

Healthy Ageing: Situational Assessment on Social Participation and Inclusion of Older Adults in Suryabinayak Municipality, Bhaktapur, Nepal

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Abstract

This research was conducted as an important element of Nepal Redcross Society's five year development plan where ageing is a priority theme of its interventions programme. This article attempts to highlight critical findings and the observations on social participation of senior citizen from a research conducted in Suryabinayak Municipality ward no. 2 (Balkot). This is a cross sectional study conducted in ward number 2 of Suryabinayak Municipality of Bhaktapur district. A mix method research design was applied along with participatory approaches engaging older people and Redcross volunteers. There are different domains through which older people engage socially with others, like through sharing their pension money with household. But when social participation is looked from the perspective of interaction outside the home, the picture is different. For majority the most common interaction outside home was walking around, attending social and religious events, meeting with friends and joining local club, CBCs, village committee, political party. Only a small number of the older people were member of any club or NGOs or political party. While the older people are generally satisfied with their life and felt respected in and around the community they live, the phenomenon, space and opportunity; the physical environment and attitude of younger people offer limited scope for social participation of older people in ward number 2. Generally, the phenomenon of interacting outside the house is limited.

Keywords: Social participation, older people, healthy ageing, Suryabinayak municipality.

1. Introduction

Healthy Ageing is now widely accepted concept or approach for improving the quality of life of an individual when they

progress toward ageing or old age. It encompasses mix of different domains that range from personal and familial, to social

and professional areas such as health and long-term care, participation in employment and in society, or physical security and financial stability. Healthy ageing, like active ageing, emphasizes the need for action across multiple sectors and enabling older people to remain a resource to their families, communities and economies (Rudnika et al., 2020).

The 2030 Agenda for Sustainable Development sets out a universal plan of action to achieve sustainable development in a uniform manner and aspires to realize the human rights of all people. It calls for ensuring that the Sustainable Development Goals (SDGs) are met for every component of the society, at all ages, with a discreet focus on the most vulnerable population group, which includes the older people. Moreover, much earlier in 2002, a global agreement was reached at Madrid, called Madrid International Plan of Action on Ageing (MIPPA) which offers a comprehensive action plan for governments and civil society, amongst other groups, for building a society for all ages. In this context, government of Nepal developed a Plan of Action for Ageing in 2005 and revised in 2013 in line with international commitments and declarations (GoN 2005).

Similarly, UN has declared the decade of 2021 – 2030 as UN Decade of Healthy Ageing that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live (United Nations 2021).

Nepal's Senior Citizens Act 2063 BS, defines the senior citizens (older people) as "a citizen of Nepal having completed the age of sixty years". About 9% of the total population accounts for 60+ population and the number is projected to be around 20% by 2050 (Bhandari 2020). The increase in the population of older people has given

rise to challenges in both developmental and humanitarian areas in terms of promoting their well-being by meeting their social, cultural, religious, emotional, health, financial and developmental needs.

This article aims to highlight critical findings and the observations on social participation of senior citizen from a research conducted in Suryabinayak Municipality ward no. 2 (Balkot), Bhaktapur district, Nepal. The focus of the study is also made to explore how older adults experience and describe their participation in social (community) activities. The research was conducted as an important element of Nepal Redcross Society's (NRCS) five year development plan where ageing group is defined as priority beneficiaries of its development interventions.

2. Conceptualising Social Participation

It has been widely recognised that social participation is associated to better health and self-satisfaction. Social participation of older people is often used as key measurement indicator for programme interventions for an ageing population. Despite wider appreciation and recognition the value of social participation at older age, its definition, domains and boundaries are evolving. Arrog and Shahtoulaghi (2020), and Lévesseur, et al. (2019) noted that the concept of social participation is highly valued in old age, yet there is ambiguity and disagreement in the definition and attributes of this concept among the older people. According to them, the defining attributes of the concept of older people's social participation included emphasis on activities that involve or connect with others in the society or community. Such a process is determined by individual desire, ability and personal satisfaction.

Lévesseur et al. (2019) further summarised the different works on social participation

that it is also positively associated with decreased mortality, disability, depression and cognitive decline and shorter hospital stays. In more concrete terms, social participation is defined as a person's involvement in activities that provide interaction with others in the society or the community and expresses interpersonal interactions outside the home (Ang, 2018).

Moreover, 'Active Theory' gives dignity to elderly people through knowledge and the power to act (Meda et al. 2019). In this perspective, the active potential of seniors is not measured purely by economic and working productivity, because they have by now left the labour market. The potential of seniors can be expressed in terms of concrete assistance to the family (care), or through engagement in voluntary work or other activities, such as sports, cultural consumption, involvement in social networks and so on. Understanding this fact, promotion of older peoples' participation among themselves and outside through the formations of older peoples' associations (OPAs) or groups are widely practiced now (HA, 2014)

To sum up, there appeared a consensus among the scholars that social participation is most valuable phenomenon in old age as it is directly linked with better health and overall satisfaction in the life. Therefore paying attention to social participation is of particular importance of any programme design to older people.

3. Methodology

This is a cross sectional study conducted in ward number 2 of Suryabinayak Municipality. A mix methods research design was applied along with participatory approaches engaging older people and NRCS volunteers. The methodology and tools were adapted from the World Health Organisation (WHO) (SAGE manual, 2006) and Age friendly cities project methodology

(2007), which emphasised both the quantitative tools (survey questionnaire) and qualitative tools (focus group discussion, in-depth interviews).

A proportionate sample of n=256 was calculated from age 60 years and above population in ward number 2 for the quantitative study. Proxy were used for those older people could not communicate or explain in the interview by themselves.

For the qualitative data collection eleven focus group discussions (six FGD for over 60 years old; five FGDs for under 60 years old) were conducted to obtain in-depth information on old persons' social participation. NRCS' volunteers, young and from the local area, after receiving a three-day training on data collection were mobilised to collect both the quantitative and qualitative data. Open Data tool Kit (ODK) platform - Kobo Collect -accessing through smart phones was used to collect quantitative data. Data collected at ODK platform was exported to excel, cleaned and analysed by producing some descriptive data such as frequency distributions, mean, and percentages.

4. Type of Data Collected for Social Participation

Apart from the socio-economic profile of the respondents (age, sex, education, living in joint or nuclear family, living single or with other members), other variables of measurements included; pension and its use, how often meets friends and spend time, physical activity, member of any club or social organisation and type of organisation, participation in community activities, feeling in and around the community, and overall satisfaction in life.

5. Findings and Discussion

Almost all the respondents (95.7%) were direct respondents who took part in the survey interview. Only 4.3% old people

took part in the interview through an escort (proxy). There were more women respondents (F 55.47%, M 44.53%) than men. In age grouping also there were more women respondents in the two age brackets (80 – 89 and 90 – 100). More males have formal education than females.

Majority (50%) were currently married while 37% were widowed (M 9.8%, F 27%). 80% of respondents were living in joint family.

Majority (n=148: 58%: M 62; F 82) were receiving one or other types pension (social pension, retirement pension or other).

Table 1: Type of pension received

Type of pension	1. Male		2. Female		Total (N=148)	
	Number	%	Number	%	Number	%
1. Old age allowance	33	22%	52	35%	85	57%
2. Single women allowances		0%	17	11%	17	11%
4. Govt. pension	28	19%	17	11%	45	30%
97. Other (Upadan/gratuity)	1	1%		0%	1	1%
Grand Total	62	42%	86	58%	148	100%

Majority (77%) used their pension for paying for their own health related expenses and for personal use. Over 35% used their pension to support their family and household expenses. Some (4%) of the respondents also contributed to religious, social/charity work.

5.3 Physical Activities and Meeting Friends

For emotional or psycho social wellbeing, sharing the feelings and interacting with

each other is important. Majority are quite active and meeting friends very regularly, but over 20% of the respondents reported none, which means they do not meet their friends and exchange ideas and emotions regularly. But interestingly, data indicated that those who were staying in joint family tend to be less active in meeting friends outside. Generally, women appeared to be less active than male in meeting friends.

Table 2: How often do you meet friends and spend time

	1. Male		2. Female		Total (N=148)	
	Number	%	Number	%	Number	%
1. Every day	65	25.3%	50	19.5%	115	44.9%
2. 1-3 times a week	16	6.2%	22	8.5%	38	14.8%
3. Every months	1	0.3%	2	0.7%	3	1.1%
4. Occasionally	18	7.0%	29	11.3%	47	18.3%
5. None	14	5.4%	39	15.2%	53	20.7%
Grand Total	114	44.5%	142	55.4%	256	100.0%

5.2 Engaging in Social/community Activities

Engaging in social/community activities and developing a sense of belonging are crucial factors for psychosocial health. This process helps reduce the feeling

of loneliness Lévassieur et al. (2019). Among the respondents only 25% (N=65) reported being engaged in some sort of social/community activities either being a member of political party or other local institutions.

Table 3: Engage in community/social activities

Responses (multiple)	Male		Female		Total		% of Total cases n=65
	N	%	N	%	N	%	
1. Local club/group (CBO)	6	13.3%	5	17.8%	11	15.0%	16.9%
2. Tole Sudhar Samitee (committee)	7	15.5%	0	0.0%	7	9.5%	10.7%
3. NGO Committee	3	6.6%	1	3.5%	4	5.4%	6.1%
4. Village/Guthi/Temple committee	25	55.5%	22	78.5%	47	64.3%	72.3%
5. School committee	0	0.0%	0	0.0%	0	0.0%	0.0%
6. Political party	4	8.8%	0	0.0%	4	5.4%	6.1%
Total	45	100%	28	100%	73	100%	112.3%

Community participation in the study area was loosely understood as participating in social/family or religious functions, participating in community activities like attending a meeting, organising some common activities, engaging with formal organisations like club or NGO and so on. One of the important elements of social engagement and psychological wellbeing is

regularity of meeting friends and spending time together. The frequency and regularity of such activities declined rapidly by age. Overall pattern of such community or social participation was generally poor. Further research is necessary to fully understand the dynamic around it and the reasons of such poor participation.

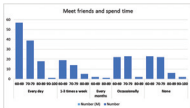


Figure 1: How often do you participate in community activities/events?

FGD participants expressed varied experiences regarding inclusion of older people and social/community participation. While the majority were engaged in social/family events (wedding, religious functions), very few expressed not much interested to attend such functions. Some felt that 'younger generations' do not engage older people in social functions. Almost all expressed lack of community facility such as park or library where they could spend time and meet friends.

"There is no any facility in the community for the old age people" (62 years old female, 70 years old male: FGD participants)

"It would have been easy to spend time, had there been park or library in the ward (community)" (80 years old male: FGD participant)

Most participants expressed that they were not involved in community meetings, ward meetings, clubs or similar events. A day centre for old age people was functional (near temple) where older people spend their time together, listen to teachings of Shree Bhagvat Gita, and also get tea/snacks. But to some this is not easily accessible because of distance. Most of them, however, said that they often engage in religious events.

"No one informs us about the programme, this is the first time I have attended a meeting. Redcross has big building, but

nothing from it (for older people)" (61 years old male: FGD participant).

"... we were a member of DidiBahini Samuha, a group started informally by a group of women at their community. They organized yearly picnic from that group, women in the group listened to her (to each other) carefully and expressed their thoughts with an open heart" (69 and 77 years old females: FGD participants)

While the majority of the younger participants during the FGD for under 60 years of age echoed views of older people on inclusion, few had critical observations regarding inclusion particularly in decision making.

"If the suggestions have nothing bad in it, we follow them. They are rarely wrong in terms of decision making" (55 years old male: FGD participants)

"All decision of older people cannot be accepted, there decision taking ability is deteriorated" (42 years old male: FGD participants)

Engaging and interacting with wider community is also influenced by the community perceptions, socio-cultural norms, reactions and how friendly they were towards older people. When asked to older people how they feel in and around the community towards old age people, the overall response was very affirmative. Only less than 4% of the respondents said that they did not feel respected or supportive (Table 4)

Table 4: Feeling in and around the community towards senior citizens?

	Male		Female		Total	
	N	%	N	%	N	%
1. Respected	73	28.5%	88	34.3%	161	62.8%
2. Speaking politely	32	12.5%	38	14.8%	70	27.3%
3. Responsiveness to the need of senior citizen	7	2.7%	8	3.1%	15	5.8%
4. Do not feel respected	2	0.7%	5	1.9%	7	2.7%
5. Do not feel supportive		0.0%	3	1.1%	3	1.1%
Grand Total	114	44.5%	142	55.4%	256	100.0%

FGD participants of under 60 years old also expressed their generally positive attitude and views towards older people. Most participants acknowledged and appreciated the knowledge and wisdom of older people which could be good resource to the community.

"We enjoy talking with elderly people" (38 years old male: FGD participants)

Almost all elderly of Balkot area who participated in the FGD felt that they are respected and listened to by everyone.

"We speak with respect, they (other people) also speak with respect. They are very polite, I have not experienced any disrespect so far in my life (80 years and 78 years old male). They greet and show respect" (82 years old female: FGD participant)

Some participants had critical views,

"I don't like when old people who do not want to stay active even when they are physically able" (43 years old male: FGD participant).

"It is difficult to handle old people, they often grumble on everything. They could be looked after better if they behave little

more decently" (46 years old male: FGD participant)

There were mixed responses about the surrounding community and environment from older people in the FGD. Although most felt safe while walking in the morning or evening and no fear of mugging, but often felt unsafe and frightened by fast driving motorbikes and cars.

"Wish they could drive slow and care for walking persons" (78 years old male: FGD participant)

"It is frightening while crossing the road because of fast racing car (and bikes)" (70 years old male: FGD participant)

5.3 Overall Satisfaction in Life

Majority of the older people in the study area were generally happy and satisfied. There were a small number of people who were not satisfied with the life they live. Qualitative data indicated that older men and women who were in financial hardships were unhappy. Similarly, they were unhappy if no one to look after them, daughter/son not living with and not providing support to parents/grandparents, etc.

Table 5: How satisfied are you with your overall life?

	Male		Female		Total	
	Number	%	Number	%	Number	%
1. Very satisfied	20	7.8%	12	4.6%	32	12.5%
2. Satisfied	80	31.2%	88	34.3%	168	65.6%
3. Neither satisfied nor dissatisfied	10	3.9%	36	14.0%	46	17.9%
4. Dissatisfied	3	1.1%	5	1.9%	8	3.1%
5. Very dissatisfied	1	0.3%	1	0.3%	2	0.7%
Grand Total	114	44.5%	142	55.4%	256	100%

6. Conclusion

Data suggested that the majority were living in joint family which means despite

some usual dissatisfaction/annoyance while staying in a joint family, they were happy

and have someone who provide basic care (if required) and some company to engage with. But this situation may change as social and family structures are changing more rapidly than before.

This area (ward number 2) is rapidly urbanising with an influx of people from different parts of the country, therefore the community is diverse with different socio economic status. It might take longer for older people from different areas, background and cultural setting to easily mix up with each other and participate more regularly in common events.

As for the daily routine is concerned, most have 'normal' routine fixed like engaging in household activities, watching TV, using social media, go out and meet friends in tea shops and so on. Only small percentage (12%) of older people in this area were engaged in some sorts of income earning activities.

If the social participation in ward no 2 is considered from the perspective of person's involvement in activities that allows interaction with others within the family and close relatives and expresses interpersonal interactions, ward no 2 provides an interesting insights.

The most important interaction the older persons' with other within the family and close relatives was through sharing their pension (any pension) with household. This also reflects the socio cultural characteristics of Nepalese society where elder person is considered to be head of household or a guardian for the family. Social pension, in other words, financial security is probably one of the best means for older people to get engaged intimately with family (by paying for food, children's school fees and other household expenses) and outside (through participating in religious and other activities i.e. contributing in social welfare activities) (NEPAN 2010).

But when social participation is viewed from the perspective of interaction outside the home, the picture is different. For majority the most common interaction outside home was walking around in the vicinity, attending social and religious events, meeting with friends and joining local club, NGOs, village committee, and political party. But generally, the phenomenon of interacting outside the house appeared limited. Earlier evidence however suggested that there are much wider level of older people participation in social affairs ranging from providing traditional medicine to the society to playing a role of mediator in case of local conflict (NEPAN 2002). Larger proportion of older people had limited (none or occasional) interaction with friends. Only a small number of people were member of any club or NGOs or political party. More research are needed to further expand the understanding on social participation older people.

In conclusion, while the older people were generally satisfied with their life and felt respected in and around the community they live, the phenomenon, space and opportunity (i.e. voluntary work, member in club/NGOs), the physical environment (i.e. open space, walking areas) and attitude of younger people offer limited scope for social participation of older people.

Authors contributions: Author (1) lead author – Concept, research design, field research, quality assurance, report writing. Author (2) – Concept, quality assurance, contribution in report. Author (3) – concept of research, report review.

Declaration: Other than author (1), rest are staff members of Redcross family. The study was financed by Swiss Redcross through Nepal Redcross Society. Author (1) do not have any conflict of interest.

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