

**ACCESS TO FACILITIES AND HEALTH STATUS OF ELDERLY
PEOPLE IN NEPAL**

(A Study of Kathmandu Metropolitan City Ward No. 14, Kathmandu District)

**A Dissertation Submitted to the Faculty of Humanities and Social
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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The term ageing refers 'the process of growing old, being older and usually less useful, less safe, less healthy, etc.' (Moody, 2006). Ageing is the ultimate manifestation of biological and demographical activities in individual human being and population at large. Until recently very little attention was paid particularly in developing countries about the dynamics of ageing in human beings. However, continued increase in percentage of aged persons in the population is creating humanitarian, social and economic problems in many developing as well as developed countries. It has been observed that since last one decade, social scientists and demographers all over the world are trying to explore the dynamics of ageing.

Globally, the population is ageing, and the number and proportion of older people is increasing. Populations are ageing in all countries, including in the developing world. Population ageing is a global phenomenon, the proportion of older persons in the world's population increased from 8.2 percent in 1950 to 10 percent in 2000. It is projected to increase to 15 percent in 2025 and 21 percent by 2050. By the middle of this century one in every five persons will be "old". All countries are either experiencing population ageing or can be expected to do so over the next two decades (UN, 2002). Population statistics shows that the number of elderly has been increasing because of increment in the average life expectancy at birth. Nepal is also witnessing the expansion of life span and hence an enhancement in the population of the elderly. In Nepal, according to CBS (2012), the population above sixty years of age comprised 6.5 percent of total population in 2001 while after ten years in 2011 it increased to 8.13 percent.

Elderly is defined as the population aged 60 years and above (Singh, 2003). It is recognized that the definition ignored the heterogeneous nature of population group that spanned around 40 years of life. All people age 60 years and above were taken as the elderly in the World Assembly on Ageing held at Vienna in 1982. Similarly, in the United Nations International Conference on Ageing and Urbanization in 1999, the term elderly is defined as the population aged 60 year and above. In Nepal also, all

people over 60 years of age are considered elderly. But the government of Nepal classifies the age 65 years for the case of comparison (Bisht, 2006).

Hence, elderly could be divided into three major groups those aged 60-69 years (the young elderly); those aged 70-79 years (the young elderly age); those aged 80 years and above (Moody, 2006). Elderly people are outcome of human life cycle. An inevitable consequence of the demographic transition i.e. shift of higher fertility and mortality to lower ones and increasing in the life expectancy at birth is the evolution of the age structure of the population. Most notably record increases in the proportion and the number of elderly people. Many societies, especially in developed countries have already population age structure. Many developing countries like Nepal are in the midst of the demographic transition i.e. falling faster of mortality than fertility where Nepal is experiencing rapid shift in the relative number of children to working age and elderly people. Another reason for increasing the proportion of elderly people in world especially in developing countries is increased life expectancy at birth with modernization process.

The ageing of the population is various from one country to another or one community to another over time. Most countries take 65 years and above as an elderly people. In Nepal, several age limits have been prescribed for the specific purpose. For example, 58 years is specified for compulsory retirement from civil services, 62 years for UN employees, 63 years for university teachers, 65 years for constitution bodies and 75 years for receiving the social security benefits of Rupus150 rupees but now increased to Rupus 500 and age limit is 70. However, it is widely considered appropriate to use the age 60 as entry point into old age in Nepal (Bisht, 2003).

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

In Nepal, some of the incentive Programs are started to implement. But it is still out reach for those elderly people who are living in rural and remote areas. It is because of the lack of knowledge about getting such incentives and its amount is quite smaller. Large number of elderly people lives in rural areas. Behind increasing this proportion and number is due to migration process. Which is selected process; usually children, women and elderly people do not take part in it and stay at origin (KC, 2003).

1.2 Statement of the Problem

Ageing 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 ageing issue in the proper demographic and national context. In a country like Nepal, a marginal increase in the proportion serious problem where people are characterized by great spatial inequalities, poverty, stagnant economy, illiteracy and poor health status (Bisht, 2003).

There are certain researches done in the field of elderly population in Nepal. Almost all of them are in urban and easy areas. Whatever studies are 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.

In this context, the study area, Kathmandu Metropolitan city-14 of Kathmandu is selected to understand the status of elderly which has higher number and proportion of elderly people. In study area, there are no other studies conducts about the status of elderly people. The elderly people are living in vulnerable condition than that of other age groups population in different aspects with respect to economic, political, cultural, security, family decision as well as for social security system. Problem of the elderly people is the problem of family, society, nation and also world. So it is necessary to take elderly issues seriously. And it will be important to the study of the status of elderly people in this area.

The research questions for the study are as below;

- a) What is the economic status of elderly people?
- b) What is given facilities and health status of elderly people?

- c) What expectations do elderly peoples have?

1.3 Objectives of the Study

General objective of this study is to identify the status of elderly people in Kathmandu Metropolitan city -14 of Kathmandu district.

Specific objectives are given below;

- a) To examine the economic status of elderly people
- b) To examine the given facilities and health status of elderly people
- c) To examine the expectation of elderly peoples

1.4 Significance of the Study

Elderly people in Nepal are taken both as opportunity and challenges. They are living in vulnerable condition being source of experiences and ideas. It occurs when they become physically, mentally and socially frail. In context of Nepal, unplanned and increasing proportion of elderly people is not the problem only for individual but also for community and national level. Thus there is needed other scientific policies and Programs on elderly people. This study gives information about physical condition and psychological aspects faced by elderly people which is important for improving the physical facilities Programs (drinking water, toilet facilities, roads etc.) and also improving the status of elderly. And this purposed study will be useful to researcher and other concerned institution as reference material for the further study on the issue of elderly people.

1.5 Organization of the Study

This study is organized into five chapters. First chapter deals about background of the study, statement of the problem, objectives of the study, significance of the study and organization of the study. Second chapter discuss about the literature review. Third chapter discuss briefly on background of study area, nature of the data, sample size, sampling procedure, questionnaire design, data collection, processing and analysis of the data. Fourth chapter deals about the access to facilities and health status of elderly respondents. Finally, the fifth chapter includes summary and conclusions based on data analysis and discussion.

CHAPTER TWO

LITERATURE REVIEW

To review the available literature or materials with an eye on the possibilities of developing hypothesis of ageing is far 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.

2.1 Theories of Ageing

Social Theories

Sociological factors also have strong influences on the manner in which people age. Erikson and Peck have formulated theories of personality development that encompass the life span of a human being. Their theories emphasize adaptation and adjustment as related to self-development. In this developmental model, Peck (1968) states that people must progress through eight critical stages during their lifetimes. From infancy onward, if a person does not receive the proper stimulus, or develop effective methods of coping with life's turmoil, problems will likely develop in later life.

The Cellular Theory

The cellular theory states that at birth we only have a certain number of usable cells and that these cells are generally Programmed to divide or reproduce themselves only a limited number of times. Once these cells reach the end of their reproductive cycle, they begin to die, and the organs, which they comprise, begin to show signs of deterioration. The rate of this deterioration varies from person to person, and the impact of the deterioration depends on the system involved (Weinert & Timiras, 2003).

The Auto-immune Theory

The auto-immune theory attributes ageing to the decline of the body's immunological system. Studies indicate that as we age, our immune system becomes less effective in fighting disease. Eventually, bodies that are subjected to too much stress, coupled with poor nutrition, begin to show signs of disease and infirmity. In some instances, the body's immune system appears to become uncontrolled and turns its protective

mechanisms against the host, actually attacking a person's own body. Although this type of disorder occurs in all age groups (Moody, 2006).

The Genetic Mutation Theory

The genetic mutation theory proposes that the number of cells exhibiting unusual or different characteristics increase with age. Proponents of this theory believe that ageing is related to the amount of mutational damage within the genes. The greater the mutation, the greater the chance that cells will not function properly, leading to eventual dysfunction of the body organs and systems (Bisht, 2006).

Disengagement Theory

Disengagement theory is an explicitly developed theory through research. Cumming and Henry (1961) have described disengagement as a mutual withdrawal of the aged from the society and society from the elderly in order to ensure society's optimal functioning. The process involves a loosening of social ties due to lessened social interaction. This theory has been criticized by Rose (1964) as being ethnocentric as it reflects the bias of an industrial society, and others have challenged the universality of disengagement. Others question why some of the aged choose to disengage and others do not and the disengagement theory is merely a myth (Butler, 1976 cited from Bisht, 2006).

Social and Psychosocial Theories

Psychological and sociological factors also have strong influences on the manner in which people age. Psychologists Erikson and Peck have formulated theories of personality development that encompass the life span of a human being. Their theories emphasize adaptation and adjustment as related to self-development. In this developmental model, Erikson (1950) states that people must progress through eight critical stages during their lifetimes. From infancy onward, if a person does not receive the proper stimulus, or develop effective methods of coping with life's turmoil, problems will likely develop in later life. According to this theory, attitudes, behaviors, and beliefs related to maladjustment in old age are often the result of problems encountered at other stages of a person's life.

Peck (1968) focuses much of his developmental theory on the crucial issues of middle and old age. He argues that, during these periods, people face a series of increasingly stressful tasks. If they have poorly adjusted psychologically and have not developed appropriate coping skills, their ageing process is likely to be painful. A key element in the theories of both Erikson and Peck is the incorporation of age related factors into lifelong behavior patterns. Both models stress that successful ageing involve maintaining emotional as well as physical well being.

Most probably, a combination of psychosocial and biological factors combined with environment called "trigger mechanisms" causes people to age in a unique manner. The question then arises as to what might be considered normal in the ageing process? How much change is inevitable and how much is alterable? What factors slow down the ageing process and what one actually causes us to age prematurely? These questions have not been effectively answered yet (Donatelle, 1988 cited from Bisht, 2006).

Activity Theory

Activity theory is the first social theory of ageing. It describes the social activity as the essence of life for all aged people. An activity is most essential for the health and well-being of the elderly. More active people are mentally, physically and socially better to adjust. Burges (1960) expressed that the old people should not be excluded from socially meaningful activities. Rose (1964) reported that older persons could possibly create a subculture to provide themselves with meaningful roles and activities, given their experience, understanding, newly acquired leisure time and assuming their continued interest in life around them, they could generate new and involved roles like involvement in social Programs and political activities (Burges, 1960 cited from Subedi, 2006).

Personality Theory

Personality theory draws attention to individual personality variables such as interest, motivation and awareness. Personality variables explain why some aged individuals disengage and others do not and why some aged individuals are satisfied with an active life style while others prefer disengagement. Neugarten and Tobin (1968) have outlined four patterns of personality as integrated, disintegrated, defended, and

passive. The integrated personalities are mature and happy individuals who vary in the amount of activities they are engaged in. The defended types of personalities are striving, ambitious, and achievement oriented. These people suffer from mental health impairment (Neugarten et al., 1997).

Continuity Theory

According to continuity theory the personality formed in early life continues through the life span with no basic changes. Neugarten and colleagues (1968) suggested that a person's general pattern of adaptation to old age can be predicted around an age of 50 years. Continuity theory argues that neither activity nor disengagement theory explains adjustment to ageing. Adjustment depends on past abilities to adjust to life situation and to continue the former life patterns. The theory suggests that a core personality is achieved during adulthood, when coping mechanisms have been adopted, stress, frustration and tolerance levels have been established, and ego defenses have become defined (Neugarten et al., 1997 cited from Miller, 2009).

Conflict Theory

Conflict theorists, by the late 1960s, claimed that social inequality is a mechanism that the relatively rich and powerful people use to perpetuate their own privileged position, which often results in wasting of talent among societies, lower socio-economic status, intergenerational conflict and inequality between aged-based scenarios (Bisht, 2006).

Theory of Life Satisfaction

Life satisfaction is the most persistently investigated issue in the study of ageing. Studies to define, examine, measure and identify factors that increase life satisfaction in gerontology have been made over the last forty years. Gerontologists summarize life satisfaction studies under the rubric "subjective well being" of the elderly people. Life satisfaction is an assessment of one's overall conditions of existence and one's progress towards desired goals. Various factors are associated with life satisfaction in old age. Most studies have suggested activities to be related to high life satisfaction in old age. Apart from this the eight other main variables related to high life satisfaction

in old age are family life satisfaction, personal health satisfaction, satisfaction with dwelling, number of close friends, community integration system, satisfaction with health facilities, homogeneity of neighborhood, and satisfaction with community (Howell et al., 2001).

2.2 Ageing in the World

In 1999, the total world population was 6 billion, it passed 7 billion marks in 2011 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 rate 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 the countries will experiences 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 fertility and mortality levels their structure in the years to come, could be expected to resemble with those from today developed world (Acharya, 2001).

The proportion of world population over 60 years is increasing more rapidly than in any previous records. In 1950, there were about 200 million people throughout the world. By 2000, there were about 550 million and by 2025, the number of elderly is expected to reach 1.2 billion. The statistics 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 grandparents. Thus the number of old people in developing countries will be more than double over the next quarter century, reaching 850 million by 2025, 12 percent of their total population (HAI, 2001).

The proportion of older person differs 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 person is now 60 years or older, by 2150, it has been estimated that one out of three person will be 60

years or older. It indicates that ageing will have extensive effects on the social, economic and health condition of the people (Bisht, 2004).

Currently, the Asian and Pacific Region contain more than 300 million elderly aged 60 years and older. In China there are more than 114 million elderly; Japan comprises 25.1 percent million elderly person, the largest proportion of the elderly in its population and among all of the countries in this region (Bisht, 2006).

Poverty is the greatest obstacle to secure old age and for many 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).

2.2.1 International Conference and Ageing

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

International Conference on Population and Development (ICPD) was held in Cairo, from 5-13 September in 1994. The International Conference on Population and Development (ICPD) provided some international policy and recommendations regarding the status of elderly people, which are listed as below.

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

The ICPD states that, the steady increase of older age groups in national population; both in absolute numbers and in relation to the working age population, has significance implication for a majority of countries particularly with regard to the future viability of existing formal and informal modalities for assistance to elderly people. The economic and social impact of this “ageing of population” is both an

opportunity and a challenge to all societies' human resources. They are also seeking to identify how best to assist elderly people with long-term support needs.

2.2.1.2 ICPD+5 (1999) on Ageing

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

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

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

2.2.1.3 Second World Assembly on Ageing, 2002

The Second World Assembly on Ageing was held in Madrid, Spain in 8-12 April 2002 which was organized by United Nations. All of the representatives of governments met at the Second World Assembly on Ageing in Madrid have decided to adopt International Plan of Action on Ageing, 2002. The Political Declaration and Madrid International plan of Action on Ageing include 19 articles and some recommendations for action both for international and national levels.

It has advocated that the women poverty is directly related to the absence of economic opportunity and autonomy, lack of access to economic resources, including credit and ownership and inheritances, lack of access to education and support services and their minimal participation in the decision making process. Poverty can also force women

into situations in which they are vulnerable to sexual exploitation. Poverty is the main threat to the well-being of older persons. Many of the 400 million older people in developing countries are living below the poverty line (UNFPA, 2002). Meeting the MDGs of “reducing the proportion of people living in extreme poverty by 2015” requires that poverty reduction strategies focus on the poorest and most vulnerable older persons, especially women. If this achievement is to be perpetuated, then the focus must also be on breaking the poverty cycle that runs from one generation to the next.

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

2.2.2 Ageing in the SAARC Region

The criteria of ageing vary in SAARC regions too. Maldives has taken 65 years, Srilanka 55 years, Afghanistan, India and Pakistan 60 years, Bangladesh and Bhutan 58 years as criteria to define “elderly citizens”. 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, something 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 cones 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 eight 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).

The projection of the older population in SAARC region by sex shows that females will have greater share of the population than males in all the countries throughout the projection period. The projection also shows the increasing proportion of female population as we further observe in the projection period. The total population aged 65 years and above in SAARC countries are presented in Table 2.1.

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

Countries	Total Population mid-2013 (in millions)	Elderly percentage
Afghanistan	33.4	2
Bangladesh	152.9	5
Bhutan	0.7	5
India	1259.7	5
Maldives	0.3	5
Nepal	30.9	4
Pakistan	180.4	4
Srilanka	21.2	8

Source: World Population Data Sheet, 2014

Table 2.1 shows that the amount of elderly population is large in SAARC region. Among the SAARC Countries, Srilanka shares the highest percentage (8%) of total population and Afghanistan shares the lowest (2%) of total population. From this literature, we can conclude that the elderly people are similar as in other parts of the world.

2.2.3 Ageing in Nepal

In Nepal, the share of elderly 60 years and above was 5 percent in 1952-54 which increased to 6.5 percent in 2001 and 8.13 percent in 2011. Elderly people in Nepal are found usually active and productive on their advancing years. They are involved in children caring, handicrafts and simple farming activities. Elderly females, in particular, mostly share responsibilities in household's chores. However, their contribution and economic values have not been fully recognized. There is no special

representation of elderly people in any institutional at local and national level (CBS, 2012).

Among older population, the quality of life of older women is unfavorable to compare with older men on various dimensions, older women are likely to be more educationally backward, economically dependent and physically disadvantaged than men. They are also more likely to be widowed than are men and loss of husbands make cause great emotional stress in them. Poverty for older people in poor countries means no tensions, no saving and no loans. It forces older men and women to work long past the national age of retirement. It prevents others from buying even basic necessities (HAI, 2001).

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

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

2.2.3.1 Number and Proportion of Elderly Population in Nepal, 1952/54-2011

The last six censuses of Nepal reveal that the number of elderly people is increasing continuously both in absolute number and proportion (Table 2.2). In fact, the number of elderly people is increasing and the percentage increase during inter-census. In absolute number it has increased to 2,154 thousands in 2011 from 410 thousands in 1952/54. The change in the number of elderly people is significant over the last five

decades from 1971 to 2011. For example, the proportion of population 60 years of age and older was 4.9 percent in 1952-54 which reached to 8.13 percent in 2011. The 410 thousands elderly population as of 1952/54 has reached to 2,154 thousands in 2011 indicating an increase by 525 percent over the last six decades.

Table 2.2: Number and Proportion of Elderly Population, 1952/54-2011

Census Year	Total Population (In thousands)	Population aged 60 and over (In thousands)	% Share of elderly (60+ population)
1952/54	8,286	410	4.9
1961	9,413	489	5.2
1971	11,556	649	5.6
1981	15,023	857	5.7
1991	18,491	1,071	5.8
2001	23,151	1,504	6.5
2011	26,494	2,154	8.13

Source: Population Census of Nepal 1952/54-2011

2.2.3.2 Socioeconomic Implication of Elderly

As in most of the countries, the size of the family plays an important role in the social structure of Nepal. The ageing of population alters the size and the structure of the family, household structure or co-residency patterns, living arrangements, family support system, marital status and gender gap in life expectancy (Bisht, 2005). Several studies reveal the mass of elderly in rural and depending in agriculture with poor living conditions. The major activity of elderly is cycling over the rearing and caring of son's children "Natina" (Regmi, 2059). Majority of them are suffering from the cumulative effect of a lifetime deprivation, entering old age in a poor state of health and without saving and material assets. They also lack access to resources and income generating opportunities (SCWAN, 1994).

2.2.3.3 Gender Issue and Elderly

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

socio-economic condition and represent the most vulnerable segment in the society (NEPAN, 2001).

2.2.4 Government Policy and Plans Response to Elderly People in Nepal

Ageing is not yet understood as a demographic problem and there is lack of adequate reflection in the policy and plan documents in the context of Nepal. However, in the occasion of 'International Year for Senior Citizens, 1999' of UN, Government of Nepal has brought some long term Programs to respect senior citizens as: providing discount in medical treatment, encouraging providing subsidy in transport, publishing journal about elderly people, preparing inventory of organizations engaged in supporting elderly people (Certified by the 46 members of National Committee under Chairmanship of MoWCSW). There is the provision of shelter, food, clothing, etc. for some of the frail and excluded elderly people in different religious places of some districts in Nepal (Subedi, 1999).

2.2.4.1 Ninth Five Year Plan (1997-2002)

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

-) Development of family base social security system by giving priority and providing facilities in public services to the families that take care of older people.
-) Classification of older people based on economic condition and bringing those economically poor within the purview of monthly allowances.
-) Establishment of geriatric ward at all zonal level hospitals and provide subsidies in health care facilities and request private sector to provide special discount in health care of older persons.

-) Establishments of elderly people homes at all developments regions.
-) Use the experience of elderly people in various sectors of national development.
-) Provide subsidy in transport and entertainment facilities.
-) Classification of elderly people in two groups i.e. 70-75 years and 75 years and above and adopt a policy of engagement to former and social security.

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

2.2.4.2 Tenth Five Year Plan (2002-2007)

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

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

2.2.4.3 Local Self Governance Act, 1998

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

-) Men/Women 75 years and above will be eligible for monthly allowance of Rs 200.

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

The first republican government of Nepal had declared some improvements in social security system of elderly people. Now days the elderly people aged 70 years and above are receiving elderly allowance Rs. 500 per month. And widow women aged 60 years and above were also receiving allowance Rs.500. per month after the declaration in Budget Speech 2065. Separate provision is made for backward zone 'Karnali', where the average life expectancy at birth is quite lower than national level. It had also declared to provide elderly allowance Rs. 500 per month for elderly people aged 60 years and above. And it was also declared to provide Rs. 500 per month for widow women in any ages and free treatment for heart, kidney and cancer in hospital of Kathmandu for elderly people aged 60 years and above. Thus, it can say that there are some improvements and are being systematic in some extant.

2.2.4.4 The Interim Constitution of Nepal, 2006

The Interim Constitution of Nepal, 2006 in the rights of equality (Article 13), for the senior citizens and others as stated above, there could be arrangement of separate law specially protect to 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 allowance to elder, weak women and unemployed in accordance to the legal provision.

2.2.4.5 Interim Plan (2007-2010)

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

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

2.2.4.6 Three Year Plan (2013/14 - 2015/16)

The main objective of this plan is to expand services and facilities and create conducive environment for senior citizens so as to enable them lead a healthy, safe and decent life. To protect the rights of senior citizens and ensure them a decent living, Government has made several efforts to make policy provisions and expand services including social protection and basic social care. Senior citizen health and treatment program has been expanded to all districts. Government has been providing institutional grant to a number of old people's shelter homes, sanatoriums, and day-care centers. To carry out policy and advisory work a high level Senior Citizen Coordination Committee has been established. Initiative to establish shelter homes for helpless and deserted senior citizens in all five development regions is underway. Senior Citizen Welfare Fund has been established and Senior Citizen Act, 2006 enacted. Social security allowance provided to senior citizens since FY 1994/95 has been given continuity.

Notwithstanding all these accomplishments, problems are being faced in the implementation of many senior citizens related policy and Programs and in acting upon international and regional commitments adequately at national level. Although the number of senior citizens is increasing, there is a lack of adequate Programs and resources to address them. In recent times, there has been increased awareness at policy and social arenas towards the issues of senior citizens and an institutional network has emerged to identify and act upon the problems and issues facing them. Accordingly, it is expected that the development of infrastructure for the improvement of their living standards will be easier in coming days (NPC, 2015).

2.2.4.7 Constitution of Nepal, 2015

The Constitution of Nepal, 2015 in the rights of equality, for the senior citizens and others as stated above, there could be arrangement of separate law specially protect to the rights. It seeks to make equal where it is unequal. It means equal treatment between equal and unequal treatment between unequal. The constitution says that the state shall pursue the policy of providing allowance to elder, weak women and unemployed in accordance to the legal provision.

2.3 Summary of Literature Review

Ageing 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 ageing issue in the proper demographic and national context. In a country like Nepal, a marginal increase in the proportion serious problem where people are characterized by great spatial inequalities, poverty, stagnant economy, illiteracy and poor health status.

There are certain researches done in the field of elderly population in Nepal. Almost all of them are in urban and easy areas. Whatever studies are available, they are done for the other purpose and not for the case of elderly. As a result, there is little knowledge about the real situation of elderly people and their problems from the perspective of elderly themselves.

From above literature review, we can conclude that the increasing number of senior citizen is a typical sequence of changes in which a population shifts from high to low level of fertility and morality. According to 2011 census in Nepal 5.8 percent population are 60 years and above. On one side, providing social and economic security, services and facilities and protecting and preserving rights of these aged people is great challenges in front of us and on another side due to modernization, urbanization, technological changes tends to breakdown joint family system which directly effects the livelihood of aged people. In Nepal different talk programme and workshop was launched and emerged some NGOs, work for senior citizen. So there is a clearly defined objective, policies amid implementation strategies and programmes in fourteenth plan. But programmes implementation for providing service and facilities and protecting and preserving rights to senior citizens seem poor so the senior citizens are not able to get benefits. Recently Nepal Airlines Corporation offer 50% discount in domestic and Indian flights for age of 65 years and above as honoured as senior citizens which is one of the best steps taken by NAC. Similarly Nepal government offer 50% discount in public fare to senior citizens in local bus and micro-bus. Government of Nepal has brought some long term Programs to respect senior citizens as: providing discount in medical treatment, encouraging providing subsidy in transport, publishing journal about elderly people, preparing inventory of organizations engaged in supporting elderly people.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Rationale of Selection of the Study Area

The study area has been taken of Kathmandu Metropolitan city-14, Kathmandu district of Central Development Region. The total population of Kathmandu Metropolitan city-14 is 7633, out of them 3525 is recorded male population and 4108 is recorded female population in the total 1238 households (CBS, 2011). There are total 2160 elderly people (aged 60 and above). The old age people are gradually increasing in Kathmandu Metropolitan city-14. There is very few study on elderly people in Kathmandu and no study has been taken in Kathmandu Metropolitan city-14. Therefore Kathmandu Metropolitan city-14 has been taken for study area for elderly people (aged 60 and above).

3.2 Research Design

The study is based on descriptive as well as explorative research designs. The study initiate with collecting data and information from secondary sources and making use of references related to the topic. The study has also attempt to find out the perception of elderly people of that area

3.3 Nature and Sources of the Data

This study is mainly based on primary data. The primary data has been collected through field survey. Additionally, secondary data are also included in this study from different sources such as journals, population census, surveys and internet too.

3.4 Sample Size and Sampling Procedure

In this study, 120 households have been taken as sample size out of the 660 households in ward number- 14, where elderly people are living. Similarly, out of 120 households one elderly person aged 60 years and above was selected from each household.

In this study, purposive sample technique has been adopted. Specially, ward is selected purposively then the total household of elderly people's (60+) is listed by the consultation with ward office and required respondents have been selected by purposive sampling method.

The interview schedule consists of both open ended and closed ended questions about status of economic, health and demographics of elderly people.

3.5 Data Collection, Processing and Analysis

For this study, data has been collected through interview schedule with the help of structure questionnaire by systematic random sampling method.

Interview schedule was checked carefully for possible errors. After collecting the required information, the data were edited, coded and entered and the required tables have been generated by using SPSS software program.

The analysis is simply based on descriptive type of analysis. The frequency table, cross tabulation and other necessary information were extracted from edited data. The data are analyzed according to the objectives of the study.

3.6 Limitations of the Study

-) This study is related to individual level. So this study may not represent in the national level.
-) The study specially covers to the elderly people 60 years and above and excludes the other age group.
-) This study is limited only in Kathmandu Metropolitan city-14, Kathmandu district only due to financial and other constraints.
-) Findings of the study may not represent to other parts of country.

CHAPTER FOUR

ACCESS TO FACILITIES AND HEALTH STATUS OF ELDERLY RESPONDENTS

This chapter deals with the demographic, socioeconomic, living arrangement, health condition and future desire of elderly people; includes age-sex composition, marital status, education, occupation, income, living status, food intake, water, agent of preparing food, prevalent disease and treatment. The chapter is also classified into four sub-chapters as: demographic and socioeconomic characteristics, information on living arrangement, information on health condition and information on future desire of elderly people respectively.

4.1 Demographic and Socio-economic Characteristics

Demographic and socioeconomic characteristics of population include age-sex composition, marital status, education, occupation as well as caste/ethnicity religion and mother tongue (language) of elderly people in the study area has discussed as study phenomena serially.

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. The issue of elderly people is growing concern all over the world due to the increasing number of elderly people. The number of both sexes is different due to life expectancy. The age sex composition of elderly people is presented below:

Table 4.1
Distribution by Age Sex Composition of Elderly People

Age group	Male		Female		Total	
	Number	%	Number	%	Number	%
60-64	27	39.13	15	29.41	42	35.00
65-69	16	23.19	15	29.41	31	25.83
70-74	13	18.84	10	19.61	23	19.17
75-79	10	14.49	9	17.65	19	15.83
80+	3	4.35	2	3.92	5	4.17
Total	69	100.00	51	100.00	120	100.00

Source: Field Survey, 2016

Table 4.1 shows the age and sex structure of the elderly respondents. Out of total 120 respondents the highest proportion of the total population (i.e. 35.00%) is in the age group 60-64. The proportions of population in age groups 65-69 and 70-74 are 25.83

and 19.17 percent respectively. Similarly, the respondents in age groups 75-79 and 80+ are 15.83 and 4.17 percent respectively, and the lowest proportion of respondents is found in 80+ age group.

Table 4.1 also shows the number of male and female respondents. The highest number of male is found in 60-64 (i.e. 39.13%) and lowest number in 80+ (i.e. 4.35%). Similarly the highest female respondents are found in age group 60-64 (i.e. 29.41%). The lowest proportion of female respondents is found in 80+ (i.e. 4.17%).

4.1.2 Marital Status of Elderly People

Marital status of elderly people in study area has been presented in Table 4.2. It shows that three in five (61.7%) of the elderly are married in study area. This proportion is higher for male than female (68.1% male Vs 52.9% female). It is followed by the percentage of widowed/widower (36.7%). In this category of marital status 29.0 percent male and 47.1 percent female are reported. Similarly, 1.6 percent of elderly people have been to be living alone in the status of divorce/separated.

Table 4.2
Distribution of Respondents by Marital Status

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

Source: Field Survey, 2016

4.1.3 Literacy and Educational Attainment of Elderly People

Literacy and educational attainment of elderly people in study area has been presented in Table 4.3. It shows that about only two in five (39.2 %) of the elderly people in study area are literate. Similarly, three in five (60.8 %) of the elderly people are illiterate. The literacy of female is slightly lower than that of male (43.5 % male Vs 33.3 % female). Data also show that more than half (72.3 %) of the elderly have achieved primary level of education, 63.7 percent male and 82.4 percent female reported that they have obtain primary level of education. The percentage for secondary level is about 26 percent with higher share for male elderly (33.0 % male Vs 17.6 % female). Similarly, higher-level education attainment of elderly people in

study area is very low. Only 2.1 percent elderly have higher level of educational attainment in study area.

Table 4.3
Distributions of Respondents by Literacy and Educational Attainment

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

Source: Field Survey, 2016

4.1.4 Caste/Ethnicity of Elderly People

There are about 125 caste/ethnicity identified in Nepal. Information about caste/ethnicity in study area has been presented in Table 4.4. It shows that the higher percentage about (41.7%) of the elderly people reported that they are *Brahmin*. 40.6 percent males and 43.1 percent female elderly in this category of caste/ethnicity.

Table 4.4
Distribution of Respondents by Caste/Ethnicity

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

Source: Field Survey, 2016

It is followed by Chhetri (18.3%), which accounts 20.3 percent males and 15.7 percent females. Similarly, the share of Newar is 11.7 percent having about same proportion of male and female (11.6% male Vs 11.8% female). Similarly, other

caste/ethnicity of study area is: Thakuri (6.7%), Damai (7.5 %), Kami (9.2 %), Magar (4.2 %) and least number of elderly (0.8%) reported that their caste/ethnicity is ‘others’ which include Giri/Puri, Gurung, Bhujel, Tamang.

4.1.5 Religion of Elderly People

Religion is seen to be affected by caste/ethnicity and also by geographical area of population. Distribution of respondents by their religion has been presented in Table 4.5. It shows that majority of elderly people (95.0 %) in study area reported that they follow Hindu religion. Ninety four percent males and 96.1 percent females are reported in Hindu religion. And least number of elderly people (5.0 %) in study area reported that they follow Buddhist religion, which accounts 5.8 percent males and 3.9 percent females.

Table 4.5
Distribution of Respondents by Religion

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

Source: Field Survey, 2016

4.1.6 Mother Tongue of Elderly People

About 123 languages are spoken as mother tongue in Nepal according to census 2011. The information about mother tongue (languages) of study area have been presented in Table 4.6.

Table 4.6
Distribution of Respondents by Mother Tongue

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

Source: Field Survey, 2016

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

It shows that about half (45.8%) of the elderly people in study area speak Nepali languages as their mother tongue, which accounts 50.7 percent males and 39.2 percent females. On the other hand about two in five (41.7%) of the elderly people in study area speak Gurung and Tamang languages. Similarly, 12.5 percent of elderly people in study area speak other languages like inter-community language as in their mother tongue like newari.

4.2 Source of Income and Expenditure Pattern

Level of income of family directly affects the status of elderly people. High-income individuals have high standard of living and vice-versa. In Nepal, there is not any opportunity, which helps to earn money to elderly people. Main source of income of elderly people's family in study area are presented under the following heads.

4.2.1 Main Source of Income of Elderly People's Family

Different sources of income of elderly people's family in study area have been presented in Table 4.7. The table shows that major income source of elderly people's family in study area is Agriculture (73.3 %). Similarly, 5.8 percent families of elderly of study area have the income of Trade/Business. The other sources of income of elderly people's family in study area are pension (5.8 %). 'Service' (5.0%), and 10 percent reported the 'others' sources of income that include carpenter, tailoring and labour.

Table 4.7
Distribution of Respondents by Source of Income of Family

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

Source: Field Survey, 2016

*Others refer: carpenter, tailoring and labour

4.2.2 Economic Participation of Elderly People

Economic participation of elderly people that was found in study area has been presented in Table 4.8. The table shows that majority of elderly people (58.3%) have

reported that their economic participation is physical works in family where 57.9 percent males and 58.8 percent females elderly are reported so. Similarly, least number of elderly people (5.0%) reported that their economic participation in family is providing technical knowledge for family member's works. Data also show that, 41.7 percent elderly people are providing skills/ideas for their family and 40.8 percent of elderly people's economic participation is household activities. Likewise, 25.0 percent of elderly people are providing cash from their won income pension or other means for their family, 5.8 percent male and 3.9 percent female are providing cash for their family. It also illustrates that the economic participation of elderly people is constituted higher in study area.

Table 4.8
Distribution of Respondents by Economic Participation

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

Source: Field Survey, 2016

*Total percent exceeds hundred due to multiple responses.

4.2.3 Source of Income of Elderly People

Different sources of income of elderly people in study area have been presented in Table 4.9. It shows that the major source of income of elderly people in study area is agriculture. Higher proportion of elderly people (90.0%) has the source of income as agriculture, which accounts 88.4 percent males and 92.2 percent females. Similarly, 45.8 percent of elderly people reported that their source of income is elderly allowance. Least number of elderly people has reported that they have pension as sources of income. More males than females are reported that in this category (40.5% male Vs 31.4% female). Other sources of income of elderly people in study area are elderly pension and donations and 'other' sources which includes tailoring, carpenter, labor and different technical works.

Table 4.9
Distribution of Respondents by Source of Income

Source of Income	Sex				Total	
	Male		Female			
	Number	%	Number	%	Number	%
Agriculture	61	88.4	47	92.2	108	90.0
Elderly allowance	35	50.7	20	39.2	55	45.8
Pension	28	40.5	16	31.4	44	36.6

Source: Field Survey, 2016

4.2.4 Elderly Allowance

Distribution of elderly allowance in Nepal is not very old. It has been started since past few years. It is one kind of respectful social program for elderly people.

Table 4.10
Distribution of Respondents by Information on Elderly Allowance

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

Source: Field Survey, 2016

The process of distribution is different to male and female elderly. A widow female gets aged allowance since 60 years if they become widow but male widower does not get until 70. The elderly allowance is increased from 150 to 250 per months until 2065 B.S. But now a day it is increased from Rs 250 to Rs 500. Actually this Program is not truly fruitful because its age criteria are high in the one hand and it is not conducted worldwide in the other hand. However, the effort can take positive in the field of social welfare. Table 4.10 gives the information about elderly allowance in study area.

Table 4.10 shows that more elderly people in study area have knowledge on elderly allowance. About 66 percent elderly have knowledge and 34 percent do not have knowledge about elderly allowance. By the sex, 72.5 percent males and 56.9 percent female elderly have knowledge about elderly allowance in study area. Data also show that 45.8 percent elderly people are getting their elderly allowance whereas 54.2 percent are not getting elderly allowance. Similarly 43.5 percent male are getting elderly allowance and 56.5 percent are not getting. Likewise, 49.0 percent females are getting elderly allowance and 51.0 percent are not getting.

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

Table 4.10 shows process of getting elderly allowance. According to the table for majority of elderly (45.3%), elderly allowance is received by son/daughters. This is followed by 34.5 percent elderly people who go to ward office to receive it. Similarly, 12.7 percent elderly people are getting it at home and 7.3 percent elderly people reported that their elderly allowance is received by other relatives.

Table 4.10 also shows the main reason of not receiving old age allowance by elderly people in study area. In study area, the majority of elderly people (73.8%) are not getting allowance because of the low age. It is followed by 16.9 who don't have percent citizenship certificate. Similarly, 7.7 percent elderly people reported that no one helped them and 1.6 percent reported that it is not necessary for them.

4.2.6 Pension

Information on pension in study area is presented in Table 4.11. The majority of elderly people (84.1 %) in study area do not get any pension. But 15.9 percent of

elderly people are getting pension. More elderly people reported that they get pension from Indian Government (47.7%) which comprised 54.5 percent males and 37.5 percent females. Secondly, 42.1 percent elderly people reported getting pension for the services in Nepal. Similarly, 5.3 percent elderly people get the pension of British Government and also 5.3 percent elderly people are getting pension from other sources.

Table 4.11
Distribution of Respondents by Information on Pension

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

Source: Field Survey, 2016

4.2.7 Means of Expenditure

Different means of expenditure of elderly people in study area have been presented in Table 4.12. It illustrates that major means of expenditures in study area are education, health, buying, daily needs and other. Higher proportion of elderly people (43.3%) is investing money in their families and own health. Observing by sex, it is revealed that the awareness of female with respect to education and health facilities is better than their male counterparts. About 26 percent males and 41.1 percent females are investing money in education of children. Similarly, 39.1 percent males and 49.0 percent females are investing money in health facilities. Likewise, 27.6 percent males and 33.3 percent females are investing money in buying daily need/goods and 10.1 percent males and 9.8 percent females reported that they are investing money in others categories of means in study area.

Table 4.12
Distribution of Respondents by Means of Expenditures

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

Source: Field Survey, 2016

*Total percent exceeds hundred due to multiple responses.

4.2.8 Investment in Education of Children

In the context of Nepal, quality education is determined by the amount of money parents usually invest. The hypothesis of Caldwell (1976) “Having many children is rational when wealth flows from children to parents. However, in our case parents have to invest for their children’s education and other necessities. The monthly investment of elderly people in education of children in study area has been presented in Table 4.13.

Table 4.13
Distribution of Respondents by Monthly Investment in Children’s Education

Monthly investment in Education of Children (in Rs.)	Sex				Total	
	Male		Female			
	Number	%	Number	%	Number	%
Less than 1,000	44	63.8	31	60.8	75	62.5
1,000-2,000	9	13.0	10	19.6	19	15.8
2,000-3,000	5	7.2	5	9.8	10	8.3
3,000-4,000	4	5.8	1	2.0	5	4.2
4,000 and above	7	10.1	4	7.8	11	9.2
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2016

Table 4.13 shows that more than half (62.5%) of elderly people in study area, invest less than Rs. 1,000 per month in their children’s education. It is followed by the proportion who invests Rs. 1,000-2,000 per months (15.8%). Thirdly, about one-tenth (8.3%) elderly people reported that they invest Rs. 2,000-3,000 per months for their children’s education. Similarly, least number of elderly people (4.2%) are found investing Rs. 3,000-4,000 per months for children’s education and 9.2 percent of elderly people reported that they invest Rs. 4,000 and above to their children’s education.

4.2.9 Satisfaction by Investing in Children's Education

Table 4.14 shows that 45.0 percent of elderly people are satisfied by investing in their children's education. Similarly, 33.3 percent elderly people are highly satisfied, 21.7 percent people are moderately satisfied and 10 percent elderly people are not satisfied by investment made in their children's education in study area. Observing by sex, 44.9 percent males and 45.1 percent females are satisfied, 29.4 percent females and 18.8 percent males are highly satisfied, 17.6 percent females and 24.6 percent males are moderately satisfied and 11.6 percent males and 7.8 percent females are not satisfied with investment made in their children's education in study area.

Table 4.14
Distribution of Respondents according their Satisfaction by investing in Children's Education

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

Source: Field Survey, 2016

4.3 Living Arrangement of Elderly People

4.3.1 Persons who Manage Living Arrangement of Elderly People

Living arrangements are needed for support and others including physical, social and psychological satisfaction.

Table 4.15
Distribution of Respondents by person Managing Living Arrangement

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

Source: Field Survey, 2016

These arrangements are also a reflection of complex cultural, economic, historical and personal factors. It is especially important for elderly people that need care for their well-being. Living arrangement of elderly people in study area has been presented in Table 4.15. The study shows that the majority of elderly people's (34.2 %) living arrangement is made by their married daughter-in-law. Similarly, 23.3 percent elderly people are managing their living arrangement themselves. About 6 percent of elderly people reported that their unmarried son/daughter is arranging their living status. Similarly, least number of elderly people (5.0 %) reported that their other relatives managed their living arrangement and 10.8 percent by grandchildren.

4.3.2 Time of Taking Food

Time of taking food per day of elderly people in study area has been presented in Table 4.16. It shows that about two in five (43.3%) of the elderly, 40.6 percent males and 47.1 percent females reported that they are taking food twice a day. It is followed by about one third (35.8%) of the elderly people taking food three times a day. Similarly, 5.0 percent of elderly people reported that they are taking food five times per day. More number of males than their females counterparts (5.8% male Vs 3.9% female) reported that they take food five times per day in study area. Similarly, 15.8 percent of elderly people reported taking food four times in a day, which accounts for 17.4 percent males and 13.7 percent females.

Table 4.16
Distribution of Respondent by Time of Taking Food

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

Source: Field Survey, 2016

4.3.3 Agent of Preparing Food

The responsibility of wear and tear is given to family members in Nepal. Food is taken as a basic need for human life. Question was asked with elderly people that who prepares food for them in study area. Information about agent of preparing food to elderly people in study area has been presented in Table 4.17.

Table 4.17
Distribution of Respondents by Agent of Preparing Food

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

Source: Field Survey, 2016

Table 4.17 shows that more than one third (38.9%) of elderly people reported that their food is prepared by their married son/daughter-in-law. It is followed by preparing food by their spouse (22.5%), 34.8 percent males and 5.9 % females reported so. Similarly, one-fifth (19.2%) elderly people reported that they themselves prepare food. Majority of female elderly reported that they themselves prepared food than their male counterparts (10.1% males Vs 31.4 % females). Least number of elderly people (3.3%) reported that their food is prepared by their unmarried son/daughter. Similarly, 12.5 percent of elderly people reported that their food is prepared by their grandchildren and 4.2 percent of elderly reported other relatives.

4.3.4 Personal Hygiene

Personal hygiene is necessary thing for quality of life of elderly people. It includes bathing, washing clothes and other sanitation facilities needed for them. Question was asked with elderly people that who usually manage their personal hygiene.

Table 4.18
Distribution of Respondents by Personal Hygiene

Agent for Managing Personal Hygiene	Sex				Total	
	Male		Female			
	Number	%	Number	%	Number	%
Self	39	56.5	31	6.8	70	58.3
Married son/daughter-in-law	20	29.0	10	19.6	30	25.0
Unmarried son/daughter	2	2.9	3	5.9	5	4.2
Spouse	6	8.7	3	5.9	9	
Grand children	-	-	1	2.0	1	0.8
Total	69	100.0	51	100.0	120	100.0

Source: Field Survey, 2016

Information about responsible persons for personal hygiene of elderly people in study area has been presented in Table 4.18. The study shows that about three in five (58.3%) of the elderly people in study area reported that they themselves manage their personal hygiene which accounts higher share for females than males (60.8 % females vs. 56.5% male). It is followed by one fourth (25.0 %) of the elderly people's personal hygiene managed by their son/daughter-in-law. Larger proportion of male's personal hygiene is managed by their son/daughter-in-law. In third position, 7.5 percent elderly people's personal hygiene is managed by their spouse. Larger number of males than females is seen to be dependent over their spouse (8.7% male Vs 5.9% female). A small proportion of elderly people comparing to other (9.8%) reported that their relatives manage their personal hygiene. Similarly, 4.2 percent of elderly people reported that their personal hygiene is managed by their unmarried son/daughter. And also 4.2 percent of elderly people reported that their grandchildren manage their personal hygiene.

4.3.5 Wake-up Time

Information about average time of wake-up of elderly people in study area have been presented in Table 4.19. It shows that majority of elderly people (54.2%), which accounts 53.6 percent males, and 54.9 percent females, wake-up at 4 – 6 AM. Secondly, 23.3 percent of elderly people in study area wake-up at 6 – 8 AM. 23.2 percent males and 23.5 percent female wake-up in time at 6–8 AM. Similarly, 22.5 percent of elderly people wake-up at 2–4 AM. 23.2 percent males and 21.6 percent females wake-up at 2 – 4 AM.

Table 4.19
Distribution of Respondents by wake-up time

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

Source: Field Survey, 2016

4.3.6 Sleeping Time

Information about average sleeping time of elderly people in study area have been presented in table 4.20. The table shows that majority of elderly people (44.2%)

reported that they sleep at 8 – 10 pm. This accounts higher percentage for females in study area. The elderly people who sleep at 6 – 8 pm follow it with 35 percent. Least number of elderly people (10.0%) reported that they sleep at 10 – 12 pm. Similarly, 10.8 percent of elderly people reported that they sleep at 4 – 6 pm which accounts 10.1 percent for males and 11.7 percent for females.

Table 4.20
Distribution of Respondents by Sleeping Time

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

Source: Field Survey, 2016

4.3.7 Level of Satisfaction of Sleeping of Elderly People

Satisfaction level of sleeping of elderly people in study area has been presented in Table 4.21. It shows that about half of the elderly people (51.7%) reported that they are satisfied with their sleeping. It is followed by 30.0 percent of elderly people who are moderately satisfied with their sleeping. Similarly, 13.3 percent of elderly people are highly satisfied with their sleeping. Least number of elderly people (5.0%) reported that they are not satisfied with their sleeping, 5.8 percent males and 5.0 percent females are not satisfied with their sleeping.

Table 4.21
Distribution of Respondents by Satisfaction Level of Sleeping

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

Source: Field Survey, 2016

4.3.8 Usual Activities in Free Time

The usual activities in free time of elderly people in study area have been presented in Table 4.22. It shows that majority of elderly people (51.7%) reported that their usual

activities is to take care of their grandchildren. Likewise, 51.7 percent elderly people also reported that they are passing their free time chatting with their family members. It is followed that 39.2 percent of elderly people passing their free time by doing religious activities. Least number of elderly people (10.0%) reported that their usual activities in free time are visiting temple/church. Similarly, 27.5 percent of elderly people are passing their free time by reading/listening news and 19.2 percent are passing their free time by meeting their peer groups.

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

Table 4.22
Distribution of Respondents by Free Time

Usual Activities in Free Time*	Sex				Total	
	Male		Female			
	Number	%	Number	%	Number	%
Religious activities	20	28.0	27	52.9	47	39.2
Reading/listening news	22	31.9	11	21.6	33	27.5
Care of grandchildren	29	42.0	33	64.8	62	51.7
Visiting temple/church	5	7.3	7	13.7	12	10.0
Meeting peer groups	14	20.3	9	17.7	23	19.2
Chatting with family members	17	24.7	9	17.7	26	21.2

Source: Field Survey, 2016

*Total percent exceeds hundred due to multiple responses.

4.3.9 Status of Living

Elderly is a period of great risk. Any type of risk may arise in any time due to lack of immunity power. Hence elderly people always wish to live with their family especially with spouse and son. Table 4.23 gives information about present living status of elderly in study area which also informed about person with whom elderly people are living now.

Table 4.23
Distribution of Respondent by their Living Status

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

Source: Field Survey, 2016

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

Table 4.23 shows that present living status of elderly people. Majority of elderly (46.7 percent) reported that they are living with their married son/daughter-in –law, 49.3 percent male and 43.1 percent female are living with their married son/daughter in law. Similarly, about one fourth (25.8%) of elderly people are living with unmarried son/daughter. Similarly, 19.6 percent elderly are living with their spouse. Least number of elderly people (1.7%) is living alone in study area, 2.9 percent male elderly are living alone. Similarly, 6.7 percent of elderly people reported that they are living with their friends, neighbors and relatives.

4.3.10 Satisfaction Level of Living Status of Elderly People

Satisfaction level of living status of elderly people in study area has been presented in Table 4.24. The table shows that majority of elderly people (37.5%) are satisfied with their living status which accounts 39.1 percent males and 35.3 percent females.

Table 4.24
Distribution of Respondents by Satisfaction Level of Living Status

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

Source: Field Survey, 2016

Similarly, 30.0 percent of elderly people reported that they are moderately satisfied with their living status. About 14 percent of elderly people are highly satisfied with

their living status, 14.5 percent males and 13.7 percent females elderly reported so. Similarly, 18.3 percent of elderly people in study area reported that they are not satisfied with their present living status.

4.3.11 Source of Drinking Water

All of the elderly people (100%) reported that their source of drinking water is 'pipe water ' in study area.

4.3.12 Source of Lighting and Cooking

Sources of lighting and cooking in study area have been presented in Table 4.25. In study area, major sources of lighting are electricity, kerosene and LPG gas. Among them majority of elderly people (94.2%) are using electricity for lighting. Similarly, 5.8 percent of elderly people have the source as kerosene and 0.0 percent have LPG gas for lighting in study area.

Table 4.25 also shows that the sources of cooking in study area, the large proportions (80.8 %) of elderly people are using LPG gas for cooking. Similarly, 9.2 percent of elderly people reported that they are using fire wood for cooking. 7.5 percent of elderly people are using kerosene and least number of elderly people (2.5%) is using electricity for cooking in study area.

Table 4.25
Distribution of Respondents by Source of Lighting and Cooking

Source of Lighting	Number	Percent
Electricity	113	94.2
Kerosene	7	5.8
LPG gas	-	-
Total	120	100
Source of Cooking		
LPG gas	97	80.8
Kerosene	9	7.5
Wood	11	9.2
Electricity	3	2.5
Total	120	100.0

Source: Field Survey, 2015

4.3.13 Access of Toilet Facility

Access of toilet facility of elderly people in study area has been presented in Table 4.26. The higher percentage of elderly people (5.0%) have temporary (made with non durable construction materials e.g. bamboo, wood etc) toilet facilities. It is followed

by permanent types (made with durable construction materials e.g. stone, mud, cement and Tin etc). About 95.0 percent of the elderly people have permanent types of toilet facility.

Table 4.26
Distribution of Respondents by Access of Toilet Facility

Types of Toilet	Number	Percent
Temporary	6	5.0
Permanent	114	95.0
Total	120	100.0

Source: Field Survey, 2016

4.3.14 Types of House and Household Ownership

Four types of house are identified, they are: permanent, semi-permanent temporary and other, which are classified on the basis of construction materials either walls or roof. Permanent houses were referred to that house made with permanent construction materials both in wall and roof. Semi-permanent house are those, where either walls or roof was constructed with permanent materials and other with temporary. Temporary houses were those where construction materials were non-durable. Ownership refers to the legal status /ownership of house or part of house. Based on definition of types and ownership of house, the classification of house is done as: permanent, semi-permanent and temporary in this study. The information about ownership of house by types of houses in study area has been presented in Table 4.27.

Table 4.27
Distribution of Respondents by Type of House by Ownership

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

Source: Field Survey, 2016

Table 4.27 shows that the distribution of elderly people's type of house and ownership. The majority of elderly people (86.7%) are living their own house. It has seen that 89.5 percent of elderly people are living in own permanent house.

Remaining 10.5 percent of elderly people are living in rent-free permanent house. 87.2 percent of elderly people are reported they are living in semi-permanent house. 6.4 percent of elderly people are living in rent-free semi-permanent house. Also 6.4 percent elderly are reported that they are living institutions semi-permanent house in study area. Similarly, 83.2 percent of elderly people are living their own temporary house and 13.0 percent of elderly people are living in rent free temporary house. Similarly, 1.9 percent of elderly people are living in temporary institutional house.

4.3.15 Family Decision

In Nepal, it has pointed that women are more excluded from family decision. They have to work even in old age, which is less productive. Information about four specific issues on family decisions was collected at the time of study. The information on decision- making person in household that gives position of elderly people at family have been presented in Table 4.28.

Table 4.28
Distribution of Respondents by Family Decision

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

Source: Field Survey, 2016

Table 4.28 shows the decision making person in four specific issues within household. More than half (58.3%) of the elderly people reported those married son/daughter- in-law take decision of household work in study area and 53.3 percent said that married son/daughter- in-law decide about marriage of children also. About half (50.8%) of elderly people reported that they are deciding selling and valuable goods as well. More than half (52.5%) also said that decision about important social and religious ceremonies are done by married son/daughter-in-law. Unmarried son/daughter makes decisions in lower extent in the family as 15.8 percent unmarried son/daughter are found taking decision on of household work, 12.5 percent on

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

4.4 Health Condition

Health problem among population is one of the major concerns of policy makers and planners. Usual types of health problems are taken as follows.

4.4.1 Health Problem

Overall health status of Nepalese population seems to be improving (NPC, 2015) which can be resented in Table 4.29. It shows that at the time of elderly many problems can be found. Among them majority of health problem is backache. Around 18 percent elderly are facing this problem. Similarly, 12.5 percent found having headache, 14.2 percent face the problem of poor eyesight, 10 percent have found mental problem and 10.8 percent have pane around the waist, and 7.5 percent have found swelling legs and also another 7.5 percent have asthma. Other category of health problems of elderly people in study area constituted around 12 percent.

Table 4.29
Distribution of Respondents by their Health Problem

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

Source: Field Survey, 2016

4.4.2 Level of Satisfaction in Specific Health Characteristics

Information about level of satisfaction of elderly people in five specific health characteristics are collected by asking the question with key informants (elderly) as: are you with satisfied your present health condition? Distribution of respondents by level of satisfaction on specific health characteristics in study area has presented in Table 4.30.

Table 4.30
Distribution of Respondents by Level of Satisfaction in Specific Health Characteristics

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

Source: Field Survey, 2016

Table 4.30 shows that majority of elderly people in study area satisfied with present ability of vision. Around 41 percent of the elderly people reported that they are satisfied with their ability of vision. Secondly, 27.5 percent have moderate level of satisfaction in ability of vision. Around 18 percent are highly satisfied and 14 percent people are not satisfied at all with present ability of vision.

Responses on ability of hearing indicate that more than, half 50.8 % of elderly people are satisfied and 29 percent elderly people have moderate level of satisfaction level. In the case of ability of memory power, majority of elderly people (around of 56%) are reported that they are satisfied with their ability of memory power and lowest around 2 percent are not satisfied.

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

4.4.3 Place of Treatment

Place of treatment is one of the indicator for getting information on quality of health care and facilities that elderly people have which are presented in Table 4.31. It shows that majority of elderly people (around 56%) go for treatment in sub-health post. It is followed by around 18 percent elderly people's going to private clinic. Similarly, 13.3 percent go to hospital, 10 percent to Traditional Way and least number (2.5%) of elderly people are found doing treatment at home with doctor.

Table 4.31
Distribution of Respondents by Usual Place of Treatment

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

Source: Field Survey, 2016

4.4.4 Expenditure on for Health Facilities of Elderly People

Expenditure on health facility is key element is presented in Table 4.32. It shows that about one third (28.9%) of the elderly people are spending Rs. 1,000 and above per for health facilities. It is followed by around one fourth (22.9%) of the elderly people who spend investing Rs. 800-1,000 per month on health facilities. Similarly, 20.5 percent elderly people spending Rs. 400-600 per month and least number of elderly people reported that they spend Rs. 600-800 money per month on health facilities.

Table 4.32
Distribution of Respondents by Expenditure on Health Facilities

Needed Money for Health Facilities per Months (in Rs.)	Number	%
Less than 200	8	9.6
200-400	12	14.5
400-600	17	20.5
600-800	3	3.6
800-1,000	19	22.9
1,000 and above	24	28.9
Total	83	100.0

Source: Field Survey, 2016

4.4.5 Person managing health of Elderly People

Information about major health management person of elderly people in study area have presented in Table 4.33. It shows that the majority of elderly people (39.2%) manage their health by themselves and for around 24 percent of elderly it is managed by their married son/daughter-in-law, 17.5 percent said that it is managed by their spouse and only for 5.0 percent it is managed by grandchildren. Similarly, for 10.8 percent elderly it is managed by unmarried son/daughter and 3.3 percent of elderly are reported that their other relatives manage it.

Table 4.33
Distribution of Respondents by Person responsible for their Health Management

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

Source: Field Survey, 2016

4.4.6 Opinion on Responsible Agent for Caring of Elderly People

Opinion on responsible agent for caring of elderly people has been presented in Table 4.34. About two- in -five (39.2%) of elderly people said that government should be responsible to take care of elderly people which accounted 42.0 percent for males and 35.3 percent for females. Similarly, 39.2 percent of elderly people have said that their married son/daughter in-law is responsible of take care of themselves.

Table 4.34
Distribution of Respondents by Agent of Caring

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

Source: Field Survey, 2016

Least number of elderly people (6.7%) said that they themselves are responsible. Also 6.7 percent said that their unmarried son/daughter is responsible for taking care of elderly people.

4.4.7 Opinion on Health Facilities

Elderly people in study area have different opinion on required health facilities. Information on opinion for required health facilities of elderly people in study area have been presented in Table 4.35. It shows that majority of elderly people (61.7 %) have opinion of free treatment themselves.

Table 4.35
Distribution of Respondents by Opinion on Types of Health Facilities

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

Source: Field Survey, 2016

It is followed 14.2 percent of elderly people who opined for free medicine. Some 11.7 percent of elderly people opined for mobile camp and 2.5 percent have opinion for paying cash for improving the health status of elderly people in study area.

4.4.8 Opinion on Painful Events of Elderly People

Information was collected about the painful event of life of elderly people. Information about opinion on major painful events in the life of elderly people in study area has been presented in Table 4.36.

Table 4.36 show the different opinions about painful events in the life of elderly people by sex reported in study area. Physical weakness, economic problems, lack of care, isolation and hated by family members are opinioned as major painful events of life of elderly people in study area. Observing the data from Table 4.36, it is found that major painful events in the life of elderly people in study area are physical weakness (31.7%), which is slightly higher for females (33.3%) than male (31.7%). Economic problems (27.5%) are the second painful events of elderly people in study

area which accounted 27.5 percent for both male and female. Similarly other opinions about the painful events are lack of care (19.6%), in isolation (19.2%), and hated by family members (11.8%).

Table 4.36
Distribution of Respondents by Opinion on Painful Events of Life

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

Source: Field Survey, 2016

4.5 Future Desire/Expectation of Elderly People

4.5.1 Expect from Family Members

Information about expectation of elderly people from family members in study area was collected in this study. Information about the opinion of elderly people on expectation from family members in study area has been presented in Table 4.37.

Table 4.37
Distribution of Respondents by Expect From Family Members

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

Source: Field Survey, 2016

Table 4.37 shows that majority of elderly people (37.5%) reported that they expect love/ affection from their family members which is reported by more males (39.1%) than females (35.3%). It is followed by 26.7 percent elderly people are reported that they expect physical care from their family members. Similarly, 18.3 percent of

elderly people are reported that they expect happiness, which is said by higher proportion of female (23.5%) than male (14.5%). Similarly, 10.0 percent of elderly people expect food on time and 7.5 percent of elderly people expect health facilities from their family members.

4.5.2 Wishes for Usual Activities

Usual activities, which wish to do by elderly people, have been presented in Table 4.38. Observing the data the majority of elderly people (33.3%) want to do religious activities everyday, which accounts 37.3 percent for males, and 30.4 percent for females. Similarly, 20.8 percent of elderly people have wishes to take care of children, 18.3 percent of elderly people have wished for reading/listening news every day and least number of elderly people (5.0%) wanted to engage for agricultural work, which comprise higher proportion of male (7.2%) than female (2.2%). Similarly, 14.2 percent of elderly people reported that they want to work inside home and 8.3 percent elderly people reported that they want to meet peer groups.

Table 4.38
Distribution of Respondents According to Wishes for Usual Activities

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

Source: Field Survey, 2016

4.5.3 Person with whom Elderly People want to live in the Future

Many of the elderly people wish to live with love and affection with their family members, which is seen from Table 4.39. It shows that majority of elderly people (36.7%) reported that they wish to live with their married son/daughter. It is followed 18 percent of elderly people reporting that they wish to live with their unmarried son/daughters. Least number of elderly people reported that they want to live alone in the future. Similarly, 15.8 percent are reported their grandchildren, 10.8 percent

with Spouse also 10.8 percent at religious institution and 6.7 percent reported elderly in home as the person or place where they want to live in the future.

Table 4.39
Distribution of Respondent by Agent to Live in Future

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

Source: Field Survey, 2016

4.5.4 Future Desire

Elderly people mainly want to spend their time in religious activities and doing social service in future days which are presented in Table 4.40. It also shows that the majority of elderly people (around 39%) have no any desire in future days, 30 percent elderly have the desire to see their grandchildren's Marriage/Bartamandhan and 17.5 percent elderly want to do religious work in the future. Similarly, 10.8 percent elderly people want to see progress of own children in future and least number of the elderly people (2.5 %) have other desires.

Table 4.40
Distribution of Respondents about Future Desire

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

Source: Field Survey, 2016

4.5.5 Suggestion for Improving the Status of Elderly People

In this study, 34.7 percent of elderly people have provided some valuables suggestion to improve the present status of elderly people in study area. Forty one percent of the respondent explains about the improving the status of elderly and rest of other did not state anything. Suggestion reported in study area has been presented in Table 4.41.

About 37 percent of elderly people have suggested to respect them by others (family members and people in societies), which is 37.0 percent males and 35.7 percent females. It is followed by slightly more than one third (34.1%) of the elderly people suggesting to increase elderly allowance. Similarly, 17.1 percent of elderly people have suggested to provide the economic support during illness by government, which accounted 18.5 percent male and 14.3 percent female. Least number of elderly people (12.2%) has suggested taking care of them by government to improve the present status of elderly people. This is said by higher proportion of females than males (14.2% female Vs 11.1% male).

Table 4.41
Distribution of Respondents by Suggestion for Improving the Status

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

Source: Field Survey, 2016

Table 4.41 reflects, 41 respondents are interested to improve the status of elderly people by their family members but 79 respondents did not stated about it. It clearly shows that their future desires are quite suppressed or ignored by the other family member.

CHAPTER FIVE

SUMMARY AND CONCLUSION

5.1 Summary

Ageing 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. The main objective of the study is to identify status of elderly people in Kathmandu Metropolitan city -14 of Kathmandu district. The specific objectives are; to examine the economic status of elderly people, to examine the given facilities and health status of elderly people and to examine the expectation of elderly peoples. The study is based on descriptive as well as explorative research designs. This study is mainly based on primary data. In this study, 120 households have been taken as sample size through purposive sampling method.

In the study area, majority of elderly respondents are in age group 60-64 years (i.e. 35.0%). Similarly, in the age group 80+ years there are less significant in number (i.e.4.17%). Similarly an over whelming majority of respondents in study area (both sex) Brahmin have higher position (41.7%) and followed by Chhetri (18.3%). Other caste (Giri/Puri) is less in number (0.8%). Likewise among Dalit, Damai are 7.5 percent and Sarki & Kami are 9.2 percent. According to marital status, 61.7 percent respondents are married and 36.7 percent are widow/widower and 1.6 percent is Divorced/Separated. Likewise, there is none respondents who are unmarried. Majority of respondents are Hindu religion which accounts 95.0 percent and 5.0 percent are Buddhist. Among total percentage of Hinduism female respondents are more than male respondents. According to the educational status, 60.8 percent respondents are illiterate and 39.2 percent are literate in study area. More number of female (66.7%) are illiterate than male (56.5%). Majority of elderly (72.3%) have attained primary level of education, 25.5 percent have attained secondary level of education.

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

children's education, 20.0 percent in buying, 30.0 percent in buying daily needs and least number 10.0 percent have investing their money for other categories of means. Likewise, about monthly invest in education of children; more number of respondents (62.5 %) invests only Rs. 0 – 1000, 15.8 percent respondents invests Rs. 1000 – 2000 for their children's education. Only 4.2 percent reported that they are investing Rs. 3000 – 4000 for children's education. Similarly, 9.2 percent of elderly are investing large amount (Rs. 4000 and above) than other respondents. 45.0 percent of elderly people are satisfied with their children's education and 10.0 percent respondents are not satisfied with their children's education.

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

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

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

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

In the case of opinion on caring of elderly people, 39.2 percent reported and such are said that married son daughter-in-law are responsible for caring of elderly people. Similarly, 6.7 said that they themselves are responsible for caring. And also 6.7 percent elderly said that unmarried son daughter is responsible for caring of elderly. About the opinion on health facilities, more number of elderly (61.7%) has said that free treatment is done for elderly. Similarly, 14.2 percent have said that free medicine is distributed for elderly, 11.7 percent said that mobile camp is needed for elderly, only 2.5 percent have said that paying cash are needed, 41.7 percent said that free check up and 5.8 percent said that life insurance should be done. The other opinion on painful events of life of elderly, most of elderly (31.7%) said that painful events were occurred when physical power was loss. 27.5 percent have said that when economic problem had occurred. 19.8 percent said that lack of care is also painful events of them, 9.2 percent elderly people said that isolation is also painful events of them in their life and 12.4 percent said that when they are hated by their family members.

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

5.2 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 experiences. They are assets of our societies. But even then, they are often neglected and ignored by our new generation and family members. Naturally they are weak and unhealthy at life time. Due to health facilities modernization and other different reasons life expectancy of elderly people is increasing day by day. Similarly, the new country will be one of rapid population ageing throughout the region. While increased longevity is a great human

achievement, it will bring with it greater demands for care and support as the oldest age groups expand. But their family members do not care, respect and love to them.

From the above summary and findings one can have quick look of the socio-economic and demographic status of elderly people in study area. Majority of elderly depend up on their married son/daughter-in-law even in their daily needs and it is increasing responsibility for young. In this area large percentage of elderly people are followers of Hindu religion. Among the elderly more female elderly are involved in unpaid economic activities than male elderly.

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

In study area, the literacy rate of elderly people is higher than that of total population in national level figure. However, the literacy rate of older female is seen quite lower than that of older males. The elderly people have not significant role in the process of decision-making. The elderly people need opportunities to participate in cultural, economic, political and social life and lifelong learning. These are also human rights of older persons and are very few implemented in this area. However, these issues are different according to sex.

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