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# **Title: Rethinking Formal and Informal Support Mechanism: Spatial variations in Elderly well-being**

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## **Abstract**

*The rapid population ageing, youth out migration, and weakening family care have shown gaps in elderly well-being within the new federal system in Nepal. This paper analyses how formal social protection, particularly, the Old Age Allowance program, act as with informal family and community support across various municipalities, and acquire a framework to elucidate the spatial variations in elderly well-being. A narrative literature review with thematic content analysis have been used with empirical studies, emphasizing on Kirtipur, Chandragiri, and Dashinkali municipalities as an informative cases. The evidences from Kirtipur, Chandragiri and Dashinkali shows spatial variations in elderly abuse, ranging from 11.4 percent to 67.7 percent. The study concludes that elderly well-being in federal Nepal need not only sufficient cash transfer support but also strengthened social relationships connecting elders to family, community and state institutions. The major policy innovations should include community care cooperatives, Guthi partnerships, tiered allowance system, for vulnerable groups and enhance municipal governance capacity.*

**Key words:** elderly, well-being, social security, old age allowance, formal & informal support.

## **Introduction**

Population aging means an increase in both the average age of the population as well as the number and proportion of older people in the population (Phillipson, 2013). It is the combination of biological (physical decline and chronic illness) , psychological (changes in cognition, identity and emotional well-being) , and social ageing (changing roles, relationship, and status) that everybody endures as they grow older (Phillipson, 2013; Victor, 2005). Social security is the societal protection ensuring access to health care and income security, during old age, unemployment, sickness, invalidity, work injury, maternity or loss of a breadwinner (ILO, 1952).well-being is a satisfaction and fulfillment across physical, psychological, social, and economic dimensions (Boston University, n.d.)

capturing hedonic (pleasure and happiness), eudemonic and social well-being (meaning and self realization) (Ryan & Deci, 2001; Schaffler, 2023; Boston University, n.d.).

The elderly population (aged 60 years and above) has raised from 8.13 percent in 2011 to 10.12 percent in 2021, surpassing faster than national population, with increased life expectancy, declining fertility, and flourishing urbanization in Nepal. Such a demographic shift is weakening traditional family based care systems, creating pressure on public resources, and the family type changing into nuclear families, have brought new and serious challenges in old age security (NSO, 2021; Sedai et al., 2021). This provides evidence of ageing as a fundamental feature of Nepal's demographic trajectory (Chalise, 2024). Due to the high youth out migration, many older people are left without reliable emotional, physical, or financial support (Ghimire et al., 2020).

Introduced in 1994, Nepal's Old Age Allowance (OAA) provides non-contributory monthly pension to elderly individuals, generally supporting to vulnerable groups through social inclusion and poverty reduction with the eligible age of 68 and 60 years and above for non Dalit and Dalit citizens in Nepal respectively (Dhakal & Bhattarai, 2020). The informal support systems like family networks, Guthi institutions, and community based mutual support, have traditionally helped to care the older people, have been eroding due to urbanization, migration, and a shift in the family structure (Seddon et al., 2001; Upreti et al., 2016). The different research carried out in Kirtipur, Chandragiri, and Dashinkali municipalities showed how complex elderly care and security can be in Nepal. Kirtipur, an urbanizing area, has relatively low rates of elderly neglect and psychological abuse at 9.5percent (Basnet et al., 2024). Similarly, Dashinkali, a peri-urban municipality, faces serious care gaps due to a high level of labor migration (Pokhrel, 2021), while Chandragiri has a much more serious problem, with 67.6 percent of the elderly experiencing abuse, along with 57.8 percent facing caregiver neglect (Pant et al., 2024). These figures revealed that the problem is not only within households, showing the failure of family care and the weak support of the local government in responding and preventing elder abuse. In Nepal, despite increasing government social security programs, the older people's well-being still varies. Monetary support alone can't explain their well-being but required health services, family care and support, living conditions, and their participation in the community. The relationship between formal state support and these informal community systems have not been well researched, generally in Nepal's federal system where duty for implementation has shifted to municipalities that have in reality vary in various level of capacity and resources (ILO, 2021).

### **Objective**

1. To assess the effectiveness of formal and informal protection mechanisms in Kirtipur, Chandragiri and Dashinkali Municipalities.

### **Data and Methods**

This paper adopts a qualitative research design based on a narrative literature review and qualitative content analysis, summarizing empirical studies from different disciplines. To search the required literature, electronic databases like Google Scholar, PubMed, Scopus,

Web of Science, Academia and Nepjol were used. Other sources were identified reviewing references in key articles and visiting the organizational websites like International Labour Organization, HelpAge International, the World Bank, and the National Planning Commission of Nepal. This study includes peer reviewed articles or reports from reputable institutions focusing on social security, social protection or elderly well-being in Nepal or similar contexts, published between 1990 and 2026 as well as policy review and national plans were considered. The study used thematic synthesis to analyze literature on formal and informal program support mechanism and their interactions with each other. The evidences were compared to find the connection and conflict for creating the framework. The study consisted Kirtipur, Chandragiri and Dashinkali municipalities for explaining spatial variation of elderly well-being. As this study does not use meta-analysis, result is based on content analysis of Nepal only specially from Kirtipur, Chandragiri and Dashinkali, it may not be practical in other places. However, comparing Nepal's situation with other countries like Thailand, Uganda, Australia, Japan and others, the result can be insightful in other contexts.

## **Results**

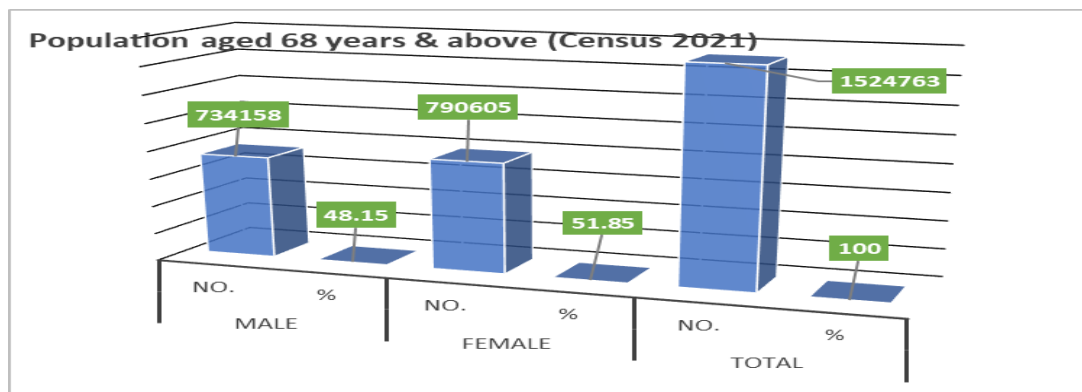
### **Demographic Transformation and Elderly Vulnerability**

According to census 2021, the proportion of children aged 0-14 decreased from 34.91percent in 2011 to 27.83 percent in 2021 with increase in proportion of elderly population (NSO, 2021). The percentage of individuals aged 60 and above rose by 38.2 percent in 2021 census, comparison to the previous census conducted in 2011. This trend suggests that Nepal will reach aging society status by 2028 and aged society status by 2054 (Rijal, 2024).The labour migration has boost up Nepal's economy through remittances contributing 25 percent of GDP, but reduces family care and support available for older people at home (Sedai et al.,2021; NSO, 2021). Urbanization and changing family values have weakened traditional intergenerational care in Nepal, causing nuclear families outnumbering joint families, decreasing the elder support. Nepal comprises 60.1 percent nuclear and 39.9 percent joint families with a total of 6660841 families, and with 4001051 being nuclear families. This breaks down to 13473267 individual living in nuclear family setups (NSO, 2021). In Kirtipur the nuclear family constituted 58 percent (Malakar & Sapkota, 2021). Chandragiri and Dashinkali municipality constituted 60 percent and 48 percent nuclear family respectively (Chandragiri Municipality & Dashinkali Municipality Office, 2022). This is a huge change from the past, when the most of the families were extended families living together. Such change have made elderly people live alone or only with their spouse.

### **Nepal's Population aged 68 years and above by gender**

The population of Nepal aged 68 years and above by gender has been presented as the age eligibility is 68 years and above for the people for qualifying to Old Age Allowance

### **Figure I: Population Aged 68 years & above by gender**



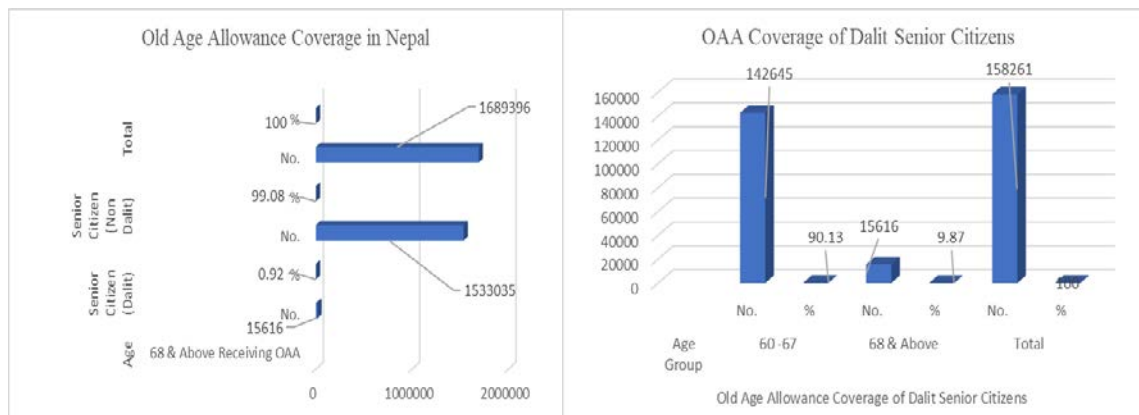
Source: NSO, 2021.

Figure I shows the population of Nepal aged 68 years and above according to Population and Housing census 2021. The total number of people in this age group is 1524763 representing approximately 5.2 percent of the national population. Among them 734158 (48.15percent) are male and 790605 (51.85percent) are female respectively.

### Old Age Allowance coverage in Nepal

The Old Age Allowance (OAA) program is Nepal's major social security program for senior citizens providing a regular cash transfer to individual above a specified age to support their daily needs.

**Figure II: Old Age Allowance Coverage**

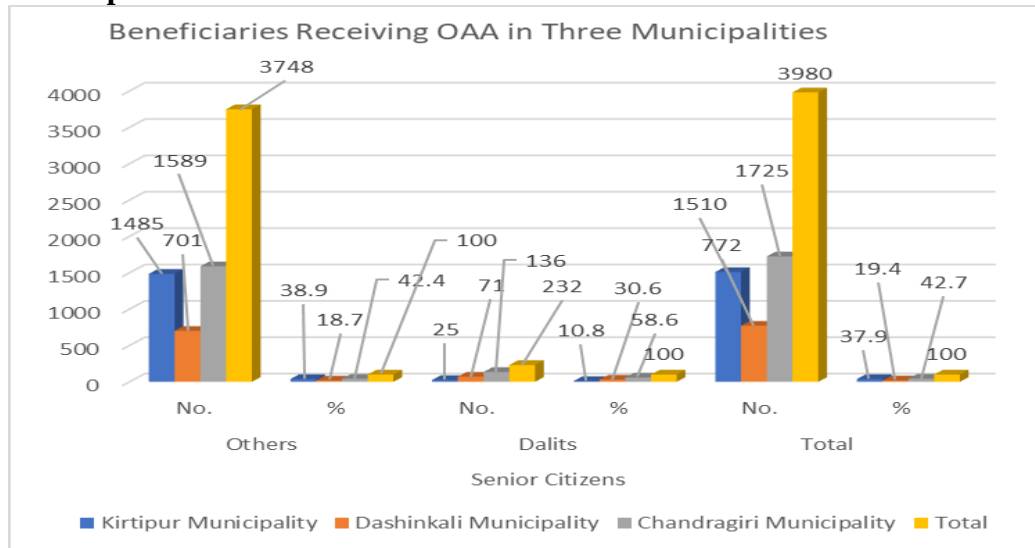


Source: IIDS, 2025; Republica, 2025;

Figure II shows the distribution of senior citizens receiving Old Age Allowance in Fiscal year 2080/81. This figure shows the coverage of scheme benefiting more than 1.5 millions senior citizens nationwide, among which Non Dalit coverage is much more higher (99.08percent) than Dalit beneficiaries (0.92percent) respectively in age group 68 years and above. Dalit Beneficiaries is 158261 according to Economic Survey (FY 2023/24). Among

them the age group 60-67 occupied the highest proportion (90.13percent) and remaining 68 years and above (9.87percent) respectively.

**Figure III: Beneficiaries Receiving OAA in Kirtipur, Chandragiri and Dashinkali Municipalities**



Source: Municipality Section (Kirtipur, Dashinkali & Chandragiri), 2082.

Figure III reveals that of the total beneficiaries (3980), Chandragiri occupied the highest proportion (42.7percent) followed by Kirtipur (37.9percent) and Dashinkali (19.4percent) municipalities respectively. Similarly, Dalit beneficiaries in Chandragiri occupied highest proportion (58.6percent) followed by Dashinkali (30.6percent) and Kirtipur (10.8percent) respectively.

### Formal Social Protection

The social protection mechanism in Nepal, the Old Age Allowance (OAA) program initiated NRs.100 per month to citizens aged 75 years and above. Overtime, the eligibility age was gradually decreased to 68 years, and Dalit senior citizens could receive it from age 60 years. But now the allowance has increased to NRs. 4000 per month by 2026. Nepal's OAA program is a non-contributory pension scheme providing cash to senior citizens irrespective of their employment history (Dhakal & Bhattarai, 2020) with principles of social inclusion and poverty alleviation (ILO, 2021). Its coverage is approximately 80 percent of eligible elderly citizens in Nepal, which is comparatively huge coverage than many other developing countries (HelpAge International, 2017; International Labour Organization, 2023).

The OAA program in Nepal has still many limitations, provided cash is minimal in compare to the rising cost of living and healthcare, insufficient purchasing food items, medicine, paid for grandchildren's education and do not cover larger medical cost treatment (Malakar,

2020). Similarly, the payments are often slow down due to bureaucratic delay, difficulties during registration, problems accessing banks and administrative hurdles though the system is digitalize (Paudel, 2016). Marginalized groups like Dalits and Janajatis are often excluded from such social protection due to social economic barriers, elite capture, weak monitoring, limited appealing mechanism, lack documents, and distant from government offices that result in unfair targeting and exclusion of many elderly citizens (Koirala, 2019; Adhikari et al., 2015; NPC, 2020)

The elderly people lack proper geriatric services and no specialized care for older patients (Shrestha et al., 2021). They have to pay most of their medical treatment directly from their own pocket and are not being covered by health insurance (WHO, 2021). The access of health facilities is not well developed in rural areas where more than 85 percent of elderly people dwell (NSO, 2021). Therefore, though they are covered by OAA program, they have to struggle more for managing health care expenses. When serious illness take place, then family cannot rely merely on informal support, they have to spend large amounts from their own pockets, thus showing the gap between cash transfer program and the actual health system. Similarly, The National Health Insurance Program, introduced in 2016, covers only a fraction of the population and faces low enrollment and high dropout rates.

### **Informal Social Protection**

In the past, elderly security in Nepal relied heavily on informal support from family members, relatives, Guthi and community networks like financial aid, emotional care, continuation of the cultural traditions, and social belonging to elderly people (Scott, 2019). The extended family system which was common and believed in Hindu religion live together for many generations. Similarly, the younger family members took care of elders, and family resources were distributed equally among them to meet everyone's need (Bista, 1991). Among the Newar community, Guthi system was a traditional trust run by families or clan networks collecting money from members to pay for religious ceremonies, community building, and welfare activities where people gather together, worship the God and Goddess and have feast (Quigley, 1985). But its role has been reduced due to urbanization and changing laws and mainly serve to manage cultural and religious rituals with major role in funeral activities rather than redistributing resources, taking care of elderly or vulnerable members of the community (Sarveshwar & Shakya, 2021). In rural farming communities, *parma*, a system of helping each other with work in turn allowed families to support elderly members when they could not work or perform heavy work themselves (Gautam & Cortes, 2021; Chalise et al., 2022). However, such kind of traditional systems are changing due to social and economic shifts (Chalise et al., 2022). Recent studies shows that these traditional support system are getting weaker in many ways as follows: Traditionally, caring for elderly family members was carried out by women such as wives, daughter in law, and older women (Chalise et al., 2022; Acharya et al., 2021). But currently, many women work or

migrate overseas for jobs. Therefore, elderly women are facing more challenges and are still expected to provide care even their health is not in good condition, but in return they get less help (UN Women Nepal, 2020). There are approximately 2335 public Guthi registered under the government body called Guthi Sansthan. It works as devotional activities, supporting funeral rites, organizing common feast, and providing fellowship for cultural crafts and arts (Gellner, 2019; The Himalayan Times, 2019; Spot Light Nepal, 2019). But it has declined in many ways (Gellner, 2019; & Scott, 2019).

*Falcha, Pati, Pauwa, Chautara* are traditional community resting places where people gather, share their feelings, spend time together, and sometimes even play the traditional games like bagchal (Trapping the tiger game by goats), *paasa* (*Satarang*). In this space, people of different ages or generations interact and often the elderly people stay together and connect socially (Shrestha, 2016; Shrestha, 2026; Online Khabar, 2024). Due to the changing settlement patterns and decrease in the community participation, these places have become less significant. As a result, negligence of such places have made difficult for elderly people to enhance their life (Online Khabar, 2024).

### **Spatial Variations in Elderly well-being: Unexplained Heterogeneity**

In Nepal in 2021, a study found that 54.4 percent of older adults reported experiencing at least one form of abuse with neglect being the most common, followed by disrespect, verbal abuse, economic abuse, physical abuse, and emotional abuse (Acharya et al., 2021). Studies in the three municipalities of Kathmandu Valley such as Kirtipur, Chandragiri and Dashinkali reveals the differences in elder abuse and care performance. In Kirtipur municipality, the elder abuse is 11.4 percent mostly related to caregiver neglect and psychological abuse that is connected to poor health, dependency, and insufficient economic engagement (Basnet et al., 2024).

In Chandragiri municipality, the abuse case is much higher remaining at 67.6 percent with neglect, psychological, and sexual abuse is common that is connected with illiteracy, major illness, and isolation from migration, showing the breakdown of informal care and weak municipal protection (Pant et al., 2024). Dashinkali municipality lacks the systematic data but the qualitative work presents the severe care deficits, poor health care access, and high vulnerability, generally towards elderly women (Pokhrel, 2021). No research has been conducted to know causes of variation of abuse and has not compared across the municipalities for understanding such problem. The reason the elder abuse rate differs across municipalities is connected to local governance municipal authorities providing elder services or enforcing the laws; social network and community support (families and neighbour) caring elders, belief and practices about respecting or neglecting elders and the demographic composition like population size, density, caste/ethnicity, account the municipal that affect how formal and informal protection systems work. So no research entail why the same OAA program leads to such different outcomes.

### **Specific Evidence from Nepal**

Different studies carried out in Nepal match with global findings. Old Age Allowance program provides older people with direct financial support that has helped to reduce dept, improve their life styles (World Bank, 2022), helped to enhance the social status and maintain dignity with family and society (HelpAge, 2019). When after Nepal adopted federalism in 2015, the responsibility for implementing social protection program like OAA has shifted from the central government to the local governments to identifying beneficiaries, managing records and cash transfer. ILO (2023) assessments showed Nepal's social protection system faces weak coordination system, unclear staff roles, poor digital records, and limited inclusion of vulnerable people (ILO, 2023). World Bank (2022) analyses revealed unclear responsibilities across federal, provincial and local governments lead to overlaps, duplication, or exclusion of beneficiaries (World Bank, 2022; Human Rights Watch, 2023).

As Nepal has declared and committed to improve social protection through Integrated National Framework (2022), and has expanded social security program with more than 80 programs spread over different ministries (UNICEF, 2020), due to unclear responsibilities of federal, provincial and local government, these responsibilities overlap or duplicate or even exclude the eligible beneficiaries (World Bank, 2022; Human Rights Watch, 2023; ILO, 2023). Similarly, social security system of Nepal encounter two key challenges monitoring system that do not have the systematic GESI sensitive indicators (NPC, 2020) and increasing number of beneficiaries and the cost of these programs is ascending due to expansion of coverage that creates challenges for the government to manage the system over time leading financial instability (World Bank, 2022).

## Policy Framework

### Constitutional and Legal Framework of Nepal

**Constitution of Nepal (2015):** The constitution of Nepal (2015) guarantees the right to social security (Article 43) as a fundamental right. Therefore, social security program is a legal mandatory right that each and every citizens are entitled to receive it.

**Senior Citizen Act (2063/2006):** The Senior Citizen Act (2063/2006) acknowledge the rights of older people. This law expects families to take care of elderly people or shift the responsibility from state to households.

**Table 1: Periodic Plans of Social Protection in Nepal**

| Period Plan               | Key Focus on                                                                |
|---------------------------|-----------------------------------------------------------------------------|
| Ninth Plan (1997 to 2002) | First separate social security chapter; monthly allowances, geriatric wards |
| Tenth Plan (2002 to 2007) | Guaranteeing social security provisions                                     |

| Period Plan                          | Key Focus on                                                                                    |
|--------------------------------------|-------------------------------------------------------------------------------------------------|
| Interim Plan (2007/08 to 2009/10)    | Senior citizens as separate chapter                                                             |
| Thirteenth Plan (2013/14 to 2015/16) | Social security as constitutional right; expansion of non-contributory allowances               |
| Fourteenth Plan (2016/17 to 2018/19) | Alignment with federalization; digitization; contributory scheme development                    |
| Fifteenth Plan (2019/20 to 2024/25)  | Life cycle, rights based approach; adequacy, timely payments, digital delivery                  |
| Sixteenth Plan (2024/25 to 2028/29)  | Strengthening, rationalizing allowances; fiscal sustainability; inter-governmental coordination |

**Source: National Planning Commission (NPC), 1997; 2002; 2002/07; 2007/08; 2013/14; 2016/17; 2019/20; 2024/25.**

Year by year Nepal improved and extended its social security system. It was in the Ninth Plan Nepal introduced the formal social security measures such as monthly allowances and geriatric wards. Similarly, the Tenth Plan emphasized on assuring these provisions, where as Interim Plan recognized senior citizens separately. The Thirteen Plan considered social security as the constitutional right of citizens and extended non-contributory allowances. In the same way, the Fourteenth Plan is very much concerned with the federalism and advanced digitization. Furthermore, the Fifteenth Plan was designed to support people for their whole life as life cycle approach and rights based approach treating social security as legal right of people so that timely and sufficient payments could be made. Moreover, the Sixteenth Plan recently emphasized on smoothing the system such that financial help is long term and the coordination between the governments are well organized.

### Discussions

The case of Japan can be the lesson for Nepal. In Japan, it was very common living with three generations in one household, but today this has changed to single person living in household in cities. The rise of ‘*Kodokushi*’ meaning dying of older people alone and remain unnoticed have become national heart breaking trend. In the first half of 2024, 37227 such deaths were reported, with many of them over 75 percent were aged 65 or older. About 3936 of them were not discovered until more than a month after death which shows significant delays in finding (Xinhua, 2025; Japan Times, 2025). This reflects weakening family based support systems, without strong formal social protection, can lead to severe isolation which is an emerging concern relevant to Nepal’s changing socio demographic context.

Norway's Nordic welfare model stands as a contrasting success story. The system provides universal pensions from age 67, comprehensive public healthcare, home based care services, assisted living facilities, and housing benefits that enable older citizens to live independently with dignity (Kuhnle, 1991). Beyond these formal provisions, Norwegian society encourages informal solidarity practices. In restaurants and cafes, customers may pay for an additional meal or coffee that is left available for someone in need a "pay it forward" or "suspended meal" system. Community sharing initiatives and volunteer networks like Food Sharing Norway collect surplus food from supermarkets and redistribute it to vulnerable groups, including the elderly.

When the global context is observed experiencing ageing society, Nepal's situation indicates growing vulnerabilities that are being visible in social, economic and institutional spheres. Khanal (2022) documents that most elderly in Nepal are forced to seek shelters in old age homes due to loneliness, family disputes, disability, poverty, and domination within their families and Adhikari et al. (2025) revealed that 64.1 percent of older adults in Nepal reported experiencing at least one form of abuse.

### **Case Illustrations: Lived Experiences at the Formal and Informal Interface**

The cases illustration presented gives the micro level mechanisms through which formal cash transfers and informal kinship support interact or fail to interact in everyday life sphere.

**Case 1: The Allowance as a Source of Household Conflict:** *Context:* Kirtipur Municipality, Ward No. 6.

*Narrative:* Hira Karki (name changed), a 41-year-old son, expressed his experience with his 79 year old father, a recipient of the Old Age Allowance:

*"When my father receives money as an allowance, he begins drinking alcohol. If he has no money, then alcohol seller provides him, so that he can pay later when he receives an allowance. Due to consuming alcohol, he becomes sick twice a month, and I have to take him to the hospital. So, this money has made a burden for me. Instead of using it for his health, he is deteriorating his health. I have told him many times not to drink, as he is 79 years old, but he says that is his habit. Whom to tell to stop this OAA to my father?" (Malakar, 2020)*

This case illustrates "destructive interplay" between formal and informal systems. Although OAA is meant to improve elder's personal financial security, it becomes a source of health deterioration, family tension and conflict over care and money. It also shows that providing cash alone is not sufficient if there is no additional support like guidance, monitoring, or community based care support to ensure money is used in a positive way actually improves the well-being of elderly.

**Case 2: Poverty, Family Conflict, and the Limits of Neighborly Solidarity:** *Context:* Kirtipur Municipality, Ward No. 7.

*Narrative: Sabitra Sunam (name changed), an elderly woman living in poverty, received the OAA but had little control over to use that money within her household. When she fell seriously ill with a chronic liver disease, her family did not arrange timely medical treatment. Neighbors eventually intervened and managed to admit her to a hospital, but it was too late; she died shortly thereafter. After her death, further conflict arose: Sabitra was Hindu, while her son and daughter-in-law had converted to Christianity. Disagreements over funeral rites led to a breakdown of family involvement. The neighbors again stepped in, ensuring her cremation according to Hindu custom and performing the required purification rituals functions that would traditionally have been the responsibility of the immediate family (Empirical observation, 2026).*

This case demonstrates the complex intersection of formal support (OAA) with intra-household power dynamics, poverty, and religious change. Although Sabitra was receiving the allowance, she did not have real control over money or decision about her treatment. Because of poverty and family power imbalance, her needs were not addressed. The case also revealed the traditional family care is weakening, and in its place neighbor and community members do give help sometimes, but these supports often become late and not fully enough to protect elderly individuals.

### **Case 3: The Health-Security Nexus**

*Context: Kirtipur Municipality, Ward No. 7.*

*Narrative: Mishri Pariyar (name changed), an elderly woman with breast cancer, receives the OAA and also benefits from free treatment at the Army Hospital, a privilege due to husband's military service. Despite these formal provisions, she faces severe daily hardships. Her cancer requires regular chemotherapy and follow-up visits, but she cannot walk without a stick and struggles with transportation. Her husband and adult son provide no care giving; she relies on neighbors or paid services such as Pathao to reach the hospital. She fears that disclosing her difficulties to ward officials or neighbors might lead her family to expel her. Thus, she endures physical suffering and isolation in silence, holding onto the only support she has the formal allowances and medical care while remaining cut off from informal family care (Empirical observation, 2026).*

Mishri has access to formal health care and a cash transfer, yet her well-being is is relied on her family support and the physical burdens of accessing services. This case shows that even well designed formal provisions cannot compensate for the loss of informal care. It also reveals the hidden vulnerability of elderly women with chronic illness and highlights the role of fear and social stigma as mechanisms that prevent elders from seeking help.

These three case illustrations revealed that elderly well-being in Nepal is determined by more than the presence or absence of formal cash transfers. They show how household power relations, family dynamics, cultural norms, and health conditions mediate the conversion of formal support into actual well-being.

## Limitations and Research Needs

The research needs to operate in key questions such as how do elders manage support from both the government and family? How do they turn allowances into real situation of well-being? How are family and community networks changing with migration and urbanization? To find the solution of these queries require mixed methods research with indepth interviews and observations are required.

## Conclusion

Nepal is facing rapid demographic change with share of elderly population increasing with increased life expectancy, declining fertility, changing family type to nuclear and high out migration. Such type of demographic shift is weakening traditional family based care systems that have brought new and serious challenges for old age security. The government's social security program (OAA) for elderly people are limited and not uniform. Researches shows that the elderly well-being rely on how formal support provided by the state and informal support provided by the family and community interact with each other, that can vary from place to place, governance, caste, gender and migration patterns.

## Recommendations

Policies should ensure universal and tiered allowance, link benefits with health services, and legally recognize the right to care and community connection. Municipalities should establish community care cooperatives, elderly protection cells and Guthi partnerships or recognized community organizations to deliver services, monitor well-being, and support informal networks, inform abuses or neglect or harassment for timely action. Nepal can learn from international experiences such as Australia, Norway and many more to strengthen elderly care system.

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