

CHAPTER I

INTRODUCTION

1.1 Background

In human life cycle there are generally three phases-child, working age and old age. Age under the 15 years is known as the child age. According to the census 2001, there are 39.36 percent children out of total people in Nepal. Working age of people is the age of 15-60 years or defined as independent, active people. In the census 2001 it is found that 54.15 percent people are in active age in Nepal.

Elderly is the group of people above 60 years of age or defined as the stage of mental and physical decreasing or inability. It is well known that old people are the senior people of the country. They should be respected at the every sector of the society. In this stage they need to be well cared and full support from family community and the country.

Symptoms of the elderly people:

-) Wrinkle appear in the face and sensory organs become less active.
-) Inability of mental work: late learning, quick forgetting, confusion and repetition.
-) Physical, weakness: feeling exhausted. Within short period, feeling or insecurity, increasing selfish attitude, feeling own self as a character of mercy and the development of one-side insistence.
-) Increment in religious feeling and being a bit rigid and being conservative

As the people grow older their physical abilities deteriorate and their control over their own resources may weaker. It has been observed that when people get older elderly people expect support from their families, relatives and the state so that they could lead a healthy life as dignified citizen in return for the contributions to made in the past. But neither the major of the families more the state institutions are poised to

listen sincerely the quite voices of the older people in Nepal. In the context of Nepal ageing has becomes a very important demographic and social issues (Bisht , 2005).

The study of ageing is a major scientific challenge because of many conceptual and practical problems. Ageing is a theoretical construct. It is neither readily identifiable nor observation. The great majority of gerontological theory focuses on age as the independent variable in order to infer that a parameter of interest is altered by a particular ageing process (Donald, 1998).

The concept of ageing identified in the context of western experience and tradition has been based on proportions of population aged 65 years or over, for developing countries, a lower age limit of 60 years has been more relevant. While most international agencies use population aged 65 and over as elderly population. There are some countries of small scale where population, aged 50 and over are considered elderly. The operative definition of old age limits to 60 years, 65 years, 70 years on above. The beginning of old age is also characterized by the time from which the capacity to do work begins to be affected by biological, physical and mental conditions of people (UNFPA, 2001).

People aged 60 or over are considered as elderly. Firstly, age 60 is the usual retirement age for civil servants in Nepal. This retirement age is, in a way recognize of their status as elderly secondly, age (59) is the upper limit of economically active population and that this ratio has obtained a universal endorsement. Thirdly because life expectance is low and that our accesses to medical and other health facilities are limited people grow physically weaker and older earlier than most developed countries (Subedi, 1999).

The majority of the elderly people in Nepal are living in rural areas depending upon their agricultural profession and living under the poverty. The majority of the older people suffer from the cumulative effects of a life time of deprivation, entering old age in a poor state of health and without saving or marital asset. They lack the means to fulfill their most basic needs such as food, proper housing, clothes, health care and safe drinking water. They also lack access to resources and income generating opportunities (Bisht, 2005).

According to the 2001 census, there are 15 million elderly people in Nepal constituting 6.5 percent of the total population. Between 1991 and 2001, the elderly population has increased by 3.5 percent per annum, compared with 2.4 percent for total population. Presently, decreasing in fertility and mortality rates with improvement in life expectancy have led to add around 41000 new elderly people each year. Further more projections indicate that the number of people of 1477379 (6.5%) in 2001 is expected to be 2037309 (6.94%) by the end of 2011, which shows an increasing trend. Likewise, the increasing old age dependency ratio; present 11.19 percent and in projected to be 12.05 percent in 2016 has the potential to increase the existing vulnerability of elderly people with weakening social support system (Bhattari, 2003).

Population is dynamic. Population is never stable. The size of population is changing time to time. Similarly, the size of aged population changing according to time. The size of aged population is increasing in every census period 1952/54-2001.

1.2 Statement of Problem

Elderly people are respected persons in the society and they are sources of social values and norms. They have knowledge, experience and maturity in life, their contribution is necessary in the society. However, they are facing different kinds of problems in their later life such as, economic, physical, social, mental, professional, family problems and aloneness.

Decreases in fertility and mortality rates with improvement in life expectancy have led to rapid increase to the elderly population in Nepal. There are over 20000 new elderly people added to the 60 years and over age group each year.

The government of Nepal has a policy of providing social security for elderly people living in the country who are aged 75 years and above since 1992/93. The security is in terms of Rs.200 per month. Every senior person has a right to have this security. However there is a lack of regularity and availability in time of this security for the service receives due to lengthy and inefficient administrative as well as bureaucratic process. So, there is an urgent need of investigation whether the elderly people are getting this security.

Health care and food security are two major requirements of elderly people to be healthy and manage the longer life. Elderly people are influenced by traditional values and they have less faith on the modern treatment. Therefore, it is necessary to identify where do elderly people prefer to go if they become ill. In what respects the elderly people are getting food and what ways they are obtaining food are other areas of investigation.

There is very little research done in the field of elderly population in Nepal. What ever studies are available, are done based on studies carried out for other purpose and not for the case of elder (Subedi, 1999). As a result, very little is known about the real situation of elderly people and their problem from the perspectives of elderly themselves.

Due to the increase of family disintegrations, rural-urban migration is creating a social distance. The elderly population are in isolation because youth population are migrating to the town looking for job. Economic condition of the country is decreasing day by day, where, the government is not in a state to invest for their elderly people. As the earnings of the young people are not satisfactory and good and in addition, they have to spend those money for their children which means that the elderly are neglected as they have no earnings of their own. Biologically and economically elderly people are unproductive. Young population have to bear the burden of the dependent population.

If the government social organization are not timely aware in this matter, the problem of elderly will become more serious and in near future the elderly people will be most vulnerable group on the society.

1.3 Objective of the Study

Now a days the absolute number of elderly population is increasing. This increase affects various aspect of life. So, the study mainly concerned with the current status of the elderly people living in Patan VDC.

-) To identify and analyze socio-economic and demographic characteristics of elderly peoples living in Patan VDC, Baitadi.

-) To analyze the health care system of elderly people living in Patan VDC, Baitadi.
-) To analyze the psychological status elderly people living in Patan VDC, Baitadi.
-) To analyze the status of females elderly people in comparison to males elderly people.

1.4 Significance of the Study

The ageing population is an important part of the society or country. The effects of modernization and other infrastructure also affect the life of old people. The nuclear family is emerging in the society and young people want to live, with his/her own wife and children and separately which affects the elderly people to fulfill basic needs and other necessary things. Elderly people are source of knowledge, they contribute significance role for the development of the country and they also give sound suggestions in the family in a proper way.

Elderly people are passing through different mental and psychological state due to the expansion of nuclear family intergenerational gap, modernization, urbanization, occupational and they have been facing so many problems . They have one of the most neglected social groups in Nepal. Their voices are often dominated and ignored (Bisht, 2003). In this situation, the elderly people are seeking emotional and financial support from family community and national level.

This study may also be helpful for the different institutions working with ageing, governmental as well as non-governmental organizations, policymakers and planners to understand the life of elderly in rural areas and their overall situation, which, may be helpful to formulate plans and policies and to act accordingly for their well being. It may also be useful for the further study for concerned people and institution.

1.5 Limitation of the Study

Researcher doesnot want limit actions in his/her study. But due to various factors such as lack of money, human resources, lack of time or time availability, studies have

limitations. This study has also limitations because of lack of time and money, the study has following limitations.

-) This study is limited to the population who are above 60 years of age.
-) This study is limited only in Patan VDC of Baitadi district.
-) This study is based on 100 elderly sample people selected from Patan VDC of Baitadi.
-) The interview questionnaire of this study is limited in the socio-economic, demographic and health status of elderly people.
-) Result can't be generalized for the whole country and for the area which has different social setting than the study area.

1.6 Organization of the Study

This study deals with how the chapter are organized here. The study has been organized in five chapters. The first chapter discussed about the introduction which includes background, statement of the problem, importance of the study, objectives of the study, limitations of the study and organization of the study. In chapter second, literature review is included. In third, research methods have been stated in which nature of data, study area, selection of the sample, questionnaire design, data collection, data processing and data analysis. Chapter fourth gives socio-economic, demographic and health characteristic of elderly people. In the fifth chapter of the study, summary, conclusion and recommendations have been dealt.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

Review of Literature is an essential part of all studies. It is essential to understand what is already known about a topic. a review of the literature provides a foundation upon which to base new knowledge: bearing about what has already been done on a problem will typically provide adequate justification of the need to conduct research in a particular area which also help to formulate a theoretical framework.

The concept of 'Old age' is not new for Nepali. The Nepalese language is rich in old age relational words such as Bridha (Old person) Budhyauli (old age) and Baje/Bajai (Grand parents) it suffices that the notions of old age not a foreign one. "Matri Devo Bhawaha; Pitri Devo Bhawaha; Guru Devo Bhawaha" is our tradition which means that over tradition is rich in respecting our parents and elders, that is the elderly people and any one older than young is the relevant (Bisht, 2005).

Ageing is growing old or maturing. Ageing is the ultimate manifestation of geological and demographic activities in individual human being and population at large. The steady and rapid decreases in fertility and mortality levels are creating the change in national age structure of the country, resulting in to high proportion and number of elderly population.

2.2 Definition of Old Age

Countries have their own basis for defining old population. It does not have the same meaning in all countries. "The stage of elderly is normally defined in terms of specific age which is 60 years. However, the problem of ageing rather concerned with the old age disabilities and that one's condition as aged dependents on personal health, sex employment.

In present scenario of a country like Nepal with poor socio-economic condition poor health facilities and prevailing poverty for a long time resulting in a low life expectancy at birth, people look inactive and weak and weak even, in their early age

groups. The poor health status and the changing age structure of the elderly are clearly affecting socio-economic development of the country. In such a socio-economic and demographic situation, it is debatable to define an elderly person (Bisht, 2003).

2.3 Demographic Determinants of Ageing

Ageing is the ultimate manifestation of biological and demographical activities in individual human being and population at large. Until recently very little attention was paid about the dynamics of ageing in human beings. However, continued increase in percentage of aged persons in the population is creating humanitarian, social and economic problems in many countries specially the developed ones (Singh, 2003).

2.3.1 Fertility Decline

Fertility decline has been the primary determinant of population ageing over the last half century the TFR decreased global by almost half from 5.0 to 2.7 children per woman. Over the next half century, it is expected to drop to the replacement level of 2.1 children per woman. As a result of the sustained decline that occurred during 20th century, the average TFR in the more developed regions has dropped from an already low level of 2.8 children per women in 1950-1955 to an extremely low level of 1.5 children per women in 2000-2005 (UN, 2002).

2.3.2 Mortality Decline

As fertility rates move towards lower levels, mortality decline, especially at older ages, assumes an increasing important role in population ageing. Over the last five decades, life expectancy at birth increased globally by almost 20 years from 46.5 years in 1950-1955 to 66.0 years in 2000-2005. On average, the gain in life expectancy at birth was 23.1 years in the less developed regions and 9.4 years in the more developed regions. Over the next 50 years life expectancy at birth is projected to increase globally by 10 years, to reach 76 years in 2045-2050 (UN, 2002).

2.4 Ageing in the World

In 1987, the total world population was 5 billion, it was expected to pass 6 billion marks in 1999 and will continue to grow and exceed 9 billion by the year 2050. The main cause for the rapid growth of world population is the decline in the levels of

mortality while fertility remaining at the higher level especially in developing countries. However, fertility has started to decline even in high fertility countries of the developing world. So with the current trend of demographic scenario, all countries will experience changes in the age structure of their population in the year to come. Several developing countries are still early in the stage of their transition from high to low fertility so bulk of their population is expected to concentrate in the younger age groups. However, with the continued declined in the fertility and mortality levels their age structures, in the years to come could be expected to closely resemble with those from today's developed world (Acharya, 2001).

In the developed regions, the proportions of population above 65 has increased from 7.9 in 1950 to 13.5 percent in 1950 and is expected to reach 24.7 percent by 2050. the most rapidly ageing countries (including Japan, Germany and Italy) will approach or exceed 40 percent of their population at older age by 2050. In developing regions, with the mortality and fertility decline and average life span becoming longer the proportion of older population is expected to increase more rapidly than ever (Acharya, 2001).

The proportion of world's population over 60 years is increasing more rapidly than in any previous era. In 1950, there were about 200 million people over 60 throughout the world. By the year 2000, there will be about 550 million, and by 2025, the number of over 60s is expected to reach 1.2 billion. The static shows that older people live in the South though there is a myth that older populations do not exist in the developing world because life expectancy is low. Even in the world's poorest countries, those who survive the diseases of infancy and childhood have a very good chance of living to be grand parents. Thus, the numbers of old people in developing countries will more than double over the next quarter century, reaching 350 million by 2025-12 percent of their total population (HAI, 2001).

The proportions of older persons differ from region to region. One out of every 10 person is now 60 years or older in world . One out of every five Europeans, but out of 20 Africans is 60 years or older. In Nepal, one out of every 17 persons is now 60 years or older, by 2150, it has estimated that one out of three persons will 60 years or older. It indicates that ageing will have extensive effects on the social economic and the health condition of the people (Bisht, 2004).

Poverty is the greatest obstacle to a secure old age and for many in developing countries the last phase. In life time of deprivation, contributory factors vary, but include diminished physical strength, ill health, landlessness discrimination in employment and a lack of access to resources, formal education and training opportunities. In the developing world 3 out of 5 people live in poverty: Old people in the developing countries are the poorest people in the world (HAI, 2005).

Today gender-based violence is increasingly becoming a problem in many countries where older women particularly widowed are often victims of abuse, sometimes even due to witchcraft accusation. Older women face greater risk of physical and psychological abuse due to discriminatory societal attitude and the non-realization of the human rights of woman (UNFPA, 2002).

2.5 Scenario of Ageing SAARC Countries

Among SAARC countries, Shree Lanka has the highest index of ageing amounting to 22.22 percent followed by Bhutan with the magnitude of 12.82 percent.

Table No. 2.5
Indices of Ageing in SAARC Countries, 2002

SAARC countries	65+ years	< 15 years	Index of ageing
Bangladesh	3	40	7.5
Pakistan	4	42	9.52
Nepal	4	41	9.76
India	4	36	11.11
Bhutan	5	39	12.82
Shree Lank	6	27	22.2

Source: UN World Population Data Sheet, 2002.

For India, the index is observed at the level of 11.11 percent. Least index of ageing is observed for Bangladesh with the figures of 7.5 percent followed by Pakistan of 9.52 percent. In case of Nepal, the index of ageing at age 65+ years is observed as 9.76 percent.

ICPD was held in Cairo, from 5 to 13 September in 1994. The international conference on population and development identified the following objectives to address the issues of elderly population.

- ◆ To develop systems of health systems of health care as well as systems of economic and social security in old age, where appropriate, paying special attention to the needs of women.
- ◆ To develop a social support system, both formal and informal, with a view of enhancing the ability of families to take care of elderly people within the family.

To fulfill these objectives, governments were urged to adopt the following actions.

- ◆ Develop social security systems to ensure inter-generational and intra-generational equity and solidarity.
- ◆ Encourage multi-generational families and support services for growing numbers of frail older people.
- ◆ Promote self-reliance and create opportunities for the elderly to lead, self-determined, healthy and active lives.
- ◆ Promote the interests of the elderly in collaboration with NGOs and the private sector, specially in the health care of health.
- ◆ Strengthen support systems to eliminate violence and discrimination against older persons, especially women and
- ◆ Encourage the elderly to utilize existing skills and abilities, and encourage others to recognize their contribution to family life.

2.6 Ageing in Nepal

In Nepal, the share of elderly persons 60 years and above was 5 percent in 1952-54, which increased to 5.8 percent in 1991 and 6.5 percent in 2001. Elderly people in Nepal are found usually active and productive on their advancing years. They are involved in children care, hearing, handicrafts and simple farming activities. Elderly

females, in particular, mostly share responsibilities in household chores. However, their contributions and economic values have not been duly recognized (MOPE, 2002). The growth rate of the elderly population is faster than the growth rate of the total population in Nepal. Census data of Nepal reveals that in the past three decades, 1970 and onwards there has been a high rate of growth in elderly population. Between 1991 and 2001 the elderly population has increased at faster rate 3.5 percent per annum compared to 2.24 percent growth rate of the total population. The high growth rate of elderly population in 2001 census implies that number of the elderly will double in less than 20 years (CBS, 2003).

In rural areas, the elderly population is believed to have been suffering from migration of youth population to urban areas either for education or for employment. Though no detailed surveys have ever been conducted it is observed that majority of these young migrants hardly return back to their rural home for permanent settlement. As a result, the elderly may be left on their own at age of their life cycle when they need more help than ever (Acharya, 2001).

Some households include three generations, which denotes the elderly people are normally taken care of by their children on children's spouses. The marital status of older persons is an aspect of family structure that deeply affects their living arrangements, support system and individual well being. In Nepal, sons live in the family as long as they wish but in western society as a son usually takes to separate living after marriage (Bisht, 2005).

Among older population, the quality of life of older women is unfavorable to compare with older men on various dimensions. Older women are likely to be more educationally backward, economically dependent and physically disadvantaged than are men. They are also more likely to be widowed than are men and loss of husbands may cause great emotional stress in them (Chaudhary, 2004).

Majority of elderly people in Nepal are living in rural area depending upon their agricultural profession, and living under the poverty. The majority of older people suffer from cumulative effects of lifetime of deprivation, entering old age in a poor state of health and without saving or material assets. They lack the means to fulfill their most basic needs such as food, proper housing, clothes, health care and safe

drinking water. They also lack access to resources and income generating opportunities (Bisht, 2004).

Poverty for older people in poor countries means no pensions, no saving and no loans. It forces many older men and women to work long past the national age of retirement. It prevents others from buying even basic necessities (HAI, 2002).

Older people experienced loneliness and social isolation very much. Among senior elderly living with families one could observe the feeling of loneliness in them. As the son went to work, children went to schools, and daughter-in-laws also were engaged in household and other works or stayed in their own rooms, elderly women left to themselves. One of the elderly women during group discussion said that she felt like dying, since nobody spoke to her in the family (CWDC, 2003).

Parents have lot of investment to make their children capable and educated. When grown up, they neglect the parents at all. In most cases the elderly people are not care of listened to, and not consulted. They are considered as irrelevant, outdated and conservative and so on. The implication is that they have to live in partial or complete, isolation and loneliness. The situation often becomes complicated when the elderly person is widow or widower (NEPAN, 2003).

Nepal's demographic situation is characterized by an existence of large mass of young population and lower proportion of adult and aged population. But all three age groups i.e. young (0-14), mature (15-59 years) and aged (60 years and over, the pace of growth of aged, population has been faster (Subedi 1999). The last size census 1952/54-2001 reveal that the elderly people are increasing continuously both in absolute number and proportion.

Table No. 2.6
Percentage and Size of Elderly People

Year	No. of elderly people	Percent of the elderly people
1952/54	409761	5.0
1961	489346	5.2
1971	621597	5.4
1981	857061	5.7
1991	1071234	5.8
2001	1477379	6.5

Source: CBS and MOPE, 2004.

From the above table it is clear that elderly populations are in increasing trend. The proportion of population of 60 years and above was 5.0 percent in 1952/54 and reached to 6.5 percent of the total population in 2001 census.

2.6.1 Care-Services for Older Persons in Nepal

In Nepal and some Asian countries the elderly people are well cared by their family members particularly by their sons/daughter-in-law and daughter/son-in-law. However, there are huge number of elderly people who are not cared and don't have, support from their family member because of various reasons such as large family size, elderly people not have their own property and they have no children etc.

- ♦ Care services by the state: Elderly people provided Rs.150 (US\$ 2) per month to the age of 75 years and above.
- ♦ Care by the non governmental organization. Non government organization provide counseling and legal aid services, recreation services mobile health care services, nursing attention in the home, old age homes etc.

The country is facing the implementation problem in the elderly pension scheme, updating the absolute number elderly and the allocation of health care resources. Some institutions have provided transport and other facilities for the elderly population in the country (Bisht, 2001).

Government of Nepal. Provides non-contributory pension, provident fund, limited medical facility, maternity leave, and work-injury and accident compensation for its employees. Teacher of public schools are also covered under non-contributory old age benefits. Allowances to old age people (75+ years), helpless widows (60+ years) and disabled persons are other forms of non-contributory old age benefits which are applicable to all citizens of Nepal. The elderly people get this amount in lump sum (Bisht, 2001)

2.7 Policy in Nepal

1. Ninth Five Year Plan

All the first time Ninth Five Year Plan include policy related to senior citizens. The following programmes have been implemented in this ninth plan for providing service and facilities and protecting and preserving rights to senior citizens elderly people.

- ♦ One elderly home will be established in each development region and such home will have the provision of entertainment, library and religious speech deliverance. Similarly senior citizens club will be established in village and small locality. Local bodies NGO and private sector will be encouraged performing above activities.
- ♦ Government is running an elderly home; social welfare center elderly home in Kathmandu, where 10 elderly are taking shelter.
- ♦ VDCs and municipalities will maintain records of senior citizens by updating two times a year.
- ♦ Reservation of seats as well as concession in ticket will be provided to senior citizen in public transport.
- ♦ Senior citizens will be granted monthly allowance and facilities based on updated record of citizenship and voter's identity cards.
- ♦ The monthly old age allowance of Rs.150 for 75 + and Rs.100 for widow's 60 + years is being disturbed.

Today, various government and non-government activities are going on in the area of increasing the awareness to respect, care and support the elderly people for their well being in Nepal.

2. Tenth Five Year Plan

(i) Objective

The knowledge, skill and experience of senior citizens will be utilized in social development works by making their life more comfortable, secure, respected and ensured.

(ii) Main Targets

- ◆ Make the health of senior citizens secured and satisfactory.
- ◆ Merge their knowledge and experience in the mainstream of national development.

(iii) Policy and Work Strategy

- ◆ Utilized the knowledge, skill and ability of senior citizens in the development works.
- ◆ Prepare necessary laws and amend existing ones for rights of senior citizens.
- ◆ Coordinate with local institutions, non-government organizations and civil societies for the works/programs related to senior citizen.
- ◆ Encourage formulation of community based clubs, old-age homes along with establishment and extension of pilot old age homes in five development regions of the country for making the life of old people easy and comfortable. Also, encourage the establishment of senior.
- ◆ Adopt policy for necessary arrangement to create geriatric ward in all regional and zonal hospitals for providing appropriate health service to senior citizens.

- ◆ By updating the record of senior citizens, the existing allowance of the senior citizens will be reviewed.
- ◆ Implement social insurance scheme for senior citizens.

Programs

- ◆ Formulation of acts and regulations relating to senior citizens.
- ◆ Preparation of national plan of action and implement programs by develop networking.
- ◆ Encourage the non-governmental organization and local institutions to establish and operate centers for undertaking various programs relating to religious. Work, recreation, sermonizing and income generating programs for the senior citizens.
- ◆ Steps will be taken to provide rebates and facilities in the areas of health services, transportation and entertainment.
- ◆ Program related to social security allowance distribution of the senior citizens and updating of their statistical record will be undertaken.

The elderly people were considered as resources rather than liabilities but there are clear indications that family support systems are eroding new a day. The cure of the chronic diseases is very expensive for the elderly people even if the geriatric wards are available with respect to the earnings of families. There is a need of private or public-sector institutions to meet the needs of the elderly people. The elderly will required social security in the society. They require health care resources, comfortable elderly homes, and retirement benefits like pension to support them financially. Social security programmes have been identified in most of the countries of the world in one or another form. Only a few Asian countries, such as Japan and Singapore, have pension schemes that cover more than a fraction of the elderly population (Bisht 2001).

Social security of the elderly people is very significant t the country like. Nepal, where the people below the poverty line are very high. Social security system is in the

primary stage in Nepal. Its coverage is limited and the benefits under the social security schemes are inadequate provided fund is basically considered as a primary stage primary stage and important part of social security system. The concept of social security is gradually shifting from the realm of society to state. traditionally, the society including the family and community had played the role of the social security provider. children, women, the elderly and disabled people are the responsibility of the kith and kin belonging to the joint or extended family in Nepal. (Bisht 2001)

The care and support provided to elderly are usually in the form of shared, housing, food and other necessities. Family and kinship members are always important in providing emotional support, care of and affection to older persons. However, pervasive poverty and social economic and demographic change threaten the support for the elderly people by families. poverty is the single biggest factor weakening the traditional form of family support for older people (Bisht 2002).

The religious and cultural traditions of Nepal have resulted in a strong extended family system upon which older people have traditionally relied for survival there traditional values are assured to safeguard the position and care of older persons in families and communities. However with industrialization and urbanization, a decrease in land availability in the labour market children migrate to urban centers, and the overall impact of poverty it has been generally acknowledged that this traditional form of support for older people is weakening (Bisht 2004).

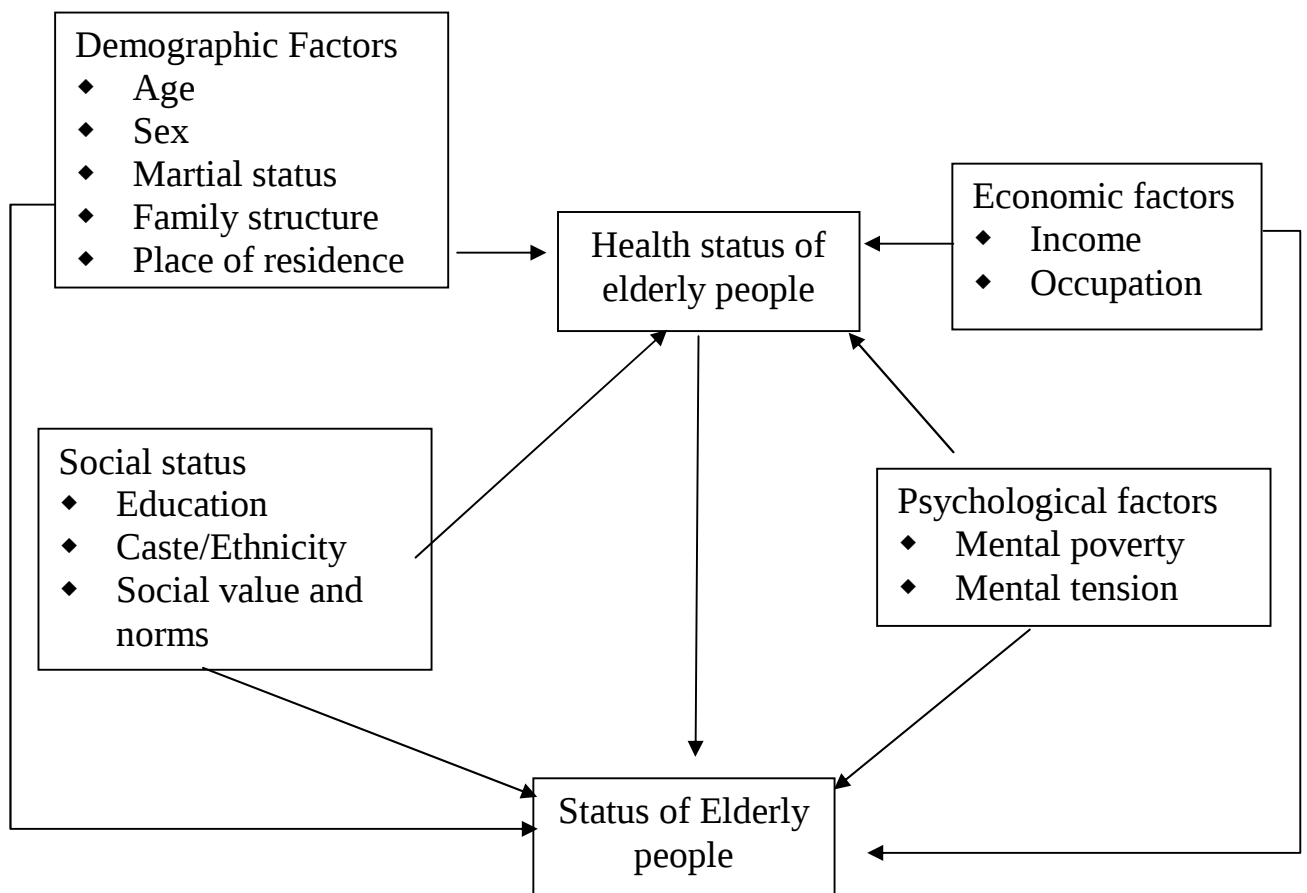
The elderly population should not be viewed as a Liability. They should be viewed as a productive and valued asset for all societies. since the elderly people have acquired skills and expertise during their lives, the wise society should provide opportunities to them to use them to use their full potential of that knowledge. the community organizations and local people could greatly be benefited from the skills and revives that older people can provide on a Low-wage or voluntary basis. the non-governmental organizations and other community based organizations can provide local-level income generation opportunities for the active elderly people. They can also provide supplementary support for the families, which are taking place. there has been a considerable increase in the life expectancy and length of a person's potential working life has also increased significantly. This gives the elderly population

opportunity to have a longer productive life before they reach the stage when they need great support. (Bisht, 2001).

Conceptual Framework

From the various literature it is known that the demographic, social, economic and psychological factor affect on the health and overall status of elderly people.

Figure 1: Conceptual Framework of Status of the Elderly People



Above framework shows that the demographic, factors such as age, sex, martial status, family factors such as education, caste/ethnicity social values and customs affect. On the health status of the elderly people. Similarly, economic factor such as income, and occupation, and psychological factors such as mental poverty and mental tension affect on the health status of the elderly people. The health status also affects the status of the elderly people. The demographic, social, economic and psychological factors also directly determine the overall status of elderly people.

Nepal is a multi-ethnic, multi-religious and multi-lingual society, so that Nepalese people accepted as different from six same part of nation have better position than other part. It indicates that the care system or social value of elderly people is different among the culture. It is bitter truth that in most of the rural areas, elderly are hated and disgusted by their children. Even they do not accede to basic needs. The modernization and urbanization creates some obstacles towards the caring and rearing of elderly people.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Nature of Data

This study is mainly based on primary data. The primary information was collected from field survey. Both qualitative and quantitative data have been collected and used in this study. The data was collected by using both primary and secondary sources. The secondary data were obtained from various published and unpublished information sources.

3.2 Study Area

This study was conducted in Patan VDC, Baitadi district. Researcher has selected the area due to researcher own district, I want to do something in own area. Also, responses from the elderly people can be easily collected because same mother tongue of researcher and respondents. It is far from the capital city of Nepal. It has semi-rural characteristics. It has own customs and tradition norms and values. Due to modernization and urbanization the customs, tradition norms and values are changing rapidly. So due to the social changes, old people are unable to maintain their social-economic status in the changing environment which tends gradually losing their status.

3.3 Selection of the Sample

The total number of sample size of this study is 100. These sample are selected from all elderly people living in Patan VDC. People who are 60 year and above are 422 in Patan VDC. I have taken 100 elderly respondents from systematic random sampling method. Among 100 respondents 55 were taken males and 45 were taken females.

3.4 Questionnaire Design

This study has used the questionnaire designed in such a way that it should cover the all objectives that are set previously. The questionnaire consisted highly structured as well as open-ended questions. The questionnaire was divided into five parts. The first sets of question are related to demographic information and background characteristics of the respondents. The second sets of question are related to

information on family status. Similarly third sets related with family decision, fourth sets related to information on economic status and the fifth sets of question are related to health and psychological status of the elderly people.

3.4.1 Validation of Tools Procedure

These questionnaire are taken from the already tested in the thesis of Mr. Narayan Prasad Regmi.

3.5 Data Collection

For this study data are collected through direct interview method i.e. primary data collection method. The individual questionnaire was administered to collect the required information. The total 100 elderly people was the main source of information for this study.

3.6 Data Processing

The field questionnaire were filled and carefully checked after getting the information from the individuals. The data were carefully edited and processed without using the computer and then the required tables were generated for the study by the manipulation.

3.7 Data Analysis

The data collected through personal interview is presented in suitable tables. The tables which are presented in this study are analyzed with respect to objectives of the study. The data are analyzed based on frequency and percentages. From the table descriptive analysis has been made to observe the status of elderly people living in Patan VDC of Baitadi district.

CHAPTER IV

ANALYSIS OF DEMOGRAPHIC, SOCIO-ECONOMIC AND PSYCHOLOGICAL STATUS OF ELDERLY PEOPLE

4.1 Demographic Characteristics

4.1.1 Sex of Elderly People

The sex is the most important demographic characteristic. At the present time, the number of elderly people is increasing every day. But the magnitude of male elderly and female elderly is different. The life expectancy is also different for males and females.

The following tables shows the sex composition of the elderly population in the study area.

Table 4.1.1
Distribution of Elderly People by Sex

Sex	Number	Percent
Male	55	55
Female	45	45
Total	100	100

Source: Field Survey, 2007.

It is obvious from table 4.1.1 in Patan VDC the proportion of male elderly is 0.55 (i.e. 55 percent) and that of female is 0.45 (i.e. 45%).

4.1.2 Elderly People by Five Year Age Group and Sex

Another important factor in demographic is age. In general the age groups in taken as in 5 year age group. The distribution of the elderly people according to five-year age group is presented in the following table.

Table 4.1.2
Distribution of Elderly People by Five Year Age Group with Sex

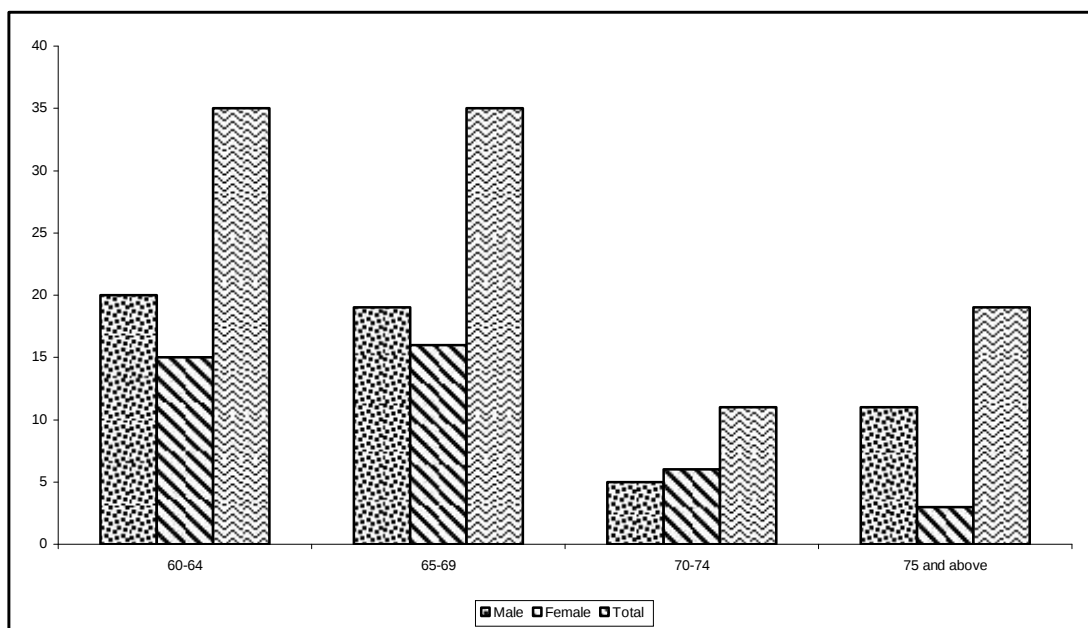
Age group (Years)	Total Number	Number				Percent
		Male	%	Female	%	
60-64	35	20	36.4	15	33.33	35
65-69	35	19	34.55	16	35.6	35
70-74	11	5	9.09	6	13.33	11
75 and above	19	11	20.0	3	17.8	19
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.1.2 reveals that the highest percent of the respondent in the age groups 60-64 years and 65-69 years (35% in both age groups). Similarly equal percent in the same sex in these age groups. The age groups 70-74 and 75 and above respondents are found 11 percent and 19 percent respectively.

The situation can be presented by the following bar diagram.

Figure No. 4.1.2
Distribution of Elderly Population by the Years Age Group with Sex



4.1.3 Marital Status of the Elderly

Marital status of elderly people have serious implications on their health status and longevity. Moreover system keeps its greater value in family and social system. Various studies have shown the married persons have higher life expectancy than that of unmarried, divorced separated and widowed Similarly, married have better health condition than that of single, separated and widow/widowed. The marital status of elderly in Patan VDC is given by the following table.

Table 4.1.3
Distribution of Elderly People by Marital Status

Marital Status	Total Number	Number				Percent
		Male	%	Female	%	
Currently married	60	44	80	16	35.55	60
Widow/Widowers	35	9	16.4	26	57.8	35
Divorced	1	1	1.8	-	-	1
Separated	4	1	1.8	3	6.66	4
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

The table 4.1.3 shows that the higher the proportion of elderly are currently married (60 percent) followed by the Widows/widowers (35 percent) separated and divorced are respectively 4 percent and 1 percent.

4.1.4 Religion of the Elderly

All the respondents are found in the Hindu religion (i.e. 100 percent of the Patan VDC's elderly people are in Hindu religion).

4.1.5 Caste/Ethnicity of the Elderly

In Nepal there are various caste/ethnics group living. But, the composition of these caste/ethnic groups different by geographical region in our country. Under the social composition of population, caste/ethnicity is regarded as one of the prime factors and

it directly associated with living arrangement. The various caste/ethnicity were reported in this study during the field survey and is given by the following table.

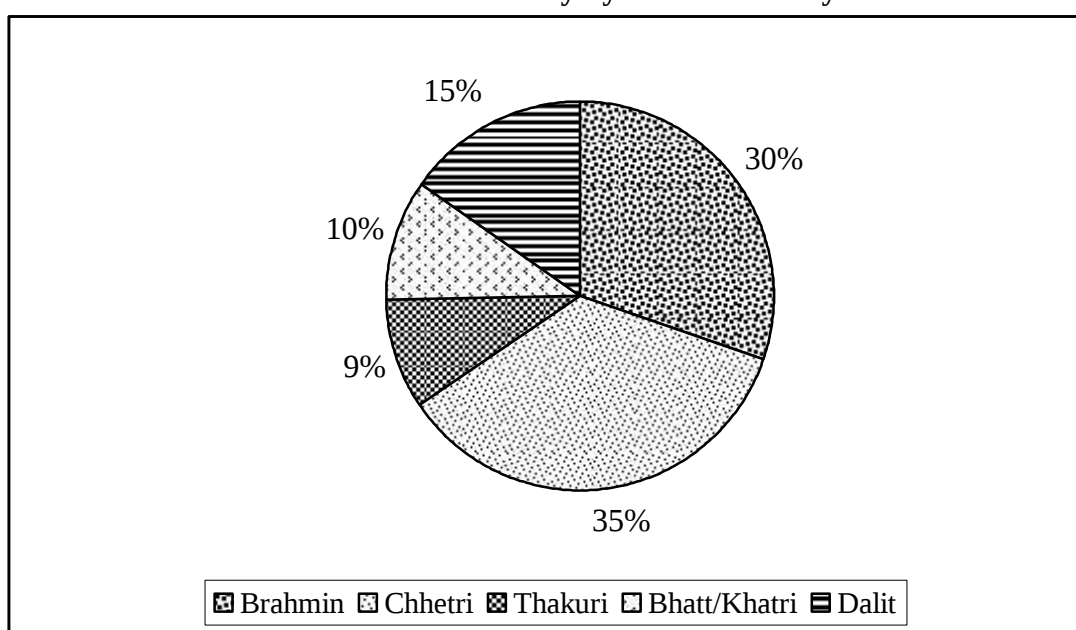
Table 4.1.5
Distribution of Elderly by Caste/Ethnicity

Caste/Ethnicity	Number	
	Number	Percent
Brahmin	30	30
Chhetri	35	35
Thakuri	10	10
Bhatt/Khatri	10	10
Dalit	15	15
Total	100	100

Source: Field Survey, 2007.

From table 4.1.5, it has been seen that Chhetri has majority in the study area (i.e. 35 percent) and Brahmin occupied 30 percent. Similarly, Dalit occupied 15 percent population Bhatt/Khalri contain 10 percent and Thakuri occupied 10 percent of the total population.

Figure No. 4.1.5
Distribution of Elderly by Caste/Ethnicity



4.1.6 Educational Status of Elderly

Education is one of the important factors which affects all aspects of human life educational status has positive correlations with the living condition, economic well being and quality of life. Therefore, literacy among elderly may be considered as an indication of quality of life. The literacy status of the elderly in the study area is presented below.

Table 4.1.6.1
Distribution of Elderly People by Marital Status

Literacy status	Total Number	Number				Percent
		Male	%	Female	%	
Literate	54	43	78.18	11	24.44	54
Illiterate	46	12	21.82	34	75.56	46
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.1.6.1 shows that 54 percent among the respondents are literate and 46 percent that are illiterate elderly respondents.

The educational attainment of elderly people is presented below.

Table 4.1.6.2
Distribution of Elderly People by Educational Attainment

Educational Attainment	Number	Percentage out of total Respondents
Primary	13	13
Secondary	5	5
Intermediate	2	2
Bachelor and +	3	3
Total	23	23

Source: Field Survey, 2007.

According to the table 4.1.6.2, the educational attainment of elderly is not satisfactory. Only 13 percent were attained primary level. Similarly in other levels it is not so satisfactory the attainment of education is very low level.

4.2 Family Background of Elderly People

4.2.1 Head of Household and Elderly

Generally, in Hindu cultural society there is a male dominant society. The males are generally found in the head of their family. Distribution of the elderly with head of the household presented in the following table.

Table 4.2.1
Distribution of Elderly People by Their Household Head

Household Head	Total Number	Number				Percent
		Male	%	Female	%	
Self	41	39	70.9	2	4.44	41
Husband/wife	13	-	-	13	28.89	13
Son/daughter in law	41	15	27.3	26	57.78	41
Daughter/son in-law	4	-	-	4	8.89	4
Brother/sister	1	1	18	-	-	1
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

From table 4.2.1, it has been cleared that in most of the houses the head of household are males.

4.2.2 Settlement in the House and Elderly

In context of rural Nepalese human they have generally settled with own their houses. The status of elderly people in the study area by settlement in the house can be seen from following table.

Table 4.2.2
Settlement in the House and Elderly

House type	Total No.	Male	%	Female	%	Percent
Own	80	43	78.18	37	82.23	80
Dependent	13	7	12.75	6	13.33	13
Dan/Chanda	5	3	5.45	2	4.44	5
Rent	2	2	3.64	-	-	2
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

According to table 4.2.2, 80% of the elderly settled in their own houses, 13% are in dependent conditions, 5% are in Dan/Chandra which was given by family neighbours to them and only 2% are in settled in rent.

4.2.3 Household Care and Elderly

The care of household by whom can be shown by the following table.

Table 4.2.3
Distribution of Household Care by Elderly People

Household Care	Total Number	Number				Percent
		Male	%	Female	%	
Self	5	1	1.82	4	8.89	5
Husband/wife	40	29	52.73	11	24.44	40
Son/daughter in law	46	21	38.2	25	55.55	46
Daughter/son in-law	5	1	1.82	4	8.89	5
Grand children	3	2	3.63	1	2.22	3
Others (relative)	1	1	1.82	-	-	1
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

4.2.4 Living System of Elderly

In the context of Nepal, family structure are found joint and nuclear. A person lives with their father, mother brother, sons and daughter. In the study area the status of elderly people was found as follows

Table 4.2.4.1
Distribution of Elderly by Their Relationship

Relationship	Total no.	Male	%	Female	%	Percent
Husband/wife	13	6	10.9	7	15.66	13
Alone	6	3	5.45	3	6.66	6
Son/daughter in law	75	45	81.82	30	66.67	75
Daughter/Son in law	6	1	1.82	5	11.11	6
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

From the table 4.2.4.1, it is clear that the most (i.e. 75%) elderly people in Patan VDC are living with their son/daughter in-law, similarly 13% were living with both husband/wife and only 6% were living with daughter/son-in law and 6% were living alone

Table 4.2.4.2
Distribution of Elderly with Their Living Wish

Wish of living	Total no.	Male	%	Female	%	Percent
Son/daughter	72	37	67.3	35	77.8	72
Daughter/son-in-law	1	1	1.82	0	-	1
Elderly homes	12	4	7.27	8	17.77	12
Religious institution	15	13	23.64	2	4.44	15
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

From table 4.2.4.2 shows majority (i.e. 72%) elderly wish of living with their sons/daughter-in-law. Similarly the wish of living in religious institution is 15% and that of elderly homes is 12%.

4.2.5 Settlement of Elderly with Present Living House

Table 4.2.5
Distribution of Elderly with Their Settlement

House type	Total no.	Male	%	Female	%	Percent
Own	80	43	78.2	37	82.22	30
Rent	2	2	3.64	-	-	2
Dan/Chanda	5	3	5.45	2	4.44	5
Dependent	13	7	12.73	6	13.34	13
Total	100	65	100	45	100	100

Source: Field Survey, 2007.

In rural area generally the elderly people have their own house. In the above table it has been found 30% elderly have their own houses and 13% elderly in the study area.

4.2.6 Meal Per day Taken by Elderly People

In the western part of Nepal the system of meal taken by elderly two times for Brahmin community and three times Chhetri community. In field survey the meal taken by elderly was found as follows:

Table 4.2.6
Distribution of Elderly by Meal Taken

Times meal per day	Total no.	Male	%	Female	%	Percent
Twice a day	50	28	50.9	22	48.88	50
Three times a day	50	27	49.1	23	51.12	50
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

From table 4.2.6, it has been seen that 50 percent elderly twice a day and 50 percent elderly eat three time a day.

4.2.7 Food Preparation and Elderly

Table 4.2.7

Distribution of Elderly People by Preparation System and Elderly

Who prepared	Total no.	Male	%	Female	%	Percent
Self	13	2	3.64	11	24.44	13
Husband/wife	31	26	47.3	5	11.11	31
Son/daughter-in-law	43	25	45.45	23	51.11	48
Daughter/son-in-law	5	1	1.82	4	8.89	5
Grand children	3	1	1.82	2	4.44	3
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

This table 4.2.7 shows that 48% elderly people were helped by their son/daughter in law in food preparation and 31% of them make both husband/wife together 13% says makes food by self. Likewise 5 percent and 3 percent of the elderly people in meal preparation was helped by daughter/son in law and grand children respectively.

4.2.8 Family Decision and Elderly People

4.2.8.1 Household Labour Division and Elderly

Table 4.2.8.1

The Division of Household Labour in Family of the Elderly People

Who decide	Total no.	Male	%	Female	%	Percent
Self	15	9	16.36	6	13.33	15
Husband/wife	38	28	50.9	10	22.22	38
Son/daughter-in-law	41	17	30.91	24	53.33	41
Daughter/son-in-law	5	1	1.82	4	8.89	5
Grand children	1	-	-	1	2.22	1
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.2.8.1 reveals that the decision for household labour division, 15% respondents say they decide themselves 38% decision is made by husband/wife, 41% say the decision is given by their son/daughter-in-law. Only 5% say the decision in their daughter/son-in-law and 1% say grand children decide.

4.8.2.2 Decision in Selling and Buying of Valuable Things and Elderly People

In selling and buying of valuable things the decision made by whom is reported from elderly people at the time of the field survey given in the following table:

Table 4.2.8.2
Distribution of Decision in Selling and Buying of Valuable
Things by Elderly People

Decision maker	Total no.	Male	%	Female	%	Percent
Self	16	14	25.45	2	4.44	16
Husband/wife	24	17	30.9	7	15.55	24
Son/daughter-in-law	52	22	40.0	30	66.67	52
Daughter/son-in-law	4	-	-	4	-	4
Grand children	3	1	1.82	2	8.88	3
Others (brother)	1	1	1.82	-	4.44	
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

The table 4.2.8.2 shows that 52 percent elderly people reported that son/daughter-in-law decide in selling and buying of valuable things. Similarly, 16 percent by themselves, 24 percent by husband/wife, 4 percent by daughter/son-in-law, 3% by grand children and only 1 percent by brother of the respondent decide in selling and buying of valuable things.

4.2.8.3 Decision Made in Important Family Ceremony and Elderly

The decision made in important family ceremony by the person on the family at the study area was found as follows:

Table 4.2.8.3**Distribution of Decision in Important Family Ceremony by the Person**

Decision made by	Total no.	Male	%	Female	%	Percent
Self	35	23	41.82	12	26.66	35
Husband/wife	42	27	49.1	15	33.33	42
Son/daughter-in-law	18	4	7.3	14	31.11	18
Daughter/son-in-law	5	1	1.82	4	8.89	5
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

From the table 4.2.8.3, we can say that highest proportion reported husband/wife decide in important family ceremony which is 42 percent. Similarly, 25 percent reported ownself decide, 18 percent reported son/daughter-in-law decide, higher females than males and only 5 percent reported daughter/son-in-law decide.

4.2.9 Age at Marriage of Elderly

The age at marriage of elderly people can be seen by the follows age groups wise table:

Table 4.2.9**Distribution of Elderly People According to duration of Time Age at Marriage**

Age (Age of elderly at marriage time)	Total no.	Male	%	Female	%	Percent
5-9	15	3	5.45	12	26.66	15
10-14	46	18	32.73	28	62.22	46
15-19	32	27	49.1	5	11.11	32
20+	7	7	12.72	-	-	7
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.3.9 shows that the most of the elderly people were married at age group 10-14 years which occupied 46 percent (higher percentage of females than males). Similarly, 32 percent married in the age group 15-19 years (higher proportion of males than females), 15 percent married in the age group 5-9 (higher proportion of females than males). Only 7 percent male elderly people married at age 20 and above in the study area.

4.2.10 Number of Children of Elderly People

The number of children of elderly people which are now alive living with them or living elsewhere are found as follows in the field survey.

Table 4.2.10
Distribution of Elderly People by Their Number of Children

No. of children	Total no.	Male	%	Female	%	Percent
0	1	1	1.82	-	-	1
1	1	1	1.82	-	-	1
2	3	1	1.82	2	4.44	3
3	19	11	20.0	8	17.77	19
4	27	14	25.45	13	28.89	27
5	33	17	30.91	16	35.55	32
6	10	5	9.1	5	11.11	10
7	4	4	7.3	-	-	4
8	2	1	1.82	1	2.23	2
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.2.10 shows that, 33 percent elderly people have 5 children. Similarly 27 percent have 4 children, 19 percent have 3 children 10 percent have 6 children, 4 percent have 7 children, 3 percent have 2 children, 2 percent have 8 children, 1 percent have one children and another 1 percent have no any children.

4.3 Socio-Economic Condition of Elderly People

4.3.1 Past Occupation of Elderly People

Occupation is an important factor, which determines the living standard of a person in society. The past occupation of the elderly people in the study is found and given by the following table.

Table 4.3.1
Distribution of Elderly People by Occupation

Occupation	Total no.	Male	%	Female	%	Percent
Agriculture	74	30	54.54	44	97.78	74
Government bureaucrats	10	10	18.2	-	-	10
Merchant	12	11	24.44	1	2.22	12
Industries (India)	4	4	7.3		-	4
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

The table 4.3.1 clears that most of the elderly people had agriculture occupation which occupied 74 percent. Similarly 12 percent had merchant, 10 percent were government bureaucrats and remaining 4 percent were worked in Indian industries.

4.3.2 Elderly People by Depend upon Their Offspring

Elderly people are physically, mentally and psychological weak. So many of the elderly people in the study area generally higher age groups were depend upon their offspring. It has been found in the field survey which is given following table.

Table 4.3.2
Distribution of Elderly People Depend upon the Their Offspring

Depend upon offspring	Total no.	Male	%	Female	%	Total percentage
Yes	67	28	50.91	39	86.67	67
No	33	27	49.09	6	13.33	33
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.3.2 reveals that majority of the elderly people depend upon their offspring, which occupied 67 percent, higher proportion of females than males. Similarly 33 percent reported that they are not depend upon their offspring, higher proportion of males than females.

4.3.3 Elderly People and Their Daily Activity

The elderly people of the study area are found spending their daily on the following activities which is shown in the following table:

Table 4.3.3
Distribution of Elderly People and Their Daily Activity

Activities done by elderly	Total no.	Male	%	Female	%	Percent
Religious activity	13	12	23.64	1	2.22	13
Reading/listening news	7	7	12.73	-	-	7
Working in side home	44	24	43.63	20	4.44	44
Care of grand children	30	9	16.37	21	46.66	30
Meeting per group	6	3	5.45	3	6.67	6
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

From the table 4.3.3, we can say that 44 percent elderly people involved in working in side home 30 percent elderly people pass their daily time by caring of their grand children, higher proportion females than males. Similarly, 13 percent elderly people pass their per day in religious activity, 7 percent reading/listening news, 6 percent elderly people pass their per day by meeting peer group.

4.3.4 Source of Income of Elderly People

Source of income of elderly people in the study area was found as follows:

Table 4.3.4
Distribution of Elderly People by Source of Income

Source of income	Total no.	Male	%	Female	%	Percent
Investment/share	14	14	25.45	-	-	14
Dan/Chand	8	5	9.1	3	6.67	8
Aged allowance	28	5	9.1	23	51.11	28
Agriculture	35	17	30.91	18	40.0	35
Pension	15	14	25.45	1	2.22	15
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.3.4 shows that agriculture is the major source of income 35 percent of the total respondents have agriculture, 23 percent reported that their source of income is aged allowance, 15 percent reported pension of males than females 14 percent (male only) reported (higher proportion) investment/share and 8 percent reported Dan/Chanda is the source of the income in the study area.

4.3.5 Income Per Month in Rs. of Elderly People

In rural area of poor country Nepal the income per month is very low. In field survey of the study area the income of elderly people was found which is given by the following table.

Table 4.3.5
Distribution of elderly People by Income Per Month

Income in NRs.	Total no.	Male	%	Female	%	Percent
Less than Rs.1000	40	11	24.44	29	64.44	40
Rs.1000-2500	30	14	25.45	16	35.56	30
Rs.2500-5000	14	14	25.45	-	-	14
Rs.5000-7500	12	12	21.8	-	-	12
Rs.7500-10000	3	3	5.45	-	-	3
Rs.10000+	1	1	1.82	-	-	1
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.3.5 shows that most of the elderly people have less than Rs.1000 monthly income which occupied 40 percent, higher female proportion than males. 30 percent elderly people (higher female proportion than males) reported between 1000-2500 monthly income. Similarly 14 percent (only males) elderly people reported between Rs.2500-5000 monthly income, 12 percent (only males) reported Rs.5000-7500, 3 percent (only males) reported Rs.5000-7500, 3 percent (only males) reported 7500-10000 and only 1 percent male respondents reported the monthly income Rs.10000 and above in monthly income.

4.3.6 Property Ownership of Elderly People

Property ownership is variable which determines the economic status of elderly people. If the person who have more property ownership shape considered as in stage of higher economic status person.

Table 4.3.6
Distribution of Elderly People with Property Ownership

Property ownership	Total no.	Male	%	Female	%	Percent
House only	22	9	16.36	13	28.89	22
Land only	9	3	5.45	3	6.66	9
House and land	38	23	41.82	15	33.33	38
Cash	9	5	9.1	4	8.89	9
Bank balance	10	9	16.36	1	2.22	10
Investment	6	5	9.1	1	2.22	6
Other (ornaments)	6	1	1.82	5	11.11	6
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

From the table 4.3.6, it is clear that majority of elderly people have both house and land. Similarly 22 percent have house ownership only, 9 percent have land ownership, another 9 percent have cash, 10 percent have bank balance, 6 percent have investment and remaining 6 percent have ornaments as property ownership.

4.3.7 Support of Elderly People in Their Home

Elderly people are more experience person than adult. They have seen various steps in their life. We (family) be given to us for every sector. The support given by the elderly people in their homes can be presented as follows:

Table 4.3.7
Distribution of Elderly People by Supported in Their Homes

Types of support	Total no.	Male	%	Female	%	Percent
Counseling	33	19	34.54	14	31.11	33
Skill provide	10	9	16.36	1	2.22	10
Physical labour	22	4	7.3	18	40.0	22
Provide cash	15	13	26.63	2	4.44	15
Household activities	18	9	16.36	9	20.0	18
Others	2	1	1.82	1	2.22	2
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Above table 4.3.7 shows that majority of elderly people i.e. 33 percent support by counseling in their homes. 20 percent reported by physical labour, 18 percent reported by household activities 15 percent by provide cash , 10 percent by skill provide (higher proportion of males than females) and remaining 2 percent reported they support in their homes by any another method.

4.3.8 Aged Allowance of Elderly People

Aged allowance is one of the social welfare programs of elderly people in Nepal. Each moth Rs.150 per elderly people is provided to the elderly people aged, 75 and above, widow allowance to the women aged 60 and above. All the elderly people have not received the aged allowance because its age criteria is too high.

Table 4.3.8**Distribution of Elderly People by Getting Allowance**

Get allowance	Total no.	Male	%	Female	%	Percent
Yes	33	10	18.2	23	51.11	33
No	67	45	81.8	22	48.89	67
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

One male person and 3 female persons are not received allowance due to the wrong reporting of the age in citizenship certificate. From above table it is obvious that only 33 percent elderly people (higher proportion of female than males) are getting aged allowance. And 67 percent elderly people are not getting aged allowance.

4.3.9 Process of Receiving Age Allowance

The process of elderly persons who received age allowance is given in following table:

Table 4.3.9**Distribution of Elderly People by the Process of Receiving Aged allowance**

Process	Total no.	Male	%	Female	%	Percent
From office (direct)	7	3	30.0	4	17.4	21.21
In home	8	2	20.0	6	26.1	24.24
Family member	18	5	50.0	13	56.52	54.6
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

From above table 4.3.9, we know that 54.6 percent (higher proportion of female than male) elderly people getting allowance from their family member. Similarly 24.24 percent are getting in home, 21.21 percent are getting age allowance from office.

4.3.10 Opinion of Elderly Towards Responsible Person for Elderly Care

At the time of field survey the view of the elderly persons about the responsibility for elderly care is given in the following table.

Table 4.3.10
Distribution of Elderly Responsibility for Elderly Care

Responsible person	Total no.	Male	%	Female	%	Percent
Self	1	1	1.82	-	-	1
Husband/wife	7	4	7.3	3	6.66	7
Son/daughter-in-law	63	30	54.54	33	73.33	63
Daughter/son-in-law	4	-	-	4	8.88	4
Religion institution	12	9	16.36	3	6.67	12
Other (government)	13	11	20	2	4.44	13
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.3.10 shows that majority, 63 percent elderly people reported that son/daughter-in-law take responsibility of elderly people. Similarly 13 percent reported government should take the responsibility, 12 percent reported religious institution should take the responsibility, 7 percent reported husband/wife take, 4 percent reported daughter/son-in-law take responsibility and only one percent reported that ownself is the responsible person in elderly care.

4.4 Health and Psychological Status of Elderly People

4.4.1 Health Aspects and Elderly

Health of the old people depends on economic, political, social, educational and physical environment. This multidimensional supportive environment needs to be planned and developed for the welfare and care of the aged. Old age is prove to develop chronic disease like diabetes, mental disorder disability of vision and hearing and Cardio-vascular problems etc. If the old people are enabled and encourage, they can be a valuable asset to the family and the community. The situation of health of old people is very poor in the study area, most of the male elderly and female of Dalit

elderly are used smoking so they are suffered by various diseases related to respiratory system.

4.4.2 Personal Hygiene and Elderly

Elderly people need help in personal hygiene. The following table presents the personal hygiene of elderly people of the study area.

Table 4.4.2

Distribution of Elderly People by Person who Helps Their Personal Hygiene

Responsible person	Total no.	Male	%	Female	%	Percent
Self	14	11	20.0	3	6.67	14
Husband/wife	24	19	34.54	5	11.11	24
Son/daughter-in-law	39	20	36.36	19	42.22	39
Daughter/son-in-law	10	-	-	10	22.22	10
Religion institution	11	3	5.45	8	17.77	11
Other (government)	2	2	3.63	-	-	2
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

The data shown in the table 4.4.2 indicate that 39 percent old people were helped by their son/daughter-in-laws in their personal hygiene, 14 percent by ownself, 24 percent old people helped by husband/wife. Similarly 10 percent old people (female) are helped by their daughter/son-in-laws, 11 percent are helped by their grand children and 2 percent old people (male) are helped by their relatives for their personal hygiene.

4.4.3 Health Situation of Elderly Compare Their Peer Friends

Elderly is the period of decrease physical ability and arise various types of health problem. In this period, elderly are physically weak and they are facing various physical problems such as vision problem, hearing problem and other physical hazardness. The study present the health situation of elderly responds compare their counterparts are presented following tables.

4.4.3.1 Ability of Vision

Problem of vision is one of the major health problem of elderly. The status of vision of elderly in study area is presented below:

Table 4.4.3.1
Distribution of Elderly People by Their Ability of Vision

Ability of Vision	Total no.	Male	%	Female	%	Percent
Better than peer friend	37	21	38.2	16	35.56	37
Same as peer friend	42	23	41.82	19	42.22	42
Worst then peer friend	21	11	20.0	10	22.22	21
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.4.3.1 clears that higher percent of respondents have same ability of vision as their peer friend, which is 42 percent. Similarly, 27 percent respondent have better ability than their peer friend and 21 percent respondents have worst than their peer friend.

4.4.3.2 Ability of Hearing

Decreased hearing power is problem of elderly. The situation of hearing power of elderly in the study area is presented below.

Table 4.4.3.2
Distribution of Elderly People by Their Ability and Hearing

Ability of hearing	Total no.	Male	%	Female	%	Percent
Better than peer friend	37	22	40	15	33.33	37
Same as peer friend	39	19	34.54	20	44.44	39
Worst then peer friend	24	14	25.45	10	22.23	24
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.4.3.2 shows that, the 39 percent of respondent to have some ability of vision as that of peer friends. Similarly, 37 percent respondents have better ability and 24 percent have worst than their counter parts.

4.4.3.3 Memory Power

Memory is the most important sensitive power of human life, its differ person wise. Elderly people have less memory power than adulthood. The memory power of elderly people in the study area is presented by the following table.

Table 4.4.3.3
Distribution of Elderly People by Their Memory Power

Memory power	Total no.	Male	%	Female	%	Percent
Better than peer friend	40	24	43.63	16	35.55	40
Same as peer friend	45	21	38.2	24	53.33	45
Worst then peer friend	15	10	18.18	5	11.11	15
Total	100	55	100	45		100

Source: Field Survey, 2007.

From table 4.4.3.3, it is obvious that higher percent of respondents have same memory as their peer friend which occupied 45. Similarly, 40 percent respondents reported better memory power than their peer friend. And rest 15 percent respondents have worst memory power than their friend.

4.4.3.4 General Physical Power

Decreased physical power is another problem of elderly. The status of general physical power of elderly in the study area was found as:

Table 4.4.3.4
Distribution of Elderly People by Their General Physical Power

Physical power	Total no.	Male	%	Female	%	Percent
Better than peer friend	36	17	30.9	19	42.22	36
Same as peer friend	42	24	46.64	18	40	42
Worst then peer friend	22	14	25.46	8	17.78	22
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.4.3.4 shows that higher percent of respondents have same physical power as their peer friend which is accounted 42 percent. Similarly, 36 percent respondents reported better than peer friend. Rest 22 percent respondents worst physical power than peer friends.

4.4.4 Place of Treatment of Elderly Population

The place of treatment of elderly people in the study area is presented below:

Table 4.4.4
Distribution of Elderly People by Their Place of Treatment

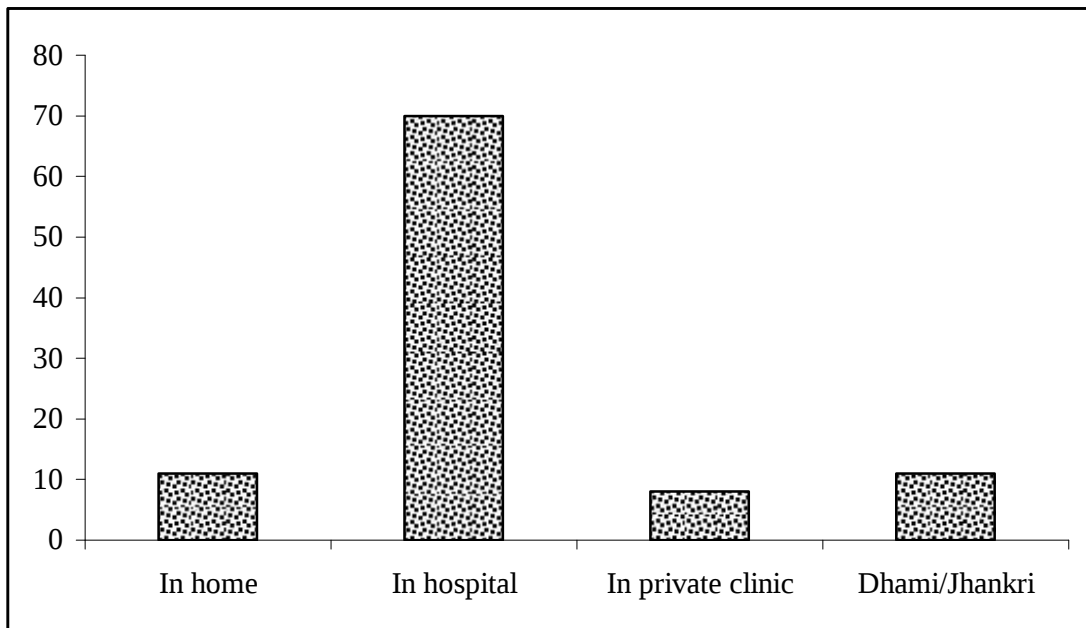
Place of treatment	Total no.	Male	%	Female	%	Percent
In home	11	5	9.1	6	13.33	11
In hospital	70	41	74.54	29	64.44	70
In private clinic	8	8	10.9	-	4.44	8
Dhami/Jhankri	11	3	5.45	8	17.78	11
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

From table 4.4.4, it appears that most of the elderly people used hospital as a place of treatment which is 70 percent, 11 percent reported in home, next 11 percent reported, Dhami/Jhankri and rest 8 percent reported in private clinic. This situation can be presents by the following bar diagram.

Figure 4.4.4

Distribution of Elderly People by Their Place of Treatment



4.4.5 Management of Treatment of Elderly

The provision of treatment for elderly people in the study area presented below:

Table 4.4.5

Distribution of Elderly People by Their Provision of Treatment

Provision made by	Total no.	Male	%	Female	%	Percent
Ownself	20	16	29.1	4	8.89	20
Husband/wife	21	16	29.1	5	11.11	21
Son/daughter-in-law	48	21	38.2	27	60	43
Daughter/son-in-law	11	2	3.63	9	20	11
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.4.5 presents that son/daughter-in-law supported financially for treatment of elderly which is accounted as 43 percent. Similarly elderly ownself have 20 percent, elderly spouses have 21 percent and 11 percent daughter/son-in-law supported financially for treatment of elderly.

4.4.6 Elderly Opinion Towards Governments Responsibility of Health Sources

Following table presented the opinion of elderly about health services by the state in old age.

Table 4.4.6
Distribution of Elderly People by Their Expectation from Government on Health

Expectation	Total no.	Male	%	Female	%	Percent
Payment of cash	24	11	20	13	28.89	24
Mobile camp	13	5	9.1	8	17.78	13
Free treatment	33	17	30.9	16	35.55	33
Free health check up	16	11	20	5	11.11	16
Others (Free Medicine)	14	11	20	3	6.66	10
Total	100	55		45		100

Source: Field Survey, 2007.

According to table 4.4.6, majority of respondents (33%) expect free treatment. Similarly, payment of cash 24 percent, 16 percent respondents reported to free health check up, 13 percent respondents mobile camp. And rest 14 percent respondents reported to free medicine as a expectation from government.

4.4.7 Elderly Attitude Towards Living Time

In order to collect attitude towards living time the question was asked to respondents as in your opinion, which is the better period of living age and their feelings are found as follows:

Table 4.4.7
Distribution of Elderly People by Their Opinion better Period to Live

Period to live (years)	Total no.	Male	%	Female	%	Percent
60-70	5	3	5.45	2	4.44	5
70-80	9	4	7.3	5	11.11	9
80-90	47	24	46.63	23	51.11	47
90-100	33	19	34.54	14	31.11	33
100+	6	5	3.1	1	2.23	6
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

It is obvious from table 4.4.7, in the study area, the majority of elderly (47%) reported 80-90 years as a better period of live, 33 percent reported 90-100 years, percent reported as 70-30 years, 6 percent reported as 100+. And only 5 percent reported to 60-70 as a better period of life to live.

4.4.8 Elderly Wants from Family

During the survey, questions were asked to explore the responses of the respondents on the expectation from the family for elderly people the respondents want from family is presented as following table.

Table 4.4.8
Distribution of Elderly People by Their Expectation from Family

Expectation from family	Total no.	Male	%	Female	%	Percent
Love	12	4	7.3	8	17.78	12
Affection	6	3	5.45	3	6.66	6
Physical care	6	3	5.45	3	37.77	6
Food in time	37	20	36.36	17	37.77	37
Happiness	39	25	45.45	14	31.11	39
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Above table 4.4.8 shows that majority of elderly people expect happiness from their family which occupies 39 percent followed by food in time which occupies 37 percent. Similarly 12 percent expect love, 6 percent expect affection another 6 percent expect physical care by the elderly respondents in study area.

4.4.9 Elderly Attitude Towards Painful Events

Elderly may have several painful events from which they are burden themselves. In the study area elderly people reported following painful events.

Table 4.4.9
Distribution of Elderly People by Their Painful Events

Painful events	Total no.	Male	%	Female	%	Percent
Physical disability	10	6	10.91	4	8.88	10
Economic deficiency	14	6	10.91	8	17.77	14
Isolation	20	11	20	9	20	20
Hated by family	27	14	25.45	13	28.89	27
Not cared by family	29	13	23.63	11	24.44	29
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Tables 4.4.9 clears that highest proportion of respondents (29 percent) reported not cared by family as painful events and followed by hated by family 27 percent, isolation 20 percent, 14 percent respondents reported economic deficiency and 10 percent respondents reported physical disability is a painful event in these ages.

4.4.10 Elderly People and Care Level from Their Family

In the study area, the level of care from the family side of the elderly respondent is found as follows:

Table 4.4.10
Distribution of Elderly People by Care Level from Their Family

Expectation from family	Total no.	Male	%	Female	%	Percent
Love	12	4	7.3	8	17.77	12
Affection	6	3	5.45	3	6.66	6
Physical care	6	3	5.45	3	6.66	6
Food in time	37	20	36.36	17	37.77	37
Happiness	39	25	45.45	14	31.11	39
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

It is clear from the table 4.4.10 the level of care the elderly people, majority are in good level which occupied 46 percent. Similarly 30 percent reported better and 24 percent (higher female than male) reported worst care level form their family.

4.4.11 Elderly People and Wake up Time

In the study area, the elderly people wakes up time was reported as follows.

Table 4.4.11
Distribution of Elderly People by Their Wake up Time

Wake up time	Total no.	Male	%	Female	%	Percent
3 AM	1	-	-	1	2.22	1
4 AM	17	12	21.82	5	11.11	17
5 AM	46	24	48.63	22	48.89	46
5:30 AM	4	1	1.82	3	6.66	4
6 AM	29	15	27.3	14	31.11	29
7 AM	3	3	5.45	-	-	3
Total	100	55	-	45	100	100

Source: Field Survey, 2007.

4.4.12 Elderly People and Conditions of Sleep

One of the most important problem in elderly people is unsatisfied sleeping condition. In the study area the condition of sleep of elderly people was found which is given in the following table:

Table 4.4.12
Distribution of Elderly People by Their Sleeping Condition

Sleeping condition	Total no.	Male	%	Female	%	Percent
Good	45	26	47.3	19	42.22	45
Better	8	6	10.9	2	4.44	8
Worst	47	23	41.8	24	53.34	47
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.4.12 shows that the majority of the elderly people have worst condition of sleep, which occupied 47 percent. Similarly 45 percent have good condition and 8 percent have better condition of sleep of elderly people in the study area.

4.4.13 Memorize Events of Elderly People

Everybody has a non forgetful event. Some memorable events of elderly people in the study are given below.

Table 4.4.13
Distribution of Elderly People by Memorized Events

Memorized events	Total no.	Male	%	Female	%	Percent
Past activities	3	5	9.1	4	8.89	9
Past events	9	4	7.3	5	11.11	9
Dead family member	22	7	12.73	15	33.33	22
Present activities	37	25	45.54	12	26.66	37
Present events	7	2	3.63	5	11.11	7
Health situations	16	12	21.82	4	8.89	16
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

According to the table 4.4.13, the highest proportion of the respondents memorized their present activities which occupied 37 percent, 22 percent memorized dead family member, 16 percent memorized health situation, 9 percent memorized past activities, another 9 percent memorized past events and 7 percent of elderly people memorized present events.

4.4.14 Elderly Opinion of Religion Activity

In your opinion, what is the rationale of religious work was asked to respondents to perceive their feelings. Elderly people presented their answer as:

Table 4.4.14**Distribution of Elderly People by Rationale of Religious Activity**

Religious activity	Total no.	Male	%	Female	%	Percent
Peace of soul	35	26	47.3	9	20	35
Dharma/Karma	28	9	16.36	19	42.22	28
Save the tradition	27	13	23.63	14	31.11	27
Improve the another live	10	7	12.73	3	6.67	10
Total	100	55		45	100	100

Source: Field Survey, 2007.

From table 4.4.14, it seems that 35 percent elderly respondents reported to peace of soul, higher males than female. Similarly, 20 percent respondents reported to dram/karma higher females than male. Among them 27 percent respondent reported save the tradition and remaining 10 percent reported improve the another live, higher males than females.

4.4.15 Social Esteem of Elderly People

Nepal has a high social esteem about elderly. There are various provisions made by Hindu religion which put elderly as a person of pray in our society. But with modernization some negative attitude towards elderly. In the study area the situation of social esteem of elderly is presented below:

Table 4.4.15**Distribution of Elderly People by Social Esteem Toward Them**

Social esteem	Total no.	Male	%	Female	%	Percent
Better than earlier	18	12	21.82	6	13.33	18
Same as earlier	17	10	18.18	7	15.55	17
Worst than earlier	65	33	60	32	71.12	65
Total	100	55	100	45	100	100

Source: Field Survey, 2007.

Table 4.4.15 clears that higher percent of respondent reported the pattern of social, esteem towards them is worst than earlier which is 65 percent. Similarly 18 percent reported better than earlier and 17 percent reported same as earlier.

CHAPTER-FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

This is the last chapter of this thesis which includes summary, conclusion of this study and recommendation that should be adopted at the national level and for the study area. The objective of this chapter is to summarize and conclude of findings and recommendation is given for the related agencies or areas. It is hoped that it is useful to give a general idea about demographic and socio-economic condition of older people.

5.1 Summary and Findings

There is no specific definition regarding the elderly people. In context of western experience and tradition in developing countries, a lower age 60 years is taken for elder people. For this study populations aged 60 years and above are considered as the elderly population. The proportion of elderly people is increasing over time due to increasing life expectancy of population by the medical inventions based on the use of advanced technology. Patan VDC of Baitadi district has 422 total elderly people. This study includes the 100 elderly people among which 55 are males and 45 are females.

This is a descriptive study designed to find out the status of elderly people based on demographic, family, socio-economic, health and psychological characteristics. This study is conducted from the direct interview method. The elderly people were selected by systematic random sampling from Patan VDC of Baitadi district.

Major findings of the study are follows:

5.1.1 Demographic Condition of Elderly People

- ◆ The majority of the sample population is in age group 60-64 (35%) and in the age group 65-69 (35%). The least is in 70-74 (11%).
- ◆ The majority of the male respondents are in age group 60-64 years (36.36%) and least in the age group 70-74 years (9.09%). The majority of female

respondent are in age group 65-69 (35.56%) and least in the age group 75+ (17.73%).

- ◆ Majority male respondents are currently married (30%), 16% are widowers and 1.8 percent were Divorced and separated About 58 percent female respondents were widow, 35 percent currently married and 6.67 percent female respondents were separated.
- ◆ The majority of the respondents are Chhetri (35%) The 10 percent are Thakuri (10%) Brahmin are 30 percent, Dalit are 15 percent and 10 percent are in the Bhatt/Khatri group.
- ◆ The 54 percent were literate and 46 percent were illiterate elderly respondent according to their literacy status. Among literate 24 percent had primary education, 9.3 percent had secondary Level 3.7 percent had Intermediate and 5.56 percent had bachelor and above education.

5.1.2 Family status of Elderly People

- ◆ The male respondents 70.9 percent were themselves head of household but only 4.45 percent female respondents were themselves head of household.
- ◆ Majority of the respondents had their own house (30%) only 2 percent respondents were living on rent in house.
- ◆ The majority of respondents reported that son daughter in-law care their house 40 percent reported husband / wife care household. And only 5 percent reported that they care household themselves.
- ◆ The most of elderly people (i.e. 75%) were living with their son / daughter- in Law. 6 percent 'were Living alone and another 6 percent reported they were living with laughter/son-in-Law.
- ◆ Half of the respondents were taking food per day at two times and half of them were taking at thrice times per day.

- ◆ Nearly half percent (i.e. 48%) said that son daughter-in-Law make food. 31 percent said husband wife make food. Only 3 percent said their grand children make food.
- ◆ In labour division majority 41 percent respondents reported decision by son / daughter-in-Law. 15 percent respondents reported by themselves and 1 percent reported by grand children. similarly in selling and buying valuable things 52 percent reported by son/daughter-in-law and only 3 percent reported decision is given by grand children. And in important family ceremony 42 percent reported decision by husband/wife and 5 percent reported by daughter/son-in-law.
- ◆ The majority of respondents had married in 10-14 years age group (46%). All female respondents were married less than the 19 years of age only 7 percent male respondent had 20+ years age at marriage time.
- ◆ The 33 percent respondents had 5 number of children, 2 percent had 8 number of children. And 1 percent had one child and another 1 percent had no child.

5.1.3 Socio-Economic Condition

- ◆ Nearly $\frac{3}{4}$ of the elderly respondents had agriculture occupation (74%) and 4 percent were worked in Indian industries of time of working age.
- ◆ The 67 percent reported that they were depending upon their offspring and remaining 33 percent reported that they were not depending.
- ◆ The majority respondents reported that their daily activity is working in side home (44%) only 7 percent reported the pass their daily time by reading listening news and 6 percent were passing by meeting peer groups.
- ◆ The 35 percent reported their source of income is agriculture and 8 percent reported they get income from dan /chanda.

- ♦ The majority of respondent have Less than Rs.1,000 income per month. 3 percent have income level in the range Rs.7,500-1,000 and only one percent has more than Rs.10,000 income per month.
- ♦ The majority respondents have house & land are their property ownership. only 6 percent reported they have investment and another 6 percent reported that ornaments are their property.
- ♦ Most of respondents support by counseling in their homes (33%). 22 percent by physical labour and 10 percent by skill provide.
- ♦ The 33 percent elderly people get aged allowance. Among them majority are female than males, 54.6 percent said that they received aged allowance by family member and 21.21 percent said from office.
- ♦ In elderly people's opinion 63 percent reported son / daughter in-Law should have take responsibility for elderly care. 13 percent said, government, 12 percent said religious instructions and only one percent said by themselves take the responsibility in older aged person .

5.1.4 Health and Psychological Status of Elderly People

- ♦ The majority elderly people were helped by son/daughter-in-law in personal hygiene (39%). 2 percent reported that they were helped by relative in personal hygiene.
- ♦ Most of the respondents reported that ability of vision was same as peer friend (42%), 21 percent reported worst then peer friend.
- ♦ Majority respondents said that ability of hearing was same as peer friend (39). 24 percent said worst than peer friend Memory power :- 45 percent reported same as peer friend 40 percent reported better then peer friend and 15% reported worst then peer friend.

- ◆ The majority respondents their physical power was (42%) reported same as peer friend 36% had better then peer friend and 22 percent have worst than peer friend
- ◆ The 70 percent said they treated in hospital. 3 percent said they treated an private clinic 11 percent said treatment in home and another 11 percent said that they went for treatment in Dhami/Jhankri home, when they become sick.
- ◆ Majority respondents were helped in treatment management by their son / daughter in-Law (48%). 11 percent said that management of provision by their daughter/son-in -Law.
- ◆ The 33 percent said free treatment should be given, 13 percent said Mobile camp and 10 percent reported free medicine should be distributed from government sectors.
- ◆ Majority of respondents (47%) wants to live in 80-90 years of age. 6 percent said.100 + year is better period of living.
- ◆ The 39 percent want happiness, 37 percent want food in time, 6 percent want physical care from the side of family.
- ◆ Good care level reported by 46% and 24% reported worst care level from their family.
- ◆ The 47 percent respondents had worst and 3 percent had better condition of sleep.
- ◆ The majority of responds (37%) memorized percent activities, 16 percent memorized health situations and 6 percent memorized past events.

5.2 Conclusions

Elderly people are greatly respected persons in our society. They are guiding to us how to live, what to do in our life time. This study is focus on demographic and socio-economic condition of elderly people and also problem as well as interest of these

elderly people facing in their life. It is known from the above summary and findings about the situation of elderly people living in Patan VDC of Baitadi in different sectors. Elderly people have low income condition and they are depend upon their son and relatives. All elderly people being in Hindu religion. Most of the respondents are illiterate due to the lack of educational facilities in the past. Female illiteracy is higher than that of male. Chhetri is major caste followed by Brahmin, Dalit, Bhatt/Khatri and Thakuri Head of household and decision making in household activity are mainly dominated by males. Among the elderly, female elderly more involved in unpaid economic activity and household work than male elderly. Most of the elderly have their own house for living. The study has shown that elderly people generally living with their son/daughter-in-law in joint family and tendency in present time is living in nuclear family. Food taken by elderly is not sufficient and also they are not getting food in people time. Female elderly are more involved in food making work in their homes.

Among elderly in the process of family decision male elderly are better than female elderly. The age at marriage of elderly were lower age groups and between male elderly and female elderly. The age at marriage of female elderly had lower than that of male elderly. Elderly people have more number of children in average.

This study reveals that most of the elderly are engaged in agricultural sector and in domestic work Very little respondents were involved in secured job in the past so many respondents were involved. Eventhought, higher the age group 3 as well as poor in physical condition they are working in different sectors. Such as inside home, child caring, household activity. The major source of income of elderly is agriculture sector followed by aged allowance. The majority of elderly have income per month is less than Rs.1,000 higher than that of male elderly. Gender based discrimination and lack of property ownership are also visible problem associated with elderly. The older people (age 70 to above) are loved by their family member if they have better income sources otherwise, family member are not caring Elderly view about responsibility of care to them is son and daughter-in-law are more responsible persons and they want to live with their sons/daughter-in-law and also elderly people want from their sons love, food in time and health care.

The health status of elderly people in the study area is neither best nor worst. Elderly people have medium power of vision, listening power, memory power and general physical power. Majority of elderly people treatment at hospital they believe medicine. Some part of elderly people believe in Dharmi/Jhakri and other part of elderly people believe on Ayurvedic medicine which is in our cultural society (home treatment). The most of the elderly people's management of provision for treatment is done by their son/daughter-in-law. The most elderly people want government should take free treatment and distribute medicine to elderly also greater number of elderly wants to live more than 80 years without any problem in their bodies. Elderly people feel painful when they are not cared by family, hated by family, in isolation or economic deficiency. About the care level from their family most of them are in satisfactory and some of them are not satisfied with their family. The sleeping condition of elderly people have not satisfactory they are disturbed by some by present situation, some by past event and some by dead of family member. Their attitude about religions activity is done due to achieve peace in their soul. And they also reported that the social esteem towards elderly is nowadays decreasing condition, this is not good behaviors. So, we have to respected the elderly people they are our respected persons.

5.3 Recommendations

There are so many things to be done in the field of ageing population. There are some problems and variations in standard of living for elderly people which are shown by this study. Keeping in mind the findings of the study, following recommendations are given for the overall development of elderly people.

- ◆ Develop the system to respect the elderly people at every sectors.
- ◆ Conduct the informal educational programme to reduce the illiteracy rate of elderly people.
- ◆ Promise to eradicate the gender discrimination at every sector of the life.
- ◆ Government should focus elderly people for poverty alleviation programmes.

- ◆ The health should be checked without taking fees and medicine should be distributed freely by the government.
- ◆ Mobile camp system should be implemented at community level.
- ◆ Emergency transport facility should be managed by the state.
- ◆ Bio-gas system should be kept at rural area where strike are burnt for cooking food, which harms the health of elderly.
- ◆ The amount of aged allowance/widow allowance should be increased.
- ◆ The old age pension is distributed to all elderly people, the age lower limit for achieving pension should be at least 60 years.
- ◆ Elderly homes of high facility should be made at every VDC.
- ◆ Traditional culture of Hindu religion should be protected by the state.
- ◆ Conduct various kinds of awareness program where aims to advocate the protection of elderly.
- ◆ Government should play coordinating role with NGOs and INGOs working in this field.

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Questionnaire Form

Questionnaire form for the study of status of Elderly People Living in Patan VDC, Baitadi, 2007.

Respondent's Name :

VDC:

Ward:

House No:

Name of Household Head:..... Date:.....

1. Demographic Information

S. No.	Name	Relationship with household	Sex	Age	Marital Status	Religion	Education	Occupation

Code No.:

a. Relationship with household head	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Brother/sister.....5 f. Grand children.....6 g. Others.....7
b. Sex	a. Male.....1 b. Female.....2
c. Marital status	a. Unmarried.....1 b. Married.....2 c. Divorced.....3 d. Separated.....4 e. Widow/Widowers.....5
d. Religion	a. Hinduism.....1 b. Buddhism.....2 c. Christian.....3 d. Islam.....4

e. Education	a. Illiterate.....1 b. Literate.....2 c. Primary.....3 d. Secondary.....4 e. Intermediate.....5 f. Bachelor &.....6
f. Occupation	a. Unemployed.....1 b. Student.....2 c. Merchant.....3 d. Government bureaucrats.4 e. Agriculture.....5 f. Industries.....6
2. Information on Family Status	
Q. No. 201. Who care your house ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Grand-children.....5 f. Others.....6
Q. No. 202. How many times do you eat per	a. Once a day.....1 b. Twice a day.....2 c. Three times a day.....3 d. Four or more times a day....4
Q. No.203. Who make your food ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Grand-children.....5 f. Others.....6
Q. No. 204. Who helps in personal hygiene ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Grand-children.....5 f. Others.....6

3. Family Decision	
Q. No. 301. Who decide to the following things ?	
Q. No. 301.1 Division of household labour ?	
Q. No. 301.2 Marriage of offspring ?	
Q. No. 301.3 Selling and buying of valuable thing ?	
Q. No. 301.4 Important family ceremony ?	
Q. No. 301.5 Code of the above questions ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law...3 d. Daughter/son-in-law...4 e. Grand-children.....5 f. Others.....6
Q. No. 302. How do you settled in this house ?	a. Rent.....1 b. Dan/Chand.....2 c. Dependent.....3 d. Others.....4
Q. No. 303. To whom do you live now ?	a. Husband/wife.....1 b. Alone.....2 c. Son/daughter-in-law..3 d. Daughter/son-in-law..4 e. Brother.....5 f. Other relatives.....6 g. Others.....7
Q. No. 304. Does your satisfied with present live ?	a. Yes.....1 b. No.....2
Q. No. 305. To whom do you wish to live ?	a. Alone.....1 b. Son/daughter-in-law..2 c. Daughter/son-in-law..3 d. Elderly homes.....4 e. Religious institution...5 f. Others.....6
Q. No. 306. Does you depend up on your offspring ?	a. Yes.....1 b. No.....2

Q. No. 307. What is the level of care from your family ?	a. Good.....1 b. Better.....2 c. Worst.....3
Q. No. 308. How do you spent your one day ?	a. Religious activity.....1 b. Yoga.....2 c. Reading/listening news..3 d. Working in side home...4 e. Care of grand children...5 f. Visiting temple/church...6 g. Meeting peer group.....7 h. Discuss with family member..8
Q. No. 309. At what time do you wake up ?	
Q. No. 310. What is your condition of sleep ?	a. Good.....1 b. Better.....2 c. Worst.....3
Q. No. 311. What types of event entire in your memory at night ?	a. Past activities.....1 b. Past events.....2 c. Dead family member.....3 d. Present activities.....4 e. Present events.....5 f. Health situation.....6
Q. No. 312. What was your age during marriage ?	
Q. No. 313. How many children's do you have ?	
Q. No. 314. In your opinion, what is the rationale of religious work ?	a. Peace of soul.....1 b. Dharma/karma.....2 c. Save the tradition.....3 d. Improve the another live..4 e. Others.....5
4. Information on Economic Status	
Q. No. 401. What is your source of income ?	a. Trade.....1 b. Investment/share.....2 c. Dan/Chanda.....3 d. Aged allowance.....4 e. Agriculture.....5 f. Pension.....6 g. Others.....7

Q. No. 402. What is your income per month in Rs. ?	a. Less than Rs.1000.....1 b. Rs.1000-2500.....2 c. Rs.2500-5000.....3 d. Rs.5000-7500.....4 e. Rs.7500-7500.....5 f. Rs.10000 ⁺6
Q. No. 403. What is your property ownership ?	a. House.....1 b. Land.....2 c. House and Land.....3 d. Cash.....4 e. Bank balance.....5 f. Investment.....6 g. Others.....7
Q. No. 404. Who take the responsibility of your special expansion ?	a. Son/daughter-in-law...1 b. Daughter/son-in-law..2 c. Grand children.....3 d. Other relatives.....4 e. Institution.....5 f. Others.....6
Q. No. 405. How do you support in your home ?	a. Counseling.....1 b. Skill provide.....2 c. Physical labour.....3 d. Provide cash.....4 e. Technical knowledge.5 f. Household activities...6 g. Others.....7
Q. No. 406. Do you take aged allowance ?	a. Yes.....1 b. No.....2
Q. No. 407. What is your process of taking aged allowance ?	a. From office.....1 b. In home.....2 c. NGOs.....3 d. Security institution...4 e. Family member.....5 f. Others.....6

Q. No. 408. Why do you not receive aged allowance ?	a. Lack of citizenship Certificate.....1 b. No one help.....2 c. Unknown.....3 d. Not necessary.....4 e. Others.....5
Q. No. 409. In your opinion, who is the responsible person of elderly care ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Grand children.....5 f. Others.....6
Q. No. 410. In your experience, what is the present system of social esteem towards elderly people ?	a. Better than earlier.....1 b. Same as earlier.....2 c. Worst than earlier.....3
5. Information on Health Status	
Q. No. 501. How do you feel your health situation comparing your peer friend ? Code of the above questions ?	a. Better than peer friend.....1 b. Same as peer friend.....2 c. Worst than peer friend.....3
Q. No. 501.1 Ability of vision	
Q. No. 501.2 Ability of hearing	
Q. No. 501.3 Memory power	
Q. No. 501.4 General physical power	
Q. No. 502 Where do you go for treatment become sick ?	a. Treatment in home.....1 b. In home with doctor..2 c. Hospital.....3 d. Private clinic.....4 e. Dhama/Jhankri.....5 f. Others.....6
Q. No. 503 How do you manage your treatment ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law..3 d. Daughter/son-in-law..4 e. Religious institution..5 f. Others.....6

Q. No. 504. In your opinion, what type of health services is needed to elderly from government side ?	a. Paying cash.....1 b. Mobile camp.....2 c. Free treatment.....3 d. Free health check up....4 e. Others.....5
Q. No. 505. In your opinion, which is the better period of living age ?	a. 60 yrs.....1 b. 60-70 yrs.....2 c. 70-80 yrs.....3 d. 80-90 yrs.....4 e. 90-100 yrs.....5 f. 100 ⁺ yrs.....6
Q. No. 506. What do you expect from your family ?	a. Love.....1 b. Affection.....2 c. Physical care.....3 d. Health.....4 e. Food in time.....5 f. Happiness.....6
Q. No. 507. In your opinion, what is the painful event of an elderly ?	a. Physical reliability.....1 b. Economic deficiency.2 c. Isolation.....3 d. Hated by family.....4 e. Not cared by family...5
Q. No. 508. Do you have any suggestion to concern bodies ?	