

**PROBLEMS OF ELDERLY PEOPLE AND EXPERIENCES OF
THEIR OLD AGE LIFE**

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LETTER OF RECOMMENDATION

I hereby certify that the dissertation entitled **“PROBLEMS OF THE ELDERLY PEOPLE AND EXPERIENCES OF THEIR OLD AGE LIFE”** submitted by Miss Suman Ale Magar to the Central Department of Sociology, Tribhuvan University, Kirtipur in partial fulfillment of the requirements for the Degree of Masters of Arts in Sociology is carried out under my guidance and supervision. Therefore, I recommend this dissertation for the final evaluation and approval.

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LETTER OF APPROVAL

This dissertation entitled **“PROBLEMS OF THE ELDERLY PEOPLE AND EXPERIENCES OF THEIR OLD AGE LIFE”** submitted by Miss Suman Ale Magar has been evaluated and accepted by the following evaluation committee as a requirements for the partial fulfillment of the requirements Master Degree of Arts in Sociology.

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Suman Ale Magar

DECLARATION

I hereby declare that dissertation entitled “**PROBLEMS OF THE ELDERLY PEOPLE AND EXPERIENCES OF THEIR OLD AGE LIFE**” submitted by me to the Central Development of Sociology, Tribhuvan University have been done myself and prepared under the supervision and guidance of Dr. Tika Ram Gautam. I have made due acknowledgments to all idea and information borrowed from different sources in the course of writing this report article. No part of the content of this report/article has ever been published in the form or part of any book.

Suman Ale Magar

2018

ABBREVIATIONS

CBS	Central Bureau of Statistic
GCN	Geriatric Center Nepal
HAI	Health Age International
ICPD	International Conference on Population and Development
NGO	Non-Government Organization
NHRC	National Human Rights Commission
UN	United Nation
UNFPA	United Nations Fund For Population Activities
UNO	United Nations Organization
UNESCO	United Nation Education Scientific and Cultural Organization
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1 Context

Ageing is a continuous, universal, progressive, intrinsic, and deleterious process. It is distinct from the physical and mental retardation caused by any other reasons like diseases, disability or any superficial causes. Physical disabilities, mental disorder, characterized by loss of memory and less socialization are some of the formal characteristics of ageing. These characteristics should not be accompanied by causes other than the age. Loss of immunity power develops several physical disabilities in the old age. Ageing in fact is a continuous and universal process which is progressive in nature. Ageing has several dimensions. It is continuous, universal, progressive, intrinsic and deleterious process with the increase in age, loss of immunity power expands and so the attack of diseases increases (Yadav 2012).

Ageing like other social phenomena, has globalized and become a key concern in the most countries in the 21st century. Ageing is largely viewed as a negative condition to be managed, and as citizens grow older this management can often taken out of their hands. As with other groups in the society older people can suffer from the effects of the social and financial inequalities; some are an extension of inequalities already developed through the life course and can be related to gender, class and ethnicity (Parker, Khatri, Cook and Pant 2014).

According to data from *World Population Prospects: the 2015 Revision* (United Nations 2015), the number of older persons—those aged 60 years or over—has increased substantially in recent years in most countries and regions, and that growth is projected to accelerate in the coming decades. Between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56 per cent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to be more than double its size in 2015, reaching nearly 2.1 billion (UNO 2015).

Aging also presents a range of Socio-economic challenges for individual's families, and societies at large. As people get older bodily functions decrease, so some of the functions that change are in vision, hearing, touch, skin, endocrine, renal and musculoskeletal. As is common in western societies, like USA and UK old parents most often live alone, or if they have health problems, they are left at nursing home or at an old people's home and retirement communities. The changing demographics and social trends in terms of shifts from extended to a more nuclear family system has raised concerns about the rising old-age dependency ratio and the adequacy of future family support for the elderly (Mahmood 2008).

Traditionally, family has been the key social institution that provided psychological, social and economic support to the individual at different stages of life. Elderly in the family enjoyed undisputed authority and power. They were considered as knowledge banks and ideal persons for the younger. However, the structure of family has undergone changes differently at different stages of social development in Nepal. One of the present needs in case of societies like that of Nepal is to strengthen the traditional value systems. Industrialization and urbanization have brought changes to family structure in Nepal to a great extent. The extended family that existed in the society has changed to a nuclear family. This has affected the position of the elderly in the family as well as the family's capacity to take care of the aged. The family's capacity to provide quality care to older people is decreasing with the reduction of the available kin support (Geriatric Center Nepal 2010).

The age structure of the Nepali population has been changing over the years with a shift towards older ages increasing gradually, declining fertility and relatively controlled adult mortality. Political awareness and change in traditional behavior have insisted people to migrate from distant hills and mountains to relatively developed areas where amenities are available. This movement of people has resulted in change of food habits, health service, women. These factors contribute to ultimate increase in life expectancy at birth and alteration of age structure upwards with challenges to be addressed for the care of elderly people in Nepal. Furthermore, challenges in employment for young adult people have created pressure for them to move away from home, village/ town as well as the country and abroad. Such movement of young

adults creates challenges for the caring of aged people and burden to the remaining women and children hindering their personal career development (Yadav 20120).

Traditional family structure is also getting weaker due to breakdown of joint families to nuclear family and thereby creating more and more problems for the elder members of the family as in joint family, loving atmosphere of house and friendly relationships among the members gave security and recognition to the older members of the family whereas in nuclear family structure elderly parents have little or no authority and their care and support is neglected (Gulzar et al 2008).

There is increase in the aged population, the aged are also living longer due to health facilities. The need and problems of the elderly vary significantly according to their age, socio economic status, health living status and other background characteristics. Due to the change in family structure old age people are getting lack of care.

1.2 Research Problem

Ageing is a triumph of development. Increasing longevity is one of humanity's greatest achievements. People live longer because of improved nutrition, sanitation, medical advances, health care, education and economic well-being. Life expectancy at birth is over 80 now in 33 countries; just five years ago, only 19 countries had reached this. With one in nine persons in the world aged 60 years or over, projected to increase to one in five by 2050, population ageing is a phenomenon that we can no longer ignore. The opportunities that this presents are as endless as the contributions that a socially and economically active, secure and healthy ageing population can bring to society. Opportunities come with challenges, however. Population ageing presents social, economic and cultural challenges to individuals, families, societies and the global community. It is how we choose to address the challenges and maximize the opportunities of a growing older population that will determine the future of humankind (UNFPA & Help Age International 2012).

The elderly are a heterogeneous group who are affected by both health and non health factors. The latter are largely social factors related to health that contribute to social problems faced by the elderly. The many health problems faced by the elderly result in functional, psychological and social disabilities. Functional disabilities result in restricted activity days, work loss days (if working), bed disability days, social

isolation, reduced vigorous physical exercise, drop in activity tolerance, weakened muscles, bone loss and, feeling of physical incompetence. Psychological disability can result in loss of confidence, exaggerated withdrawal from unusual activities, feeling of physical incompetence, depression, anxiety, hypochondriasis, sleep disturbances, suicidal tendencies. Social disabilities as a result of these chronic problems affect family relationships, worse in nuclear families and if the elderly is living alone in widowhood. Institutionalizing for acute intercurrent problems or long term care can occur too (Arokiasamy 1997).

The position and status of senior citizen have been seriously undermined by factors such as changing values, growing individualism and rising aspirations for consumer goods as a result of the impact of education, urbanization, westernization and Industrialization, lesser number of children due to acceptance of small family norm and hence greater vulnerability in the matter of dependence, migration of younger members to cities for alternative source of livelihood, acute paucity of accommodation in urban areas and the exorbitant rents which act as a strong disincentive for bringing old parents to live with the children (Chattoray 2002)

Ageing is a social phenomenon. Social relation and behavior are changed along with the transition of age. Different challenges and problems are faced by the aged people in their daily life. With the breaking down of the joint family system and the emergence of the nuclear family, individuals have become more concerned about their wives and children. As a result, the care of the aged parents has become a matter of burden for them. The elders usually suffer from loneliness, boredom and depression, which are largely the outcome of absence of fruitful and satisfying activity, absence of like minded friends and associates around the locality, and lack of respect, affection and attention from their family members, which gradually turns into indifferences and in some cases even into deliberate teasing and torturing on the part of the younger members of their own families.

Ageing is the regular process of the life which ends in death. Many changes are seen in the ageing period. They are physical, mental, social emotional. Some changes occur fast where as the other changes occur slowly. Ageing itself is not a problem. It is the problems of the understanding and cooperation with the ageing people. Though there many difficulties during the old age phase of the life, that should not be neglected

because we everyone will be on this phase one day. So more focus is giving n this study is the problems of old aged life and the attitude how to they feel and take their old aged life .

Specifically, this study deals with the following questions.

- What are the problems faced by of elderly people in their daily life?
- What are the experiences of elderly people towards their own old aged life?

1.3 Objectives of the study:

To find out of the problems faced by the elderly people in their daily life.

To find out the experiences of elderly people of their old aged life.

1.4 Significance of Study

Elderly people are valuable resource for the community and the whole nation with their accumulated knowledge and experience. They are the source of the history. They have collected different types of experience in different situations in the course of life which may be fruitful to the young generation. But on the old age they are neglected as well as they have to suffer from different problems. This study help to identify the different problems faced by elderly people and it will be helpful for the local authorities to provide further support to them as well as can make new policies and program for them in local level.

There is little literature available on present scenario, trends, impacts, welfare and management of ageing in Nepal. Ageing is not only economic issues but also a social cultural and political one of the country. Most of the elder are fighting the losing battle of the survival (Yadav 2012).Further research especially qualitative research is needed to explore the depth of the problems of the elderly(Learn, Ashok, Padam MI, Kamath 2009) .This This study helps to contribute and add to existing body knowledge and literatures in the field of “ Problems of Elderly People and their experiences of their old aged life and also to bring out more information on how is the attitude of the elderly people towards their own life which has not been well researched among the elderly people. It also attempts to help numbers of gaps that can

be found in literature. The study is basically significant for the partial fulfillment of the requirement for the Degree in Master's of Arts in Sociology.

CHAPTER TWO

REVIEW OF THE LITERATURE

2.1 Concept on Ageing

Old age is often defined by the chronological age however it is also taken as a social construct associated with a change of social roles and activities, for example, becoming a grandparent or a pensioner. People define old age as a stage at which functional, mental and physical capacity is declining and people are more prone to disease or disabilities (UNFPA & Help Age International 2012).

The Senior Citizens Act 2063, Nepal defines the senior citizens as “people who are 60 years and above.” The retirement age for military in Nepal is 45 to 48 years for lower class, while it is 58 years for general government service and 63 years for university teachers and judiciary services (Khanal 2009). The retirement of civil servants is fixed at 58 years at governmental level. Therefore for civil servants, ageing is supposed to start after the completion of 58 years. But in universities, the retiring age of teachers and administrator is 63 years. Therefore for them, ageing starts after the completion of 63 years. But for the purpose of legal activities and granting of pensions to general mass, the age fixed for a person to be old is 70 years (Sankalpa Nepal 2013).

According to the 2011 population census, the proportion of population 60 and above is 8.1% (2.2 million, CBS. 2012) which was only 6.5% (1.5 million) in 2001 (CBS and UNFPA, 2002), 5.8 million in 1991 (CBS. 1993), 5.7 million in 1981 (CBS. 1984), 5.6 million in 1971 (CBS. 1975), and 5.2 million in 1961 (CBS. 1968). This rapid increase in the proportion and absolute number of aged people among the total population will impact on socio-economic, health and culture of the future society of Nepal.

The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. At the moment, there is no United Nations standard numerical criterion, but the UN agreed cutoff is 60+ years to refer to the older population (WHO 2002).

The ageing process in fact starts from the day you are born, but to be considered elderly, it is most often assumed that after the age of retirement a person is regarded as a senior citizen. Aging has profound consequences on a broad range of economics, political and social process. “Aging is also bring about change in the living arrangements of older people visa-a-via younger family member and in the private and public system of economic support for children, adults, and most critically older persons. The age categories such as infancy, childhood, adolescence, adulthood, middle age, and old age are the inexorable stages of human life being determined in biological and socioeconomic conditions (Niaz et al 2009).

Population aging is an achievement of humanity. Population aging is unprecedented, profound and pervasive. Population aging presents enormous social, economic and political challenges for societies. The elderly people have long experience and remain as an inseparable part of the society and therefore their needs, problems and prospects require a holistic solution and not a fragmented approach. However, changing Nepalese life style from traditional ways to western ways may pose serious problem of ageing in Nepal in decades to come. Therefore, it is being an urgent need to make concrete plan and policy to change the attitude of family members, policy makers, planners, and professional in the community towards elderly people.

2.2 Theories of ageing

Disengagement Theory

The earliest gerontological theory in the functionalist perspective is disengagement theory, which suggests that withdrawing from society and social relationships is a natural part of growing old. There are several main points to the theory. First, because everyone expects to die one day, and because we experience physical and mental decline as we approach death, it is natural to with draw from individuals and society. Second, as the elderly withdraw, they receive less reinforcement to conform to social norms. Therefore, this withdrawal allows a greater freedom from the pressure to conform. Finally, social withdrawal is gendered, meaning it is experienced differently by men and women. Because men focus on work and women focus on marriage and family, when they withdraw they will be unhappy and directionless until they adopt a role to replace their accustomed role that is compatible with the disengaged state (Cummings and Henry 1961). This theory states that it is the natural process in old

age that old aged people have less interaction the society and it the freedom from all the pressure and relationship as well as it is acceptable for older to withdraw from the society.

Modernization Theory

Modernization theory in conflict suggests perspective that the primary cause of the elderly losing power and influence in society are the parallel forces of industrialization and modernization. As societies modernize, the status of elders decreases, and they are increasingly likely to experience social exclusion. Before industrialization, strong social norms bound the younger generation to care for the older. Now, as societies industrialize, the nuclear family replaces the extended family. Societies become increasingly individualistic, and norms regarding the care of older people change. In an individualistic industrial society, caring for an elderly relative is seen as a voluntary obligation that may be ignored without fear of social censure. The central reasoning of modernization theory is that as long as the extended family is the standard family, as in preindustrial economies, elders will have a place in society and a clearly defined role. As societies modernize, the elderly, unable to work outside of the home, have less to offer economically and are seen as a burden. This model may be applied to both the developed and the developing world, and it suggests that as people age they will be abandoned and lose much of their family support since they become a nonproductive economic burden (Cowgill and Holmes 1972).

Due to the modernization and industrialization people are more focus in the city area for the money and old people are not getting proper care and support and they are treated as burden because they don't have earning.

Exchange Theory

Exchange theory , a rational choice approach, suggests we experience an increased dependence as we age and must increasingly submit to the will of others because we have fewer ways of compelling others to submit to us. Indeed, in a much as relationships are based on mutual exchanges, as the elderly become less able to exchange resources, they will see their social circles diminish. In this model, the only means to avoid being discarded is to engage in resource management, like maintaining a large inheritance or participating in social exchange systems via child

care. In fact, the theory may depend too much on the assumption that individuals are calculating (Dowd 1975).

2.3 International and National Conference

In 1982, the First World Assembly on Ageing adopted the Vienna International Plan of Action on Ageing which was endorsed by the United Nations General Assembly in its Resolution 37/51. The plan recommended the promotion of training and research as well as the exchange of knowledge and information in order to provide an international basis for social policies and action. The UN General Assembly adopted the UN Principles of Older Persons. Provide 18 Principles, a broad base framework for action, organized into five clusters: independence, participation, care, self-fulfillment and dignity of older persons. The 1994 International Conference on Population and Development (ICPD) (UN. 1994) recognized that the economic and social impact of population ageing is both an opportunity and a challenge to all societies. Its five-year review reiterated the need for all societies to address the significant consequences of population ageing in the coming decades. Along these lines, the Government of Nepal is committed to address this emerging population issue through evidence-based policy planning and program. Currently, there is a scarcity of national data for a comprehensive understanding of the ageing issues although there is some ad-hoc information produced by different organizations in the country. In 1998, Macau Plan of Action on Ageing was passed and the “International Day of Older Persons” was celebrated in 1999. In 2002, the second World Assembly on Ageing, Madrid, adopted an International Plan of Action on Ageing with 19 articles & some recommendations organizing in three priority directions (a) older person sand development (b), advancing health and well being into old age (c) ensuring enabling and supportive environment. Similarly, in 2009 Strategic Framework for Active Healthy Ageing in the South East Asia Region, Colombo, Sri Lanka. It has focused for the established geriatric center. The UN General Assembly meetings have urged developing countries in particular, to consider policies and programs for older persons as part of overall development policies. To materialize the commitments expressed in various regional and international conferences by Nepal as well as in various national development plans our responsibility for senior citizens has become more serious.

2.4 Major Plans and Policies

In Nepal the Civil Code has provisions for the elderly people in its section on property rights distribution in the section 10. Similarly, the Section 11 of the chapter of court management has a provision that the litigation of the elderly people above than 75 years or the people physically retarded should put in third priority in the hearing. Senior Citizen Policy 2058 B.S is the first policy document of the government for the older persons in Nepal. It has largely adopted the working plan determined by the Vienna Conference and the United Nation Principles for Ageing. The policy aims to enhance the respect and dignity of the elderly in their family, society and nation. The Madrid Plan of Action on Ageing, 2002, the Government of Nepal formulated National Plan of Action on Ageing in 2062. This plan of action has attempted to include the various spheres like economic, social security, health and nutrition, participation and involvement, education and entertainment and legal rights of elders for their empowerment and well being. It also aims at encouraging the provision of facilities for the elderly so as to ensure care and protection for them. There was Senior Citizen Act, 2063 which purpose to protect and provide the social security of senior citizens. This act also ensures to nourishment and health care of old age; to maintain their dignity; ensuring their property and have right for use of their property; special facilities and exemption of transportation fair for old age. The Senior Citizens Regulations 2065 provides guidelines for the effective implementation of the Senior Citizen Act 2063. It provides the detailed information on how to implement the policy and programs for the socio-economic well-beings for elders and the healthy ageing. Nepal's Interim Constitution, 2063 has provisions for right to social security of the women, labours, old, physically challenged and weak citizens under the fundamental 'right to employment and social security'. It has also mandated the National Human Rights Commission of Nepal (NHRC) for the protection and promotion of human rights. And Constitution of Nepal 2072 B.S has secured the right of senior citizens as the fundamental rights in the article 41. It states that the senior citizens shall have the right to special protection and social security from the State.

2.5 Empirical Studies

Most of our rural area are hilly and mountains most of which remain without access to motor transport. This poses tremendous physical challenges for the elderly even to move in and out of their homes and immediate neighborhoods. This in turn, seriously affects their access to basic services. Most elderly in Nepal remain without access to even such basic services as health care due to lack of physical access to them (Shrestha 2014).

A study in Pakistan (Muhammad, Amad, Shah and Ahmad 2009) examined the socio-economic problems of elderly people in the urban area of Peshawar City. This study found that the people aged 60 and above felt discomfort at their homes for not taking their consent in all important decisions related to family affairs; providing no proper opportunity to established social contacts on regular basis with their relatives or neighbors and not facilitating their entertainment or excursion. The being no more contributory to family finance, were feeling liability on their respective families as no attention was paid to their economic needs and proper medical treatment. Pension was the only source to fulfill their desire.

The another research (Alam, Ali Daraz, Ahmad and Ibrahim 2013) on socio-economic problems of person with old age in Pakistan illustrate that persons with old age are facing problems in decision making, denial and verbal abuse, separation from spouse as well as married sons. They have low social status in the community as well as in their families. The persons with old age are facing problems in health due to expensive medicines and lack of personal money to spend for their health. This research study also support the argument as discussed by other researchers and scholars that in the society under study the same issues in regard of aged people occur. The aged people above 60 years face the problems of discrimination along with alienation in the target area, which on the other side make them isolated from the rest of population. Similarly, such people are considered as a burden on family members and they treat them with complex, of being deprived of the rest of population. In the economic context, such are people are non-productive in terms of economic productivity not only for the family members but also for the rest of community and their position at the home and also in communal relations is not well adjusted and they fall in the feelings of anomie. The age is not only an economic and social factor but also leads to physical, medical and psychological disability to a larger extent. The majority of the old aged people in the area feel weakness, non-comfort and physical

weakness in their later age. Further, such factors not only affect the social, economic and psychological condition of the person but also weakened the social values of the community that leads social stigma on the social fabric. Thus in nut-shell, the problems of the seniors citizens in increasing with the passage of time, and soon the society will witness a major shift towards the formation and establishment of old aged group house scheme.

In India aged people faced mainly three types those are physical/Health problems, financial problems and socio-psychological problems. The was study in India was undertaken to know the problems faced by elderly living institution and non-institution of Tirupathi town and Mannarupalli(village) .The results revealed from the stud were majority of the people who are in institution were from nuclear families institutionalized elderly were facing more social problems like adjust mental problems compare with non –institutionalized where as non-institutionalized were facing high economic problems(U HemavathiB and Swaroopa Rni 2014).

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly. However with the emerging prevalence of nuclear family set-ups in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come. Family care of the elderly seems likely to decrease in the future with the economic development of the nation and modernization. Elderly often do not have financial protection such as sufficient pension and other form of social security in India. The single most pressing challenge to the welfare of older person is poverty, which is a multiplier of risk for abuse. It is important to understand the social aspects concerning aged in the country as they go through the process of ageing. Increased life expectancy, rapid urbanization and lifestyle changes have led to an emergence of varied problems for the elderly in India (Mane 2016).

Elder abuse is violation of human rights that affects every aspect of the older person's life. The problems of the elder abuse cannot be properly solved if the essential needs of older people-for food, shelter, security and access to health care are not met. The nation f the world must create an environment in which ageing is accepted as a natural

part of the life cycle, where anti-ageing attitudes are discouraged, where older people are given the right to live in dignity – free from abuse and exploitation and are given opportunities to participate fully in educational, cultural, spiritual and economic activities (Sharma 2012).

There is change in the family structure too, due to this change from joint to nuclear family elderly role and decisions are not taken as important, secondly the number of elderly population are increasing but there is less number of family member to care for them. Thirdly it is hard to provide support, care, and time as per their demand because mortality rate is decreasing day by day and they have longer life span in comparison to the past and this is the main reason for causing serious health problems like depression and other chronic diseases (Neupane 2015).

Due to the change in the family structure there is less care and support for the old members in the family. Many old people are facing different health problems financial and social problems. Abuse is one of the most problems lot of old aged people are suffering in their life.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter explains research methods and techniques used in this research, study area, research design, study population and sample, data analysis and rationale of choosing particular methods.

3.1 Selection of the study area

Nijgadh is the municipality in the Bara district in the province no 2. Nijgadh was merged with other two VCD and converted in municipality in 2014. The time of the 2011 Nepal census. Nijgadh Municipality had 19617 person in which 19528 male and 10089 female are living in 3982 individual households. (<https://en.wikipedia.org/wiki/Nijgadh>) The present study was conducted on the elderly people living at Nijgadh in Ward 9 of Bara district. 32 older people will selected through purposive sampling method from Ward 9 of different caste, different economic status, different sex, single women. For the fulfillment of the purpose of this research Nijgadh was selected because it is semi urban area where it elderly people could get all kinds of facilities and I knew yet any kind of research is not done on elderly people on this area .And I selected ward no 9 of Nijgadh among the other ward because it cover the area from one starting point to ending point of Nijgadh and the second reason is this ward is only the word where different caste people lived together. So, I got opportunity to talk with the respondents of different caste and community people like Brahamin, Chhetri, Magar, Gurung, Newar, Rai, Tamang Muslim, Madhesi as well as from Dalit community and this ward have both rich educated people as well as socially marginalized and financial backward people.

3.2 Research Design

The present study was conducted on the elderly people living at Nijgadh in Ward 9 of Bara district. 32 older people were selected through purposive sampling method from Ward 9 of different caste, different economic status, different sex ,single women and men as well as case studies was be done of male and female each and all the respondents are above 60and above. It was very important that each participants express and share their experiences and opinions. This research follow qualitative

approach mainly so that maximum space for participants to express their feelings experience and difficulties. This study was primarily designed to explore problems of the elderly people and their experience of their old age life. A blend of descriptive and exploratory research design is applied in the research so as to explore the problems of the old people. Descriptive and exploratory is justified in this sense It describes various demographic and socio-economic characteristics like sex, age, caste ,religion etc of the respondents which need the closed ended questions and to find out the problems of elderly I used unstructured or semi structured questions for the interview for the selected age group where I used observation technique tools respectively.

This research was primarily based on primary source of data, interview and discussion with elderly people age of 60 and above .Apart from the primary data, the secondary data will encompass the data acquired through various literatures concerning the issue and problems of elderly people.

3.3 Nature and Sources of Data

The research was based on qualitative and quantitative approach. Primary data was collected from the elderly people of living in Nijgadh. This research was limited on primary and secondary sources of data. Primary data was collected through interviews schedules, open ended questions and observations. Data has been collected direct from the field. An interview schedule has been used to collect data. Respondents' personal identification ethnicity, cast, sex, age, religion, occupational status etc. are included in questions. It has been helpful in getting information to the study. The technique of observation has been important for the study and it is also basic techniques of data collection. The researchers direct visited to the study area and observed the respondent, their activities and their lifestyles. And the secondary data was gathered from published books, journals, articles, reports, newspaper, magazines, and internet.

3.4 Data Collection Tools and Techniques

Interview Schedule and observation method were used for primary data collection. Both close and open-ended questions, one to one interview was carried out by the researcher. In the meantime, the researcher collected certain types of data by using observation tool.

Interview Schedule:

Interview schedule is a set of questions which are asked by an interviewer and filled on the spot in a face to face interaction with the respondents. Interview limits the answers of the respondent whereas in unstructured interview the respondent can share their personal feelings, experiences of their life related to the study, mainly to build rapport. It helps to collect information for the research and their life history. Interview schedules has been used to collect some of the basic data in terms of personal identification, ethnicity/castes, sex, age, socio-cultural background, social status and perceptions.

While doing the interview I took the checklist as well as some questionnaire with me. My respondents are the elderly people, so they loved to share their experience and feeling with me, so it made me a little bit difficult to fill the questionnaire as well as I felt awkward. So I did only 2/3 respondents interview in one day. Firstly I started with my grandparents then my neighboring. After then I took from the Dalit and Muslim community then I did with other caste respondents. I wrote their basic information in the note book and rest of the interview were recorded on my phone. And after returning home filled the questionnaire by listening the respectively respondents interview.

Observation:

Observation is watching what people do and studying the spontaneous behavior of the participants in the natural settings or controlled condition. A naturalistic observation helped to study the general health condition, sanitation, physical ability/ disability, standard of living – clothing etc of the participants which could be analyzed for understanding their overall socio-economic background and lifestyle as well as it helps to know about their behaviors and situation which they have suffered in their daily life. Observation is one of the techniques of primary data collection.

During my observations I observed the cleanliness, clothing and physical abilities like difficulties in walking and sitting, I observed many of my respondents are having difficulty in walking and sitting and some of my respondents to speak continuously. Most of my respondent are seen in well in warm clothes but 2 of my respondents are seen without shocks and shoes in that type of cold climate, I asked them for reason they told they don't have shocks and shoes and their children didn't buy for them and

they don't have money .But one this I was in their face is smile and happiness during whole interview though there was little emotional situation in between.

3.5 Data Analysis

Collected data from various techniques like interview schedules are processed and analyzed. The data was edited, coded and entered into database developed on MS excel and analyzed in statistical package for social science processed . The collected data were represented by the help of relevant table and cross tabulation were done to analyze the relationship with variables. And most of the collected data of the research study had been analyzed descriptively.

3.6 Limitation of Study

Every research may have limitation so this study also has some limitation. Though research problem was very broad, the research is limited to a micro level study, as it was done individually for the purpose of partial fulfillment of Master's degree in Sociology. The study is focused on problems faced of elderly people and attitude towards their old age life.

Due to the limited human and technical resources, the study is a small scale and short term which was conduct at Nijgadh Municipality of Bara District. Therefore, the findings may not be further generalized completely for the country as a whole.

3.7 Experiences During the Field Work

During my research I went to Nijgadh municipality at Bara district ward no 9 for my research. I had mixed kinds of experience, some are good and some are bad one. I had some problems to collect some information from the municipality due to the change in federal system. Some I need to run the local govern office and again they told me to go on municipality as well some staff are so helpful they are so rude which make me some trouble and give stress at that time. And another big challenge for me was weather because I went at winter season. It was very hard to go outside of the home for interview and I need to wait for sun on those days.

Above this two all went good. All of my respondents are so warm welcoming and they are happy to share about their feelings too. They are very much open to share but only few refuse to share some answer. Some of my respondents became emotional

while sharing their problems and feeling which made me too emotional as well. Over all my experience was awesome. I felt so happy to conduct interview and listen about their words and feelings.

CHAPTER FOUR

BACKGROUND CHARACTERISTICS OF OLD AGE PEOPLE

4.1 Socio Demographic Characteristics

In this chapter the demographic characteristics of the respondents have been presented. This is the description of the population according to the different characteristics such caste/ethnicity, religion, age, gender marital status and education status. It is very important to study of the population. It provides detail information about the individual people. It helps to know about the total number of people of particular area belonging of different caste/ethnicity, religion, age education status and marital status.

4.1.1 Distribution of Respondents by Age and Sex Category

Age is very important to research because it also define the population on the basis of their age. Various physical, mental, psychological as well as emotional changes appear in the human being with the age. Age can be linked with growth whereas growth stops at the certain age and disability, diseases appear after a certain age which we generally call 'old age'. Higher the age more will be the disability and dependence towards others.

Table no.4.1.1 Distribution respondents by Age and sex category

Age	Male	Female	Total	Percent%
60-65	3	3	6	18.7
65-70	4	7	11	34.4
70-75	3	4	7	21.9
75-80	2	2	4	12.5
80-85	1	2	3	9.4
85-90	0	1	1	3.1
Total	13	19	32	100

Source: field survey 2017

Among 32 total respondents, 13 of them are male respondents and 19 are female respondents. The higher respondents are female. The highest number of respondents i.e. 11 of them belongs to the age group 65-70. However, the research found that there is increase in the severity in the minor problems more as the increase in the age like joint pain, vision problems and hearing. As well as female respondents are suffering more pain than the men respondents. As the age increase respondents are found more dependent to family members and others for the help to do their daily activities .So, they felt more burden to themselves as well as for the family.

Especially loneliness is the problems felt by every elderly people during their old age life .But I found the single elder men and women elder felt more lonely than the couple elderly people because couples are together most of the time they can share their feeling with each other but the single can't do that. Due to the increase in the old age it is obvious there is disability and have many problems but age and gender also play and important factors for the severe in the problems experience in the old age life.

4.1.2 Religion of Respondents:

Nepal is non- secular state. Nepal is multi lingual and multi religious country. There are various religions followed by people in Nepal like Buddhist, Hindu, Islam, Christian, etc. Religion is a cultural system of any worship, including designated behaviors and practice. Religion promotes the major social virtues like truth, honesty, non-violence, service, love, discipline etc. So in research also religion plays vital role because in data if we include religion of respondents it would help to know which religion follower respondents are more affected

Table no 4.1.2 Religion of Respondents

Religion	Frequency	Percentage%
Hindu	17	53.1
Buddhist	11	34.4
Christain	3	9.4
Islam	1	3.1
Total	32	100

Source: field survey 2017

In my research area four religion were found to be followed by respondents. The followed religion were Hinduism, Buddhism, Christianity and Muslim. It was found that 17 of respondent were Hindu by birth, 11 numbers of respondents were Buddhist by birth, 1 number of respondents were Muslim by birth but 3 respondents were Christian and they become during their teenage life. Most of my respondents are Hindu. So, their daily life starts with the worshipping and doing religious activities, especially I found female respondents they took bath and they need to wash their clothes daily. In summer it is fine but winter season it is very hard for them because in terai there is extreme cold. One of my respondents is suffering from Asthma ,she felt very difficult to do her daily activities .Among the these four religion I found more care and respect given to the Muslim and Christian respondents by their offspring because they are more religious. They think everyone should be live in harmony by caring and sharing otherwise it win consider as sin. And few of my respondents from the Buddhist religion are given more in problems because most of their sons are out side of the home for the work. However, it can be concluded that there are the different types of problems and religion is also one of the factor determine the problems and attitude in the old age life.

4.1.3 Caste/Ethnicity of the Respondents

Caste is a social form of social stratification characterized by endogamy, heredity transmission of a lifestyle which often includes an occupation. Nepal is a country of multicultural and multi-ethnicity. Our society/community and country is made of various castes and ethnic groups. We can see diversity in Nepali society. Caste is one of the element of our society. Caste is strongly followed that is why our society is said to be a caste base society because work is divided according to their caste. Nowadays young generations are ignoring it but still it exist in Nepal. Rai, Tamang, Brahmin, Chhetri, Newar etc. are the examples of caste of Nepal though geographically Nepal is small country but various caste/ethnicity are large. In research caste help to see which caste elderly people suffer a lot and have more problems in their old age.

Table no.4.1.3Caste and Ethnicity of Respondents

Caste/Ethnicity	Frequency	Percentage%
Brahmin	4	12.5
Chhetri	7	21.9
Magar	4	12.5
Gurung	2	6.2
Tamang	3	9.4
Rai	2	6.2
Newar	3	9.4
Madhesi	3	9.4
Muslim	1	3.1
Dalit	3	9.4
	32	100

Source: field survey ,2017

This study found different caste ethnic group in ward no 9 at Nijgadh municipality. The Chhetri respondents had the highest number which consists 7 in number where as Muslim consists that was 1 in number. The respondents of the Bhramin and the

Magar consists same number that 4 where as the Rai and Gurung consists 2 respondents and the Tamang, Newar, Madhesi and Dalit consists the same number that was 3. According, to my research the among all the caste people in bad health condition is found more severe in the dalit caste ,because they don't do proper medicine care rather then they believe in the prayer. In term of abuse what I found the all the caste group who are more respected from the young age life and especially in the Gurung, Magar and Rai Muslim ,and dalit community the old age are not have much abuse than the Brahmin and chherti. However it can conclude that every elderly people have on same age and but ethnic people are having less abuse than the Brahmin and Chhetri Caste

4.1.4 Types of family

Family is the universal institution which exist all over the world in different forms. Family is the basic unit of the society from where a person learns behavior and attitude. Family has a kind of bureaucracy and hierarchy that extends to societal and global level. While the family itself is a matter of study, equally important for research is its role as a factor influencing and affecting the development, behavior, care and well being of the individual

Table no 4.1.4 Respondents by the types of the family

Types of family	Frequency	Percent%
Nuclear	23	72
Joint	9	28
Total	32	100

Source : field survey 2017

From the study it seen that 23 number of my respondents are living in nuclear family which and rest of them 9 are living in the joint family. It is found highest number of

my respondents are living in nuclear family. The respondents who are living in the joint family are getting food and medicine in proper time as well as there are at least one member in the home but in nuclear sometimes the respondents had to cooked their food themselves, they felt burden most of the family both sons and daughter-in-law are outside the home for work and respondents are alone at home From this data it can be revealed that problems faced by them are same as they live in any kinds of family only the loneliness and more care and support in found more in joint than nuclear family.

CHAPTER FIVE

PROBLEMS FACED BY ELDERLY PEOPLE

5.1 Different Health Problems:

Old age is the that phase of the life when people became physically mentally weak and the immunity power of the body decrease which cause the attract of the different types of the disease. Due to the decline in physical abilities, health problems became the part of old age Different health problems like heart attack, respiratory problems, cough, paralysis etc., are more common among the elders. When the body becomes weak, resistance power becomes low and the body becomes a home for several disease. Heart palpitation, hypertension, asthma, knee pain, joint pain, poor vision, poor hearing, paralysis etc major problems the most of the elderly people suffer from a lot.

In my study problems like sensory impairment like vision and hearing and joint pain are the extremely common on all the respondents. Most the my respondents have done the eye operation and they are using glasses while reading and walking and doing works. Some of my respondents have oral problems too ,they can't grind and chew hard food like corn, bitten rice meat and problems such as cavities tooth decay are seen. only few of the respondents have hearing problems and one of my respondents I found using hearing machine. Blood pressure, diabetics and asthma are most common major health problems from which my are having and using regular medicine.

From the study it seen that 16 number of my respondents are having both vision problems and hearing problems 5 have hearing and It is found all of my respondents are having joint pain. Most of my respondents who are above 70 are having sensory impairment like vision, hearing problems and especially the female respondents are having more joint pain than the male .

In my research 3 major health problems are seen in my respondents. 22 number of my respondents were suffered from both blood pressure and 10 Of my respondents diabetics and 8 were suffered from asthma. The respondents who used to have

alcohol and cigarette in their young age and some of my respondents still are having it have this major health problems. The old couples said “ buda budi bhaepachhi rogko bhari sabailai dukha matra k garnu nani yestai chha budheuli “. (at old there is burden of disease ,what to do this is the old age).

Abuse:

Abuse and neglect of the elderly people in domestic and public settings is a growing social problem, posing adverse effects on the life of hundreds of thousands of elderly population across the globe. Elderly abuse is mostly hidden so that few studies are conducted worldwide whereas the issue has not yet gained an ample space for open discussion in a developing nation like Nepal (NHRC & GCN 2011).

Elder abuse is defined as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. It can be of various forms: physical, psychological, emotional, sexual, and financial, or simply reflect intentional or unintentional neglect.” (WHO, 2002).

Abuse takes different forms in different social, economic, political and cultural contexts and is certainly not limited to any one context or region. Increasing dependence, isolation and frailty can make older people particularly vulnerable to violence, abuse and neglect (UNFPA & Help Age International 2012). The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help (UN 2002).

There are different types of abuse, They are:

Physical abuse: Physical abuse is any act of violence or rough handling that may or may not result in physical injury but causes physical discomfort or pain. It can include actions like pushing, kicking, shoving, shaking, hitting, slapping, poking pulling hair, biting, pinching, arm twisting, confining or restraining a person inappropriately. If there seen any unexplained injuries such as broken bones, bruises, bumps, cuts, grip marks, discrepancies between injury and explanation from the senior, unusual patterns of injuries are the indicators of physical abuse.

Above are the signs of the having physical abuse, these are the symptoms and signs that can be observed externally. During my interview, I observed few of my respondents some wounds and marks on the 2 respondents and they told me that they have slipped while walking.

Sexual abuse: It can include offensive sexual behaviors as well as physical contact of a sexual nature (INPEA/WHO, 2002). Sexual abuse is any sexual behavior directed toward an older adult without that person's full knowledge and consent; it includes coercing an older person through force, trickery, threats or other means into unwanted sexual activity.

Sexual abuse also includes sexual contact with seniors who are unable to grant consent and unwanted sexual contact between service providers and their elderly clients. Sexual abuse can be very difficult to identify as embarrassment and shame may prevent the issue from being talked about or reported. Bruising around the breasts, inner thighs or genital area, unexplained venereal disease or genital infections, and inappropriate sexual comments are the signs of sexual abuse.

While doing the interview my respondents felt hard to express on the sexual abuse. Only two of my respondents expressed, that they felt abuse during the travelling on the bus, people touch their private parts.

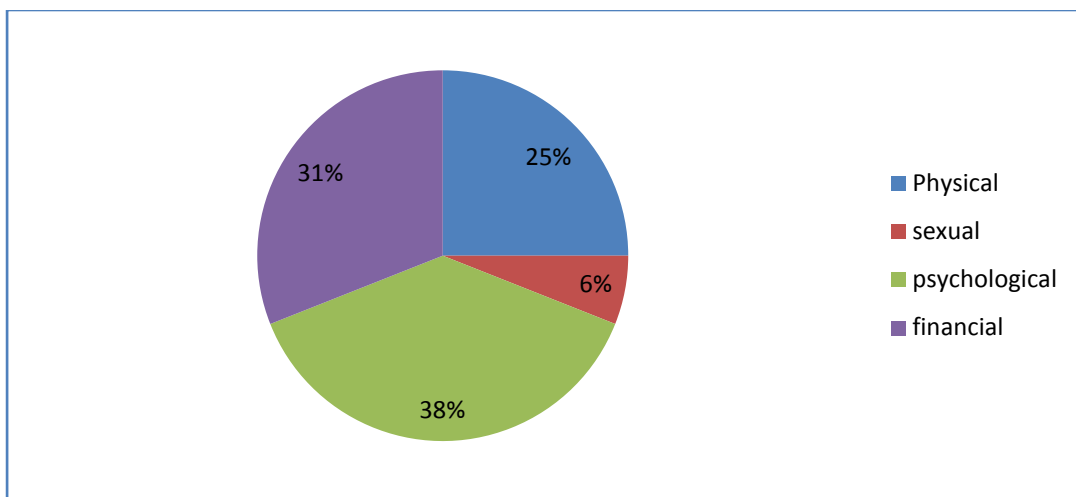
Psychological abuse : This form of abuse includes verbal and non-verbal emotional abuse, which may be defined further as active or passive. This describes actions intended to inflict mental pain, anguish or distress on an older person (Luoma and others, 2011). The elderly person is often treated like a child and is isolated from activities they enjoy, friends or family and also involve giving the elderly person the "silent treatment" or keeping them socially isolated. Low self-esteem, withdrawal from the different groups, tearfulness, lack of eye contact with talking with other people, fearfulness, reluctance to talk openly with others, feeling of helplessness insomnia/sleep deprivation/fatigue, listlessness etc are the signs of psychological abuse.

Financial abuse : The most common form of elder abuse, financial abuse, is defined as any improper conduct, done with or without the informed consent of the senior that

results in a monetary or personal gain to the abuser and/or monetary or personal loss for the older adult. This form of abuse describes actions of illegal or improper use of an older person's money, property or assets (MetLife, 2011).

Financial abuse include different indicators as like misusing a senior's property and/or funds, power of attorney, theft, forgery ,s haring the senior's home without paying a fair share of the expenses, unexplained disappearance of personal belongings, such as clothes or jewellery.

Figure 5.2.1: Abuse faced by Respondent



Source: field survey 2017

In my research 8 of my respondents faced physical abuse like pushing and throwing things and shouting loudly at them. 2 of my respondents faced sexual abuse like touching the body parts especially while travelling in local buses not in home and communities .So sexual abuse is seen during the transportation .12 of the respondents faced psychological abuse like depression because of lonely no one is there to take care and not taking proper with them, can't talk openly because it there is any important work children take their own decision and especially daughter-in-law ask them to keep silent otherwise talk them with rudely ,and main was isolated by other especially people just forget about old people during the preparing time of any occasion or any kinds of outdoor visits and letting them just confined to room and 10 of my respondents faced financial abuse like using the money without asking ,using

saying it returning back but not retuning it back and lost of valuable things like jewellery, sliver coins and money.

5.3 Neglected

Neglect is defined as the refusal or failure of responsible caregivers to provide a care dependent older adult with assistance in daily living tasks or essential support such as food, clothing, shelter, health and medical care. This can also include desertion of a care-dependent older adult, also called abandonment (WHO, 2002). Neglect of the elderly person usually means refusing or failing to provide the elder with the necessities of life, such as water, food, shelter, clothing, medicine, hygiene, personal safety or comfort that is required. Elderly people are neglected if we see saw unusual weight loss due to malnutrition and dehydration, the living in unsanitary living conditions like dirt, bug, soiled bedding and clothes, left out dirty and unbath not getting proper clothing or covering for the weather as well as isolation , lack of mental ,physical ,social contact.

The most common problem faced by all the old aged is neglect. . Due to physical and mental weakness, elderly people had hard time to care themselves and need the support and care of others, specially their family members. But they are neglected. Old aged people are not getting proper nutrition in their diet and interval is also not regular. What the family members eat they need to eat the same all the spicy, hot and fried which are not good them and it is hard for digestion. And some respondents they had to cooked by themselves. Only few of my respondents are getting foods according to what they want and also family members include fruits ,milk, eggs pulses in their diet. Expect few of my respondents all had to wash their own clothes and make their room clean because others are busy in their own stuff and they don't have time for them. Older people living alone can encounter feelings of loneliness and it lead to depression. Most of the my respondents they don't give much input in making decisions because their children don't ask any suggestions and if they say any things old aged people are scold too. According to the weather they don't get clothes, they need to wait for the some occasion and festivals for new clothes. Only few of my respondents are getting proper clothes according to the seasons some gets form their daughter during the visit or festivals. One of my respondents Mrs Thapa who was 73

said “ aba je dinchhan tehi khaanu parihalyo ni, narisaaunu milne na karaaunu milne ,hahahaha hoin ta “(whatever they gave we need to eat, neither we can anger nor yell ,hahahaha is it)

5.4 Generation Gap

There is much gap in the two generations . This is 21st century of the young are big in their fulfilling their needs . The elderly find it difficult to accept the values and standards of new generation. The elderly may express their disgust either verbally or being completely silent over the issues. The values of the elderly and that of the young children at home do not match. The Elderly try to dominate the youngsters and many times they directly interfere in the matters of their children at home. This is not liked by the young generation at all. The children may either revolt against their parents and grandparents they may simply ignore their parents and grandparents. Thus generation gap develops between them. Children are much attached to the social media ,They don't have single minute free time as well as the values of the elderly and that of the young children at home do not match.

Table no.5.4.1: Feeling of gap

Having generation gap	Frequency	Percentage %
Dominating(by children/grandchildren)	7	21.87
Interference(saying against the decision)	12	37.5
No time(All are busy in their stuff, no time from children/grandchildren)	13	40.62
Total	32	100

Source: field survey,2018

In my study ,there are major three things are seen which show gap in two generation, dominating nature of grandchildren, interference and having no time .Most of my

respondents are not getting time to sit together at talk .However, research found that though there is found less domination but interference are found much .

There is also found gap between my respondents and especially to their grand children most of my respondents grandchildren are out of the home town after the SEE for further studies and my most of respondents get their grandchildren attention and time only during the festivals or vacation .More than half of my respondents don't take any chance to give their view and advice to their children and grandchildren because they are far from them as well as they don't like it and not to all but few of my respondents they get proper care ,time and call even from the abroad too. They have frequent call and chat in social media and also respect their saying and suggestion too.

5.5 Experiences of old age life

5.5.1 Burden

Older people suffer social losses greatly with age. Their social life is narrowed down by loss of work associated, death of relatives, friends and spouse and weak health which restricts their participation in social activities. The home becomes the centre of their social life which gets confined to the interpersonal relationship with the family members. Due to loss of most of the social roles they once performed, they are likely to be lonely and isolated severe chronic health problem enable them to become socially isolated which results in loneliness and depression. Because of the old age ,body become weak and body became parcel of different diseases which make difficulty in doing daily activities. There will limited mobility .old people get very difficulty in walking because of this they are just confined to their home . During the old age expenses are likely to increase due to medical treatment for their health. Hospitalization and medical expenses are costly and for this the Elderly have to depend on their children .So their will be financial burden for old people. Old people need help for other to do simple work too. So, they remember their young life and feel this old age life are really burden for them as well as for the whole family. .

Most of my respondents are having difficulties in doing their daily activities as like in the before, they can't walk fast, ride bicycle who used to ride before ,need help to stick to walk. There was huge time for them just watching T.V and just sitting at

home .Most of my respondents feel burden for themselves because they have several health problems and more money is spend in their medicine and they seem their children are having difficulties and some of the respondents their children don't take care for them and ask them about their health condition, So they more burden for themselves. Mr Tamang who was 68 said “pahile jasto kaam garna sakinna ghar mai basyo yeta uti hidyo tehi ta ho ni nani ahile ta kujo bhayo jyan”(I can do work same as like before,only I stay at home ,roam here and there nani body became crippled).

5.5.2 Loneliness

Loneliness is a sad feeling of isolation from other people, usually accompanied by mental fatigue, bitterness, or even despair. Loneliness is bad for physical and mental health, while the membership in social groups is acting as an umbrella in its appearance(Prog Health Sci, 2015) The children of the elderly are busy with their own life. They do not have time for their parents. Moreover, the death of spouse or change of residence makes the Elderly more and more lonely. Whole the their will be free time and they sit on the home and also there is nothing to do. Most of the children and grand children they are out of the town for their work and study. Though the old people have numbers of the children but at old aged they are alone

Half of my respondents are having loneliness because of the death of the their spouse and their grandchildren are far from them. And nothing to doing only sitting at home just watching T.V and roaming from one room to another, whole day free only roaming around home and near field. As well son and daughter –in-law are busy in their stuff and grand children are out of the home for study. One of my respondents who was 79 said “k garnu jati chhora bhaye ni jati chhori bhaeni ahile ma budi eklai chhu”(I am alone though I have many sons and daughter)

5.5.3 Relax and duty free phase

Everything has positive and negative side. Though the old age have lot of difficulties and problems ,there is also some relaxation .Old age people are free from their all responsibility and duties. It make them happy their daughter and son are married and settle their career. In young age they worked hard for the family but now they have lots of free time. They spent most of the tie in religious activities ,visiting holy places, sitting and chatting with same aged people, reading ,watching T.V etc.

During my research my some of respondents found their old as a relax and duty free :

- Their children are busy their work and they are independent .
- Their children are married and all of them have grandchildren.
- No more responsibility all children are settle .
- They got lot of time which they can spend in reading religious booking as well as visiting them once in year.

Table no. 5.5.4Attitude towards old age life

Feeling towards old life	Major Reasons	Frequency	Percentage %
Burden	Difficulties in doing daily activities, less mobility, several health problems ,financial problems	16	50
Loneliness	Due to death of spouse, whole day free, children are out of home	7	21.87
Relax and duty free	Children are independent, children are married ,no more responsibility, more religious activities and visit	9	28.12
Total		32	100

Source:field,survey 2017

During the old age burden is most common experienced which elderly people felt the most. In my research 16 number of my respondents felt burden to their old aged life because they are having difficulties in doing daily activities, they can't go the place where they want. Only few of my respondents have pension and rest of them have to depend on their son's income. And 7 of my respondents are feeling and having loneliness during the old age due to death of the spouse as well as they have to live whole day without having work. Sometime in the home ,there are not any single members to talk with them. However, 9 of my respondents felt the old age is the time of the relaxation and duty free because their children are independent they are earning as well as settle and married. They can do more religious activities.

CHAPTER SIX

SUMMARY AND CONCLUSIONS

6.1 Summary

This thesis was conducted at Nijgadh Bara ward 9 with the objective with the problems faced by Elderly people at old age and experiences of their old age life. It was based on descriptive research design and qualitative data collection method. This thesis was concerned with two main questions related to the Elderly people are what are the problems faced by elderly people in their daily life and how is the experiences of elderly people on their own life. .

Research was based on the sample that was collected from the 32 elderly people from purposive sampling of the Nijgadh Municipality of ward number 9 in which 19 are the female respondents and 13 are the male respondents. Interview schedule was open ended questions were asked in the field. Research design was based on both descriptive and the explorative style. This chapter summarizes the key findings and conclusion.

It was observed that larger number of the respondents was from the age group 65-70, i.e. there were 11 respondents in this age group. Following this, 6 of the respondents were from the age group 60-65. There were 6 respondents in the age group 70-75, 4 respondents, 3 respondents in the group from 80-85 while 1 respondents was in the age group 85-90. The highest number of the respondents was from age group 65-70 and the least was from the age group 80-85. The female respondents are 19 in numbers more than the male which is 13 in numbers. Four different types of religion were found to be followed by the respondents .Most of my respondents are the buddhist and 17 of the respondents were hindu and only 3 were christain while 1 was muslim..Types of the family were also included in study to understand the background and history of the people .Two types of family were found nuclear and joint family. Among 32 respondents more number 72% are living in nuclear family and only 28% of the respondent are living in joint family. The Chhetri respondents had the highest number which consists 21.9% where as Muslim consists less percentage that was 3.1%. The respondents of the Bhramin and the Magar consists

same percentage that was 12.5% whereas the Rai and Gurung consists 6.2% and the Tamang, Newar, Madhesi and Dalit consists the same percentage that was 9.4% .

Though there is similarities in the problems faced by all the respondents no matter from which caste and ethnic group they belongs to. The majority of the my respondents have minor health problems like knee pain, joint pain, poor vision, poor hearing . This types of problems are more found from the age group 70 above aged group and especially most commonly found on female respondents and the major health problems like Blood pressure, Asthma, Diabetes. These are the most common problems that are found in all my respondents . Each respondents had suffer from at least one of them.

It was observed that 25% of the respondents had faced physical abuse, which include pushing, beating, shouting loudly and throwing objects 31% of the respondents faced financial abuse like stealing money and using with the permission, lost of valuable things while 38% of the respondents faced psychological abuse like yelling which most common , ignoring elderly people and not making any concern of elderly people in any kinds of decision, depression and only 6% of the respondents faced sexual abuse like unwanted touching .

Neglect of the elderly people is most common in old age life. Most of my respondents are not getting proper nutrition on their diet, only few are lucky to had it. Some of my respondents had to wash their own clothes and clean their room too. Only few of my respondents gets proper clothes according to weather others are deprived of that. Most of my respondents had no any role in decision making in the family they are neglected on this.

Generation gap is another problems faced by my respondents. All the children and grandchildren are busy in their own stuff and some are out of the home for study. If they are free they always busy in social media and don't have time to sit near by them and do some chit chat.

Elderly people are feeling burden on this phase of the life because There is less mobility and home becomes the centre of their social life. Due to the health problems there is financial burden for the family. Elderly people need help for other to do simple work too. So, they remember their young life and feel this old age life are

really burden for them as well as for the whole family. Loneliness is a sad feeling of isolation which is experience during the old age. The children of the elderly are busy with their own life. They do not have time for their parents. As well as the death of spouse or change of residence makes the Elderly more and more lonely. Whole day they are free time and they sit on the home and also there is nothing to do. There is still good time though there is lot of problems. Finally old age is the time where they finished all their responsibility and duty. Though their children are busy in stuff but they are settle which make elderly people happy and relax. Most of them spend their time in religious activities and visit religious place which gives them peace and calm in the their life. Not to worry but enjoy this duty free time.

6.2 Conclusions

There are many problems the aged people are facing these days. They are Social, Psychological, Economical, and Medical, in nature. With the impact of the modernization among the young members of the community, the traditional norms and values have been affected. The attitude and behavior of the younger generation have also been changing. Now they are objecting to follow the traditional norms and values of joint family.

The study revealed that the numbers of the elderly people suffer from different types of the problems in their old age life. The immunity power gradually decrease and number of diseases attracted on this phase . The problems like different health problems, abuse, neglect and generation gap are faced by the elderly people.

The minor disease like knee pain ,joint pain, poor vision and poor hearing as well the major problems of heart, kidney and lungs can be seen. The diseases are also depends on the age and gender. People of today are self centered ,So they don't have time to take care of elderly people as well as they are neglected in many this like care, nutrition, personal hygiene and on the decision making. As far as the neglect elderly people had to suffer from different abuse physical abuse, financial abuse ,psychological abuse and sexual abuse which make them in more mental tension. Most of them have to faced the psychological abuse . Most of the elderly people have much generation gap .All are busy in their daily life and much attached to the social media, and there is no time for elderly people .

The feeling of burden is most common for the all the respondents in their old age due to difficulties in doing daily activities, need help of family member ,less mobility, several health problems ,financial burden as well as loneliness due to the death of the spouse, whole day free only roaming around home and near field, family members are busy in their stuff and grand children are out of the home for study.

Though there is problems and negative feelings for the old age life still some of my respondents felt this phase is time of relaxation and duty free for them.

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QUESTIONNAIRE

**TRIBHUVAN UNIVERSITY
KIRTIPUR, KATHMANDU, NEPAL**

1. Social-demographic characteristics

1.1 Name.....

1.2 Sex

1.3 Caste/Ethnicity.....

1.4 Religion

1.5 Age

1.6 Marital status.....

2. How many children do you have?

.....

3. With whom do you stay?

.....

4. What do the children do?

.....

5. What do you specially in morning time?

.....

6. How do you spent your day time?

.....

7. Can you do all your daily activities by yourself or you need any help?

8. If you need any help who will be there for you?

.....

9. What was the profession during the adulthood?

.....

10. Do you have any source of income? If yes what is the source of income?

.....

11. Do you have any property?

- a. Yes
- b. No

12. What is the property that you have?

.....

13. Do you have any health problems? If yes ,what are the different the
problems do you have?

.....

14. Are you taking medicine and any medicine check up?

.....
15. How often do you visit to hospital? With whom you visit the hospital?

.....
16. Who pays and medicine for you?

.....
17. Who takes care at your home if you are sick?

18. Who brings old age allowance for you?(only for 70 and age respondents)

.....
19. What did you do with those money?(”)

.....
20. If you need any stuff like clothes, slipper etc or anything that you need.
Who brings it for you?

.....
21. Did you family members ask for your suggestion or take your advice in
any family related works?

.....
22. Do you involve in any family functions ?What type of functions?

.....
23. What types of roles and activities do you perform on family functions?

.....
24 Do you feel neglected by family members? why?

.....
25. Do you feel burden for the family? Why?

.....
25. Do you feel that your family members love and respect you?

a. Yes

b. No

26. How did your family members talk with you? Do they speak rudely or loudly?

