

**THE STATUS OF ELDERLY PEOPLE IN NEPAL
(A STUDY IN MANAU VDC, BARDIYA DISTRICT)**

BY

Damodar Rimal

**A Dissertation Submitted to
Central Department of Population Studies
Faculty of Humanities and Social Sciences for the Partial
Fulfillment of Master of Arts in Population Studies**

**TRIBHUVAN UNIRVISTY
KIRTIPUR, KATHAMANDU**

May, 2010

RECOMMENDATION LETTER

The dissertation work entitled "*THE STATUS OF ELDERLY PEOPLE IN NEPAL (A STUDY IN MANAU VDC, BARDIYA DISTRICT)*" by Damodar Rimal has been completed under my supervision.

This work has been prepared for a partial fulfillment of the Master of Arts in Population Studies. To the best of my knowledge, this study is original and carries useful information of the topic.

I forward his dissertation to committee for it's evaluation with recommendation.

.....

Ms. Bidhya Shrestha

Supervisor

Central Department of Population Studies (CDPS)

Tribhuvan University

Kirtipur, Kathmandu

May, 2010

APPROVAL SHEET

Central Department of Population Studies
Faculty of Humanities and Social Sciences
Tribhuvan University
Kirtipur, Kathamandu

The dissertation work entitled “*The Status of Elderly People in Nepal (A Study in Manau VDC, Bardiya District)*” by Damodar Rimal has been accepted as a partial fulfillment of the requirement for the Degree of Master of Arts in Population Studies.

Dissertation Committee

.....
Prof. Dr. Prem Singh Bisht
(Head)

.....
Mr. Shiva Hari Adhikari
(External)

.....
Ms. Bidhya Shrestha
(Supervisor)

ACKNOWLEDGEMENT

This study entitled ‘**The Status of Elderly People in Nepal (A Study in Manau VDC, Bardiya District)**’ as a dissertation is submitted to the Central Department of Population Studies, Faculty of Humanities and Social Sciences, Tribhuvan University for the partial fulfillment of Master’s Degree in Population Studies. It is important to review the national and international literatures as well as theoretical aspects, and socioeconomic and demographic issues. I hope it will be helpful of the lack of information in local level.

I am grateful and indebted to my supervisor **Ms. Bidhya Shrestha** for her valuable and constructive inputs in the way of guidance and supervision at the time of study. This study would have incomplete without the continuous inspiration and guidance of my supervisor.

I would specially like to express my deep sense of gratitude to **Prof. Dr. Prem Singh Bisht** for his direct as well as indirect inspiration and feedback not only during the course of dissertation but also in the whole period of complication of my Master Degree.

I would also thanks to all of the teachers, administrative and librarian staffs of CDPS, TU for directly or indirectly help during the period of this study. I also remember of contribution of all others, whose literatures encouraged me to arrive in this dissertation now.

I remember all the key informants who gave required information without any difficulty for this dissertation. I should not forget to the local politicians of Manau VDC of Bardiya District who gave required information during the period of this dissertation. I also thanks to my all friends who directly or indirectly support me to complete this study.

Lastly, I extend to my deep appreciation to my parents and family members whose love, encouragement and support have sustained me throughout the formal schooling up to this university degree.

May, 2010

Damodar Rimal

ABSTRACT

Population ageing is an inevitable outcome of the demographic transition of population from high level of fertility and mortality to lower ones and increased in the life expectancy at birth. The proportion of ageing population is increased all over the world. But the share size is higher in developed than developing countries. On the other hand the growth rate of elderly population is higher in developing countries than developed. Similarly, there is different in the process of ageing with respect to modernization and technological diffusion in developed and developing countries respectively. There is still lack of adequate theories and studies to address the issues of elderly people in world. Usually, there are two ways of the qualifying the social enquiry. Both have emphasized on value of children from the security prospective and living arrangement. Nepal is also experiencing increasing this proportion since recent past. The sheer size of this population is not high but its negative impacts are started to be seen. Generally, due to migration process of youth and adults and conflicts this proportion is high in rural than urban area in Nepal. Some of the policies and programmes have been formulated but its implementation is not existed or poorly existed. As well as poor socioeconomic, demographic and health care services, social security and psychological conditions. In this context, Manau VDC of Bardiya district is selected to observe the status of elderly people with respect to socioeconomic, demographic conditions, health status, living arrangements and future desire/expectation of elderly people.

TABLE OF CONTENT

	Page
Recommendation Letter	ii
Approval Sheet	iii
Acknowledgement	iv
Abstract	v
Table of Content	vi
List of Tables	x
List of Figures	xi
Abbreviations and Acronyms	xii

CHAPTER-ONE

INTRODUCTION

1.1	Background of the Study	1
1.2	Statement of the Problem	3
1.3	Significance of the Study	4
1.4	Objectives of the Study	5
1.5	Limitation of the Study	5
1.6	Organization of the Study	5

CHAPTER-TWO

LITERATURE REVIEW

2.1	Theoretical Approaches to the Status of the Elderly People	6
2.2	Ageing in the World	8
2.3	International Conference and Ageing	9
2.3.1	International Conference on Population and Development (ICPD), 1994	9
2.3.2	ICPD+ 5 (1999) on Ageing	9

2.3.3	Second World Assembly on Ageing, 2002	10
2.4	Ageing in SAARC Region	11
2.5	The Status of Elderly People in Nepal	12
2.5.1	Growth Rate of Elderly Population in Nepal, 1952/54 - 2001	14
2.5.2	Socioeconomic Implication of Elderly	14
2.5.3	Gender Issue and Elderly	15
2.5.4	Migration and Elderly People	15
2.6	Government Plans and Policy Responses to Elderly People in Nepal	16
2.6.1	Ninth Five Year Plan (1997-2002)	16
2.6.2	Tenth Five Year Plan (2002-2007)	17
2.6.3	Local Self Governance Act, 1998	17
2.6.4	The Interim Constitution of Nepal, 2006	18
2.6.5	Interim Plan (2007-2010)	18
2.7	Conceptual Framework for Purposed Study	18

CHAPTER-THREE

METHODOLOGY

3.1	Introduction of Study Area	20
3.2	Population of Study Area	20
3.3	Nature of the Data	20
3.4	Sample Selection	20
3.5	Sampling Procedure	21
3.6	Questionnaire Design	21
3.7	Method of Data Collection	22
3.8	Data Processing	22
3.9	Data Analysis	22

CHAPTER-FOUR

DATA ANALYSIS AND INTERPRETATION

4.1	Demographic and Socio-economic Characteristics of Population	23
4.1.1	Age Sex Composition of Population	23

4.1.2	Occupation Status of Population (10 years and above)	25
4.1.3	Marital Status of Population (10 years and above)	25
4.1.4	Literacy and Educational Attainment of Population (5 years and above)	26
4.1.5	Literacy and Educational Attainments of Elderly People	28
4.1.6	Marital Status of Elderly People	28
4.1.7	Caste/Ethnicity of Elderly People	29
4.1.8	Religion of Elderly People	30
4.1.9	Mother Tongue of Elderly People	30
4.2	Information on Main Source of Income of Elderly People's Family	31
4.2.1	Main Source of Income of Elderly People's Family	31
4.2.2	Economic Participation of Elderly People	31
4.2.3	Source of Income	32
4.2.4	Information on Elderly Allowance	33
4.2.5	Process of Getting Elderly Allowance and Reason for Not Receiving Elderly Allowance	34
4.2.6	Information on Pension	35
4.2.7	Means of Expenditure	36
4.2.8	Monthly Money Investment in Education of Children	36
4.2.9	Level of Satisfaction in Children's Education	37
4.3	Information on Living Arrangement of Elderly People	38
4.3.1	Living Arrangement of Elderly People	38
4.3.2	Time of Taking Food	39
4.3.3	Agent of Preparing Food	39
4.3.4	Personal Hygiene	40
4.3.5	Get-up Time	41
4.3.6	Sleeping Time	42
4.3.7	Level of Satisfaction of Sleeping of Elderly People	43
4.3.8	Usual Activities in Free Time	43
4.3.9	Agent for Living	44
4.3.10	Satisfaction Level of Living Status of Elderly People	45
4.3.11	Source of Drinking Water	45
4.3.12	Source of Lighting and Cooking	46

4.3.13	Access of Toilet Facility	46
4.3.14	Types of House and household Ownership	47
4.3.15	Family Decision	48
4.4	Information on Health Condition	49
4.4.1	Health Problem	49
4.4.2	Level of Satisfaction in Specific Health Characteristics	50
4.4.3	Place of Treatment	51
4.4.4	Money Invest for Health Facilities of Elderly People	52
4.4.5	Health Management Person of Elderly People	52
4.4.6	Opinion on Responsible Agent of Caring of Elderly people	53
4.4.7	Opinion on Health Facilities	54
4.4.8	Opinion on Painful Events of Elderly People	54
4.5	Information on Future Desire/Expectation of Elderly People	55
4.5.1	Expect from Family Members	55
4.5.2	Wishes in Usual Activities	56
4.5.3	Agent of Elderly People to Live in Future	57
4.5.4	Future Desire	57
4.5.5	Suggestion for Improving the Status of Elderly People	58

CHAPTER – FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1	Summary of Findings	59
5.2	Conclusions and Recommendations	65
	References	70
	Appendix-I (Questionnaire Form)	

LIST OF TABLES

Table Number	Title	Page
Table 2.1:	Distribution of Population Aged 65 years and above In SAARC Countries	12
Table 2.2:	Growth Rate of Total Population and Elderly, 1952/54-2001	14
Table 3.1:	Number of Respondents from Different Ward by Sampling Procedure	21
Table 4.1:	Age Sex Distribution of Study Population	24
Table 4.2:	Distribution of Population by Occupational Status	25
Table 4.3:	Distribution of Population by Marital Status	26
Table 4.4:	Distribution of Population by Literacy and Educational Attainment	27
Table 4.5:	Distribution of Respondents by Literacy and Educational Attainment	28
Table 4.6:	Distribution of Respondents by Marital Status	29
Table 4.7:	Distribution of Respondents by Caste/Ethnicity	29
Table 4.8:	Distribution of Respondents by Religion	30
Table 4.9:	Distribution of Respondents by Mother Tongue	30
Table 4.10:	Distribution of Respondents by Source of Income of Family	31
Table 4.11:	Distribution of Respondents by Economic Participation	32
Table 4.12:	Distribution of Respondents by Source of Income	33
Table 4.13:	Distribution of Respondents by Information on Elderly Allowance	34
Table 4.14:	Distribution of Respondents by Information on Pension	35
Table 4.15:	Distribution of Respondents by Means of Expenditures	36
Table 4.16:	Distribution of Respondents by Monthly Money Investment in Children's Education	37
Table 4.17:	Distribution of Respondents by their Satisfaction Level of Children's Education	38
Table 4.18:	Distribution of Respondents by Living Arrangement	38
Table 4.19:	Distribution of Respondent by Time of Taking Food	39
Table 4.20:	Distribution of Respondents by Agent of Preparing Food	40

Table 4.21:	Distribution of Respondents by Personal Hygiene	41
Table 4.22:	Distribution of Respondents by Get-up Time	42
Table 4.23:	Distribution of Respondents by Sleeping Time	42
Table 4.24:	Distribution of Respondents by Satisfaction Level of Sleeping	43
Table 4.25:	Distribution of Respondents by Free Time	44
Table 4.26:	Distribution of Respondent by their Living Status	44
Table 4.27:	Distribution of Respondents by Satisfaction Level of Living Status	45
Table 4.28:	Distribution of Respondents by Source of Lighting and Cooking	46
Table 4.29:	Distribution of Respondents by Access of Toilet Facility	47
Table 4.30:	Distribution of Respondents by Type of House by Ownership	47
Table 4.31:	Distribution of Respondents by Family Decision	48
Table 4.32:	Distribution of Respondents by their Health Problem	50
Table 4.33:	Distribution of Respondents by Level of Satisfaction in Specific Health Characteristics	50
Table 4.34:	Distribution of Respondents by Usual Place of Treatment	51
Table 4.35:	Distribution of Respondents by Money Invest for Health Facilities	52
Table 4.36:	Distribution of Respondents by Person for Health Management	53
Table 4.37:	Distribution of Respondents by Agent of Caring	53
Table 4.38:	Distribution of Respondents by Opinion on Types of Health Facilities	54
Table 4.39:	Distribution of Respondents by Opinion on Painful Events of Life	55
Table 4.40:	Distribution of Respondents by Expect From Family Members	56
Table 4.41:	Distribution of Respondents by Wishes in Usual Activities	56
Table 4.42:	Distribution of Respondent by Agent to Live in Future	57
Table 4.43:	Distribution of Respondents about Future Desire	58
Table 4.44:	Distribution of Respondents by Suggestion for Improving the Status	58

LIST OF FIGURES

Figure	Title	Page
Figure 1:	Conceptual Framework on Quality of Life of Elderly People	19

ABBREVIATIONS AND ACRONYMS

CBS	: Central Bureau of Statistics
CDPS	: Central Department of Population Studies
CPRT	: Centre for Population Research and Training
DDC	: District Development Committee
ESCAP	: Economic and Social Commission for Asia and Pacific
GOs	: Government Organizations
HAI	: Help Age International
HMG	: His Majesty's of Government
HIV/AIDS	: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HSEB	: Higher Secondary Education Board
ICPD	: International Conference on Population and Development
INGOs	: International Non-Governmental Organizations
LMD	: Logistics Management Division
MDGs	: Millennium Development Goals
MoPE	: Ministry of Population and Environment
MoWCSW	: Ministry of Women, Children and Social Welfare
NEPAN	: National Elderly People Association of Nepal
NGOs	: National Governmental Organizations
NLSS	: Nepal Living Standard Survey
NPC	: National Planning Commission
PRB	: Population Reference Bureau
SAARC	: South Asian Association of Regional Co-operation
SCWAN	: Senior Citizen Welfare Association of Nepal
S.L.C.	: School Living Certificate
TU	: Tribhuvan University
UNFPA	: United Nation Population Fund
UN	: United Nation
USA	: United State of America
VDC	: Village Development Committee
WDO	: Women Development Office

CHAPTER – ONE

INTRODUCTION

1.1 Background of the Study

There are various stages in human life, such as infancy, childhood, adulthood, youth and old age. Among them ageing is a critical stage of human life, because of the physically and mentally disable function of organs. It is natural process. Population ageing is a global phenomenon (Bisht, 2000).

Elderly is defined as the population aged 60 years and above. It is recognized that the definition ignored the heterogeneous nature of population group that spanned around 40 years of life. Hence, elderly could be divided into three major groups those aged 60-69 years; (the young elderly); those aged 70-79 years; (the medium aged elderly); those aged 80 years and above; (the oldest elderly). Elderly people are outcome of human life cycle. An inevitable consequence of the demographic transition i.e. shift of higher fertility and mortality to lower ones and increasing the life expectancy at birth is the evolution of the age structure of the population. Most notably record increases in the proportion and the number of elderly people. Many societies, especially in developed countries have already population age structure. Many developing countries like Nepal are in the midst of the demographic transition i.e. falling faster of mortality than fertility where Nepal is experiencing rapid shift in the relative number of children to working age and elderly people (Singh, 2003). Another reason for increasing the proportion of elderly people in word especially in developing countries the life expectancy at birth is increased with modernization process. Political instability is another cause of increasing the proportion of elderly people in Nepal. During civil war numerous of their young and adult children had left their original place from the fear of abduction or arrest. As a result elderly people were forced to live alone. Still some of them are not returned to their original place.

The ageing of the population varies from one country to another or one community to another over time. Most countries take 65 years and above as an elderly people. In Nepal, several age limits have been prescribed for the specific purpose. For example, 58 years is specified for compulsory retirement from civil services, 62 years for UN employees, 63 years for university teachers, 65 years for constitution bodies and 75 years for receiving the social security benefits of 150 rupees. However, it is widely considered appropriate to sue the age 60 as entry point into old age in Nepal (Bisht, 2003).

The proportion and number of elderly people is occurring rapidly in Latin America and Asian countries than other developed parts. The health condition of elderly people is seen worst also in these areas. But there is still lack on adequate small and large scale researches about the issues of this population and not properly reflected in different policies and programmes (UN, 2001). The co-residence with at least one adult child is high in developing countries than in developed. There priority areas for future researches are suggested to do immediately into following aspects, which are seen equally important in case of Nepal, are: (1) changing family structure (2) familial resources transfer (3) older people's preference in terms of living arrangement and care (UN, 2001). Similarly, the regional level of seminar on population ageing and development in 1995 identified that there existed: (1) the gap in information (2) the inability of governments to address the issues to observe of the relevant information (ESCAP, 1996).

Ageing population in present situation is a major challenge to system of health and long term health care. Despite having relatively good health for some of the older persons, there is a heavy concentration of health problems and long term care costs among the aged, particularly to the very elderly people. In most of the developing countries governments provide only limited health services or medical care, so the needs of older person, especially the poor, whether preventive, curative, restorative or rehabilitative, remain largely unmet. Older persons are fully entitled to have access to preventive care, including rehabilitation care as well as sexual and reproductive health (UNFPA, 2002).

In Nepal, some of the incentives programme are started to implement. But it is still out reach for those elderly people who are living in rural and remote areas. It is because of the lack of knowledge about getting such incentives and its amount is quite smaller. Large number of elderly people lives in rural areas. Behind increasing this proportion and number is due to migration process. Which is selected process; usually children, women and elderly people do not take part in it and stay at origin (KC, 2003). In case of Nepal's migration flow is dominated to urban area from rural as well as Terai from hill and mountain, where more job opportunities are available.

There is no debate that longevity is one of the great achievements of 20th century. The average life expectancy at birth was 27 years of males and 28 years for females in 1950 which has reached to 59 years for males and 60 years for females in 2001

(MoHP,2007). It is now 62 years for males and 63 years for females (PRB, 2007). This unprecedented increase in number and proportion of elderly people is challenge to citizens, policy makers whether in local or at state levels.

In this context the study area (Manau VDC) have selected to understand the status of elderly people who have higher number and proportion. They are living in vulnerable condition than that of other age groups population in different aspects which are necessary for them especially with respect to economic, political, cultural, security, family decision as well as for social security system. In this study, the elderly people who are aged 60 years and above are only selected for the study.

1.2 Statement of the Problem

Human life has been divided into several periods like childhood, adolescence, youth, middle age and old age. About this period of life Neugarten (1977) says; “As the life periods become socially defined, they also become psychologically meaningful to the individual”. He perceives his own “position” as he moves from youth to old age; his perceptions of life periods and of the life cycle itself change as he gowns older; he learns the types of behavior that are regarded as age appropriate in each life period; and all these perceptions affect his behavior, his self-image and so on.

Population ageing is a triumph of civilization and perhaps most signification event of the 21st century. It is the inevitable consequences of attaining low level of fertility and mortality and long life. However, this as an achievement requires vital social and economic adjustment to current and expected future demographic realities. In particular population ageing raises critical issues for countries, stages and cities in areas such as economic growth employment and retirement, pensions, health care and social support services (Chamie, 2007).

Present children and adult are more advanced and dynamic than their elder parents/generation. Madrid Convention (2002) has focused in inter-generational gap and co-operation to future strengthen the stature of elderly people in family. The increasing nuclear family system especially in urban area does not support this idea, in the one hand they are supported and respected to elderly people. Father’s day Mother’s day is celebrated that symbolized the responsibility of younger generation to take care of elderly people in Nepal. In Nepal, there is not sufficient social security system and source of own earning. The property having with elderly people should equally divide for sons who

have equal rights by law and social practices in it from birth. Thus the inheritance law is relevant for a clear understanding of the value of children (Subedi, 2006).

The globalization is another cause for vulnerability of elderly people in Nepal. Especially the rural adult migrates to facilitated areas for getting education, employment, marriage, trading and agriculture (KC, 2003). It has developed inequality among population i.e. elderly people are less benefited from this process. Thus they have to live in rural area which has raised the question in security system of elderly people in that place. As a result proportion of dependent population of elderly people is increased especially in rural areas in Nepal. In Nepal, there are about 74 percent elderly people are economic active (Subedi, 1999:113) and they themselves do not want to say dependent for them (Acharya, 2001). It is because of their poverty and lack of other alternatives.

1.3 Significance of the Study

Elderly people in Nepal are taken both on opportunity and challenges. They are living in vulnerable condition being source of experience and ideas. It occurs when they become physically, mentally and socially frail. In our context, unplanned and increasing proportion of elderly people is not the problem only for individual (elderly people) but for community and national level. Thus there is needed other scientific policies and programmes on elderly people.

This purposed study through lights to understand the real socioeconomic and demographic status of elderly people in Manau VDC, Bardiya District. It also analyzes the current health and psychological status of them. It also tries to understand the supporting mechanism and basic needs of elderly people in the study area.

This study gives information about physical condition and psychological aspects faced by elderly people which is important for improving the physical facilities programmes (drinking water, toilet facilities, roads etc.) and also important improving the status of their interests and demands.

This purposed study will be useful to researcher and other concerned institution as a reference material for the further study on the issue of elderly people.

1.4 Objectives of the Study

General objective of this study is to identify and analyze the status of elderly people in Manau VDC, Bardiya district. Some of the specific objectives are as follows:

-) To record the demographic facts and socio-economic condition of elderly people.
-) To analyze the living arrangement and health condition of elderly people.
-) To analyze the future desire and expectation of elderly people.

1.5 Limitation of the Study

This purposed study will be related to individual level. So this study can not represent in the national level. The study will be limited in the following areas;

-) The study specially covers to the elderly people above 60 years and excludes the other age group.
-) This study is limited only in Manau VDC, Bardiya district due to financial and other constraints.

1.6 Organization of the Study

This purposed study is organized into five chapters. First chapter deals about background of the study, statement of the problem, significance of the study, objectives of the study, limitation of the study and organization of the study. Second chapter discuss about the literature review. Third chapter discuss briefly by introduction of study area and study population, nature of the data, sample selection, sampling procedure, questionnaire design, data collection techniques, process of collected data and analysis of the data has presented serially.

Fourth chapter deals about the analysis of data and interpretation. In this section, the tables are discussed comparing with other findings. Finally the fifth chapter includes summary, conclusions and recommendations based on data analysis, result and discussion in chapter four.

CHAPTER- TWO

LITERATURE REVIEW

2.1 Theoretical Approaches to the Status of Elderly People

Various studies have been conducted so far to quantify the social process of ageing in two ways i.e. as a form of social enquiry and demographically. However there is still lack of appropriate theories on ageing.

Among various sociological theories Burgess (1960) is one of the fathers theory of ageing saw the age being left out of social activities or being role less is elderly people from the prospective of activity theory. Rose (1964) is another activity theories advocated that older persons could possibly create a subculture to provide themselves with meaningful role and activities by their experience, understanding and utilizing the leisure time.

Rose (1964) has wisely criticized to the disengagement theory for the bias of an industrial society. Bulter (1976) has called it a myth. Other more have challenged the University of Disengagement, personality theories directs attention to the many variables of individual personality are: interest, motivation and awareness. Neugarten and Tobin (1961) have outlined four patterns of personalities are: integrated, defined, passive and disintegrated. Neugarten has purposed the age 50 years as old age in continuity theory.

By the late 60s of 20th century contemporary conflict theorists gained considerable creditability within sociology. They claimed that inter-generational conflict occurs between ages (young and old age).

The demographic oriented researchers on ageing however have observed variously that in societies where children are the primarily care take of the elderly, demand for security concerns provide and inducement to high fertility. This proportion is related to Caldwell's (1976) hypothesis that having many children is rational when wealth flows from children to parents. Where as evidence in 1975-1976 in rural India Vlassoff and Vlassoff (1980) finds little evidence to support this hypothesis.

The compressive review of Nugent (1985:76) put the issue as simply as possible old age security is likely to be an important motive for fertility when the relevant parents are both uncertain about his/her ability to be self supporting is old age and dubious that there are other more reliable or more effective means of such support than their children. In what circumstances are these basic conditions likely to co-exist? It might be possible to

distinguish the necessary and sufficient conditions for the motive to be improved. Nugent attempts to understand the connection by postulating eight conditions as: (underdeveloped capital market, uncertainty about the accumulation of assets necessary for old age and disability, the absence or inefficiency of private or public old age and disability insurance programs, confidence in the loyalty of children to their parents, the absence of well developed labour markets for women, children and non-standard labour, underdeveloped markets for the goods and services that elderly people consume, the absence of a spouse who is of considerably younger age and the perception of old age as an appreciable portion of the life cycle).

Using the evidence from selected villages in India and Bangladesh, Cain (1986) postulated risk behavior arguments for high fertility; Nag et al (1978) have also conducted studies of children's labour in Nepal and Java. These findings have indicated that children are economically valuable to their parents at younger age.

The effect of social security programmes of old age pensions on fertility is expected lower fertility in countries with more comprehensive programmes (Rendall and Bahchieva, 1998). By contrast in developing society where the lack of social security programme and its coverage is evident, the norms of living with children during old age is clearly evident and it is usual that at least one child remains co-resident (Kondel et al 1987). Thus the old age security hypothesis has been used to explain fertility differences between more and less developed countries (Kagiteibasbi, 1982) and within and between ten developed countries (Cain, 1986; Kondel et al 1987: cited from Subedi, 2006: 69-78). The economic value of children in rural India may be examined from two point of view (Vlassoff and Vlassoff, 1980) are labour that young and adolescent children provide towards production within the household and the assistance given by offspring to father who have advance beyond the prime period of life.

Whether population ageing is a liability or an asset can be a debatable issue but it is important to consider that they are also valued and resourceful assists of the society. Dominant theories in gerontology suggest that status of elderly with modernization and the status trend to be high in agricultural communities and societies where extended from of the family dominate (Cogwill; 1986; Cogwill and Holmes 1972 cited from Subedi, 1996: 110).

2.2 Ageing in the World

The trend of increasing ageing population all over the world is ascending order since 20th century. The tempo of ageing in developed countries is more rapid than in developing nations. The less developed states will have less time than their developed counterparts to adopt the consequences of ageing (Bisht, 2000).

The proportion of older persons differs from region to region. In the developed regions 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).

In developing regions with the mortality and fertility decline and average life span becoming longer the proportion of older population is expected to increase more rapidly than ever (Acharya, 2001). Out of every 20 persons is now 60 years or older (Populi, December, 1998, January, 1999). One out of every five Europeans but one out of every Africans is 60 years or older by the year 2050. One out of five will be 60 years or older, by 2150, it has been estimated that one out of three persons will be 60 years or older. It indicates that ageing will have extensive effects on the social, economic and health condition of the people (Bisht, 2005).

The Asian and Pacific region contains more than 3000 million elderly persons aged 60 years and older. In China, there are more than 114 million elderly. Japan contains 25.1 million elderly persons, the largest proportion of the elderly in its population and among all of the countries in this region. In short, the East Asian countries are furthest along in the population ageing process followed by Southeast Asia and then South Asia.

In the case of most Asian countries, the family is the traditional social institution for the care of the elderly who live and work with their children (Kondel and Deboralya 1997).

Ageing is one of the emerging problems in developing countries. The trend of fertility growth and the mortality decline has displaced the life expectancy to the higher ages. At higher ages, people need more security and care. As world fertility continues to decline and life expectancy rises, the population will age faster in the next fifty years than during the past half century, (UN 2000:17). Poverty is the greatest obstacle to a because old age and for many developing world, 3 out of 5 people live in poverty a

disproportionately high percentage of this area are older people. Older people in developing countries are poorest people in the world (HAI, 2005).

2.3 International Conference and Ageing

2.3.1 International Conference on Population and Development (ICPD), 1994

International conference on population and development (ICPD) was held in Cario, from 5-13 September in 1994. The International Conference on Population and Development

(ICPD) provided some international policy and recommendations regarding the status elderly people, which are listed as below.

-) To enhance the self reliance of elderly people.
-) To promote quality of life and independency of elderly people.
-) To develop the health care system of elderly people.
-) To develop the economic and social security system of elderly people.

The ICPD state that, the steady increase of older age groups in national population; both in absolute numbers and in relation to the working age population, has significance implication for a majority of countries particularly with regard to the future viability of existing formal and informal modalities for assistance to elderly people. The economic and social impact of this “ageing of population” is both an opportunity and a challenge to all societie’s human resources. They are also seeking to identify how best to assist elderly people with long-term support needs.

2.3.2 ICPD+5 (1999) on Ageing

The United Nations General Assembly Special Session ICPD+ 5 (1999) recommended that governments should:

-) Support research and develop comprehensive strategies at the national, regional and local levels to meet the challenges of population ageing.
-) Invest more resources in gender sensitive research as well as in training and capacity building in social policies and health care for the elderly people, especially the elder poor, in particular older women.
-) Support systems to enhance the abilities of families and communities to care for elder family members; the ability of the elderly people to care for family and community members who are victim of HIV/AIDS.

In additions, it has recommended the governments and civil societies including private sectors to create opportunities of elderly people. United Nations should provide that additional resources for documentation of positive experience of them in policies and programmes.

2.3.3 Second World Assembly on Ageing, 2002

The Second world assembly on ageing was held in Madrid, Spain in 8-12 April 2002 which was organized by United Nations. All of the representatives of governments meet at the second world assembly on ageing in Madrid have decided to adopt on international plan of action an ageing, 2002. The Political Declaration and Madrid International plan of Action on Ageing include 19 article and some recommendations for action both for international and national level.

It has advocated that the women poverty is directly related to the absence of economics opportunity and autonomy, lack of access to economic resources, including credit and ownership and inheritances, lack of access to education and support services and their minimal participation in the decision making process. Poverty can also force women into situations in which they are vulnerable to sexual exploitation. Poverty is the main threat to the well being of older persons. Many of the 400 million older people in developing countries are living below the poverty line (UNFPA, 2002). Meeting the MDGs of “Having the proportion of people living in extreme poverty by 2015” requires that poverty reduction strategies focus on the poorest and most vulnerable older persons, especially women. If this achievement is to be perpetuated, then the focus must also be on breaking the poverty cycle that runs from one generation to the next.

It has focused on strength the nature of elderly people in family because the inter-generational gap is seen all over the world. There are three priority direction of Madrid Convention (2002), for an older person and development are: (i) Full participation in the development process and also share in it's benefit (ii) Advancing health and well being of old age and (iii) Ensuring inability and supportive environment (UNFPA, 2002). It has also recommended and recognized active participation, employment opportunity, improving living arrangement, alleviation of marginalization, integration, access to knowledge, education and training full utilization of potential and expertise, eradication of poverty, health promotion, universal and equal access to health care services and research on ageing are some key area of action plan.

2.4 Ageing in SAARC Region

The criteria of vary in SAARC regions too. Maldives has taken 65 years, Srilanka 55 years, Afghanistan, India and Pakistan 60 years, Bangladesh and Bhutan 58 years as criteria to define “elderly citizens” (Bamadi, 1997, as a cited in Pokheral, 2006).

Cross-national comparison of the ageing process in the developing regions is rather tricky. Part of the region is that most of these countries started to address the issue of ageing very recently and therefore there is a dearth of data related to older population. Another problem is countries are using different cut off points to define old age, sometimes depending on the official national ages of retirement (Acharya, 2001).

In SAARC region, similar scenario could be observed in the case of the older population i.e. show but gradual rise of the population who are aged 65 years or above. Although, considerable variation could be observed among the countries, Srilanka will have 12.4 percent of the total population as ‘old’ by the year 2025. India comes in second position interns of its share of old population throughout the projection period. The total share of older population in the India will be eight percent by the year 2025. Bangladesh and Pakistan will have just over 5 percent of older population, while rest of countries i.e. Bhutan, Nepal and Maldives will have 4-5 percent of the older population (UN, 1999).

The projection of the older population in SAARC region by sex shows that females will have greater share of the population than males in all the countries throughout the projection period. The projection also shows the increasing proportion of female population as we further observe in the projection period (Acharya, 2002).

The total population aged 65 years and above in SAARC countries are presented in Table 2.1.

Table 2.1: Distribution of Population Aged 65 years and above in SAARC Countries

Countries	Total population (in million)	Elderly population (in million)
Afghanistan	28.4	0.568
Bangladesh	162.2	6.488
Bhutan	0.7	0.035
India	1171.0	58.55
Maldives	0.3	0.015
Nepal	27.5	1.1
Pakistan	180.8	7.232
Srilanka	20.5	1.432

Source: World Population Data Sheet, 2009

Table 2.1 shows that the amount of elderly population is large in SAARC region. Among the SAARC Country, India shares the highest (58.55 million) number of elderly people and Maldives shares the lowest 0.015 million. From this literature, we can conclude that the elderly people is similar as other parts the world.

2.5 The Status of Elderly People in Nepal

The population of Nepal is not the ageing population at present. It is heading towards the process of population ageing. One out of every 16 persons is now 60 years and old in Nepal. It has been estimated that Nepal will have ageing population by the year 2010.

The elderly population in Nepal can be divided in three categories, first the elderly that live and eat together with other family members but still are isolated in daytime. This is because some of their young children go to school, collage or some to work place and rest to other places. Such elderly need additionally social environment for wider instruction and exposure. Second, there are some affluent elderly living in nuclear families and having access to retirement pensions or family property. They need more care, affection and social environment. Thirdly, there is other who is homeless, handicapped and lead of life of total destitution. These elderly need our special attention. They seek assistance from state, community, NGOs and other sectors. This is the elderly population, which should be focused to enable them to have a decent life (Bisht, 2003).

The elderly population size in Nepal increased three fold to 1-5 million over the past four decades. For this reasons, it is important for the country to consider what this

increase implies in terms of state policies and programmes and more importantly, how older people manage to fulfill their overall household needs and whether or not they are contributing to the household economy (Subedi, 2003).

The majority of the elderly people in Nepal are living in rural areas (85% +) depending upon their agricultural profession and living under the poverty due to lack of access to resources and income generation activities. They suffer from the cumulative effects of a life time of deprivation, lack of education, poor health and nutrition, low social status, discrimination and restriction on mobility, entering old age in a poor state of health and fulfill their basic needs such as food, cloths, shelter, health care, love and safe drinking water. Gender inequality and discrimination against women continue from before birth to death (NEPAN, 2002).

The literacy rate (those who can read and write) for aged as 65+ years is found as 27.0 percent for males and 4.07 percent for females and 47.12 percent are found economically active with sex differential of 59.7 percent for males and 34.3 percent for females. Among 65+ years aged person, 86.46 percent of males and 68.34 percent of females are currently married, 10.89 percent of males and 28.19 percent of females are widowers / widows, 1.43 percent of males and 1.22 percent of females are singles (CBS, 2003).

Elderly people in Nepal are found usually active and productive in their advancing years. They are involved in childcare, cattle herding, handicrafts and simple framing activities. Elderly females, in particular mostly share responsibilities in household chores. However their contribution and economic value have not been duly recognized (MoEP, 2002). There is no special representation of elderly people in any institutional at local and national level.

HDI was estimates at 0.461 in 2001, which has significant disparity within and across regions and districts. HDI in urban areas is at 0.581 and rural areas at 0.440. HDI is lowest in Mountains (0.382) followed by the Terai (0.457) and Hills (0.492) and human poverty in rural areas is 45.3 percent where as 25.3 percent in urban areas. Human empowerment index is estimated at 0.459 with economic empowerment of 0.337, social empowerment of 0.646 (NPC, 2006).

NPSS-2 found that on average female-headed households had only 0.5 Hectares of farmland compared to 0.8 Hectares for male-headed households. In term of purchasing power party women's earned incomes were only half of men's (US\$ 949 vs. US\$ 1,868

PPP). More over females in less than 1 percent of households owned all three major assets: house, land and livestock (UN Country Team Nepal, 2007, page 23).

2.5.1 Growth Rate of Elderly Population in Nepal, 1952/54-2001

The growth rate of elderly population is faster than the growth rate of the total population in Asia. Nepal also follows the same trend. Census data of Nepal reveals that in the past three decades, 1970 and onwards, there has been a high rate of growth in the elderly populations. The high rate computed 3.5 percents per annum of elderly population in 2001 census of Nepal implies that the number of elderly will double in less than 20 years. The population growth recorded in 2001 census was 2.25, which is less than the elderly population growth rate 3.5 percent per annum in the year.

Table 2.2: Growth Rate of Total Population and Elderly, 1952/54-2001

Census Year	Inter Census Growth Rate (%)	Doubling Time (Years)	Elderly Growth Rate (%)	Doubling Time (Years)
1952/54	2.30	30	-	-
1961	1.65	42	1.79	38.72
1971	2.07	34	2.42	28.64
1981	2.66	26	3.26	21.26
1991	2.10	33	2.26	30.67
2001	2.25	31	3.5	19.80

Source: Population Census of Nepal 1952/54-2001

2.5.2 Socioeconomic Implication of Elderly

As in most of the countries, the size of the family plays an important role in the social structure of Nepal. The ageing of population alters the size and the structure of the family, household structure or co-residency patterns, living arrangements, family support system, marital status and gender gap in life expectancy (Bisht, 2005). Several studies reveal that the mass of elderly in rural and depending in agriculture with poor living conditions. The major activity of elderly is cycling over the rearing and caring is son's children "Natina" (Regmi, 2009). Majority of them are suffering from the cumulative effect of a lifetime deprivation, entering old age in a poor state of health and without saving and material assets. They also lack access to resources and income generating opportunities (SCWAN).

2.5.3 Gender Issue and Elderly

Comparing to the men, the women in Nepal are suffering more from multiple disadvantages due to the gender discrimination. Older women have own fewer assets and have less control over the family income. In comparison to their male counterpart, the older women endure more in terms of life-time deprivation, low level of education, poor health and nutrition with chronic disease and disability, low status, discrimination and restriction on their mobility and association. The widow or divorced women have often denied access to their husband's resources and are heavily dependent on son's family and women without son have comparatively worse socio-economic condition and represent the most vulnerable segment in the society (NEPAN, 2001).

2.5.4 Migration and Elderly People

Behind increasing the proportion and number of elderly people in rural and urban area in Nepal is due to the internal or international migration and the attraction of rural young and adults people towards off farm employment in urban and Terai region. It shows that the volume of elderly people will continue to increase in Mountain, Hill and rural areas in Nepal. The census result of 1981 showed that about 70 percent internal migrants were belonged to age 15-59 years (Subedi, 1996a). The long-term concern about old age is that migrated son does not return later i.e. stay away (CDPS 1996, Gurung et al, 1995, KC 1995, KC et al 1992, Subedi, 1996a).

The work of KC (2003) identifies five reasons of migration in the context of Nepal are: trading, education, employment, agriculture, and marriage. In these activities usually children, women and elderly people especially in rural, Mountain or Terai areas where only few opportunities are available. Thus, migration is one of the reasons of determining the size of elderly people in Nepal. The rural to urban migration has increased the problem security system of elderly people, which significantly occur from the motive of modern higher education (Subedi, 1996b). There were 87.6 percent urban residents were lifetime migrants in Nepal. It has promoted to live separately between two generations (CDPS, 1996). Similar findings are in the study of Dura population, which resulted that the old age dependency ratio was increased due to the rural to urban migration (Subedi, 2006).

2.6 Government Plans and Policy Response to Elderly People in Nepal

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 Citizen's, 1999' of UN, Government of Nepal has brought some long term programmes 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 people (Certified by the 46 members of National Committee under Chairmanship of MoWCSW). 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: 101).

2.6.1 Ninth Five Year Plan (1997-2002)

The eight five year plan (1992-1997) has mentioned about social security system of children, homeless and defenseless women but nothing special programmes were mentioned for elderly people. However, the distribution of elderly allowance was initiated during this period. It has followed in successive plan period and was mentioned only in ninth five-year plan (1997-2002) document. Social security system of elderly people prior to it was pension for retired civil servants. The most mentionable programmes of this plan periods is to provide old age allowance. Some specific policies made during this period are:

- Development of family base social security system by giving priority and providing facilities in public services to the families that take care of older people.
- Classification of older people based on economic condition and bringing those economically poor within the purview of monthly allowances.
- Establishment of geriatric ward at all zonal level hospitals and provide subsidized in health care facilities and request private sector to provide special discount in health care of older persons.
- Establishments of elderly people homes at all developments regions.
- Use the experience of elderly people in various sectors of national development.
- Provide subsidy in transport and entertainment facilities.
- Classification of elderly people in two groups i.e. 70-75 years and 75 years and above and adopt a policy of engagement to former and social security.

Some of the separate programmes were made to meet those policies such as conducting census of older persons in VDC and Municipality level and updating statistics, providing regular health check-up, using experiences of older person in local level planning and reservation some of the quota in various kinds of transports for them.

2.6.2 Tenth Five Year Plan (2002-2007)

It has long-term concept on elderly people to utilize the knowledge, skill and experiences in economic development. The specific quantitative objectives of this plan period are: (i) Health of elderly people (ii) Inclusion of knowledge and experience of elderly people in national development (iii) Different other policies will be formulated to enhance the status of elderly people.

To meet these objectives some programmes are formulated as: formulating law, involve them in income oriented works, discount in health and transport, inclusion of issue of elderly people in school curriculum and conducting effective insurance programmes.

2.6.3 Local Self Governance Act, 1998

There is provision for the protection and development of elderly people, orphans children, helpless women and disable people. The guidelines of the Ministry of Local Development include following points to obtain old age, helpless and disable allowance.

- Men/Women 75 years and above will be eligible for monthly allowance of Rs 200.
- Women 60 years and above being helpless due to the death of husband and living in the status of the widow are eligible for monthly widow allowance Rs 150.
- Disable person above 16 years of age, blind on both eyes either the armless or legless are eligible for monthly allowance Rs. 150 (Cited from Shrestha and Dahal, 2007:4).

The first republican government of Nepal had declared some improvements in social security system of elderly people. Now days the elderly people aged 70 years and above are receiving elderly allowance Rs. 500 per month. And widow women aged 60 years and above were also receiving allowance Rs.500. Per months after the declaration in Budget Speech 2065. Separate provision is made for backward zone 'Karnali', where the average life expectancy at birth is quite lower than national level. It had also declared to provide elderly allowance Rs. 500 per months for elderly people aged 60 years and above. And there was also declared that to provide Rs. 500 per months for widow women

in any ages and free treatment for Heart, kidney and Cancer in hospital of Kathamandu for elderly people aged 60 years and above. Thus, it can say that there are some improvements and are being systematic in some extent.

2.6.4 The Interim Constitution of Nepal, 2006

The Interim Constitution of Nepal, 2006 in the right of equality (Article 13), for the senior citizens and others as started above, there could be arrange separate law specially protect to the right. It seeks to make equal where it is unequal. It means equal treatment between equal and unequal treatment between unequal. Article 35, section 17, says that the state shall pursue the policy of providing allowance to elder, weak women and unemployed in accordance to the legal provision.

2.6.5 Interim Plan (2007-2010)

This plan has similar kinds of programmes as successive plan (2007-2010). It has tried to address the following aspects of elderly people as: (i) To make their life convenient (ii) To utilize their knowledge (iii) To create necessary infrastructure to allows them to live a dignified life in society (iv) To create an environment for economic development.

It has extra policy to develop fund in local and national levels for welfare of elderly people. The role of MoWCSW and LDM is pointed for effective monitoring and evaluation in center level and WDO and DDC in local level.

2.7 Conceptual Framework for Purposed Study

From the various literatures mentioned above, it is obvious that, the elderly is one of the most neglected social groups in our country. Up to now, the need, interests and aspiration of the older people have been less accommodated in the development process. Social security system is very weak both at the community and the state levels. Market actors do not assume the role of older people. Family system is in process of disintegration and services provided by NGOs are yet to be diversified and enhanced.

Being, a multi-ethnic and multi-lingual society, Nepalese people have accepted different forms of ageing. Due to this reason elderly people in some part of the nation have better position than other parts. It is bitter truth than in most of the rural area; elderly are hated and disgusted by their children. Even they do not have access on basic needs.

The social norms and religious tradition favor the elderly people. But modernization and urbanization creates some obstacles towards the caring and rearing of elderly people. From this view, this study formulates the following conceptual framework, which shows the socio-economic and demographic status of elderly people.

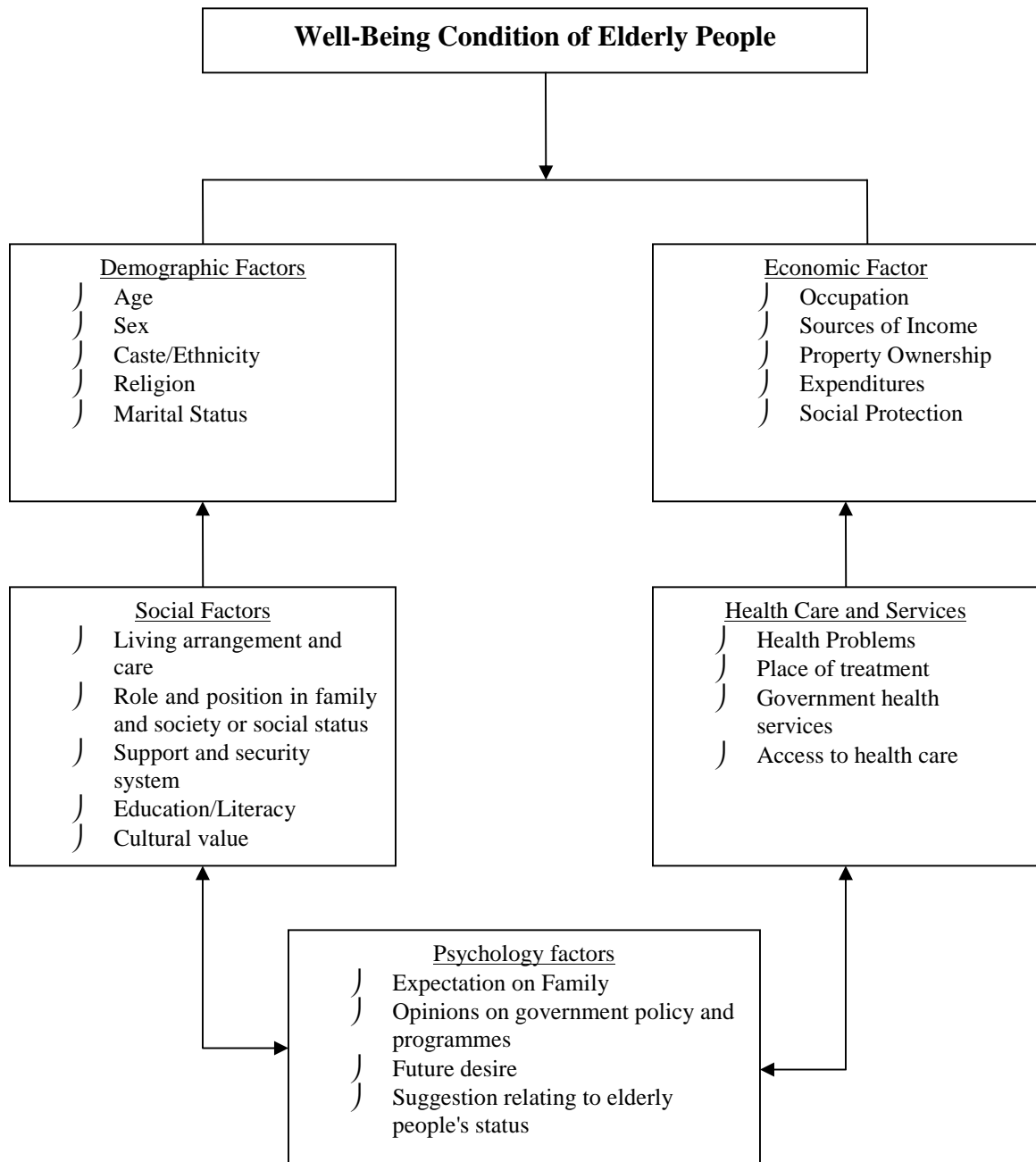


Figure 1: Conceptual Framework on Quality of Life of Elderly People

CHAPTER – THREE

METHODOLOGY

In this chapter, study area and study population have discussed then about nature of data, sample selection, sampling procedure, questionnaire design, method of data collection, data processing and data editing serially have also discussed. This chapter is completed with the summary of work plan/ working history of this dissertation.

3.1 Introduction of Study Area

The selected study area is lies in the Bardiya district. Bardiya district is lies in the east from Kailali, west from the Banke, south from the Surkhet district and north from the India. The selected study area Manau VDC of Bardiya is located around 28 Km west from the head quarter Gulariya. In the district, 11 VDC have been recognized as a remote zone and Manau is one VDC among them. It also called the Rajapur zone.

The district is situated in the Terai belt of Mid-Western Development Region. The district is situated at the altitude 28°25' north to longitude 81°11' east and elevation 221m.

3.2 Population of Study Area

According to the census 2001, it was recorded total 59,569 households in the Bardiya district. Within these households of the district total population is 382,694 and among them males are 192,655 and females are 189,994. The demographic status of Manau VDC, there is total 1080 households and total population is 7054. Among them 3495 are males and 3569 females are living there. Different Caste/Ethnic groups of people are living in this VDC. The community is mixed majorities of Tharu people.

3.3 Nature of the Data

The study is based on primary data. The primary information is collected from survey. Additionally, secondary data have also included in this study from different sources such as survey reports, census reports, and journal etc.

3.4 Sample Selection

The total population of study area is 7054 and total number of household is 1080. According to voter list among them the number elderly people of study area is 550.

Among the total universe the study sampling contains of 120 elderly, among them 69 are male and 51 are female elderly. In fact it will be 21.9 percent.

3.5 Sampling Procedure

Sampling techniques is the backbone to obtain the desired information of the study. In this research, a non-probability sampling procedure especially purposive sampling techniques was adopted. From each ward at least 12 respondents except ward number 2 were selected. In ward number 2 only 8 respondents were selected because of the few number of elderly were in this ward than others ward. Also in ward number 1 and 3, 20 respondents were taken from each of them because these wards include more number of elderly than other.

The selected respondent's number from different ward by using sampling method has been presented in Table 3.1.

Table 3.1: Number of Respondents from Different Ward by Sampling Procedure

Ward Number	Respondent's Number
1	20
2	8
3	20
4	12
5	12
6	12
7	12
8	12
9	12
Total	120

Source: Field Survey, 2010

3.6 Questionnaire Design

For the collection of information about the purposed study the questionnaire had designed with the help of respected supervisor. The questionnaire was pre-structured and pre-coded. The questionnaires were also pre-tested and the required modifications were made before field work. The questionnaire consist both open ended and closed ended question.

3.7 Method of Data Collection

A careful approach to administer was considered before administering the questionnaire. For this study, data was collected through direct personal interview with the help of structure questionnaire by purposive method aged 60 and above years.

3.8 Data Processing

Field questionnaire had carefully checked for possible errors. The data had been carefully edited and proceed by traditional method, i.e. tally bar then the required tables had generated by using computer software programme.

3.9 Data Analysis

The analysis is simply based on descriptive type of analysis. The frequency table, cross tabulation and other necessary information were extracted from edited data. On the basis of this information, the analysis and interpretation have been made. After the collecting information from personal interview; they were analyzed and tabulated according to the objectives of the study.

CHAPTER- FOUR

DATA ANALYSIS AND INTERPRETATION

This chapter discusses different aspects i.e. socioeconomic, economic, living arrangement, health condition and future desire/expectation of elderly people in study area. Obtain data are presented and analyzed with table. This chapter is also classified and analyzed into five sub-chapters as: demographic and socioeconomic characteristics of population, main source of income of family, information on living arrangement, information on health condition and information on future desire/expectation of elderly people respectively.

4.1 Demographic and Socioeconomic Characteristics of Population

Demographic and socioeconomic characteristics of population include age, sex composition, marital status, literacy and educational attainments status of population as well as caste/ethnicity and mother tongue (language) of elderly people in study area has discussed as study phenomenon serially.

4.1.1 Age Sex Composition of Population

Two characteristics of population that receives most attention in demographic analysis are: age and sex. Although, sex is personal characteristics of population, that is obtained without any difficulty. However, information on age is difficult to obtain. And it is affected in interpretation from one culture to another and place-to-place. Social scientists of many types have a special interest in the age sex composition of population for various reasons: Age sex composition is product of past trend of fertility, mortality and migration and is influenced by current level of birth, death and migration rates. Moreover, the age sex composition of population has significant implications for the reproductive potential, human resource supply, school attendance, household information, child-mother health and ageing, estimating different indicators, making projections and obtaining the information on accuracy of data. The distribution of study population by age and sex has presented in Table 4.1.

Table 4.1: Age Sex Distribution of Study Population

Age Group	Sex				Sex Ratio	Total	
	Male		Female			N	%
	N	%	N	%			
0-4	19	4.7	22	5.3	86.4	41	5.0
5-9	24	5.9	18	4.3	133.3	42	5.1
10-14	25	6.2	23	5.5	108.7	48	5.8
15-19	51	12.6	41	9.9	124.4	92	11.2
20-24	46	11.3	49	11.8	93.9	95	11.6
25-29	50	12.3	43	10.3	116.3	93	11.3
30-34	22	5.4	30	7.23	73.3	52	6.3
35-39	18	4.4	25	6.0	72.0	43	5.2
40-44	17	4.2	27	6.5	63.0	44	5.4
45-49	19	4.7	15	3.6	126.7	34	4.1
50-54	9	2.2	15	3.6	60.0	24	2.9
55-59	10	2.5	23	5.5	43.5	33	4.0
60-64	31	7.6	30	7.2	103.3	61	7.4
65-69	27	6.7	19	4.6	142.1	46	5.6
70-74	18	4.4	13	3.1	138.5	31	3.8
75 and above	20	4.9	23	5.5	87.0	43	5.2
Total	406	100.0	416	100.0	97.7	822	100.0

Source: Field Survey, 2010

Table 4.1 shows that the size of population is fluctuated in various age groups. Out of study population, there are 49.39 percent males and 50.61 percent females. The sex ratio population is expressed as: Sex Ratio = number of males*100/number of females. By calculating the sex ratio of study population is 97.7 (Table 4.1), which is lower than national level figure (99.8). It is also reported that the sex ratio for different age group is differed. Thus, it can conclude that the distribution of population by sex is not uniform in study area.

4.1.2 Occupational Status of Population (10 years and above)

Information on occupational status of population was collected at the time of study. The occupational status of population in study area is collected for age groups 10 and above only. Behind limiting the age for 10 years and above only is to make comparable it with other studies, especially based on definition of CBS 2001. Distribution of population by occupational status in study area has been presented in Table 4.2.

Table 4.2: Distribution of Population by Occupational Status

Occupation	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Agriculture	279	76.9	333	88.6	612	82.8
Services	39	10.7	11	2.9	50	5.3
Labour	18	5.0	21	5.6	39	5.3
Business	8	2.2	2	0.5	10	1.4
Foreign labour	7	1.9	-	-	7	0.9
Others	12	3.3	9	2.4	21	2.8
Total	363	100.0	376	100.0	739	100.0

Source: Field Survey, 2010

Table 4.2 shows that major occupation in study area is agriculture. More than three in four (82.8%) population in study area has dependent over agriculture works i.e.76.9 percent male and 88.6 percent female. It is followed by 6.8 percent population reported that their occupation is services. More number of male (10.7%) is dependent in foreign labour. Other occupations in study area include: Labour (5.3%), Business (1.4%) and other category of works (2.8%). Other category of works in study area includes fishing, carpenter and household works. It is important to note that there is no female involvement in the foreign labour in study area.

4.1.3 Marital Status of Population (10 years and above)

Marital status of population is another important characteristic of population. Law in Nepal usually prohibits the child marriage. However, since 1981 information on marital status were collected only for age group 10 years and above. There are four characteristics of marital status as never married, married, widowed/widower, divorce/separated (Chaudhary and Niraula, 2003). Following this classification of

marriage and limitation of age of data collection the information required for this study are collected for age groups 10 years and above to make comparable it with other study done. Information on marital status of population in study area has been presented in Table 4.3.

Table 4.3: Distribution of Population by Marital Status

Marital Status	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Unmarried	136	37.5	119	31.6	225	34.5
Married	204	56.2	204	54.3	408	55.2
Widowed/widower	21	5.8	53	14.1	74	10.0
Divorced/Separated	2	0.6	-	-	2	0.3
Total	363	100.0	376	100.0	739	100.0

Source: Field Survey, 2010

Table 4.3 shows that more than two in five (55.2 %) of total population accounts 56.2 percent for male and 54.3 percent for female are married in study area. Similarly, about one third (34.5%) of the population are unmarried where 37.5 percent male and 31.6 percent of female are unmarried. More number of populations in study area are seen to be widowed/widower than national level. There are 10.0 percent widowed/widower cases are reported including 5.8 percent male and 14.1 percent female which is only 1.6 percent for male and 3.7 percent for female in national level figure (Chaudhary and Niraula, 2003). Likewise the cases of divorced/separated are reported only 0.3 percent of population. There are no any cases found of divorced/separated for female in study area.

4.1.4 Literacy and Educational Attainment of Population (5 years and above)

Education is one of the major socioeconomic factor that influence a person's behavior and attitudes. In general, higher the level of education higher the income, higher use of health facilities and well being of population including elderly people.

Information about literacy and educational attainments for this study has collected for age groups 5 years and above only. In this study, literate populations are defined to those having ability to read and write in any languages with understanding. Primary level is defined to those who have obtained the education of between classes 1-5 (also people

who are educated from non-formal education system are included in this category). Similarly definition of secondary level education is adopted as the education of people from class 5 to S.L.C. level and higher level of education is defined as the education of people from S.L.C. and above is considered in this study. Literacy and educational attainment of study area has been presented in Table 4.4.

Table 4.4: Distribution of Population by Literacy and Educational Attainment

Literacy Status	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Illiterate	55	14.2	99	25.1	154	19.7
Literate	332	85.8	295	74.9	627	80.3
Total	387	100.0	394	100.0	781	100.0
Educational Attainment						
Primary	109	32.8	93	31.5	202	32.8
Secondary	151	45.5	157	53.2	308	49.1
Higher	72	21.7	45	15.3	117	18.7
Total	332	100.0	295	100.0	627	100.0

Source: Field survey, 2010

Table 4.4 shows that there are 85.8 percent male and 74.9 percent female are literate in study area, which is quiet higher than national level figure (65.5 % male and 42.8 % female: Mananadhar, T. and K. Shrestha, 2003).

Table 4.4 also shows that higher level of education is more concentrated towards male. Different observations have shown that usually female stop their study after marriage than male. About half (49.1 %) of population has obtained secondary level of education. More number of female than male in this category, which is 45.5 percent male Vs 53.2 percent female. It is followed by primary level of education (32.2 %). 32.8 percent male and 31.5 percent female reported that they are in this category of educational attainment level. About one third (32.2 %) of population has attainment higher-level education taking slightly higher percentage for male than female.

4.1.5 Literacy and Educational Attainment of Elderly People

Literacy and educational attainment of elderly people in study area has been presented in Table 4.5. It shows that about only two in five (39.2 %) of the elderly people

in study area are literate. Similarly, three in five (60.8 %) are illiterate of the elderly people. The literacy of female is slightly lower than that of male (43.5 % male Vs 33.3 % female).

Data also shows that more than half (72.3 %) of the elderly have achieved primary level education, 63.7 percent male and 82.4 percent female reported that they have obtain primary level of education. The percentage for secondary level is about three in one that of primary level (25.5 %) taking higher share for male elderly (33.0 % male Vs 17.6 % female). Similarly, higher-level education attainment of elderly people in study area is very low. Only 2.1 percent elderly have higher level of educational attainment in study area.

Table 4.5 Distributions of Respondents by Literacy and Educational Attainment

Literacy Status	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Illiterate	39	56.5	34	66.7	73	60.8
Literate	30	43.5	17	33.3	47	39.2
Total	69	100.0	51	100.0	120	100.0
Educational Attainment						
Primary	20	63.7	14	82.4	34	72.3
Secondary	9	33.0	3	17.6	12	25.5
Higher	1	3.3	-	-	1	2.1
Total	30	100.0	17	100.0	47	100.0

Source: Field survey, 2010

4.1.6 Marital Status of Elderly People

Marital status of elderly people in study area has been presented in Table 4.6. It shows that three in five (61.7 %) of the elderly are married in study area. This proportion is higher for male than female (68.1 % male Vs 52.9 % female). It is followed by the percentage of widowed/widower is (36.7 %). In this category of marital status 29.0 percent male and 47.1 percent female are reported. Similarly, 1.6 percent of elderly people has seen to be living alone in the status of divorce/separated.

Table 4.6: Distribution of Respondents by Marital Status

	Sex	

Marital Status	Male		Female		Total	
	N	%	N	%	N	%
Married	47	68.1	27	52.9	74	61.7
Widowed/widower	20	29.0	24	47.1	44	36.7
Divorced/Separated	2	2.9	-	-	2	1.6
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.1.7 Caste/Ethnicity of Elderly People

There are about 100 caste/ethnicity are identified in Nepal. Information about caste/ethnicity in study area has been presented in Table 4.7. It shows that the higher percentage about two in five (41.7 %) of the elderly people reported that they are Tharu. 40.6 percent male and 43.1 percent female elderly in this category of caste/ethnicity. It is followed by proportion by Brahmin (18.3 %), which accounts 20.3 percent male and 15.7 percent female. Similarly, the share of Chhetri is 11.7 percent having about same proportion of male and female (11.6 % male Vs 11.8% female). Similarly, other caste/ethnicity of study area is: Thakuri (6.7 %), Damai (7.5 %), Kami (9.2 %), Magar (4.2 %) and least number of elderly (0.8 %) reported that their caste/ethnicity is Sonaha.

Table 4.7: Distribution of Respondents by Caste/Ethnicity

Caste/Ethnicity	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Tharu	28	40.6	22	43.1	50	41.7
Brahmin	14	20.3	8	15.7	22	18.3
Chhetri	8	11.6	6	11.8	14	11.7
Thakuri	5	7.2	3	5.9	8	6.7
Damai	5	7.2	4	7.8	9	7.5
Kami	5	7.2	6	11.8	11	9.2
Magar	3	4.3	2	3.9	5	4.2
Sonaha	1	1.4	-	-	1	0.8
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.1.8 Religion of Elderly People

The Religion is seen to be affected by caste/ethnicity and also by geographical area of population. Distribution of respondents by their religion has been presented in

Table 4.8. It shows that majority of elderly people (95.0 %) in study area reported that they follow Hindu religion. 94.2 percent male and 96.1 percent female are reported in Hindu religion. And least number of elderly people (5.0 %) in study area reported that they follow Christian religion, which accounts 5.8 percent male and 3.9 percent female.

Table 4.8: Distribution of Respondents by Religion

Religion	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Hindu	65	94.2	49	96.1	112	95.0
Christian	4	5.8	2	3.9	8	5.0
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.1.9 Mother Tongue of Elderly People

About 92 languages are spoken as mother tongue in Nepal (Yadav, Y. 2003). The information about mother tongue (languages) of study area has been presented in Table 4.9. It shows that about half (45.8%) of the elderly people in study area speak Nepali languages as their mother tongue, which accounts 50.7 percent male and 39.2 percent female. On the other hand about two in five (41.7%) of the elderly people in study area speak Tharu languages. Similarly, 12.8 percent of elderly people in study area speak other category of languages as in their mother tongue.

Table 4.9: Distribution of Respondents by Mother Tongue

Mother Tongue	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Tharu	28	40.6	22	43.1	50	41.7
Nepali	35	50.7	20	39.2	55	45.8
Others	6	8.7	9	17.6	15	12.5
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

Others refer: Sonaha and other inter-community mother tongue/language.

4.2 Information on Main Source of Income of Elderly People's Family

Level of income of family directly affects the status of elderly people. High-income individuals have high standard of living and vice-versa. In Nepal, there is not any

opportunity, which helps to earn money to elderly people. Main source of income of elderly people's family in study area are presented under the following heads.

4.2.1 Main Source of Income of Elderly People's Family

Different sources of income of elderly people's family in study area have been presented in Table 4.10. Table shows that major income source of elderly people's family in study area is Agriculture (73.3 %). Similarly, 5.8 percent families of study area have the income of Trade/Business. The other source of income of elderly people's family in study area is Pension (5.8 %). Similarly, in the category of income 'Services' 5.0 percent family is reported. And lastly, 10 percent family of elderly people are reported in the others source of income. The other source of income refers Carpenter, Fishing and labour.

Table 4.10: Distribution of Respondents by Source of Income of Family

Source of Income	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Agriculture	50	72.5	38	74.5	88	73.3
Trade/Business	6	8.7	1	2.0	7	5.8
Pension	4	5.8	2	3.9	6	5.0
Services	3	4.3	4	7.8	7	5.8
Others	6	8.7	6	11.8	12	10.0
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

**Others refer: carpenter, fishing and labour.*

4.2.2 Economic Participation of Elderly People

Economic participation of elderly people that was found in study area has been presented in Table 4.11. Table shows that majority of elderly people (58.3 %) have reported that their economic participation is physical works in family where 57.9 percent male and 58.8 percent female elderly are reported. Similarly, least number of elderly people (5.0 %) is reported that their economic participation in family is providing technical knowledge for family member's works. Data also shows that, 41.7 percent elderly people are providing skills/ideas for their family. 40.8 percent of elderly people's economic

participation is in household activities. Likewise, 25.0 percent of elderly people are providing cash for their family 5.8 percent male and 3.9 percent female are providing cash for their family. It also illustrates that the economic participation of elderly people is constituted in higher proportion in study area.

Table 4.11: Distribution of Respondents by Economic Participation

Economic Activities*	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Physical works	40	57.9	30	58.8	70	58.3
Providing skills/ideas	31	44.9	19	37.3	50	41.7
Household activities	27	39.1	22	43.1	49	40.8
Providing cash	23	33.3	7	13.7	30	25.0
Technical knowledge	4	5.8	2	3.9	6	5.0
Total	69	-	51	-	120	-

Source: Field Survey, 2010

**refers to the multiple responses*

Total percent exceeds hundred due to multiple responses.

4.2.3 Source of Income

Different source of income of elderly people in study area have been presented in Table 4.12. It shows that the major source of income of elderly people in study area is agriculture. Higher proportion of elderly people (90.0 %) has the source income as agriculture, which accounts 88.4 percent male and 92.2 percent female. Similarly, 45.8 percent of elderly people are reported that their source of income is elderly allowance. Least number of elderly people has reported that they have other category of source of income. More number of male than female are reported that in this category (10.1 % male Vs 9.8 % female). Other source of income of elderly people in study area is elderly pension and Dan/Chanda. Other sources: includes fishing, carpenter, labor and different technical works.

Table 4.12: Distribution of Respondents by Source of Income

Source of Income*	Sex				Total	
	Male		Female		N	%
	N	%	N	%		
Agriculture	61	88.4	47	92.2	108	90.0
Elderly allowance	35	50.7	20	39.2	55	45.8
Pension	11	15.9	8	15.7	19	15.8
Dan/Chanda	10	14.5	3	5.9	13	10.8
Others	7	10.1	5	9.8	12	10.0
Total	69	-	51	-	120	-

Source: Field Survey, 2010

**refers to the multiple responses*

Total percent exceeds hundred due to multiple responses.

4.2.4 Information on Elderly Allowance

Distribution of aged allowance in Nepal is not very old. It is started from few years onwards. It is one kind of respectful social programme for elderly people. In the started year, each month Rs 150 per elderly people is provided to age 75 and above. The process of distribution is different to male and female elderly. A widow female gets aged allowance since 60 years if they become widow but male widower does not get until 70. The elderly allowance is increased from 150 to 250 per months until 2065 B.S. But now a day it is increased from Rs 250 to Rs 500. Actually this programme is not truly fruitful because its age criteria are high in the one hand and it is not conducted world wide in the other hand. However, the effort can take positive in the field of social welfare. Table 4.13 gives the information about elderly allowance in study area.

Table 4.13: Distribution of Respondents by Information on Elderly Allowance

Information on Elderly Allowance		Sex				Total	
		Male		Female			
		N	%	N	%	N	%
Knowledge on elderly allowance	Yes	50	72.5	29	56.9	79	65.8
	No	19	27.5	22	43.1	41	34.2
Total		69	100.0	51	100.0	120	100.0
Get elderly allowance	Yes	30	43.5	25	49.0	55	45.8
	No	39	56.5	26	51.0	65	54.2
Total		69	100.0	51	100.0	120	100.0
Process of getting elderly allowance	Going to VDC office	10	33.3	9	36.0	19	34.5
	Son/Daughter	12	40.0	13	52.0	25	45.3
	In home (Delivery)	5	16.7	2	8.0	7	12.7
	Other relatives	3	10.0	1	4.0	4	7.3
Total		30	100.0	25	100.0	55	100.0
Reason for not receiving elderly allowance	Lack of citizenship certificate	6	15.4	5	19.2	11	16.9
	Low age	30	76.9	18	69.2	48	73.8
	No one help	3	7.7	2	3.9	1	1.6
	Not necessary	-	-	1	3.9	1	1.6
Total		39	100.0	26	100.0	65	100.0

Source: Field Survey, 2010

Table 4.13 shows that more number of elderly people in study area have knowledge on elderly allowance. 65.8 percent elderly have knowledge and 34.2 percent have not knowledge about elderly allowance. By the sex, 72.5 percent male and 56.9 percent female elderly have knowledge about elderly allowance in study area. Data also shows that 45.8 percent elderly people are getting their elderly allowance where as 54.2 percent are not getting their aged allowance. Similarly, for seeking sex, 43.5 percent male are getting their old aged allowance and 56.5 percent are not getting. Likewise, 49.0 percent female elderly are getting old aged allowance and 51.0 percent are not getting their aged allowance.

4.2.5 Process of Getting Elderly Allowance and Reason for Not Receiving Elderly Allowance

Table 4.13 shows process of getting elderly allowance. According to table majority of elderly (45.3 %) are getting elderly allowance by son/daughters. This is followed by

34.5 percent elderly people are getting allowance by going VDC offices. Similarly, 12.7 percent elderly people are getting in home delivery and 7.3 percent elderly people are reported getting elderly allowance by other relatives.

Table 4.13 also shows that the main reason of not receiving old age allowance by elderly people in study area. In study area, the majority of elderly people (73.8 %) are not getting allowance reason of the low age. It is followed by 16.9 percent are not getting lack of citizenship certificate. Similarly, 7.7 percent elderly people are reported that no one help and 1.6 percent reported in not necessary of elderly allowance.

4.2.6 Information on Pension

Information on pension in study area is presented in Table 4.14. It shows that information on pension. The majority of elderly people (84.1 %) in study area have not any source pension. And 15.9 percent of elderly people are getting the facilities of pension. In the source of pension, more number of elderly people reported in the source of India (47.7 %) which contents 54.5 percent male and 37.5 percent female. Secondly, 42.1 percent elderly people are reported on the services in Nepal. Similarly, 5.3 percent elderly people have the pension of British and also 5.3 percent elderly people are getting pension facilities from other sources.

Table 4.14: Distribution of Respondents by Information on Pension

Information on Pension		Sex				Total	
		Male		Female			
		N	%	N	%	N	%
Get Pension	Yes	11	16.0	8	15.7	19	15.9
	No	58	84.0	43	84.3	101	84.1
Total		69	100.0	51	100.0	120	100.0
Source of Pension	Service in Nepal	4	36.4	4	50.0	8	42.1
	India	6	54.5	3	37.5	9	47.4
	British	1	9.1	-	-	1	5.3
	Other	-	-	1	12.5	1	5.3
Total		11	100.0	8	100.0	19	100.0

Source: Field Survey, 2010

4.2.7 Means of Expenditure

Different means of expenditure of elderly people in study area has been presented in Table 4.15. It illustrates that major means of expenditures in study area are education, health, buying, buying daily needs and other. Higher proportion of elderly people (43.3 %) is investing money in their families and own health.

Observing by sex, it has revealed that the awareness of female with respect to education and health facilities is better than their male counterparts. 26.2 percent male and 41.1 percent female are investing money in education of children. Similarly, 39.1 percent male and 49.0 percent female are investing money in health facilities. Likewise, 27.6 percent male and 33.3 percent female are investing money in buying daily need/goods and 10.1 percent male and 9.8 percent female have reported that they are investing money in others categories of means in study area.

Table 4.15: Distribution of Respondents by Means of Expenditures

Means of Expenditures*	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Education	25	26.2	21	41.1	46	38.3
Health	27	39.1	25	49.0	52	43.3
Buying	13	18.8	11	21.6	24	20.0
Buying daily needs	19	27.6	17	33.3	36	30.0
Others	7	10.1	5	9.8	12	10.0
Total	69	-	51	-	120	-

Source: Field Survey, 2010

**refers to the multiple responses*

Total percent exceeds hundred due to multiple responses.

4.2.8 Monthly Money Investment in Education of Children

In the context of Nepal, quality education is determined by the amount of money what the parents usually invest. The hypothesis of Caldwell (1976) “Having many children is rational when wealth flow from children to parents. However, in our case parent have to invest for their Children’s education and other necessities. The monthly money investment of elderly people in elderly in education of children in study area has been presented in Table 4.16.

Table 4.16: Distribution of Respondents by Monthly Money Investment in Children's Education

Monthly invest in Education of Children (in Rs.)	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
0-1000	44	63.8	31	60.8	75	62.5
1000-2000	9	13.0	10	19.6	19	15.8
2000-3000	5	7.2	5	9.8	10	8.3
3000-4000	4	5.8	1	2.0	5	4.2
4000 and above	7	10.1	4	7.8	11	9.2
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

Table 4.16 shows that more than half (62.5 %) of elderly people are reported in study area that they invest less than Rs. 1000 per month in their children's education. It is followed by the proportion who invests Rs. 1000-2000 per months (15.8 %). Thirdly, about one in ten (8.3 %) elderly people reported that they invest Rs. 2000-3000 per months for their children's education. Similarly, least number of elderly people (4.2 %) elderly are found that they invest Rs. 3000-4000 per months for children's education and 9.2 percent of elderly people are reported that they invest Rs. 4000 and above to their children's education.

4.2.9 Level of Satisfaction in Children's Education

The satisfaction level of children's education has been presented in Table 4.17. It shows that satisfaction level of children's education in study area. Table shows that 45.0 percent of elderly people are satisfied in their children's education. Similarly, 23.3 percent elderly people are highly satisfied, 21.7 percent people are middle satisfied and 10 percent elderly people are not satisfied in their children's education in study area. Observing by sex, 44.9 percent male and 45.1 percent female are satisfied, 29.4 percent female and 18.8 percent male are highly satisfied, 17.6 percent female and 24.6 percent male are middle satisfied and 11.6 percent male and 7.8 percent female are not satisfied with their children's education in study area.

Table 4.17: Distribution of Respondents by their Satisfaction Level of Children's Education

	Sex	

Satisfaction Level	Male		Female		Total	
	N	%	N	%	N	%
Highly satisfied	13	18.8	15	29.4	28	33.3
Satisfied	31	44.9	23	45.1	54	45.0
Middle	17	24.6	9	17.6	26	21.7
Not satisfied	8	11.6	4	7.8	12	10.0
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.3 Information on Living Arrangement of Elderly People

4.3.1 Living Arrangement of Elderly People

Living arrangements are needed for support and others including physical, social and psychological satisfaction. These arrangements are also a reflection of complex cultural, economic, historical and personal factors. It is especially important for elderly people that need care for their well-being. Living arrangement of elderly people in study area has been presented in Table 4.18.

Table 4.18: Distribution of Respondents by Living Arrangement

Living Arrangement	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Self	13	18.8	15	29.4	28	23.3
Spouse	18	26.1	7	13.7	25	20.8
Unmarried son/daughter	4	5.8	3	5.9	7	5.8
Married son/daughter in law	22	30.4	20	39.4	41	34.2
Grand children	9	13.0	4	7.8	13	10.8
Others	4	5.8	2	3.9	6	5.0
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

Table 4.18 shows the living arrangement of elderly people. It shows that the majority of elderly people (34.2 %) are reported that their living arrangement is managed by their married son/daughter in law. Similarly, 23.3 percent elderly people are managing their living arrangement by self. 5.8 percent of elderly people are reported that their

unmarried son/daughter is arranging their living status. Similarly, least number of elderly people (5.0 %) is reported that their other relatives manage their living arrangement. And also 10.8 percent people are reported by grandchildren and 5.8 percent are reported that unmarried son/daughter arrange their living status.

4.3.2 Time of Taking Food

Time of taking food per day of elderly people in study area has been presented in Table 4.19. It shows that about five in two (43.3 %) of the elderly people taking proportion of 40.6 percent male and 47.1 percent female reported that they are taking food twice a day. It is followed by about one third (35.8 %) of the elderly people they are taking food three times a day. Similarly, 5.0 percent of elderly people are reported that they are taking are taking food five times per day. More number of male than their female counterparts (5.8 % male Vs 3.9 % female) reported that they take food five times per day in study area. Similarly, 15.8 percent of elderly people are reported four times in a day, which accounts 17.4 percent male and 13.7 percent female.

Table 4.19: Distribution of Respondent by Time of Taking Food

Time of Taking Food	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Twice a day	28	40.6	24	47.1	52	43.3
Three time in a day	25	36.2	18	35.3	43	35.8
Four time in a day	12	17.4	7	13.7	19	15.8
Five time in a day	4	5.8	2	3.9	6	5.0
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.3.3 Agent of Preparing Food

The responsibility of wear and tear is given of family members in Nepal. Food is taken as a basic need for human life. Question was asked with elderly people that who prepare food for them in study area. Information about agent of preparing food to elderly people in study area has been presented in Table 4.20.

Table 4.20: Distribution of Respondents by Agent of Preparing Food

Agent of Preparing Food	Sex				Total	
	Male		Female			
	N	%	N	%	N	%

Self	7	10.1	16	31.4	23	19.2
Spouse	24	34.8	3	5.9	27	22.5
Unmarried son/daughter	4	5.8	-	-	4	3.3
Married son/daughter-in-law	22	3.9	24	47.1	46	38.9
Grand children	9	13.0	6	4.8	15	12.5
Others	3	4.3	2	3.9	5	4.2
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

Table 4.20 shows that more than one third (38.9 %) of elderly people reported that their food is prepared by their married son/daughter-in-law. It is followed by preparing food by their spouse. About one in five (22.5 %) of elderly people taking higher proportion for male (34.8 %) male Vs 5.9 % female) reported that their food is usually prepared by their spouse. Similarly, one-fifth (19.2 %) elderly people reported that they themselves prepared food for them. Majority of female elderly reported that they themselves prepared food for them than male counterparts (10.1 % male Vs 31.4 % female). Least number of elderly people (3.3 %) reported that their food prepared by their unmarried son/daughter. Similarly, 12.5 percent of elderly people reported that their food prepared by their grandchildren and 4.2 percent of elderly reported by their other relatives.

4.3.4 Personal Hygiene

Personal hygiene is necessary thing for quality of life of elderly people. It includes bathing; washing cloths and other sanitation facilities need for them. Questionnaire was asked with elderly people that who usually manage their personal hygiene. Information about responsible persons for personal hygiene of elderly people in study area has been presented in Table 4.21.

Table 4.21: Distribution of Respondents by Personal Hygiene

Agent for Managing Personal Hygiene	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Self	39	56.5	31	6.8	70	58.3

Married son/daughter-in-law	20	29.0	10	19.6	30	25.0
Unmarried son/daughter	2	2.9	3	5.9	5	4.2
Spouse	6	8.7	3	5.9	9	
Grand children	-	-	1	2.0	1	0.8
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

Table 4.21 shows that about three in five (58.3 %) of the elderly people in study area are reported that they themselves manage their personal hygiene which account higher share for female than male (60.8 % female vs. 56.5 % male). Secondly, it is followed by one fourth (25.0 %) of the elderly people's personal hygiene is seen to be managed by their son/daughter-in-law. Larger proportion of male's personal hygiene is managed by their son/daughter-in-law. In third position, 7.5 percent elderly people's personal hygiene managed by their spouse. Larger number of male than female is seen to be dependent over their spouse (8.7 % male Vs 5.9 % female). Quite little proportion of elderly people comparing to other (9.8 %) is reported that their relatives manage their personal hygiene. Similarly, 4.2 percent of elderly people reported that their personal hygiene is seen to be managed by their unmarried son/daughter. And also 4.2 percent of elderly people are reported that their grandchildren manage their personal hygiene.

4.3.5 Get-up Time

Information about average time of get-up of elderly people in study area has been presented in Table 4.22. It shows that majority of elderly people (54.2 %), which accounts 53.6 percent male and 54.9 percent female, get-up at 4 – 6 AM. Secondly, 23.3 percent of elderly people in study area get up at 6 – 8 AM. 23.2 percent male and 23.5 percent female get-up in time at 6 – 8 AM. Similarly, 22.5 percent of elderly people get up at 2 – 4 AM. 23.2 percent male and 21.6 percent female get-up at 2 – 4 AM.

Table 4.22: Distribution of Respondents by Get-up time

Get-up	Sex		Total
	Male	Female	

Time	N	%	N	%	N	%
2 - 4 AM	16	23.2	11	21.6	27	22.5
4 – 6 AM	37	53.6	28	54.9	65	54.2
6 – 8 AM	16	23.2	12	23.5	28	23.3
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.3.6 Sleeping Time

Information about average sleeping time of elderly people in study area has been presented in Table 4.23. Table shows that majority of elderly people (44.2 %) elderly people reported that they sleep at 8 – 10 pm. This accounts higher percentage for female in study area. The elderly people who sleep at 6 – 8 pm follow it. 35 percent of elderly people found that they sleep at this time (33.3 % male Vs 37.3 % female). Least number of elderly people (10.0 %) reported that they sleep at 10 – 12 pm. Similarly, 10.8 percent of elderly people reported that they sleep at 4 – 6 pm which accounts that 10.1 percent male and 11.7 percent female.

Table 4.23: Distribution of Respondents by Sleeping Time

Sleeping Time	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
4 – 6 PM	7	10.1	6	11.7	13	10.8
6 – 8 PM	23	33.3	19	37.3	42	35.0
8 –10 PM	30	43.5	23	45.1	53	44.2
10-12 PM	9	13.0	3	5.9	12	10.0
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.3.7 Level of Satisfaction of Sleeping of Elderly People

Satisfaction level of sleeping of elderly people in study area has been presented in Table 4.24. It shows that about half of the elderly people (51.7 %) reported that they are satisfied that with their sleeping. It is followed by 30.0 percent of elderly people are reported that they are middle satisfied with their sleeping. Similarly, 13.3 percent of elderly people are highly satisfied with their sleeping. Least number of elderly people

(5.0 %) reported that they are not satisfied with their sleeping. 5.8 percent male and 5.0 percent female are not satisfied with their sleeping.

Table 4.24: Distribution of Respondents by Satisfaction Level of Sleeping

Satisfaction Level of Sleeping	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Highly Satisfied	7	10.1	9	17.6	16	13.3
Satisfied	37	53.6	25	49.0	62	51.7
Middle Satisfied	21	30.4	15	29.4	36	30.0
Not Satisfied	4	5.8	2	3.9	6	5.0
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.3.8 Usual Activities in Free time

The usual activities in free time of elderly people in study area have been presented in Table 4.25. It shows that majority of elderly people (51.7 %) reported that their usual activities is to care of their grandchildren. Likewise, 51.7 percent elderly people also reported that they are passing there free time by discussing with their family members. It is followed that 39.2 percent of elderly people are reported they are passing their free time by doing religious activities. Least number of elderly people (10.0 %) reported that their usual activities in free time are visiting temple/church. Similarly, 27.5 percent of elderly people are passing their free time by reading/Listening news and 19.2 percent are passing their free time by meeting their peer groups.

Observing by the sex, more number of female elderly is reported in caring of children than that of male counterparts (64.8 % female Vs 42.0 % male). Likewise, more number of female (13.7 %) than male (7.3 %) is reported that they are passing their free time by visiting temple/church. Similarly, 24.7 percent in male and 17.7 percent in female are reported that they are passing their free time by discuss with their family members.

Table 4.25: Distribution of Respondents by Free Time

Usual Activities in Free Time*	Sex				Total	
	Male		Female			
	No.	%	No.	%	No.	%
Religious activities	20	289.0	27	52.9	47	39.2

Reading/listening news	22	31.9	11	21.6	33	27.5
Care of grandchildren	29	42.0	33	64.8	62	51.7
Visiting temple/church	5	7.3	7	13.7	12	10.0
Meeting peer groups	14	20.3	9	17.7	23	19.2
Discuss with family members	17	24.7	9	17.7	62	51.7
Total	69	-	51	-	120	-

Source: Field Survey, 2010

**refers to the multiple responses*

Total percent exceeds hundred due to multiple responses.

4.3.9 Agent for Living

Elderly is a period of great risk. Any type of risk may arise in any time due to lack of immunity power. Hence elderly people always wish to live with their family especially with spouses and son. Table 4.26 gives information about present living status of elderly in study area which also informed about agent of elderly people for living to whom they are living now.

Table 4.26: Distribution of Respondent by their Living Status

Agent of Elderly for Living	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Alone	2	2.9	-	-	2	1.7
Spouse	12	17.4	11	21.6	23	19.2
Unmarried son/daughter	18	26.1	13	25.5	31	25.8
Married son/daughter-in -law	34	49.3	22	43.1	56	46.7
Others	3	4.3	5	9.8	8	6.7
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

**other refers friend, neighbor and relatives of elderly people.*

Table 4.26 shows that present living status of elderly people. Majority of elderly 46.7 percent elderly people are reported that they are living with their married son/daughter-in -law. 49.3 percent male and 43.1 percent female are living with their married son/daughter in law. Similarly, about one fourth (25.8 %) of elderly people are living with unmarried son/daughter. Similarly, 19.6 percent elderly are living with their own spouse. Least number of elderly people (1.7 %) is living alone in study area where only 2.9 percent male elderly are living alone. Similarly, 6.7 percent of elderly people are reported that they are living with their own friends, neighbors and relatives.

4.3.10 Satisfaction Level of Living Status of Elderly People

Satisfaction level of living status of elderly people in study area has been presented in Table 4.27. It shows that satisfaction level of living status of elderly people in study area. The table shows that majority of elderly people (37.5 %) are satisfied with their living status which accounts 39.1 percent male and 35.3 percent female. Similarly, 30.0 percent of elderly people are reported that they are middle level of satisfaction with their living status. 14.2 percent of elderly people are highly satisfied with their living status. 14.5 percent male and 13.7 percent female elderly are reported in this category. Similarly, 18.3 percent of elderly people in study area are reported that they are not satisfied with their present living status.

Table 4.27: Distribution of Respondents by Satisfaction Level of Living Status

Satisfaction Level	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Highly satisfied	10	14.5	7	13.7	17	14.2
Satisfied	27	39.1	18	35.3	45	37.5
Middle satisfied	20	29.0	16	36.4	36	30.0
Not satisfied	12	17.4	10	15.6	22	18.3
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.3.11 Source of Drinking Water

All of the elderly people (100 %) are found that their source of drinking water is 'Hand Pump' in study area.

4.3.12 Source of Lighting and Cooking

Source of lighting and cooking in study area has been presented in Table 4.28. It shows that source of lighting and cooking of elderly people in study area. In study area, major source of lighting are electricity, kerosene and biogas. Among them majority of elderly people (56.7 %) are using electricity for lighting. Similarly, 37.5 percent of elderly people have the source of kerosene and 5.8 percent have biogas for lighting in study area.

Table 4.28 also shows that the source of cooking of elderly in study area. In study area, the large proportions (80.8 %) of elderly people are using wood for cooking. Similarly, 9.2 percent of elderly people are reported that they are using biogas for cooking. 7.5 percent of elderly people are using kerosene and least number of elderly people (2.5 %) is using electricity for cooking in study area.

Table 4.28: Distribution of Respondents by Source of Lighting and Cooking

Source of Lighting	N	%
Electricity	68	56.7
Kerosene	45	37.5
Biogas	7	5.8
Total	120	100
Source of Cooking		
Wood	97	80.8
Kerosene	9	7.5
Biogas	11	9.2
Electricity	3	2.5
Total	120	100.0

Source: Field Survey, 2010

4.3.13 Access of Toilet Facility

Access of toilet facility of elderly people in study area has been presented in Table 4.29. It shows that access of toilet facilities of elderly people in study area. The higher percentage of elderly people (51.7 %) have temporary (made with non durable construction materials e.g. Bamboo, wood etc) of toilet facilities. It is followed by permanent types (made with durable construction materials e.g. Stone, mud, Cement and Tin etc. About half of on the temporary types of toilets facilities 25.8 percent of the elderly people are reported that they have permanent types of toilet facility. 22.5 percent of elderly people in study area are reported that they have not any kind of toilet facilities. They usually use open space and not fixed place for toilet (usually near by river).

Table 4.29: Distribution of Respondents by Access of Toilet Facility

Types of Toilet	N	%
Temporary	62	51.7
Permanent	31	25.8
Not	27	22.5
Total	120	100.0

Source: Field Survey, 2010

4.3.14 Types of House and Household Ownership

Four types of house are identified, they are: permanent, semi-permanent temporary and other, which are classified as on the basis of construction materials either walls or in roof. Permanent house were referred to those house having made with permanent construction material both in wall and roof. Semi-permanent house are those, where either walls or roof was constructed with permanent materials and other with temporary. Temporary house were those where construction materials were non-durable. Other included the house made by using as plastics and ownership refers to the legal status /ownership of house or part of house. Based on definition of types and ownership of house, the classification of house is done as: permanent, semi-permanent temporary in this study. Permanent house is defined to that made by using construction material as stone and mud in walls and Tin in roof. Semi-permanent to that made with absence of any one and temporary to that made with non-durable materials such as bamboo or wood. No one found having other types of house in study area. The information about ownership of house by types of house in study area has been presented in Table 4.30.

Table 4.30: Distribution of Respondents by Type of House by Ownership

Ownership	Types of House						Total	
	Permanent		Semi Permanent		Temporary			
	N	%	N	%	N	%	N	%
Own	17	89.5	41	87.2	46	83.2	104	86.7
Rent free	2	10.5	3	.4	7	13.0	12	10.0
Intuitionial	-	-	3	6.4	1	1.9	4	3.3
Total	19	100.0	47	100.0	54	100.0	120	100.0

Source: Field Survey, 2010

Table 4.30 shows that the distribution of elderly people's type of house and ownership. The majority of elderly people (86.7 %) are living their own house. It has seen that 89.5 percent of elderly people are living in own permanent house. Remaining 10.5 percent of elderly people are living in rent-free permanent house. 87.2 percent of elderly people are reported they are living in semi-permanent house. 6.4 percent of elderly people are living in rent-free semi-permanent house. Also 6.4 percent elderly are reported that they are living institutions semi-permanent house in study area. Similarly, 83.2 percent of elderly people are living their own temporary house and 13.0 percent of

elderly people are living rent free temporary house. Similarly, 1.9 percent of elderly people are living in temporary institutional house.

4.3.15 Family Decision

In Nepal, it has pointed that women are more excluded form family decision. They have to work even in old age, which is less productive. Information about four specific issues on family decisions was collected at the time of study. The information on decision-making person in household that gives position of elderly people at family level decision has been presented in Table 4.31.

Table 4.31: Distribution of Respondents by Family Decision

Person for Family Decision	Distribution of Household Works		Marriage of Children		Selling and Buying Valuable Goods		Important Social and Religious Ceremony	
	N	%	N	%	N	%	N	%
Self	26	21.7	23	19.2	29	24.2	36	30.0
Spouse	5	4.2	18	15.0	19	15.8	15	12.5
Unmarried son/daughter	19	15.8	15	12.5	11	9.2	6	5.0
Married son/daughter in law	70	58.3	64	53.3	61	50.8	63	52.5
Total	120	100.0	120	100.0	120	100.0	120	100.0

Source: Field Survey, 2010

Table 4.31 shows that the decision making person that the decision making person in four specific issues within household. More than half (58.3 %) of the elderly people are reported that married son/daughter in-law decide about division of household work in study area. 53.3 percent married son/daughter in-law decide about marriage of children. About half (50.8 %) of elderly people reported that they are deciding selling and valuable goods. More than half (52.5 %) decision about important social and religious ceremonies is done by married son/daughter in-law. There is seen huge difference between sexes while deciding about specific issues in Nepal. For example in decision making of important household purchases 16.5 percent male and 3.4 percent female (80.1 percent jointly by male and female) make decision. On the other hand in the case of purchases daily household need goods 15.0 percent male and 40.0 percent female makes decision (MoPH et, al, 2007). Similar scenario is seen in case of study area. Unmarried

son/daughter makes decisions in lower extent in the family. 15.8 percent unmarried son/daughter in division of household work, 12.5 percent in marriage of children, 9.2 percent in buying daily needs and valuable goods and only 5.0 percent decision is seen to be social and religious ceremonies. Similarly, elderly people's share in family decisions is seen to be lower. 4.2 percent in decision of household work, 15.0 percent in marriage of children, 15.8 percent in selling and buying valuable goods and 12.5 percent in important social and religious ceremonies. It illustrates that married son/daughter in-law make dominated role in family decision-making process where the role of elderly people seems to be lower in these issues.

4.4 Information on Health Condition

Health problem among population is one of the major concerns of policy makers and planners in Nepal. Usually types of health problems are taken as studies issues in following sub-topics.

4.4.1 Health Problem

Overall health status of Nepalese population seems to be improving (MoHP, et al 2007) which can be presented as Table 4.32. It shows that at the time of elderly many problems (health related) can be found. Among them majority of health problem is backache. Around 18 percent elderly are facing this problem. Similarly, 12.5 percent found headache, 14.2 percent face the problem of poor eyesight, 10 percent have found mental problem and 10.8 percent have pine around the waist, and 7.5 percent have found swelling legs and also 7.5 percent have asthma. Other category of health problems of elderly people in study area has constituted around 12 percent.

Table 4.32: Distribution of Respondents by their Health Problem

Health Problem	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Headache	10	19.49	5	9.81	15	12.5
Backache	11	15.9	10	19.6	21	17.5
Pain around the waist	7	10.1	6	11.8	13	10.8
Blindness/Power eyesight	10	14.5	7	13.7	17	14.2
Worse of hearing power	7	20.4	3	5.9	10	8.3
Swelling of legs	5	7.3	4	7.8	9	7.5
Cough/Asthma	4	5.8	5	9.8	9	7.5
Mental problem	4	5.8	8	15.72	12	10.0
Other	11	15.94	3	5.9	14	11.67
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.4.2 Level of Satisfaction in Specific Health Characteristics

Information about level of satisfaction of elderly people in five specific health characteristics are collected by asking the question with key informants: as are you satisfied your present health condition? Distribution of respondents by level of satisfaction on specific health characteristics in study area has presented in Table 4.33.

Table 4.33: Distribution of Respondents by Level of Satisfaction in Specific Health Characteristics

Level of Satisfaction	Ability of Vision		Ability of Hearing power		Ability of Memory		Ability of Physical Power		Ability of Smelling	
	N	%	N	%	N	%	N	%	N	%
Highly satisfied	21	17.5	16	13.3	13	10.8	16	13.3	15	12.5
Satisfied	49	40.8	61	50.8	67	55.8	50	41.7	73	60.8
Medium satisfied	33	27.5	35	29.2	38	31.7	41	34.2	29	24.2
No satisfied	17	14.2	8	6.7	2	1.7	13	10.8	3	2.5
Total	120	100.0	120	100.0	120	100.0	120	100.0	120	100.0

Source: Field Survey, 2010

Table 4.33 shows that majority of elderly people in study area satisfied with present ability of vision. Around 41 percent of the elderly people reported that they are satisfied

with their ability of vision. Secondly, 27.5 percent have medium level of satisfaction in ability of vision. Around 18 percent have highly satisfied and 14 percent people are not satisfied at all with present ability of vision.

Responses on ability of hearing, slightly more than half 50.8 percent of elderly people reported that their present ability of hearing is satisfactory. 29 percent elderly people are medium level of satisfaction level. In the case of ability of memory power, majority of elderly people around of 56 percent are reported that their ability of memory power and lowest around 2 percent people are not satisfied.

Responses on ability of physical power more than 42 percent of elderly people are reported that they are satisfied with their ability of physical power. 34 percent are medium around 11 percent are not satisfied. Similarly around 61 percent elderly people are satisfied and around 3 percent are not satisfied with present ability of smelling.

4.4.3 Place of Treatment

Place of treatment is one of the indicator for getting information on quality of health care and facilities that elderly people have which can be presented in Table 4.34. It shows that majority of elderly people around 56 percent elderly people reported that that their place of treatment is sub-health post. It is followed by around 18 percent elderly people's place of treatment is private clinic. Similarly, 13.3 percent found in hospital, 10 percent with Dhama/Jhakri and least number (2.5 %) of people found that their place of treatment is home with doctor.

Table 4.34: Distribution of Respondents by Usual Place of Treatment

Place of Treatment	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Hospital	11	15.9	5	9.8	16	13.3
Sub-health post	36	52.2	31	60.8	67	55.8
Private clinic	13	18.8	9	17.6	22	18.3
In home with doctor	2	2.9	1	2.0	3	2.5
Dhama/Jhakri	7	10.1	5	9.8	12	10.0
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.4.4 Money Invest for Health Facilities of Elderly People

Money for health facility is key element. So that money invests for health facilities of elderly people can be presented in Table 4.35. It shows that about one third (28.9%) of

the elderly people reported that they are investing Rs. 1000 and above for health facilities. It is followed by around one fourth (22.9%) of the elderly people who are investing Rs. 800-1000 per months for health facilities. Similarly, 20.5 percent elderly people reported that they are investing either Rs. 400-600 money respectively per months and least number of elderly people reported that they have invested Rs. 600-800 money per months for the health facilities of elderly people.

Table 4.35: Distribution of Respondents by Money Invest for Health Facilities

Needed Money for Health Facilities per Months (in Rs.)	N	%
0-200	8	9.6
200-400	12	14.5
400-600	17	20.5
600-800	3	3.6
800-1000	19	22.9
1000 and above	24	28.9
Total	83	100.0

Source: Field Survey, 2010

4.4.5 Health Management Person of Elderly People

Information about major health management person of elderly people in study area has presented in Table 4.36. It shows that the majority of elderly people reported that about 39 percent have managed health by their self and around 24 percent elderly have managed by their married son/daughter in law, 17.5 percent people are managed by spouse and only 5.0 percent people have managed by Grandchildren. Similarly, 10.8 percent elderly are managed by unmarried son/daughter and 3.3 percent of elderly are reported by their other relatives.

Table 4.36: Distribution of Respondents by Person for Health Management

Person for Health Management	N	%
Self	47	39.2
Married Son/Daughter in Law	29	24.2
Spouse	21	17.5
Unmarried Son/Daughter	13	10.8
Grand Children	6	5.0
Others	4	3.3
Total	120	100.0

Source: Field Survey, 2010

4.4.6 Opinion on Responsible Agent of Caring of Elderly people

Opinion of responsible agent of caring of elderly people has been presented in Table 4.37. It shows that responsible agent of take care of elderly people in study area. About two in five (39.2%) of elderly people have said that government should be responsible to take care of elderly people which account 42.0 percent male and 35.3 percent female. Similarly, also 39.2 percent of elderly people have said that their married son/daughter in-law is responsible of take care of elderly. Least number of elderly people (6.7 %) has said that they themselves are responsible. Also 6.7 percent have said unmarried son/daughter is responsible for take care of elderly people.

Table 4.37: Distribution of Respondents by Agent of Caring

Responsible Agent	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Self	5	7.2	3	5.9	8	6.7
Government	29	4.2	18	3.3	47	39.2
Spouse	6	8.7	4	7.9	10	8.2
Unmarried son/daughter	3	4.3	5	9.8	8	6.7
Married son/daughter in-law	26	37.7	21	41.2	47	29.2
Total	69	100	51	100.0	120	100.0

Source: Field Survey, 2010

4.4.7 Opinion on Health Facilities

Elderly people in study area have different opinion on required health facilities. Information on opinion for required health facilities of elderly people in study area have been presented in Table 4.38. It shows that majority of elderly people (61.7 %) reported in the opinion of free treatment. It is followed 14.2 percent of elderly people have opinioned on free medicine. Other 11.7 percent of elderly people have opinioned on mobile camp. Similarly, 2.5 percent have opinioned for paying cash for improving the health status of elderly people in study area.

Table 4.38: Distribution of Respondents by Opinion on Types of Health Facilities

Opinion on Health Facilities	N	%
Free treatment	74	61.7
Mobile camp	14	11.7
Free medicine	17	14.2
Free check up	5	4.2
Life insurance	7	5.8
Paying cash	3	2.5
Total	120	100.0

Source: Field Survey, 2010

4.4.8 Opinion on Painful Events of Elderly People

Information was collected about the painful event of life of elderly people. Information about opinion on major painful events of life of elderly people in study area has been presented in Table 4.39.

Different opinions about painful events of life of elderly people by sex have reported in study area. Physical weakness, economic problems, lack of care, isolation and hated by family members have opinioned on major painful events of life of elderly people in study area. Observing the data from Table 4.40, it is found that major painful events of life of elderly people in study area are physical weakness (31.7 %), which is slightly higher for female (33.3 %) than male (31.7 %). Economic problems (27.5 %) are the second painful events of elderly people in study area which account 27.5 percent for both male and female. Similarly, opinion of the painful events in lack of care (19.6 %), in

isolation (19.2 %), and in hate by family members (11.8 %) of elderly people has reported.

Table 4.39: Distribution of Respondents by Opinion on Painful Events of Life

Painful Events of Life	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Physical Weakness	21	30.4	17	33.3	38	31.7
Economic Problems	19	27.5	14	27.5	33	27.5
Lack of Care	13	18.8	10	19.6	23	19.2
Isolation	7	10.1	4	7.8	11	9.2
Hate by Family members	9	13.0	6	11.8	15	12.4
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.5 Information on Future Desire/Expectation of Elderly People

4.5.1 Expect from Family Members

Information about expectation of elderly people from family members in study area was collected at the time of study. Information about the opinion of elderly people of expectation from family members in study area has been presented in Table 4.40. It shows that majority of elderly people (37.5 %) reported that they expect love/ affection from their family members which contents higher for male (39.1 %) than female (35.3 %). It is followed by 26.7 percent elderly people are reported that they expect physical care from their family members. Similarly, 18.3 percent of elderly people are reported that they expect happiness, which accounts higher proportion of female (23.5 %) than male (14.5 %). Similarly, 10.0 percent of elderly people expect food at time and 7.5 percent of elderly people expect health facilities from their family members.

Table 4.40: Distribution of Respondents by Expect From Family Members

Expect From Family Members	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Love/Affection	27	39.1	18	35.3	45	37.5
Physical care	19	27.5	13	25.5	32	26.7
Happiness	10	14.5	12	23.5	22	18.3
Food at time	7	10.1	5	9.8	12	10.0
Health Facilities	6	8.7	3	5.9	9	7.5
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.5.2 Wishes in Usual Activities

Usual activities, which wish to do elderly people, have been presented in Table 4.41. It shows that usual activities of elderly people which want to do everyday. Observing the data the majority of elderly people (33.3 %) want to do religious activities everyday, which accounts 37.3 percent male, and 30.4 percent female. Similarly, 20.8 percent of elderly people have wishes to take care of children. 18.3 percent of elderly people have wished for reading/listening news everyday. Least number of elderly people (5.0 %) have wanted in working for agricultural work which contents higher proportion of male (7.2 %) than female (2.2 %). Similarly, 14.2 percent of elderly people reported they want to work inside home and 8.3 percent elderly people have reported that they want to meet peer groups.

Table 4.41: Distribution of Respondents by Wishes in Usual Activities

Wishes in Usual Activities	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Religious activities	21	30.4	19	37.3	40	33.3
Reading/ listening news	14	20.3	8	15.7	22	18.3
Working inside home	12	17.4	5	9.8	17	14.2
Working for agriculture	5	7.2	1	2.2	6	5.0
Take care of children	10	14.5	15	29.4	25	20.8
Meeting peer groups	7	10.1	3	5.9	10	8.3
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2010

4.5.3 Agent of Elderly People to Live in Future

Many of the elderly people wish to live with love and affection to their family members, which have been presented in Table 4.42. It shows that majority of elderly people (36.7 %) reported that they have to wish to live with their married son/daughter. It is followed 18 percent of elderly people are reported that they have to wish to live with their unmarried son/daughters. Least number of elderly people is reported that they want to live alone in the future. Similarly, 15.8 percent are reported with their grandchildren, 10.8 percent with husband/wife, also 10.8 percent at religious institution and lastly 6.7 percent are reported that they want to live in future in elderly home.

Table 4.42: Distribution of Respondent by Agent to Live in Future

Agent in Future to Live	Sex		Total	
	Male	Female	N	%
Alone	1	-	1	0.8
Husband/wife	8	5	13	10.8
Married son/daughter in law	24	20	44	36.7
Unmarried son/daughter	13	9	22	18.3
Grandchildren	11	8	19	15.8
Elderly home	5	3	8	6.7
Religious institution	7	6	13	10.8
Total	69	51	120	100.0

Source: Field Survey, 2010

4.5.4 Future Desire

Elderly people mainly want to live with religious activities and social service in future days which can be presented in Table 4.43. It shows that the majority of elderly people around 39 percent have no any desire in future days. 30 percent elderly have the desire to see their grandchildren's Marriage/Bartamandhan. 17.5 percent elderly have to do religious work in the future. Similarly, 10.8 percent elderly people want to see progress of own children in future and least number of the elderly people (2.5 %) have other desire expect mentioned above.

Table 4.43: Distribution of Respondents about Future Desire

Desire	N	%
No any desire	47	39.2
To do religious activities	21	17.5
To see grandchildren's Marriage/Bartamandhan	36	30.0
To see progress of own children	13	10.8
Other	3	2.5
Total	120	100.0

Source: Field Survey, 2010

4.5.5 Suggestion for Improving the Status of Elderly People

At the time of study, 34.7 Percent of elderly people have provided some valuables some suggestion to improve the present status of elderly people in study area. Suggestion reported in study area has been presented in Table 4.44. Table shows that the suggestion for improving the status of elderly people in study area. 36.6 percent of elderly people have suggested respect them by others (family members and people in societies) that make 37.0 percent for male and 35.7 percent for female. Secondly, it is followed by slightly more than one third (34.1 %) of the elderly people they have suggested to increase elderly allowance than present by government. Similarly, 17.1 percent of elderly people have suggested that to support them in economic and health problem by government, which accounts 18.5 percent male and 14.3 percent female. Least number of elderly people (12.2 %) has suggested taking care them by government to improve the present status of elderly people. In this suggestion, higher proportion of female than male (14.2 % female Vs 11.1 % male) is reported.

Table 4.44: Distribution of Respondents by Suggestion for Improving the Status

Suggestion for Improving the Status	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Respect them by others	10	37.0	5	35.7	15	36.6
Increase allowance than present	9	33.3	5	35.7	14	34.1
Take care by government	3	11.1	2	14.3	5	12.2
Support in economic and health problem by government	5	18.5	2	14.3	7	17.1
Total	27	100.0	14	100.0	41	100.0

Source: Field Survey, 2010

CHAPTER – FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Summary of Findings

This study was conducted to access the elderly people living in Manau VDC of Bardiya District. The study mainly concerns with the current socio-economic, demographic, health and psychological status of elderly people in study area. The research design of this study is descriptive. A non-probability sampling procedure especially purposive sampling techniques was used as a sampling procedure. The total number of sample size is 120 and the proportion of sample size is 21.9. In this context the major findings of socioeconomic and demographic status on the basis of various aspects of elderly people can be summarized in the following points.

In the study area, majority of elderly respondents are in age group 60-64 years (i.e. 7.4 %) of total population and 70-74 years of elderly have less significant in number (3.8 %) of total population. According the occupation status (10 years and above) in study area the more number of people is engaged in agriculture (82.8 %). Similarly, 5.3 percent in services and also 5.3 percent are engaged in labour. Likewise, 1.4 percent people are in business and 2.8 percent of elderly people are involved in other type of occupation. Least number of elderly people is reported in foreign labour.

Similarly an over whelming majority of respondents in study area (both sex) Tharu have higher position (41.7 %) and followed by Brahmin (18.3 %). The rare caste 'Sonaha' are less in number (0.8 %). Likewise among Dalit, Damai are 7.5 percent and Kami are 9.2 percent. According to marital status, 61.7 percent respondents are married and 36.7 percent are widow/widower and 1.6 percent is Divorced/Separated. Likewise, there is none respondents who are unmarried. Majority of respondents are Hindu religion which accounts 95.0 percent and 5.0 percent are Christian. Among total percentage of Hinduism female respondents are more than male respondents. According to the educational status, 60.8 percent respondents are illiterate and 39.2 percent are literate in study area. More number of female (66.7 %) are illiterate than male (56.5 %). Majority of elderly (72.3 %) have attained primary level of education, 25.5 percent have attained secondary level of education and least number (2.1 %) have attained higher level of education. Similarly,

45.8 percent respondents have Nepali language as mother tongue 41.7 percent respondents have Tharu language as mother tongue and other includes 12.5 percent.

According to source of income of respondent's family, more number of families (73.3 %) has the source of agriculture. 5.8 percent family reported in trade/business. Also 5.8 percent reported in services. The other source includes 10.0 percent of family in study area. According to economic participation of respondents, the higher numbers of elderly people (58.3 %) have reported that their economic participation is physical works in family. Similarly, least number of elderly people (5.0 %) is reported that there economic participation in family is providing technical knowledge for family member's work.

According to the income of respondents, multiple source of income of elderly people has found in study area. The higher proportion of elderly people (90.0 %) has the agriculture as the source of income. The least number of elderly people (10.0%) found that they have other category of source of income like as fishing, carpenter, labour and different technical works. Similarly, 45.8 percent elderly people have elderly allowance, 15.8 percent have pension and 10.8 percent have Dan/Chanda as the source of income. Likewise, about the knowledge on elderly allowance, 65.8 percent elderly have knowledge and 34.2 percent have not knowledge on elderly allowance. 45.8 percent elderly are getting elderly allowance and 54.2 percent elderly are not getting elderly allowance. More number of respondents (45.3 %) is getting elderly allowance by their own son daughter. Similarly, 12.7 percent of respondents are receiving elderly allowance in home delivery. Least number of elderly (7.3 %) are getting their allowance by their other relatives. In the study area, the majority of respondents (73.8 %) are not getting elderly allowance because of low age. 16.9 percent are not getting elderly allowance because of lack of their citizenship certificate. 1.6 percent of respondents are not receiving allowance because no one help them and also 1.6 percent is reported they are not needed elderly allowance.

In study area, least number (5.9 %) respondents are getting pension. 47.4 percent respondents are getting pension from India, 42.1 percent are from services in Nepal, 5.3 percent from British and also 5.3 percent from other sources of pension. The major means of expenditures in study area are education, health, buying, buying daily needs and other. Higher proportion of elderly people (43.3 %) is investing money in their families and own health facilities. Similarly, 38.3 percent elderly invest in their children's education, 20.0 percent in buying, 30.0 percent in buying daily needs and least number 10.0 percent

have investing their money for other categories of means. Likewise, about monthly invest in education of children; more number of respondents (62.5 %) invests only Rs. 0 – 1000, 15.8 percent respondents invests Rs. 1000 – 2000 for their children's education. Only 4.2 percent reported that they are investing Rs. 3000 – 4000 for children's education. Similarly, 9.2 percent of elderly are investing large amount (Rs. 4000 and above) than other respondents. 45.0 percent of elderly people are satisfied with their children's education and 10.0 percent respondents are not satisfied with their children's education.

According to living arrangement, higher proportion of respondents (34.2 %) manage their living arrangement by their married son/daughter-in-law. Similarly, 23 percent elderly manage their living arrangement by themselves. More number of female (29.4 %) than male (18.8 %) arranged by themselves. 20.8 percent of elderly are managed their living arrangement by their spouse. Likewise, the higher proportions of elderly people (43.3 %) are taking food twice a day. 35.8 percent are taking three times in a day, 15.8 percent are taking four times in a day. Least number of elderly (5.0 %) is taking food five times in a day. By regarding the agent of preparing food, the higher proportion of respondents (38.9 %) are reported that their food is prepared by their married son/daughter-in-law. 19.2 percent respondents are reported that they themselves prepare their food. The higher proportion of female (31.4 %) than male (10.1 %) is prepared food by themselves. The lowest proportion of respondents only 3.3 percent are reported that their food is prepared by their unmarried son/daughter. Similarly, 12.5 percent reported that their other relatives prepare their food.

Likewise, an overwhelming majority of elderly people (58.3 %) reported that they themselves manage their personal hygiene. Similarly, 25 percent elderly people are reported that their married son/daughter-in-law support for manages their personal hygiene. This support seems more number of male (29.0 %) than female (19.6 %). 4.2 percent elderly are supported by unmarried son/daughter, 7.5 percent elderly are supported by their own spouse and 0.8 percent supported by their grand children to manage their personal hygiene.

In the study area, majority of elderly (54.2 %) get up at the time of 4 – 6 am, 23.3 percent get up at 6 – 8 am and 12.5 percent get up at 2 – 4 am. Similarly with the regard of sleeping time, more number of respondents (44.2 %) sleep at 8 – 10 pm. Likewise, 35.0 percent sleep at 6 - 8 pm, 10.8 percent sleep at 4 – 6 pm and 10.0 percent sleep at the

time of 10 – 12 pm. More number of elderly people (51.7 %) is satisfied with their sleeping and least number of elderly people (5.0 %) is not satisfied.

In terms of usual activities, the majority of respondents (51.7 %) are reported that they are passing their free time to care of their grandchildren. Also 51.7 percent of elderly people are reported that their usual activities are to discuss with family members. Least number of elderly people (10.0 %) is reported that they are passing their free time by visiting Temple/Church. More number of female elderly (13.7 %) than male elderly (7.3 %) visit Temple/Church.

Similarly, the majority of elderly people (46.7 %) are living with their married son/daughter-in-law and least number (1.7 %) are living alone. 25.8 percent are living with unmarried son/daughters. 19.2 percent with own spouse and 6.7 percent with others, respectively. More than one in three (37.5 %) of elderly are satisfied with their living status and 18.3 percent are not satisfied with their living status. In the study area, all the respondents are found that their source of drinking water is 'Hand Pump'. Similarly in the source of lighting, more than half (56.7 %) have the electricity, 37.5 percent have the kerosene and least number (5.8 %) have the bio-gas as the source of lighting. Likewise, more than half (51.7 %) have the temporary toilet facility, 25.8 percent have permanent toilet facility and 22.5 percent have not any type of toilet facility. According to the house and household ownership, 86.7 percent of respondents are residing their own home and only 13.3 percent respondents dependent in others house where 10.0 percent are living rent free home and 3.3 percent are living institutional home. 89.5 percent respondents are residing their own permanent house, 87.2 percent are living in semi-permanent house and 83.2 percent are residing in their own temporary house.

In the process of decision making, more than half (58.3 %) of the elderly people are reported that decision on division of household works is done by their married son/daughter-in-law. Similarly, only 21.7 percent of respondents are reported that decision on division on the household work is done by them. Similarly, the majority of elderly (53.3 %) are reported that the decision on marriage of son/daughter is done by their married son/daughter-in-law. Only 19.2 percent decisions are reported that decision in marriage of children is done by themselves. The other decision in selling and buying valuable goods, 50.8 percent decision is done by married son/daughter-in-law. Only 9.2 percent decision is reported in selling and buying valuable goods is done by unmarried son/daughter. Likewise, the other decision important social and religious ceremony, there

is also significant role of married son-daughter-in-law (52.5 %). There is little number of decisions (5.0 %) of unmarried son/daughter in important social and religious ceremony. There is not any significant role on decision-making process of unmarried son daughter and spouse of elderly people.

With regard of health condition of the elderly people, the majority of elderly people (17.5 %) have the problem of backache. Similarly, 12.5 percent have the problem of headache, 14.2 percent have blindness/poor eyesight, 10.8 percent have pain around the waist, 8.3 percent have worse of hearing power, 7.5 percent have the swelling of legs, also 7.5 percent have cough/asthma, 10.0 percent have mental problem and lastly 11.7 percent have other problem expects above mentioned. There is no any elderly people reported that they have not any health problem. Similarly, about the health characteristics in the ability of vision, 40.2 percent respondents are satisfied and 14.8 percent are not satisfied. 50.8 percent elderly are satisfied with their ability of hearing and few number of elderly (6.7 %) are not satisfied with their hearing ability, 55.8 percent are satisfied with their memory power and 1.7 percent are not satisfied, 41.7 percent of elderly people are satisfied with their physical power and 10.8 percent are not satisfied and 60.8 percent elderly are satisfied with own smelling power and 2.5 percent are not satisfied.

In terms of treatment place, majority of elderly (55.8 %) tend to treatment in sub-health post followed by 18.3 percent in private clinic. In home with doctor, only 2.5 percent and in hospital, 13.3 percent elderly goes for treatment. More number of male (45.9 %) than female (9.8 %) is reported in hospital. Likewise, Dharni/Jhakri tends to only 10.0 percent accounts most of female (19.8 %) than male (10.1 %). In study area, more number of elderly (28.9 %) are investing Rs. 1000 and above per months for health facilities. Similarly, 22.9 percent are investing Rs. 800 – 1000 per months. Only 3.8 percent elderly have invested Rs 600 – 800 per months. 9.6 percent elderly have reported that they are only Rs. 0 – 200 investing per months for health facilities. According to health management person of elderly, the majority of elderly (39.25 %) are reported that they themselves manage their health. Similarly, their spouse manages 24.2 percent and only 3.3 percent of elderly are reported that others manage their health.

In the case of opinion on caring of elderly people, 39.2 percent reported and such are said that married son daughter-in-law are responsible for caring of elderly people. Similarly, 6.7 said that they themselves are responsible for caring. And also 6.7 percent elderly said that unmarried son daughter is responsible for caring of elderly. About the

opinion on health facilities, more number of elderly (61.7 %) has said that free treatment is done for elderly. Similarly, 14.2 percent have said that free medicine is distributed by elderly, 11.7 percent said that mobile camp is needed for elderly, only 2.5 percent have said that paying cash are needed, 41.7 percent said that free check up and 5.8 percent said that life insurance should be done. The other opinion on painful events of life of elderly, most of elderly (31.7 %) said that painful events were occurred when physical power was loss. 27.5 percent have said that when economic problem had occurred. 19.8 percent said that lack of care is also painful events of them, 9.2 percent elderly people said that isolation is also painful events of them in their life and 12.4 percent said that when they are hated by their family members.

According to expectation of elderly from family members the majority (37.5 %) of elderly have expected love/affectation with their family. More number of male (39.1 %) than female (35.3 %) expects love/affectation. 26.7 percent of elderly have expected the physical care, 18.3 percent have expected of happiness. 10.0 percent have expected food at time and least number 7.5 percent have expected health facilities. Likewise, the wishes in usual activities of elderly people in study area, more number of elderly people (33.3 %) want to do religious activities. Similarly, 20.8 percent of elderly people want to take care of own grandchildren. More number female (29.4 %) than male (14.5 %) want to take care of grand children. Least number of elderly people wants to do agricultural work. About the agent to whom elderly people want to live in future, higher proportion (36.7 %) want to live with their marred son/daughter-in-law, 18.3 percent want to live with their unmarried son/daughter, 10.8 percent of elderly people want in religious institution and least number of elderly (0.8 %) wants to live alone in future. According to future desire of elderly people 60.8 percent elderly people have desire and 39.2 percent have not any desire. Most of elderly (30.0 %) have the desire to see the own grandchildren's Marriage/Bartamandhan, 17.5 elderly wants to do religious activities and 10.8 percent have the desire to see progress of own children and 2.5 percent have others desire expect above mentioned. There are valuable suggestions to given by elderly people. The more number of elderly people (36.6 %) has given that others must respect elderly to improve their status. 34.2 percent elderly said that elderly allowance should be increased than now. Similarly, 12.2 percent elderly have said that government must take care of them and 17.7 percent also said that government must support in their economic and health

problem. These suggestions are given by more number of male than female elderly in study area.

5.2 Conclusions and Recommendations

Poverty, inequality and exclusion are the key factors of deprivation in Nepal including elderly people. The production of conflict, migration and unemployment has left elderly people alone at home in most rural part of Nepal. Population growth rate is 2.3 percent where as economic growth rate is 2.1 percent. The economic and social exclusion of disadvantaged ethnic and caste groups has fueled for ethnic groups have fueled for ethnic conflict. Costly and inefficient services delivery mechanism has symbolized the misuse of limited public resources. Disproportionate resource allocation to the capital city and its surrounding areas in comparison to remote and rural areas expands the gaps between urban and rural and rich and poor due to unequal services and opportunities. Government services for elderly people are still guided by welfare approach and are not simplified with public knowledge to poor and marginalized rural communities.

Old age is an inevitable part of life; it is last stage of life span of human beings. Elderly people have more knowledge and experiences. They are assets of our societies. But even then, they are often neglected and ignored by our new generation and family members. Naturally they are weak and unhealthy at life time. Due to health facilities modernization and other different reasons life expectancy of elderly people is increasing day by day. Similarly, the new country will be one of rapid population ageing through out the region. While increased longevity is a great human achievement, it will bring with it greater demands for care and support as the oldest age groups expand. But their family members do not care, respect and love to them.

Briefly, the status of elderly people in Manau VDC is presented as follows: Manau is constituted with numerous figures of elderly people among them more number of male than female elderly. From the above summary and findings one can have quick look of the socio-economic and demographic status of elderly people in Manau. Majority of elderly depend up on their married son/daughter-in-law even in their daily needs and it is increasing responsibility for young. In this area large percentage of elderly people are followers of Hindu religion. Among the elderly more female elderly are involved in unpaid economic activities than male elderly.

The pattern of marital status of older men is very different from that of older women in study area. The chance of remarry of female is quite lower than that of male. The large numbers of older women, who are single, widowed or divorced, are especially vulnerable, receiving few or none of the elements than that of older male. In some cases, they have even lacking comparable status in family and community level. The inheritances, which are registered in the name of elderly people, are either unproductive or less productive. They do not want to sell and leave it and want to keep for the future generations. Usually after marriage of sons, the family conflicts are seen and reached up to family separation. Thus, the responsibility of take care of elderly people is given to younger son. And it is not culturally, allowed to live with married daughter. Elderly people have few choice of food material and in some cases they don't have provision to request. They have to eat whatever they get. The pension's schemes are the exceptional and limited. There is lack of income-oriented works for their long-term poverty reduction. Even the lower level of income of elderly people is deviated i.e. huge different between populations. Thus, they have to work in agriculture sector until they become frail. At this point they may become subject to abuse as their status in household and community diminishes.

In study area, literacy rate is not quite satisfactory. The overall literacy rate is almost universal. The literacy rate of elderly people is higher than that of total population in national level figure. However, the literacy rate of older female is seen quite lower than that of older males. The educational attainment is not given priority in study area. Different interests, needs, hopes and fears of them are not considered by adult children and they are less encouraged and have full participation in decision making process in the issues that affect them. The elderly people have not significant role in the process of decision-making. The elderly people need opportunities to participate in cultural, economic, political and social life and life long learning. These are also human rights of older persons and are very few implemented in this area. However, these issues are different according to sex

The usual activities of elderly people are religious activities but there is lack of religious places into near by surrounding. They usually spend their time by doing daily household activities, reading, listening news, and sometimes doing religious tours also. However, for these activities they have seen to be getting very few permission and co-operation of any kinds from there family members. There is not satisfactory behavior of

family members towards elderly. Elderly people who have better economic status are more cared by their family members than who have low economic status. Gender based discrimination and lack of property ownership are also visible problems related with elderly. One of the significant problems is that on which most of the elderly are pushed out from the love, affection, respect and esteem of family and its member due to modernization. So to solve this issue family level awareness on the need of caring elderly must be advocated. Use of media, public awareness programmes, award for better caring families should be established.

The health status of elderly people in study area is not quite satisfactory. Almost all of the elderly people in this area are suffering from some kind of health problem. Despite the relatively good health of some elderly people, there is heavy concentration of health problems to the aged people especially to very elderly. Government has provided only limited health services or medical care in this area. There is only one sub-health post and its quality is poor and one also private clinic with health assistance. Other good health facilities are far and are not accessible to elderly people. Similarly, majority of elderly believe on modern medicine either known way or unknown way, however somewhat believe on traditional belief even today. This clears that it is going to modernization gradually. Most of the elderly people expect their right, dignity, freedom, esteem, love, affection, security as well as appropriate housing, clothing and fooding facilities in timely from family, society even from government. Very few elderly are aware of their health care and facilities. Significant numbers of elderly people have habit of smoking and drinking. The health facilities and situation of care should be improved.

The social security system of government have supported to elderly people. Usually it has helped to those elderly, who don't have additional income sources. The elderly allowance distribution is not satisfactory but it is some more irregular. No elderly people have found not getting such allowance having other documents. However, lack of banking and financing system, majority of older person who receive state financial support in some extent may become victims of intergenerational violence, especially when they live in multi generational household (extended) within poverty context. It has become supportive tool for younger generation, who are unemployed. Hence it can be conclude that the distribution only is not effective tools for alleviating poverty which resulted that Nepal still is not in the position of meeting MDGS goal-1 (eradicate extreme poverty and hunger). Along these other different physical and psychological problems are

faced by significant number of elderly people. Thus further researches about the issue of elderly people and its proper policy formulation and implementation in local, regional and national level is necessary for the human development and quality of life of elderly people in study area.

There exists low investment of elderly people in health facilities of them and education of their children. It suggests that their educated children also less support elderly people. The investment in health facilities of them should be improved.

It is essential to integrate the involving process of development policies and programmes based on Guiding Principle of Madrid International Plan of Action to get quality of life of elderly people. The elderly constitute a valuable and important component of societies. To combat these issue and challenges, large number of ageing population should be taken as central issue and challenges, large number of ageing population should be taken as central issue while formulating population policies and should proportionally be involved them. That is also necessary to involve in the total welfare of respective family or society. Poverty is another obstacle and is also main goal of MDGS (2000), tenth five year plan (PRSP) and second priority area of interim plan period of Nepal. Many of the programmes have been initiated but they are still limited only in words not in actions. In practice, the participation of local communities, NGOs, INGOs and the international community as represented by both governmental and private agencies are crucial in meeting the basic needs of elderly people, especially for poor. As well as, it is equally important, to formulate mechanism, effective monitoring and evaluation system to observe the effectiveness of the programmes. The monitoring and evaluation of programmes can be made effective by resource allocation, political commitment and by formulating appropriate population policy. Whatever the circumstances of older person, they are entitled to live in an environment that enhances to empower older persons, active ageing and support their contribution to family, society and the nation as a whole.

Due to the time, and financial and methodological delimitation, this study was conducted only at Manau VDC. At present, there are no any studies have been undertaken regarding the elderly people in general. Adequate and reliable information for the appropriate decision-making regarding the health of the elderly people is lacking. Thus, such studies should be conducted at the national level.

REFERENCES

- Acharya, S.K. (2001). Population Ageing: Some Emerging Issue in the SAARC Region with Reference of Nepal. In B.K. KC (Ed.). *Population and Development in Nepal*, 8, 39-45.
Kathmandu: Central Department of Population Studies, Tribhuvan University.
- Adhikari, P.L. (2008). *The Status of Elderly People in Nepal: A Study in Jaljale VDC, Tehrathum District*. An unpublished MA dissertation. Kathmandu: Central Department of Population Studies, Tribhuvan University.
- Bisht, P.S. (2000). Population Ageing: Global and Nepalese Perspectives. In B.K. KC (Ed.). *Population and Development in Nepal*, 7, 167-182. Kathmandu: Central Department of Population Studies, Tribhuvan University.
- _____. (2003). *Ageing and Elderly Population in Nepal*. A Paper Presented at Population and Development Training Programme. 18-19 December 2003. Kathmandu: Central for Population Research and Training (CPRT).
- _____. (2006). *The Condition of the Elderly People in Kathmandu City*. An unpublished Ph. D. Dissertation. Kathmandu: Central Department of Population Studies, Tribhuvan University.
- Cain, M. (1986). The Consequences of Reproductive Failure: Dependence, Mobility, and Mortality among the Elderly People of Rural South Asia. *Population Studies*, 40, 375-388.
- Caldwell, J. (1976). Towards a Restatement of Demographic Transition Theory. *Population and Development Review*, 2, 321-366. New York: The Population Council.
- CDPS. 1996. *Migration, Employment, Birth, Death and Contraception Survey*. Kathmandu: UNFPA/HMG.
- Chamie, J. (2007). *Why Population Ageing Matters: A Global Perspectives*. Washington DC: Center for Migration Studies.

- Chaudhary, R., and B. Niraula. (2003). Nuptiality Trends and Differentials in Nepal. *Population Monograph of Nepal*, 1, 273-316. Kathmandu: Center Bureau of Statistics (CBS).
- Constitution of Nepal. (2007). *The Interim constitution of Kingdom of Nepal 2063*. Kathmandu: Law Books Management Board.
- Economic and Social Commission for Asia and Pacific (ESCAP). (1996). Report of the Regional Seminar on Population Ageing and Development. 10-14 December 1995. *Asian Population Series*, 140. New York: United Nations.
- KC, B.K. (2003). Internal Migration in Nepal. *Population Monograph of Nepal*, 2, 121-158. Center Bureau of Statistics (CBS).
- Ministry of Health and population. (2007). *Nepal Population Report*, Kathmandu: MoHP.
- Nag, M., B.N.F. White, and R.C. Peet. (1978). An Anthropological Approach to the Study of the Value of Children in Java and Nepal. *Current Anthropology*, 19, 293-306.
- Nepal Participatory Action Network (NEPAN) and Help Age International (HAI). (2001). *Voice of Elderly*, Lalitpur: Jagdamba Press.
- Nepal Participatory Action Network (NEPAN). (2002). *Towards Secure Ageing: Proceeding of the National Preparation for the Second World Assembly on Ageing*, Kathmandu, Nepal.
- Neugarten, B.L. and association. (1997). Personality and Ageing. *In Handbook of the Psychology of Ageing*, New York: USA.
- National Planning Commission (NPC). (1998). *Ninth Five Year Plan 1997-2002*. Kathmandu: HMG.
- _____. (2002). *Tenth Five Year Plan 2002-2007*. Kathmandu: HMG.
- _____. (2006). *Nepal Living Standard Survey Report*. Kathmandu: HMG.
- _____. (2007). *Three Years Interim Plan 2007/08-2009/10*. Kathmandu: HMG.
- Nugent, J. (2007). *The Effect of Population Ageing of Economic Structure*. A Paper Presented in Conference in Ageing. 2006-2007, Tokyo, Japan.

- Population Reference Bureau (PRB). (2007). *World Population Data Sheet*, Washington DC: PRB.
- _____. (2009). *World Population Data Sheet*, Washington DC: PRB.
- Regmi, N.P. (2006). *The Status of Elderly People in Nepal: An Analysis of socio-economic and demographic characteristics of elderly people living in Balkot VDC, Bhaktapur District*. An unpublished MA dissertation. Kathmandu: Central Department of Population Studies, Tribhuvan University.
- Rose, A. (1964). A Current Theoretical Issue in Social Gerontology. *Population and Development Review*, 2, 46-50. New York: The Population Council.
- Senior Citizen Welfare Association of Nepal. (1994). *Study on Socioeconomic Status of Elderly People in Nepal*. An unpublished Report. Kathmandu: SCWAN.
- Shrestha, I. and B. Dahal. (2007). *Economic and Social Commission for Asia and the Pacific High Level Meeting on the Region*. A Country Report. Kathmandu: Review of the Madrid International Plan of Action on Ageing (MIPPA).
- Singh, M.L. (2003). Ageing of the Population of Nepal. *Population Monograph of Nepal*, 2, 251-294. Kathmandu: Center Bureau of Statistics (CBS).
- Subedi, B.N. (1996). Getting Younger or Facing the Problem of Elderly People: The Population Ageing in Nepal. *Population and Development in Nepal*, 4, 93-112. Kathmandu: Central Department of Population Studies, Tribhuvan University.
- _____. (1999). Population Aging in Nepal: Status, Context and Policy Response. *Nepal Population Journal*, 8, 81-108. Kathmandu: Population Association of Nepal.
- Subedi, P.K. (2006). Anthropology of the Old Age Security Motive and Fertility. *Nepal Population Journal*, 12, 69-78. Kathmandu: Central Department of Population Studies, Tribhuvan University.
- _____. (2006). *Fertility Behavior among Duras: Multiple Disciplinary Approaches*. An unpublished Ph. D. Thesis. United Kingdom: The University of Exeter.
- UNFPA. (2002). Population Ageing and Development Operational Challenges in Developing Countries. *Population and Development Series*, 5, 1-110. New York: USA.
- United Nations Country Team Nepal. (2007). *Common counter assessment for Nepal*.

- United Nations. (1994). Programme of Action adopted at the International Conference on Population and Development. Cairo, 3-5 September 1994. *Population and Development*, Vol. 1, New York: United Nations Publication.
- _____. (1999). Programme of Action: International Conference on Population and Development. *Population and Development*, 6, 16-20. New York: United Nations Publication.
- _____. (2001). Living Arrangement of Older Person Critical Issues and Policy Response. *Population Bulletin of United Nations*, Vol. 42, New York: United Nations Publication.
- _____. (2002a). *Report of the Second World Assembly on Ageing*. Madrid, 8-12 April. New York: United Nations Publication.
- _____. (2002b). *World Population Ageing, 1950-2050*. New York: United Nations Publication.
- Vlassoff, M., and C. Vlassoff. (1980). Old Age Security and the Utility of Children in Rural India. *Population Studies*, 34, 437-499.
- Yadav, Y. (2003). Language. *Population Monograph of Nepal*, 1, 137-171. Kathmandu: Center Bureau of Statistics (CBS).