

# **THE STATUS OF ELDERLY PEOPLE IN NEPAL**

**(A Case Study of Arubote VDC, Panchther District)**

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**DEGREE OF MASTER OF ARTS IN POPULATION STUDIES**

**BY**

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**JUNE 2011**

## **DECLARATION**

Except where otherwise acknowledge in the text, the analysis in this thesis represent my own original research.

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**June 2011**

# **RECOMMENDATION**

This is to certify that the thesis

Submitted by

**Kishor Dhakal**

Entitled

**THE STATUS OF ELDERLY PEOPLE IN NEPAL**

**(A Case Study of Arubote VDC, Panchther District)**

is Recommended for External Examination

**Prof. Dr. Prem Singh Bisht**

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**Date: June 2011**

## **VIVA-VOCE SHEET**

We have conducted the viva-voce examination of the thesis

Submitted by

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### **THE STATUS OF ELDERLY PEOPLE IN NEPAL**

**(A Case Study of Arubote VDC, Panchther District)**

and find that the thesis to be and independent work of the student written according to the prescribed format. We accept the thesis as the partial fulfillment of the requirements for Master of arts in population studies.

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**Date: June 6, 2011**

## **ACKNOWLEDGEMENTS**

This dissertation Entitled **THE STATUS OF ELDERLY PEOPLE IN NEPAL (A Case Study of Arubote VDC, Panchther)** has been prepared in order to partial fulfillment of the master degree in population studies.

Any research work in the field of ageing is both difficult and controversial. Being a burning issue in terms of Demography transition ageing and ageism become as a spot light to the eyesight of researcher. However, due to the lack of technical knowledge and other consideration, the first attempt to any field is not very near to venality and errorless. Here, I am not an exceptional.

There is an immemorial name, Mr. Prem Singh Bisht, Head of Department who is my thesis supervisor, have full share of credit of this thesis. Without his professional guidance, valuable suggestion and constant support, this study would not have been taken the final shape. For this, I am particularly indebted to him.

I would like to express my heartfelt thanks to Mr. Neelam Khanal, who fully support to conduct the field study. I am also grateful to my colleagues for their help and suggestion during the field study.

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## **ABSTRACT**

Over the passed few years, the world elderly population has been increasing while both developed of ageing population, elderly living in the developed countries are getting more quality of life than the developing countries. Majority of the world early person live in Asia. In the context of Nepal it does not have a high proportion of elderly people but it population is under the process. The growth rate of old population is faster than the growth rate of total population in Asia and Nepal.

Major objective of the study was analysis and examine the Demographic, Socio-economic and Health status of elderly people in Arubote VDC Panchthar, 129 sampled elderly respondents were taken in this study among then 94 were male and 35 were female and this study is based on both (primary and secondary) source of structured questionnaire. For data analysis simple statistical method were applied like frequency count and percentage distribution.

Most of the elderly living in Arubote VDC do not have any kinds of income source except agriculture. They are obliged to work from dawn to dusk and they are also suffer from many physical and vital role to their health status.

Majority of the elderly people in the study area are Limbu, Rai Chhetri and Brahmin. Joint family system is not break down till now. Literacy status of elderly is somehow satisfactory but female literacy is not quite satisfactory. High proportion of widows and widowers are suffer from tragic life due to not appropriate entertainment.

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# 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 which is natural process.

Population ageing is global phenomenon (Bisht, 2000). It is a natural out come of demographic transformation from high fertility and mortality to low fertility and mortality. In this sense population ageing can be viewed as a product of successfully population programs that most countries have implemented (UN, 1991).

Elderly is the group of people above 60 years of age or defined as the stage of mental and physical decreasing or inability. Following symptoms are seem in elderly people.

- i. Wrinkle appear in the face and sensory organs become less active.
- ii. Inability of mental work; quick forgetting, late hearing , confusing and repetition.
- iii. Physical weakness: feeling exhausted within short period, feeling of insecurity, increasing selfish attitude, feeling own selfish as a character of mercy and the development of one-sided insistence.
- iv. Incensement in religious and being a bit rigid and being conservative.
- v. Hunch back loose poor eyesight, memory loss or any sort of sensational feeling.

Ageing refers to the increasing inability of the body to maintain itself and to perform the functions it once did. As the body begins to decline, our abilities with standing the stresses and strains of life are demised by developing more ailments to heal and more time to recover even thought the elderly represent only a small non descriptor segment of the total population it has created powerful policy interest around the global. The elderly are not only growing number but also becoming more vocal and making increasing demands on contemporary society.

Ageing is a natural outcome of demographic transition from high fertility and mortality to low fertility and mortality. An increased in the longevity of the individual or an increase in the average length of life pertaining to a population results from improvements in the quality of the environment and from medical advances among other factor.

The old age is relative concept. Demographers consider 65 years of age as the old for international comparison of elderly people. The world assembly on aging adopted, as its main focus of concern, the population aged 60 or over as elderly population. The age 60 is also a convenient one for its statistical analysis. The United Nations considers 60 years the boundary of old ages (MOHP, 2007).

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

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

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

## 1.2 Statement of the Problem

There are certain researches done in the field of elderly population in Nepal. Whatever studies area available, they are done for the other purpose and not for the case of elderly (Subedi, 1999). As a result, there is little knowledge about the real situation of elderly people and their problems from the perspective of elderly themselves.

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

Aging is an emerging social issue for Nepal because fertility has started going down in recent years, the mortality is declining fast and the life expectancy is continuing to increase for both sexes in Nepal. It is important to understand the aging issue the proper demographic and national context. In a country like Nepal, a marginal increase in the proportion serious problem were people are characterized by greater spatial in qualities, poverty, stagnant economy, illiteracy and poor health status.

The dispersals of the family members, leading to the break down of the large/joint/extended family and the new status and role of women is making the carrying of the elderly population should not be deprived of their independency their sense of responsibility neglect. Any breakdown of these basic components can affect their mental health, which in turn can reduce their physical and psychological activity, leading to rapid health deterioration and untimely death.

There are very few studies conducted in the field of status of elderly people. However they do not cover the real situation of elderly people. This study attempts to carry out the status of elderly population in rural area i.e. in Arubote VDC of Panchthar district. Elderly people have wide experience, wisdom and they are expertises. It is necessary to take elderly issue sincerely from the society nation, and also world wide. The problem of the elderly people is the problem of the family, society and the nation elderly people are the sea of the knowledge, experience and

wealth of the nations so it is very important to the study of the status of elderly people.

### **1.3 Objective of the Study**

Since the ageing is growing concerns and increasing the percentage and absolute number of elderly population rapidly in rural and urban areas of Nepal. The majority of the people living rural areas of Nepal. So this study is mainly concerned with the current status of the elderly people living in Arubote VDC Panchthar district. The objectives of the study are:

- ) To analyze and understand socio-economic and demographic backgrounds of elderly living in the Arubote VDC of Panchthar district.
- ) To analyze the health status of elderly population living in Arubote VDC of Panchthar district.

### **1.4 Significance of the Study**

Elderly people are respected persons of the study. They are the sources of the knowledge, experience and wealth. In the United States, elderly people are addressed as senior citizens. The elderly people in our country are facing different problems such as basic needs, care, security and many other need. From the view of humanitarian, it is a miserable and dreadful problem. Thus elderly people are the assets of the society, nation and internationally too. UN declared he year 1999 as "the year of elderly people" which was celebrated world widely in order to integrate the issues of the elderly people.

This study is carried out for the study of demographic, socio-economic and health status of elderly people in Arubote VDC of Panchthar district. Specially, it is important for the comparison between male and female situation of the elderly people.

In Nepal due to the lack of information awareness and understanding in family members and in the community towards the independence. Participation self fulfilment dignity and care of elderly people. They are facing different kinds problems in their later life such as a social, economic, health and aloneness. There is urgent need to create awareness and change the attitude of family members, in the



community to wards elderly people. This study could help to know the overall situation of elderly people and create awareness and change the attitude of family members towards elderly people.

This study is expected to reveal the present status of elderly people about demographic, health and socio-economic characteristic and realize various assumption and prediction which in term will help to desing appropriate programs.

The study point outs out many important problems that are being faced by the elderly people in rural areas. The status of elderly people in rural area will be concerned by this research. This study would help us to come up with some suggestions for mitigations of the policy maker, NGO/INGO and other organization, which are going to conduct programs about elderly. The finding will also help to all stakeholders in making proper decision. This study will be helpful to know the needs of elderly people and their real life.

### **1.5 Limitation of the Study**

Every study has its limitations like other studies, this study also some limitations. It is done for the partial fulfilment for the masters degree in population studies from Tribhuvan University, Kathmandu. The study has following limitations:

- ) This study is limited to that population who are above 60 years of age.
- ) This study is based on 129 elderly people sampled from the Arubote VDC of Panchtahr district.
- ) The sampled size of the study does not accurately represent all elderly by caste age groups. Some persons might have been missed due to the purposive sampling technique used in this study.
- ) The findings of this study may not be representative for the elderly population of the whole country recommendation may be more applicable to similar situation.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Background**

To review the available literature or materials with an eye on the possibilities of developing hypothesis from it. Problem of elderly have been raised from time in the world. Nepal is also not untouched from this problem but there are very few journals, reports, books and magazines which include ageing issues.

In this context the thesis first possibly has covers sufficient materials to shape the study in achieving first goal. Most of the researchers are basically unifocal i.e. an aspect is taken into consideration. The study is concerned the status of elderly people. In the present scenario of the country with poor socio-economic status, poor health facilities gender differences and prevailing poverty for a long time. People look inactive and weak even in their early age groups. The poor health status and changing age structure of the elderly are clearly affecting socio-economic development of the country (Bisht, 2005). These materials realities have contribute to the thesis in dealing of the basic concepts and finding of the required facts.

#### **2.2 Definition of Old Age and Social Attitudes**

Countries have their own basis for defining ageing or old population. Sometimes it is defined by the countries on the basis of their social or economic structure such as some use retirement age or age at which people are eligible for social security benefits. Sometimes different categories are also utilized to define subgroups of old population (Acharya, 2001).

Population ageing means an increasing in elderly share of the total population. It is closely interrelated with the dynamic process of demographic and socio-economic change with implications for the family, community and nation (Adhikary, 1999). The concept of elderly in the context of the western experience and traditions has been based on proportion of population aged 65 years or over, but for developing countries a lower age limit of 60 years has been more relevant. Mostly the international agencies use population 65 years and over as elderly population but there

are countries and small scale studies which used the population aged 50 years and over as the elderly population. The beginning of the old age is also characterized by the time from which the capacity to do work begins to be affected by physical, mental and biological condition of the people, making the operational definition of old age limits to 60, 65, 70 years or above (Bisht, 2004).

### **2.3 Ageing in the World**

In 1987, the total world population was 5 billion, it was expected to pass 6 billion marks in 1999 and it will continue grow and exceed 9 billion by the year 2050. The main causes of the rapid growth of world population is the declining in the levels of mortality while fertility remaining at the higher level especially in developing countries. However fertility has started to decline even in high fertility countries of the developing world. So with the current trends of demographic scenario all countries will experience changes in the age structure of their population in the years to come. Several developing countries are still early in the stage of their transition from high to low fertility so bulk of their population is expected to concentrate in the younger age groups. However, with the continued decline in the fertility and mortality levels their age structures in the years to come, could be expected to closely resemble with those from today's developed world (Acharya, 2001).

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

The proportion of world's population over 60 years is increasing more rapidly than in any previous. In 1950, there were about 200 million people over 60 throughout the world. By the 2000, there will be about 550 million and by 2025, the number of over 60s is expected to reach 1.2 billion. The statistic shows that older people live in the south though there is a myth that older population do not exist in the developing world because life expectancy is low. Even in the world's poorest

countries, those who survive the disease of infancy and childhood have a very good chance of living to be grand parents. Thus the number of old people in developing countries will more than double over the next quarter century, reaching 850 million by 2025-12 percent of their total population (HAI, 2001).

The proportion of elderly national population aged 60 years and above is expected to grow rapidly over the next 50 years in Asia. This process of ageing is clearly visible in the economically advanced countries of Asia, such as Japan, Hongkong, North Korea and South Korea, particularly the East Asian countries. Now this process is beginning in South Asian countries where the life expectancy is increasing and the fertility and mortality are slowly and steadily declining, though the number of children is still high today. The growth rate of the elderly population expected would be highest in southeast Asia in the next 50 years followed by South Asia and then East Asia (Bisht, 2001).

The proportion of older persons differ from region to region. One out of every 10 person is now 60 years or older. One out of every five Europeans, but one out of every 20 Africans is 60 years or older. In Nepal, one out of every 17 persons is now 60 years or older, by 2150, it has 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 the health condition of the people (Bisht, 2004).

Currently, the Asian and Pacific region contains more than 300 million elderly persons aged 60 years and older. In China there are more than 114 million elderly, Japan contains 25.1 percent million elderly persons, the largest proportion of the elderly in its population and among all of the countries in this region (Bisht, 2004).

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

## 2.4 Ageing in the SAARC Region

Cross-national comparison of the ageing process in the developing region is rather tricky. Part of the reason 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 point to define old age, sometimes depending on the official national ages of retirement (Acharya, 2001).

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

The projection of older population in SAARC region by sex shows that female 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, 2004).

Total population and population aged 65 years and above in SAARC countries.

SAARC countries	Total population (in million)	% of elderly population
Bangladesh	1442	3
Bhutan	1.0	4
India	1103.6	4
Maldives	0.3	4
Nepal	25.4	4
Pakistan	162.4	4
Sri-Lanka	19.7	6

Source: PRB, 2005.

## 2.5 Ageing in Nepal

In Nepal, the share of elderly persons 60 years and above was 5 percent in 1952-54 which increased to 5.8 percent in 1991 and 6.5 percent in 2001. Elderly people in Nepal are found usually active and productive on their advancing years. They are involved in children cattle hearing, handcrafts and simple farming activities. Elderly females, in particular, mostly share responsibilities in household chores. However, their contribution and economic values have not been dully recognized (MOPE, 2002). The growth rate of the elderly population is faster than the growth rate of the total population in Nepal. Census data of Nepal reveals that in the past three decades, 1970 and on wards there has been a high rate of growth in elderly population between 1991 and 2001 the elderly population has increased at faster rate 3.5 percent per annual compared to 2.24 percent growth rate of the total population. The high growth rate of elderly population in 2001 census implies that number of the elderly will double in less than 20 years (CBS, 2003).

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

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

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

Majority of elderly people in Nepal are living in rural area depending upon their agricultural profession and living under the poverty. The majority of older people suffer from cumulative effects of lifetime at deprivation, entering old age in a poor state of health and without saving or material assets. They lack the means to fulfil their most basic needs such as food, proper housing, clothes, health care and safe drinking water. They also lack access to resources and income generating opportunities (Bisht, 2004).

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

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

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

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

### Percentage and Size of Elderly People

Year	No. of elderly people	Percent of elderly people
1952/54	409761	5.0
1961	489346	5.2
1971	621597	5.4
1981	857061	5.7
1999	1071234	5.8
2001	1477379	6.5

Source: CBS and MOPE, 2004.

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

### 2.6 Vulnerability of Widow

Women not only tend to live longer but also marry men who are two to three years older than they are. Because of the sex ratio at older ages, widows are much less likely to remarry than are widowers (Streib and Binstock, 1990). If the house burns, residue remains. If the husband dies, nothing remains. "The majority of older women in Nepal are widowed compared to men. The issue of widowhood is significant because a woman's marital status is of primary significance to her survival and well being. Once a woman is widowed or divorced she is often denied access to a husband's resources. As a result widows have no security, are heavily dependent on sons/family and have comparatively worse socio-economic situations as they lack of opportunities to earn income, and do not hold saving. Gender discrimination and inequality are carried out into old age, making widows among the most vulnerable in society (Bisht, 2004).

Women are in unfortunate situation than men in terms of marital status in Nepal. A large proportion of elderly population consists of widowed/widower. The situation of women elderly in terms of marital status is not good in most other countries and Nepal is not an exception. Increased life, expectancy and longer periods of widowhood makes women more vulnerable than men (Subedi, 1999).



The majority of older women in Nepal are widowed compared to men. The issue of widowhood is significant to her survival and well being. Once a women is widowed or divorced she is often denied access to a husband's resources. As a result, widows have no security are heavily dependent on sons/family, and have comparatively worse socio-economic situations as they lack opportunities to earn income and do not hold savings. Gender discrimination and inequality are carried out in to old age, making widows among the most vulnerable in society (Bisht, 2004).

## **2.7 Elderly People's Contribution**

Older men and women in Nepal provide valuable contributions to well being and livelihood of the family by taking responsibility for household activities, freeing younger family members to seek work outside the home and by providing income. Older people in Nepal are not a burden to families, nor helpless or passive. The failure to recognize and understand to contribution of the elderly people not only marginalizes older people, it also discounts valuable resources (Bisht, 2004).

Older people are not passive and they continue to contribute to their families and communities, but their capacity for productivity is also overlooked. The work contributed by older people is severely undervalued. Elderly who are capable, are found involved in various income generating activities like shop keeping, cottage industry and so on. And those who cannot participate directly, contributing in income generating activities are found making indirect contribution by assuming household work such as looking after house, cooking food so that younger family members can go out for productive work. Consider, for instance, the following quote by an elderly to illustrate the above point.

"We do so many things for our family, like looking after children looking after the livestock, keeping the house, helping to grow food. But because we do all this on a voluntary basis, no one recognizes its value instead we are seen as a burden" (NEPAN, 2001).

Older people fear that they will lose the respect of their children if they cannot make contributions to family economy. The loss of earning power has more serious consequences for older men in terms of family and community, status, since they

define themselves and are defined by others as the family primary economic providers (HAI, 2002).

## **2.8 Policy in Nepal**

### **1. Ninth Five Year Plan**

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

- ) One elderly home will be established in each development region and such home will have the provision of entertainment, library and religious speech deliverance. Similarly senior club will be established in village and small locality. Local bodies NGO and private sector will be encouraged performing above activities.
- ) Government is running and elderly home, social welfare centre elderly home in Kathmandu where is so elderly are taking shelter.
- ) VDCs and municipalities will maintain records senior citizens by updating two times a year.
- ) Reservation of seats as well as concession in ticket will be provided to senior citizen in public transport.
- ) Senior citizens will be granted monthly allowance and facilities based on updated record of citizenship and voter's identity cards.

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

## **2. Tenth Five Year Plan**

### **i) Objective**

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

### **ii) Main Targets**

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

### **iii) Policy and Work Strategy**

- ) Utilized the knowledge, skill and ability of senior citizens in the development works.
- ) Prepare necessary laws and amend existing ones for rights or senior citizens.
- ) Coordinate with local institution, non-government organizations and civil societies for the works/programs related to senior citizens.
- ) Encourage formulation of community based clubs, old age homes along with establishment and extension of pilot old age homes in five development regions of the country for making the life of old people easy and comfortable. Also, encourage the establishment of senior.
- ) Adopt policy for necessary arrangement to create geriatric world in all regional and zonal hospitals for providing appropriate health service to senior citizens.
- ) By updating the record of senior citizens, the existing allowance of the senior citizens will be reviewed.
- ) Implement social insurance scheme for senior citizens.

### **Programs**

- ) Formulation of acts and regulations relating to senior citizens.

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

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

Social security of the elderly people is very significant the country like Nepal, where the people below the poverty line are very high. Social security system is in the primary stage in Nepal. Its coverage is limited and the benefits under the social security schemes are inadequate provident fund is basically considered as a primary stage and important part of social security system. The concept of social security is gradually sifting from the realm of society to state. Traditionally, the society including the family and community had played the sold of the social security provider. Children, women the elderly and disable people are the responsibility of the kith and kin belonging to the joint or esteemed family in Nepal (Bisht, 2001).

The care and support provide to elderly are usually in the form of shared housing, food and other things. Family and kinship members are always important in

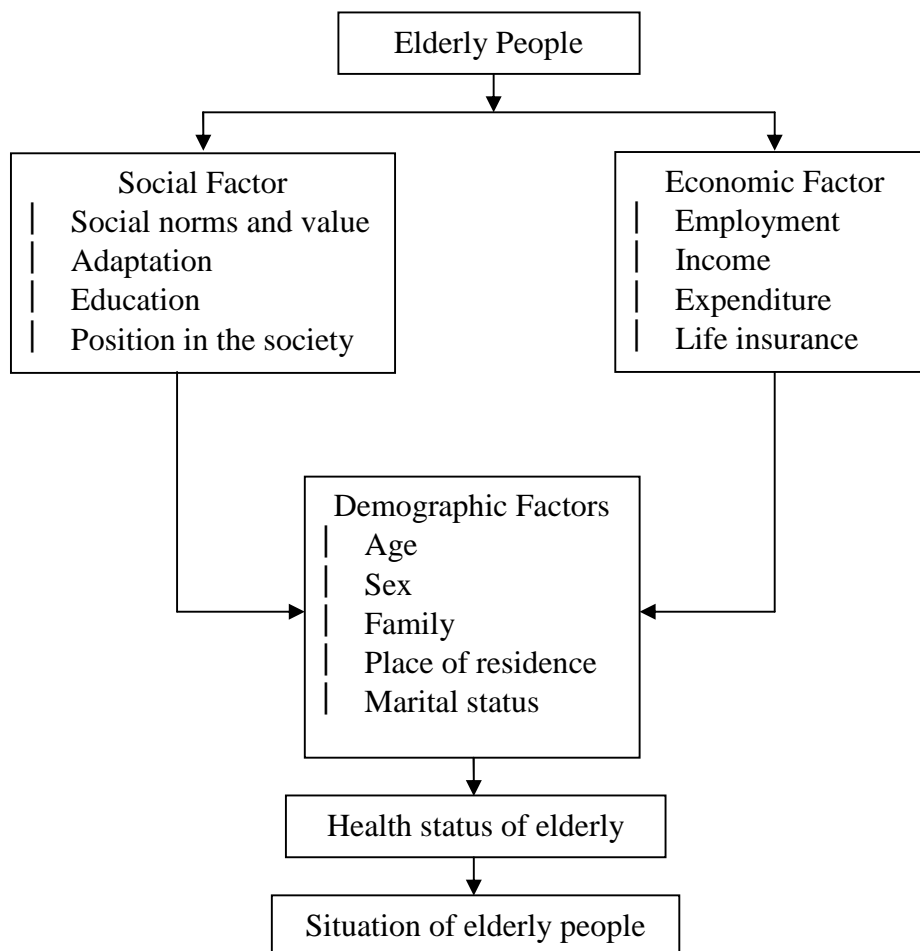
providing emotional support, care of and affection to older persons. However, pervasive poverty and social economic and demographic change threaten the support for the elderly people by families. Poverty is the single biggest factor weakening the traditional form of family support for older people (Bisht, 2002).

## **2.9 The Conceptual Framework of the Study**

It is obvious that Nepal is multilingual multi-religious and multi-ethnic country. Due to this reason, all elderly people have not equal opposition and respect in all societies. On the one hand, social norms and religious tradition favour the elderly people and on the other hand modernization creates some obstacles to caring and raring of the elderly people.

Various literature reviews revelled that elderly people have very problems. To identify their problems firstly it is necessary to find our social, demographic and economic factors. So, this study formulates the conceptual framework to identify the health problem of elderly people on the basis of social economic and demographic factors. It also helps to know the overall situation of elderly people.

## Socio-Economic and Demographic Factors and Elderly People



# **CHAPTER THREE**

## **METHODOLOGY**

### **3.1 Introduction to the Study Area**

Arubote VDC is one of the remote VDC of Panchthar district where basic infrastructures of development rarely available. It is situated about .... km from North from the district headquarter. According to 2001 census, the total population of Panchthar district was 202056. The total population of this VDC is 4012 of which 2204 are females and 1804 are males. In this VDC 1685 are Lumbu, 266 are Bahun, 312 are Chhetri, 813 are Tamang, 292 are Dalit and 103 are Magar people. Similarly, the total elderly people of this VDC is 246 of which 98 are female and 148 are male.

### **3.2 Study Types**

This is descriptive type of study it helps to find out the existing socio-economic, demographic and health status of elderly people.

### **3.3 Nature of Data**

This study is mainly based on primary data. The primary information was collected from field survey. Additionally, secondary data were also included in this study from different sources such as journals, census, survey reports, internet. The population aged 60 years and above is the main sources of information for this study.

### **3.4 Sample Size**

The total sample size of this study is 129. The population who are 60 years and above are considered as sampling population. Among the sample population, 35 people are female and 94 are male elderly.

### **3.5 Sampling Frame**

This study requires the information on age, sex and address of all people aged 60 years and above living in Arubote VDC. The main sources of such information are VDC profile itself.

Another potential source of such information was the list related to elderly allowance provided by HMG. But such type of clear list also is not available.

Anyway, only available and the best source to obtain such information is to quest the voters list prepared for the purpose of election by election commission. It contains enough information needed for this study. It is the authorized government source of information. Therefore, such sources are adopted as a sampling frame for the purpose of this study.

### **3.6 Sampling Procedure**

A non-probability purposive sampling technique was used. For this respondents from all wards of the VDC were taken purposively.

### **3.7 Questionnaire Design**

Questionnaires were taken from Prem Singh Bisht's unpublished Ph.D. thesis and modified questionnaire was used to obtain the data of elderly people status in rural areas. They were used to collect some personal identification like population structure i.e. age, sex, occupation, education status, socio-economic condition and health situation of elderly people.

### **3.8 Data Collection**

This study is based on data which was collected during the field survey. This study was conducted on 11 December, 2010. So the sources of data is primary nature by direct interview with respondents.

### **3.9 Data Processing**

After collecting the required information, the data were edited coded and entered and the required tables were generated by using SPSS software program.

### **3.10 Data Analysis**

The data collected through individual interview are presented in suitable tables. They are analyzed and tabulated according to the objectives of the study. The data are analyzed based on frequency and percentage. From the table descriptive analysis has been made to observe the status of elderly people living in Arubote VDC of Panchthar district.



## CHAPTER FOUR

### DEMOGRAPHIC CHARACTERISTICS OF ELDERLY PEOPLE

#### 4.1 Demographic Background of Elderly Population

This chapter deals with the demographic status of elderly people. This includes age-sex composition, marital status religion and head of household. The details analysis about demographic characteristic of elderly people as follows.

##### 4.1.1 Age Sex Composition of Elderly People

Age-sex composition is the important factor for demographic analysis as it affects all other components, either directly or indirectly. The issues of elderly people are growing concern all over the world due to the number of elderly people is increasing trend. The number of both sex is different. It is due to life expectancy. The age sex composition of elderly people is presented below in the table 1.

**Table 1 : Distribution of Elderly People by Age Sex Composition**

Age Group	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
60-64	25	26.6	7	20.0	32	24.8
65-69	19	20.2	4	11.4	23	17.8
70-74	22	23.4	9	25.7	31	24.0
75-79	20	21.3	9	25.7	29	22.5
80+	8	8.5	6	17.1	14	10.9
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 1 shows that the age and sex structure of the elderly respondents. Out of total 129 respondents the highest proportion of the total population (i.e. 24.8) are in the age group 60-64. The proportion of population on the age group 65-69 and 70-74 is 17.8 percent and 24.0 percent respectively. Similarly the respondents on age group 75-79 and 80+ are 22.5 percent and 10.9 percent respectively. As a whole highest

proportion of elderly respondents are found in 60-64 age group and lowest proportion of respondents are found in 80+ age group.

Above the table separately shows the number of male and female respondents. The highest number of male number is found in 60-64 age group (i.e. 26.6%) and lowest number is found in 80+ age group (i.e. 8.5%). Similarly 65-69, 70-74, 75-79 and 80+ age group are weighted as 20.2 percent, 23.4 percent, 21.3 percent and lowest 8.5 percent respectively. Then highest female respondents are found in two age group 70-74 and 75-79. Then lowest proportion of respondents were found in 65-69 and 80+ age group i.e. 11.4 percent and 17.1 percent out of 35 female respondents.

#### 4.1.2 Marital Status of Elderly People

Table 2 shows that the higher proportion of elderly people are currently married (59.7%). The number of currently married male is more than widow/widowers is 3.72 percent. Among the male respondents only 21.3 percent are widower, divorced 1.1 percent and separated no found. Similarly among the female 80.0 percent are widows. It is more than male. Likewise, divorced is not forced among female respondents and only few number of female are separated i.e. 2.9 percent among female respondents.

**Table 2 : Distribution of Elderly People by Marital Status**

Marital status	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Married	73	77.7	4	11.4	77	59.7
Widow/Widower	20	21.3	28	80.0	48	37.2
Divorce	12	1.1	2	5.7	3	2.3
Separate	-	-	1	2.9	1	8.0
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

#### 4.1.3 Religion

Religion is traditional believes, norms and values by which human life style can be affected. So, religious activities affects the life style of the elderly people

because their beliefs and practices are very much guided by the religion. The highest proportion population is Hindu in Nepal. According to 2001 census 80.62 percent Hindus in Nepal. The following table presets the distribution of respondents by religion.

**Table 3 : Distribution of Elderly Respondents by Religion**

Religion	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Hindu	61	64.9	19	54.3	80	62.0
Buddhist	8	8.5	7	20.0	15	11.6
Christian	7	7.4	1	2.9	8	6.2
Islam	3	3.2	-	-	3	2.3
Kirat	14	14.9	8	22.9	22	17.1
Others	1	1.1	-	-	1	8.0
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 3 shows that in study area of total 139 respondents, the highest proportion of the total population is Hindu (i.e. 62.0%). The proportion of Buddhist and Christian is 11.6 percent and 6.2 percent. Similarly Islam, Kirat and others respondents are 2.3 percent, 17.1 percent and only 8 percent respectively.

The table separately shows the number of male and female respondents in term of religion. The highest number of male found in Hindu religion is 61 (i.e. 64.9%) and lowest number is other is 1 (i.e. 1.1%). Similarly, female respondents condition, it is found that highest number of respondent is Hindu female whose number is 19 (i.e. 54.3%).

## CHAPTER FIVE

### SOCIO-ECONOMIC STATUS OF ELDERLY PEOPLE

This chapter concern with the socio-economic status of elderly people. It includes education status, family system decision making condition, occupation, source of income and fulfilment of basic needs.

Socio-economic background has prime role to determine the status of elderly people. It also determines the living style and quality of life of elderly people.

#### 5.1 Education Status

Education status is one of the parameter of identifying the socio-economic status of the elderly people. According to 2001 census, the literacy rate (Those who can read and write) for age 65+ years is found as 27.0 percent for males and 4.07 percent for females. For both sexes the literacy rate aged 65+ years is found 15.64 percent. Thus, literacy among elderly people may be considered as an indicator of quality of life. The higher level of educational status indicates the higher quality of life and vice versa. The following table gives the information about educational status of elderly people by sex.

**Table 4 : Distribution of Respondents According to their Education Status**

Educational status	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Illiterate	47	50.0	32	91.4	79	61.2
Literate	30	31.9	2	5.7	32	24.8
Primary	7	7.4	1	2.9	8	6.2
Secondary	5	5.3	-	-	5	3.9
Intermediate	4	4.3	-	-	4	3.1
Bachelor	1	1.1	-	-	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 4 shows that, its shows that about 61.2 percent elderly respondents are illiterate and 24.8 percent are literate. Similarly, 6.2 percent respondents have passed primary level. It is an exceptional illustration found in rural areas. Likely, the table shows 3.9 percent respondents have passed the secondary level, 3.1 percent respondents have passed intermediate level and only 8 percent respondents have passed bachelor level. The table exposes that the literacy status of elderly female respondents is pathetic especially in secondary; intermediate and bachelor level.

Table also expose that 50 percent of male are illiterate whereas 91.4 percent female are illiterate. There is imbalance in literacy status between and female respondents have as the data shows 31.9 percent male are literate and only 5.7 percent female are literate. To sum up, we can say as the literacy level increase the qualitative level of the male and female diminishes.

## 5.2 Family Status of Elderly People

It is necessary to be familiar with family status of elderly people because it helps to understand the social status of the elderly people. This headings covers the household head, food taking and preparing system and personal hygiene situation of elderly.

### 5.2.1 Head of Household

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

**Table 5 : Distribution of Elderly People by their Household head**

Household head	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Self	26	27.7	7	20.0	33	25.6
Husband/wife	32	34.0	2	5.7	34	26.4
Daughter/Son in law	31	33.0	23	65.7	54	41.9
Son/daughter in law	2	2.1	1	2.9	3	2.3
Grand children	2	2.1	2	5.7	4	3.1
Others	1	1.1	-	-	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 5 shows that the distribution of elderly people by their household head. Among the respondents, daughter/son in law become household head carrying largest percent in totality. Similarly, husband/wife second largest household head obtaining 26.4 percent. The respondents who themselves become household head occupy third largest position with 25.6 percent. As a household head, grand children only occupies 3.1 percent in totality. While analysing, male and female household head percent separately, the obtained husband/wife carrying highest position of 34 percent and lowest percent is others i.e., 1.1 percent. Similarly, as a female household head respondents son/daughter in law occupies highest position of 65.7 percent and lowest position is occupied by daughter/son in law that is 2.9 percent.

### 5.2.2 Food Taking System

Food is basic needs of all living beings. In other words food and all living beings are interlinked, without food number living beings can alive. Any way, food taking system is determined by the status of elderly people. In this stage people need more care, rare and support because it is life of decreasing and dependency. However, this stage needs appropriate food taking system as compared to other stage of human life. The following table presents the food taking system of elderly people.

**Table 6 : Distribution of Elderly People According to their Food Taking System**

Food taking per day	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Twice a day	22	23.4	9	25.7	31	24.0
Thrice a day	61	64.9	23	65.7	84	65.1
Four time a day	9	9.6	3	8.6	12	9.3
Five time a day	2	2.1	-	-	2	1.6
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 6 shows that more than half (65.1%) elderly people take food thrice times a day. Likewise, 24.0 percent twice a day, 9.3 percent four time a day and 1.6 percent elderly people take food five times a day. Among the male respondents the majority of male elderly (64.9%) take food three times a day. Likewise out of female

respondents 65.7 percent take food three times a day, 25.7 percent twice a day, 8.6 percent four time a day and no one take food five times a day.

### 5.2.3 Preparing Food

Preparing food is another fact which also reflects the status of elderly people. Following table presents the preparing food system in elderly's home.

**Table 7 : Distribution of Elderly People According to their Food Taking System**

Food prepared by	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Self	2	2.1	9	25.7	11	8.5
Husband/wife	38	40.4	3	8.6	41	31.8
Son/daughter in law	52	55.3	22	62.9	74	57.4
Daughter/Son in law	3	3.2	1	2.9	4	3.1
Grand children	2	2.1	2	5.7	4	3.1
Servants	1	1.1	-	-	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 7 shows that out of total respondents around half of total elderly peoples food prepared by son and daughter in law. Likewise 8.5 percent elderly prepared food self, 31.8 percent elderly prepared by spouse, 3.1 percent prepared food by daughter/son in law, 3.1 percent and 8 percent prepared food by grand children and servant respectively. Between the male and female, around the high number of female prepared food self and only less number of male elderly prepared food self.

### 5.2.4 Personal Hygiene

Personal hygiene is another necessary requirement for human being. Elderly are becoming physically weak, so they want to help to wash cloths to take both. The following table presents the hygiene status of elderly people.

**Table 8 : Distribution of Respondents According to their Personal Hygiene Status**

Personal hygiene	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Self	35	37.2	7	20.0	42	32.6
Husband/wife	39	41.5	5	14.3	44	34.1
Son/daughter in law	26	27.7	20	57.1	46	35.7
Daughter/Son in law	-	-	1	2.9	1	0.8
Grand children	8	8.5	5	14.3	13	10.1
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 8 shows that the highest proportion of elderly people (35.7%) helped by their son/daughter in law in their personal hygiene, 32.6 percent by own self, 34.1 percent elderly are helped by spouse. Similarly about 0.8 percent are helped by daughter/son in law and 10.1 percent are helped by grand children. It is also indicates that female elderly are more active than male for own personal hygiene.

### **5.3 Family Decision**

Decision making process plays an important role in the family. Elderly decision is regarded better as compared to other because they are more experience than others. Decision making process that found in study area is discussed below.

#### **5.3.1 Decision on Household Work Distribution**

Table 9 shows that out of total respondents 48.8 percent elderly people decision in household work distribution own self. Comparatively, more than two times male elderly decide household work distribution than female. 4.1 percent spouse, 45.7 percent son/daughter in law and only 0.8 percent daughter/son in law decide in household work distribution.



**Table 9 : Distribution of Decision Making on Household Work**

Decision maker	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Self	54	57.4	9	25.7	63	48.8
Husband/wife	5	5.3	1	2.9	6	4.7
Son/daughter in law	34	36.2	25	71.4	59	45.7
Daughter/Son in law	1	1.1	-	-	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

### 5.3.2 Decision on Children's Marriage

Table 10 shows that out of total respondents, 46.7 percent decide self on children's marriage likewise 14.7 percent elderly spouse, 38.0 percent son/daughter in law and only 0.8 percent daughter/son in law decide on children's marriage. Comparatively, the more number of male elderly participate to decide on children's marriage. Above table also clears that the high numbers of elderly people participate to decide on children's marriage.

**Table 10 : Distribution of Decision Making on Children's Marriage**

Decision maker	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Self	46	48.9	14	40.0	60	46.7
Husband/wife	16	17.0	3	8.6	19	14.7
Son/daughter in law	32	34.0	17	48.6	49	38.0
Daughter/Son in law	-	-	1	2.9	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

### 5.3.3 Decision on Buying and Selling Valuable Assets

Table 11 shows that out of total respondents 51.9 percent son/daughter decide on buying and selling valuable assets. Likewise, 30.2 percent self, 11.6 percent spouse, 3.9 percent daughter/son in law, 1.6 percent grand children and only 0.8

percent other decide on buying and selling valuable assets. Comparatively, the more number of male elderly participate to decide on buying and selling valuable assets than female elderly.

**Table 11 : Distribution of Respondents by their Decision Making on Buying and Selling on Valuable Assets**

Decision Maker	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Self	33	35.1	6	17.1	39	30.2
Husband/wife	14	14.9	1	2.9	15	11.6
Son/Daughter in law	43	45.7	24	68.6	67	51.9
Daughter/son in law	4	4.3	1	2.9	5	3.9
Grand children	-	-	2	5.7	2	1.6
Others	-	-	1	2.9	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

#### **5.3.4 Decision on Important Family Ceremony**

Table 12 shows that among the total respondents, 51.2 percent son/daughter in law decide on important family ceremony. Likewise, 33.4 percent self, 11.6 percent spouse, 1.6 percent daughter/son in law, 1.6 percent grand children and only 0.8 percent other decide on important family ceremony. It also clear that only few numbers of female elderly participate to decide on important family ceremony then male elderly.

**Table 12 : Distribution of Respondents by their Decision Making Status on Important Family Ceremony**

Decision Maker	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Self	32	34.0	11	31.4	43	33.4
Husband/wife	13	13.8	2	5.7	15	11.6
Son/Daughter in law	47	50.0	19	5.3	66	51.2
Daughter/son in law	1	1.1	1	2.9	2	1.6
Grand children	1	1.1	1	2.9	2	1.6
Others	-	-	1	2.9	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

## 5.4 Living Arrangement

In the process is studying about social and health status of elderly people is necessary to be family with living arrangement status of elderly people because it helps to know the actual social and family status of elderly people.

### 5.4.1 Status of Residential

Table 13 shows that out of total respondents mof of the elderly people (62.0%) stay being dependent. Likewise 15.5 percent stay own house and 22.5 percent elderly stay in others. Others include mainly daughter and relatives home.

**Table 13: Distribution of Respondents to According Residential Status of Elderly People**

Residential status	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Own	15	16.0	5	14.3	20	15.5
Dependent	60	63.8	20	57.1	80	62.0
Other	19	20.2	10	28.6	29	22.5
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

### 5.4.2 Living with Whom of Elderly

Elderly is period of great risk. Any type of risk may arise in any time due to lack of immunity power. Hence, elderly people always, especially with spouses and son. The following table gives the information about elderly people living with whom.

**Table 14: Distribution of Respondents to According Whom they are Living With**

Statement	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Husband/Wife	49	52.1	5	14.3	54	41.9
Son/daughter in law	69	73.4	31	88.6	100	77.5
Daughter/son in law	1	1.1	1	2.9	2	1.6
Alone	2	2.1	2	5.7	4	3.1
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 14 shows that 77.5 percent elderly people are living with their son and daughter in law, 41.9 percent elderly people are living with their spouse, 1.6 percent are living daughter/son in law and 3.1 percent are living alone.

### 5.4.3 Satisfaction with Present Living Arrangement

Table 15 shows that the level of satisfaction towards prevailing life of elderly people 85.3 percent elderly people are satisfied with their present living arrangement and 14.7 percent are not satisfied with that living arrangement. According to sex, among male elderly, 87.2 percent are satisfied which is more than female elderly (80.0%).

**Table 15: Distribution of Respondents According to their Satisfaction with Present Living**

Statement	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	82	87.2	28	80.0	110	85.3
No	12	12.8	7	20.0	19	14.7
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

#### 5.4.4 Own Way of Interest to Stay

People cannot live within alone position. In the condition of loneliness and sickness, individual needs care, support and help from other rituals. Hence group of individuals is also necessary of living of course, living with family is not new concept, it is generally believed that it is started from "stone age." The following table presents the own way interest of elderly to stay.

**Table 16 : Distribution of Elderly According to their Interest to Stay**

Statement	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Alone	2	2.1	-	-	2	1.6
Son/Daughter in law	80	85.1	28	80.0	108	83.7
Daughter/son in law	1	1.1	-	-	1	0.8
Religious institutions	1	1.1	-	-	1	0.8
Elderly homes	3	3.2	2	5.7	5	3.9
Others	7	7.5	5	14.2	12	9.3
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 16 shows that the highest number of elderly people (83.7%) wish to live with their son. Similarly, 1.6 percent have wish to live alone, 0.8 percent have wish to live daughter/son in law, 0.8 percent have wish to live religious institution, 3.9 percent have wish to live elderly homes and 9.3 percent elderly wish to live other relationship.

#### 5.4.5 Sleeping at Night

Sleeping at night has great impact upon the life status of elderly people, for it plays vital role in health condition and the life expectancy of the elderly people well sleeping habit helps to increase life expectancy whereas irregularities in sleeping help to reduce life expectancy.

**Table 17: Distribution of Elderly According to their Situation of Sleeping at Night**

Situation	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Good	51	54.3	19	54.3	70	54.3
Better	29	30.9	9	25.7	38	29.5
Worst	14	14.9	7	20.0	21	16.3
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 17 shows that out of total respondents the highest proportion of elderly people 54.3 percent had good sleeping. Likewise 29.5 percent elderly people had better sleeping and 16.3 percent had worst sleeping. According to sex, the number of female elderly had more than male in the condition of worst sleeping.

#### **5.4.6 Worry Disturbs in the Sleep at Night**

Table 18 shows that the information on memorable events of elderly people of the study area. Naturally elderly is period of assessment of previous life of human being. Everybody had a non-forgetful event and never scored off from memory trace. Anyway according to table 18, it clear that the highest number of elderly (29.5%) are disturbed in the sleep from dead family. Likewise, 10.1 percent from past activities condition, 11.6 percent from past events, 24.0 percent from present activities, 3.9 percent from present event and 20.9 from won health situation. This status seems to vary between male and female. Among male respondents the high numbers of male elderly are disturbed from present activities and the high number of female elderly and distributed from dead family.

**Table 18 : Distribution of Elderly by Worry Disturbs in the Sleep at Night**

Statement	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Past activates	8	8.5	5	14.3	13	10.1
Past events	13	13.8	2	5.7	15	11.6
Dead family	20	21.3	18	51.4	38	29.5
Present activities	27	28.7	4	11.4	31	24.0
Present event	3	3.2	2	5.7	5	3.9
Health situation	23	24.5	4	11.4	27	20.9
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

## 5.5 Economic Status of Elderly People

### 5.5.1 Income Source of Elderly People

Table 19 shows that out of total respondents, more than half of elderly peoples income source is agriculture. Likewise, 11.6 percent elderly income source is trade, 1.6 percent elderly people income source is investment/share. Similarly only 0.88 percent elderly depend upon Daan and Chand, 50.4 percent elderly people depend upon their age allowances, 5.4 percent elderly people income source is pension and 7.0 percent elderly people depend upon other different sources. In both sex male and female the high number of elderly depend on agriculture sector as source of income.

**Table 19 : Distribution of Elderly According to their Income Sources**

Income sources	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Trade	15	16.0	-	-	15	11.6
Investment/share	2	2.1	-	-	2	1.6
Daan/chanda	-	-	1	2.9	1	0.8
Aged allowances	41	43.6	24	68.6	65	50.4
Agriculture	53	56.4	17	48.6	70	54.3
Pension	7	7.4	-	-	7	5.4
Others	7	7.4	2	5.7	9	7.0
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

### 5.5.2 Average Monthly Income

The level of income directly affects the living standard of people because it determines the expenditure needed materials. The following table presents the average monthly income of elderly people.

**Table 20 : Distribution of Elderly According to their Average Monthly Income**

Average monthly income	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Less than Rs. 1000	20	21.3	17	48.6	37	28.7
1000-2500	30	31.9	14	40.0	44	34.1
2500-5000	20	21.3	2	5.7	22	17.1
5000-7500	12	12.8	2	5.7	14	10.9
7500-10000	4	4.3	-	-	4	3.1
10000 above	8	8.5	-	-	8	6.2
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 20 shows that the high number of elderly people have between 1000-2500 monthly income. Likewise, 28.7 percent have less than Rs. 1000 monthly income, 17.1 percent have between Rs. 2500-5000, 10.9 percent have between 5000-7500, 3.1 percent have between 7500-10000 and 6.2 percent have above 10000 monthly income. Comparatively, the male elderly people have high monthly income than female elderly.

### 5.5.3 Property Ownership

Ownership upon the property also concerns largely with the life status of old age people. The following table presents the property ownership status of elderly people.



**Table 21 : Distribution of Elderly According to their Property Ownership**

Statements	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Household	8	8.5	2	5.7	10	7.8
House/land	50	53.2	18	51.4	68	52.7
Cash	26	27.7	4	11.4	30	23.3
Bank balance	4	4.3	-	-	4	3.1
Ornaments	6	6.4	3	8.6	9	7.0
Investments	1	1.1	-	-	1	0.8
Land	25	26.6	12	34.3	37	28.7
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Note: Percentage total exceed 100 due to multiple response.

Table 21 shows that majority of elderly people (52.7%) have property ownership on house and land. Similarly, 7.8 percent have only house, 23.3 percent cash, 3.1 percent elderly people have, bank balance, 7.0 percent have ornaments, 0.8 percent elderly have investment in other field and 28.7 percent have land property.

According to sex, the majority of male and female elderly people have property ownership on home and land.

#### 5.5.4 Fulfilment of Fundamental Needs

Fundamental needs are basic needs which keep great concern in living standard of elderly people. The following table presents the fulfilment of fundamental needs of elderly people.

**Table 22: Distribution of Respondents by Fulfilment of Fundamental Needs**

Statements	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	53	56.4	16	45.7	69	53.5
No	41	43.6	19	54.3	60	46.5
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 22 shows that most of the people (53.5%) are able to fulfil their basic needs. Only 46.5 percent elderly people are not fulfilled their basic needs. Comparatively, the less number of female elderly fulfilled their basic needs than male elderly.

### 5.5.5 Support for Expenditure of Elderly

Table 23 shows that most of the people have son and daughter in law as their expenditure person. Likewise, 3.1 percent reported daughter/son in law, 0.8 percent reported grand children, 6.2 percent reported other relatives, 0.8 percent and 0.8 percent are reported others an self respectively. Both male and female elderly are supported from their son and daughter in law.

**Table 23 : Distribution of Respondents According to who Bear their Expenditure**

Statement	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Son/Daughter in law	82	87.2	32	91.4	114	88.4
Daughter/son in law	3	3.2	1	2.9	4	3.1
Grand children	1	1.1	-	-	1	0.8
Other relations	6	6.4	2	5.7	8	6.2
Others	1	1.1	-	-	1	0.8
Self	1	1.1	-	-	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

### 5.5.6 Elderly Support in Family

Elderly are the source of knowledge, experience and wealth, so their help is necessary in family. The following table presents the elderly support in family.

**Table 24 : Distribution of Elderly According to their Support in Family**

Type of support	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Counselling	56	59.6	28	80.0	84	65.1
Skill provide	20	21.3	8	22.9	28	21.7
Physical labour	37	39.4	13	37.1	50	38.8
Provide case	6	6.4	1	2.9	7	5.4
Technical knowledge	1	1.1	-	-	1	0.8
Household activities	9	9.6	-	-	9	7.0
Others	1	1.1	1	2.9	2	1.6
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 24 shows that the majority of the elderly people (65.1%) have supported in counselling to the family. Similarly, 21.7 percent have supported in the family by giving skill provided, 38.8 percent have supported by physical labour, 5.4 percent have provide cash, 0.8 percent have technical knowledge, 7.0 percent have supported by household activities and 1.6 percent supported by other help.

Comparatively, the high number of male elderly have supported their family by counselling and female also helped to their family by counselling.

### **5.5.7 Old Age Allowance**

In this era old age allowance is another most important determinant factor to increase the status of elderly people in the family. It is one kind of respectful social program for elderly people. In the started year, each month Rs. 150 per elderly people was provided to the elderly people aged 75 and above. The process of old age allowance distribution is different to male and female elderly. The following table presents the elderly people by old age allowance.

**Table 25: Distribution of Respondents by Old Age Allowance**

Statements	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	47	50.0	26	74.3	73	56.6
No	47	50.0	9	25.7	56	43.4
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 25 shows that out of total respondents, 56.6 percent elderly people are getting their aged allowance whereas majority of people i.e. 43.4 percent are not getting old age allowance. Similarly, both sex, 50.0 percent male elderly and 74.3 percent female elderly are getting old aged allowance.

#### 5.5.8 Process of Receiving Aged Allowance

Receiving process of old aged allowance may not be similar to all elderly people. The following table presents the receiving process of aged allowance.

**Table 26 : Distribution of Elderly According to their Receiving Process of Aged Allowance**

Receiving process	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
From office	21	44.7	7	26.9	28	38.4
In home	17	36.2	13	50.0	30	41.1
NGOs	1	2.1	-	-	1	1.4
Security institutions	2	4.3	-	-	2	2.7
Family member	6	12.8	6	23.1	12	16.4
Total	47	100.0	26	100.0	73	100.0

Source: Field Survey, 2010.

Table 26 shows that of total number of elderly people who are getting old aged allowance, 41.1 percent elderly people received their old allowance through in home, 38.4 percent from office, 1.4 percent through NGOs, 2.7 percent through security institution and 16.4 percent received from family member.

By sex, the majority of female elderly received their aged allowance through family member but the high number of male elderly received their old age allowance through government office.

### 5.5.9 Reasons for not Receiving and Age Allowance

Table 27 shows that, 67.9 percent of elderly people has not taken the aged allowance because of aged barriers. Similarly, 10.7 percent elderly due to the lack of citizenship, 7.1 percent elderly due to no own help, 7.1 percent due to unknown about aged allowance and 7.1 percent elderly people has not taken due to thinking not necessary.

**Table 27 : Distribution of Elderly According to their not Receiving Process Old Age Allowance**

Reasons	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Lack of citizenship certificates	6	12.1	-	-	6	10.7
No own help	4	8.5	-	-	4	7.1
Unknown	3	6.4	1	11.1	4	7.1
Not necessary	4	8.5	-	-	4	7.1
Aged barriers	30	63.8	8	88.9	38	67.9
Total	47	100.0	9	100.0	56	100.0

Source: Field Survey, 2010.

## CHAPTER SIX

### HEALTH STATUS OF ELDERLY PEOPLE

Elderly is the period of decrease ability and raise various types of health problem. In this period elderly are physically weak and they are facing various physical problems such as vision problem, hearing problem and other physical hazardness.

Health of the old people depends on economic, political, social, educational and physical environment. This multi-dimensional supportive environment needs to be planned and developed for the welfare and care of the aged. Old age is proves to develop chronic disease like diabetes, mental disorder, disability of vision and hearing and card is vascular problems. If the old people are enabled and encourage, the can be a valuable asset to the family and the community. The situation of old people is very poor in Nepal. This chapter presents the health status of elderly people in the study area.

#### 6.1 Smoking

The 28 shows that, out of total respondents the highest proportion of elderly people 50.44 percent were non-smoking. Similarly, 28.7 percent elderly people were smoking and 20.9 percent elderly people were sometimes smoked. According to the sex, the number of female elderly were smoked more than the number of male smokers.

**Table 28: Distribution of Elderly According to Smoking Trend**

Statements	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	29	30.9	8	22.9	37	28.7
No	44	46.8	21	60.0	65	50.4
Sometimes	21	22.3	6	17.1	27	20.9
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

## 6.2 Types of Smoke

Table 29 shows that, out of total respondents the highest proportion of elderly people 67.2 percent used the smoking cigarettes/bindi. Likewise, 20.3 percent of elderly people used Khaini/Surti and only the 12.5 percent of elderly people used Kankkad/tambaku. According to the sex, it is found that the number of male elderly used more than the number of female smokers.

**Table 29: Distribution of Elderly According to their Types of Smoke**

Types of smoking	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Cigarettes/Bindi	34	68.0	9	64.3	43	67.2
Khaini/Surti	10	20.0	3	21.4	13	20.3
Kaakkad/tambacu	6	12.0	2	14.3	8	12.5
Total	50	100.0	14	100.0	68	100.0

Source: Field Survey, 2010.

## 6.3 Taking Alcohol

Table 30 shows that out of total respondents, the highest proportion, elderly people, 58.9 percent are non-alcohol users. Similarly, 41.1 percent of elderly people is found to be alcohol users. While comparing the proportion between men and women, the number of male alcohol users is greater than that of female.

**Table 30: Distribution of Elderly People According to their Alcohol Users**

Alcohol users	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	41	43.6	12	34.3	53	41.1
No	53	56.4	23	65.7	76	58.9
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

## 6.4 Alcohol Taking System

The table 31 shows that, the total respondents 24.5 percent of elderly people regularly take alcohol. Similarly, 18.9 percent of elderly people sometimes have alcohol. In the same way, the highest percent, i.e. 56.6 percent of elderly people take alcohol only in the festivals. Likewise, the number of male alcohol users is greater in comparison to female alcohol users.

**Table 31: Distribution of Elderly People According to their Alcohol Taking System**

Duration of taking alcohol	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Regularly	12	29.3	1	8.3	13	24.5
Sometimes	8	19.5	2	16.7	10	18.9
Only in festival	21	51.2	9	75.0	30	56.6
Total	41	100.0	12	100.0	53	100.0

Source: Field Survey, 2010.

## 6.5 Ability of Vision

Table 32 shows that out of total respondents the higher proportion of elderly people have ability as their peer friend, which is 38.8 percent. Similarly, 35.7 percent elderly better ability of vision than their peer friend and 25.6 percent elderly have same ability vision as their peer friend. It is also clear that less number of male elderly is ability vision seems worst than their peer friend with comparison to female elderly.

**Table 32: Distribution of Elderly People According to their Ability of Vision**

Ability of vision	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Better	37	39.4	9	25.7	46	35.7
Same	22	23.4	11	31.4	33	25.6
Being weak	35	37.2	15	42.9	50	38.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.



## 6.6 Ability of Hearing

Table 33 shows that among the total respondents, 43.4 percent of elderly have same ability of hearing as their peer friends. Similarly, 34.9 percent elderly people have worst ability of hearing and 21.7 percent have better ability of hearing as their peer friends. It is also clear that more number of male elderly have better ability of hearing as their peer friends compare with female elderly.

**Table 33: Distribution of Elderly People According to their Hearing Power**

Ability of hearing	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Better	20	21.3	8	22.9	28	21.7
Same	38	40.4	18	51.4	56	43.4
Being weak	36	38.3	9	25.7	45	34.9
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

## 6.7 Memory Power

Table 34 shows that the highest proportion 47.3 percent of elderly people's memory power is weak as their peer friend. Likewise, 32.6 percent elderly people have same memory power as their peer friend and 20.2 percent elderly have same memory power.

**Table 34: Distribution of Elderly People According to their Memory Power**

Memory power	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Better	31	33.0	11	31.4	42	32.6
Same	40	21.3	6	17.1	26	20.2
Being weak	43	45.7	18	51.4	61	47.3
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

## 6.8 Physical Status

Table 35 shows that, we can analysis the physical status of elderly of study are. By this table it is known that 23.3 percent elderly people have better, 35.7 percent have same and 41.1 percent have weak physical status than their peer friends. As per sex 27.7 percent male elderly have better, 37.4 percent have same and 33.0 percent have worst physical status compared with their peer friends. Similarly, among the total female respondents, 11.4 percent have better, 25.7 percent have same condition and 62.9 percent have worst physical status than their peer friends.

**Table 35: Distribution of Elderly People According to their Physical Status**

Physical status	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Better	26	27.7	4	11.4	30	23.3
Same	37	39.4	9	25.7	46	35.7
Being weak	31	33.0	22	62.9	53	41.1
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

## 6.9 Illness During Past 12 Months

Old age is a critical stage of human life because of the physically and mentally disable function of organs. In this period people are suffering from various types of health problem. The following table presents the illness status of elderly during past 12 months.

**Table 36: Distribution of Elderly People According to their Illness Situation During Past 12 Months**

Statement	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	72	76.6	30	85.7	102	79.1
No	22	23.4	5	14.3	27	20.9
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 36 shows that out of total respondent the large number of people 79.1 percent are suffered from disease. Only 20.9 percent people are not suffered from disease during past 12 months. It is also clear that more number of female elderly are suffered from disease than male elderly during past 12 months.

### 6.10 Types of Illness

Elderly is the period of decrease ability and arise various types of health problem like diabetes, mental disorder disability of hearing, vision and physical. The following table presents the situation of various types of illness among the elderly people during 12 months.

**Table 37: Distribution of Elderly According to their Types of Illness**

Types of illness	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Common	42	58.3	21	70.0	63	61.8
Uncommon	8	11.1	1	3.3	9	8.8
Serious	22	30.6	8	26.7	30	29.4
Total	72	100.0	30	100.0	102	100.0

Source: Field Survey, 2010.

Table 37 shows that among the total respondents who are suffered from any one disease during the past 12 months most of the elderly people 61.8 percent are suffered from common disease, nearly 29.4 percent are suffered from serious disease and around 8.8 percent are suffered from uncommon disease.

### 6.11 Place of Treatment

Table 38 shows that out of total elderly people 50.4 percent used hospital as a place of treatment. Similarly, 1.6 percent called doctor at home, 10.1 percent used private clinic, 7.0 percent believed upon dhami/jhakri and gone, 30.2 percent used private hospital and only 0.8 percent used others treatment facilities. It is also clears that more number of male elderly have gone to hospital for their treatment then female elderly.

**Table 38 : Distribution of Elderly People According to their Place of Treatment**

Place of treatment	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Calling doctor at home	1	1.1	1	2.9	2	1.6
Private clinic	12	12.8	1	2.9	13	10.1
Dham/Jhakri	4	4.3	5	14.3	9	7.0
Hospitals	52	55.3	13	37.1	65	50.4
Sub-hospitals	25	26.6	14	40.4	39	30.2
Others	-	-	1	2.9	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

## 6.12 Management of Treatment of Elderly

Table 39 shows that son/daughter in law supported financial for treatment of elderly which is accounted 58.9 percent. Similarly, 31.8 percent have own self, 12.4 percent have spouses, 0.8 percent have religious institution and 0.8 percent have others manage the treatment expenses of elderly people.

**Table 39 : Distribution of Elderly People According to their Source of Treatment Expenses**

Statements	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Self	37	39.4	4	11.4	41	31.8
Husband/wife	15	16.0	1	2.9	16	12.4
Son/daughter in law	46	48.9	30	85.7	76	58.9
Religious institution	1	1.1	-	-	1	0.8
Others	1	1.1	-	-	1	0.8
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

### 6.13 Times of Health Check-Up

In the context of Nepal many people are not sincere to check up health condition in regular time interval. The following table presents how many times a year elderly people go for a health check up in the study area.

**Table 40 : Distribution of Elderly According to Times of Health Check Up**

Times	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Once a year	24	25.5	12	34.3	36	27.9
Twice a year	14	14.9	4	11.4	18	14.0
Thrice a year	31	35.1	132	34.3	45	34.9
More than three times	23	24.5	7	20.0	30	23.3
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 40 shows that, 34.9 percent elderly people check up own health in thrice time a year. Similarly, 27.9 percent once a year and 23.3 percent elderly check up their health more than three times a year. Comparatively female elderly's health check up situation is poor than male elderly.

### 6.14 Painful Events of Elderly People

Elderly people have several sorrowful moments from which they are burden themselves. Elderly also feel meaningless life of themselves. The following table present the painful events of elderly people in the study area.

**Table 41 : Distribution of Elderly People According to their Painful Events**

Events	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Physical weakness	28	29.8	17	48.6	45	34.9
Lack of economy	10	10.6	2	5.7	12	9.3
Isolations	22	23.4	17	48.6	39	30.2
Hated by family	33	35.1	8	22.9	41	31.8
Not cared by family	14	14.9	7	20.0	21	16.3
Total	94	100.0	35	100.0	129	100.0

Source: Field Survey, 2010.

Table 41 shows that higher proportion of respondents 34.9 percent reported physical weakness as painful events. Economic deficiency which is reported 9.3 percent respondents. Similarly, 30.2 percent reported isolation as painful events for aged people, 31.8 percent reported hated by family and 16.3 percent reported not cared by family as painful events for aged people. As per sex most of the male and female respondents reported physical disabilities as painful events for aged people which occupies 29.8 percent and 48.6 percent respectively.

# CHAPTER SEVEN

## SUMMARY, CONCLUSION AND RECOMMENDATIONS

### 7.1 Summary

The elderly people are the assets of the society. They have more and more knowledge and experience. It will be foundation to coming generation.

This descriptive study designed to find out the objectives of this study. This study is conducted from the direct interview method among 129 elderly people. The 94 males and 35 female elderly the elderly respondents were selected from purposive sampling method from Arubote VDC of Panchtar district.

Following are the major findings of the study.

- ) In the study area, there are 129 elderly people among them 94 are males elderly and 35 are females elderly.
- ) The highest percent of respondents (24.8%) are between the age group (60-64) and the least percent of respondents (10.9%) are in the 80+ years age group. Male are more than female elderly in the study area. Highest proportion of the male (26.6%) in the (60-64) years age group and female (70-74) and (75-79) years age group.
- ) Male elderly are more than female elderly at the study area. The highest proportion of elderly are Hindu (62.0%).
- ) Majority of the respondents (59.7%) are currently married. There were vast different between male and female about marital status. 77.7 percent of elderly male are currently married. But 80 percent of elderly female are widow/widower.
- ) According to their literacy status 61.2 percent are illiterate. Only 24.8 percent are literate. Most of the female (91.4%) are illiterate. Only 5.7 percent female are literate. Male elderly have taken primary secondary, intermediate and Bachelor level of education (7.4, 5.3, 4.3 and 1.1) respectively.

- ) Main sources of income of elderly people (54.3) is agriculture, 88.4 percent of elderly depend on their on/daughter in low for source of income. 50.4 percent elderly people's source of income are aged allowances given by government. Male and female situation is different from each other. A source of income of male is good than sources of income of female.
- ) Monthly income is very poor of elderly people in study area 28.7 percent of elderly people have less than Rs. 1000 monthly income. Only 10.9 percent elderly people have between Rs. 5000-7000 monthly income. 6.2 percent elderly people have above 10000 monthly income due to different kinds of pension. Male monthly income is better than female monthly income 48.6 percent female elderly have less than 1000 monthly income.
- ) 57.7 percent of elderly people have both house and land. 7.8 percent have only house and 28.7 percent have only land. 23.3 percent elderly have cash property and only 3.1 percent elderly have bank balance also.
- ) Majority of elderly people (46.5) have shortage of income. 53.5 percent of elderly have fulfilment of income to their needs. Male situation is better than female situation.
- ) 88.4 percent elderly people's son/daughter in low take responsible of their special expenditure.
- ) Most of the elderly people (65.1%) helped their family occupation by counselling.
- ) 38.8 percent elderly people helped their family by physical labour. Male (39.4) and female (37.1) elderly participate the family occupation by physical labour. Only 2.9 percent elderly female helped their family by household activities.
- ) Majority of elderly people (56.6) get aged allowance and 43.4 percent elderly people do not take aged allowance due to different causes.
- ) 41.9 percent of elderly people have the head of their household their daughter/son in low.



- ) Majority of elderly people (65.1) take their food thrice for day. 24.0 percent elderly people take their food twice a per day. Only 1.6 percent elderly people take their food five times a day.
- ) 31.8 percent of elderly males wife in their food preparing person. Only 2.1 elderly male people prepare by own self. But 25.7 percent elderly female people prepare their food by own self.
- ) 15.5 percent elderly people live with spouse in the study are 77.5 percent elderly people live with their son/daughter in low, 1.6 percent elderly live in daughter/son in low and only 3.1 percent elderly live alone.
- ) Majority of elderly people (85.3%) are satisfied with their living. But 14.7 percent elderly people are not satisfied with their present living.
- ) Sleeping condition of elderly people (54.3) is good, 29.5 percent elderly people are in the better from sleeping condition and 16.3 percent are in the worst from sleeping condition.
- ) Female elderly people (20.0) have worst from of sleeping condition than male elderly (14.9).
- ) 29.5 percent elderly people memorized dead family members, 20.9 percent elderly people worried about their health situation.
- ) Among the total respondent, 28.7 percent of elderly people are busy in smoking while 50.4 percent people deny any kind of engagement in such activities. Besides, 20.9 percent of people are occasional smoker. As regards calculation of both male and female, male members are chair smoker in relation to female.
- ) People are using different kinds things to smoke they use cigarettes/bindhi, which amounts of 67.2 percent in total 20.3 percent elderly people exploit Khaini/Surti as smoking stuff. Beside Kankael/tamakhu have been used by 12.5 percent people. To view all the accounts in total cigarettes and Bidhi are more preferred in society.

- ) Among people who are having Alcohol (drinks), 58.9 percent people reject any kinds of drinks but 41.1 percent people agree on the habit of taking drinks. According to data, females are less in number in terms of taking drinks in relation to males.
- ) Majority of elderly (24.5) people are habituated to having alcohol regularly whereas 18.9 percent people are taking drinks occasionally. But most interestingly 75 percent females are taking alcohol in festival. Males percent is higher in the case of taking alcohol as a whole.
- ) As regard the ability of vision, 35.7 percent elderly people have better vision while 25.6 percent people have same vision. In addition to it, 38.8 percent elderly people have weak vision which is itself the highest number of people having weak vision among respondents.
- ) Among the total respondents, 21.7 percent elderly people have better hearing ability, followed by 34.39 percent people having weak hearing power but at the same time 43.4 percent people have same ability which means to say that ability of hearing is as usual.
- ) Memory power is very weak among elderly people as per 47.3 percent in total 32.6 percent people have better memory power while 20.2 percent people have same memory power as usual.
- ) Among the respondents, 23.3 percent elderly people have better physical status while 41 percent people have weak physical status. At the same time, 35.7 percent people have nothing to say regarding this issue. In total females seem to be very weak in terms of physical status which is indicated were in 62.9 percent.
- ) Majority of elderly people, 58.9 percent manage the money for treatment by son/daughter in law. 31.8 elderly people are managed by own self and 12.4 elderly helped by spouse.

- ) 50.4 percent elderly people go to hospital for treatment and 30.2 elderly go to sub-health post. More female elderly go to wizard than male elderly for treatment.
- ) 34.9 percent elderly have physical weakness, 9.3 percent elderly have lack of economic, 30.2 percent have isolation, 31.8 percent have hated by family and 16.3 percent elderly have problem of not cared by family.

## **7.2 Conclusion**

Old age is an inevitable part of life. It is last stage of life span of human beings. Elderly people have more knowledge and experience. They are assets of our society. But even then, they are often neglected and ignored by our new generation and family member. Naturally they are weak and unhealthy at that last time. Due to health facilities, and modernization and other difference reasons, life expectancy of elderly people is increasing day by day. But, their family members do not care respect and love to them.

This study was conducted in Arubote VDC of Panchthar district with the basic objective to find out the demographic, socio-economic and health status of elderly people in the study area. From the above summary and findings of the study, we can conclude demographic, socio-economic and health status of elderly people in the study areas as follows.

Arubote VDC is constituted with numerous figures of elderly people. Among them more number of male elderly than female elderly. In this area large number of elderly are follower on Hindu religion widow population is higher.

Majority of elderly depend upon their sons and other relatives even in their daily needs and it is increasing responsibility for young. Almost people are engaged in agriculture sector. It is the major source of income to live their life. Especially more number of female elderly are involved in unpaid economic activity than male. Literacy rate of elderly is not quite satisfactory, furthermore, female literacy rate is worst than male elderly. With regard to decision making process, status of male elderly is better than female elderly. The living status of elderly people different according to age-sex, composition and religion.

There is not satisfactory behaviour 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. One of the significant problem is that an which most of the elderly are pushed out from the love affection, respect and esteem of family and its member due to modernization. Elderly people are ready to eat what they are provide by their family member which disturbs on their digestive system.

The health status of elderly people in the study area is not quite satisfactory. Most of the elderly people have medium level health status. Medicine either know way or unknown way, however, some what believe on traditional belief even today. Most of the elderly people's management of prevision for treatment is done by their son and daughter in law. elderly people feel painful when physical disabilities, hated by family and economic deficiency. About the care level from their family. Most of them are satisfactory and some of them are not satisfied with their family. In the study area, nobody familiar with governments special financial support for health treatment facility for the elderly people.

### **7.3 Recommendations**

Based on the summary, findings and conclusion of the study, following recommendations should be considered for the overall development of the elderly people.

- ) Develop the system of social security, respect dignity and esteem towards elderly.
- ) Conduct the informal education programs to reduce the literacy rate of elderly people.
- ) The facilities of lodging, fooding and clothing should be guaranteed with respect to their demanded choices.
- ) Establish some non profitable institution in order to protect and welfare of isolate hated and disabled elderly people.

- ) Income generating activities should be started in each elderly home with full guarantee of selling their products for utilization of their knowledge, experience and skills.
- ) Conduct several activities in order to raise social awareness.
- ) Health services should be essay access ability,\ affordability and availability.
- ) The health should be checked without taking fees and medicine should be distributed freely by the government.
- ) The age limit to get the old age allowance is very high, so it should be lowered. The amount is small, it needs to be increased.
- ) Government should be lunching awareness program to eradicate the gender discrimination at every sector of life.
- ) The different school curriculum should include different types of moral lesson regarding elderly people to strengthen the dignity of their life in family and society.
- ) Government should play coordinating role with GOS, NGOs and INGOs who are working in the field of ageing with the purpose of lunching integrate program on ageing.
- ) There is an urgent need to create awareness and change the attitude of family members in the community towards elderly people.

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## APPENDIX - I

### THE STATUS ELDERLY PEOPLE IN NEPAL: AN ANALYSIS OF DEMOGRAPHIC, SOCIO-ECONOMIC AND HEALTH STATUS OF ELDERLY PEOPLE (A case study of Arubote VDC, Panchther District)

#### Interview Questionnaires

Respondent's Name .....

VDC ..... Ward No: .....

Name of House Head..... House No.: ..... Date:.....

#### 1. Demographic Information

S.N.	Name	Relationship with HHs	Sex	Age	Marital Status	Religion	Education	occupation

#### 1. Code

A. Relation with household head	
a. Self.....1	e. Brother/sister.....5
b. Husband/wife.....2	f. Grand children.....6
c. Son/daughter in-law.....3	g. Other.....7
d. Daughter/son in-law.....4	
B. Sex	
a. Male.....1	b. Female.....2
C. Marital Status	
a. Unmarried.....1	d. Divorced.....4
b. Married.....2	e. Separated.....5
c. Widow/widower.....3	f. Other.....6



D. Religion	
a. Hinduism.....1	d. Islam.....4
b. Buddhism.....2	e. Kirat.....5
c. Christian.....3	f. Other.....6
E. Education	
a. Illiterate .....1	e. Intermediate .....5
b. Literate .....2	f. Bachelor.....6
c. Primary.....3	g. Master and above.....7
d. Secondary.....4	
F. Occupation	
a. Unemployed.....1	e. Non-government bureaucrats..5
b. Student.....2	f. Foreign employment.....6
c. Merchant.....3	g. Agriculture.....7
d. Government bureaucrat....4	h. Industries.....8

**2. Information on family Status**

201 who does care you in your house	
a. Self.....1	d. Daughter/son in-law.....4
b. Husband/wife.....2	e. Grand children.....5
c. Daughter/Son in-law.....3	f. Other.....6
202 how many times do you eat per day?	
a. Once a day.....1	d. four time a day.....4
b. Twice a day.....2	f. Five time a day.....5
c. Three time a day.....3	
203 who does make your food?	
a. Self.....1	d. Daughter/son in-law.....4
b. Husband/wife.....2	e. Grand children.....5
c. Son/daughter in-law.....3	f. Servant.....6
204 Who does help in your personal hygiene ?	
a. Self.....1	d. Daughter in-law .....4
b. Husband/wife.....2	e. Grand children.....5
c. Son/daughter in-law.....3	f. Other.....6

### 3. Family Decision

301.1 Division of household labour.	301.3 Selling to buying of valuable
301.2 Marriage of offspring	301.4 Important family ceremony
a. Self.....1	d. Daughter in-law.....4
b. Husband/wife.....2	e. Grand children.....5
c. Son/daughter in-law.....3	f. Other.....6
302. Does this home belong to your own family? (if yes, 304)	
a. Yes.....1	b. No.....2
303. How do you settled in this house	
a. Rent.....1	c. Dependent.....3
b. Dan/Chanda.....2	d. Other.....5
304 To whom do you live now?	
a. Husband /wife.....1	e. Other relations.....5
b. son/daughter in-law.....2	f. Alone.....6
c. Daughter /son in-law.....3	g. Other.....7
d. Brother.....4	
305 Does you satisfied with present live? (if yes, 307)	
a. yes.....1	b. No.....2
306. To whom do you wish to live ?	
a. Alone.....1	d. Religious institution.....4
b. Son/Daughter in-law.....2	e. Elderly homes .....5
c. Daughter/son in-law.....3	f. Other .....6
307. Does you depend up on your offspring?	
a. Yes.....1	b. No.....2
308. What is the level of care from your family?	
a. Good.....1	c. Worst.....3
b. Better.....2	
309. How do you spear your one day?	
a. Religious activity.....1	e. Care of grand children.....5
b. Yoga.....2	f. Visiting temple church.....6
c. Reading/listening news.....3	g. Meeting peer group.....7
d. Working in side home.....4	h. Discuss with family member.8

310. At what time do you wake up? .....	
311. What is your condition of sleep?	
a. Good .....1	c. worst.....3
b. Better .....2	
312. What kind of anxiety do you take in sleeping time at night?	
a. Past activities..... 1	d. Present activities .....4
b. Past events.....2	e. Present events.....5
c. Dead family.....3	f. Health situation.....6
313. What was your age during marriage?	
314. How many children's do you have?	
315. In your opinion, what is the rationale of religious work?	
a. Peace of soul.....1	d. Improve the another live.....4
b. Sharma/Karma.....2	e. Other .....5
c. Save the tradition.....3	

#### 4. Information on Economic Status

401. What is your source of income?	
a. Trade.....1	e. Agriculture.....5
b. Investment/Share.....2	f. Pension..... 6
c. Dan/Chanda.....3	g. Other.....7
d. Aged allowance .....4	
402. What is your income per month in Rs. ?	
a. Less than Rs. 1000.....1	d. Rs. 5000-7500.....4
b. Rs. 100-2500 .....2	e. Rs. 7500-10000.....5
c. Rs. 2500-5000 .....3	f. Rs. 1000+.....6
403. What is your own property?	
a. House.....1	e. Bank balance.....5
b. Land .....2	f. Ornaments.....6
c. House and Land.....3	g. Investment.....7
d. Cash.....4	h. Other.....8

404. Who does take the responsibility of your special expenditure?	
a. Son/daughter in law.....1	d. Other relatives.....4
b. Daughter /son in law.....2	e. Institution.....5
c. Grand Children.....3	f. Other .....7
405. How do you support in your family occupation?	
a. Counseling.....1	e. Technical knowledge.....5
b. Skill provide.....2	f. Household activities.....6
c. Physical labor.....3	g. other.....7
d. Provide case.....4	
406. Do you take old age allowance? (if no, 408)	
a. Yes.....1	b. No.....2
407. What is your process of taking old age allowance ?	
a. From office .....1	d. Security institution.....4
b. In home.....2	e. Family member .....5
c. NGO's.....3	f. Other.....6
408. Why do you not receive aged allowance?	
a. Lack of citizenship Certificate....1	d. Not necessary.....4
b. Non one help.....2	e. Age barrier.....5
c. Unknown .....3	f. Other .....6
409. In your opinion, who is the responsible person of elderly care?	
a. Self.....1	d. daughter in law.....4
b. Husband/wife.....2	e. Religions institution.....5
c. Son/daughter in law.....3	f. other .....6
410. In your experience, what is the present system of social esteem towards elderly people?	
a. Better than earlier .....1	c. Worst than earlier .....3
c. Same as earlier .....2	
411. Have your fundamental needs get fulfilled from your income?	
a. Yes.....1	b. No.....2

**5. Information about health Status:**

501. Do you smoke or take tobacco?	
a) Yes.....1 c) Sometimes.....3	b) No.....2
502. if yes what do you usually use?	
a) Cigarette /Bindi.....1 c) Kaakkaa/Tamakhu.....3	b) Khaini/ Surti.....2
503. Do you take alcohol?	
a) yes.....1	b) No.....2
504. if yes how often do you drink?	
a) Regularly .....1 c) only in festivals .....3	b) sometimes .....2 d) others.....4
505. Did you get ill during past 12 months?	
a) yes.....1	b) No.....2
506. What type of illness did you have?	
a) common.....1 c) Serious.....3	b) uncommon.....2
507. What disease do you have ?	
a) Tuberculosis.....1 c) Heart disease.....3 e) Diabetes .....5	b) Cancer.....2 d) Blood Pressure .....4 f) Other disease.....6
508. How do you walk around usually outside the home?	
a) on foot.....1 c) Private vehicle.....3	b) Public vehicle.....2 d) other means.....4
509. How do you feel your health situation in comparison to your collegians?	
509.1 Moving ability 509.3 eye vision 509.5 memory power 509.7 To do normal work	509.2 work of mussels 509.4 listening power 509.6 smelling power 509.8 Reading and writing power
Codes above the question a better than	
a) better.....1 c) being weak.....3	b) same.....2

510. Where do you go for treatment when you become sick?	
a) at home.....1	b) calling doctor at have .....2
c) calling doctor at have .....3	d) private clinic .....4
e) dhami / jhakri .....5	f) hospital.....6
g) others .....7	h) sub-health post .....8
511. How many times a year do you go for health check up?	
a) once a year .....1	b) Twice a year.....2
c) Twice a year.....3	d) Thrice a year.....4
e) more then 3 times .....5	
512. How do you manage your treatment	
a) self .....1	b) husband /wife .....2
c) son/daughter in law.....3	d) religious institutions .....4
e) others.....5	
513. In your opinion, what type of health services is needed to elderly from government side?	
a) paying cash.....1	b) mobile camp.....2
c) free treatment .....3	d) free health check-up.....4
e) others .....5	
514. Have you consumed such special health treatment facility?	
a) yes .....1	b) no.....2
515. in your opinion, which is the better period of living age?	
a) 60 year .....1	b) 60-70 years.....2
c) 80 years.....3	d) 80-90 years.....4
e) 90-100 years.....5	f) 100+ years.....6
516. in your opinion what is the sad and painful event of an elderly?	
a) physical weakness.....1	b) lack of economy.....2
c) isolation.....3	d) hated by family.....4
f) not care by family.....5	

**Thank you very much for your kind co-operation.**