

**STATUS OF ELDERLY PEOPLE IN NEPAL
(A STUDY OF URAM POKHARA VDC, PARBAT)**

**A THESIS
SUBMITTED TO
THE CENTRAL DEPARTMENT OF POPULATION STUDIES
FACULTY OF HUMANITIES AND SOCIAL SCIENCES
TRIBHUVAN UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF ARTS IN POPULATION STUDIES**

**BY
RITA SHARMA**

**Central Department of Population Studies
Faculty of Humanities and Social Science
Tribhuvan University
Kathmandu
April 2016**

DECLARATION

Except where otherwise acknowledged in the text, the analysis in this thesis represents my own original research.

Rita Sharma

April, 2016

RECOMMENDATION

This is to certify that the thesis

Submitted by

RITA SHARMA

Entitled

**STATUS OF ELDERLY PEOPLE IN NEPAL (A STUDY OF
URAM POKHARA VDC, PARBAT)**

is Recommended for External Examination.

Ms. Bidhya Shrestha

.....

Thesis Supervisor

Date: April, 2016

VIVA-VOCE SHEET

We have conducted the viva-voce examination of the thesis

Submitted by

RITA SHARMA

Entitled

**STATUS OF ELDERLY PEOPLE IN NEPAL (A STUDY OF URAM
POKHARA VDC, PARBAT)**

And find that the thesis is an independent work of the student written according to the prescribed format. We accept the thesis as a partial fulfillment of requirements for the Master's Degree of Arts in Population Studies.

Evaluation Committee:

Prof. Dr. Ram Sharan Pathak

Head, Central Department of Population Studies

Ms. Bidhya Shrestha

Thesis Supervisor

Ms. Mana Maya Mishra

External Examiner

Date: April, 2016

ACKNOWLEDGEMENTS

This study entitled **Status of Elderly people in Nepal (A Study of Uram Pokhara VDC, Parbat)** as a thesis is submitted to Central Department of Population Studies, Faculty of Humanities and Social Science, Tribhuvan University, Kirtipur for the partial fulfillment of Master's Degree in Population Studies.

I would extend my heartfelt gratitude to all the respondents who responded to the entire questionnaire curiously and participated interestingly. I respect to their opinions and willingness and also thankful to them.

I am highly indebted Ms. Bidhya Shrestha, my thesis supervisor and lecturer of Central Department of Population Studies, for her valuable advice, encouragement and support throughout my study.

I am also thankful to Prof. Dr. Ram Sharan Pathak, Head of the Central Department of Population Studies for his kind cooperation.

I am indebted to my family members from whom I got the regular inspiration and financial assistance with much patience to accomplish my academic course. I am thankful to all faculty members of Central Department of Population Studies for their support to complete this research work from various means. I would also like to thanks to all who directly and indirectly supported me for completing this study.

Rita Sharma

April, 2016

ABSTRACT

Populations around the world are rapidly ageing and Nepal is one of them. Ageing presents both challenges and opportunities. It will increase demand for primary health care and long-term care. To supply these health care one should know the status of elderly people. This study has analyzed the demographic and socio-economic status of elderly people of Uram Pokhara VDC of Parbat district along with their health status and family security.

This study was conducted in Uram Pokhara VDC, Parbat district. The purposive sampling method was used. The sample size was 133 of elderly peoples (60 years and above) of the ward no 3,4,5,6 and 7 .

There are 52 percent females and 48 percent males in the study area. Of them majority (36.8%) were from Magar caste followed by Brahmin (36.1%). About 56.4 percent were currently married and rest was window/widower. They had very poor educational status. Majority (45.6%) of the respondents were engaged in agriculture. About 30 percent respondent reported that their main source of income was aged allowance. About 75.2 percent of elderly people reported that they have health problems and of them 18 percent were suffering from respiratory system.

Though the elderly people are getting more allowance than before. They are facing different kinds of problems like health, economic and effective sanitation. Thus, policy and programs should focus on their program that directly or indirectly improve their lives.

TABLE OF CONTENTS

<i>DECLARATION</i>	<i>ii</i>
<i>RECOMMENDATION</i>	<i>iii</i>
<i>VIVA-VOCE SHEET</i>	<i>iv</i>
<i>ACKNOWLEDGEMENTS</i>	<i>v</i>
<i>ABSTRACT</i>	<i>vi</i>
<i>TABLE OF CONTENTS</i>	<i>vii</i>
<i>LIST OF TABLES</i>	<i>x</i>
<i>ACRONYMS AND ABBREVIATIONS</i>	<i>xii</i>
CHAPTER ONE	
INTRODUCTION	1-5
1.1 Background to the Study	1
1.2 Statement of the Problem	2
1.3 Objectives of the Study	4
1.4 Significance of the Study	4
1.5 Limitations of the Study	4
CHAPTER TWO	
LITERATURE REVIEW	6-15
2.1 Ageing in the World	7
2.2 Ageing in the SAARC Region	10
2.3 The Status of Elderly in Nepal	10
2.3.1 Policy in Nepal	11
2.4 Conceptual Framework	14
CHAPTER THREE	
RESEARCH METHODOLOGY	16-17
3.1 Introduction of the Study Area	16
3.2 Target Population and Sample Design	16
3.3 Source and Nature of Data	16
3.4 Questionnaire Design	16
3.5 Data Analysis and Processing	17

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTIC OF THE ELDERLY PEOPLE 18-26

4.1	Demographic Characteristics	18
4.1.1	Age and Sex	18
4.1.2	Marital Status of Elderly People	18
4.2	Social Characteristics	19
4.2.1	Religion of Elderly People	19
4.2.2	Caste/Ethnicity of Elderly People	19
4.2.3	Educational Status of Elderly People	20
4.2.4	Types of Family	20
4.2.5	Family Size	21
4.2.6	Head of Household	21
4.2.7	Living Status	22
4.2.8	Food Habit	23
4.3	Economic Characteristics	24
4.3.1	Occupation of Elderly People	24
4.3.2	Source of Income of Elderly People	25
4.3.3	Property Ownership of Elderly People	25
4.3.4	Old Aged Allowance of Elderly People	26

CHAPTER FIVE

HEALTH AND FAMILY SECURITY CHARACTERISTIC OF THE ELDERLY PEOPLE 27-34

5.1	Health Status	27
5.1.1	Health Problem	27
5.1.2	Types of Disease	27
5.1.3	Opinion of Responsible Person for Elderly People Care	28
5.1.4	Place of Health Checkup and Treatment	29
5.1.5	Management for Health Treatment	29
5.1.6	Care at Home	30
5.1.7	Disability	30
5.1.8	Wake up Time	31
5.1.9	Sleeping Bed Comfortable	31

5.2	Family and Social Security	32
5.2.1	Passing Day Time	32
5.2.2	Decision Making	33
5.2.3	Expectation from Government	33
5.2.4	Expectation from Family	33

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 35-39

6.1	Summary	35
6.2	Conclusions	37
6.3	Recommendations	38

REFERENCES

APPENDIX

LIST OF TABLES

	Page No.
Table 1: Growth Rate of Total and Elderly Population	11
Table 4.1: Percentage Distribution of Elderly People by Five Year Age Group According to Sex	18
Table 4.2: Percentage Distribution of Elderly People According to Marital Status	19
Table 4.3: Percentage Distribution of Elderly People According to Caste/ Ethnicity	19
Table 4.4: Percentage Distribution of Elderly People According to Educational Status	20
Table 4.5: Percentage Distribution of Elderly People According to Types of Family	20
Table 4.6: Percentage Distribution of Elderly People According to Family Size	21
Table 4.7: Percentage Distribution of Elderly People According to Household Head	21
Table 4.8: Percentage Distribution of Elderly People According to their Living Status	22
Table 4.9: Percentage Distribution of Elderly People with According to their Living Wish	22
Table 4.10: Percentage Distribution of Elderly People According to their Satisfaction with Living Condition	23
Table 4.11: Percentage Distribution of Elderly People According to the Person who Prepare Food for Them	23
Table 4.12: Percentage Distribution of Elderly People According to their Food Taking System	24
Table 4.13: Percentage Distribution of Elderly People According to their Occupation	24
Table 4.14: Percentage Distribution of Elderly People According to their Income Source	25
Table 4.15: Percentage Distribution of Elderly People According to Property Ownership	26

Table 4.16:	Percentage Distribution of Elderly People According to Getting Old Aged Allowance	26
Table 5.1:	Percentage Distribution of Elderly People According to their Health Problem	27
Table 5.2:	Percentage Distribution of Elderly People According to the Types of Disease	28
Table 5.3:	Percentage Distribution of Elderly People According to their Views on Who Should Take Care of Them	29
Table 5.4:	Percentage Distribution of Elderly People According to the Place for Health Treatment	29
Table 5.5:	Percentage Distribution of Elderly People According to their View on who should Manage for their Health Treatment	30
Table 5.6:	Percentage Distribution of Elderly People According to their View on whoshould Care During Sickness at Home	30
Table 5.7:	Percentage Distribution of Elderly People According to Having Disability	31
Table 5.8:	Percentage Distribution of Elderly People According to their Wake Up Time	31
Table 5.9:	Percentage Distribution of Elderly People According to Situation of Sleeping Bed Comfortable at Night	32
Table 5.10:	Percentage Distribution of Elderly People According to the Activities they do to pass their Days	32
Table 5.11:	Percentage Distribution of Elderly People According to their Decision Making Power	33
Table 5.12:	Percentage Distribution of Elderly People According to their Expectation from their Family	34

ACRONYMS AND ABBREVIATIONS

CBS	:	Central Bureau of Statistic
CDPS	:	Central Department of Population Studies
GON	:	Government of Nepal
HAI	:	Help Ageing International
I/NGOs	:	International/Non-governmental Organization
ICPD	:	International Conference on Population and Development
IEC	:	Information Education and Communication
MIPAA	:	Madrid International Plan of Action on Ageing
MOHP	:	Ministry of Health and Population
MWCSW	:	Ministry of Women, Children and Social Welfare
NPA	:	National Plan Action
NPC	:	National Planning Commission
SAARC	:	South Asian Association for Regional Cooperation
UN	:	United Nation
UNDP	:	United Nation Department of Population
UNFPA	:	United Nation Population Found
VDC	:	Village Development Committee
WHO	:	World Health Organization
WPA	:	World Population Ageing

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Although, senior citizens are known as pillar of any country in terms of their past experiences and knowledge, younger citizens can learn many things about their prosperous life from elderly people because they have lots of life experience, to overcome hazardous difficulties that may happen in the future, therefore senior citizens have to be respected and placed in high rank in the society. By keeping this fact, the government of Nepal has promulgated "The Senior Citizen Act 2063" where they are defined as "people who are 60 years and above" are senior citizens.

The population of senior citizens has been increasing in Nepal rapidly, which is one of their main reasons. The positive development in life expectancy rate is the reason. There is 8.86 percent elderly population of the total population in Nepal, which was 4.28 percent in 1971. In this sense, there is a positive change in elderly people's life expectancy rate and it is estimated that elderly population is still more likely to increase rapidly in the future. This increment in elderly population will have a positive as well as profound impact on individuals, families, communities, and lastly the country too. And it has already started to show the impact in our country (Singh, 2014).

There is no universal definition of elderly people around the world. The World Assembly on Ageing adopted 60 years and above as elderly population. The United Nations considers 60 years as the boundary of old age. Ageing is difficult to define. The old age cut-off for the elderly population varies from one country to another and over time. According to western experience, it generally starts after 65 years of age, whereas in the case of developing countries, the lower limit is 60 years and above. In Nepal, various age limits have been described for different purposes, e.g. 58 years for compulsory retirement from civil services, 63 years for university services, 65 years for judiciary services, 60 years for UN members of constitutional bodies, and after 70 years only the elderly people get social security benefits from the government, i.e. old age allowance (Bisht, 2006).

After the end of middle age, people begin to show symptoms of ageing, with deterioration in their physical appearance, declining muscles and the appearance of wrinkles on their face, becoming bald headed or their hair becoming completely white. In addition people begin to suffer from old age related disease such as Parkinson`s, asthma, pneumonia, problems with vision, problems with legs, high cholesterol, cancer heart problems and other disabilities and are not able to perform some basic functions (Singh, 2014).

Today, almost 10 percent of the world's comprises of senior citizens 60 years and above years of age. The current 15 countries with more than 10 million older people, seven are developing countries. By 2020, there will be 1 billion people older persons (over the age of 60 years) worldwide. By 2030, there will be more people over 60 years of age than under 15. By 2050, 30 percent of the population in 64 countries will have senior citizens above 60 years of age. By 2050, for the first time in recorded history, older persons will outnumber children under 14.80 percent of these older persons will be in the developing world, where population ageing is growing fast (Help Age International, 2012).By the middle of this century, Asia`s elderly population is projected 17.5 percent of the total population which is increased from 4.1 percent in 1950 (Menon and Melendez, 2009).Asia accounted for only 44 percent of the global elderly population in 1950,but by 2050 increased to 62 percent (UN,2006).

Uram Pokhara VDC of Parbat district is my study area and it is rural area where mostly people depend on agricultural works. Though, in the context of Uram Pokhar a VDC, there are many issues of elderly people such as meeting their social, emotional, health, financial and developmental needs. Such issues have made the life of elderly people more vulnerable; therefore, this study will be helpful to understand the elderly people's socio-economic, demographic, health and security condition of the elderly people in the study area.

1.2 Statement of the Problem

Generally, old age people are taken into consideration as burden on their family, their condition is really on worse condition. The biggest problem of elderly people in the study area is abandonment from their children. There are many cases where the

elderly people are abandoned by their children during their old period. There are several cases like leaving them, boycotted them from their houses, not giving them proper feeding. They are facing many health related problems, which has not paid proper attention by their children. Economically as they are weak, they thrown into nowhere, they treated as inhuman way by their nearest and dearest. Regarding such issue no one has still done the research on Uram Pokhara VDC of Parbat district. Though this research incorporating the issues of elderly people in the study area has been taken as a statement of the problem which will fill the information gap on the status of elderly people in Uram Pokhara VDC.

It is universal truth that human life is transitory. It has its certain cycle after that time has to demise his/her physical body, but problem is that elderly people in the study area are suffering from physical, mental, social, cultural as well as economical problem although the government of Nepal has maintained elderly people's fundamental rights. General assembly of United Nation has declared October first as international elderly people day (UN, 1999), but in remote areas of Nepal are deprived from basic and fundamental rights, which has been taken as a statement of the problem of elderly people in the study area.

Elderly people in the study area are compelled to perform household as well as outdoor activities, it is good thing to do work for their healthy life, but when they are forcefully operated into income generating works it is problematic which degenerates the question of their living condition, which has been raised here as a statement of the problem.

Uram Pokhara VDC of Parbat district is that place where people of different attitude live. Attitude of modern and tradition can be found on them as a backbone which is responsible for elderly people's status in the society. Contradictions between old and new traditional norms and values have changed the dignity of the elderly people in the society.

Status of elderly people in Uram Pokhara VDC is an emerging issue in the context of study area because elderly people's condition is important issues which will be a role model to other similarly place of rural areas. On the other hand, such investigation regarding elderly people's studies are not frequently conducted, through this study

highlights the socio-economic, demographic and health status of elderly people in Uram Pokhara VDC of Parbat district.

1.3 Objectives of the Study

This study mainly related with the current socio-economic and demographic status of elderly people living in Uram Pokhara VDC, Parbat.

-) To identify the socio-economic and demographic status of the elderly people in study area.
-) To identify the health status and family security of the elderly people in study area.

1.4 Significance of the Study

The main purpose of this study is to identify the status of elderly people who had 60+ years and above. This study focused on the Uram Pokhara VDC, Parbat , study among the different castes from 3,4,5,6 and 7 wards in this VDC. The significances of the study as follows:

-) This study is important in the field of ageing to identify situation of elderly and to implement some welfare program to improve their status.
-) This study will be explores the problem faced by the elderly people in family and society.
-) This study helps to know the demographic and socio-economic status of the elderly people within the study area.
-) This study helps to identify the health status of the elderly people in study area.
-) This study will be helped to make proper plan and policies including the elderly people as well as GO's/ NGO's program also.

1.5 Limitations of the Study

There are limitations at resources, time and economic etc. which have compelled to do small-scale study. The study area of this study will have limited in the following area;

-) This study is limited to the elderly people living in Uram Pokhara VDC, ward no. 3,4,5,6 and 7 Parbat District
-) This study is limited to the objectives and also limited to the questionnaire.
-) This study is limited to that population who are above 60 years of age.
-) This study is limited especially the socio-economic and demographic, health status and family care security of the elderly people of that area.

CHAPTER TWO

LITERATURE REVIEW

The global population 60 or over is projected to expand by more than three times to reach nearly 2 billion in 2050 (UNFPA, 2006). Today ageing is the burning issue and challenging in developing countries like Nepal, because elderly people are faced by various problems especially in the rural areas. Research is very rare case about old population in Nepal. So that the study about the topic Condition of the elderly people (Socio-economic and demographic status) living in Uram Pokhara, Parbat. Some organization or agencies, GO, NGOs, INGOs have been conducted the different program about the problems faced by elderly people. In the context of Nepal there is isolated from family, expansion of nuclear family system, poor socio –economic status, poor health condition, poverty, neglected, dominated or ignored by their family members. They are affecting the socio-economic, demographic and health status of the country. They are living history. They are property of the nation. Elderly people are source of experience, knowledge and skills. It can be useful for the young generation to learn about to the traditional skills (MoHP, 2011).

In a present scenario of a country like Nepal with poor socioeconomic condition, poor health facilities and prevailing poverty for low time resulting in a low life expectancy at birth, people look inactive and weak even in their early age group. The poor health status and changing age structure of elderly are clearly effecting socioeconomic development of the country. In such a socio-economic and demographic situation it is debatable to define elderly person. The elderly people consider the onset of physical and mental weakness as old age. Old age is natural and continuous process. It is true and universal fact that those persons who are retired from their assigned duties or post, they need to properly looked after from the family as well as government side. Basically, the old people have had a lot of experiences and the government must share their ideas and thoughts in project planning and other policy formulation. Therefore, for making harmonious development of society proper medical facilities and effective family environment must be given to elderly people (Bisht, 2003).

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 subgroup of old population (Acharya, 2001).

2.1 Ageing in the World

According to the population data of the U.N. 2001, there are 7137 million populations in the world. 124 million lived in developed countries, 4891 million lived in less developed countries and the remaining population lived in least developed countries. The data reported that people aged 65 and above make up 8 percent of the total population of which 17 percent are in developed countries and 6 percent in less developed countries. This means there are 570.96 million people aged 65 years and above in the world, of whom 211.92 million live in developed countries, 293.46 million in less developed countries and 65.68 million in the least developed countries (Singh, 2014).

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 in the world, by the 2000, there will be about 550 million and the by 2025, the number of over 60 is expected to reach 1.2 billion. 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). In the developing world 3 out of 5 people live in poverty. So, old people in the developing countries are the poorest people in the world (HAI, 2005). The twentieth century the proportion of people aged 60 or over has increased in all countries of the world; this trend started in industrialized countries but from the Third world is experiencing the same changes in population structure. By the year 2000, about two in three of the estimated 600 million people aged 60 or over will be living in Third world countries the elderly population will be increase most marked in Asia, particularly China and Indian (HAI, 2005).

The rate at which the population ages is likely to increase over next three decades however few countries know whether their older population are living the extra years of life in good and poor health. Fertility is well below the replacement level in the more developed countries but started later and has processed faster in the less

developed countries. In 1950, there were 205 million people aged 60 or over throughout the world. At that time only 3 countries had more than 10 million, India 20 million and the United States of America 20 million. After the 50 years the numbers of people aged 60 or over increased about 3 times to 606 million. In 2000, the number of countries with more than 10 million people aged 60 or over increased to 12, including 3 with more than 20 million older people (HAI, 2001).

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).

The International Conference on Population and Development, held in 1994, recognized that the economic and social impact of population ageing in both an opportunity and a challenge to all societies, the increasing trends to industrialization and urbanization and greater mobility of the labor force indicated that the traditional role of the elderly in the family was undergoing major change. With rapid socio-economic development, industrialization and urbanization the traditional extended family system was gradually changing toward a nuclear family system in which some elderly members were being left on their own. The role played by family members were influenced by family structure, multigenerational family is more common. Traditionally parents and dependent children were living in the same household. In the family building part of adulthood parents were a more significant reservoir of support than friends. Parents continued to support their adult children in their role as parents, particularly in times of crisis such as illness, unemployment and divorce and they assisted their children's parenting (UN, 1994).

The Madrid International Plan of Action on Ageing and the political declaration adopted at the second world assembly on ageing in April 2002 marked a turning point in how the world addresses the key challenges of building a society for all ages. The Madrid plan of action offers a bold agenda for confronting the challenges of ageing in the 21st century. The plan focuses on the three priority areas: older persons and development, advancing health and well being in to old age, and ensuring, enabling

and supportive environments. It represent the first time governments have adopted a comprehensive approach linking questions of ageing to other framework for social and economic development and human rightmost notably those agreed to at the United Nations Conferences and Summits of 1990 (UN, 2006).

UNDP, 1998 defines livelihoods as the means, activities, entitlements and assets by which people make a living. The framework of UNDP brings the issues of poverty, governance and environment together and explicitly focuses on the importance of technology as a means to help people rise out of poverty for sustainable livelihoods. Livelihood assets are the foundations for livelihood security. These assets include:

Human capital (capabilities of individuals or households to capitalize available options and adopt appropriate livelihood strategy)

- i) Natural capital (land, water, forest and other environmental resources)
- ii) Financial capital (bank balance, access to loan, access to market, incomes and remittances as well as flow of money)
- iii) Physical capital (basic infrastructures such as roads, schools, health posts, houses, household utensils and productive equipments, as well as the quality, reliability and access over public utilities)
- iv) Social/political capital (the quantity and quality of social networks, membership in different groups and organizations, social relations and access to wider institutions in the society that household rely on to help reduce risks, access to services to protect themselves from deprivation and to acquire information to a lower transaction costs)

The possession and access to livelihood assets may differ among different caste/ethnic groups. Access to such assets has the direct implication on the status of elderly population. Hence, this study intends to analyze the status of elderly in the light of livelihood assets entitlement, both at individual as well as household level as well as the attitude of sons towards their parents (Chambers and Conway, 1991).

2.2 Ageing in the SAARC Region

In SAARC region countries started to address to the issue of ageing now. The population of all in the SAARC region is expected to continue to grow during the projection period. The growth of the population varies a great deal from one country to another. The age structure of all the countries expect Sri Lanka have young population, i.e. over 35 percent below the age of 15 years. Among them have highest 40 percent is in Bhutan, Pakistan and Nepal India and Bangladesh have relatively lower percent of population under 15 years. By the year 2025, all the countries will have less than 30 percent of their populations under 15 expect Bhutan (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 populations as old by the year 2025. India comes in second position in term of its share of old population throughout the projection period. The total share of older population in India will be almost 8 percent by the year 2025. Bangladesh and Pakistan will have just i.e. Bhutan, Nepal and Maldives will have 4-5 percent of the older population (UN, 1999).

2.3 The Status of Elderly in Nepal

In Nepal, the share of elderly persons 60 or above was 1.79 percent in 1961 which increased to 3.5 percent in 2001 and 4.29 percent in 2011. The following table shows that, the elderly people were rapid increase in the proportion and absolute number of aged people among the total population will impact on socio-economic and health policies and the culture in the society of Nepal. It is the ageing issue in the proper demographic and national context. Growth of population 60 years of age and over is found accelerated in the last 20 years although it was increasing slowly since earlier times such as since 1961. In relation to the growing population, the volume of old persons is also increasing in Nepal in every successive census (Singh, 2011).

Table 1: Growth Rate of Total and Elderly Population

Census year	Inter-census growth rate % of total population	Elderly population growth rate %
1961	1.65	1.79
1971	2.07	2.42
1981	2.66	3.26
1991	2.10	2.26
2001	2.25	3.50
2011	1.35	4.29

Source: CBS (1961-2001, and 2011).

This rapid increase in the percentage of the elderly people among the total population will impact on socio-economic and health policies and the culture in coming society of Nepal. Table shows elderly population growth rate is more than total population growth rate.

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).

2.3.1 Policy in Nepal

Government of Nepal internalized the ageing issues by incorporating the social security schemes with a monthly allowance to senior citizen in 1994/5. This was a part of the ninth five year plan (1997-2002) and was also considered in the tenth five year plan (2002-2007) with an aim to guarantee capacity development, social security and a life of dignity for senior citizens. The three year interim plan (2007-2010): starting from year 2007 has adopted the following policies on elderly issues:

- a) Develop legal and institutional mechanism to ensure welfare and rights of senior citizens.
- b) Expand old age homes, allowances and other economic social security programs.

- c) With reviewing the programmers and modalities followed by governmental and non-governmental agencies.
- d) Provide special facilities to elderly people in hospitals and public transports.
- e) Formulate policies to respect and utilize the knowledge, skills and experiences of senior citizen in nation development and social transformation.
- f) Inspire and motivate local government, private sectors and civil society organizations to provide appropriate services and facilities to senior citizens.

The government has formulated a National Plan Action, 2062 for senior citizens. It has been divided into different part like economic aspect, social security, health and nutrition, participation and involvement, education and entertainment aspect, legal condition and reform, and miscellaneous. Dividing this for the effective execution of the plan, different actions of the plan have prescribed to be implemented by ministries and authorities. In this connection it also included the NGOs for cooperation (NPA, 2062).

Under the heading of duties, rights and responsibilities of Village Development Committee in the Local Self Governance Act, 1998, there is provision for the protection and development of orphan children, helpless women, elderly people and disabled. The Interim Parliament enacted “Social Security and Protection of Senior Citizen Act, 2006” which was pending since last six years. This is the first law of Nepal specially promulgated in regard to provide social security to the senior citizens. The Act has divided the senior citizens into 3 categories. Sec. 2 (a) defines the senior citizens as those people who are 60 years and above. It has also defined the term ‘helpless senior citizen’ that includes the people who have:

- a) No means of income or assets and any base for subsistence.
- b) No family member to take care and maintenance, and
- c) Been banished from the family.

It also categorizes weak senior citizens as those who are mentally or physically weak. The ward president is entitled to compromise them and issue also a written order in regard to take care of the senior citizens. When the concerned party dissatisfy from such proceeds, he/she may appeal to the VDC/Municipality. In this context the VDC/Municipality has entitled as the same authority like Ward President either

compromise the concern parties or issue a written order in the name of opposite party to take care the senior citizens. If the family members or the concerned party ignored to abide the order, the Ward President as well as VDC/Municipality is entitled to deny of doing any recommendations on behalf of such person when he/she requires doing recommendation from such authority. This is the punishment for ignoring to abide the order (Senior Citizen Act, 2006).

In 1994/95, the government of Nepal led by UML party introduced a new scheme for people over 75 years of age in five districts with a monthly allowance of NRs. 100. The scheme was immediately extended to all 75 districts in the fiscal year 1995/6. The amount was increased to NRs. 150 in 1999 and to NRs. 200 from 2005/6 and 500 in 2008/9. The program also provides NRs. 150 per month for widows over 60 years of age and disabled individuals over 16 years of age. The amount was increased to Rs. 1000 from 2015. Small, regular payments to older people has contributed positively to improve their health and social standing, however there is no study to assess the impact and uses of this scheme (MoHP, 2011).

Ministry of Health and Population is committed to ensure the services and priorities recommended by Madrid International Plan of Action on Ageing, 2002. The lack of the authentic studies on socio-economic, health and nutrition status of ageing population is always realized by the concerned ministries as well as the donor communities. The popular programs on ageing like Old-Age-Allowance, Senior Citizen Health Treatment Fund (JeshthaNagarikUpacharKosh) have been implemented more on the basis of general assumptions and common understanding of the society rather than with concrete research findings. As a consequence, the quantification of specific achievements, planning based on past experiences, and building on the lessons learned has become a prominent need of today, hence the importance of this study. Further -more, efforts are made by this study to identify basic research gaps in the implementation level that have posed difficulties to meet the commitment expressed in the international forums (Second World Assembly, 2006).

The Interim Constitution of Nepal, 2006

The Interim Constitution of Nepal, 2062 in the right of equality (Art 13), for the senior citizens, there could be arranging separate law specially to protect the rights. It seeks to make equal where it is unequal. It means equal treatment between equal and unequal treatment between unequal. Article 35, section 17, says that the state shall pursue the policy of providing allowances to elder, weak women and unemployed in accordance to the legal provision.

Interim Plan (2007-2010)

This interim plan has similar kinds of programmers' as successive plan (2007-2010).It has tried to address the following aspects of elderly people as:

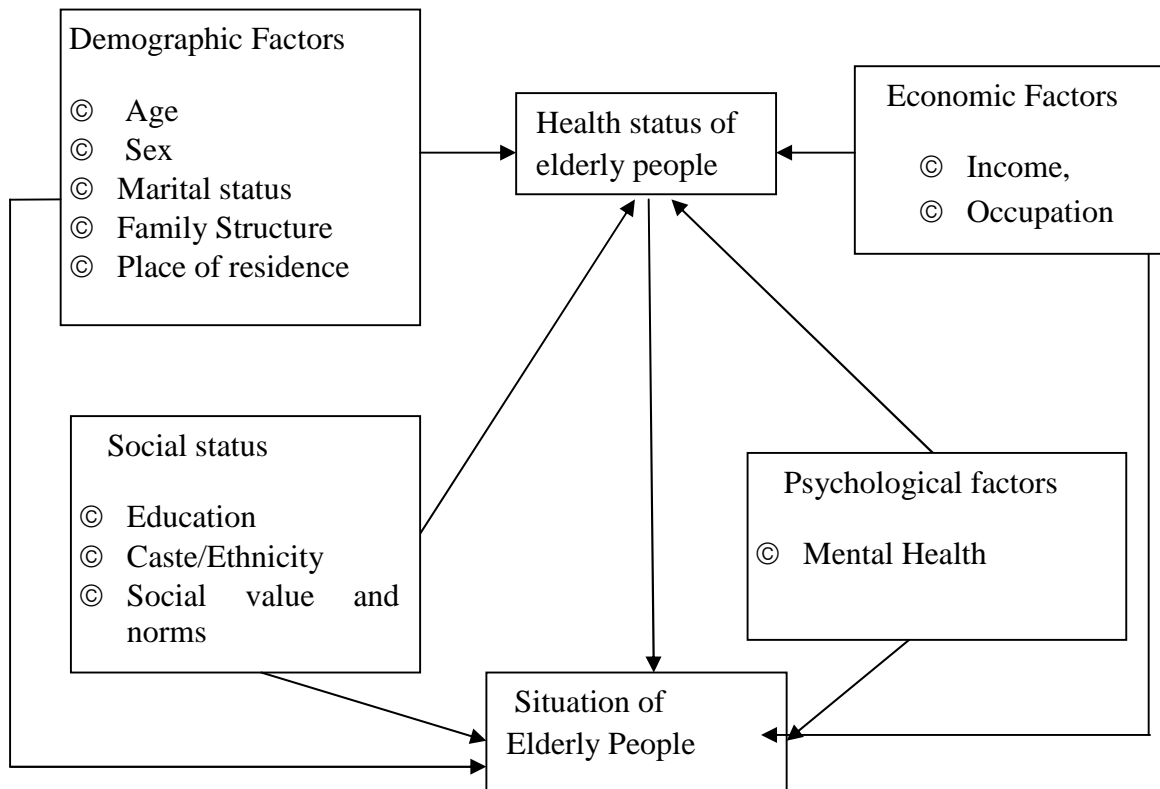
- a. To make their life convenient.
- b. To utilize their knowledge.
- c. To create necessary infrastructure to allows them to level a dignified life in society.
- d. To create an environment for economic development.

It has extra policy to develop fund in local and national levels for welfare of elderly people.

2.4 Conceptual Framework

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

Figure 1: Conceptual Framework of Status of the Elderly People



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

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

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction of the Study Area

The study area is situated in the western development region, Dhaulagiri zone, and Parbat district and in Uram Pokhara VDC. The place is bounded by, Shyangja, Kaski, Mustang, Baglung and Gulmi. In this area ethnic group like Chhetris, Brahmins, Magars, Ghartis and Dalits are found. According to the VDC report of census 2011, the total populations of Uram Pokhara VDC is 3,362 and among them 1,665 are male and 1,596 are female. The study had been selected age group of 60+ in the Uram Pokhara VDC ward no. 3, 4, 5, 6 and 7 which is totally rural and its having elderly people of socio-economic and health status. It is situated about 310 km far from capital city, Kathmandu.

3.2 Target Population and Sample Design

The study Uram Pokhara VDC of Parbat district is purposively selected. The main targeted population as the elderly people of age 60 years and above. The study is based on purposive sampling method collected from related to 3, 4 5, 6 and 7 wards. All the 133 respondents are selected as census method. There are 64 male and 69 are female respondents altogether.

3.3 Source and Nature of Data

The study was completely based as quantitative method. Primary data collections were made through direct interview and secondary data through to published and unpublished books, journals, reports.

3.4 Questionnaire Design

Questionnaire designed base on the data collection through individual questionnaire about demographic, socio-economic, health condition and overall situation of elderly people. Opens ended and close ended questionnaire was asked. The questionnaire will be divided into four parts. The first part includes the general background of respondents and demographic. Second part includes social-economic status of the

elderly people. The third part presents the health condition of elderly people. The fourth part includes others condition information of elderly people.

3.5 Data Analysis and Processing

The data are collected through individual interview. Collected data are sequentially entered into the master chart and later tables are developed. These data are analyzed and tabulated according to the objectives of the study. Data are presented and analyzed by using simple statistical tools i.e. percentage.

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTIC OF THE ELDERLY PEOPLE

This chapter deals with demographic and socio-economic characteristic of the study population. Demographic characteristic includes age, sex and marital status. Similarly, socio-economic characteristic includes caste/ethnicity, education, family status occupation source of income, old aged allowance.

4.1 Demographic Characteristics

4.1.1 Age and Sex

Table 4.1 shows the percentage distribution of elderly people by five year age group according to sex. Out of the total elderly people (N=133), majority of the respondents (42.1%) were in the age group of 75 and above years and lowest percentage (16.5%) of elderly people were in age group of 70-74 years. By sex more males were in the age group 75 years and above than females (46.9 % male vs. 37.7 % female).

Table 4.1: Percentage Distribution of Elderly People by Five Year Age Group According to Sex

Five Age Group/Sex	Male		Female		Total	
	N	%	N	%	N	%
60-64	8	12.5	16	23.2	24	18.1
65-69	13	20.3	18	26.1	31	23.3
70-74	13	20.3	9	13.0	22	16.5
75 and Above	30	46.9	26	37.7	56	42.1
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

4.1.2 Marital Status of Elderly People

Table 4.2 shows the percentage distribution of elderly people according to marital status. Among 133 respondents more than one half of the respondents are currently married (56.4%). More elderly males are currently married compare to their female country parts (68.7% vs. 44.9 %).

Table 4.2: Percentage Distribution of Elderly People According to Marital Status

Marital Status	Male		Female		Total	
	N	%	N	%	N	%
Currently married	44	68.7	31	44.9	75	56.4
Widow/Widower	20	31.3	38	55.1	58	43.6
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

4.2 Social Characteristics

Social characteristics include religion, caste/ethnicity, educational status, their family status and food habit

4.2.1 Religion of Elderly People

Religion is significant variable of our society and has played vital role in social process as well as structure. Most of the people believe in god to feel peace of soul. In the study area all of the respondents were found following Hindu religion. (Not shown in table).

4.2.2 Caste/Ethnicity of Elderly People

The various caste/ethnicity were reported in this study during the field survey and is presented in the table 4.3. Data shows that more than one third (36.8%) of respondents were Magar, followed by Brahmin (36.1%). Similarly, 16 percent of the respondents were from Dalit.

Table 4.3: Percentage Distribution of Elderly People According to Caste/Ethnicity

Caste/Ethnicity Status	Number	Total Percent
Brahmin	48	36.1
Chhetri	12	9.0
Magar	49	36.8
Gharti	3	2.3
Dalit	21	15.8
Total	133	100.00

Source: Field Survey, 2070

4.2.3 Educational Status of Elderly People

Education is one of the important factors that affect all aspects of human life. Table 4.4 shows the percentage distribution of elderly people according to educational status. Over one half (59%) of the respondents are found to be illiterate.(39.1% males Vs 77% females).About 14 percent had attained informal education. No female respondents had secondary and above level education.

Table 4.4: Percentage Distribution of Elderly People According to Educational Status

Literacy Rate	Male		Female		Total Percent	
	N	%	N	%	N	%
Illiterate	25	39.1	53	76.8	78	58.6
Informal Education	7	10.9	12	17.4	19	14.3
Primary	14	21.9	4	5.8	18	13.5
Secondary	13	20.3	-	-	13	9.8
Intermediate+	5	7.8	-	-	5	3.8
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

4.2.4 Types of Family

Elderly people get help in joint family than nuclear family. Table 4.5 shows the percentage distribution of elderly people according to types of family. Joint family is found to be practiced in large extent in study area. About (65.4%) of the elderly people are living in joint family and about one third (34.6%) of the elderly people are living in nuclear family.

Table 4.5: Percentage Distribution of Elderly People According to Types of Family

Types of Family	Number	Total Percent
Joint	87	65.4
Nuclear	46	34.6
Total	133	100.0

Source: Field Survey, 2070

4.2.5 Family Size

Family size is one of the important in the household characteristics of elderly people which shows that how many members lies in one family. Table 4.6 shows the percentage distribution of elderly people according to family size. Among the 133 respondents over one half (58%) of the respondents has the family size of 6 to 9, 23 percent with the family size of 2 to 5. Only 2 percent of the elderly people live alone in the family.

Table 4.6: Percentage Distribution of Elderly People According to Family Size

Family Size	Number	Total Percent
Alone	2	1.5
2-5	30	22.6
6-9	77	57.9
10 above	24	18.0
Total	133	100.0

Source: Field Survey, 2070

4.2.6 Head of Household

Generally, in Hindu cultural society the males are generally found as the head of their family, so it is also called the male dominant society .Table 4.7 shows the percentage distribution of elderly people according to head of the household. Nearly one half (46.6%) of the respondents reported that their son/daughter-in-law as the head of the household. One third (33.8%) of the respondents reported that themselves as a head of the household. Data further shows that more males were found to be household head than females (50% male Vs 19% female).

Table 4.7: Percentage Distribution of Elderly People According to Household Head

Head of Household	Male		Female		Total	
	N	%	N	%	N	%
Self	32	50.0	13	18.8	45	33.8
Spouse	4	6.3	22	31.9	26	19.6
Son/daughter-in-law	28	43.7	34	49.3	62	46.6
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

4.2.7 Living Status

Table 4.8 shows the percentage distribution of elderly people according to their living status. Respondents were asked about their current living status. In response one half (51.9%) of the elderly people reported that they were living with their spouse. Similarly nearly one half (45.1%) of the elderly people reported that they were living with their son/daughter-in-law. There was only 2 percent female respondent who was living alone.

Table 4.8: Percentage Distribution of Elderly People According to their Living Status

Living with	Male		Female		Total	
	N	%	N	%	N	%
Alone	-	-	2	2.9	2	1.5
Spouse	39	60.9	30	43.5	69	51.9
Son/daughter-in-law	25	39.1	35	50.8	60	45.1
Daughter/son-in-law	-	-	2	2.8	2	1.5
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

Table 4.9 shows the percentage distribution of elderly people with according to their living wish. Majority of the respondents (69.2%) reported that they want to live with their son/daughter-in-law. By sex more females (79.7%) than males (57.8%) reported that they want to live with their son/daughter-in-law. Female respondents (3%) reported that they want to live alone whereas male respondents (2.2%) reported that they want to live in religious institution.

Table 4.9: Percentage Distribution of Elderly People with According to their Living Wish

Living Wish	Male		Female		Total	
	N	%	N	%	N	%
Alone	-	-	4	5.8	4	3.0
Spouse	24	37.5	10	14.5	34	25.6
Son/daughter-in-law	37	57.8	55	79.7	92	69.2
Religious institutions	3	4.7	-	-	3	2.2
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

Table 4.10 shows the percentage distribution of elderly people according to their satisfaction with living condition. Majority (80.5%) of the respondents reported that they are satisfied with their current living condition (78.1 % male and 82.6% female) and 19.5 percent are not satisfied with their current living condition.

Table 4.10: Percentage Distribution of Elderly People According to their Satisfaction with Living Condition

Satisfaction Situation	Male		Female		Total	
	N	%	N	%	N	%
Satisfied	50	78.1	57	82.6	107	80.5
Non-satisfied	14	21.9	12	17.4	26	19.5
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

4.2.8 Food Habit

Food is the basic need of human being. So, naturally the elderly people need more nutrition and soft food, they need more help in food preparation system. Most of the elderly people engage themselves in preparing food. Table 4.11 shows the percentage distribution of elderly people according to the person who prepare food for them. About one third (34.6%) of the elderly people reported that they prepare their food themselves. Similarly, one third of the respondents (33.1%) reported that their son/daughter-in-law prepare food for them.

Table 4.11: Percentage Distribution of Elderly People According to the Person who Prepare Food for Them

Who Prepared	Number	Total Percent
Self	46	34.6
Spouse	38	28.6
Son/daughter-in-law	44	33.1
Grand Children	5	3.7
Total	133	100.0

Source: Field Survey, 2070

Table 4.12 shows the percentage distribution of elderly people according to their food taking system. More than one half (63.9%) of the respondents reported that they take

food two times a day and one third (36.1%) of the respondents reported that they take food three times a day.

Table 4.12: Percentage Distribution of Elderly People According to their Food Taking System

Food Taking System	Number	Total Percent
Two times a day	85	63.9
Three times a day	48	36.1
Total	133	100.0

Source: Field Survey, 2070

4.3 Economic Characteristics

Economic characteristics include occupation, source of income, property ownership, and old aged allowance of the 133 elderly people to obtain the information about the economic characteristics by using data of questionnaire.

4.3.1 Occupation of Elderly People

Occupation is an important factor which determines the living standard of a person in society. Table 4.13 shows the percentage distribution of elderly people according to their occupation. One half (50.4%) of the respondents reported that agriculture as a major occupation. By sex more females (60.9%) than males (39.1%) reported agriculture as a major occupation. About one third 33 percent of the respondents reported that they were unemployed.

Table 4.13: Percentage Distribution of Elderly People According to their Occupation

Occupation Status	Male		Female		Total	
	N	%	N	%	N	%
Unemployed	22	34.4	22	31.9	44	33.1
Agriculture	25	39.1	42	60.9	67	50.4
Business	15	23.4	3	4.3	18	13.5
Private Office	2	3.1	2	2.9	4	3.0
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

4.3.2 Source of Income of Elderly People

Source of income is another determinant factor of elderly people status. Elderly who are involved in un-paid activities work are physically and mentally strength than those who are involved in paid activities. So, elderly health is directly associated with source of income. Table 4.14 shows the percentage distribution of elderly people according to their source of income. Majority of the elderly people in the study area were found to be dependent on old aged allowance. Among the total respondents one third (33.1%) reported that their major source of income is old aged allowance. About one fourth (26.3%) of the respondents reported that agriculture as their source of income. Nearly one-fifth (19.5%) of the respondents reported that pension as their source of income.

Table 4.14: Percentage Distribution of Elderly People According to their Income Source

Source of Income	Male		Female		Total	
	N	%	N	%	N	%
Business	13	20.3	2	2.9	15	11.3
Old Aged Allowance	19	29.7	25	36.2	44	33.1
Agriculture	10	15.6	25	36.2	35	26.3
Pension	19	29.7	7	10.2	26	19.5
No Income	3	4.7	10	14.5	13	9.8
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

4.3.3 Property Ownership of Elderly People

Property ownership is variable which determines the economic status of elderly people. The status of elderly male is comparatively better than elderly female because male possess property ownership right, decision making power in the family and financial control by tradition and culture. The person who has more property ownership has been considered as in a higher economic status person. Table 4.15 shows the percentage distribution of elderly people according to property ownership. Nearly one half (47.4%) of the respondents reported that of having house/land as the property ownership (64/1% male and 63% female). Similarly 30 percent of the respondents reported that of having land only as the property ownership.

Table 4.15: Percentage Distribution of Elderly People According to Property Ownership

Property Ownership	Male		Female		Total	
	N	%	N	%	N	%
House only	7	10.9	10	14.5	17	12.8
Land only	13	20.3	27	39.1	40	30.1
House/Land	41	64.1	22	31.9	63	47.4
Cash	3	4.7	4	5.8	7	5.2
Other(Ornaments)	-	-	6	8.7	6	4.5
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

4.3.4 Old Aged Allowance of Elderly People

Aged allowance is one of the social welfare programs of elderly people in Nepal. Each month Rs. 1000 per elderly people is provided to the elderly people aged 70 and above, for the widow allowance to the women, there is no age limit. All the elderly people have not received the aged allowance because of its age criteria which is too high. Table 4.16 shows that percentage distribution of elderly people according to getting old aged allowance. Majority (68.4%) of the respondents reported that they are getting old aged allowance i.e. (70.3%) male and (66.7%) are female. One third (31.6%) of the respondents reported that they are not getting old aged allowance due to the age limitation.

Table 4.16: Percentage Distribution of Elderly People According to Getting Old Aged Allowance

Getting Allowance	Male		Female		Total	
	N	%	N	%	N	%
Yes	45	70.3	46	66.7	91	68.4
No	19	29.7	23	33.3	42	31.6
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

CHAPTER FIVE

HEALTH AND FAMILY SECURITY CHARACTERISTIC OF THE ELDERLY PEOPLE

5.1 Health Status

Health is wealth but very common problems in old age. The elderly people suffer from physical, psychological and sociological problems. Elderly people mainly suffered from the disease like respiratory, tuberculosis, diabetes, gastric, uterus prolapsed bladder swollen and weakness in different organs. This study had also sought the information regarding the elderly health and family security.

5.1.1 Health Problem

Naturally, when people become elder they feel difficulties and physically weakness and loose the disease protection capacity and most of them suffered from different kind of health problem. Table 5.1 shows the percentage distribution of elderly people according to their health problem. Among 133 respondents three quarters (75.2%) of the respondents reported that they have health problem (76.6% male and 73.9% female) and one-fifth (24.8%) reported that they have no any health problems.

Table 5.1: Percentage Distribution of Elderly People According to their Health Problem

Health Problem	Male		Female		Total	
	N	%	N	%	N	%
Yes	49	76.6	51	73.9	100	75.2
No	15	23.4	18	26.1	33	24.8
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

5.1.2 Types of Disease

Usually elderly people are suffering from different kind of diseases in their old age. The table below show the types of diseases that elderly people usually suffered. Those respondents who reported of having health problem they were further asked about the types of health problem that they have. Data shows that nearly one-fifth (24.0%) of

the elderly people reported that they were suffering from respiratory. More elderly male are suffering than elderly female (36.7% male and 11.8% female). It is noticeable that 20 percent of the female respondents reported that had problems of uterus prolapsed. Only, 2 percent of the male respondents have problems related to bladder swollen.

Table 5.2: Percentage Distribution of Elderly People According to the Types of Disease

Types of Disease	Male		Female		Total	
	N	%	N	%	N	%
Respiratory	18	36.7	6	11.8	24	24.0
Tuberculosis	11	22.4	5	9.8	16	16.0
Diabetes	4	8.2	3	5.9	7	7.0
Gastric	9	14.3	12	23.5	21	21.0
Uterus Prolapsed	–	-	19	37.2	19	19.0
Bladder Swollen	3	8.2	-	-	3	3.0
Others pain	4	10.2	6	11.8	10	10.0
Total	49	100.0	51	100.0	100	100.0

Source: Field Survey, 2070

5.1.3 Opinion of Responsible Person for Elderly People Care

Elderly people are not physically weak but they are also weak economically. So, they do not take care themselves. Therefore, they are helped by family members, governmental institution and private sectors as well. At the time of field survey, the view of the elderly persons about the responsibility for elderly care is given in the following table. Table 5.3 shows the percentage distributions of elderly people according to person responsibility for elderly people care. Majority of the respondents (70.7%) reported their son/daughter-in-law as the responsible person for their caring. About one fifth (19.5%) of elderly people reported that the responsible person for their caring is not other than their own spouse.

Table 5.3: Percentage Distribution of Elderly People According to their Views on Who Should Take Care of Them

Responsible Person	Male		Female		Total	
	N	%	N	%	N	%
Spouse	17	26.6	9	13.0	26	19.5
Son/daughter-in-law	42	75.6	52	75.4	94	70.7
Daughter/son-in-law	5	7.8	8	11.6	13	9.8
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

5.1.4 Place of Health Checkup and Treatment

There are different treatment area accesses to the elderly people. But many rural elderly people are deprived from health facilities because of low knowledge, transport facilities and so on. The places of treatment of elderly people in the study area are presented below. Table 5.4 shows the percentage distribution of elderly people according to the place for health treatment. About one third (35.4%) of respondent reported that they go to sub-health post for their health treatment, nearly one third (27.1%) of elderly people are reported that they go to mobile treatment camp during sickness. About 24 percent of elderly people reported that they go to hospital.

Table 5.4: Percentage Distribution of Elderly People According to the Place for Health Treatment

Place of Treatment	Total Number	Total Percent
Sub-health Post	47	35.4
Hospital	32	24.0
Private Clinic	18	13.5
Mobile Treatment	36	27.1
Total	133	100.0

Source: Field Survey, 2070

5.1.5 Management for Health Treatment

Table 5.5 shows the percentage distribution of elderly people according to the person who should manage their health treatment. More than one half (54.89%) of the respondents reported that their son/daughter-in-law should manage followed by themselves (27.1%).

Table 5.5: Percentage Distribution of Elderly People According to their View on who should Manage for their Health Treatment

Management of Their Treatment	Number	Percent
Self	36	27.1
Spouse	22	16.5
Son/daughter-in-law	73	54.9
Other	2	1.5
Total	133	100.0

Source: Field Survey, 2070

5.1.6 Care at Home

Home care is the most important responsibility of family which determines the status of family. Table 5.6 shows the percentage distribution of elderly people according to their view on who should care during sickness at home. About (41.4%) of the elderly people reported that their spouse should care them. Similarly, one third (33.0%) of elderly people reported that their son/daughter-in-law should care them during sickness at home. However, about 23 percent of elderly people reported that none should care they themselves care.

Table 5.6: Percentage Distribution of Elderly People According to their View on who should Care During Sickness at Home

Responsible person during sickness at home	Male		Female		Total	
	N	%	N	%	N	%
Self	7	10.9	23	33.4	30	22.6
Spouse	40	62.6	15	21.7	55	41.4
Son/daughter-in-law	15	23.4	29	42.0	44	33.0
Daughter/son-in-law	2	3.1	2	2.9	4	3.0
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

5.1.7 Disability

Usually elderly people are different kind of disabilities in their age. They are physically weak, poor sight, poor hearing capacity, and mental disability. They need help from other people for their personal life. Table 5.7 shows the percentage distribution of elderly people according to having disability. About one third (32.3%)

of the respondents reported that they have a problem of having poor sight. Similarly, more than one fifth (21.8%) reported of having the disability of poor sight and hearing both. About 18 percent of the respondents reported that they have no any disability.

Table 5.7: Percentage Distribution of Elderly People According to Having Disability

Disability	Number	Percent
Poor Sight only	43	32.3
Poor Hearing only	20	15.0
Poor Sight + Hearing	29	21.8
Mental disability	17	12.8
No disability	24	18.1
Total	133	100.0

Source: Field Survey, 2070

5.1.8 Wake up Time

When people become older he/she more time to rest and sleep. Usually people wakeup early in the morning and involve in their daily activities. Table 5.8 shows the percentage distribution of elderly people according to their wake up time .About (40.6%) of elderly people reported that they wake up at 6 am, nearly one third (32.3%) of elderly people at 5:30 am. More than one quarter (27.1%) of elderly people wake up at 5 am.

Table 5.8: Percentage Distribution of Elderly People According to their Wake Up Time

Wake up Time (AM)	Number	Total Percent
5	36	27.1
5:30	43	32.3
6	54	40.6
Total	133	100.0

Source: Field Survey, 2070

5.1.9 Sleeping Bed Comfortable

Sleeping at night had great impact upon the life status of elderly people. It plays vital role in healthy condition and the life expectancy of elderly. Table 5.9 shows the

percentage distribution of elderly people according to situation of sleeping bed comfortable at night. More than one half (65.4%) of the elderly people reported that they feel comfortable while sleeping and about one third (34.6%) of the elderly people feel normal while sleeping at night.

Table 5.9: Percentage Distribution of Elderly People According to Situation of Sleeping Bed Comfortable at Night

Sleeping Bed Comfortable	Number	Percent
Good	87	65.4
Normal	46	34.6
Total	133	100.0

Source: Field Survey, 2070

5.2 Family and Social Security

5.2.1 Passing Day Time

How do people allocate a day reflects, to some extent, the psychological aspects of the people. In elderly people, because of their engagement in less harder works like worshipping, doing household discussion in the family. Table 5.10 shows the percentage distribution of elderly people according to the activities they do to their passing day time. One third (34.5%) of the elderly people reported that they pass their time by doing agriculture work, nearly one third (28.6%) of the elderly people reported that passes their time working home activities.

Table 5.10: Percentage Distribution of Elderly People According to the Activities they do to pass their Days

Passing Day Time	Number	Total Percent
Agriculture	46	34.5
Working home activities	38	28.6
Caring grand children	18	13.5
Religious activities	21	15.8
Discussing with family and community	10	7.6
Total	133	100.0

Source: Field Survey, 2070

5.2.2 Decision Making

Family conducts various types of function for family welfare; in this sense decision making process plays an important role in family. Elderly decision is regarded well as compare to others because they are more experienced than others. Table 5.11 shows the percentage distribution of elderly people according to their decision making power. Among the 133 respondents about 44 percent reported that they can make decision marriage of the offspring. More than one third (34.6%) of the respondents reported that they can make household work. More females were found making decision on selling and buying of assets than males (24.6% females Vs. 18.8% males).

Table 5.11: Percentage Distribution of Elderly People According to their Decision Making Power

Decision Making on	Male		Female		Total	
	N	%	N	%	N	%
Household work	24	37.5	22	31.9	46	34.6
Marriage of offspring	28	43.7	30	43.5	58	43.6
Selling and buying of assets	12	18.8	17	24.6	29	21.8
Total	64	100.0	69	100.0	133	100.0

Source: Field Survey, 2070

5.2.3 Expectation from Government

Elderly people are not physically weak but they are also weak economically. So, they do not take care themselves. Therefore, they are helped by family members, governmental institution and private sectors as well. Majority (83.5%) of the respondents reported that government must provide free health check up with free treatment (not shown in table).

5.2.4 Expectation from Family

During the survey, questions were asked to explore the responses of the respondents on the expectation from the family side of the elderly respondent which is shown in the table below. Table 5.12 shows the percentage distribution of elderly people according to their expectation from their family. About 47 percent want to get proper

love and affection. Similarly more than one third (35.4%) of them reported that they just want physical care from the family. Only 18 percent want food in time from the family.

Table 5.12: Percentage Distribution of Elderly People According to their Expectation from their Family

Expectation from Family	Number	Total Percent
Love/Affection	62	46.6
Physical Care	47	35.4
Food in Time	24	18.0
Total	133	100.0

Source: Field Survey, 2070

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

This study is based on the status of the elderly people of Uram Pokhara VDC of Parbat district. The data were collected from the selected respondent to find out the demographic, socio-economic, health and social security status of elderly people.

-) In the study population female were in majority (52%) and male were minority (48%).
-) Majority of the respondents (42.1%) in the age group of 75 and above years and lowest percentage (16.5%) of elderly people were in age group of 70-74 years.
-) More than one half (56.4%) of the total respondents are currently married and 43.6 percent are widow/widower.
-) Majority of the respondents (36.8%) Magar and 36.1 percent are Brahmin.
-) About fifty nine percent (58.6%) elderly people are illiterate among them 3.8 percent are intermediate but no one is female.
-) Elderly people in the study area are residing in joint family, in majority i.e. 65.4 percent, and only 34.6 percent in nuclear family.
-) Eighteen percent elderly people are residing among and between 10 and above family members.
-) It is revealed that out of 64 male respondents 50 percent are family head and out of 69 female respondents only 18.8 percent are family head.
-) Majority of the elderly people i.e. 51.9 percent including 39 male and 30 female are living with their spouse, 2.9 percent and 2.8 percent female members are living alone and daughter/son-in-law respectively.
-) Majority of the respondents (69.2%) want to live with son/daughter-in-law among them female are 79.7 percent and 57.8 percent are male.
-) It is revealed that out of 133 respondents, 80.5 percent are satisfied with their living condition whereas 19.5 percent are not satisfied.
-) Majority of the respondents i.e. 34.6 percent are self-involved in preparing food and 33 percent are depend on their son/daughter-in-law.

-) Elderly people in the study area are taking food two times a day by 63.9 percent and 36.1 percent are three times a day.
-) Majority of the respondents (50.4%) are involved in agricultural activities whereas 33.1 percent are employed.
-) Of the respondents, 33.1 percent elderly people's source of income is old-age-allowance whereas 26.3 percent, 19.5 percent, 11.3 percent and 9.8 percent are depend on agriculture, pension, business and source less respectively.
-) 47.4 percent elderly people are ownership of their house/land, no one are property less person.
-) Out of total respondents, 68.4 percent are getting old-age allowance and 31.6 percent are not getting.
-) Of the respondents, 75.2 percent are not suffering from health problem, but 24.8 percent are suffering from different types of diseases. Among them 24 percent, 21 percent, 16 percent, 3 percent and 10 percent are suffering from respiratory, gastric, uterus prolapse, tuberculosis, diabetes, bladder swollen and other pains respectively.
-) Majority of the respondent i.e. 70.7 percent are opined that their son/daughter-in-law should provide take care and 19.5 percent are in favour of spouse.
-) Out of 133 respondents, 35.4 percent respondents are visiting sub-health post, and 27.1 percent are taking mobile treatment.
-) 54.9 percent respondents are managed their treatment by their son/daughter-in-law.
-) Of the respondents, 41.4 percent respondents are traced their spouse as a responsible person to take care of them in their house while in sick.
-) Majority of the elderly people are suffering from poor eye sight, poor eye sight and hearing problem, hearing problem only, and mental disability by 32.3 percent, 21.8 percent, 15 percent and 12.8 percent respectively.
-) Respondents generally wakeup early in the morning by 40.6 percent, 32.3 percent, & 27.1 percent at 6 o'clock, 5:30 O'clock and 5 O'clock respectively.
-) Of the respondents 65.4 percent are sound sleep on their bed and 34.6 percent are sound sleep.
-) Majority of the elderly people i.e. 34.5 percent are passing their time and involving in agriculture and 28.6 percent, 15.8 percent, 13.5 percent and 7.6 percent by involving household chores, religious activities, caring rand children and involving in discussion on community members respectively.

-) Elderly people are involving decision making process as marriage of offspring, Household work and selling and buying by 43.6 percent, 34.6 percent and 21.8 percent respectively.
-) Majority of the elderly people are expecting love/affection in their old age by 46.6 percent, whereas 35.4 percent and 18 percent are in favour of physical care and food in time.

6.2 Conclusions

In the study area, elderly people are living their life with minimum basic needs and fundamental rights as they are not getting proper food, health care, social security, economic crisis, object of abandonment, burden of their family and other heart rendering status in the society. As they are source of experience of the past events and inspiration for the future endeavors, they are not taken into consideration, rather contradiction of old and new traditional norms and values confronting, by the way elderly people are marginalized and their voice is snatched. After all, they are living their miserable condition.

Elderly people with low income and poverty depend on their offspring and their relative even in their daily needs and along increasing elderly population day by day due to public awareness about their health and hygiene and modern facilities.

Among the elderly people, they are involved in unpaid economic activities and household work which results their labour exploitation and dehumanization. Literacy rate of elderly is no satisfactory; however female literacy rate is worse than male. Economic dependency and physical appear as long term problem. Elderly people who have better economic status are more cared by their family member and economically poor are not cared by their nearest and dearest one. They feel insecure life because of increasing single family system provides feedback to the love and affection and esteems of family and its member. Most of the elderly people expect right dignity, freedom, self-esteem and love and affection both from the state and society and even from family. Economic status of elderly people showed that huge proportion of elderly people in the study area had poor economic.

Most of the elderly people are suffering from disease physical disability, poor eye sight, poor hearing power, mental disability, but they are not taken into priority for treatment. Some of them have been working hard but they are facing in more problems. The health status of respondents is not satisfactory. When they feel sick at that time they go to sub-health post and hospital as well as private clinic for their treatment and most of the respondents expect in their place for their health services mobile camp, free health checkup, free treatment, free transportation. The elderly people in the rural areas are far from getting the facilities such as transport, communication, education, and access to all facilities and health services. The old-aged allowance provided by the government is not sufficient for passing their daily life. And they feel insecure life because of political conflict and social security problems within society.

Elderly people feel getting old while they were age of 65 and above years and they spent a day doing house working, caring grand-children, performing religious activities and discussion in society. Elderly people are helping to their family directly or indirectly. The elderly people of study area are not getting good health services.

6.3 Recommendations

From the above analysis this study the researcher has made some recommendation which will be helpful to those person, institution and government related to this field. Summary of the study shows that there are some problem and variation in living style in the elderly people according to their age, sex, education, occupation, marital status, family type etc. Support and help to the elderly in conducting daily life activities such as personal hygiene, moving, visiting, and other activities. Based on the summary of this study the recommendations for the further improvement in the related field are given as below.

-) Most of the female elderly people are illiterate. Therefore there is need of promote and universalize the informal education to those who are illiterate and bound only household work.
-) Since poverty and elderly are highly correlated with income generation programs, easy access to credit schemes through the different channels, the

government should be planned and prepared to implement poverty alleviation and skilled development programs in such areas.

-) The government should strictly implement the 'Senior Citizen Act' and 'Senior Citizen National Implementation' and Senior Citizen Health and Treatment Services' to improve the social and national improvement of status of elderly people.
-) Rehabilitation center, elderly home, and day care are necessary for all those who are alone, poor and neglected from their families.
-) Elderly people should be provided facilities of regular health check-up and health services and family health and health insurance.
-) It will be helpful for the policy maker and planner to make their policy about the elderly people within the rural areas.
-) It is necessary to ensure the qualitative life of elderly people and maintain their health status. It is necessary to develop a family based security system and ensure the socio-economic participation of elderly people in all kind of development.
-) State and society must develop the system of social respect, esteem and imitation towards the elderly people.
-) Elderly care, respect, honor, freedom, participation contents should be included in school curriculum and different moral lesson regarding and elderly volunteer services program must be develop in the national level.
-) State should pay attention towards the basic needs and interest of the elderly people.
-) It is necessary to recognize the knowledge, skill and experience of the elderly people and utilize them in the process of development and income generating activities should be promoted in the vulnerable condition and live in poor socio-economic condition.
-) GOs/NGOs programs on ageing are centralized in the urban area, these programs should be also implemented in the rural area.
-) The study will be helpful for those organizations that are interested towards elderly people.
-) The study also helpful for those researchers who want to research on the same subject.

REFERENCES

- Acharya, S. K. (2001). Population Ageing: Same Emerging Issues in the SARRC Regio with References to Nepal, *Population and Development in Nepal* (Vol.8).Kathmandu: Central Department of Population Studies.T.U, Kirtipur.
- Bishta, P. S. (2003). *Ageing and the Elderly Population in Nepal, a paper presented at Population and Development Training Programmed, 8-19 December 2003*, Kathmandu, Central for Population Research and Training (CPRT).
- _____. (2005). *Gender and Ageing Population in Nepal, Population Gender and Development*, Kathmandu, Central Department of Population Studies. T.U, Kirtipur
- _____. (2006).*The Condition of the Elderly People in Kathmandu City*, Unpublished Ph.D. Thesis. Kathmandu: Central Department of Population Studies, Tribhuvan University.
- Chambers, R. and Conway, G.R. (1991). *Sustainable Rural Livelihoods Practical Concepts for the 21th Century Discussion Paper, 292*, Institute of Development Studies.
- Government of Nepal (GoN), (2063). *Jestha Nagarik Ain2063*. Kathmandu: GoN.
- Help Age International (HAI) (2001). *The Ageing Development, Report: Poverty Independence and the World's Order People*, Thailand.
- _____. (2005). *Ageing and Development*, HAI.
- Ministry of Health and Population (MoHP), (2011). *Nepal Population Report*. Kathmandu: MoHP.
- _____. (2014). *Nepal Population Report*. Kathmandu: MoHP.
- Ministry of Women, Children and Social Welfare (MWCSW), 2063 B.S (2006). *National Senior Citizen Act*, Singhadarbar: Kathmandu.
- National Planning Commission (NPC) (2062).*Tenth five year plan*. Kathmandu: Government of Nepal.
- _____. (2006). *The Interim Constitution of Nepal*. Kathmandu: Government of Nepal.

- Singh, M. L. (2011). Ageing of the Population in Nepal. *Population Monograph of Nepal*, (Vol. II) Central Bureau of statistics (CBS 2003), Kathmandu: CBS.
- Singh, M. L. (2014). Aspects of Ageing. *Population Monograph of Nepal*, (Vol. II) Central Bureau of statistics (CBS, 2014), Kathmandu: CBS.
- United Nation (UN). (1994). *Ageing and the Family UN*. New York: New York Publication.
- _____. (1999), *Changing Age Structure and Ageing of the Population*, New York: New York Publication.
- _____. (2006). *Second World Assembly on Ageing*, Madrid, New York: New York Publication.
- UNFPA (2005). *Population Ageing and Development*. New York: United Nations Population Fund.

APPENDIX: 1

QUESTIONNAIRES FORM

STATUS OF THE ELDERLY PEOPLE (A CASE STUDY OF URAM

POKHARA VDC, PARBAT

Tribhuvan University

Central Department of Population Studies

Kirtipur Kathmandu

Name of respondents.....

House NO..... VDC.....

Ward No..... Name of the household head.....

A. Demographic Information

S.N.	Name	Relationship with HHs	Sex	Age	Marital status	Religion	Education	Occupation

A. Relationship with household head.	a. Self.....1 b. Spouse.....2 c. Son/Daughter-in-law.....3 d. Daughter/ Son-in-l.....4 e. Brother/Sister.....5 f. Grandchildren.....6 g. Others.....7
B. Sex	a. Male.....1 b. Female.....2
C. Marital Status	a. Unmarried.....1 b. Married.....2 c. Widow/Widower.....3 d. Divorced.....4 e. Separated.....5 f. Others.....6

D. Religion	a. Hinduism.....1 b. Buddhist.....2 c. Christian.....3 d. Islam.....4 e. Others.....5
E. Education	a. Illiterate.....1 b. Primary.....2 c. Lower Secondary.....3 d. Secondary.....4 e. High Secondary.....5 f. Graduate and above.....6
F. Occupation	a. Unemployed.....1 b. Agriculture.....2 c. business.....3 d. Service.....4 e. Industry.....5 f. Labor.....6 g. Private Company.....7 h. Others.....8

B. Social-Economic Information

1. What is your family type?	a. Alone.....1 b. Nuclear.....2 c. Joint.....3
2. How many members are there in your family?	Ans.:
3. With whom are you living now?	a. Alone.....1 b. Spouse.....2 c. Son/Daughter-in-law.....3 d. Daughter/ Son-in-law.....4 e. Relatives.....5 f. Others.....6

4. With whom do you wish to live?	a. Alone.....1 b. Spouse.....2 c. Son/Daughter-in-law.....3 d. Daughter/ Son-in-law.....4 e. Relatives.....5 f. Others.....6
5. Are you satisfied with whom you are living?	a. Yes.....1 b. No.....2
6. Who prepares your food?	a. Self.....1 b. Spouse.....2 c. Son/Daughter-in-law.....3 d. Daughter/ Son-in-law.....4 e. Grandchildren.....5 f. Servant.....6 g. Others.....7
7. How many times do you eat daily?	a. Once a day.....1 b. Twice a day.....2 c. Thrice a day.....3 d. More than above.....4
8. What is your source of income?	a. Business.....1 b. Aged allowance.....2 c. Agriculture.....3 d. Pension.....4 e. No income.....5
9. What is your own property?	a. Land.....1 b. House.....2 c. House/Land.....3 d. Cash.....4 e. Ornaments.....5 f. Others.....6
10. Are you take old aged allowance?	a. Yes.....1 b. No.....2

C. Information on Health

1. Do you have any disease?	a. yes.....1 b. No.....2
2. What types of disease?	a. Respiratory disease.....1 b. Tuberculosis.....2 c. Diabetes.....3 d. Gastric.....4 e. Uterus prolapsed.....5 f. Bladder swollen.....6 g. Back and join pain.....7
3. In your opinion, who responsibility to care of elderly people?	a. Self.....1 b. Son/daughter-in-law.....2 c. Others (government).....3 d. Others.....4
4. Where you go for health checkup and treatment?	a. Home with doctor.....1 b. Hospital.....2 c. Private clinic.....3 d. Dhami/Jhankri.....4 e. Sub-health post.....5 f. Mobile treatment camp.....6
6. Who pays your health treatment?	a. Self.....1 b. Spouse.....2 c. Son/Daughter-in-law.....3 d. Daughter/ Son-in-law.....4 e. Others.....5
7. Who care when you are sick at home?	a. Self.....1 b. Spouse.....2 c. Son/Daughter-in-law.....3 d. Daughter/ Son-in-law.....4 e. Religious institution.....5 f. Grand children.....6 g. Others.....7

8. Do you have any disability?	a. Sight.....1 b. Poor hearing.....2 c. Mental disability.....3 d. No disability.....4
9. At what time do you wake up?	Ans:
10. Is your sleeping bed comfortable?	a. Normal.....1 b. Yes.....2 c. No.....3

E. Others Information

1. How do you pass your days?	a. Agriculture.....1 b. Working home activities.....2 c. Caring grand-children.....3 d. Visiting temple.....4 e. Discussing with family member and community.....5	
2. Are you participation decision making in family?	a. Home labor.....1 b. Marriage of offspring.....2 c. Selling and buying of assets.....3	
3. In your opinion, what types of health services is expectation to elderly from government?	a. Paying cash.....1 b. Free health checkup with treatment.....2 c. Mobile health camp.....3	
4. What do you expectation from your family?	a. Love/Affection.....1 b. Physical care.....2 c. Food in time.....3 d. Others.....4	