

# CHAPTER ONE

## Introduction

### 1.1 Background of the study

Population ageing is a biological phenomenon since it is affecting nearly all the countries of the world. Nepal is also witnessing the expansion of life span and hence an enhancement in the population of the elderly. In Nepal, individuals over 60 years of age are considered elderly. According to the 2068 census of Nepal, there were 2.1 million elders, which constitute 8.13 percent of the total population in the country. Average population growth rate of Nepal in 2068 was 1.35 % which was 2.25 % in 2058. The population growth rate decreased in 2068 in comparison to 2058 which might be the result of implementation of population control programs. These programs have resulted in a lower birth rate which will subsequently result in an even greater proportion of elderly individuals (Chalise, 2006).

Senior Citizens can be defined in various ways. One of the most common in use is the chronological age. WHO defines senior citizens as people 60 years and above. The Senior Citizens Act 2063, Nepal also defines the senior citizens as "people who are 60 years and above". The retirement age for military in Nepal is 45 to 48 years for lower class, for general government service 58 years, and for university teachers and the judiciary services 63 years (Khanal, 2009).

The majority of elderly in Nepal are living in rural areas (85 %+). They are usually active and productive in their advancing years doing things such as taking responsibilities for child care, cattle herding, handicrafts and many more. Among 65+ years aged persons, 47.12% are found economically active with sex differential of 59.7% for males and 34.3% for females. This could be because women's contributions are generally not accounted for in market values (MoPE, 2002).

A majority of elders depend upon agriculture and are living under the poverty. They suffer from deprivation, illiteracy, poor health and nutrition, low social status, discrimination and restriction on mobility. Because of poverty, they enter into old age in a poor state of health

and without saving or material assets. They lack means to fulfill their basic needs such as food, clothes, shelter, health care, and safe drinking water. Gender inequality and discrimination against women is a common social phenomenon that elderly widows suffer the most (NEPAN, 2002).

A matter for cogitation is that the ageing is spread not only in the developed region of the world but also in the under developed regions, even in third world countries like Nepal where about 40 percent of the total populations is below the line of poverty is facing very fast tempo of ageing. The pioneers of population scientists have already been found to be worried about the topic (NPC, 1997-2002).

In Nepali tradition, sons are morally obligated to provide care and support to their parents. It is estimated that more than 80% of elders in Nepal live with their children. Only 2.7% of the elders in Nepal are living with their daughters which may be due to the cultural taboos that prevent parents from living with married daughters (GCN, 2010).

Several studies in Nepal show that the long established culture and traditions of respecting elders are eroding day by day. Younger generations move away from their birthplace for employment opportunities elsewhere. Consequently, more elderly today are living alone and are vulnerable to mental problems like loneliness, depressions and many other physical diseases (GCN, 2010).

Traditionally, the eldest persons in the household were considered the household head, irrespective of the authority that the elder could have used in making household decisions. A recent survey finding that above 17% of households are headed by people aged above 60 years has to be used very cautiously. The proportion of females headed household is 21% compared to about 17 percent for males (GCN, 2010).

The marital status of elders is important for their support systems and their well-being. The elders that are still married tend to recover more rapidly from illness, have better mental health, utilize more health services, socialize more and are generally more satisfied with their life than those elderly without a partner. In 1961, only 73.17% and 32.13% of the elders male and females were married. This increased to 88.3% for male and 71.7% for females in 2009. The lower proportion of married elders women could be attributed to the social taboos for a

widow to re-marry. In Nepalese culture, widower remarriage is accepted. The proportion of never married elderly in Nepal is low. A study in 2002 revealed that about 9.11% of males and 24.94% of females are widowers/widows. About 0.32% males and 0.50% females divorce with their life partners and live a single life (GCN, 2010).

Among the people age 60 and above, the death rate of male is significantly higher than female. The death rate of male among the age group 60 to 64 is 17.96%; while the same age group female's death rate is almost 4% less, i.e. 14.02%. The death rate of elders above 75 is very high among the male, i.e., 80.41% while it is low, i.e., 62.13% among the females of the same age group (Population Monograph of Nepal, 2003).

The government started to include plans, policies and programmes for family-based security system to enable elderly to lead a dignified life since the Ninth Five Year Plan (1997-2002). Since then many initiatives have been taken focusing on health, social security services, old-age homes and legal provisions.

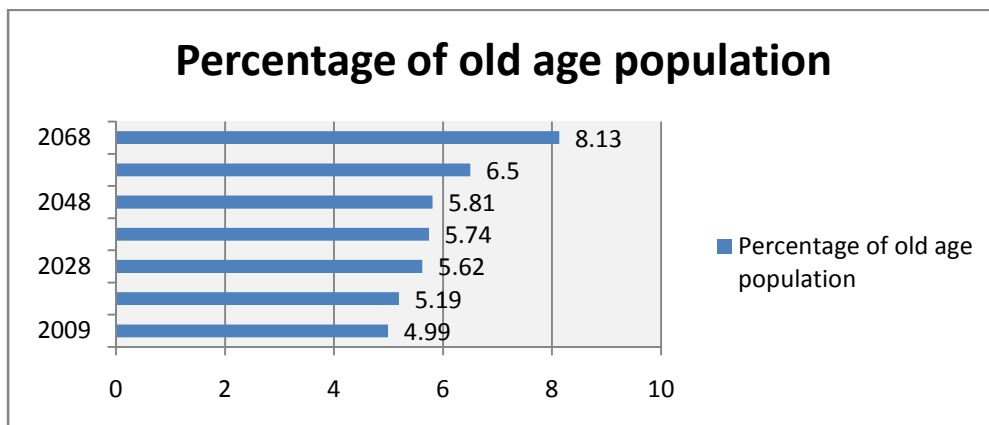
Recognizing the knowledge, skills and vast contributions made by senior citizens and their emerging needs of social protection, the government of Nepal has started non-contributory social pensions for older population across the country since 1995. There are policies related to senior citizens in order to formalize and regulate the provision of non-contributory pensions in the country. There are also other privilege programs for the population of senior citizens particularly in the area of health care services through various government line departments. In general, the social pension together with other privileges in the country is increasingly recognized as the important initiative to protect the right and promote overall wellbeing of senior citizens.

Life is becoming less like a short sprint and more like a marathon. "This is the statement by Secretary General of the United Nations, Kofi Annan, which he made at function of declaring the UN International year of older persons (IYOP) on 1st October, 1999. The statement indicates that life expectancy of human being has increased unlike the past. The analysis of human civilization shows that such an increment in life expectancy is found concentrated especially over the last 200 years. Besides, the last half of the 20th century has also brought a new trend in demography and that is populations ageing. Now the tempo of ageing is really fast and wide spread. Its consequences do not appear looser fearful to several

other global hazards such as proliferation of nuclear, biological and chemical weapons, world wars and regional wars based on ethnic rivalry. High tech terrorism, AIDS and other total diseases, extreme climate change and economic and financial aftershocks etc. so, envisaging the urgent need to study ageing issues, this study is an attempt in the theme.

## 1.2 Statement of the problem

The number and population of elders are increasing at a faster rate than other age group in the population. Today, one out of 10 persons in the world is aged 60 or over. By 2020, one out of every 8 persons will be aged 60 or over. Two-thirds of all senior citizens live in developing countries, numbering 400 million persons. The scale and extent of population aging in developing countries is bringing about the major shift in focus as fertility and mortality are declining further. Population aging is an evitable consequence of demographic transition, which is shifting from higher to lower levels of mortality and especially fertility. Developing countries such as Nepal where both fertility and mortality rates are declining, the number of proportion of senior citizens will continue to increase further, depending on the pace of fertility decline (UNFPA representative in NEPAN, 2002:vi). More specifically, total population of these senior citizens was in increasing order which is shown in bar diagram (Central bureau of statistics).



1.1 Chart shows: Change in old age population (CBS data)

Indeed, aging of the world population is a development issue because developing countries that are already overburdened by poverty, illiteracy and poor health have to face the consequences of the graying population. The main concerns of senior citizens relate to

conditions associated with extreme poverty-inadequate living conditions, access to health care and social protection and intergenerational violence and abuse.

The aging population will have profound social and economic implications. The majority of senior citizens in Nepal are living in rural areas depending upon their agricultural profession, and living under poverty. Majority of senior citizens suffer from the cumulative effects of a lifetime of deprivation, entering old age in a poor state of health, and without savings or material assets. They lack the means to fulfill their most basic needs such as food, proper housing, clothes, health care and safe drinking water. They also lack access to resources and income generating opportunities. Pervasive poverty and social, economic and demographic change threaten the support for senior citizens by their families. The changes are pushing senior citizens to margins. Poverty and exclusion are the greatest threats to the wellbeing of senior citizens. This is especially true of older women, who suffer the multiple disadvantages resulting from the bias of gender discrimination. The issue of widowhood is significant because a woman's marital status is of primary significance to her survival and wellbeing. Once a woman is widowed, she is often denied to husband's resources. As a result, widows who have no security are heavily dependent on family, and have comparatively worse socio-economic situations as they lack opportunities to earn income, and do not hold savings. Gender discrimination and inequality are carried out into old age, making widows among the most vulnerable in society (Bishit, 2002). As elsewhere, there is also generation gap in Nepali society making the issue of 'aging' even more problematic in comprehending it in totality.

Sociologically, the phenomenon of aging population must be understood from a holistic and interdisciplinary perspective of social sciences. According to Chambers (1983) social inequality is a combined manifestation of poverty, powerlessness, physical weakness, isolation, and vulnerability. The notion of vulnerability can be applied in the analysis of aging population. The notion of vulnerability can be defined as the incapacity of people-both male and female-to observe the effects of gradual loss of physical, mental or physical ability due to growing age. Vulnerability is a state of socio-political, cultural and economic context that largely depends on the nature, extent, proximity of risk and threats to which the older people are exposed to (Luitel, 2002:24). The important features of demographic transition is its effects on family structure and social relationships. As a result of falling fertility, there is increase in the number of generations alive at one time and a decline in the number of family members within each generation. While the need for caregiving for older relatives has

increased, the number of available care-givers in the family diminished. Conventionally, the care of senior citizens has been the primary responsibility of the family. However, there has been the tension between the care needs of senior citizens and other needs and commitments of the family members.

Sociologically, there has been the integration of the national pre-capitalist economy of Nepal (i.e. subsistence economy) to the regional and world capitalist economy and it has the concomitant effect and impact on the social (including cultural) institutions, that is , gradual loss of the importance of household as the “production unit”. The burgeoning number of youths for the overseas employment is the direct function of this integration. There has been emphasis on the geographical mobility for new jobs, less dependence on kinship and gradual development of the sense of individualism. There has been the emphasis on “structural differentiation” (i.e. many of the roles played by family are now fulfilled by the specialized agencies). There has also been increasing process of modernization and change of the traditional joint-extended family structures into nuclear structures. As a result of the modernization process, there has been gradual loss of the traditional values to support senior citizens(NEPAN, May 2011).

Consequently, there are emerging needs of social, economic, cultural and institutional response to address a wide range of issues of senior citizens (including the livelihood). In this context, the right of senior citizens is increasingly realized in national development plans, policies and programmes in the recent years in Nepal. The policies and national action plans for senior citizens have particularly highlighted the social, emotional, psychological and health care needs of older people to ensure their rights and overall wellbeing in families and societies.

By analyzing the above mentioned context, we can draw a conclusion that modernization, social, economic and demographic changes have changed the family structure and social relationship which has direct impact on aging. So, this study will try to find out the status of elderly in the family&society, family structure and it’s impact on elderly, awareness among elderly on government plan/policies and provision for senior citizens, ownership of property, sources of income in elderly etc.

Aging is a social phenomenon. Social relation and behavior are changed along with the transition of age. Considering this point, this study is an attempt on how phenomena of aging operate in small village of Nepal.

On the basis of above discussion, this study will seek the answer of the following questions;

- ) What is the elder's contribution to the family and society?
- ) How does an old age person spend their time and what are their sources of income?
- ) Are the elderly people aware on old age allowance and other privileges provided by the Nepal Government to senior citizens
- ) What are the major problems of elderly people?

### **1.3 Objectives of the study**

The General objective of the study is to find out the socio-economic status of the elderly people in the respective society. The study has focused on finding out the sociological impact of aging. The specific objectives of the study are as follows;

- ) To find out the awareness level among elders on old age privileges provided by government of Nepal,
- ) To identify the elders contribution to the family and society by finding out the key areas where they do engaged to spend their time,
- ) To find out the problems faced by elders.

### **1.4 Rationale of the study**

Due to the declination on fertility and mortality rate the number of proportion of senior citizens is increasing rapidly in Nepal. The total population of senior citizens was only 5 percent in 1952/54 which increased to 5.8 percent in 1991 and 6.5 percent in 2001. In this context, Social scientists working in the regime of aging have begun to focus on demographic, gender, political, economic, and gerontological dimensions. According to the Streib and Binstock (1990), the demographic dimension vis-à-vis aging focuses on investigation of geographic distribution and migration, mortality patterns of older persons, the implications of fertility patterns for population pyramids of societies and issues concerning dependency ratios. Gradually, societal concerns about the policy challenges of meeting health and welfare needs in an aging society have also been reflected. On the gender

dimension, the focus on aging and women has been in the differential mortality of men and women that leave females as the majority among the older ages groupings. This is indicative of the fact that many of the problems of health, economics and social relations in old age are, in fact, problems confronted by women, and gender scholarship on the social aspects of aging also appears to have evolved as the part of the more general emergency of feminist studies in the social sciences. The political economic dimension emphasizes the ways social systems produced the characteristics and conditions of persons. It is less concerned with studying the attributes, behavior and conditions of persons themselves. There has been the recognition that social systems shape inequalities among the older persons, as well as persons of all ages. Penetration of the market relationship also weakens the welfare-oriented joint familial relationship in the traditional societies through the change of the subsistence-based economy and its associated social institutions, principally the families because there is the need of geographical mobility for the cash-earning job opportunities leaving the older members at homes more vulnerable in the absence of reliable source of sustenance.

Hence the study of aging is relevant in the context of the sociology due to the following factors: (i) decrease in fertility with mortality rates with improvement of life expectancy have led to the rapid increases to the population of senior citizens of Nepal (Bisht,2002); (ii) gender discrimination/gender inequality and the problem of widowhood; (iii) change of the traditional family institutions due to the socio-economic modernization (including the integration of national economy to the regional and international capitalist economy ), and (iv) the need to investigate the effect and impact of the one and half decade long welfare oriented programme of the government among the senior citizens.

The findings of this study will be very useful for government agencies, INGOs, NGOs and civil society organizations who are engaged for improving the lives of senior citizens in Nepal.

## **1.5 Organization of the Study**

This study is organized in Five chapters :( 1) introduction, (2) Review of the related literatures, (3) Research Methods, (4) Data analysis and interpretation and (5) summary of study findings and overall conclusion. Where first chapter briefly highlights the background, statement of problem, objective and rational of the study. Likewise, second chapter includes



some sociological theories on the study of aging and major findings from empirical studies. Similarly, third chapter is about rational of the selection of study area, research design, nature & sources of data, sampling procedure, technique of data collection, operational definition, data processing and analysis and limitation of the study. Fourth chapter is divided in three sections; one is the overall demographic & socio-economic situation of study area, background characteristics of the survey respondents and analysis of the socio-economic status of elders. Sixth chapter includes the summary of study findings and overall conclusion of the study.

## **CHAPTER TWO**

### **2 Review of the related literatures**

This chapter briefly reviews about the aging from different perspective such as biological, sociological, psychological, economical, political etc. based on the previous reports, publications, websites and government plan/policies/Act.

#### **2.1 Theoretical Reviews: Some key Theories on Ageing**

#### **2.2 Sociological theories**

There are many sociological theories of ageing. These may operate at either the micro (individual) level or macro (societal) level and have their origins in the major sociological schools of thought such as functionalism or Marxism. Two different types of macro-level theories are summarized here to illustrate how different sociological perspectives have been used to study old age and the experiences of ageing. ([WWW.ageing.com](http://WWW.ageing.com)).

#### **2.3 Disengagement Theory**

The theory on aging that comes from the functionalist perspective is called the social disengagement theory. It contends that as people age they gradually withdraw from social participation and simultaneously are relieved of social responsibilities. This mutual disengagement is functional for elderly persons because they relinquish social statuses and roles that they are no longer of or interested in fulfilling, and they are relieved of many of the social pressures faced by younger adults. This relaxes normative expectations for older adults and provided a wider range of tolerance of their behavior. They are then free to participate or not in any leisure activities of their choosing. This disengagement can be considered a “rehearsal” for death which is a person’s final and permanent act of social disengagement. Thompson, W. & Hickey, J. (2005) *society in focus: introduction to sociology*. New York: Addison Wesley Longman, Inc.

#### **2.4 Structural Dependency Theory**

This approach derives from a 'Marxist' perspective and argues that old people are deliberately made dependent. Legally defined retirement age and how state pensions push older workers out of the workforce and into poverty. This creates the idea of old people as an economic

burden and the need to control expenditure on them. This theory sees continuation of class based inequalities continuing into old age. Exclusion from society through poverty is compounded by physical dependency which further makes people powerless. Structured dependency sees the institutionalization of older people in hospitals and homes as the double exercise of power against the old-through not having alternatives and through not having said. The theory has been criticized for being too deterministic and for conceptualizing older people as a homogeneous group. It is however, through provoking.(www.ageing.com).

## 2.5 Biological Theories on Ageing

The biology of ageing is a vast subject. The process of ageing is a catastrophe that will befall all of us that reach the old age. Ageing is really something terrible, it takes away everything; first your physical fitness, then your capacity to have children, your attractiveness, your sex drive-it turns you into a eunuch-it slowly erodes your intelligence, your sanity, your physical health often condemning you to years, decades of physical pain, until finally it kills you (Lewis H.K.: 1976 An Unsolved problem in Biology, Oxford press).

So to all of us here, in biomedical terms surely the problem of ageing, how it happens and why it happens is one of the most interesting questions in sociology. Hence this subject seems to be marginalized within the field for two reasons;

- ) The first is something commented on by one of the founders of modern ageing research Alex comfort, who worked at UCL this was that the only way that it is possible to live in the shadow of something as horrifying as our own impending ageing and death is to forget about it. We are all denial about ageing and this has affected the interest of biologists (Lewis H.K. 1976 An unsolved problem in Biology, oxford press)
- ) The second reason, which as comfort comments is probably related to the first, is that for most of this century much of ageing research has not been very impressive.

The scientific study of ageing has been an odd mixture of the accumulation of mountains of dismal evidence that shows that almost anything you can think of goes wrong with age and proposals of simplistic theories that try to explain ageing in terms of single process, ranging from defective testicles to shortened theories. (Lewis H.K. 1976 An unsolved problem in Biology, oxford press)

## 2.6 Empirical Studies

### 2.6.1 From the previous studies & publications

Social sciences have had the academic and professional culture to analyze aging by considering the changes in the field level. Therefore, scholarship on aging continuously evolves because the very phenomena under scrutiny are fluid. Because of deaths and older birthdays every day, the composite of individuals who constitute older populations is always fresh. Each cohort of the elderly has some dissimilar characteristics from succeeding ones, having lived through different periods of history at different ages. In addition, the social environments, organizations, and institutions with which older people interact are constantly evolving (Streib and Binstock, 1990:1).

Social scientists working in the regime of aging have begun to focus on demographic, gender, political, economic, and gerontological dimensions. According to the Streib and Binstock (1990), the demographic dimension vis-à-vis aging focuses on investigation of geographic distribution and migration, mortality patterns of older persons, the implications of fertility patterns for population pyramids of societies and issues concerning dependency ratios. Gradually, societal concerns about the policy challenges of meeting health and welfare needs in an aging society have also been reflected. On the gender dimension, the focus on aging and women has been in the differential mortality of men and women that leave females as the majority among the older ages groupings. This is indicative of the fact that many of the problems of health, economics and social relations in old age are, in fact, problems confronted by women, and gender scholarship on the social aspects of aging also appears to have evolved as the part of the more general emergency of feminist studies in the social sciences. The gendered studies on aging have three areas of aging, namely, gender differences, gender inequality, and gender oppression. There has been the observation that being old, poor, and female is to experience “triple jeopardy”. The focus has been on women retirement (fewer fringe benefits in the retirement because of the general trend of women being employed in the low paying job and the erratic work histories due to the reproductive and child-bearing roles) and widowhood. The political economic dimension emphasizes the ways social systems produced the characteristics and conditions of persons. It is less concerned with studying the attributes, behavior and conditions of persons themselves. There has been the recognition that social systems shape inequalities among the older persons, as

well as persons of all ages. Penetration of the market relationship also weakens the welfare-oriented joint familial relationship in the traditional societies through the change of the subsistence-based economy and its associated social institutions, principally the families because there is the need of geographical mobility for the cash-earning job opportunities leaving the older members at homes more vulnerable in the absence of reliable source of sustenance. The gerontological dimension focuses on the growing awareness that aging is universal and population aging is a common phenomenon which has led to a mushrooming of social scientific research on cross-national topics and issues concerning old persons, aging societies and policies and programs on aging. Of late, there has been the emphasis on the “old age and equity” (Streib and Binstock, 1990)

Nepal participatory Action Network (NEPAN) has been paying attention to senior citizens under its advocacy for promoting their social inclusion in development intervention and it has carried out several studies on the issues related to this group. Despite the fact that nepali society is fast being modernized due its integration to the regional and international market-oriented economic system (which has been the trigger to weaken the Nepali household as the “production unit”), there is the potential of rehabilitating the senior citizens in their traditional family systems because of the preponderance of the respondents living their lives with the ubiquitous kinship support. Sociologically speaking, there is, indeed, a need to make the institutional efforts within the legal framework to make members of the families responsible for the support of senior citizens in their ripe old age and this is a must in the absence of dependable and effective alternative government social security system for their rehabilitation. Sociologically speaking, this is the only viable option in the context of Nepal. Distribution of social pensions has been primarily used by the target people for meeting their basic personal needs (such as for affording food, medicines and clothing), the government’s initiatives have had the direct bearing on the reduction of the household economic poverty and vulnerability of senior citizens. Indeed, the vulnerability of senior citizens and their household is generally considered as the rationale for the introduction of non-contributory social pension programs in a poor country like Nepal , and therefore, such government pension policy initiatives definitely have the social equity and welfare among the aging and disadvantaged social groups (such as the widows).

Given the fact that the distribution of social pension has already begun demonstrating its impact ( sustained effects) through the reduction of dependence on member of family and

consequent promotion of personal self-reliance, commencement of the personal culture for the savings, contribution to the community development, investment of household income in the human resource development, enhancement of psychological confidence for survival and increase in the overall personal happiness, enhancement of the personal credit worthiness, enjoyment of sustained freedom of spending scarce cash resource at their disposal, sustained involvement in the religious and spiritual activity and the initiation of income generating activity (IGA), there is an urgent need to address the factors triggering the exclusion of potential target people in institutionally and legally ( if necessary) for ensuring their rights to enjoy the social pension.

Albeit it is the responsibility of the state to ensure the social equity and welfare among the aging and disadvantaged social groups ( such as the widows), there is a need to formulate timely policy and programs initiatives and implement with a view of reducing the “utter dependency syndrome” on the social pension alone and this would materialize if the institutional efforts are initiated for raising the awareness among senior citizens to shoulder their own individual responsibilities for making their ripe old age secure in the future through ‘saving’ and ‘keeping personal movable and immovable property’ in their names ( to the extent possible). The government needs to think for the design and implementation of location-specific livelihood programs for the physically capable senior citizens living below the poverty line which would also use their skill and knowledge, on the one hand, and contribute to reduce the household poverty and vulnerability of the senior citizens themselves, on the other hand.

Related to the above, senior citizens are, indeed, the “repository” of the traditional knowledge and skills which are hitherto unutilized and therefore, there is also urgent institutional need at the level of state to formulate the concrete programs for their use to the development of the society.

Sociologically speaking, senior citizens devoid of any kinship and economic support definitely require the institutional support of the state and non-state actors for their rehabilitation and care as well as treatment.

State, in collaboration with the non-state actors and stakeholders and international community, has to be effortful in making the concerted institutional efforts for addressing

many of the problems related to the senior citizens (such as lack of resources and means to address the issues of exclusion from accessing the grants of social pension).

By and large, senior citizens receiving the non-contributory social pension are found to be happy with the government laudable initiative because they have perceived it as a critically important move to support them in their old lives. (NEPAN, May 2011)

Traditionally, family has been the key social institution that provided psychological, social and economic support to the individual at different stages of life. Elderly in the family enjoyed undisputed authority and power. They were considered as knowledge banks and ideal persons for the younger. However, the structure of family has undergone changes differently at different stages of social development in Nepal. One of the present needs in case of societies like that of Nepal is to strengthen the traditional value systems.

Industrialization and urbanization have brought changes to family structure in Nepal to a great extent. The extended family that existed in the society has changed to a nuclear family. This has affected the position of the elderly in the family as well as the family's capacity to take care of the aged. The family's capacity to provide quality care to older people is decreasing with the reduction of the available kin support. However, some agencies like GCN have initiated activities such as honoring families that provide the best care to their elders in their family (GCN, 2009). Such efforts of publicly felicitating the families that provide best care to their elders and publicizing their family history could encourage other members of the community to follow the suit. Similarly, efforts to develop literary works such as poems and drama could bring about positive attitude among general public towards the senior citizens (GCN, 2009).

In recent days, depleting socio-cultural value system, diversification in occupation from agricultural to non-agricultural, higher mobility of economically active persons for seeking job and better education, and replacing existing joint family system by nuclear family system have been causing problematic for the security of aged people in Nepal.

Elderly people in Nepal may have reasonable access to family care but they are inadequately covered by economic and health security measures. The government, which is already grappling with a number of pressing problems, does not have enough resources to address the issues concerning the social aspects of elderly.

However, with the commitment expressed in the international forum as well as the pressure from the several individuals and organizations working with older people, the government has recently started to respond to the social security needs of elderly and has initiated some programs at national level. Following is the review of some such documents. (Geriatric center Nepal, March, 2010:15-16)

Laxmi Maya Poudel, 80yrs female, of word No. 2 Tilpung VDC, Ramechhap district was was kicked out of the house by the daughter in law RadhaPoudel following a minor scuffle between them. She mentioned that I lost both my husband and son few years ago. Now my daughter in-law has forced me to be out of the house. I do not know where to go? She is taking a refugee at the District Administration office at the moment (2009, December 7. Eighty years old woman left neglected. The Rising Nepal Daily).

## **2.7 Government plan, policies and legal context for senior citizens**

The government has adopted the concept of social security for its citizens during the implementation period of it's Eighth Five- Year Plan (1992-1997). Albeit there was no separate policy and program under this plan, the then government initiated a policy of granting non-contributory social pension of RS. 100 to the senior citizens aged 75 and above in its annual program in the fiscal year 1995/96 (as indicated in the preceding section) . In the wake of this initiation, the annual program of 1996/97 under the same plan initiated the widow allowance.

Then, the Ninth Five Year Plan (1997-2002) has made the social security and social welfare as the indispensable part of the overall development of the country. It enunciates that the materialization of welfare state is possible if this aspect is also promoted simultaneously with other aspects of the development. More specifically, the government was clear in its objective. The plan enunciated that senior citizens are the invaluable property of the state who have contributed tremendously to the continuation of our social values, traditions and cultures. Hence, this plan retained the objective of capitalizing the qualifications, experiences, knowledge and contributions for the development of the country by recognizing them duly and protecting them. Indeed, the plan duly recognizes the rights of senior citizens and widows. As a corollary of it, the plan adopted the strategy of making the social security as complementary to social justice.



Indeed, the policy objective statements of the Ninth Five Year Plan apropos of the senior citizens have been retained in the Tenth Five Year Plan (2002-2007). Furnishing the evaluative statements of 10th plan, National Planning Commission (NPC) in 2007 document of Three Year Interim Plan (2007-2010) asserts that health treatment programs were being run in 47 districts. Grants had been provided to old age homes and daytime services were being provided. A High Level Senior Citizen Coordination Committee had been formed to work for senior citizens. Old people left out and the helpless were being placed in old age houses. Model old age houses were being established in all the five development regions. A Senior Citizen Welfare Fund had been established. According to the Senior Citizen Policy and Strategies, 2004, works were being carried out in a planned manner.

The current Three Year Interim Plan-TYIP- (2007-2010) has continued the social security program. NPC (2007) asserts that there have been changes in several social structure and values and beliefs in Nepal. There is an erosion of joint family system. The need of the day is to maintain social tradition, culture and beliefs without allowing further deteriorations. In relation to senior citizens, decisions, declarations, commitments and actions at the international and regional level, and in particular, United Nations Principles for Older persons 1991, Macau Plan of Action of Aging 1998 and Madrid International Plan of Action on Aging 2002 needs to be adopted to match with the conditions of Nepal and should be implemented in a phase wise manner through the medium of National Action Plan. In particular, this TYIP has tried to address the following aspects vis-à-vis senior citizens: (i) to make their life convenient; (ii) to utilize their knowledge; (iii) to create necessary infrastructure to allow them to live a dignified life in the society; (iv) to develop respect and a sense of duty in the new generation for them; and (v) to create an environment for the economic and social security and the protection of their rights and welfare.

In the TYIP document, NPC (2007) also has reviewed the current situation vis-à-vis the senior citizens. It asserts that although works relating to social security, facilities, capacity utilization of senior citizen has not progressed as expected, there has been initiation of some welfare and protection works. Health treatment programs are in operation in all the 75 districts. Institutional support and some grants have been made available to different old age homes and daytime service centers. High-Level Senior Citizen Coordination Committee is in place for policy works and consultations. Senior Citizens Welfare Fund has been established.

Works on social security allowance for the old and widows and records updating are proceeding. Senior citizen health treatment service programme guidelines 2061 (2005), Senior Citizen National Action Plan 2062 (2006), Social Security Program Operation Working Methods 2063 (2007) and Acts related with senior citizen 2062 (2006) have been enforced. Likewise, allowance for senior citizens, helpless widows and people with disabilities have been increased. Draft regulations related with senior citizens have been prepared.

The TYIP also acknowledges a number of problems. These comprise: (i) lack of programs and resources and means to address rapidly growing population of senior citizens; (ii) delay in developing the institutions to address the needs of senior citizens; (iii) problem of prioritizing the issues related to the senior citizens; (iv) lack of effective co-ordination between the concerned stakeholders; (v) lack of proper mechanism to work by capitalizing their knowledge, skills and experiences. The main challenge has been the difficulty of ensuring the right of senior citizens and social security by bringing national, international and regional declarations and commitments related with senior citizens into practice. Therefore, there has been the emphasis on the partnership approach or collaborative works between the Ministry of Women, Children, and Social Welfare to address the emergent problems and challenges.

On the legal context, the enactment of Senior Citizen Act (2006) and its enforcement has been instrumental for safeguarding the rights of senior citizens. More importantly, this Act has emphasized on the following: (i) recognition of experiences, skills and knowledge of senior citizens and their potential utilization in national development; (ii) creation of the enabling ambience for senior citizens for leading their lives in dignity; (iii) enhancement of the livelihood of senior citizens; (iv) active participation of senior citizens in a myriad of areas (namely, economic, social, cultural and political aspects); (v) familial responsibility for the care of senior citizens; (vi) freedom to senior citizens for enjoyment of their property; (vii) permission to the Central and District Senior Citizen Welfare Committees for regulating and implementing policies and programmes for senior citizens (such as policy development on social protection and security, setting up and promoting the day care centers and senior citizens' clubs, programs to utilize their, knowledge, skills and experiences, and maintaining transparency in distribution of the social pensions).

Data made available by Ministry of Local Development (MLD) on September the 17th, 2010 has demonstrated that there were a total of 977732 beneficiaries for the fiscal year 2008/2009 (2065/66) under the government scheme of non-contributory social pension. Of these, 643461 were senior citizens (of which 545556 were 70+, 818220 were 60+ Dalits and 16085 were the 60+ senior citizens of Karnali region), 296221 were widows, 16122 members of the endangered ethnic groups, 15073 fully disabled persons and 6875 partially disabled persons. But this number has increased in the fiscal year 2009/10 (2066/67). During this period, there have been a total of 1033721 beneficiaries. Of these, 696138 are the senior citizens ( of which 571195 are 70+, 107501 are 60+ Dalits and 17442 are 60+ senior citizens of Karnali region), 299827 are the widows, 16419 members of the endangered ethnic groups, 13762 fully disabled persons and 6875 partially disabled persons. These are data of the beneficiaries of the pension scheme after the second communist-led government of Nepal reduced the age of senior citizens from 75+ to 70+, maintained 60+ age of the widows and included the Dalits (of 60+) and inhabitants of Karnali region (60+) in the scheme and increased the amount to Rs 500 to all the eligible persons in the fiscal year 2008/2009 (2065/66). Prior to this remarkable event, the number of beneficiaries of social pension scheme was slightly more than half of the present number. For instance, in fiscal year 2007/2008 (2064/65), there were only 572342 beneficiaries of which 284045 were senior citizens ( of 75+), 281422 widows (of 60+) and 6875 partially disabled persons.

In the fiscal year 2010/11 (2067/68), the total number of beneficiaries (from senior citizens, Dalits and Widows excluding disabled people and members of the endangered ethnic groups) has been estimated to be 1062897 (as of September 17, 2010). Of these beneficiaries, 635972 are senior citizens, 118535 Dalit senior citizens, and 308385 are widows. Responsible officials of MLD also informed that no institutional system has hitherto been introduced to maintain the gender disaggregated information of the beneficiaries.

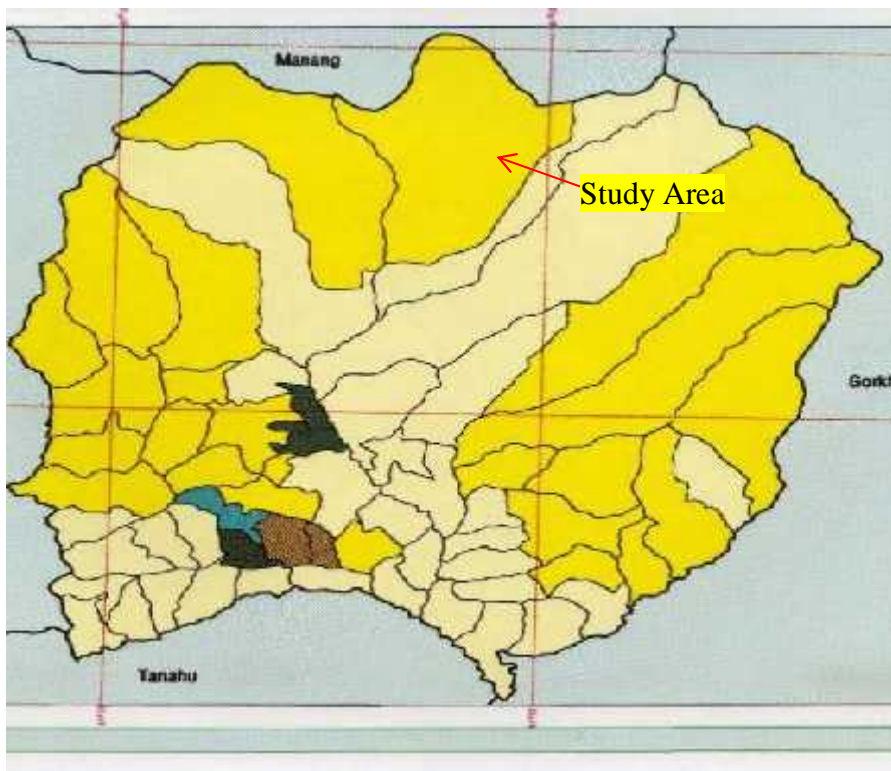
While going through the previous studies, it is found that those studies have focused on health, nutritional status of elders including non-contributory pensions. There are very few studies tounderstand the aging from the sociological perspective in Nepal. Regarding this issue, this study will try to fulfill this gap by focusing on the status of elders on their respective family and society.

## CHAPTER THREE

### 3 Research methods

#### 3.1 Rationale of the selection of the study area

The majority of elderly in Nepal are living in rural areas (85 %+) and most of them depend upon agriculture and are living under the poverty. They suffer from deprivation, illiteracy, poor health and nutrition, low social status, discrimination and restriction on mobility. Because of poverty, they enter into old age in a poor state of health and without saving or material assets. They lack means to fulfill their basic needs such as food, clothes, shelter, health care, and safe drinking water. Gender inequality and discrimination against women is a common social phenomenon that elderly widows suffer the most. In the same way, there may be differences in lifestyle of elderly based on their race, ethnicity, cast etc. In Nepal illiteracy rate among elderly is high, which is comparatively higher in rural areas than urban.



3.1 Map of the study area

Based on above mentioned issues, I found this VDC with heterogeneous groups and dependency on agriculture which are almost common characteristics of all rural areas. At the same time, consideration was given to resources, time and distance.

Considering the above mentioned issues, Dhamilikuwa VDC of Lamjung District is selected for this study. It is about 25 km far from the district headquarter. It lies in the south-east from the district headquarter Besishar. Its borders touch Gorkha in east and Tanahau in the west. Dhamilikuwa is inhabited by many castes and ethnic groups and located in the Marshyangdi and Chhepe river terrace. People have different customs and traditions, norms, values here. Most of the people of this area are benefited by electricity, communication, drinking water, transportation facilities. Though, there is no good facility of health services and quality education. Students should go either headquarter of this district or other places to achieve higher education. The number of elder is growing gradually and losing their status slowly because of the effect of modernization in new generation. And the elders are encountered with new problems.

### **3.2 Research design**

The study has mainly focused on obtaining information about the status of elderly in the society and their living condition. So, a descriptive research design was applied during this study. Both qualitative and quantitative information were collected and interpreted in order to find out the actual status of elderly in the society.

### **3.3 Nature and sources of data**

This study was carried out by using primary as well as secondary sources of information. The researcher has reviewed the information available in different publications related to senior citizens. Similarly, both qualitative and quantitative data were collected and used in the study.

### **3.4 Universe and sampling procedure**

As it is difficult to reach all the elders living in the VDC due to time constraints and other limitations, a probability sampling method was applied during the study.

According to the national census 2068, the total population of Lamjung district is 167724 where male constitute 75913 and female constitute 91811 respectively. The total household of Dhamilikuwa VDC is 1154 where total population is 4425 among which 1909 males and 2516 are females. It is expected that there are 400 elderly people in the VDC. However, there is not any reliable data of the elderly people. So, in order to accumulate reliable data including

accurate numbers, address and the age of elderly population, the researcher visited VDC office and interviewed with the VDC secretariat or other available authorized persons.

Study has tried to ensure the participation of low cast group, gender balance in order to know the social dimension of ageing. The systematic random sampling method was adopted for this study. The total population of the DhamilikuwaVDC was taken as universe and the total numbers (400) of the elderly members residing in Dhamilikuwa VDC was taken as the sample frame for conducting the research. A total number of elders (estimated 400) were divided in 3 groups i.e. male, female and dalits. Then random sampling was applied in each stratum. 12% of the sample framewas taken as a sample size. This is equivalent to 47 respondents in number. Focus was made to make equal participation of male and female. After deciding the sample size (12% of sample frame), the name of elders received from VDC and other social leaders was restructured in alphabetical order.

**Table 3-1: Sample number and percentage of different ethnic groups**

<b>S.N</b>	<b>Caste/ethnicity</b>	<b>No of sample</b>	<b>Percentage</b>	<b>Remarks</b>
1	Brahmins	15	32%	
2	Chhetri	13	28%	
3	Janajati	11	23%	
4	Dalit	8	17%	
	Total	47	100%	

Source: field survey 2015

### **3.5 Techniques and tools of data collection**

Relevant information was collected by using various techniques. Secondary data were collected from the VDC record/report and other publications.

In order to collect the primary data interview, questionnaire and observation methods were used.

#### **3.5.1 Face -to -face interviews**

It has a distinct advantage of enabling the researcher to establish rapport with potential participants and therefore gain their cooperation. These interviews yield highest response rates in survey research. They also allow the researcher to clarify ambiguous answers and when appropriate, seek follow-up information (Leedy and Ormrod, 2001).

A pre-defined set of questionnaires were used during interview in order to gather the relevant information from the field. The Questionnaires were divided in two sections; one is to identify the general status of the village which contains demographic information, livelihood options and economic condition. Likewise, second section was objective specific and has tried to capture the information about the status of elders in their family and society.

Considering the elderly literacy rate in Nepal, the interviewer asked the questions to the respondents based on the pre developed questionnaire form and have written down their view by her in order to identify their social status in the community, physical and psychological problems. Moreover, the questions were also focused on the overall living conditions of elderly people of this area (see annex 1).

### 3.5.2 Observation

During the field visit, the researcher had tried to find out the relevant information by observing the community, elderly, behave of younger toward elderly, work of elderly etc.

In the process of data collection, the researcher met authorized persons of the VDC and every ward in order to find the relevant data on the number of elders, their address and other relevant information. Then, she informed them about the purpose of the study. After that, the researcher visited the selected households of elders and talked with respondents about the purpose of study and filled the questionnaire forms (see annex I).

## **3.6 Data processing and analysis**

The obtained data from different tools and technique were categorized according to requirement. Different statistical measure like diagram and tables werw used in presenting and analyzing the data in descriptive way.

## **3.7 Limitations of the study**

As the main purpose of conducting this research is to fulfill the requirement to obtain the academic degree, the main focus was given to the process where student can obtain technical skills about research. So this study has not covered the large geographical area. In this regard, following are the limitations of this study;

- ) The generalization of the fact of this study may or may not be applicable to the other parts of Nepal because the study is bounded by the geographical location, limited time and finance, so it may have the contextual meaning. It has covered only one VDC of one district.
- ) Only observation, structured interview and Questionnaire were used as tools for data collection. These techniques have focused on elders only; the study has not covered the other age group of the respective community.
- ) It is considered as descriptive type of study. So Simple statistical tools, such as frequency percentage average were used in the process of data analysis and interpretation.
- ) Small sample size may not represent other areas.

### **3.8 Operational definition and measurement of selected concepts/variable**

- ) Jiuni: land or property retained in the name of senior citizens for the old age livelihood during the time of property division among the coparceners. Retaining jiuni is the cultural tradition in Nepali society where there is still a system of coparcenaries. But it is ubiquitous only among the landed households. Any offspring or person who takes care of the senior citizen in his or her ripe old age will have the right to inherit the jiuni which was allocated to her or him during the time of household property division. Culturally speaking, this is a kind of indigenous safety net in the traditional society and has been very functional for hundreds of years in the absence of other alternative social protection measures for senior citizens.
- ) Aging: Ageing is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions.
- ) Senior Citizens- people of and above the age of 60 years living in the study area are considered as the senior citizens in this study.
- ) Relationship- in this study relationship reflects the relation of old age people with other age groups of the society and family.



- ) Economic Status- in this study economic status refers to the access, ownership & control on property, availability of fund to manage their lifestyle, involvement in livelihood option, dependency on the family member etc of elders.
- ) Social status- it includes awareness level, role on decision making, practice of care taking, contribution to the society, involvement in different cultural events etc.

## CHAPTER FOUR

### 4 Data Analysis and Interpretation

#### 4.1 Demographic and Socio-economic situation of Study Area

#### 4.2 VDC at a Glance

Dhamilikuwa VDC of Lamjung District is about 25 km far from the district headquarter, Besishar. It lies in the south - east from the district headquarter Besishar. Its borders touch Mohorikot in north, Chakrathirtha east, Tarkughat west and Tanahau district south. The literacy rate of the VDC is 50.5%. This VDC is gifted with heterogeneous groups. Economy of this area is depending on agriculture.

Dhamilikuwa is inhabited by many castes and ethnic groups and located in the terrace and hilly area. People have different customs and traditions, norms, values here. Most of the people of this area are benefited by electricity, communication, drinking water, transportation facilities. Though, there is no good facility of health services and quality education. Students should go either headquarter of this district or other places to achieve higher education.

While analyzing from the religious perspectives about 98.8% population of this VDC are following the Hinduism, while remaining 2.2 % are following Buddhism. No other religions, beside Hindu and Buddhist are reported in the VDC.

The major productions of this area are maize, paddy, millet and wheat. Buffalos, goats, and cattle are the major livestock, we can find in almost each household. There is one health post and one post office in the VDC.

Most of the communities under the VDC are formed based on their caste/ethnicity; however we can also find some communities with mixed caste groups. For an example there is one community called 'Chiluwaltole', all the persons living on that community are Brahmins (Chiluwal), likewise there is another community called ' PandeyGaun', where all the residence are Pandey, similarly, there is 'Kamitole', where we can see all the Dalits (kami), likewise there are lots of similar places called Satghar, Gaulitar, Majhattia and damaitole etc.

### 4.3 Population distribution of the study area

According to the National Census 2011, the total population of the Dhamilikuwa VDC was 4425. Out of total 1909 were male and 2516 were female. In the same way, projection was made that the total population of the VDC will be 4925 by 2021, where 2117 will be male and 2808 will be female population.

A discussion was held with VDC secretariat and representatives from Ward in order to find out the elderly population of the VDC as a pre-field survey activity. According to VDC record the total population of elderly of that VDC is 309 persons.

### 4.4 Background characteristics of the survey respondent

#### 4.4.1 Living Arrangements of Elders

An overwhelming majority of respondents 76% are living with their married sons followed by 15% with other kins and 9% with married daughters. In Nepali tradition, sons have responsibility to look after their parents. If some of them have not sons or they have disputed with their sons they use to live with their daughter and other relatives.

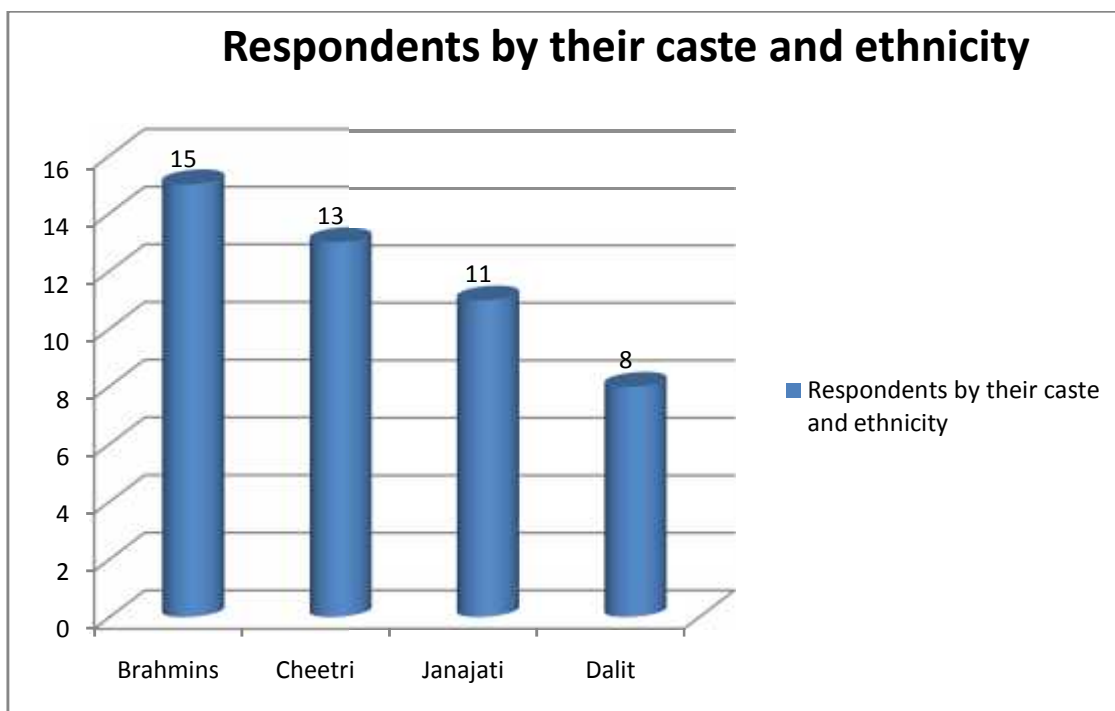
**Table 4-1: Living arrangements of elders living in joint families**

S.N	Living with	Number	percentage	Remarks
1	Married sons	36	76%	
2	Married daughters	4	9%	
3	Other kin	7	15%	
Total		47	100%	

*Source: Field Survey,*

#### 4.4.2 Caste and Ethnicity

Considering the fact, that some caste group in Nepali society are deprived due to the predominance of upper caste, the study has also made an attempt to include the respondents from lower caste group with a view to represent them in sample. Of the total 47 sample respondents, Brahmins, Chhetris, Janjati and Dalit were 32%, 28%, 23%, and 17 % respectively.



#### 2.1 4. 1Data shows respondents by their cast and ethnicity

Data were computed to find out the living arrangements by caste and ethnicity. The table shows the result of the same.

**Table 4-2:Living arrangement by caste and ethnicity**

S.N	Living arrangement	Brahmin	Cshhetri	Janajati	Dalit	Total
1	Alone	1		2		3
2	With spouse	2	1	1	3	7
3	With spouse & family	5	2	2	4	13
4	With family without spouse	7	8	4	1	20
5	Married women living in their birth home		2	2		4
Total		15	13	11	8	47

*Source: Field Survey 2015*

**Status of one Dalit elder**

*76 years old Birkhe B.K, a residence of Dhamilikuwa VDC ward No 3, Battaar is living near by Brahmin Tole. That is the only one family from lower cast in this area. Due to employment problem in the village, all of his sons (3) are out of country (Delhi). He has two daughter in-law but both of them live separately in the same small house. He has a wife who is one year younger than him but physically she is more weak then him. In normal condition they can make food themselves, but during illness it is really difficult for them to even manage food. They don't have anybody to take care during illness. In another side, the villagers discriminate him as he is from lower cast.*

#### 4.4.3 Age and Sex

Out of the total respondents (47), male constitute a slightly more than half (53%) followed by female (47%).

**Table 4-3 : Respondents by their Sex**

S.N	Sex	Number	Percentage	Remarks
1	Male	25	53%	
2	Female	22	47%	
Total		47	100%	

*Source: Field Survey, 2015*

The overall range of age is 60-95. when the age group wise comparison is made, a slightly higher proportion of respondents (26%) belong to age group 60-65 followed by 19% to 65-70, 15% to 70-75, 21% to 75-80, 4% to 80-85, 9% to 85-90, and 6% to 90-95 .

**Table 4-4 : Respondents by their Age**

<b>S.N</b>	<b>Age</b>	<b>Number</b>	<b>Percentage %</b>	<b>Remarks</b>
1	60-65	12	26	
2	65-70	9	19	
3	70-75	7	15	
4	75-80	10	21	
5	80-85	2	4	
6	85-90	4	9	
7	90-95	3	6	
Total		47	100	

#### 4.4.4 Marital status

The marital status of elder is an aspect of family structure that deeply affects their living arrangements, support systems and individual well being. They constitute a multiple support system for spouses in terms of emotional, financial and social exchange. Mostly marital status has a strong effect on the situation of elderly women in Nepal regarding the family care support. Marital status determines a woman's position within the family as well as her status in society. The high prevalence of widowhood among elderly women also results from the highest expectation of life of women. Out of total respondents, 60% were married and 40% widow/widower. Interestingly, among 60% married, 7% were living alone, 14% married women were living in their birth home and 7% living with their family without spouse.

**Table 4-5: Marital Status of Respondents**

S.N	Marital Status	Number	Percentage	Remarks
1	Married	28	60%	
2	Widows/Widowers	19	40%	
Total		47	100%	

*Source: Field Survey, 2015*

#### **4.4.5 Landholding pattern, Food Sufficiency Status and Household Coping strategy**

During the survey no one is found landless but almost 10% of the respondents do not have any type of land for agriculture purpose and those are from Dalit community. Out of 90% respondents who have their own land for agriculture purpose, only 30% revealed that their food grain production is sufficient for their family for whole year. Remaining 60% were further asked to specify the number of months of food insufficiency. Among them 20% shared that their production is sufficient for 3 months, 40% for 3-6 months and 40% for 6-9 months. These households having food insufficiency from their own production were also asked about their different strategies to cope with the food deficit situation. They shared that they fulfill this gap from livestock farming, petty trade small business, agriculture labor, their son and daughter inlaw's labor work, son living in gulf countries send money, tailoring, by making iron equipment etc.

#### **4.4.6 Ownership of the house**

The survey revealed that 100% of the respondents have their own houses, however the types of house vary according to economic status. It was observed that mostly in Dalit community the houses were made of hut (khar). All of them have built their home in their own land.

### **4.5 Analysis of Socio-economic status of elders**

#### **4.5.1 Involvement in income generation activities**

Respondents were asked if they were involved in any kind of income generation activities. Among the total respondents (47) majority (64%) have been involved in household agriculture and livestock occupation. Remaining 36% respondents were involved in cash income generation activities, among them 15 percentage were involved in small shops, 11

percentage in tailoring, 6 percentage in agriculture labor and 4 percentage iron pot making. Peoples from Dalit communities were involved in tailoring and iron pot making. Majority of women respondents (85%) were involved in household level agriculture work and livestock farming, where 15% were involved in cash income generation activities. The proportion of respondents living in nuclear families is higher involved in IGAs than those living in the joint families. Proportion of respondents who can have sufficient food from their own production only for 3 months involved in the IGAs is higher than those who have sufficient food for long period.

**Table 4-6: Income generation activities**

S. N	Involvement in Income generation Activities	Number	Percentage %	Remarks	
1	Agriculture and livestock occupation	30	64		
2	Cash Income generation activities	Small shops	36	15	Mainly Dalit
		Tailoring		11	
		Agricultural Labour		6	Mainly Dalit
		Iron Pot making		4	
	Total	47	100		

Survey respondents were also asked if they had taken any step with a view to fulfilling the responsibility for the secure old age. It has been ascertained that two types of activities have been done in this regard. These include the “cash savings” and “jiuni” (land or property retained in the name of senior citizens for the old age livelihood during the time of property division among the coparceners).

Retaining jiuni is the cultural tradition in Nepali society where there is still a system of coparcenaries. But it is ubiquitous only among the landed households. Any offspring or person who takes care of the senior citizen in his or her ripe old age will have the right to inherit the jiuni which was allocated to her or him during the time of household property division. Culturally speaking, this is a kind of indigenous safety net in the traditional society and has been very functional for hundreds of years in the absence of other alternative social protection measures for senior citizens. The survey has revealed that out of 47 respondents



only 4% respondents have been found to have had 'cash savings' at saving and credit groups. No one had the saving at banks and cooperatives.

**We feel that we did a mistake by handing over all the property to our son in early age**

*An 89 years old Hari Prasad Chiluwal from ward no 5, Dhamilikuwa is now living with his younger daughter in law. He has two wives, one is 81 year sanuChiluwal and another is 79 years BhawaniChiluwal. He was the reputed person of that village during his adulthood but now he has handed over all his property to his son, who is living in Besisahar with his family. Now he has a very small amount of land with him. But his two wives have nothing in their name. Now they are not getting nutritious foods and proper care.*

*His second wife expressed that my husband is getting more care than me and my husband's first wife. At the same time his first wife said that they are getting more care then me in the family. While I asked why? She answered that my husband has some property so they shows care to him. Similarly, my husband's second wife can carry out work so they give attention to her. But I can't do anything. I have problem in my leg. She said that, my daughter in law makes separate food for me. My husband and his second wife have mosquito net in their bed but I don't have. I am suffering from the mosquito bite daily. While I share this with my husband, he replied that I can't do anything because they are your own son and daughter.*

*Interestingly, in this case, the female who has son is not getting care from her own son but the female who doesn't have son is getting more care from his step son and step daughter in law. This is because she is contributing to that family by work.*

Respondent were also asked for the sources of their savings. All of the respondents who had cash savings were from the retired army (Indian). Similarly, all the respondents who had cash savings were male. There is no significant variation in the savings culture among respondents living in nuclear and joint families.

Out of 47 respondents, a majority (85%) have reported that they have had the jini for the maintenance of their ripe old age livelihood. All the respondents reported that they have jini revealed that they have jini in the form of land.

#### 4.5.2 Existing family support pattern for livelihood of elders

Survey respondents were also asked whether or not they were receiving care and support from family member or other relatives for the maintenance of their livelihood. It has been found that majority of the respondents (91%) are getting support from their family members and other relatives for their livelihood. The respondents who are getting support from their family and relatives were further asked to specify the types of support they are getting. They have shared that they are provided food (100%), clothing (93.02%), support for medical care (90.69%), celebration of festivals (79.06%), shelter (69.76%), cash support (41.86%), religious activity (34.88%) and care and support (23.25%). There is also not the significant variation for both sexes in the family support for food and clothing, and medical care. Remaining 9% of the respondents who stated that they haven't get support from family members, are living in nuclear families.

#### 4.5.3 Elders contribution to the community

Survey respondents were asked about their contribution to their community. It has been found that a majority of respondents have shared that they have made contributions to their community in various ways. Of these 47 respondents, a significant majority (34%) have contributed by participated in the traditional activities (support and participate in different ceremonies like; winning, marriage, Bratabandah, puja, chhaithi, kulpuja, mortuary care, solve the problem of small quarrel etc). Similarly, 23% have contributed by donating for social and religious activities, 11% by involving in community development work, 9% contributed as traditional healers for treating the sick people, 9% as a traditional birth attendees, 8% as a priest and 6% have contributed as a mediators for different religious works. Barring an exception to making donations for the social and religious activities, there are higher proportions of men making contributions to the different activities-a function of the predominance of patriarchal value system which gives men the relative monopoly in the "public domain" and women the "domain of household chores and reproductive activities".

**Table 4-7 :Elders contribution to the community**

S.N	Types of contribution	Numbers	Percentages %	Remarks
1	Traditional activities	16	34	
2	Social and religious activities	11	23	
3	Community development work	5	11	
4	Traditional healers	4	9	
5	Traditional birth attendees	4	9	
6	Priest	4	8	
7	Mediators for different religious work	3	6	
	Total	47	100	

#### 4.6 Old age allowance and other government privileges

##### Old age allowance

The survey respondents were asked either they are aware on the old age allowance provided by the government or not. Interestingly, all the respondents were found aware on this. But while asking the amount of old age allowance for different groups (Senior citizens, widow & Dalits), only 60% are clear on this, remaining 40% revealed that their family members collect this and spend for the welfare of their family, so they don't know the exact figure.

Survey respondents were also asked for either they are getting the old age allowance or not. It is impressive that all the eligible candidates have got their allowance, however they didn't get the allowance timely. All Dalits above the age of 60 years are getting Dalit allowance. Similarly, all the widows above 60 years are getting widow allowance. Likewise, all the senior citizens above the age of 70 years are getting the old age allowance.

**Table 4-8 :Awareness of the government privileges old age allowance**

S.N	Collecting old age allowance	Numbers	Percentage %	Remarks
1	On selves	28	60	
2	By family members	19	40	

### **Other privileges to the senior citizens by government**

Survey respondents were also asked either they are aware on the other privileges provided to senior citizens by Nepal government rather than the old age allowance. It has been found that majority of the respondents (89.36%) were not aware on this. Only 10.63% of respondents were aware on the facilities provided to senior citizens by the Nepal government. These 5 respondents with affirmative responses were further asked to specify types of the other privileges. All the 5 respondents have pointed out the health care provision a subsidy in health treatment cost (incentives). These respondents specifying types of other privileges were also asked if they had ever used those privileges. 40% of them have answered that they are the beneficiaries of that privilege.

Generally it is found that there is lack of knowledge of the privileges other than old age allowance (Such as treatment cost for poor and helpless, special facility in transport, provision of old age home etc) for senior citizens. There is the need to make people aware on these facilities through wider publicity and campaigns.

### **4.7 Status of Old Age Homes**

Survey respondent were asked if there is the old age home in their VDC to accommodate those senior citizens who don't have their family members to take care when they are unable to take care of themselves. All the respondents revealed that there are not any old age homes in their communities.

### **4.8 Use of leisure time**

Survey respondents were asked about how they spend their leisure time. Most of the survey respondents have chosen more than one answer. So the percentage is calculated based on the total number of participants. The majority of respondents have shared that they spend their leisure time by listening radio while doing other works as well. So, listening radio was taken as common item to spend the leisure time. More precisely, 11% revealed that they spend the leisure time by getting themselves engaged in different kinds of religious activities ( listening Gita, having bhajanetc). Likewise, 20% by making the leaf plates, 21% by taking care of the small kids, 19% by making batti, 17% by staying alone and only the 12% of respondents spends their time by watching television.

Radio is very popular among the elders. Many young generation people either has not time to speak to elders or would not like to talk with elders. At the same time there is still not easy access to TV for all elders. Therefore, elders have made radio a major part of their life to spend the leisure time.

**Table 4-9 :Use of leisure time of elder people**

S.N	Types of use of leisure time	Numbers	Percentage	Remarks
1	Staying along	8	17	
2	Watching TV	6	12	
3	Listening Radio	Could not be taken separated item		
4	Enjoying with small kids	10	21	
5	Battikatera (lamp made)	9	19	
6	Making leaf palates	9	20	
7	Religious activities	5	11	
	Total	47	100	

#### **4.9 Treatment practice and care taker during illness**

Respondents were also asked about their treatment practice. Out of 47 total respondents, the majority (43%) use to go to medical shop to have their treatment after getting sick. Likewise, 21% goes to dhami/jhankari as an initial step for treatment of their illness. 19% goes to doctors/medical workers (there is no doctor in the VDC, CMA & VHW are providing the

**Table 4-10 :Treatment practice of respondents**

S.N	Treatment practice	Numbers	Percentage %	Remarks
1	Medical shops	20	43	
2	Dhami/Jhankri	10	21	
3	Doctors/medical workers	9	19	
4	Herbalists	5	11	
5	Nobody	3	6	
	Total	47		

service to the public from health post/sub health post. If the case is complicated, they used to refer them to district hospital at Besishar) for their treatment. Similarly, 11% used to go to herbalist and 6% have practice of ignoring their illness, they don't go to anybody for treatment. Likewise, survey respondents were also asked about who takes care of them during illness. 32% of the respondents replied that their son take care of them during illness. Likewise, 28% shared they got care from their daughter in-law during sickness. Similarly, 13% from their spouse, 11% from daughter, 8% from other relatives and 8% doesn't have anybody to take care during illness.

**Table 4-11 :Care takers during illness of respondents**

S.N	Care takers	Numbers	Percentage %	Remarks
1	Son	15	32	
2	Daughter in law	13	28	
3	Spouse	6	13	
4	Daughter	5	11	
5	Relatives	4	8	
6	Nobody	4	8	
	Total	47	100	

#### **4.10 Pattern of obeying elders**

Survey respondents were asked to share their experience on either there is any change in the pattern of obeying elders between past and now. 90% of the respondents said that yes there is a vague difference in past and now. Where remaining 10% said that no there is not a significant change, little bit changes should not be counted as this is the sign of development. Those respondents with the answer 'yes' were further asked to specify what are those changes. They revealed that at past there was more respect then now. They complained that our juniors does not listen to us, they don't have even time to talk to us and listen our matters. Similarly, they use the language which we feel is not appropriate, they take decision by themselves, they don't consult us, they don't follow our suggestions, we do love them a lot

but they don't take it positively, they take the decision themselves even in the great religious events like marriage .

#### 4.11 Problems of senior citizens

Survey respondents were asked about the problems faced by them. The problems were divided into two part one is physical, economical and another is social. The elders expressed that the major physical, economical problems faced by them are; health problems, lack of well-equipped hospital at the community, lack of enough money to fulfill their desire, hearing problem, lack of enough nutritious food, lack of transportation facility in the VDC and decreased ability of work.

**Table 4-12: Problems of Senior Citizens**

S.N	Problems	Number	Percentage	Remarks
1	Health problems	30	15.78%	
2	Lack of well-equipped hospital at the community	29	15.26%	
3	Lack of enough money to fulfill their desire	27	14.21%	
4	Hearing problem	19	10	
5	Lack of enough nutritious food	25	13.15%	
6	Lack of transportation facility in the VDC	17	8.94%	
7	Decreased ability of work	43	22.63%	
Total		47	100%	

*Source: Field Survey, 2015*

Participants were further asked to specify the health problems faced by them. According to them uterine prolapsed (female), Respiratory problems, whipping cough, asthma, T.B, typhoid, normal fever, viral infection, gastritis etc.

**Table 4-13: Health Problems of Senior Citizens**

S.N	Health problems	Number	Percentage	Remarks
1	Uterine prolapsed (female)	2	4.81%	
2	Respiratory problems	4	9.03%	
3	Asthma	1	3.01%	
4	Viral infection	12	25.90%	
5	Normal fever	13	27.71%	
6	Typhoid	5	10.24%	
7	Gastritis	6	12.04%	
8	Whipping cough	3	5.42%	
9	T.B	1	1.80%	
Total		47	100%	

Source: Field Survey, 2015

It is found that the most common health problems among elders are normal fever (27.71%) and viral infection (25.90%).

Similarly, the major social problems faced by elders are; lack of respect, lack of caretaker, no one gives time to listen to us and family members feel them as a burden.

**Table 4-14 : Social Problems of Senior Citizens**

S.N	Social problems	Number	Percentage	Remarks
1	Lack of respect (not greet them in traditional way, don't follow our advice, don't consult with us before taking decision etc)	14	29.46	
2	Lack of caretaker	9	17.85	
3	No one give time to listen to us	16	34.82	
4	Family members feel as burden	8	17.85	
Total		47	100%	

Source: Field Survey, 2015



Majority of respondents (34.82%) revealed that the social problems faced by them is no one give time to listen to us. At the same time, 29.46% expressed that they are not getting respect from their new generation it includes that young people do not greet them in traditional way, don't follow their advice, don't consult with them before taking decision etc. According to the elders they have to live alone for the whole day, there is even no one to talk with them. They have a strong desire to share their feeling but there is no one to listen them, so they feel themselves alone.

#### **4.12 Feedback for Nepal government**

Survey respondents were also asked to provide feedback to the government of Nepal for the care of older people. They shared that the age bar for the noncontributory social pension should be reduced to 60 yrs for all groups (not only limited to Dalit and Widow). According to them, however the average life expectancy is increasing, the health condition of the people of this generation is not same as their old generation due to living status, work habit, food habit and other natural things, so providing old age allowance in the age of 70 and above is not relevant in this time. At the same time they added that the amount of old age allowance should be increased. Some of them shared that there should be a provision of old age home for those old people whose family members and relatives are far due to their work and other things. As the older people felt very difficult to pass their time, there should be a provision of entertainment facilities relevant to old age.

## CHAPTER FIVE

### 5 Summary, Conclusion and Recommendation

#### 5.1 Summary of Study

Majority of respondents (79%) have been found living in the joint family system followed by 21% living in nuclear family. An overwhelming majority of respondents (76% are living with their married sons followed by 15% with other kins and 9% with married daughters. With respect to the living arrangements, an attempt has been made to examine the living arrangements more specifically. In so doing, five types of living have been identified: (i) alone; (ii) with spouse; (iii) with spouse and family; (iv) with family without spouse; and (v) married elder women in their birth home. Majority of the respondents (43%) have been found to have the living arrangements “with family without spouse” followed by 28% “with spouse & family”, 15% “with spouse”, 8% “married women living in their birth home” and 6% “alone”.

Considering the fact, that some caste group in Nepali society are deprived due to the predominance of upper cast, the study has also made an attempt to include the respondents from lower cast group with a view to represent them in sample. Of the total 47 sample respondents, Brahmins, Chhetris, Janjati and Dalits were 32%, 28%, 23%, and 17 % respectively. Out of the total respondents (47), male constitute a slightly more than half (53%) followed by female (47%).

The overall range of age is 60-95. when the age group wise comparison is made, a slightly higher proportion of respondents (26%) belong to age group 60-65 followed by 19% to 65-70, 15% to 70-75, 21% to 75-80, 4% to 80-85, 9% to 85-90 and 6% to age group 90-95.

Out of total respondents, 60% were married and 40% widow/widower. During the survey no one is found landless but almost 10% of the respondents do not have any type of land for agriculture purpose and those are from Dalit community. Out of 90% respondents who have their own land for agriculture purpose, only 30% revealed that their food grain production is sufficient for their family for whole year. 20% shared that their production is sufficient for 3 months, 40% for 3-6 months and 40% for 6-9 months. The households with food insufficiency shared that they fulfill this gap from livestock farming, petty trade small

business, agriculture labour, their son and daughter in law's labour work, son living in gulf countries send money, tailoring, by making iron equipments etc.

The survey revealed that 100% of the respondents have their own houses, however the types of house were vary between economically sound and poor persons. It was observed that mostly in Dalit community the houses were made of hut (khar). All of them have built their home in their own land.

Among the total respondents (47) majority (64%) have been involved in household agriculture and livestock occupation. Remaining 36% respondents were involved in cash income generation activities, among them 15% were involved in small shops, 11% in tailoring, 6% in agriculture labor and 4% iron pot making. Peoples from Dalit communities were involved in tailoring and iron pot making.

As a step to secure old age, respondents have made "cash savings" and "jiuni" (land or property retained in the name of senior citizens for the old age livelihood during the time of property division among the coparceners). The survey has revealed that out of 47 respondents only 4% respondents have been found to have had 'cash savings' at saving and credit groups. No one had the saving at banks and cooperatives. All of the respondents who had cash savings were from the retired army (Indian). Similarly, all the respondents who had cash savings were male. There is no significant variation in the savings culture among respondents living in nuclear and joint families. Out of 47 respondents, a majority (85%) have reported that they have had the jiuni for the maintenance of their ripe old age livelihood.

It has been found that majority of the respondents (91%) are getting support from their family members and other relatives for their livelihood. They have shared that they are provided food (100%), clothing (93.02%), support for medical care (90.69%), celebration of festivals (79.06%), shelter (69.76%), cash support (41.86%), religious activity (34.88%) and care and support (23.25%). There is also not the significant variation for both sexes in the family support for food and clothing, and medical care.

Majority of respondents (74.46%) have shared that they have made contributions to their community in various ways. The proportion of men making contribution to their community is significantly higher than that of women. Of these 35 respondents with positive answers, a

significant majority (34%) have contributed by participated in the traditional activities. Similarly, 23% have contributed by donating for social and religious activities, 11% by involving in community development work, 9% contributed as traditional healers for treating the sick people, 9% as a traditional birth attendees, 8% as a priest and 6% have contributed as a mediators for different religious works. Barring an exception to making donations for the social and religious activities, there are higher proportions of men making contributions to the different activities-a function of the predominance of patriarchal value system which gives men the relative monopoly in the “public domain” and women the “domain of household chores and reproductive activities”.

Interestingly, all the respondents (100%) were found aware on the old age allowance provided by the government of Nepal. But while asking the amount of old age allowance for different groups (Senior citizens, widow & Dalits), only 60% are clear on this, remaining 40% revealed that their family members collect this and spend for the welfare of their family, so they don't know the exact figure. It is impressive that all the eligible candidates have got their allowance, however they didn't get the allowance timely. All Dalits above the age of 60 years (15 persons) are getting Dalit allowance. Similarly, all the widows above 60 years (8 persons) are getting widow allowance. Likewise, all the senior citizens above the age of 70 years are getting the old age allowance.

It has been found that majority of the respondents (89.36%) were not aware on the other privileges provided by the government of Nepal rather than old age allowance. Only 10.63% of respondents were aware on the facilities provided to senior citizens by the Nepal government. These 5 respondents with affirmative responses were further asked to specify types of the other privileges. All the 5 respondents have pointed out the health care provision a subsidy in health treatment cost (incentives). These respondents specifying types of other privileges were also asked if they had ever used those privileges. 40% of them have answered that they are the beneficiaries of that privilege. Generally it is found that there is lack of knowledge of the privileges other than old age allowance (Such as treatment cost for poor and helpless, special facility in transport, provision of old age home etc) for senior citizens. There is the need to make people aware on these facilities through wider publicity and campaigns.

All the respondents revealed that there are not any old age homes in their communities to accommodate those senior citizens who don't have their family members to take care while they are unable to take care of themselves. the majority of respondents have shared that they listen radio while doing other works. 11% revealed that they spend the leisure time by getting themselves engaged in different kinds of religious activities ( listening Gita, having bhajanetc). similarly. Likewise, 20% by making the leaf plates, 21% by talking care of the small kids, 19% by making batti, 17% by staying alone and only the 12% of respondents spends their time by watching television.

The majority (43%) use to go to medical shop to have their treatment after getting sick. Likewise, 21% goes to dhami/jhankari as an initial step for treatment of their illness. 19% goes to doctors/medical workers (there is no doctor in the VDC, CMA & VHW are providing the service to the public from health post/sub health post. If the case is complicated, they used to refer them to district hospital at Besishar) for their treatment. Similarly, 11% used to go to herbalist and 6% have practice of ignoring their illness, they don't go to anybody for treatment.

32% of the respondents replied that their son take care of them during illness. Likewise, 28% shared they got care from their daughter in-law during sickness. Similarly, 13% from their spouse, 11% from daughter, 8% from other relatives and 8% doesn't have anybody to take care during illness.

90% of the respondents said that there is a vague difference on pattern of obeying elders in past and now. Where remaining 10% said that no there is not a significant change, little bit changes should not be counted as this is the sign of development. Respondents with affirmative answer revealed that at past there was more respect then now. They complained that our juniors does not listen to us, they don't have even time to talk to us and listen our matters. Similarly, they use the language which we feel is not appropriate, they take decision by themselves, they don't consult us, they don't follow our suggestions, we do love them a lot but they don't take it positively, they take the decision themselves even in the great religious events like marriage .

The elders expressed that the Health problems, Lack of well-equipped hospital at the community, Lack of enough money to fulfill their desire, Hearing problem, and lack of

enough nutritious food, Lack of transportation facility in the VDC and Decreased ability of work are the physical, economical problems faced by them. Similarly, the major sociological problems faced by elders are; lack of respect, lack of caretaker, no one gives time to listen to us and family members feel as burden.

Survey respondents shared that the age bar for the noncontributory social pension should be reduced to 60 yrs for all groups (not only limited to Dalit and Widow). According to them, however the average life expectancy is increasing, the health condition of the people of this generation is not same as their old generation due to living status, work habit, food habit and other natural things, so providing old age allowance in the age of 70 and above is not relevant in this time. At the same time they added that the amount of old age allowance should be increased. Some of them shared that there should be a provision of old age home for those old people whose family members and relatives are far due to their work and other things. As the older people felt very difficult to pass their time, there should be a provision of entertainment facilities relevant to old age.

## **5.2 Conclusions**

Based on the findings of the study, a few conclusions have been drawn and presented here under:

1. Relations, behavior and power got change with age. During the adulthood all the family members depends on them and while they reached to the old age everything got changed and family members start to take them as a burden. In other hand, modernization is playing vital role in breaking the traditional system of taking care of old age people. So it is the primary responsibility of government to ensure the secure old age of their respective nation's citizens. Priority should be given to continue the traditional system, indigenous knowledge, practice, culture, norms, values etc, which don't have negative impact in human life because these are the valuable property of the nation

2. Although no cases of legal divorce found among elders, some of the married elder women are living in their birth home permanently. They have the problem of care taker and emotional problem as well. As per the hindu culture married women are the responsibility of their second home, their relatives are feeling burden to keep them in their family. So in order to ensure the proper care of those kinds of people, there is the need of old age homes in different strategic locations.

3. The government needs to think for the design and implementation of location-specific livelihood programs for the physically capable senior citizens living below the poverty line which would also use their skill and knowledge, on the one hand, and contribute to reduce the household poverty and vulnerability of the senior citizens themselves, on the other hand.

Related to the above, senior citizens are, indeed, the “repository” of the traditional knowledge and skills which are hitherto unutilized and therefore, there is also urgent institutional need at the level of state to formulate the concrete programs for their use to the development of the society.

### **5.3 Recommendation**

The number of elderly population is increasing every year and the status and problem faced by them are also growing acute as evidenced in the course of this study. This calls for appropriate measures in order to address the needs of the elderly. Based on these considerations an attempt has been made here to recommendation from this study.

- ) The social assistance programme of the government has its own significance which makes a provision to make available monthly allowances to the elderly persons above 75 years of age and helpless widows above 60 years of age and disabled persons. It has been noticed from the field survey that the amount of provision given by assistance programme should be increased sufficiently so that they could run their life comfortably.
- ) Recently government has initiated a programme of providing a limited amount of medical expenses to the elderly who need help for treatment though this is in an early stage of operation. It will be desirable to pursue this programme at the local level with the community participation. In this context, it should also be emphasized that effort should be made to establish geriatric wards in various regional hospitals specially to cater to the needs of the elderly. Similarly, government should initiate to set up subsidized health facility, both on consultation fees and medicine to the elderly people. Public health facility should be provided to the elderly people via widely scattered health centers such as health posts, health centers and district hospitals. Similarly, provision should also be made for such types of facility in private run hospitals

- ) Opportunities should be given to elderly people to utilize their skills, knowledge and experience in different ways. For example, they can be given opportunities in a number of the local development programmes like working as a member of the VDC, community level user's groups, school managerial committees, mother's group, local level development planning etc. Similarly, the retired teachers may be employed for the non-formal education programmes that are run by the government and NGOs particularly in the rural areas. In this context it will also be desirable to consider a mechanism for the transfer and promotion of traditional indigenous skills of the elderly to the younger generation in difference areas.
- ) A spirit of philanthropy and voluntarism should be promoted in order to provide necessary support to the initiatives for undertaking different activities to benefit the elderly particularly at the local level. In this context old age homes and day care centres will constitute a significant programme, which may be launched in all the districts that are still lacking such facilities.
- ) It is generally felt that there is need for raising awareness with regard to the problems faced by the elderly segment of the population as a whole. It may be advisable, therefore to incorporate this subject in the social studies in the school level programme. Moreover efforts should be pursued to abridge the intergenerational gap by bringing the together the elderly and the younger generation in different activities at the local level.
- ) Different ethnic groups/communities have their own customs and traditions to pay respect to their elders. This tradition of respecting elders should be established as culture by the government all over the country.



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# ANNEX

## QUESTIONNAIRE FORM

### Section - A

Full Name of Respondent:

VDC:

Age:

Education:

Occupation:

Marital status:

District:

Village:

Sex:

Religion:

Cast/ethnicity:

### Family Demography

S.N	Name of family member	Relation with household head	Age	Sex	education	occupation	Marital status
1							
2							
3							
4							
5							
6							

1. How many children do you have?

a) sons.....b) daughters.....c) No children.....

2. Whom do you live with (with which son/daughter)?

a) Alone b) with others (specify with whom.....)

3. Do you have your own land?

a) Yes b) No

4. If yes, who is the owner of that land in your family?

a) Yourself b) Your spouse c) others (Specify.....)

5. Is the food grain production sufficient to meet household food requirement of the whole year?

a) Yes b) No

6. If no, how many months does the food grain produced from your own land meet your household food requirement?

a) Less than 3 months b) 3 to 6 months c) 6 to 9 months d) 9 to 12 months

7. How does your family cope with the food deficit situation?

.....

...

8. Do you have your own home?

a) Yes b) No

9. If no, whose house is this where you are living now?

.....

.....

### Section - B

10. How often do your children visit your household?

a) Once a week b) once a month c) twice a year d) Others (specify).....

11. What kind of support do they provide to you?

.....

12. Are you involved in any kind of income generating activities? If yes, what is that?  
.....

13. Did you save money for your old age? If yes, from which sources?  
.....

14. Do you have Jiuni?

- a) Yes                      b) No

15. If yes, in which kind and how much?

- a) land .....b)cash.....c)other property (specify).....

16. Are you getting support for your livelihood from your children or grand children or other relatives?

- a) Own children              b) Grand Children      c) Other relatives      d) None

17. If yes, what kind of support are you getting?

- a) Food              b) Clothes              c) Medical care              d)Cash              e) care and support              f) Shelter              g) others (Specify.....)

18. Have you contributed towards your community?

- a) Yes                      b) No

19. If yes, what kind of contribution are you making?  
.....

20. Are you aware on the old age allowance and other privileges provided by government to senior citizens?  
.....

21. If yes, what are these privileges?

- a)  
b)  
c)  
d)  
e)  
f)

22. Have you ever used these above privileges?

- a) Yes                      b) No

23. If yes, which are these?

- a)  
b)  
c)  
d)  
e)  
f)

24. Are there any old age home in your community?

- a) Yes                      b) No

25. How do you spend your time at home?

- a) Taking with family member              b) Working              c) Staying alone  
d) Watching TV              e) Enjoying with small Kids              f) others

26. Whom do you consult for the treatment of disease after your suffer from?

- a) Doctors              b) DhamiJhakri              c) Herbalists              d) Others              e) Nobody

27. Who does take care while you are sick?

- a) son                      b)daughter                      c) daughter in law                      d) others (specify)

28. Do your sons/daughters share their household matter with you?

- a) yes
- b) no

29. Did you see any change in the pattern of obeying older people before 20 years and at now?

- a) Yes
- b) No

30. If yes, what is that?

.....

31. What do you want to say to Nepal government for the care of older people?

.....

32. Who takes care of you and your spouse (if applicable)?

.....

33. As a senior citizen of the society, what kinds of problems are you facing?

.....

.....

.....