

Situational Analysis of Elderly Dalit People of the Far Western Region of Nepal

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Dalit is a name for people belonging to the lowest stratum in a few South Asian Countries. This study examines the situation analysis of elderly Dalits of Nepal. The total respondents were 381 older people. This study found more than half of respondents were residing with their son/daughter-in-law (53.2%). Elderly living with a spouse only was quite high (37.4%) than in other studies from Nepal. Out of the total respondents, nearly 95 percent have at least one health problem. More than 90 %of respondents feel lonely (92.1%) and depressed (94.7%). Similarly, more than half of the respondents (59.4%) feel that they are not cared for by their family members and nearly two-thirds (65.7%) feel insecure. Local governments and stakeholders should start health promotion programs and awareness activities so that older people can live dignified lives in their later years.

Keywords: Dalit elderly, social security, living arrangements, Quality of life, elderly health

Introduction

Dalit is a self-applied concept for those called the “untouchables of the traditional Hindu caste hierarchy. Due to caste-based discrimination, Dalits are most backward in social, economic, educational, political, and religious fields, and deprived of human dignity and social justice.

Ageing starts with conception and ends with death (Chalise, 2019). Further ageing is a lifelong biological and sociological process of growing up and growing old. Ageing is usually concerned with fatigue and the declining functional capacity of different organs of the body due to physiological transformation. As a result, the majority of them are unable or not allowed to work. Aging includes three parts: Growth and development, (in our infant years), maturation (in our teenage and young adult years), and senescence (after age 30). So, these three parts are important while studying aging (Chalise, 2019).

Population aging is quite an emerging issue in Nepalese societies (Chalise & Brightman, 2006). It should be understood in the proper demographic and

national context. Modernization is good for most young people, but it may not be equally good for all, especially for older people. A marginal increase in the proportion of older people poses serious problems in Nepali society, which is characterized by greater spatial inequalities, poverty, overly used land resources, a stagnant economy, high illiteracy, and poor health status (Subedi, 1999).

Defining older people is quite difficult. For practical purposes, age sixty is usually the cut-off point between middle and old age. For a Western and developed country, the population aged 65 years and above is categorized older population. But in the case of developing countries like Nepal, people 60 years and older are considered the elderly population. Jestha Nagarik Ain, 2063 clearly defined that a person aged 60 years and above is considered elderly (Elderly Act, 2063).

In Nepal and India, Dalit is a name for people belonging to the lowest stratum castes previously characterized as “untouchable”. Dalits were excluded from the four-fold varna system of Hinduism and were seen as forming a fifth varna. Due to caste-based discrimination and untouchability, Dalits are backward in social, economic, educational, political, and religious fields. They are deprived of human dignity and social justice (NDC, nd). Dalits comprised 13.2 percent of the total population of Nepal in 2011 (CBS, 2014).

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According to NDC, there are 26 castes under Dalit, among them 7 are Hill castes and 19 are Tarai/Madhesi Dalit castes (NDC, nd).

Social Security

There is no universally accepted definition of social security. It is different from country to country. Legislation, culture, traditions, and principles are major factors that make it different. The basic principle of social security is to help people against misfortunes in case he/she cannot meet his/her resources (Malakar & Chalise, 2019). It is based on the ethics of ideals of human dignity and social justice. In the context of Nepali society, *Matridevo Bhava* (regard your mother as a god), and *Pitridevo bhava* (regard your father as a god) were traditional norms and values (Chalise, 2021). Being old is still considered respectable in Nepali culture in different social functions. In Nepal, the economy is dominated by agriculture. Majority of Nepalese work in informal sectors and they do not receive pensions or regular income after retirement. Less than 7% of the elderly receive a pension in Nepal (Chalise & Brightman, 2006). The majority of the elderly depend on familial support and personal savings or continue working. Subedi (2003) found a large proportion (54%) of the elderly contributes to non-economic activities related to the household. Nepal government introduced Labor Act 2017 and Social Security Act 2017 for the contribution-based social security program in 2017 for people working in the formal sector. Many private sectors are still not joining this program.

The Nepal government has introduced universal old age allowances. Under this scheme Rs 4000 (US\$35) per month is provided to all persons who are 68 years and older. Further, an old age allowance of Rs 2000 (US\$17) per month is provided for widows 60 years and above and to people of the Karnali province of Nepal (Chalise et al, 2022). The old age allowance system is quite popular among the Nepalese elderly (Malakar & Chalise, 2019). Traditionally, most Nepali older people are fully dependent on their children and relatives for care and support while growing old (Chalise, 2021).

Nepal's constitution has established health as a fundamental right of the people. "Every citizen shall have the right to free basic health services from the State, and no one shall be deprived of emergency health services. (2) Every person shall have the right to get information about his or her medical treatment, 3. Every citizen shall have equal access to health service" (Constitution of Nepal, 2006).

According to the ISDN report, Dalits are discriminated against the work including at government offices. Dalits have low educational status and remained one of the major barriers to their human development. Dalits comprise the poorest community in Nepal. Still, many Dalits are depending on elementary occupations for their livelihood. "Senior citizens face more discrimination based on caste, they are in entrenched poverty, lack access to health facilities, and do not have access to shelter" (ISDN, 2015). Many senior citizens from the Dalit community do not have citizenship certificates and exclude from the government-provided old age allowances. There is no specific policy addressing the issues of senior citizens (ISDN, 2015).

Statement of the problems

The elderly population in 1961 constituted about 5.2 percent of the total population and reached 8.13 percent in 2011 and 10.2 percent in 2021 (Chalise, 2023a). The elderly growth rate is faster than the growth rate of the total population in Asia. Nepal also follows the same trend. Census data of Nepal reveals that in the past four decades, from 1970 and onwards, there has been a high rate of growth in the elderly population. Between 2001- 2011, the elderly population increased by 3.15 percent per annum compared to the 1.35 percent growth rate of the total population (Chalise, 2020). There are 2.97 million older people in Nepal as of the 2021 census which is a 38.2% increase compared to the previous census of 2011. The proportion of the older population reached 10.21% of the total population of Nepal. During this decade, Nepal's average population growth rate is 0.92% and the older population growth rate is 3.29% per year. On the other hand, Nepal's total fertility is below replacement level, infant mortality is around 23 per thousand live births and average life expectancy is now around 71 years. The median age of Nepal is 25 years and the index of aging increased rapidly from 23.3 in 2011 to 36.7 in the 2021 census of Nepal (Chalise, 2023a).

Globally fertility is declining and mortality in the early years of life is also decreasing. So, life expectancy at birth is increasing everywhere (Chalise, 2019). A study shows the older people 65 + population is expected to reach around 13% by 2050 (Chalise, 2018). Increasing life expectancy and prolonged life can be seen as a success story for public health policy and for socioeconomic development. But it also challenges society to provide the necessary care and maintain an optimal quality of life (Chalise & Rosenberg, 2020)

The social security system is another important part

of the elderly in Nepal (Malakar & Chalise, 2019). In the traditional family support system, the son has been considered the means of security in old age. Son is considered as the act of taking care of the parents as the burden rather than their moral obligation. Urbanization and modernization have supported the breakdown of the traditional family system and living arrangements in Nepal. It has an impact on the traditional care system of Nepal as well (Singh et al., 2021).

Due to the high prevalence of migration of youth family members from rural to urban areas or foreign countries, the elderly are unable to manage their land and household activities (Dhital et al, 2015). Traditionally, almost all of the elderly like to live with the family even with disgrace from family members in Nepal. The migration of youth from family has made parents left alone at home and feel lonely and without support.

Nepal's constitution has established health as a fundamental right of the people. "Every citizen shall have the right to free basic health services from the State, and no one shall be deprived of emergency health services. (2) Every person shall have the right to get information about his or her medical treatment, 3. Every citizen shall have equal access to health service" (Constitution of Nepal, 2006). Dalits are most vulnerable in terms of the right to food, shelter, education, and human rights as well in Nepal. There is no study carried out focusing on the issues of Dalit older people in Nepal.

Nepal has seven Provinces. Sudur-Paschim Province has 8.6% of older persons 60 years and older (Chalise, 2020) in the 2011 census which increased to 9.4% in the 2021 census. There are very few studies carried out in Sudur Paschim Provinces (Joshi et al, 2018; Joshi & Chalise, 2021, Pandit and Chalise, 2022). According to 2021 census, Bajhang has 9.6% older persons. No research has been conducted about the social and health care status of elderly people in Jaya Prithvi Municipality Bajhang district yet. So far, this may be the first study about the social and health status of elderly people in Jaya Prithivi Municipality. Further, this study focuses on the different issues of older persons, which is quite new in the context of Nepal.

Literature Review

Democracy is, a political system, for rights and justice. Rights come from the Constitution and justice from the elected government. A study from India shows many Dalits in rural areas are deprived of or are refused access to health services due to their social status (Baru et al, 2010). Legally there is no caste-

based discrimination system in Nepal since 1962. But, discrimination in accessing health services continues due to a lack of state-run services, as well as denial and discrimination in the provision of health care to Dalits who seek health services (Chhetri, 2019). Some discriminatory behaviors are refusing to touch, share food and water, seating places, transport, refusing to enter Dalits' houses, or allowing them into your house. Health discrimination is likely seen mainly in health centers or a patient's home (Acharya, 2013)). The research showed that Dalits are also more vulnerable to HIV partly due to high migration to escape from caste-based discrimination (Bam, et al, 2013). Nepal's government wants to address the issues of caste discrimination by developing affirmative regulations and policies (health policies, nutrition health policy, and federal structure policy) (Devkota, et al, 2017; Sunam, 2014).

Research shows elderly have low immune systems and are vulnerable to different types of diseases (Chalise & Rosenberg, 2020). A study shows that about three-quarters (76.5%) of the respondents living in a rural area had physical health problems; 14.6% had some physical disabilities, and 52.6% reported mental health problems (Chalise & Rosenberg, 2019). The most commonly mentioned physical health problems of older people were physical pain, respiratory problems, gastritis, eye problems, blood pressure, and dental problems. Another study from Kathmandu found nearly 60 %of seniors suffered from at least one chronic disease (Chalise, 2012). Different studies show that depression is high among Nepalese older people (Chalise, 2014; Manandhar et.al. 2019; Sharma et al., 2018). A study from Kathmandu shows that depression in the community living elderly ranges from 29.7% to 65% (Chalise & Rai, 2013, Sharma et al., 2018; Manandhar et al., 2019). Similarly, studies of elderly living in old age homes show depression ranged from 47.33% to 57.8% (Chalise, 2014; Ranjan et al., 2014). Further, a study of an old age home in Kathmandu shows 32.4% of respondents had anxiety (Timalsina et al., 2014). Although the majority of older people in Nepal live with family members (Singh et al., 2021; Chaudhury, 2004), they have reported high loneliness (Chalise, 2010; Chalise et al., 2007a). The feeling of loneliness might be due to the feeling of being neglected in the family and also very little communication with children and other family members (Chalise et al., 2007b). Loneliness is thought to be the result of many factors, including social, health, and psychological conditions (Chalise, 2021).

Method

The study has adopted primary and secondary data. This study was carried out in Jaya Prithivi Municipality of Bajhang district. This study area has been chosen because of the familiar community to the principal author. This is a remote area of Nepal as well. It is also the inhabited area of numerous Dalits communities, and they are poor, vulnerable, and socially excluded. Jaya Prithivi Municipality is the headquarter of the Bajhang district. There are 11 wards. According to the preliminary census report, in 2021 the municipality's total population was 21,973 among them 11,413 female, and 10,560 male. Similarly, 4088 households in the study area and the annual population growth is about -0.13 Percent (CBS-Preliminary Census report, 2021).

According to the Jaya Prithivi Municipality office record of Paush, 2078 BS, the population of elderly Dalits of Jaya Prithivi municipality was 383. Among them, 50 percent i.e., 190 elderly Dalits (100 females and 90 males) were selected purposively for the study for easy collection of data in the study area. Among five clusters in Jaya Prithivi Municipality, 45 Dalits elderly from Kailash and Hemanta Bada, 40 from Luyata, 43 from Subeda, 18 from Rithapata, and 58 from Chainpur were selected. The face-to-face

interview method was used for the data collection after getting verbal consent from the respondents.

Data presentation

Out of the total 190 respondents, the highest proportion of respondents was in the age group 60-69 (50.4%), followed by the age group 70-79 (31.7%) and 18.9 percent of respondents in the age group 75-79 (Table 1). Table 1 shows that males and females are 38.8 percent and 53 percent in the age group 60-69, respectively. Males are 25.2 percent and females are 28 percent in the age group 70-79.

Among the total population, 68.4 percent elderly were currently married followed by 30.5 percent of widows/widowers. The percentage of widowed elderly was nearly half of that of currently married elderly people. Similarly, in the study area, only two respondents were found separated. Out of the total respondents, nearly 95 percent of respondents followed the Hindu religion, 3.1 percent of respondents followed the Christian religion, and 2.1 percent of respondents were following the Buddhist religion.

More than 68.4 percent of respondents were illiterate and the rest: 31.6 percent were literate which includes 26.0 percent having informal education, and the remaining 5.3 percent having primary level (1-5) education only.

Table 1
General characteristics of the respondents

Variables		Number	Percentage
Age	60-69	96	50.4
	70-79	56	31.7
	80+	38	18.9
Sex	Male	90	47.4
	Female	100	52.6
Marital Status	Currently Married	130	68.4
	Widow/Widower	58	30.5
	Separated	2	1.1
Religion	Hindu	180	94.8
	Buddhist	4	2.1
	Christian	6	3.1
Education	Illiterate	130	68.4
	Informal Education	50	26.3
	Primary (1 to 5)	10	5.3
Living arrangements	Nuclear	88	46.3
	Joint	97	51.0
	Living alone	5	2.7

Source: Field Survey, 2021

Category of the Dalit castes

This study is completely based on the Dalit community of the Jaya Prithivi area of the Bajhang district. Dalit caste includes so many other sub-caste groups such as B.K. (Bishow Karma), Sunar and Kami, Luhar, Agri, Aujias one Dalit caste group Pariyar, Darji, Nepali, Damai etc another group Sharki, Chadara, Od, Okheda, Rashaili, mijar, etc. castes live In this study area, researcher categories fivesub-groups of Dalit community in this study area. The majority of the respondents (37.8 %) reported they are Sarki, 33.8 percent that they are B.K, Sunar, Luhar, Kami, Agri, Mijarsub-caste groups, 21.5 percent respondents reported that they are Pariyar and Darji and Nepali, 6.9 percent respondents' caste remaining others Chadara, Tiruwa, Rashaili, Audi, etc.

Table 2
Percentage distribution of respondents by category of the sub-caste group of Dalit

Category of Dalit	Respondents	
	Number	Percent
Sarki, BhulAujietc.	72	37.8
B.K.Sunar, Subarnakar,Luhar, Mijaretc	64	33.8
Nepali,Damai, Darjee etc.	41	21.5
Chadara, Tiruwa, Rasaili, Snehi, Od, Okhedaetc	13	6.9
Total	190	100

Source: Field Survey, 2021

Living Arrangements

Living arrangement refers to the structure and composition of household members of one's household as well as their relationship with each other. Within this chapter deals about to collect information on living arrangements and their satisfaction, the social security system, elder people's expectation, and their working status, etc. from the respondents obtained by asking the question to whom they were residing.

Table 3 shows the percentage distribution of respondents by living arrangements. The highest proportion (53.6%) of respondents reported that they were residing with their son/daughter, nearly about 37.4 percent spouse only, living alone (5.3%), with daughter/son-in-law (3.7%), and 0.5 were living with their other relatives

Table 3
Percentage distribution of respondents by living arrangement

Living arrangement	Total	
	Number	Percent
SSpouse only	71	37.4
Son/daughter in law	101	53.2
Daughter/son in law	7	3.7
Alone	10	5.3
Others Relatives ^δ	1	0.5
Total	190	100.0

Source: Field Survey, 2021

*Other relatives include Nephew/nice-in-law and brother-in-law/sister-in-law.

The feeling of not taking Care of the Elderly by Family

The information about the feeling of not taking care of the elderly by the family was obtained by asking an opinion type of question (i.e., how do you feel about not taking care of yourself by family and society?). The information was obtained based on his/her responses. Most of the respondents (36.8%) reported that they feel very much about not taking their care of by family, followed by 25.2 percent who did not feel taken care of them by family members, 22.6 percent respondents reported that they feel somewhat about it and 15.4 percent said that don't have an idea about it in table 5.

Table 4
Percentage distribution of respondents by the feeling of not caring by family

The feeling of not taking care by the family	Total	
	Number	Percent
Very much	70	36.8
Somewhat	43	22.6
No such feeling	48	25.2
Don't know	29	15.4
Total	190	100.0

Source: Field Survey, 2021

Health Status of the Elderly

Table 5 shows the distribution of respondents who have mental health problems. Respondents reported that they were feeling different types of mental health problems. The majority of the respondents (94.7 %) suffered from depression. Depression is a major psychological and mental problem for elderly people of the nation because of the flow of foreign migration,

urbanization, and the nuclear family system which support the fragmentation of families. Similarly, 92.1 percent of respondents feel loneliness/ anxiety, 65.7 percent suffered from insecurity/boredom, nearly 17 percent suffered from loss of memory power, and around 12 percent of respondents had suffered from mental disorders (Table 5).

Table 5
Percentage distribution of respondents by a mental health problem

Feel Mental health problem	Total	
	Number	Percent
Insecurity/boredom	125	65.7
Mental disorder	23	12.1
Depression	180	94.7
Loneliness/ Anxiety	175	92.1
Loss of memory power	31	16.3

Source: Field survey, 2021

Major Physical Health Problems

Major health problems of the elderly were collected by asking a closed-ended question about the physical health condition, i.e., how is his/her health condition? The information was noted based on his/her responses as he or she feels about his/her physical health

Table 6
Percentage distribution of respondents by major health problems

Major health problems	Yes	
	Number	Percent
Any Health problem	180	94.7
Physical pain (joints, knee, back, stomach etc.)	70	36.8
Physical pain-Diagnosed	53	75.7
Respiratory-Problem	64	35.5
Respiratory-Diagnosed	48	75.0
Blood pressure-Problem	92	51.1
Blood pressure-Diagnosed	79	85.9
Sugar (Diabetes) Problem	4	2.2
Sugar (Diabetes) Diagnosed	4	100.0
Gastric-Problem	150	83.3
Gastric-Diagnosed	98	65.3
Asthma-Problem	91	50.5
Asthma-Diagnosed	52	57.1
Heart disease-Problem	38	21.1
Heart disease-Diagnosed	22	57.9
Teeth Problem	162	90.0
Kidney/urinary-	35	19.4
Uric acid	18	10.0
Cancer	6	3.3
Other diseases	7	3.8

Source: Field Survey, 2021

Out of the respondents, 94.7 percent have any health problems and 5.3 percent don't have any problems. Table 5.18 shows the percentage distribution of respondents by major health problems. One-third of the total (36.8) respondents reported physical pain (joints, knee, back, stomach, etc.), and 75.7 percent of respondents also diagnosed such types of problems. About 72 percent of respondents have gastric problems and among these suffering from gastric problems, 83.3 percent of respondents had also been diagnosed with it. Respiratory disease (35.5.0 %) and blood pressure (51.1%) are also among the diseases suffered by the respondents.

Similarly, 50.5 percent of respondents reported that they suffered from asthma; 57.1 percent had also been diagnosed with the disease. Such as about 90 percent were suffering from teeth problems, 19.4 percent from kidney/urinary problems, Uric acid 10 percent, cancer 3.3 percent, and the remaining others. About 4 percent reported suffering from other diseases, including skin disease, ulcers, cough, leg swelling, and headache, jaundice, stone, hernia, tuberculosis, polio, thyroids, deafness, bone decay, and uterus-related problems (Table 6).

Discussion and Conclusion

The Government of Nepal legally abolished the caste system and criminalized any caste-based discrimination, including "untouchability" (the ostracism of a specific caste) - in BS 2006 (AD 1963). Such discrimination is abolished only on paper but not in reality. Law implementation seems weak in Nepal. Social and cultural norms are major factors behind such discrimination. After the restoration of democracy in 1990 and increased international mobility of Nepalese people as well as urbanization, increased educational level and concern for human rights issues have supported lowering such caste-based discrimination recently.

In the past, there was a caste-based discrimination system in Nepal. Still, it exists somewhere, because it is difficult to change cultural practices overnight-especially the perception that exists in older people or family members living with older people. The young generation does not care about it. Individual well-being including violence and everyday life risks is also a part of caste-based inequity. Individuals' opportunities to access education, employment, and health care are also affected by caste. Dalits experience this more significantly due to poverty and their caste status,

increasing their vulnerability to health risks (Thapa et al, 2021).

In Nepal, older populations are increasing rapidly (Chalise, 2020; Chalise & Brightman, 2006) and show a tendency that will further increase in the coming days as well (Chalise, 2018). Older people are more vulnerable in old age due to low immune systems and different types of diseases (Chalise & Rosenberg, 2020). In the Nepali culture, children have considered insurance for old age, and norms of filial sponsibility are the import ant factor behind inter generational relation ships (Chalice et al, 2007a, Chalise, 2021). This is a descriptive but first study that focuses on social and health issues of the Dalit elderly in Nepal. There is no published article about Dalit elderly from Nepal. This is a major strength of this article.

This study found the majority of the elderly live with their children. 53.2% were living with their son/ daughter-in-law and 3.7% were living with daughter/ son-in-law. The elderly living with spouses only was 37.4%. Further, the number of elderly living alone was 5.3%. This living arrangement shows the emerging trend of living arrangements slightly different from previous studies (Singh et al, 2022). A study of community living Rai elderly from Kathmandu shows 14.5%of elderly living with spouses only (Chalise & Rai, 2013). Another study from Sudur Paschimshows 88.9.% living with family members, 7.9% spouse, 2.7% alone, and with others 0.5% (Joshi, et al, 2018). But this study shows living with spouses only is quite high in this study. It shows the traditional system of living arrangements is changing with time (Chalise, 2021).

Culturally living with family members during the stage of old age is considered a Nepali tradition (Chalise, 2021). But, due to the migration of young children from remote areas to the terai area and urban areas older people are left behind. International migration of children for work or study may be another reason (Dhital et al, 2015). This study shows more than 37 percent elderly are living with their spouse. National and international literature has reported that older adults who live with their partners have better levels of physical and mental health (Kim & Fredriksen-Goldsen, 2016; Henning-Smith, 2016). The social support network of older people who live with their spouses can favour better quality of life scores in this group, due to the mediating role between these variables (Bolina, et al, 2021; Chalise et al, 2007b).

This study shows quite a high (93%) of elderly

suffering from at least one health problem. Previous studies also show older people suffering from multiple multiple diseases and functional disabilities (Chalise & Rijal, 2018; Chalise et al., 2008; Maharjan et al, 2018; Chalise & Khanal, 2021; Mishra & Chalise, 2019; Chalise et al., 2020). This data is quite high when compared with other studies carried out in different parts of Nepal (Chalise & Shrestha, 2005; Bhatta, 2009; Chalise & Basnet, 2017). A community study from Kathmandu shows over three-quarters (76.5%) of the elderly with some physical health problem, over half (52.6%) with some mental health problem, and 14.6% with some physical disability (Chalise & Rosenberg, 2019).

The majority of the respondents (94.7%) suffered from depression and 92.1 percent respondents feel loneliness/ anxiety. Around 66 percent of respondents reported that they felt insecurity and boredom. These data are also quite high compared with other studies from Nepal (Chalise, 2010; Chalise et al, 2007a). Having health problems both physical and mental health may have an impact on the quality of life of older people (Joshi & Chalise, 2021). It may also increase the caregiving burden on the care providers (Khanal & Chalise, 2020). Local government should promote different types active for the better mental health of the elderly.

Further, it has raised the issue of social security in old age as more than half of the respondents expressed the feeling that they are not cared for by their family members. Similarly, nearly two-thirds have feelings of insecurity in old age. This shows that Nepal's traditional value system that children will care for their parents when they become old is deteriorating (Chalise, 2021, Chalise et al, 2022). The actual reason why the elderly felt they are not cared for by their children needs to be further explored.

According to NDC, senior citizens face more discrimination based on caste, they are in entrenched poverty, lack access to health facilities, and do not have access to shelter. Many senior citizens from the Dalit community do not have citizenship certificates because of this they do not get social security schemes. Elderly abuse is also quite high among the Nepalese elderly (Chalise & Paudel, 2020). There is no specific policy addressing the issues of senior citizens (NDC, nd). Nepal's law and human rights perspective makes such discrimination punishable. The government should make an environment for healthy aging (Chalise, 2023b)

without discrimination to support the UN Decade of healthy aging.

In the end, the study found that the social and healthcare status of Dalit elderly people is quite poor in Dalit elderly. Low education, poor economic conditions, and the migration of children may be the main barrier to the healthcare status of the elderly.

Although this study did not focus on the caste discrimination-related barrier, the elderly should have the right to utilize all government-related services without any hesitation and discrimination. Finally, local governments have remarkable opportunities to facilitate improvements in health and quality of life for elderly people living with disabilities and serious illnesses.

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