

Status of Elderly People

A Thesis

Submitted to Department of Health and Population Education in
Partial Fulfillment for Requirements of Master of Education in Population Education

By

Durga Aryal

Tribhuvan University

Faculty of Education

Central Department of Education

Health and Population Education Department

Kirtipur, Kathmandu

November, 2022

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Recommendation Letter

The research work entitled **Status of Elderly People** is prepared by **Durga Aryal** under my supervision, for the partial fulfillment of Masters of Education in Population Education. This thesis report is the result of her own and she has not copied any aspect from other thesis. I recommend this thesis for acceptance and final evaluation.

.....
Date: November 5, 2022 **Mr. Pitambar Acharya**

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Approval Sheet

This thesis entitled “**Status of Elderly People**” submitted by **Durga Aryal** in partial fulfillment of the requirements for Master’s Degree in Population Education has been approved.

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Declaration

I, hereby, declare that to the best of my knowledge, this thesis is my original work. No part of it was earlier submitted for the candidature of research degree to any university, college or educational institutions. All the data and information I have presented and included in this thesis are the result of my own work except some cited text.

Date: November 2022

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Durga Aryal

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It is my privilege to express my genuine gratitude to all the excellent brains, kind hearts and helpful hands that have helped me complete this thesis. I am, foremost, indebted to the elderly people of Bardaghat Municipality Ward no. 7 for their generous support, response and time during field work.

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Abstract

Senior citizens are dependent and vulnerable demographic population. They need more care, support and love. The trend of increase in aging population calls for serious concerns and actions of authorities and stakeholders to ensure good status of living of elderly people. So, this study was carried out with title "Status of Elderly People". This quantitative study aims to identify socio-economic characteristics and issues of ageing population. This study was mainly based on primary source of data collected from study area.

This research was descriptive and analytical in nature. An interview schedule was used as tool of data collection. Out of total 264 total elderly people living in Bardaghat Municipality, Ward no. 7, 157 were selected as the sample population using simple random sampling method. Data were collected by door to door visit, arranged manually and then presented using statistical tools like tables, pie-charts and diagrams.

It was found that the number of female was more than male elderly in total. Majority of elderly respondents were in age group 60-64 years. The difference in literacy status of male and female was huge. About 72.6% respondents spoke Nepali language. Similarly, the majority of respondents were Hindu (93.6%), married (69.5 %) and living in joint family (73.9 %). Large population of elderly people suffer from chronic body pain, hypertension and diabetes. Around 87.9 percent had some health issues and 58.6 percent were seeking treatment in hospital and 29.3% received health service from health post. Most of the elderly respondents were well nourished but neglectful about regular medical checkups.

The issues and problems of elderly people were economic deficiency, physical weakness, social isolation and hate from family. Provision of better social security programs, accessible and affordable health facilities, recreational activities targeting elderly people were useful methods to tackle these issues.

The study suggests the government, NGOs and INGOs in collaboration needs to prepare elderly-oriented programs and provision to ensure physical, mental, spiritual and emotional health of elderly along with solutions to their issues. The researcher further suggests conduction of similar research at national level and use of the data to plan policies and programs accordingly.

Table of Contents

<i>Declaration</i>	i
<i>Recommendation Letter</i>	ii
<i>Approval Sheet</i>	iii
<i>Acknowledgement</i>	iv
<i>Abstract</i>	v
<i>Table of Contents</i>	vi
<i>List of Tables</i>	ix
<i>List of Figures</i>	x
<i>Acronyms</i>	xi
Chapter I: Introduction	1
Background of the Study	1
Statement of the Problem	2
Objective of the Study	4
Significance of the Study	4
Delimitations of the Study	5
Definitions of the Key Terms Used	5
Chapter II: Review of the Related Literature	7
Theoretical Review	7
Empirical Review	8
Conceptual Framework	11
Implication of the Review of the Study	13
Chapter III: Research Methodology	14
Research Design	14
Study Population/Sampling and Samples	14
Data Collection Tools and Techniques	14
Techniques of Data Analysis and Interpretation	14
Ethical considerations	15
Chapter IV: Analysis and Interpretation of Data	16
Demographic and socio-economic condition of elderly people	16
Age and Sex Composition of Elderly People	16

Caste and Ethnicity	17
Literacy Status	18
Mother Tongue	19
Religion	20
Marital Status	21
Family Type	22
Source of Income	23
Old Age Allowance	24
Social and Religious Activity	25
Health Status of Elderly People	25
Geriatric Syndrome	25
Physical Illness	26
Treatment Practices	27
Management of Personal Hygiene	28
Personal Hygiene by Sex	29
Food Habits	29
Number of Medical Checkups Yearly	30
Perception of Elderly People	31
Painful Issue	31
Programs for Elderly	32
Entertainment	32
Suggestions from Elderly	33
Major Findings	34
Chapter V: Conclusion and Recommendations	36
Conclusion	36
Recommendations	38
Recommendations for practice	38
Recommendations for policy	38
Recommendations for Further study	39
References	40
Appendix	43

List of Tables

Table No.	Title	Page No.
1	Age and Sex Composition of Elderly People	16
2	Distribution of Population by Caste and Ethnic Groups	18
3	Distribution of elderly population mother tongue	20
4	Elderly Population by Marital Status	21
5	Source of income of senior citizens	23
6	Distribution of Senior Citizens by Old Age Allowance	24
7	Distribution by participation in social and religious activity	25
8	Distribution of Elderly by Symptoms of Geriatric Syndrome	26
9	Distribution of Senior Citizens by Physical Illness	27
10	Distribution of Elderly by Treatment Practices	28
11	Distribution of Elderly by Management of Personal Hygiene by Age Groups	28
12	Distribution of Elderly by Personal Hygiene Management by Sex	29
13	Number of Medical Checkups Yearly of Elderly Population	30
14	Distribution of Elderly People by Painful Issues	31
15	Elderly People by Programs for them	32
16	Elderly People by Means of Entertainment	33

List of Figures

Figure	Title	Page No.
1	Conceptual Framework of the Study	12
2	Literacy Status of Elderly People	19
3	Elderly Population by Religion	11
4	Distribution of Senior Citizens by Family Type	12
5	Distribution of Elderly Population by Number of Meals	30

Acronyms

CBS	-	Central Bureau of Statistics
GS	-	Geriatric Syndromes
HDI	-	Human Development Indices
INGOs	-	International Non-Governmental Organization
IYOP	-	International Year of Old Population
NGOs	-	Non-Governmental Organization
NHRC	-	National Human Rights Commission
OAA	-	Old Age Allowance
UN	-	United Nations
UNFPA	-	United Nations Population Fund
VDC	-	Village Development Committee
WHO	-	World Health Organization

Chapter I: Introduction

Background of the Study

Ageing is a sequential and natural process of growth which leads a man to old age. It is multidimensional and complex phenomena. At biological level, it is progressive physiological changes that degrades functional characteristics of living being due to accumulation of cellular damage over lifespan. This causes gradual physical and mental disabilities. The study of ageing is gerontology. In this natural process, the stage between adulthood and death is known as old age. Generally, old age or elderly people and ageing are used as synonyms. The senior citizens act 2063, Nepal defines elderly population as "people who are 60 years and above." People are said to be senior citizens when they reach the age of sixty because that is the age at which most people tend to retire from the workforce. To be specific age of retirement for civil servants is 60 years, 65 years for UN employees, 63 for the university teachers, 65 years for member of the constitutional bodies and 70 years for receiving the social security. There is no precise number of age to identify ageing.

According to United Nations, World Population findings, the median age of the world population increased from 23 in 1950 AD to 30 in 2015 A.D. This shows people are living longer. Decline in mortality rate and advancement of medical science, technology and education has increased life expectancy of population. Therefore, increase the population of elderly people. The ageing pattern of population varies from one region to another. The region of eastern and South-eastern Asia is home to largest number of older person.

This increasing population group have emerged as global concern of public health. This concern requires attention from family, community and nation. The United Nations General Assembly designated October 1 as the International Day of Older Persons to respond to opportunities and problems of ageing population. The UN General Assembly (resolution 47/5) decided to observe the year 1999 as the International Year of Older Persons (IYOP). Nations worldwide observe world senior citizen's day on 21 August each year after it was first founded by the former president of the United States of America, Ronald Reagan in 1988 A.D. During pandemic in 2021, the theme for World Senior Citizen's Day "Pandemic: Do they change how we

address Age and Ageing?" was observed. The theme raise awareness on the way pandemic brought changes on the perception of age and ageing. In context of Nepal, December 26 was declared as the senior citizens day in 2021 A.D. The day was commemorated to mark the historic day when social security allowance was announced for senior citizens in Nepal. The senior citizens Day was celebrated with other security plans as well.

According to Census 2011 A.D., Bardaghat municipality has 5549 elderly populations which constitutes of 9% of total population of the municipality. It is less than total elderly population percentage of Nepal 8.1%(CBS,2011). Senior citizens are the smallest population group. However, the elderly population growth rate of Nepal is alarming. Moreover, in every 2 years' average life expectancy is increasing by 1 year in Nepal(Chalise,2020).

Ageing population are source of knowledge, insights and guidance. Despite economic inactivity, they still can play significant role in nation building and social harmony. They desire dignified life with good health, love and care. The major challenges of old age are health illness, economic dependence and social isolation. The government, NGOs, INGOs and concern authorities needs to work in collaboration to ensure social security and quality of life to elderly people. Our society needs to be more accepting towards the members of all age group particularly to those who need extra care and support.

Statement of the Problem

Old age is a sensitive phase of life. Elderly people require more care and comfort to live quality life due to their decreased physical strength and mental stability and limited economic resources. People are living longer as a result of advancement in medicine, technology, education and sanitation. According to the 2011 census data, ageing population accounts for 8.1 percent of the total population of Nepal. The size and proportion is expected to rise in coming years. The rising geriatric population is facing significant socio-economic and health problems especially in developing country like Nepal.

Immunity power of elderly people is compromised and they become victim of fatal diseases as well as common health conditions called geriatric syndrome.

Geriatric syndromes are common clinical conditions that don't fit into specific disease and are typical of ageing. It includes dementia, depression, sleep problems and so on. Other prevalent diseases in old age are hypertension, diabetes, heart diseases, respiratory problem and eyes and ears problem. Reduced mobility, sense of loneliness and negligence and about from family can deteriorate mental health of elderly people. Although mental health problems are under-identified by health care professionals and older people themselves, dementia, depression and anxiety is frequently seen in aging population.

Elderly people fall under dependent population and lack economic freedom. This affects socio-economic status of elderly people. They suffer from deprivation, poor nutrition, low social status and restriction on mobility. The increasing nuclear family system, urbanization and globalization further favors institutionalization of the elderly. The existing institutions for the aged are not well regulated and do not ensure quality life for them hence, it is not in an ideal solution in context of Nepal. The perception of our society towards aged population is largely at fault. Ageing population are usually seen as problem and burden to the society. Society fails to provide respect and comfort to them. Age discrimination and social isolation is rampant. Ageing population thus struggle to cope with changes in their body and status.

The governmental and non-governmental sectors have established service centers and other few attempts for elderly care, however, social welfare system is still lacking. The government has provisions of laws, plans and age allowance but the implementation is dissatisfactory. There is also lack of sufficient detailed studies about the ageing population, plans and policies should be made and regulated based on well-studies researches and data. Many illiterate elderly people are unaware about existing rights and provisions. Social security programs should be local, inclusive and demography specific. This research aims to fill the research gap of local level and aid in proper policy making concerning issues of elderly people in Bardaghat municipality Ward no.7.

Objective of the Study

Every research has its own objectives; without objective the study cannot fulfill. Therefore, this study has the following objectives:

- To evaluate the socio-economics and health status of senior citizens of the study area.
- To find out social, economic and health problems of senior citizen.
- To analyze the perception on ageing and ageing related matters of elderly population.

Significance of the Study

The population of elderly people is the important part of society. The emerging population group is economically dependent and required especial care and attention. However, sufficient studies for proper social security plans and programs is lacking. This purposed study would be useful to researcher and other concerned institution as a reference material for the further study on the issue of elderly people. The significance of the study can be summarized in the following points.

- This study will help stakeholders concerned with protection of elderly people for policy making.
- The study would also provide the guideline to the students of thesis level.
- The finding of the study would be useful to develop awareness and draw the attention of the family, community and other organizations regarding the issues of the elderly people.
- This study will help understand the perception of elderly on their socio-economic status and problems.
- This study would provide data and information about the status of the elderly people.
- This study will help the partial fulfillment of the requirement for Master's Degree in Population Education.

Delimitations of the Study

The study is an academic research. Every study has its limitations due to many types of factors like time, place, economic constraints, etc. So, the research is delimited within the following points:

- This study was conducted on Bardaghat municipality, Ward No. 7, Nawalparasi Westso, its results cannot be generalized in other field as the study had been carried in small specific area.
- This study was based on descriptive and analytical design.
- This study was delimited among 157 people aged 60 and above only.
- Interview schedule was used as tool of data collection.
- This study was based on perception of ageing, socio-economic status, status of health and problem of senior citizens.
- This study did not include sexual life and sexual health of senior citizens.
- This study did not include mental health and psychological issues of senior citizens.

Definitions of the Key Terms Used

Ageing. The processes of growing old.

Elderly. People aged 60 and above.

Gerontology. The study of the elderly and of the ageing process itself.

Active ageing. The process of optimizing opportunities for health, participation and security for ageing population

Senior Citizen. More than sixty years of age of people

Dependent population. Economically inactive population

Health. According to WHO (1948), a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Healthier. Improved in health and physical condition.

Hazardous. Involving in risk and hazard.

Chronic. Discomfort or illness persisting for long period of time or recurring

Geriatric syndrome. Group of common health issues found in elderly people that does not fit in exact disease classification.

Chapter II: Review of the Related Literature

Reviewing the literature is a continuous process from the beginning and continues until the report is finished. It is one of the important aspects in developing any research. Literature review helps to know about what has already been done, what are their strengths and weaknesses. In doing so, one can identify the research efforts. Literature review use secondary sources and do not report new or original experimental work. It is work done by earlier people and keep record in written form known as literature. The literature review is the heart of the thesis, establishing the framework and terms of reference as well as the candidate understand of the topic. This section reviews some, relevant literatures that are expected to provide the theoretical framework and guide in purposed research on situation of elderly people.

Theoretical Review

The following theories discuss the definition, process and boundaries of ageing.

Activity Theory

The activity theory suggests elderly people stay happiest when they are active and maintain social interactions. According to this theory, there is a positive relationship between ageing well and life satisfaction. It also suggests that the equilibrium an individual develops in middle age should be maintained as one grows older (Diggs,2008).

Disengagement Theory

Contradictory to activity theory, the disengagement theory characterized aging by society and older adults, and that it serves to maintain social equilibrium. By disengaging, older adults are freed from social responsibilities and gain time for internal reflection, while the transition of responsibility from old to young maintains a continuously functioning society unaffected by lost members. The outcome of disengagement is a new equilibrium that is ideally satisfying to both the individual and society (Hasa,2020).

Wear and Tear Theory

Cells and tissues have vital parts that wear out resulting in aging. Like components of an aging car, parts of the body eventually wear out from repeated use, killing them and then the body. So wear and tear theory of aging was first introduced by Dr. August Weismann, a German biologist, in 1882, it sounds perfectly reasonable to many people even today, because this is what happens to most familiar things around them (Jin,2010).

Empirical Review

Acharya (2016) conducted a study entitled "Issues and Problem of Elderly People and Its Management System" at Satakhani, Surkhet District. He had selected 120 respondents in age group 60 and above were interviewed by applying systematic random sampling method. Out of total respondents 73.8 percent were not getting elderly allowance because of low age,16.9 percent were not getting elderly allowance because of lack of their citizenship,1.6 percent were not receiving allowance because no one helps them and also 1.6 percent were reported they were not needed elderly allowance.

Bhattarai (2017) has conducted a research on "Active ageing and healthier senior citizens" of Dhamal community in Damak Municipality, Jhapa. The 31.30 percent respondents expected that they needed to love and affection from family members. This expectation is higher than other about 25.19 percent respondents expected physical care and 13.74 percent respondents expected food in time from family. Similarly,5.34 percent respondents expected support and care, 16.79percent respondents expected happiness and 7.63 percent respondents had other expectations like as medical treatment, peace, neat and clean family environment etc. from the own family members.

Joshi (2016) writes in her study "Situation of elderly people" in Tikapur Municipality, Kailali. She found that out of total 150 respondents, 51 percent was found having T.V. as the means as entertainment, founded by 43 percent radio and 6 percent traditional musical instruments.

Bhatta (2009) conducted a study on "Social and health Status of Elderly Population in Far-western Region". He selected 325 subjects as sample and took interview with the help of a structured questionnaire. He found that about 76% of respondents told health facility is accessible, whereas about 24% of the respondents told that it is not accessible for them.

Gautam (2000) has carried out a study entitled "A Case Study of Old Aged People Living in Devghat, Tanahun District". His study found out various physical problems of elderly people. His work concluded that most of the elderly people in Devghat were suffering from gastric, poor eyesight, digestive problem, hearing problem, insomnia, weakness, asthma and pain in different parts of the body.

Poudel (2006) conducted a study on "The Status of Elderly People in Nepal: An Analysis of Socio-Economic and Demographic Characteristics of Elderly People Living in Aruchowr VDC, Syangja". He asked relevant questions to 139 sample size of elderly population and found out about the main cause of the painful situation of elderly, 56.12 percent were physically unable, that of 20.86 percent was alone, that of 16.55 percent had lack of good economic condition and only 6.47 felt being neglected.

Thapa (2017) carried out qualitative research entitled "Abandonment of Elderly People in Nepal" in one of the elderly homes of Nepal. The researcher found out that due to the breakdown of the traditional way of living in Nepal, the traditional family supports for the elderly parents are eroding as well. The elderly parents who have kept their hopes towards their children, mainly sons, are taking their parents as a burden rather than their moral obligation.

Aryal (2019) did a study to assess the status of elderly citizens in Nepal based on secondary data collection which is taken from the Central Bureau of Statistics from 1952/54 to 2011 censuses. The data of the study showed that 9,29,180 elderly citizens were reported to receive old age allowances in 2070/071 FY; 9,51,419 elderly citizens received in 2071/072 FY; 10,49,819 in 2072/073; 10,83,243 in 2073/074 and it increased to 12,31,586 elderly persons received old age allowances in 2074/075.

Chalise and Rosenberg (2019) in a study titled "Social and Health Status of Community-Dwelling Older Adults in Nepal" found out that respondents' mean age

was 69.92 years (sd = 7.82). The majority (70%) was illiterate. Nearly 3/5 of women were widowed (58.4%), which nearly doubles the male rate (31.8%). Over three-quarters of respondents (78.6%) were living with family members, far more than with spouse only (11.6%), alone (6.2%) or with others (3.6%). Only 9.2% of respondents received a pension, and over seventy percent of respondents (70.7%) were still working. About three-quarters (76.5%) of respondents had physical health problems; 14.6% had some physical disability, and 52.6% self-reported a mental health problem.

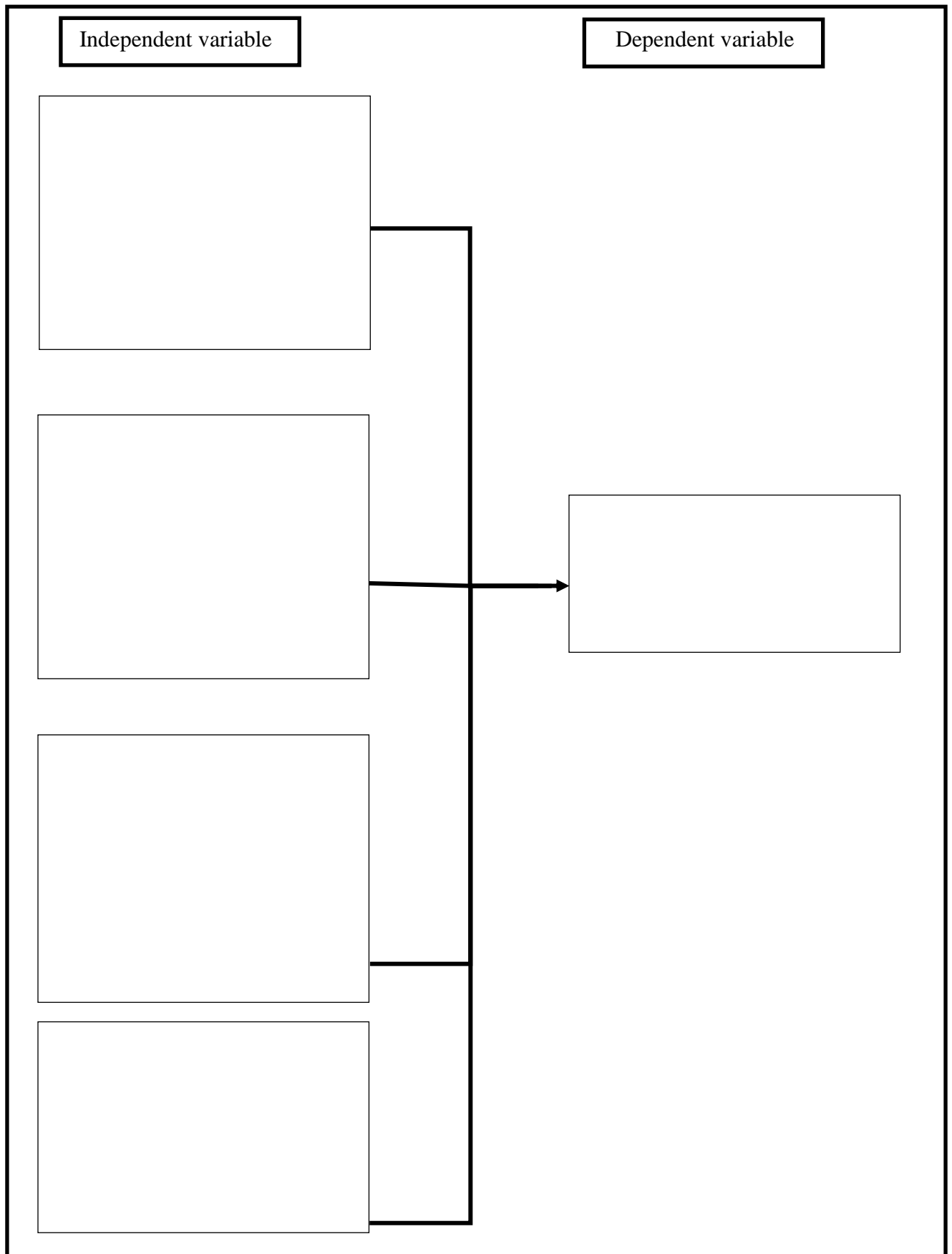
Ageing is not yet understood as a demographic problem and lack of adequate reflection in the policy and plan documents in the context of Nepal. However, in the occasion of 'International year for senior citizens, 1999' of UN, Government of Nepal has brought some long term programs to respect senior citizens as: providing discount in medical treatment, encouraging providing subsidy in transport, publishing journal about elderly people, preparing inventory of organizations engaged in supporting elderly, there is the provision of shelter, food, clothing etc. for some of the frail and excluded elderly people in different religious places of some district in Nepal (Subedi, 1999).

The proportion of older persons differs from region to region. In the developed region the proportion of ageing population increased from 7.9 in 1940 to 13.5 percent in 1950 and is expected to reach 24.7 by 2050. The most rapidly ageing countries including Japan, Germany and Italy will approach or exceed 40 percent of their populations at older ages by 2050 (UNFPA, 1998).

Conceptual Framework

Conceptual framework defines and declares variables and concepts to draw relationship between them. It is an analytical tool to create vision and understanding of the study for both readers and researcher. In this study, there is use of two types of variable: independent variables and dependent variables. The major finding of the study which is status of elderly people is dependent variable as its outcome depends on other factors. The independent variables are demographic, socio-economic, health and perception based information. The independent and dependent variables have direct relation to one another similar to that of cause and effect.

Figure 1

Conceptual Framework of the Study

Implication of the Review of the Study

Literature review provides brief knowledge about different facet, debates and existing researches on the topic. The above mentioned reviews provide theoretical and empirical background to the study. It built my foundation on definition of ageing regarding biology and social engagement. Empirical review made me aware about existing researches on aging. Likewise, conceptual framework helped me to design precise approach to this vast topic. Literature review guided me to systematic way of conducting research, finding relevant information, development of tools, proper analysis and interpretation of data and comparing its relevancy in different study area. The knowledge I gathered by reviewing the literature and thesis was used to make this study comprehensible and efficient.

Chapter III: Research Methodology

This chapter presents the research methodology of study. This study was based on descriptive and analytical type. The purpose of this chapter is to describe and define the research design, sources of data, population and sample, procedures and development of research tools, collection of data and data analysis procedure.

Research Design

This study was based upon primary sources of data. I used quantitative methods of study by using interview schedule. It was a field based survey research in which the descriptive type of research design was adopted.

Study Population/Sampling and Samples

The study was limited to the Bardaghat municipality, Ward No. 7 as per purposive sampling method (Non-probability sampling). According to election voter list of 2079, there are 264 elderly populations in Bardaghat Municipality Ward no. 7. The sample size of the study area was determined using raosoft calculator with 5% margin error. The study took 157 participants as sample size which is 59.4% of the elderly population. The respondents were selected by stratified sampling method using lottery to make sample size as diverse as real population.

Data Collection Tools and Techniques

An interview schedule was prepared as the tool for data collection. It was prepared based on research reports, journals and reference materials. Open and closed questions were asked senior citizens (both male and female) in the Bardaghat municipality, Ward No. 7, Nawalparasi West district.

Techniques of Data Analysis and Interpretation

The data collection from the field was tabulated, analyzed and interpreted to fulfill the objective of the study. The process included simple statistical method. They were arranged accordingly to find out the valid answer of research questions.

Ethical considerations

A research guided by principles values of accountability, respect, trust and truth bounds to boundary of ethics. The ethical considerations that were appreciated in this study helped the respondents and interviewer to feel secure and be honest. The dignity and wellbeing of respondents was protected. Verbal consent was obtained from the participants prior to the interview. Respondents and their answers were not misrepresented. Participants had the free will to opt out of research process. Confidentiality of respondents was ensured in data result communication.

Chapter IV: Analysis and Interpretation of Data

This chapter is concerned with analysis and interpretation of collected data. The researcher used the interview schedule for data collection. Then, the data were tabulated in master chart, percentages and graphs to understand pattern, trend and assign meaning to collected data. This study mainly discusses the demographic and socio-economic condition, health status and general perception of elderly people. The details about the components of the study are as follows:

Demographic and socio-economic condition of elderly people

It deals with the socio-economic and demographic aspects of the respondents.

Age and Sex Composition of Elderly People

Age and sex composition is one of the most important demographic characteristics. This data can be used for demographic analysis, understanding socio-economic phenomena and planning of development activities and social security. In this study, person above 60 years of age are included as senior citizens. The age and sex composition of elderly people of Bardaghat Municipality, ward no.7 can be shown by the following table:

Table 1

Age and Sex Composition of Elderly People

Age group	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
60-64	32	20.4	33	21	65	41.4
65-69	11	7	14	8.9	25	15.9
70-74	15	9.6	13	8.3	28	17.8
75-79	9	5.7	12	7.6	21	13.4
80-84	4	2.5	7	4.5	11	7
85+	5	3.2	2	1.3	7	4.5
Total	76	48.4	81	51.6	157	100

Table 1 shows that the highest proportion of the total population is the age group of 60-64 which is 41.4 percent. Likewise, 15.9 percent old people were in 65-69

age group, 17.8 percent in 70-74 age group, 13.4 percent in 75-79 age group. The least populated age group was 85+ i.e. about 4.5 percent followed by 80-84 age group at 7 percent.

Furthermore, it shows that out of 157,48.4 percent of respondents were male and 51.6 percent were female. Only in 85+ age group population of male was higher than female. The researcher concluded that the distribution of senior citizen with respect to sex, 60-64, 65-69, 70-74, 75-79 and 80-84 have higher number of female than male.

The median age of total elderly population of study area was 67.7 years old. Similarly, the median age of male elderly population was 67.7 years old. The median age of female elderly population was 67.7 years old.

Caste and Ethnicity

Caste and ethnicity are important social identity of an individual. It is also closely related to religious and lingual identity. It can be distinguishing factor in demographic, socio-economic and overall status of people. The history of caste based discrimination in Nepal calls for equitable growth approach in every aspect of society. Following table presents the caste and ethnicity composition of the study area:

Table 2*Distribution of Population by Caste and Ethnic Groups*

Caste/Ethnicity	Female	Male	Total	Total
	number	number	percentage	
Brahmin –Hill	45	40	85	54.1
Chettri	9	7	16	10.2
Tharu	7	9	16	10.2
Newar	4	5	9	5.7
Magar	4	3	7	4.4
Muslim	2	4	6	3.9
Kami	3	3	6	3.9
Sunwar	3	1	4	2.5
Gurung	1	1	2	1.3
Yadav	1	1	2	1.3
Dalit Others	2	2	4	2.5
Total	81	76	157	100

Note: DalitOthers include Damai, Sarki and Mallaha

Table 2 shows, over half the population 54.1 percent belongs to ethnic group of Brahmin-Hill. In whole of Bardaghat municipality too, Brahmin-Hill are largest ethnic group with 23.55 percent population. Similarly, both Chettri and Tharu are the second largest ethnic group with 10.2 percent respondents each. Around 5.7 percent of the respondents were Newar, 4.4 percent were Magar whereas both Muslim and Kami were 3.9 percent each. Sunwar were 2.5 percent, Gurung were 1.3 percent and Yadav were 1.3 percent too. Dalit others included Sarki, Damai and Mallaha at 2.5 percent. Although, the selection of respondents was random it still vaguely represents the caste and ethnic diversity of Ward No.7.

Literacy Status

Literacy status indicates the educational and intellectual advancement of the population. Education is indicator of socio-economic development. It brings positive change in values, beliefs and thought process of population. Here, status of literacy is determined by ability to read and write with understanding in any language.

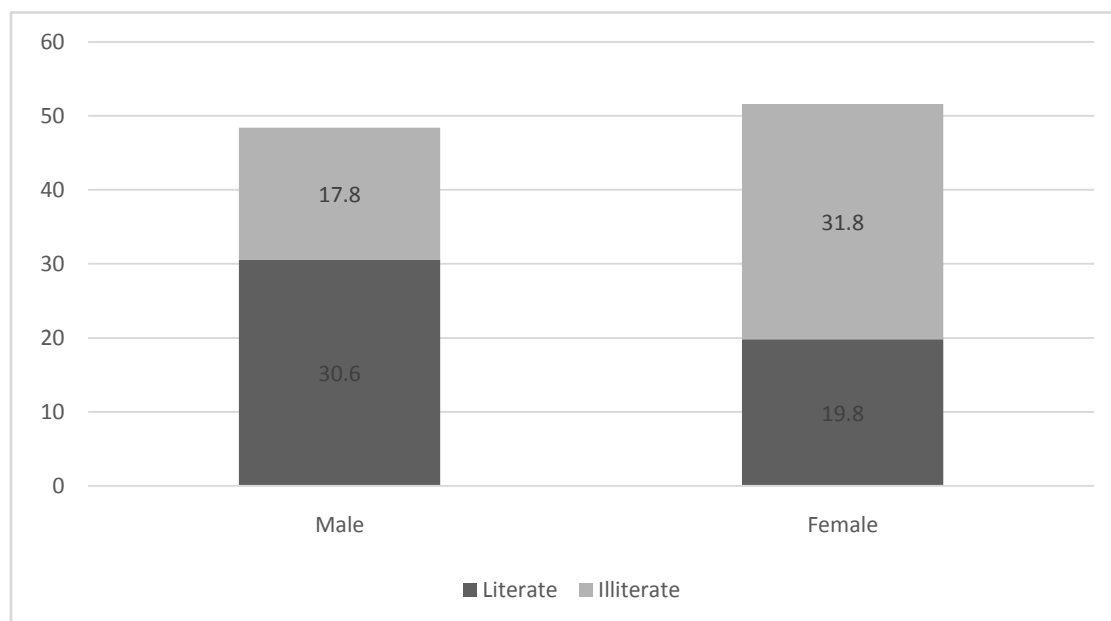
Figure 2*Literacy Status of Elderly People*

Figure 2 shows that 50.3 percent were found literate and 49.7 percent were illiterate. Elderly literacy rate of population 65+ years was reported at 23.63 percent in 2018 (World Bank Collection of Development Indicator, 2018). Comparatively, literacy status of Bardaghat Municipality was high. However, the difference in literacy status of male and female is huge. Girls education was not prioritized in the past and that can be seen in this data.

Mother Tongue

Distribution of senior citizens by mother tongue shows the lingual diversity of the place. It also shows the language of flow of information in study area and is an important variable of social status of the population.

Table 3*Distribution of Elderly Population Mother Tongue*

Language	Number	Percentage
Nepali	114	72.6
Tharu	15	9.5
Newari	10	6.4
Magar	5	3.2
Others	13	8.3
Total	157	100

Table 3 indicates mostly spoken language in study area is Nepali by 72.6 percent of the respondents. Similarly, Tharu language is second most popular mother tongue with 9.5 percent of the respondents, followed by Newari speaker 6.4 percent and 3.2 percent speaking Magar language. Likewise, there were small fraction of population speaking languages like Maithili, Tamang, Urdu, etc. which constitutes of 8.3 percent of the population. 'Others' in the chart represents the language with less than 1 percent of selected sample population.

This data is mostly similar to population by language of entire Bardaghat municipality where Nepali is most popular at 60.8 percent and Tharu is second most popular with 15 percent speaker. Compared to total population of Bardaghat by language, Bhojpuri speakers are significantly less among senior citizens of Ward no.7.

Religion

Religion shapes the way of life and social norms. The impact of religion in life of elderly people is significant. So, this research includes the religious status of elderly population.

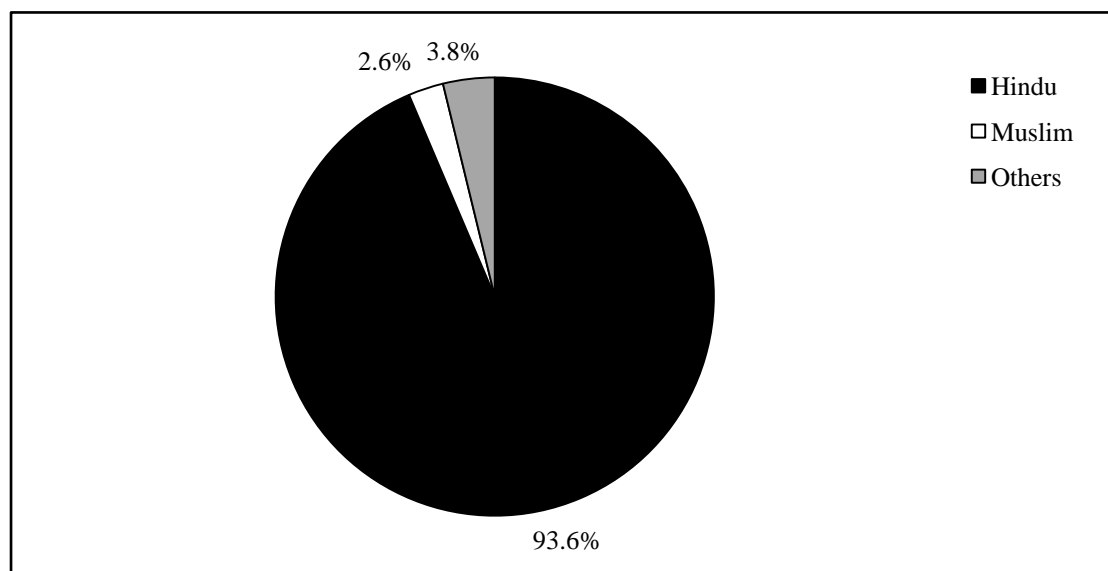
Figure 3*Elderly Population by Religion*

Figure 3 shows that similar to Nepal's religious status, the proportion of Hindu was far greater than other religion. Out of 157,147 of the respondents were following Hinduism. Only 2.6 percent were Muslim. Surprisingly, there were no Buddhist among elderly population in Ward No.7. Other religion like Kirant, Christians, etc. were less than 1 percent each and combined at 3.8 percent.

Marital Status

Marital status is an important aspect of personal and social life. It affects the quality of life of an individual. There was significant relationship between marital status and quality of life and this relationship appeared to differ by gender and age (Kyu-Tae Han, 2014). In context of Nepal, it is generally seen that married have better health and longevity (Poudel, 2006).

Table 4*Elderly Population by Marital Status*

Marital Status	Number	Percentage
Married	109	69.5
Widower	29	18.5
Widow	15	9.5
Divorce/Separated	4	2.5
Total	157	100

Table 4 shows that 69.5 percent of the respondents were married, 18.5 percent were widower, 9.5 percent were widow and only 2.5 percent were either divorced or separated from their spouse. The difference in population of widow and widower shows the trend of remarriage among males. Prominently less divorced/separated population suggests that divorce or separation is taboo among elderly population.

Family Type

Family is major part of social life and cultural life. Family type has direct impact on livelihood and social network. Elderly people in joint family generally have better status of life. They are cared for and supported socio-economically. In joint family, old people are valued and respected more. They also have responsibilities and voice which gives them sense of belonging and respect. However, the trend of nuclear family is on the rise. In nuclear family, elderly people might have better fulfillment of basic needs of food, clothes, shelter due to less number of family members but the system of support and surveillance usually lacks.

Figure 4

Distribution of Senior Citizens by Family Type

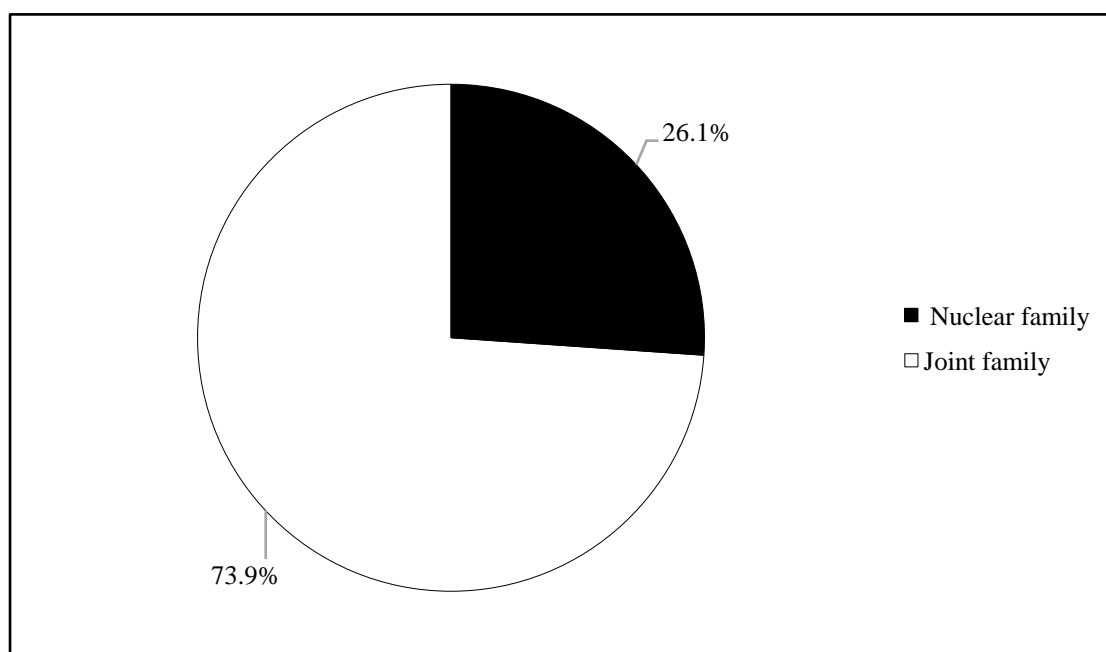


Figure 4 shows that majority, i.e. 73.9 percent of respondents live in joint family and only 26.1 percent live in nuclear family. In Bardaghat Municipality, despite urbanization and modernization joint family was highly preferred.

Source of Income

Economic prosperity plays decisive role in fulfillment of basic needs and additional wants, ultimately being key factor in status of living. Elderly with good income invest more in healthy food, medical checkups, recreational activities and social work that supports overall well-being of an individual. In this research, we haven't included old age allowance as source of income.

Limited economic resource is one of the major issue of aging population. Elderly are considered as dependent population as their economic activity is minimal. This dependency sometimes makes them feel like a burden and powerless. Hence, elderly must be encouraged to be economically active within their capacity. Also, there is not culture of proper retirement planning in Nepal which must be changed.

Table 5

Source of Income of Senior Citizens

Source of income	Male	Female	Number	Percentage
Agriculture	29	44	73	46.5
Bank interest	3	2	5	3.2
Job	3	2	5	3.2
Pension	4	-	4	2.5
Rent of house	3	1	4	2.5
Others	4	6	10	6.4
None	30	26	56	35.7
Total	76	81	157	100

Bardaghat municipality is agrarian society and hence most of the population depend on agriculture and animal husbandry. Some elderly reap benefits from the economic activities they did in their youth like pension, rent of house and bank interest.

Table 5 shows that almost half the elderly population were engaged in agriculture, i.e. 46.5 percent whereas, 35.7 percent don't have any source of income 3.2 percent mostly from 60-64 age group have jobs. Around 2.5 get pension from government of Nepal and India and again 2.5 percent have steady income from renting their house. 10 out of 157 participant have others source of income like small

scale business, shops, etc. It also shows that majority of women, 44 out of 81 are engaged in agriculture and 26 do not have active source of income. Also 30 out of 76 men are not economically active.

Old Age Allowance

Under social security program, elderly population are given old age allowance. As per the Social Security Act 2075, criteria of Old Age Allowance (OAA) has been mentioned.

The Dalit and single women senior citizens, after completing the age of sixty years, and other senior citizens, after completing the age of seventy years, shall get the senior citizen allowance as prescribed by the Government of Nepal, as the social security allowance. (Nepal Law Commission, 2018)

OAA intend to lessen the financial burden and ensure fulfillment of basic rights of elderly. The amount of OAA is however deemed to be unsatisfactory considering the market inflation and cost of healthcare in Nepal.

Table 6

Distribution of Senior Citizens by Old Age Allowance

Age group	Yes	No
60-64	14	51
65-69	12	13
70-74	23	5
75-79	21	-
80-84	11	-
85+	7	-
Total	88	69

Table 6 shows that out of 157 respondents, 88 of them received OAA and 69 of them did not receive OAA. The respondents not receiving OAA were mostly due to criteria of age and very few due to lack of documents. The researcher also found out that almost all of the elderly population were well aware about their rights as senior

citizens and provision of OAA and discounts in public places. The median age of senior citizens receiving OAA was 73.9 years old.

Social and Religious Activity

Social and spiritual well-being is an important feature of a healthy individual. Elderly should try to be active participants in social and religious activities of the community to practice active ageing. In this research, social work through any organization or individual and participation in activities of a religious group is included as social and religious activity.

Table 7

Distribution by Participation in Social and Religious Activity

Description	Number	Percentage
Elderly engaged in social and religious activity	75	47.7
Elderly not engaged in social and religious activity	82	52.3
Total	157	100

Table 7 shows that out of 157 respondents, only 75 which constitutes 47.7 percent are regularly engaged in social work. The remaining 52.3 percent do not engage themselves in social and religious activities. Although, elderly there are very religious many do not engage in it due to physical weakness, daily responsibility of handling cattle and harsh weather.

Health Status of Elderly People

The deals with health conditions and matters affecting health status of the respondents.

Geriatric Syndrome

Geriatric Syndrome (GS) includes common health conditions in elderly that cause discomfort but is not classified as a disease itself. As we age, the strength and efficiency of body and bodily processes decline that leads to discomfort and delayed healing. These conditions can be treated as they arrive but geriatric syndrome cannot be fully avoided as it is a natural phenomenon of ageing.

Although GS is natural, it is also influenced by one's lifestyle, diet and health habits and even socio-economic position. Studying GS can give the overview of health condition of population in the study area.

Table 8

Distribution of Elderly by Symptoms of Geriatric Syndrome

Symptoms of geriatric syndrome	Number of respondents	Percentage
Chronic body pain	61	38.8
Limbs swelling	14	8.9
Problems with vision	13	8.3
Headache	11	7
Hearing impairment	6	3.8
Others	33	21.1
None	19	12.1
Total	157	100

Table 8 shows that the highest proportion 38.8 suffered from chronic body pain. This could be due to reduced ability of body to recover from wounds and pain as we age. Around 8.9 percent suffered from issues of limbs swelling which could be early warning signs of other diseases. Likewise, 8.3 percent had issue with vision and eyes. Common age related eye problems were presbyopia, cataracts and dry eyes. Similarly, 7 percent of respondents suffer from headache whereas, 3.8 percent had problem with hearing. About 12 percent claimed to experience no symptoms of GS and the GS symptoms of 21.1 percent were rarer and included in others.

Physical Illness

Most of the elderly population suffer from physical illness and weakness. This is explained by biological theory of ageing like wear and tear theory. Although, health is multidimensional, presence or absence of physical illness is one of the prominent indicator of health. Here, we discussed the physical illness seen among elderly population in the study area. There were instances when more than one illness was observed in single individual, out of them the respondents selected the one that imposed bigger threat to their health as per the medical personnel.

Table 9*Distribution of Senior Citizens by Physical Illness*

Illness	Numbers	Percentage
Hypertension	43	27.4
Diabetes	29	18.5
Dental problems	22	14
Respiratory illness	21	13.4
Cardiac illness	12	7.6
Others	11	7
None	19	12.1
Total	157	100

Table 9 shows that hypertension followed by diabetes were the most common physical illness. Almost 27.4 percent suffer from hypertension and 18.5 percent suffer from diabetes. Around 14 percent respondents face dental problems. This number was however, expected to higher in reality as dental problems were normalized among elderly and medical treatment was neglected. Similarly, 13.4 percent have found respiratory illness including asthma, lung cancer, pulmonary fibrosis, etc. and 7.6 percent were found to have cardiac issues. Other category of illness in study area constituted around 12.1 percent. Only 12.1 percent reported not having any physical illness, they were mostly from younger age group of 60-64. Also the researcher reported there were no patient of kidney failures there. The data suggested that majority of elderly population in the study area are physically ill and require frequent and efficient medical care.

Treatment Practices

Treatment practices of study area indicates awareness of the people regarding health and its related matter. Usually, treatment practices depend on accessibility to it and severity of disease. The respondents answered the treatment practices they usually prefer as follows:

Table 10*Distribution of Elderly by Treatment Practices*

Treatment practices	Number of participants	Percentage
Hospital	92	58.6
Health post	46	29.3
Dhami/Jhakri	3	1.9
Others	16	10.2
Total	157	100

Table 10 shows that majority of elderly people around 58.6 percent reported that their place of treatment was hospital. Elderly with chronic illness and severe health issues opt for hospital. Around 29.3 percent of elderly people went to health post. Health post there was well-facilitated, nearer and convenient for treatment of acute and minor illness. Similarly, least number of respondents 1.9 percent went to Dhami/Jhakri which is shamanic practice. Only 10.2 percent utilized other treatment practices like homeopathy and other alternative methods.

Management of Personal Hygiene

Good personal hygiene is preventive measure of physical and mental illness. Although, in youth having good personal hygiene is responsibility of oneself, elderly people might need help and assistance.

Table 11*Distribution of Elderly by Management of Personal Hygiene by Age Groups*

Personal hygiene managed by	85+	80-84	75-79	70-74	65-69	60-64	Total
Self	-	-	2	9	13	35	59
Spouse	-	1	3	10	8	27	49
Daughter/son	7	10	16	6	4	2	45
Others	-	-	-	3	-	1	4

Table 11 shows that maximum respondents 59 maintained their personal hygiene themselves, 49 were maintained by spouse and 45 were maintained by daughter/son. Only 4 were by others which includes relatives, guardian or special caretaker. Most of the people in younger age group 60-64 and 65-69 maintained their

personal hygiene themselves. However, 85+ and 80-84 age groups entirely depend on another person for personal hygiene.

Personal Hygiene by Sex

Basic personal hygiene is included under human right to sanitation. Despite physical or mental status of elderly they deserve to feel clean and dignified through maintenance of personal hygiene. The following table shows the management of personal hygiene of elderly by sex:

Table 12

Distribution of Elderly by Personal Hygiene Management by Sex

Managed by	Male	Female	Total
Self	16	43	59
Spouse	41	8	49
Daughter/Son	18	27	45
Others	1	3	4

Table 12 shows that female who maintained their personal hygiene themselves were the largest demography with 43 respondents. Comparatively, male who maintain personal hygiene were particularly low with only 16 respondents. Similarly, 41 male respondents' personal hygiene was maintained by their spouse whereas, only 8 female respondents' were maintained by spouse. This drastic difference indicates the culture of patriarchy. Likewise, daughter/son managed personal hygiene of 18 males and 27 female elderly. The researcher found out female were more assisted by their children than spouse. Only 1 male and 3 females were managed by others.

Food Habits

Aging population needs to be more aware about nutrition and food habits to compensate for declining metabolism and health. Daily volume of foods and beverages decline as a function of age (Drewnoski & Shultz, 2001). At least 3 meals a day is recommended for elderly. Nepali meal is well balanced hence, 3 meals can meet dietary requirements.

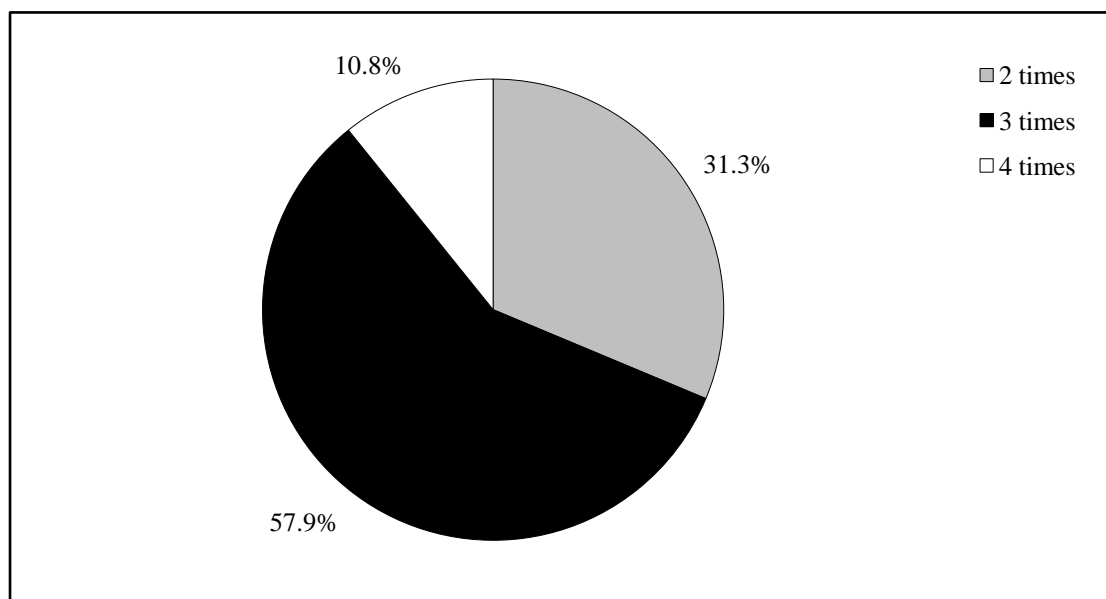
Figure 5*Distribution of Elderly Population by Number of Meals*

Figure 5 shows that maximum respondents which is 57.9 percent ate 3 meals a day and 31.3 percent ate 2 times. The smallest proportion of respondents i.e., 10.8 ate 4 meals a day. This suggested that the highest percentage were consuming sufficient food. The smaller percentage struggled with frequent food intake due to aging and health issues.

Number of Medical Checkups Yearly

Regular medical checkups can help to identify any early signs of diseases and also manage existing health concerns. Appropriate number of medical checkups might differ based on one's health status. However, full body checkup twice a year is recommended. In case of Nepal, the trend of regular checkup isn't there. People only seek medical help or do checkups where health condition is worse.

Table 13*Number of Medical Checkups Yearly of Elderly Population*

Number of times	Number	Percentage
Once	23	14.7
Twice	22	14
Monthly	13	8.3
Only when needed	99	63

Table 13 shows that the highest percentage of population 63 percent get medical checkups only when needed or instructed to do so by health professionals. Likewise, 14.7 percent went for medical checkup once a year and 14 percent went twice a year. Few severely ill respondents, 8.3 percent got medical checkups monthly. The data suggests that people in Bardaghat Municipality are neglectful about medical checkups until the health condition is worse. This might be due to economic restriction, hassle of hospital, no caretaker to take them to hospital or ignorance.

Perception of Elderly People

Perception reveals with the personal attitudes and behavior of the respondents. It varies from person to person.

Painful Issue

Elderly people are in vulnerable stage of life. In this stage, many issues arise which affects their happiness, health and ultimately quality of life. This can differ from individual to individual based on their perception, lifestyle and severity of issues. This study intended to collect data of major issues of aging population, understand the issues and even suggest solutions.

Table 14

Distribution of Elderly People by Painful Issues

Issues	Number	Percentage
Economic deficiency	86	54.8
Physical weakness	28	17.8
Social isolation	27	17.2
Hate by family	16	10.2
Total	157	100

Table 14 shows that economic deficiency is the major issue of aging population i.e., 54.8 percent of respondents. Around 17.8 percent said that their major issue regarding aging was physical weakness, 17.2 percent suffer from social isolation whereas, 10.2 percent said they were hated or neglected by their family.

Programs for Elderly

Elderly must engage themselves in different activities and programs of their interest to live active life. The researcher collected the opinion of the elderly regarding the types of programs elderly wished were more conducted in the society.

Table 15

Elderly People by Programs for them

Programs	Numbers	Percentage
Yoga and fitness	68	43.5
Cultural	33	20.5
Religious	32	20.4
Others	24	15.5
Total	157	100

The table 15 shows that the highest number of respondents 68 wished yoga and fitness related programs were frequently organized by the society. In monotonous life of elderly, yoga and fitness can add refreshment and also encourages to be physically active. Around 20.4 percent wanted more religious activity whereas, 20.5 percent wanted cultural programs. These programs can allow elderly to socialize easily among different age groups. Similarly, 15.5 percent of the respondents wanted other programs like picnic, community campaigns, etc. The researcher found out the elderly were interested in being more active members of the community through these programs. Different welfare groups and local authority should conduct these programs for elderly.

Entertainment

Entertainment is very important factor determining our quality of life and it promotes activity theory of ageing. Elderly people in their vulnerable and retirement age seek for entertainment. Their pursuit of entertainment must be encouraged and regulated. Entertainment brings about engagement and enthusiasm, which are signs of healthy adult.

In this present generation, telecommunication and digital space is the most utilized method of entertainment. It can be great way for elderly to explore the changing world from their own comfort zone. It allows them to learn more and engage

in field of their interest. However, it can lead to limited physical activity and they must be aware about fake information on the platform. Among elderly devotion to god is widely observed, this can manifest as religious activity or playing musical instrument to sing for the deity. Moreover, even in digital space elderly prefer spiritual content.

Table 16

Elderly People by Means of Entertainment

Entertainment	Number	Percentage
Television	91	57.9
Religious activities	13	8.3
Musical instruments	10	6.4
Others	43	27.4
Total	157	100

Table 16 shows the preferred means of entertainment of senior citizens in Bardaghat Municipality. The highest percentage 57.9 percent used television as means of entertainment, 8.3 percent preferred to engage in religious activities and 6.4 percent in playing musical instrument. The remaining 27.4 percent had varied means of entertainment ranging from gardening, reading books, etc.

Suggestions from Elderly

The researcher asked an open type question to the elderly about the suggestions they would like to give to improve their status of living. The question provided voice and opportunity for the respondents to share their thoughts. Their suggestions were as follows:

- Brief literacy class to be able to read religious books.
- OAA should be increased as cost of living is on the rise.
- It would be easier to collect OAA timely through home delivery or mail facility.
- OAA should not be equal amount for everyone; instead should be according their economic means thus, poor elderly should get more OAA than rich ones.
- Recreational house to host social and religious events should be constructed.
- Public park with fitness equipments should be established in the village.

Major Findings

According to the objective, analysis and interpretation of the data findings of this research are:

- There were 48.4 percent male respondents and 51.6 percent female respondents.
- The median age of the elderly population was 67.7 years old.
- The highest percentage about 41.4 percent were in age group 60-64 years, 17.8 percent in 70 -74 years, 15.9 percent in 65-69 age group, 13.4 percent in 75-79 age group, 7 percent in 80-84 and only 4.5 percent in 85+ age group.
- Majority of the respondents 54.1 percent were Brahmin-Hill. Chettri and Tharu were 10.2 percent each. Newar were only 5.7 percent of the respondents. Magar were 4.4 percent. Both Muslim and Kami were 3.9 percent each.
- Around 30.6 percent men were literate and 19.7 percent women were literate. The percent of illiterate men was 17.8 percent and illiterate women was 31.9 percent.
- Nearly 50.3 percent of respondents were literate and 49.7 percent were illiterate.
- More than 72.6 percent spoke Nepali language, 9.5 percent spoke Tharu language, 6.4 spoke Newari language and only 3.2 percent spoke Magar language.
- The highest 93.3 percent followed Hinduism and 2.6 percent followed Islam. There were no Buddhism followers in the study area.
- Most of the elderly people 69.5 percent were married. The population of widower was 29 percent and that of widow was 15 percent.
- Only 26.1 percent of respondents live in nuclear family and majority of 73.9 percent lived in joint family.
- The highest percentage 46.5 were engaged in agriculture as source of income. Around 35.7 percent elderly population had no source of income. Only 2.5 percent got pension and 3.2 percent had job.
- Out of 157 respondents, only 75 percent were regularly engaged in social and religious activity.

- Nearly 38.8 percent suffered from chronic body pain, 18.9 percent had hearing impairment, 8.3 percent had problem with eyes and 7 percent had headache.
- There were only 12.1 percent elderly with no symptoms of GS and physical illness.
- Hypertension and diabetes were most frequent physical illness which constitute 27.4 and 18.5 percent respectively. Around 13.4 percent had respiratory illness and 7.6 percent suffered from cardiac illness. There were no patients of kidney failures in the study area.
- In age group of 60-64, 35 maintained their personal hygiene by themselves whereas in the age group of 85+ and 80-84 none of the respondents could maintain their personal hygiene themselves.
- Majority of female 43 maintained their personal hygiene themselves but only 16 male maintained personal hygiene themselves. Majority of male 41 personal hygiene was maintained by their spouse.
- Most of the respondents 58.6 went to hospital and then 29.3 went to health post for treatment.
- Out of 157, 59 maintained their personal hygiene themselves and 49 through spouse.
- The maximum respondents 57.9 had 3 meals a day and minimum respondents 10.8 percent had 2 meals a day.
- The highest percentage of elderly 63 percent only went for medical examination when needed whereas, 14 percent went for twice a year and 14.7 percent went once a year. The smallest percentage 8.3 went for medical checkups monthly.
- Around 54.8 percent participant said economic deficiency was their major issue, 17.8 percent said it was physical weakness, around 17.2 suffered from social isolation and 10.2 suffered from hate by family.
- Yoga and fitness was the most preferred programs for elderly nearly 43.5 percent, 20.5 percent wanted cultural programs whereas around 20.4 percent wanted religious programs.
- Nearly 57.9 used television as means of entertainment and 6.4 percent preferred musical instruments.

Chapter V: Conclusion and Recommendations

Conclusion

Elderly people are neglected assets of society. They possess knowledge, experience and insights of past and present that is valuable for future generations. Their contribution to society should not be ignored. In their vulnerable stage of life, they need proper care and support. In personal, local and national level we must make efforts to understand their situations, problems and emotions.

This study highlights socio-economic characteristics of elderly, their perspective towards ageing and their issues. Despite diverse demographic characteristics their circumstances are similar. They struggle to maintain quality of life due to limited economic resources. They have hard time maintaining social life. Their needs and wants are not fulfilled. The increasing demographic of ageing population should be managed by preparation of comprehensive action plan and strategy.

Status of Elderly Population

This study explores multidimensional status of aging population. The study area has diverse population from different ethnic and lingual community. The social structure is typical and traditional with emphasis on joint family, heavy dependency on agriculture and heterosexual marriages. The sex, ethnicity, lingual and religious composition of the population is similar to that of the entire nation. The population is spiritually inclined as nearly half the population is active in religious activities and remaining keen in participating under more favorable circumstances. Economic activities are mostly focused around agriculture. The aging population is well aware of their OAA and other such helpful policies. This study also includes prevalence of physical illness and geriatric syndrome, treatment practices and frequency along with hygiene and food habits to evaluate health status of respondents comprehensively. Most of the respondents suffer from health issues but do not get regular medical checkups. They are mindful and aware about food habits and have nutritional meals timely. Personal hygiene scenario of elderly is complex as one must consider the physical strength and social expectations on who is responsible for maintenance of it. The treatment practices of the participants were mostly allopathic. The elderly

does not seem to prioritize their social relations and entertainment. Television is the major source of entertainment but they are interested to be more engaged in religious, cultural and fitness oriented events. This group of population is as unique as any other age group and requires more attention to uplift their overall status.

Problems of Elderly Population

Elderly stage is a lonely and fragile state of life. The increasing elderly population lacks a platform to voice their problems. This study aims to bring such problems to light and encourage required authority to take notice and action. Socio-economically one can see prevalence of patriarchy with significantly low literacy of female. Major source of income is traditional form of agriculture which is labor intensive and not sustainable for aging population. This leads to economic deficiency in a large percentage of population. Many have expressed their dissatisfaction with OAA amount and accessibility. In terms of health, there are lots of areas of improvement. The population lacks awareness of regular medical checkups. The accessibility and affordability of health care centers and medication is also a concern. Majority of the population suffer from chronic illness and other physical discomforts. Physical weakness is a major problem for elderly. Likewise, elderly want to be more active in community but they lack resources and areas. At the present, their source of entertainment is very limited. They face social isolation and neglect from the society. This makes the natural transition from adulthood to old age complicated.

Perception on Aging

Aging is dynamic and cannot be strictly defined hence, perception of an individual and people around them affect the experience of it. Increase in life expectancy and medical advancements have made people above the age of 60 more active and healthy than in the past. In the study we can see that people receiving OAA in 60-64 age gap is significantly less as they do not feel the need of government assistance yet. People are economically active for more years. Perception of elderly regarding health matters is unsatisfactory. They consider physical discomfort as a part of being elderly and undermine their illness. They are further uneducated and neglectful about factors affecting physical health like hygiene and food.

Community perceives aging population as burden rather than responsibility or even opportunity. However, elderly population are significant part of society. They are the one responsible for smooth handover of community resources and guidelines. Views of general population towards aging is unsupportive. There is lack of understanding and communication between community and elderly. Elderly are willing to be integrated more into society and believe they still have a lot more to give to community.

Recommendations

The given recommendation can be considered for the improvement of status of elderly people and management of their issues:

Recommendations for Practice

The following recommendations for practices are:

- Public awareness about proper hygiene and nutritive meal is necessary.
- Elderly should be encouraged to participate in smaller economic activities and must be taught about changing banking systems, online payment and so on. This makes them more financially aware and empowered.
- Senior citizens should be made aware about proper retirement planning so that they do not end up relying only on their children.
- Based on interest of sample population yoga and fitness should be encouraged by building parks and activity areas.
- Society should promote and organize social work and charity events for elderly.
- Family should be sensitive about complex issues and emotions ageing population face and should be supportive throughout to elderly people.

Recommendations for Policy

Recommendation to consider while policy making are as follows:

- Government should fund medical care in government hospitals and health posts. Establishment of geriatric wards in all hospitals and preferential behavior in health care.

- Knowledge regarding care of elderly should be included in school curriculum.
- Basic literacy classes should be arranged to increase literacy rate of the study area particularly among female age group.
- The Social Security Act must be revised periodically to make it more inclusive and sensitive to changing problems of elderly.
- Health insurance should be introduced for elderly population to increase their frequency of medical checkup.
- Old Age Allowance amount should be increased timely to fight inflation.
- Different retirement fund schemes should be arranged by government itself.
- The existing demographic data and information about elderly people should be taken into account during development and social planning.

Recommendations for Further Study

The following are the recommendations for further study:

- Similar study should be conducted including nationwide elderly population.
- Health status of elderly with multidimensional perspective including mental, sexual and spiritual health.
- Comparative study about elderly of different province or geographical area.
- Study using different indicators like Human Development Indices (HDI) to measure quality of life of elderly.
- Study about ways to transfer traditional and workplace knowledge of elderly.
- Accessibility and affordability of medical care for elderly people.
- Impact of family and marital status on elderly people.
- Impact of social security programs and old age allowance.

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Appendix

Interview Schedule

Respondent's Name.....

Age.....

Household No.....

Ward No.....

Caste/Ethnicity.....

Sex.....

Date.....

A. Socio-economic Information

Q.N.	Questions	Coding Category	Remarks
1	Are you literate?	1. Yes 2.No	
2	If yes, what is your educational attainment ?	1.Primary level 2. Lower secondary level 3. Higher secondary and above 4.Only literate 5.Others	
3	What is your mother tongue?	1. Nepali 2. Newari 3.Tharu 4.Magar 5.Others	
4	What is your religious identity?	1.Hinduism 2. Buddhism 3.Muslim 4.Others	
5	What is your Marital status?	1. Married 2. Unmarried 3.Divorced/Separated 4. Widowed/Widower	
6	What is your family type?	1. Nuclear family 2. Joint family type	
7	Do you have any source of personal income?	1. Yes 2. No	
8	If yes, what is your source of	1.Bank interest	

	income?	2.Rent of house 3. Pension 4.Agriculture 5. Job 6. Others	
9	Do you have knowledge on old age allowance?	1.Yes 2. No	
10	Are you getting old age allowance?	1.Yes 2. No	
11	If yes, how are you getting old age allowance?	1. Going to ward office 2.Son/daughter 3. In home delivery 4.Others....	
12	If not, why aren't you getting old age allowance?	1. Lack of citizenship 2. Not necessary 3. Lacking of age 4.Others	
13	Do you get any kinds of pensions after retirement from job?	1.Yes 2. No	
14	If yes, from which source you get?	1,India 2. British 3. Services in Nepal 4. Others	
15	In what purpose do you invest your income?	1.Children's education 2.Health 3. Buying daily needs 4. Others	
16	Do you participate in social works and community programs?	1.Yes 2. No	

Health Information

17	Are you suffering from any health problem?	1. Yes 2. No	
18	If yes, what problem (geriatric syndromes) you have?	1. Headache 2. General physical pain and discomfort 3. Blindness/poor eye sight 4. Loss of hearing power 5. Swelling of legs 6. Others	
19	Are you suffering from these illness?	1. Blood pressure 2. Diabetes 3. Respiratory 4. Dental 5. Cardiac 6. Others	
20	Where do you usually go for treatment?	1. Hospital 2. Dhami/Jhakri 3. Health post 4. Others	
21	Who manage your treatment?	1. Self 2. Spouse 3. Married son/daughter-in-law 4. Unmarried son/daughter	
22	How many times do you eat food per day?	1. 1 time 2. 2 times 3. 3 times 4. 4 times 5. Others	
23	Who manage your personal hygiene?	1. Self 2. Spouse 4. Married son/daughter 5. Others	
24	How often do you go for medical	1. Once a year	

	checkup?	2. Twice a year 3. Monthly year 4. Only when needed	
25	Do you have any psychological problem?	1. Yes 2. No	
26	If yes ,specify		

Perception of elderly people

27	What do you expect from your family?	1. Love and affection 2. Physical care 3. Food in time 4. Others	
28	In your opinion, who is responsible for taking care for elderly?	1. Self 2. Government 3. Married son/daughter-in-law 4. Unmarried son/daughter	
29	In your opinion, what is the painful issue of an elderly people?	1. Physical weakness 2. Economic deficiency 3. Social Isolation 4. Hate by family members	
30	In your opinion what programs should be launched for providing entertainment to elderly people in the society?	1. Religious 2. Cultural programs 3. Yoga and fitness 4. Others	
31	What is your means of entertainment?	1. T.V. 2. Traditional musical instrument 3. Religious activities 4. Others	
32	Do you have any suggestion to improve the status of elderly people?	1. Yes 2. No	
33	If yes, what is your suggestions ?		

Thanks for your good co-operation.