abandoned and neglected, and consequently compelled to live in the elderly care centres with various physical and mental health problems.

Among the various health problems that affect the elderly, mental disorders affect the elderly population and, among these, dementia and depression are highly prevalent around the world (Snowden, 2002). A study in Malaysia shows the high prevalence of chronic illness among the elderly people, hypertension, followed by diabetes mellitus (Sidik & Afifi, 2004). Chalise (2004) portrays that depression ranges from 34.6% to 77.5% in old age homes in Nepal. Acharya argue that elderly homes are favorable for the residents and the society as a whole despite some problems, particularly for those who are uncomfortable in their family. A study by Khanal and Gautam (2011) in three old age homes in Kathmandu explored that more than half of the residents were diagnosed with at least one chronic health problem: hypertension, gastritis, and arthritis and all old age homes faced a lack of trained human resources and financial constraints. The study highlights the need of developing fundamental guidelines to improve the care services. However, the situations are different in many countries where with the increase in the retirement age, senior citizens are more productive and are contributing actively to their family and society. But their expected previous role of a *sagacious advisor* has changed. However, improving productivity and asking older adults to provide support to families and communities must be complemented by additional support to them from society (Yasamy, Dua, Harper, & Saxena, 2013).

As a sub-branch of anthropology, anthropology of ageing is allied to living and ageing concerned to life course and the interdependencies between the generations: old and young. Utilizing the synthetic and holistic approach to ageing as a modern social problem, it integrates the process of ageing adaptation with biological, socio-cultural and demographic dimensions. Taking ageing as one of the biggest social challenges, anthropology of ageing investigates how older persons maneuver and cope in different contexts within a crucial position of understanding and disclosing the complexity of age and ageing. But this requires reconsideration of the methodological, theoretical and empirical knowledge-making within the discipline. The key concern is to ensure the fact that the voices of the senior citizens are heard in their families and societies. Till recently, many ageing studies focused more on the younger group's attitudes towards the growing old or attitudes across the whole age group. But, while studying the ageing, it should be elderly people who should be focused to get a comprehensive understanding of their ageing experiences. Given this, the key objective of this article is to investigate on how the elderly people experienced the transition of ageing. It intends to see their ageing bodies as experiences of transition and experiences of the world in the transition.

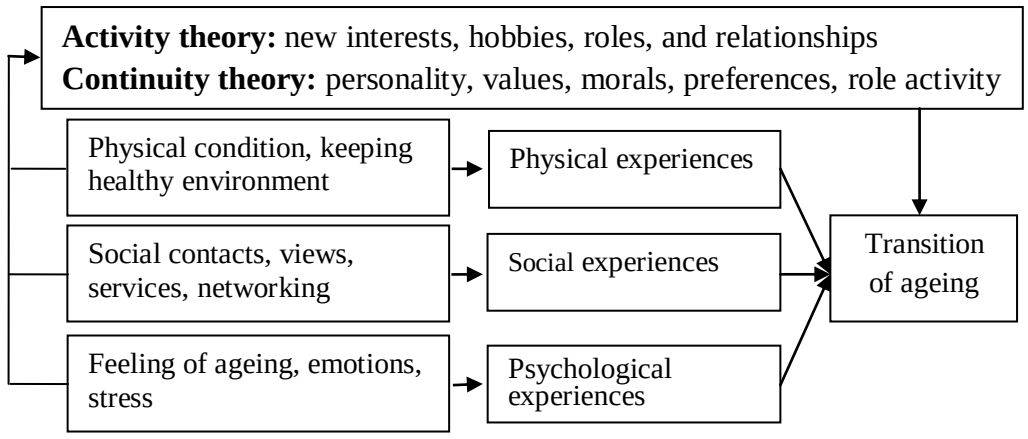
DATA AND METHODS

The required data were collected from the field study conducted in Pokhara Briddhasram (Pokhara Elderly Care Centre) situated in Seeta Paila, Mahatgaunda, Pokhara Lekhnath Metropolitan city of Kaski district, Nepal, during 4-14 October 2017. Currently, 48 senior citizens (25 women, 23 men) are residing in this shelter. Pedestaled on the non-probability sampling, 13 cases (7 women and 6 men) were selected for the study purposively. Based on population characteristics, the selective selection were made of only those elderly who were able to respond properly, as the rest 35 elderly were bedridden, chronically ill, severely paralyzed and depressed. Data were collected by using qualitative anthropological data collection methods viz. the participant observation and in-depth case study interviews.

CONCEPTUAL FRAMEWORK

The transition in ageing brings different challenges for the elderly and the society. It is the senior citizens' attitude on ageing viz. physical change, psychological and social experiences that reconciles their relationship with the health and social quality of life. Many senior citizens go down with their aptitude to live an independent life owing to ill-health, limited movement, physical or mental health problems or social aggravation. This study pedestaled on Activity and Continuity Theories of Ageing (Havighurst et al. 1964) asserts that satisfaction in old age is related to the active and socially engaged life. The Activity Theory affirms that staying active with new interests, hobbies and relationships keeps the elderly people socially and psychologically fit. Regarding the Continuity Theory, personality, values, morals, preferences and role activity are steady in ageing transition. The physical, social and psychological conditions and experiences in transition of ageing are illustrated in conceptual framework.

Figure 1: Conceptual Framework



POKHARA ELDERLY CARE CENTRE: SENIOR CITIZENS SOCIO-DEMOGRAPHIC MILIEU

Build in an area of 6,772.63 m² land provided by Nepal Government, and managed by a committee in Pokhara, Pokhara Elderly Care Centre in English or Pokhara Briddhasram in Nepali (registered in district administrative office, Kaski

in 1996), elderly live more like family members dependent on the donations made by a few benevolent people. The highest percent of the age group of senior citizens living here is 66-70 (28.0 %) followed by the age group of 61-65 and 71-75 with 24.0 percent each, 76-80 years (16.0 %), whereas lowest percent 4.0 is of age group 81-85 as well as 86 years and above. Majority (81%) of these are from rural areas. The age of 13 senior citizens selected for the study ranges between 62 to 86 years. Of these, 11 (85%) are Hindus, and 2 (15 %) are Christians. Their ethnicity is assorted with the majority of Brahmin, followed by Chhetri and ethnic groups.

Table 1: Ethnicity of the Elderly

Ethnicity	Frequency	Percent (%)
Brahmin	6	46
Chhetri	5	39
Ethnic groups	2	15
Total	**13**	**100.0**

Source: Field Survey, 2017

The majority (76%) of elderly are illiterate because previously there were only few schools and getting education was a luxury. Only 20 percent of them are informally educated. One had gone to schools and had primary education. Their marital status is presented in table 2.

Table 2: Marital Status of Aged-people

Marital Status	Frequency	Percent
Widow/widower	7	54
Unmarried	3	23
Single	2	15
Divorced/separated	1	8
Total	**13**	**100.0**

Source: Field Survey, 2017

The majority of widow/widower (54%) and the plight of unmarried population (23%) are embedded with life circumstances. Elderly residing in the old age home were previously engaged in different occupations. The majority of them (80%) were engaged in agriculture except some others who were in private jobs for livelihood.

ABANDONMENT AMID THE TRANSITION OF AGEING: NARRATIVES OF DISRUPTED LIVES AND NEGLECT

Elderly living in Pokhara Briddhasram has a history, either misfortune or salvage. But almost all the stories are grievous and downhearted. As the subject of analysis, their cases in transition of ageing depicts the reasons for abandonment and the experiences on disarrayed lives. Anonymity has been maintained in the names following the ethical standards.

Case 1: *Tuhuri vayeko le aviwahit ra eklo rahe* (Being an orphan I remained single)

My father died when I was in my mother's womb and even I do not remember my mother's face as she died when I was 2 years old. Grown up by my aunt, I used to rear livestock and work in the field. My cousins had disgust towards me; they always wanted me to work in the field. They did not give me enough meal to fill my stomach. They did not think of my marriage, so I remained unmarried till date. Today at the old age of 68, I as a Brahmin woman, am in this elderly care centre because I do not have anyone to take care of me. If I had a family, I would be the happiest person in the world. But see how ill-fated I am. Home and family are illusion for me.

Case 2: *Ishai baneko le nikali diye* (I was kicked out the house when became a Christian)

My family ignored me after I adopted Christianity. I am a 64 years old Gurung man. When I suffered from blood pressure, one of my friends suggested me to adopt Christianity so that I could get cured. Then I followed that. That decision kicked me out of my family. I have had conversation with my daughter just two times. Once, I tried to have conversation with my wife but it was very upset to hear that she did not have any interest on me. She threw the phone on me. I have to live a discarded life in this elderly care centre… (Cried…could not speak).

Case 3: *Santan ko sukha malai lekheko rahenachha* (I was not fated to have the kinship happiness)

My husband died 10 years ago. I am staying in this elderly care centre for 3 years. As a 71 years old Chhetri woman, I have two sons and one daughter. Both the sons are married but my 32 years old daughter is unmarried. I equally distributed my property to my sons and daughter. My sons and daughter-in-laws were not happy with my decision. We two (mother and daughter) decided to live separately in my daughter's house which I assigned to her. After few months, even my daughter started to quarrel with me. She said that the property given to her was very little. She stopped cooking for me so I came here to this elderly care centre where I am happy now.

Case 4: *Paleko Kukurle achi khayera afnalai tokcha vaneko yehi ho*) (My kids betrayed me)

Dwelling here for the last 2 years, I am a 66 years old Brahmin man. A son of *Kali Yug* (an epoch of decadence) cannot be considered as a good son. My wife eloped with someone else when my son was only 2 years old. I took care of him. I never thought of the second marriage for his sake. I sent him in a school in Pokhara and holds a university degree. I tried to convince my son but he is not a man. I told him to take all my belongings, even the elderly allowance; but he abandoned me. He is teaching in a school in Pokhara. I am a burden for him.

The cases reveal the experiences of elderly people, making a sense of ageing and navigating the age transition. It divulges their experiences of being old and

situating the transition as an understanding of a process derived from the experiences with their family perpetuating the burden rhetoric which surrounds their idea of ageing, neglect and abandonment from home that consequently resulted in their present plight of misery, treason and aggravation. Despite devoting their whole life for the welfare of the family, community and nation, the elderly people were neglected and kicked out of their family and community. As victims of disrupted lives, neglect and with the memories of the bitter past, the elderly crave for familial love and adornment.

SILENT SCREAMS OF SENIOR CITIZENS

Untold and unheard stories depict their experiences of struggles and anguish to cope with their lives while residing in the elderly care centre. Rarely told and not often heard stories illustrated in different cases portray the physical, social and psychological experiences and anguish of senior citizens.

Case 5: *Swasni le pani birsiya pachi ke garnu* (What to do when my wife leave me alone)

Dwelling here, I am a 73 years old Chhetri man. My right leg is paralyzed; I am weak and unable to walk properly and to perform daily activities. My only son, his wife and my wife are living together at a house built by me. My own family does not care; what to say about others. If they do not remember me what can I do. I am trying to forget them. I used to be depressed and was isolated but nowadays, I am not like that. I sometimes meet my friends and involve in religious activities. Sometimes benevolent donors provide us with fruits and clothes.

Case 6: *Ghar ma mutu ghaitey huncha* (Home is where the heart is wounded)

An ill-fated Brahmin woman I am. I am 76 years old. My husband was killed during the Maoist insurgency. I am childless and have step-children, two sons and 3 daughters. But they do not take care of me, and live separately. It was hard for me to tolerate humiliations from my step children… (Long pause…with tears…). I lost all my energy and confidence. I am not happy in this elderly care centre. I feel it is not good to greed for food. If I am strong enough and able to work, I would work in a Church as a volunteer. But due to my old age, my eyes do not work properly; I cannot hear properly, and I have a back pain. I have to shave my head because I have no one to remove lice. I feel depressed and worried on my lonely life. I always pray to God *Yesu* that I could die easily without being a burden to anyone. *Yesu* has united us into a single community.

Case 7: *Bigat samjheye vane nidauna sakdina* (I can't sleep well when I remember my past)

I am a 69 years old Brahmin man. I lost my wife and children in a bus accident 15 years ago. All my property was sold for their treatment. I am totally alone now. I speak little; my ear is frail; and I am suffering from diabetes. The sad aspect of ageing is that everything is changed; nothing is preserved from the past. I worry much, sometimes I smoke cigarettes secretly (smoking is prohibited

here), which relieves me. Remembering my past days, I cannot sleep. There is a sense of community here; those who can work help in the kitchen, peeling the vegetables. I bring some firewood slowly. During ageing, everything becomes worse; even money does not work. The old age allowance is too little. Sometimes I go outside and eat with that money.

Case 8: *Gai sita dukkha satchu* (I share my grief with cows in the cowshed)

A widower, abandoned by the only son, I am a 77 years old Magar man. Initially I used to get worried about my future and feel lonely. It may be because of my growing age, I cannot concentrate in works. Physical weakness begins when we become older. I cannot speak well and listen well, and cannot remember things. I eat and share my grief with cows in the cowshed here as they listen to me. I keep all cows clean and take care of them. I have high blood pressure and take medicine. But I am happy despite of very little facilities. But there are helpers to cook food and assist us here.

Case 9: *Jaslai syahaar garen tinle dhoka diye* (People whom I truly cared turned their back to me)

My youngest son lost his life in the Maoist insurgency. My daughters got married but they never took care of me. My eldest son works in the foreign country. My daughter-in-law discarded me. They will also face the same due to my curse. I am a 68 years old Chhetri widow. I am strong enough to do my work; I can wash my clothes and help to prepare meal here. I knit *tapari* (leaf plate*)* and can dance in *bhajan* (devotional songs) in the evening. I never remember my family member. I do not think about the future; it will be painful. So, I try to live a life of present and meet my friends. It is imperative to be independent but the elderly allowance is insufficient, but I save little in the bank. I feel this elderly care centre as my real home. I am confident that I will be able to live here for the rest of my life. I want to die without being disabled or burden to anybody.

Case 10: *Baleko aago tapchhan sabaile* (Who cares for the carers?)

I am a 62 years old Brahmin widow. I have three children: one daughter and two sons. They are all mentally retarded. My husband was drowned in a river flood. As I grew older, it was hard for me to grow and take care of my retarded children. If I die, my children will have a pitiable condition. So I sold everything that I had and donated that money to this elderly care centre and came here to live. I have backache as well as severe headache. My problems regarding ageing are not new, but they do not bother me. I am concerned about my children. I only think of them and cannot sleep at night. Why do I have such bad luck? Phewww!!!!! (He takes a deep breath).

Case 11: *Aba bachna mana chaina* (I have no desire to live anymore)

My daughter and elder son live and work abroad. My younger son was alcoholic who died of jaundice. As my wife and I were growing older, it was difficult for me to look after myself and my husband who was 90 years old. So, we two came here to live. Last year, my husband died here (tears in eyes). My

children never came to visit me though I am an 86 years old Brahmin. I can hear very well but my vision is not clear. My legs get swollen; I have severe backache and high blood pressure. When I see my friends here, I think that each one of us is lonely and isolated in old age. I do not worry about my future. I mostly spend days sleeping.

Case 12: *Budheuli laj hoina tara mero chhoro yehi sochcha* (My son thinks of old age as shame)

I am a 73 years old Chhetri widower. I have a son whom I had adopted when he was a month old. He works in Malaysia. He and his wife do not take care of me. So I came here without informing anyone. No one is worried about me, then why should I be worried about them? Everyone has to go through this old stage. I help in preparing vegetables. I am blissful here. I have the problem of hearing and I am using hearing aids. Usually, my legs cramp and have leg tremors. I bother about my future. Physically and emotionally I am detached from my children. I never observe Mother's Day.

Case 13: *Budheskal ma Logne ko maya chahincha* (Spouse's love is needed in old age)

I am a Chhetri woman. I have a step son. He abandoned me after the death of my husband. Everyone has to die but people behave as if they are immortal. My daughter-in-law is very vindictive. She will also have to go through this stage but she never thinks so. I am 64 and not as active as before. I can't travel long but can carry out daily chores. I have blurred vision. Western regional hospital, Pokhara renders health facilities to us. I knit *dhago* (holy threads for burning lamps) and sell them. I am depressed, no one visits me. I do not like to watch television.

The aforementioned cases depict that living as empty nesters, without any relatives, the daily life of elderly is important in keeping up with them as a sense of community amid desolation in the elderly care centre. In the process of ageing transition, lacking the kinship care, they experienced life as dull, meaningless, dreary and miserable. But to cope with the present daily life experiences of ageing, their previous life experiences were crucial. Broadly speaking, their cases reveal that ageing is a phenomenon, a transition that has reduced physiological, social and other capacities. This has also made them susceptible to social and health threats compatible to anthropology's functionalist perspective of disengagement on aging. For the elderly people, it is natural and acceptable to withdraw from society and personal relationships with their ageing as claimed by Cumming (1964).

Healthy ageing is a multifaceted notion concerned with physical, psychological and social aspects linked to the person herself or himself, immediate surrounding friends and the society as a whole. But the elderly experienced disrupted lives, physical and psychological problems and familial neglect that compelled them to take shelter in the elderly care centre. Their experiences illustrate physical descent, social and psychological detachment, social isolation and neglect from the family and society. The major physical

experiences of ageing transition were physical deteriorations viz. difficulties in mobility, losing resilience and fading memory, auditory and visual loss, high blood pressure and diminished vigor. Elderly social experiences depict social perception on aged people, describing them discarded and worthless, shame on being old, disengaged and abandoned. Humiliated, misunderstood and regarded a social burden, made the elderly feel ill at ease to experience that they had nothing to contribute to social life amid changing socio-cultural structure and disappearing oriental familial norms of cordiality and interdependency. But some elderly contact their relatives and friends, and they were active, participating in or were responsible for different activities. Their work helped them in maintaining social relationships. However, the major bulk of elderly had limited social networks.

Due to the deteriorating physical and psychic condition, they had limited social contacts. The physiological transition, deterioration and daily life struggles had triggered the elderly people's feelings of powerlessness. They had the fear, impatience, apprehension and worries that their physical and mental abilities would be weakened and will diminish the day they cannot manage any longer. Uncertainty about how to cope with the future, feelings of emptiness, sadness, resignation, frustration, loneliness and regret were compounded by isolation and limited activities to cope with ageing. This pessimism made them discouraged, helpless, and different from others and reluctant to fight against ageing, change and betterment. But some elderly were hopeful and convinced of their life at aged shelter: contented and independent. They had even saving for future needs from their insufficient allowances. They enjoyed new life, adapted to new conditions and were combating loneliness. Adapting to ageing transition, these elderly were readjusting their doings in new ways by remolding daily activities or emancipating gradually concurring to activity and continuity theory that regular activity is necessary to maintain life satisfaction and positive self-concept. For them, aged home is a socio-cultural institution for their socioeconomic, physical, psychological and spiritual enhancement.

CONCLUSION

The condition of the old people in Pokhara Elderly Care Centre depicts the narrative of ageing population, their transition of ageing, disrupted lives, social isolation, loneliness, disregard and a lower level of life satisfaction. Their experiences of ageing contain a decline; death is at doorway and they are just waiting for it, and a very little age defying ideology. Their feelings of resignation and dejection have resulted from abandonment and rejection from family, detachment from activities and social interactions. Since successful aging equals active aging, being vigorous, socializing and engagement with family and society could have provided them a better status. Hence, concurring to theoretical perspectives of Activity Theory and Continuity Theory, it can be argued that for achieving a dignified social status, the elderly should be physically and mentally vigorous, should develop new social relations, new hobbies, interests, and should take new responsibilities and roles so that to replace those diminished or lost in old age. These activities can replace lost life roles and defy the social pressures

that restrict the elderly world, and hence, establishing a positive co-relationship between action, social status and life satisfaction.

The kinship care system of the family (with its generational principles of social relationships between age groups) amplifies the elderly ability to cope with ageing in a dignified manner. Hence, this study advocates for strong social welfare policies sustaining family interactions, moral education and models of welfare and care. Otherwise, the condition of elderly population is going to be wretched in future with their increasing population.

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