CHAPTER – I

INTRODUCTION

1.1 Background of the Study

The concept of ageing is identified in the context of western experiences and tradition which has based on proportion of aged of 65 years or over for developing country. The operational definition of old age limits to 60 years, 70 years or above. Beginning of old age is also characterized by time from which the capacity to do work begins to be affected biological, physical and mental condition of the people.

Elderly people is not a homogeneous it is distinguished based on age, sex, economic, caste, marital status and other criteria's such as living with or without families. Due to lack of proper nutrition, proper health care facilities, low economic status, gender discrimination in labour and property ownership and the pervious productive complication, the present health of elderly women is very poor. Most of them do not go to modern health institutions when they are sick. They first visit traditional healer and then go to modern hospital. So they do not get proper treatment at proper time when they get sick.

There have been many international and national, summits and assemblies on behalf of elders since last 50 year and the situation of elders has been worse governmental community and family have not reared the health status of elderly women. There are so few researches done on the health status of elderly women INGOs, NGOs and some persons have done few researches on women's Tipi cal Health problems like anemia, jaundice, uterus prolapes etc.

As in the majority of the countries around the world the population of older person or the elderly (60 years and above) is increasing in south Asia. Nepal is not an exception to this emerging phenomenon of population ageing over a period of 50 years from 1950 to 2001. Total population of the older people in

Nepal is increased from 5.0percent to 6.3percent according to B.S2001 the total population of elderly people is 1477379 out of which 744870(50.42%) are male and 732539(49.58%) are female.

The problems of elderly people were discussed in the general assembly submitted an action plan for their Right, interests and welfare the first assembly on ageing was convened in viena in 1982 and it concerned itself with the ageing problem in developing countries. The basic Aim of this assembly was to guarantee the economic and social security of the elderly people as well as their opportunity to contribute to national development. It was the first international instrument involved in the guiding thinking and formulation of policies and programmers on ageing. Issues of elderly people were also part of the discussion during the population and environment conference held from September 5-13th in Cario Egypt in 1994. The conference also highlighted the significance of the study on ageing issue. The international year of older person with theme "Towards the society for all Ages" was celebrated in 1999. (UN, 2001)

In 1995 the government introduced a new pension scheme for the poor elderly people (75yes and above), providing each with Rs.100 per month. This was increased to Rs.150 per month in 1999 in honours of international elderly years, similarly an sum of Rs.100 is made available to the elderly (60years and above) widows. From Magh 2065 B.S, government increased the pension providing each with Rs. 500 per month for elderly men and widows (60 years and above).

A wider national response started in1997 with the 9th five year plane (1997-2002). It introduced the concept of social security and the issue of senior citizens was looked into and formulated in a separate section under the heading "social security for the senior citizen, destitute and disabled." This plan introduced a programme for elderly people, which are as follows:-

) Conduct a census of older people in all VDCs and municipalities and update this statics twice a year.

）　Provide regular checkup facilities in the central and regional level hospitals by geriatric wards there.

）　Establish one elderly home in each of the 5th five development regions &conduct various religious and social functions there with formation of elderly clubs.

）　None of the above programs have been implemented and the 9th five year plane (2002-2007) repeats the same points that had been mentioned in the 9th plane.

In our culture, elderly people are socially active and they are respected, obeyed and take care of but modernization, urbanization and industrialization have brought radical changes in occupational patterns and population dynamics. These changes are weak the traditional extend family structure, resulting in the loss of family support the elderly people to dates keeping in this mind the researcher decides to choose the present study to find out the physical health problems as well as prevalence of disease in elderly women and to study their existing health practices. The researcher has selected the physical health problem of elderly women in Gaindakot VDC for the study.

1.2 Statement of the problem.

Ageing is a biological process. So every one should become elder. In man's age, after the fifth or sixth decade of life, a person naturally becomes physically and mentally weak. The protective power against diseases becomes weak. Due to this, diseases like asthma, joint pain, cough etc. In addition, elderly women suffer from uterus prolapse cardiovascular disease, vision impairment, dementia and many other diseases are more common in the elderly people. This all requites that the elderly women need more support, be it from the family or from social welfare systems.

When people have less ability to work and earn the income decreases, they become older. At present time also older women have no full night and control over their properties. They can't fulfill their demands for economic activities.

They have no extra income resources. Those older women who were retired from government offices as well as older above 75 years and widows over 60 years get a nominal pension facilities from government by it is seen that they are unable to fulfill their minimum demands. The status of female older is bad in comparison to male older. Because in our society females do not have access to control over there families find properties. So they are compelled to open on other.

In a country that does not yet have a basic health care for all, treating disease and disability among the elderly women is generally not a high priority. Instate of modern allopathic meditation, most of the elderly women of such countries rather prefer domestic or, herbal treatment to which they have access.

A person wants to get support of someone if he/she is physically and mentally disabled. Elderly women also need this support from their family or if they are neglected in getting such support from their family. When they have no one to support them and are homeless, they are prone to seek the support of religious places or in geriatric homes. Though the family in the best resource for the care of the aged, institutional care is important in view of the changing family structure and the requirement of modern times.

In Nepal, old age homes or briddhashrams have been around since 2032 B.S., under the Ministry of labour and social welfare. Recently, the number of such geriatric homes has increased in Kathmandu, Biratnagar, Dhankuta, Tanahun and another place.

There are many health problems in old age. Elderly women are vulnerable to physical, psychological, emotional and socio-economic problems. Few studies have been under taken regarding the physical health problems of the elderly women. It is necessary to study their socio-economic and health status to promote and maintain their status and to make future plans. The researcher has thus selected the health problems of the elderly women in Gaindakot VDC for the present study. Hence the problem in stated as "A study on the physical health problems of elderly women in Gaindakot VDC of Nawalparasi district".

1.3 Objectives of the study

The general objective of this study is to find out the health problems of elderly woman in Gaindakot VDC. The specific objectives of the study are as follows:

) To identify the socio-economic and demographic status of the elderly women in the study area.

) To find out the physical health problems or diseases of elderly women.

) To find out the health practices of elderly women.

1.4 Significance of the Study

The main aim of this study is to explore the health problem of elderly women in Gaindakot VDC. Therefore this study makes significant contribution to the following:

) The study can gives the true picture of the socio-economic and the demographic   situation of the elderly women.

) The study will be helpful to explore physical health problems and their health practices in the study area.

) The study reflects (shows) the present physical health problem of elderly women in the study area.

) It can serve as a useful guideline for planners, policymakers and social workers to improve the health of the elderly people.

) Result of this study will be useful for the curriculum experts, teachers, researchers and students.

) This study will be also used as guideline to researcher for further details studies. Especially for the University students attempting to carry out researchers in this field and for the related institutions.

1.5 Delimitation of the Study

Delimitations are the boundary of the study. The delimitations of the study are state as follows:

） This study will be delimited to only physical problems of elderly women above 60 years have been studied.

） This study will be delimited in the process of data collection, mainly questionnaire, observation and interview schedule has been used.

） This study will be mainly focused on physical health and health practice of elderly women.

） Because of the small size, the findings may not be generalized to the whole nation

1.6 Definition of the Terms Used

） **Elderly**: People aged 60 years or above.

） **Widow:** A married women whose husband has died.

） **Facing:** To what extent they are suffering.

） **Physical problems**: Problems regarding physical/ body system of ageing.

） **Briddhashram:** Old age home.

） **Sample:** A sample is the part of the population one actually does study.

） **Literate:** A person who can read and write.

） **Illiterate:** A person who cannot read and write.

） **Community:** Group of people with in a geographical area and a kind of society, sharing common social and cultural values.

） **Chronic Diseases:** An impairment of body structure and/or function that necessitates a modification of the patient's normal life, and has persisted over an extended period of time.

CHAPTER-II

REVIEW OF RELATED LITERATURE

The review of literature provides the researcher deeper knowledge on the problem. The following literature related to ageing population and common health problems was reviewed.

2.1 Theoretical Background

The old age is likely to grow more and more helpless and so development to others in the day to day living. Usually such help is expected from one's offspring and spouses. But in many urban areas and some extent in the rural villages the grown up children have their separated households and may not be able to give this kind of support. So the aged people can be helpless. Therefore the society should come forward with succor (to help).The government has to provide old age pension schedule. The homes for the aged should be established. The aged should be assured of security, warmth of care and love so that old people would not feel depressed and deprived (Regmi 1993).

World Health Forum (1995) indicated that in India, the medical problems reported by the elderly were mainly related to chronic disorder. Researcher found that coronary heart disease was the leading cause of health in the elderly. Visual and locomotors disabilities were widely reported.

Striving for Better health in south-East Asia (1997) indicated that around 6% of the aged in India were immobile due to various conditions. Approximately 50% of the elderly suffered from chronic diseases. Visual and hearing impairments were highly prevalent. At the same time, availability of health services for the elderly was lacking. Knowledge among health workers on the specific needs of the elderly was also minimal.

2.2 Empirical Literature

Uprety Meena, (1998) conducted a research entitled, "The old women of Nepal" and concluded that women have to face more problems in society than men. The condition of women in our society is very pathetic as they have to live from birth to death under male dominations. Due to social restriction and male supervision women are avoided to play decisive roles in the family. It has the greatest impact in the life of the old women. Therefore it is the need to give them equal rights and educational opportunities.

Active Ageing A policy framework (1999) indicated that the major chronic conditions affecting older people world wide are coronary heart diseases, hypertension, stroke, diabetes, cancer, chronic obstructive pulmonary diseases, dementia, depression blindness and visual impairment. The most vulnerable are older women and men who have no assets, little or no savings, no pensions or social security payments or who are part of families with low or, uncertain incomes.

Heslop, A (1999) in his book "Ageing and Development" indicated that poverty and exclusion are the greatest threats facing older people. Many older people are unable to access and are beyond the reach of basic social and health provision. Many are women, often widows, who suffer multiple disadvantages on the basis of gender, their abandonment and failing health. Older people work to a very old age in spite of poor health and disabling illness.

Shrestha, S. (1999) Studied about the "status of Elderly population in Kahtmandu city" and found that the majority of the respondents had been suffering from many health problems during the preceding 12 months. In this study area, joint pain, heart diseases, ulcers, poor eyesight etc were the most prevalent health problems.

ASCON (2000) studied about "Socio-economic and Health status population aged 60 and over of ward 11 of Kathmandu metropolition city". The research found that major health problems of elderly in the study site were joint pain, asthma, heart disease, ulcer and eye disease. Over 70% of the respondents were

mobile and could go outside their homes with out other's support while only 5.7% of the respondents required attention and help regarding mobility support to move inside the house. Almost 40% of the respondents expressed their health status as the same as that of other elders of their own age whereas 37% and 22.4% felt better and worse respectively.

Gautam, R. R. (2000) in his case study of "Elderly People's Lives in Devghat Elderly Home at Tanahun District" indicated that gastric problems were acute among the respondents. Most of them were suffering from poor eyesight, hearing problems, digestive problems, insomnia, weakness, asthma and pain in different part of the body. The research also found that in such cases, most of them had visited the local health post while some had taken the help of local herbalist and healers.

Maharjon, S (2001) studied the "Ageing situation in Newar community of Kirtipur Municipality" and found that the majority of the respondents had been suffering from poor eyesight, gastric problems, headaches, auditory problems, indigestion, partial paralysis and weakness. In such cases, most of them visited doctors or the health post. Some people believed in superstitions and in practices like witchcraft.

Nepal Participatory Action Network NEPAN (2001) conducted a participatory research on older people's situation in Nepal. It was found that the major disease that were found in elderly people were asthma, joint pain, cough etc. In additional the elderly women suffered from Uterus problems attributed to the lack of rest, malnutrition and pregnancy complication. The research indicated that instead of modern allopathic medication, the elderly people preferred domestic of herbal treatment to which they had easy access. It was found that elderly with spouses were relatively better in coping with sickness.

NEPAN and Help Age International HAI, (2001) studies about the "Voice of the Elderly" and found that the most common diseases that affect elderly people were asthma, cough, gastritis, joint pain, eye problem headache and occasional diarrhoea. Most of the women from the poor families suffered from

prolapsed uterus. This problem could be attributed to the absence of rest before and after pregnancy and lack of nutritional food. The researcher also found that elderly people had and continued to depend upon local birth attendants, faith healers and domestic herbal medication.

Ghimire, S. (2002) studied the " Sociological analysis of elderly people of ward no 9 and 22 of Lalitpur Municipality" and found that the major health problems of elderly were deterioration of vision and hearing, leg and waist pain, stomach problem, Asthma etc. The researcher also found that due to their low economic condition and lack of attention by the family members, they did not get proper treatment of these diseases and got worse day by day.

Luintel, N (2003) studied the "Situational Analysis of Elderly people at Rural-Urban differential at Morang District" found that the majority of the respondents were suffering form one or other diseases and the common diseases among the elderly were gastro-intestinal illness. The majority of the respondents were found to have gone to public health facilities in case of illness. The researcher also found that more rural elderly people believed in Dhami/Jhankri than the urban elderly people did.

Dhakal, Bimala (2006) conducted a research on "Prevalence of Anaemia among elderly women in Pokhara sub metro politan city ward no. 12 of Kaski district" indicated that majority of the respondents had mild type of Anaemia only a few had moderate and none had sever type of Anaemia. Asthma, Hypertension, Arthrities and Epigastric pain were the main diseases suffered by the respondents.

Bhusal, Basundhara (2010), Studied about the "Socio economic status and health problem of elderly people in Butwal Municipality" and found that the majority of the respondents had been suffering from asthma, eye problem, arthritis, Blood pressure, ulcer and diabetes. More than male, female respondents are found to be suffered from major health problems. Like wise widow/widower with a previous occupation as wage laborers are found suffered from the major health problems.

From above literature review, it was found that the most common diseases that affect elderly people were eye problems, hearing problems, asthma, cough, joint pain, heart diseases, diabetes etc. In addition the elderly women suffered from uterus problems attributed to the lack of rest, malnutrition and pregnancy complications. At the same times availability of health services for the elderly was lacking. Elderly people could not afford private medical services are provided at government health facilities, a very small percentage of the total population was actually receiving such benefits because of their difficulties in mobility, lack of awareness of medical facilities, lack of regular availability of medicine, etc.

The present study concerns the physical problems of elderly women in Gaindakot VDC and significantly differs from the above mentioned studies. So the researcher has selected the topic with "A study on the physical health problems of elderly women in Gaindakot VDC of Nawalparasi District.

CHAPTER-III

RESEARCH METHODOLOGY

This study was manly related in the field of physical health problem of elderly women in Gaindakot V.D.C Nawalparasi District. The methodology that were used in this study are stated as follows:

3.1 Research Design

The researcher applied the descriptive research design to meet the above stated objectives for the elder women 60 years groups has been selected for necessary information.

3.2 Selection of Study Area

Gaindakot VDC was selected for the study. The VDC has been divided into 9 wards, so the study was based in all 9 wards of Gaindakot VDC.

3.3 Sample Size and Sampling Procedure

There are various ethnic groups in Gaindakot VDC. There are 117 respondents (female age group 60 over) in research area. All of the respondents were selected as random cum purposive sampling.

3.4 Validation of Tools

Primary data has been used for required information, questionnaire, interview schedule and observation sheet has been designed to obtain necessary data. Both types "household and individual" questionnaire has been used. Generally household questionnaire has been design to collect the information of age, sex, caste, ethnic group, education etc. and individual questionnaire will be designed to collect the individual information of the respondents concerning but their economic, social and physical health status.

3.5 Data Collection

The study was based in the primary data using purposive sampling 117 elderly women of above 60 years were selected for study. Interview schedule and observation sheet were used for collection of data.

3.6 Method of Analysis and Interpretation of Data

After completion of fieldwork, the researcher checked edited and coded data. Simple descriptive statistical tools were used to analyze the obtained data. Percentage was calculated and accordingly tables and figures were constructed to represent the information's more effectively. Then the data's were analyzed and interpreted according to nature of data.

ANALYSIS AND INTERPRETATION OF DATA

4.1 Elderly Population by Socio-economic Categories

According to the proposal designed for the study, physical health problems of elderly women different types of data were collected with the help of observation sheet and interview schedule. Then the collected data were tabulated systemically and the data were converted in to percentage it was shown in various types of background.

4.1.1 Elderly Women Population by Age

In demographic study population was divided in different age group. The age of respondents were divided in to 5 age groups that were 60-64, 65-69, 70-74, 75-79 and 80+

Table No. 1: Elderly Women Population by Age

Age Group	No of Respondent	Percentage
60-64	28	23.93
65-69	31	26.50
70-74	25	21.37
75-79	22	18.80
80+	11	9.40
Total	**117**	**100**

Table 1 shows that the respondents taken in the study area the highest percentage was found in the age group 65-69 that was 26.49% and is the lowest in the age group 80 that was only 9.40% the other was 23.93% in 60-64, 21.36% in 70-74% and 18.80% in 75-79 Age group

Figure No. 1: Elderly Women Population by Age

4.1.2 Elderly Women by Caste/Ethnic

Cast is one of the components of demographic characteristics of the population of our country the world cast/ethnicity denotes a group of people that is identified on the basic of common culture and has a sense of collective identity.

Table No. 2 : Respondent by Caste/Ethnic Group

Cast Group	No. of Respondents	Percentage
Brahmin	40	34.19
Chhetri	21	17.95
Newar	12	10.26
Magar	20	17.08
Dalit	12	10.26
Other	12	10.26
Total	**117**	**100**

According to table 2 out of 117 respondents 40 were Brahmin, 21 were Chhetri,12 were Newar,20 Magar,12 were Dalit 12 were other caste similarly in percentage 34.18% Bramhin, 17.95% Chhetri, 10.26% Newar, 17.08% Magar, Dalit and other caste also 10.26%.

4.1.3 Elderly Women by Religion

Most of the respondent of the study area were Hindu and some are Christians & Buddhist.

Table No. 3: Elderly Women by Religion

Religion	No. of Respondents	Percentage
Hindu	99	84.61
Buddhist	8	6.84
Christian	10	8.55
Total	**117**	**100**

According to table 3, 99 respondents were Hindu, 10 were Christian and 8 respondents were Buddhist. It shows that larger numbers of the respondents were Hindus and lowest numbers of the respondents were Buddhist. Above data is also presented in pie chart.

Figure No. 2: Elderly Women by Religion

Above pie chart shows that 84.61% of the respondents are Hindu, 8.55% are Christian and 6.84% are Buddhist.

4.1.4 Status of Ethnic Groups and Literacy

Table No. 4: Status of Ethnic Groups and Literacy

Ethnic	Literate	Illiterate	Total

Group	No.	Percentage	No.	Percentage	No.	%
Brahmin	15	12.82	25	21.36	40	34.18
Chhetri	7	5.98	14	11.97	21	17.94
Newar	4	3.42	8	6.84	12	10.24
Magar	7	5.98	13	11.11	20	17.09
Dalit	2	1.71	10	8.55	12	10.26
Other	5	4.27	7	5.99	12	10.26
Total	**40**	**34.18**	**77**	**65.82**	**117**	**100**

The above table shows that literacy of respondents by ethnic groups among them 34.18% (40) respondents are Literate and 65.82 % (77) respondents are illiterate, Brahmin are 12.82% literate, Chhetri are 5.98% Newar are are 3.42%, Magar are 5.98%, Dalit are 1.71% and other respondents are 4.27% literate.

Figure No. 3: Status of Ethnic Groups and Literacy

4.1.5 Land Ownership of Respondents

There are various types of caste ethnic groups having different types of land ownership. Most of the respondents are Brahmin category who have more cult cultivated lands. The table shows the land ownership of respondent by ethnic groups.

Table No. 5 : Land Ownership of Respondents by Ethnic Groups

Ethnic Group	Respondent Category				
	Less than 1	1 ka. to 5	5 to 10	More than 10	Total

	Kattha	Kattha	Kattha	Kattha	
Brahmins	5	20	12	3	**40**
Chhetri	2	11	5	3	**21**
Newar	1	6	4	1	**12**
Magar	2	8	4	6	**20**
Dalit	3	6	2	1	**12**
Other	-	11	1	-	**12**
Total	**13**	**62**	**28**	**14**	**117**

Table No. 5 shows the land ownership of respondents by different ethnic group. Among Brahmin 5 respondents have less than 1 kattha, 20 respondents have 1 to 5 kattha, 12 have 5 to 10 kattha, and 3 respondent have more than 1 kattha.. In chhetri 2 have less than 1 kattha, 11 have 1 to 5 kattha, 5 have 5 to 10 kattha and 3 have more than 10 kattha. In Newar category 1 respondents has less than 1 kattha, 6 have 1 to 5 kattha 4 have 5 to 10 kattha and 1 respondent has more than 10 kattha. Similarly in magar category 2 respondent have less than 1 kattha, 8 have 1 to 5 kattha, 4 have 5 to 10 kattha and 6 have more than 10 kattha. In Dalit 3 have lessthan 1 kattha, 6 have 1 to 5 kattha, 2 have 5 to 10 kattha, the 1 respondents has more than 10 kattha.

4.1.6 Annual Income of Respondent Family

Table No. 6 : Annual Income of Respondent Family

Annual income (in Thousand)	**No of Respondents**	**Percentage**
1 to 19	2	1.70
20 to 39	10	8.55
40 to 59	20	17.09
60 to 79	25	21.38
80 +	60	51.28
Total	**117**	**100**

In the study area out of 117 respondents many of the respondents have highest in come. Table 5 shows the annual income of the family of respondents 2

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family have annual income 1 to 19 thousand, 10 family have 20 to 39 thousand, 20 have 40 to 59 thousands, 25 have 60 to 79 thousands and 60 families have annual income above 80 thousand.

4.1.7 Family Type of the Respondents

Table No. 7 : Family Type of the Respondents

Family Type	Number	Percentage
Single/Nuclear Extended	72	61.54
Joint	45	38.46
Total	**117**	**100**

Table 7 shows 61.54% respondents have single/nuclear family and 38.46% have single family.

Figure No. 4 : Family Type of the Respondents

4.1.8 Marital Status of Respondents

Table No. 8 : Marital Status of the Respondents

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Marital Status	No. of Respondents	Percentage
Single (Unmarried)	3	2.56
Divorced	8	6.84
Married	50	42.74
Widow	56	47.86
Total	**117**	**100**

Above table 8 shows that in the study 47.86% of respondents were widow followed by 42.74% married 6.84% were Divorced and 2.56% were single (Unmarried) As the larger number of respondents were widow a larger number of problems also were faced by the widows. They felt loneliness. They had to fight with the sons and daughters for their right. Most of them loved their children and grand children. Marital status of the respondents is showed in pie chart below.

Figure No. 5 : Marital Status of the Respondents

4.1.9 Sources of Income of Respondent Family

Table No. 9 : Sources of Income Concerning Case of Respondents

Source of Income	No. of Respondent	Percentage
Agriculture	42	35.89
Business	9	7.69
Service	29	24.80
Pension	24	20.51
Labour	13	11.11
Total	**117**	**100**

According to above table 9 shows that 35.89% of the respondents has got agriculture, followed by 24.80% has got service 20. 51% has got family pension. 11.11% has got labour and 7.69% has got business.

Figure No. 6 : Sources of Income Concerning Case of Respondents

4.2 Physical Problems and Disease of the Respondents

With the increase in age an adult person naturally become physically weaker. Due to the lose of immune power. The protective power against diseases. Due to this disease like asthma, joint gain, caough etc. Affect especially the elder people. On the basis of the answer given by the respondent, the health problem they suffer from . The duration of the health problem treatment sought. The improvement status, treatment recieved from health care facilities were

examined. Different kinds of health problems of the respondents are given below.

4.2.1 Health Problem of the Respondents

From this research, almost all of the respondent were found to be suffering from some kind of health problems. The health problems of respondents are given below.

Table No. 10 : Health Problem of the Respondents

The Health Problems	Number	Percent
Complete/partial loss of hearing	10	8.55
Blindness/ poor eyesight	20	17.09
Cough or Asthma	18	15.38
Headache	9	7.69
Backache	10	8.55
Swelling of legs/pain	11	9.40
other gastric	8	6.84
Uterus prolaps	5	4.27
Joint pain	6	5.13
Diabetes	7	5.99
Heart disease	13	11.11
Total	**117**	**100**

It was found the 17.09 percent of the respondents suffered from poor eyesight, followed by caught or, asthma 15.38 percent, Heart disease 11.11 percent, sweling 9.40 percent, complete or partial loss of hearing 8.55 percent, gastric 6.84 percent, uterus prolaps 4.27 percent, joints pain 5.13 percent and diabetes 5.99.

4.2.1.1 Health Problemes of the Repondents by Age Group

Table No. 11 : Health Problemes of the Repondents by Age Group

Health Problems	Age Group					Total
	60-64	65-69	70-74	75-79	80+	
Complete/partial loss of hearing	2	4	1	3	-	10
Blindness/poor eye sight	2	2	4	9	3	20
Cough/Asthma	5	7	4	1	1	18
Headache	3	1	3	1	1	9
Backache	1	4	2	1	2	10
Sweling of legs/pain	2	1	5	2	1	11
Other: Gastric	1	3	1	2	1	8
Uterus prolaps	4	1	-	-	-	5
Joint Pain	4	1	1	-	-	6
Diabetes	1	4	1	1	-	7
Heartdiesease	3	2	3	2	3	13
Total	**28**	**30**	**26**	**22**	**11**	**117**

From the above table 11 it in observed that age group 60-64, 65-69 and 70-74 are suffered from major different health problems 28, 30 and 26 respectively because the respondents of this age group more than sensetive other age group. It becomes clear that variety of health problems in areases with age because of poor nutrition, post pregnancies, traditional cultural habit etc. Age group 75-79 and 80+ are suffered from health problems 22 and 11 respectively.

4.2.1.2 Health Problems of Respondents by Castle/Ethnic Group

Table No. 12 : Health Problems of Respondents by Castle/Ethnic Group

Health Problem	Caste/ethnic Group						
	Brahmin	Chhetri	Newar	Magar	Dalit	Other	Total
Complete/partial loss of hearing	1	2	1	2	2	2	10
Blindness/ poor eye sight	9	3	1	3	1	3	20
Cough/Asthma	6	4	2	2	2	2	18
Headache	6	-	-	-	2	1	9
Backache	2	3	1	2	1	1	10
Swelling of legs/pain	5	1	1	2	1	1	11
Gastric	5	-	3	-	-	-	8
Uterus prolaps	-	2	1	-	1	1	5
Joint pain	1	2	-	1	1	1	6
Diabetes	1	1	2	3	-	-	7
Heartdisease	4	3	-	5	1	-	13
Total	**40**	**21**	**12**	**20**	**12**	**12**	**117**

According to ethnicity, Brahmin, Chetri, Magar, Suffered from more major health problems than other ethnic group.

4.2.1.3 Health Problems of the Responder by Marital Status

Table No. 13 : Health Problems of the Responder by Marital Status

Health problems	Marital Status				
	Single	Divorced	Married	Widow	Total
Complete/partial loss of hearing	-	1	5	4	10
Blindness/pooreyes sight	-	2	6	12	20
Cough/Asthma	-	2	6	10	18
Headach	1	2	3	3	9
Backache	-	1	6	3	10
Swelling of legs/pain	-	-	3	8	11
Other: Gastric	-	-	5	3	8
Uterus prolaps	-	-	1	4	5
Joint pain	-	-	4	2	6
Diabetes	1	-	5	1	7
Heart disease	1	-	6	6	13
Total	**3**	**8**	**50**	**56**	**100**

Above table 13 shows 56 of the respondents were widows. Allowidows couldnot get pension. windows suffered from major health problems. Their

poor enconomic condition and illteracy possibly having influenced there present health status.

4.2.2 Duration of Health Problems of Respondents

Almost all of the respondents were suffering from seme health problems since before last ears. some were suffered since 6 month before and some were from recently.

Table No. 14 : Duration of Health Problems of the Respondents

Duration	Number	Percentage
Since last year	66	56.41
Before 6 months	27	23.08
Recently	24	20.51
Total	**117**	**100**

Table 14 shows 56.41 percentage respondents were suffered from many years age (since last), 13.08% respondents were suffered from before 6 months 20.51% of respondents are suffered recently.

4.2.3 Frequency of Health Problems of the Respondents

Most of the respondents were suffering from health problems time to time. Some were suffering seldom some were once or twice in a year.

Table No. 15 : Frequency of Health Problems of the Respondents

Frequency of Illness Prblem	Number	Percentage
Seldom (After 60 years)	94	80.34
Accasionally (once or twice in a year)	23	19.66
Total	**117**	**100**

Above table 15 shows 80.34% of respondents were suffered seldom after 60 years and 19.66% were once or twice in a year.

4.2.4 Seeking Treatment for the Health Problem

Treatment practice depends upon the avilability of the health servi ces and the health knowledge of the respondents. In this research area. Health services well as traditional treatment system in also available. The treatment patterns of respondents are given in table below.

Table No. 16: Treatment Patterns of the Respondents

Treatment Patterns	No. of Respondents	Percentage
Doctor or Hospital	78	66.67
Self at home/ Jharphuk	10	8.55
Harbalists	9	7.67
Dhamijhakri	20	17.09
Total	**117**	**100**

The research found that 66.67% respondent were for doctors or health post/hospital treatment follows by 17.09 went to Dhami / Jhankri. Similarly 8.55% treatment from jharphuke & 7% treated from harballsts.

4.2.5 Daily Using Foods and their Frequency

Table No. 17 : Daily Using Foods and their Frequency

Description of Food	Daily	Weekly	Sometimes	Nouse	Total
Animal Milk	54	10	26	17	117
Green Vegetable	73	19	25	-	117
Fruits	22	20	69	6	117
Grains	83	12	22	-	117
Eggs	8	20	46	43	117
Meat/Fish	2	47	34	34	117
Tea/Coffee	105	-	3	9	117

There are different types of food category respondents family have cattles and they use animal milk. The frequency of using milk daily is 64, 10 are weekily,

26 are sometimes and 17 respondents did not use animals milk. 73 respondents use green vegetables dailyk, 19 use fruits daily, 20 use weekly, 69 respondents use some time and 6 respondant did not use fruits. The frequency of using grains dailyis 3, 12 are weekly, and 22 are sometimes. The frequency of meat/fish using daily is very low only 2 respondents, 47 are weekly, 34 are sometimes and 34 also didnot use. 8 Respondents are use daily egg, 20 are weekly, 46 sometime, 43 didnot use. Many respondents are use tea/cofee. The frequency of using tea/coffee is 105, 3 is sometimes and 9 didnot use tea/coffee.

4.2.6 Description of Disease

There were many respondents having different types of diseases. Some respondents have respiratory disease, sems have heart disease, some have eye problem, joint problem similarly some respondents have gastrointestinal disease as well as resproductive diseases also so different types of diseases in respondents are shown in table on the basic of interview.

Table No. 18 : Description of Disease

Description of disease	Number	Percentage
Respiratory (Asthma, Cough)	18	15.38
Heart disease (B.P. hypertension)	13	11.11
Gastro-intestinal	8	6.84
Reproductiove (Uterus prolapse)	5	4.27
Joint	6	5.13
Diabetis	7	5.99
Eye	20	17.09
Other	40	34.19
Total	**117**	**100**

4.2.6.1 Distribution of Respondents of Eye Disease According
Table No. 19 : Distribution of Eye Disease by Age Group

Age Group	Number	Percentage
60-64	2	10
65-69	2	10
70-74	4	20
75-79	9	45
80+	3	15
Total	**20**	**100**

Above table shows most of the respondents of age group 75-79 and 70-74 were suffered from eye disease. As the respondents of age group. 80 was 3, all of than were suffered from eye disease. This result proves that eye problem increases by age eye disease of group 60-64 and 65-69 was 10% only.

4.2.6.2 Distribution of Eye Disease Respondents by Ethin Group

There were many ethnic group in research area most of them were in Bramhin community most of them in difference ethinic groups is show in table below.

Table No. 20 : Distribution of Eye Disease by Caste/Ethnic Group

Ethnic Group	Number	Percentage
Brahmins	10	50
Chhetri	3	15
Newar	3	15
Magar	3	15
Dalit	1	5
Total	**20**	**100**

Above table shows that eye disease mostly prevalent in brahmin group 50% followed by chhetri, newar and magar ethin group were 15% and dalit 5% reapondent were suffered by eye disease.

4.2.6.3 Distribution of Respiratiory Disease by Age Group

Table No. 21 : Distribution of Respiratiory Disease by Age Group

Age group	Number	Percentage
60-64	5	27.78
65-69	7	38.88
70-74	4	22.22
75-79	1	5.56
80+	1	5.56
Total	18	100

Above table shows that prevalence of respiratory disease is high in 38.88% of age group 65-69 and 27.78% of age group 60-64 were suffered from different types of respiratiory disease followed by age group 70-74 were 22.22% similarly respondent of age group 75-79% were 5.56% and age group 80+ were also 5.56% . This shows respiratory disease increase by age as the age increase, the respiratory problems also increase.

4.2.6.4 Respiratory Disease by Ethnic Group

Table No. 22 : Respiratory Disease by Ethnic Group

Ethnic Group	No.	Suff. No.	Suff %
Brahmin	40	6	33.34
Chhetri	21	4	22.22
Newar	12	2	11.11
Magar	20	2	11.11
Dalit	12	2	1.11
Other	12	2	11.11
Total	117	18	100

Above table show the prevalance of respiratiory disease is high in brahmin group 33.34% than second high in chetri group 22.22% and other ethnic group suffer from only 11.11%

4.2.6.5 Joint Disease by Age Group

There were 6 respodents who had joint diseases out of 117 respondents. The joint diseases according to different age group is shown in table below.

Table No. 23 : Joint Disease by Age Group

Age group	Number	Percentage
60-64	4	66.66
65-69	1	16.67
70-74	1	16.67
75-79	0	-
80+	0	-
Total	**6**	**100**

Above table shows that out of 6 joint disease 66.66% respondents were in age group 60-64, 16.67% in age group 65-69 & 70-74.

4.2.6.7 Uterus Prolaps by Age Group

Out of 117 female respondents only 5 respondents of different age category is shown in below.

Table No. 24 : Uterus Prolaps by Age Group

Age group	Number	Percentage
60-64	4	80
65-69	1	20
70-74	0	
75-79	0	
80+	0	
Total	**5**	**100**

from above table age group 60-64 suffering by uterus prolapse ie. 80% than after age 65-69 was 20%. Because of lack of rest working in field & hard labour age group 60-64 was suffered more than other group.

4.2.7 Physical Observation of Respondents

General physical condition of the respondents ie body posture,teeth caoacityof hearning ,capacity of seeing, skin ,hair memory and personal hygienies given below:

Table No. 25 : Physical Observation of Respondents

Description of Observation	Good		Moderate		Poor		Total	
	No.	%	No.	%	No.	%	No.	%
Body posture	57	48.72	45	38.46	15	12.82	117	100
Condition of teeth	32	27.35	45	38.46	40	34.19	117	100
Capacity of chewing	32	27.35	45	38.46	40	34.19	117	100
Capacity of Hearing	57	48.17	39	33.33	21	17.95	117	100
Capacity seeing	39	33.33	47	40.17	31	26.50	117	100
condition of skin	49	41.88	56	47.86	12	10.26	117	100
condition of hair	39	33.33	65	65.51	13	11.11	117	100
Capacity of memory	73	62.39	33	28.21	11	9.40	117	100
Attraction of others	73	62.39	34	29.06	10	8.55	117	100
Personal hygiene	45	38.46	30	25.64	42	35.88	117	100

4.2.7.1 Body Posture

In the study 48.72 percent of the respondents of the respondents had good posture followed by 38.46 percent 'moderate' and 12.82 percent had poor body posture. Those who had dieses and practicing improper health habit had moderate diseases and practicing bad habit had poor body posture. Those who were active and lower age group had good posture.

4.2.7.2 Condition of Teeth Capacity of Chewing

The study found that 27.35 percent respondents had good condition of teeth followed by 38.46 percent moderate and 34.19 percent had poor condition of teeth and chewing capacity.

4.2.7.3 Capacity of Hearing

Above table shows that in the study 48.72 percent respondents had good 33.33 percent had moderate hearing capacity and 17.95 percent had poor hearing Capacity. Those who had poor hearing capacity were almost deaf it was different for them to lack the family.

4.2.7.4 Capacity of Seeing/Vision Capacity

From table we see that 33.33 percent had good vision capacity 40.17% had modarate and 26.50 percentage had poor vision capacity. Those who had modarate and poor vision had not done for catract and glaucoma and had not oprated yet.

4.2.7.5 Condition of Skin

Above table Shoes that 41.88% respondents were found to had good condition of skin 47.86 percentage had modarte and 10.26% had poor condition of skin.It was found of the respondents had poor condition of skin.The respondents who were geeting proper nutrients like daily milk, green vegetables and adequte amount of water were found to have good and moderate condition of skin and those who were deprived for above mention phenomenon were found to have poor skin condition.

4.2.7.6 Condition of Hair

The study found that 63.39 percent respndents had good condition hair followed by 55.51% had moderate condition and 11.11 percent had poor condition of hair most of the respondents were found to have modarate condition of hair some respondents had good condition of hair and few had poor condition of hair.

4.2.7.7 Capacity of Memory

The sutdy found that 62.39 percent of respondents had good power of memory followed by 28.21 percent of responds had moderate and 9.40 percent had poor

memory power. According to data mentioned above, majority of respondents had good power, some had moderate and few had poor memory power.

4.2.7.8 Attraction of Others

The study found that 62 Percent respondents had good capacity of atttraction of others

4.2.7.9 Personal Hygiene

In the personal study, 38.46 percent had good personal hygiene 25.564 had moderate and 35.88% had poor personal higiene. It is clear that larger of respondents had neglected their health and some respondents had cared their health properly.

4.2.8 Activities of Respondents

Activities and ageing are reciprocal normally but informant in proper activities like praying. Walking, joking, laughing, house hold works, lighting radios, watching television and involving in social work help elderly to be active and digest food they eat. Some activities of respondents are given below.

Table No. 26 : Activities of Respondents

Activities	Yes	%
Recreational	85	72.649
Staying at a place	31	26.495
Going to temple	46	39.316
praying	74	63.2478
Social work	38	32.478
Sewing clothing making mats	38	32.478
Cooking foods	44	37.606
Caring children	35	29.914
Cutting grass	52	44.44
Wearing	43	36.752

In the present study 72.64 percent respondents were found to involve in recreational activities and 26.49 present respondents were staying at place. 39.31 present were found going to temple, 63.24% were preying activity out of 117 respondents. 38

(32.24) were involved in social work and sewing clothes/making mats. 37.60% had involved in cooking food and 29.91% had involved in cutting grass and 36.75% respondents were involved in wearing wools.

4.2.9 Care Taker of Respondents in Sickness

Based on the availability of care taker elderly women were categorized into 8 groups due to two types of family structure in illness types of care takers and their numbers is shown in table below.

Table No. 27 : Care Taker of Respondents in Sickness

Type of Caretaker	Number	Percentage
Son	24	20.51
Daughter	12	10.26
Daughter in law	24	20.51
Spouse	21	17.95
Grand son	17	14.53
Grand daughter	11	9.40
Son in law	6	5.12
Other	4	3.41
Total	**117**	**100**

Above table shows that 20.511 of respondents were cared by their son, 10.26% by daughter, 18.80% by daughter in law, 17.95% by spouse, 14.53% by grand son, 9.40% by elderly won or had cared by grand daughter, 5.12% women had carried by son in law and other member had cared 1.67% of respondents.

Most of the respondent had son and daughter in law, son was the major caretaker of the daughter in law and spouses as a caretaker in illness.

4.3 Health Habits and Health Practice of Respondents

Old age is an inevitable incurable condition we cannot heal old age but we can maintain it promote health and help extent it. Healthy behavior can maintain and promote people health most of the lock of a wariness and study the existing health habits and practices of elderly women in the study area is based on food nutrition used of drinking water, smoking and alcohol, bathing, use of toilet sleeping habits and health check up practices etc.

4.3.1 Distribution of Respondents by Taking Food (Per Day)

The distribution of respondents by nutritional food taking per day is given below.

Table No. 28 : Frequency of Taking Food (Per Day)

Frequency	No. of Respondents	Percentage
1 time	17	14.53
2 time	60	51.28
3 time	30	25.65
4 time	10	8.55
Total	**117**	**100**

Above table shows that 51.28 percent respondents had taken 2 times daily, followed by 25.65% had taken 3 times, 14.53% had taken 1 time and 8.55% had taken food 4 times daily dal, bhat, curry, dhido and milk were the common items of food among respondents of study area. Frequency of taking food is also shown in pie chart below.

Figure No. 7 : Frequency of Taking Food (Per Day)

4.3.2 Distribution of Respondents by Type of Drinking Water

The distribution of respondents by type of drinking water is given below.

Table No. 29 : Type of Drinking Water

Type of Water	No. of Respondents	Percentage
Boiled water	20	17.09
Filtered water	15	12.82
Tap Water	82	70.09
Total	**117**	**100**

From above table 29 shows that 70.09. Percent respondents have used tap water followed by 17.09% have use Boiled water and 12.82 percent have used filter water. As the tap water users are more, they were suffering from various types of diseases.

Figure No. 8 : Type of Drinking Water

4.3.3 Distribution of Respondents by Bathing Habits

To find out the condition of skin of the elderly women was also the aim of the researcher. The distribution of respondents by bathing habit is shown in following table.

Table No. 30 : Bathing Habit

Bathing Habits	No. of Respondents	Percentage
Daily	36	30.779

1 time in a week	21	17.95
2 time in a week	51	43.59
Sometimes	9	7.69
Total	**117**	**100**

According to above data it was found that 30.77 percent respondents are bathing daily, 17.95 percent are bathing once a week, 43.59 percent are bathing twice a week and 7.69 percent are bathing sometimes.

Due to the lack of worries towards person of hygiene female do not take bath daily further more their busy schedule in household activity and field work do not care this. The problem was found to be more serious in people of lower case.

4.3.4 Distribution of Respondents by Brushing Teeth Daily

Table No. 31: Brushing Teeth Daily

Brushing teeth daily	**Number**	**Percentage**
Yes	68	58.12
No	27	23.08
Sometimes	22	18.80
Total	**117**	**100**

Above table shows that 58.12 percent respondents brush their teeth and 23.08 percent respondents don't brushes teeth and 18.80 percent respondents brush teeth sometimes. It may be due to the fact that most of the women work more time in their house and field and lack of awareness. It was also found that respondents who brush daily they used almost tooth paste.

4.3.5 Distribution of Respondents by Toilet Habit

Table No. 32 : Toilet Habit of Respondents

Type	Number	Percentage
Home toilet	96	82.05
Jungle	13	11.11
Field	8	6.84
Total	**117**	**100**

Above table shows that 82.05 percent respondent's use home toilet while 11.11 percent respondents go to the jungle for toilet and 6.84 percent go into their field. Due to the lack of awareness and poor economic condition in lower cote community, toilet has not been built yet. So they use jungle and field for toilet.

4.3.6 Kinds of Material Used after Going to Toilet

Table No. 33 : Material Used after Going to Toilet

Materials Used	Number	Percentage
Soap	91	77.78
Ash	13	11.11
Sand/Soil	13	11.11
Total	**117**	**100**

Above table shows that 77.78% of respondents have used soup while washing their hands after going to the toilet and 11.11 percentage respondents have use ash and sand/soil while washing their hands after going to the toilet.

4.3.7 Smoking Tobacco Practice of Respondents

Smoking on tobacco use not only increases the risk for disease such as lung cancer. It may negatively affect the respiratory as well as digestive system. It can also cause breathing problems.

Table No. 34 : Smoking Tobacco Use Practice of the Respondents

Variables	Number	Percentage
Tobacco Use		
Yes or Sometimes	51	43.58
No	66	56.42
Total	**117**	**100**
Type of Tobacco Used		
Cigarette	35	68.63
Khaini	5	9.81
Surti	11	21.56
Total	**51**	**100**

From table out of 117 respondents 38.46% respondents were found to be using tobacco daily, 56.41 percentages were found not to be using tobacco. Few respondents 5.13% were found to use sometime out of such 68.63% were found to use cigarette, respond use tamakhu.

The incidence of the use of tobacco by the elderly women in study areas is not a height even though the awareness of the harmful effects of tobacco use of the study group most be raised.

Figure No. 9 : Smoking Tobacco Use Practice of the Respondents

4.3.8 Drinking Alcohol Practice of the Respondents

The abuse of alcoholic beverages like rum, whisky, brandy, beer etc is generally harmful our health once drinking because a habit people will not be able to easily quit the habit.

Table No. 35 : Drinking Alcohol Practice of the Respondents

Variables	Number	Percentage
Use of Alcohol		
a. Yes	34	29.06
b. No	83	70.94
Total	**117**	**100**
How Often		
a. Regularly	6	17.65
b. Sometime	18	52.94
c. Only in festivals	10	29.41
Total	**34**	**100**

The above table shows that 29.91 percents of the respondents were found to drink alcohol and 70.94 percent were not drinking 17.65% were found regular, 52.94% were sometimes and 29.41% were found to drinking only in festivals.

The use of alcohol by the elderly women in study area is only 29.91% even the wariness education must be raised against harmful effects of alcohol in the study area.

Figure No. 10: Alcohol Practice of Respondents

4.3.9 Health Checkup Practice of Respondents

Table No. 36 : Health Checkup Practice of Respondents

Response	No. of Respondents	Percentage
Yes	27	23.08
No	90	76.92
Total	**117**	**100**
Frequency of Checkup		
Weekly	1	3.70
Half monthly	3	11.11
Monthly	23	85.19
Total	**27**	**100**

Above Table shows that 23.08% respondents were found to checkup their health to the health workers on doctors and 76.92% pound no check up. Among them 3 only 3.70% were found to check up weekly. 11.11% were found half monthly and 85.19% were found to check up monthly.

Figure No. 11 : Health Checkup Practice of Respondents

Most of the respondents were found illiterate and due to lack of awareness and lack of health care facilities, some respondents do not check up their health so awareness education and health care facilities must be raised.

4.3.10 Education Status of the Respondents:

Education is a very important factor that plays a positive role on the health of a person. In the study area as the respondents were elderly women most of them were illiterate it means most of the respondents could not read and write.

CHAPTER - V

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The study has been conducted with the main objectives to identity the demographic and social economic status of the elderly women as well as physical problems diseases and health practice of elderly women in Gaindakot VDC. For this purpose an interview schedule and observation sheet were used as the main tools for the study.

There are many health problems in old age. Elderly women are vulnerable to physical; social, mental and socio-economic problems. A few studies have been undertaken regarding the elderly women. It is necessary to study their socioeconomic and health status as well as health practices to promote and maintain their health status and to make further plans. So the title "A study on the physical health problems of elderly women" (Gaindakot VDC of Nawalparasi District) was selected. Various research methodologies have been applied in the present study. Basically descriptive and exploratory research designs have been the primary basis of study. The 117 women above 60 years of age were included in the study. They have selected as random cum purposive sampling. The data has been collected by interview, schedule as well as observation sheet. After completion of the data collection, the researcher has coded the data using according sheet. The coded data was entered in to a computer programme.

Another important of the research is analysis and interpretation of data. Frequency counts, percentages, cross tables and different types of figures of figures were used to analysis the data. Demographic variables such as age, caste, occupation, religion, literacy, martial status, family type, major health problems, duration of problem activities, health habits as well as practices personal hygiene, use of drinking water, smoking and alcohol consumption, bathing habits of the respondents are the basic elements this study.

5.2 Findings

The following are the major findings of the study.

1. Cast wise distribution of respondents is 34.18% brahmins, 17.95% Chhetri, 10.26% Newar, 17.09% Magar, 10.26% Dalit and 10.26% other in study area.

2. Higher number 84.61% of respondents are Hindu, 6.84% are Buddhist, and 8.55% are Christian.

3. It was found that 61.54% respondents had single/nuclear family structure and 38.46% respondents had extended/joint family structure.

4. The study showed 2.56% respondents were unmarried as single, 6.84% were divorced, 42.74% were married with their spouses and 47.86% respondents were widows.

5. The source of income of respondents were agriculture 35.891 business 7.69%, service 24.80% pension 20.51% and labour 11.11%

6. Almost all respondents had one or more type of physical problems among the 17.09% had blindness 15.38% had cough or, asthma, 8.55% had poor heaving capacity and backache, 7.69% had headache, 9.40% had swelling legs had suffer from other problems.

7. The study shows that 66.67% respondents treat their health problems with doctor or health workers 8.55 by local healers, 7.69% by herbalists and 17.09% by dhami/Jhankri.

8. It was found that 15.38% respondents had respiratory disease like asthma, cough etc. 17.09% had eye disease, 5.13% had joint problems and 4.27% respondents had suffered from uterus prolapsed.

9. It was found that 45 percent eye disease appeared between age group (75-79) and 45% percentage eye disease in brahmins caste.

10. The study shows that maximum percent (33.34%) respiratory diseases appeared in brahmin caste and 38.88 percent respiratory disease appeared between age group 65.69.

11. The study showed that age group 60.64 and 65-69 were suffered by uterus prolapsed by percentage 80 and 20 respectively.

12. The study showed that 48.72 percent had good body posture, 38.46% had moderate and 34.19% had poor body posture.

13. It was found that 27.35% had good, 38.46% had moderate and 34.19% had poor condition of teeth.

14. 41.88% respondents had good condition of skin 47.86% had moderate and 10.26% had poor condition of skin.

15. It was found that 33.33% respondents had black hair, 55.51% had grey and 11.11% had totally white hair.

16. Recreational, cooking food, going to temple for praying, caring children, wearing wools and cutting grass were the major activities of the respondents.

17. Son was the main caretaker of respondents which was 20.26 %.

18. 51.28% respondents took meal 2 times daily, 25.65 percent took 3 times, 14.53% took 1 time and 8.55% took 4 times daily.

19. 17.09 percent respondents used boiled water, 12.82% used filter water and 70.09% respondents used tap water directly.

20. 30.77 percent respondents took both daily, 17.95% took once a week, 43.59% took twice a week and 7.69% took sometime.

21. The study showed that 38.46 percent respondents used tobacco daily. 5.13% used sometime and 56.41% do not used tobacco.

22. 29.06% respondents used alcohol out of them 17.65% used regularly, 52.94% used sometimes and 29.41% used alcohol only in festivals.

23. About 23.08 percent respondents practice health check up by doctors and health workers out of them 3.70% practice weekly, 11.11% practice half monthly and 85.19% practice monthly.

5.3 Conclusion

This study is mainly focused on the demographic characteristics of elderly women as well as health related problems and practices of elderly women at present situation. From the above study, conclusions were drawn as follows:

- Magars, Newars, Chhetries, Brahmins and dalits were the main ethnic groups. Most of them were Hindu. Most of Them were illiterate.

- Majority of the respondents had been found following agriculture as their main profession of economy.

- Among the respondents, the proportion of widow is high. Their attitude is differing from those who had spouse. It is seen that strong effect on the family care and support, position within the family as well as social status losing due to losing of husbands.

- Majority of the respondents were suffered from blindness and respiratory diseases. Some of them have joint problems, backache, uterus prolapsed, diabetes and gastro-intestinal disease.

- Most of the respondents were involved in recreational activities cooking food, caring their children's, cutting grass, going to template praying and some respondents were involved in staying a place, social work etc.

- The existing health practices of elderly women regarding food and nutrition personal hygiene and use safe drinking water is not satisfactory.

- Most of respondents practice smoking.

- There are no provision of special nursing care and health facilities for elderly women who were seriously ill.

⟩ Most of the respondents are careless about health and long life. They didn't want to maintain and promote their health.

5.4 Recommendations

From this study and findings the researcher has proposed the following recommendations that can be adopted to solve the existing problems for further improvement and further study.

5.4.1 Recommendations for Further Improvement

The government has to pay more attention to the illiterate ageing population who have been excluded from the formal education by providing them education opportunities through non formal educational programmes.

⟩ Government has to lunch appropriate programmes for welfare of elderly women.

⟩ NGOs & INGOs should be encouraged to lunch programms for elderly in the community.

⟩ Appropriate institutes should be opened in the society for those elderly people who are able and willing to do some works.

⟩ Women should be empowered.

⟩ Elderly women should be awarded about their duties and rights to wards self, family, society and nation. They should be awarded that they have something well ripen experience of life which can guide and direct the new generation.

⟩ Societies have to give opportunities in education health and recreational activities to the elderly people.

5.4.2 Recommendations for Further Study

As this study has been carried out in detail in the field of health and economic status of elderly women of the Gaindkot VDC, it will be of great help to the other researcher in regard to the health.

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APPENDIX

INTERVIEW SCHEDULE

〕 **Household Questionnaire**

1. Name of the household heads: ……………………………

2. Name of the responds: ………………………………..

3. Caste: …………………………….

4. Permanent Address .... Zone .... District .... VDC ....Ward No. .....

5. Religion: ………………………..

6. Member of family: ………………

   a. Family Structure: ....

7. Education Status: ....

8. Sources of income:

    a) Agriculture   b) Business   c) Service

    d) Labour   e) Pension   f) None

9. Land ownership:

10. Annual Income:

(In Thousands)

〕 **Individual Interview Schedule**

11. Marital Status:

a) Married   b) Unmarried   c) Divorced   d) widow

12. Supporter:

    a) Spouse   b) Son c) Daughter d) Grand Son   e) Grand Daughter

〕 **Questions and Observation Sheet Related to Physical Problems and Diseases of Elderly Women**

13. Do you have any health problem?

    a) Yes   b) No

14. If yes, what are they?

    a) Headache   b) Backache   c) Blindness

    d) Complete or Partial loss of hearing   e) Swelling of legs

    f) Asthma/Cough   g) Others

15. How long have you had the above problems?

    a) Since last year   b) 6 months   c) recently

16. What about frequency of disease you suffer from?

    a) Seldom (after 60s)   b) Occasionally (once or twice in a year)

17. Where do you go for treatment while falling sick?

    a) Doctors   b) Self at home   c) Horbalists

     d) Dhami/Jhankri

18. Do you get help from your members when you fall sick?

    a) Yes   b) No

19. Daily using foods and their frequency

S.N.	Description of Foods	Daily	Weekly	Some time	No use
1.	Animal Mild				
2.	Green Vegetable				
3.	Fruits				
4.	Grains				
5.	Eggs				
6.	Meat /Fish				
7.	Tea/Coffee				
8.	Others				

20. Physical observation of respondents:

S.N.	Description of observation	Good	Moderate	Poor
1.	Body posture			
2.	Condition of teeth			
3.	Capacity of chewing			
4.	Capacity of Hearing			
5.	Capacity of seeing			
6.	Condition of skin			
7.	Condition of hair			
8.	capacity of memory			
9.	Attraction of others			
10.	personal hygiene			

21. Care taker of Respondents in Sickness:

S.N.	Type of Caretaker
1.	Son
2.	Daughter
3.	Daughter in law
4.	Spouse
5.	Grand son
6.	Grand Daughter
7.	Son in law
8.	Others

22. Social interaction of Respondent:

S.N.	Interaction with	Degree of Interaction			
		High	Medium	Low	None
1.	Family				
2.	Relative				
3.	Friends				

23 Activities of Elderly women:

1) What types of daily activities do you involve in?

    a) Recreational function

    b) Staying at a place.

    c) Going temple into morning.

    d) Praying

    e) Involving in social works.

    f) Sewing clothes/ making mats.

    g) Cooking foods

    h) Caring children.

    i) Grazing cattle/ cutting grass

    j) Weaving wools

⌡ **Questions Related to Health Habits and Health Practice of Respondents.**

24. How many times do you eat food per day?

    a) 1 time b) 2 times c) 3 times d) 4 times

25. What do you eat in morning and evening?

    a) Dal, Rice and Curry b) Dal, Rice, Milk & Curry

    c) Dal, Dhido and Curry d) Others

26. How much water do you drink per day?

    a) 3-4 glass b) 4-6 glass c) 6-10 glass d) More then 10 glass

27. What type of food do you eat?

    a) Spicy b) Fatty c) Salty d) Others

28. What kind of drinking water do you use?

    a) Boil water b) Filter water c) Tap water

29. How many times do you take bath per week?

    a) 1 time b) 2 time c) daily d) 2 times a month

30. How do you use to take a bath?

    a) Soap b) Pinna c) Sampoo d) Others

31. Do you clean your teeth daily?

    a) Yes b) No c) Some times

32. If yes, what do you use to clean your teeth with?

    a) Toothpaste b) coal c) With only water

33. Where do you go for toilet?

    a) Home toilet b) Jungle c) Field

34. With what do you wash your hand after going to the toilet?

    a) Soap b) Ash c) Soil or sand d) Water only

35. Do you smoke or take tobacco?

    a) Yes b) No c) Sometimes

36. If yes, what do you usually use?

    a) Cigarette b) Khaini c) Surti d) Tamakhu

37. If you smoke cigarettes, how many sticks per day?

    a) 2-4   b) 4-8   c) 8-12   d) 1 Packet

38. Do you take alcohol?

    a) Yes   b) No

39. If yes, how often do you drink?

     a) Regularly b) sometimes   c) only in festivals

40. If you take alcohol regularly, how much do you take per day?

    a) 1-2 glass   b) 2-4 glass c) 4-8 glass d) More than 8 glass

41. How many hours can you sleep per night?

    a) 4-6 hours   b) 6-8 hours   c) 8-10 hours

42. If you cannot sleep more, what is the cause?

    a) Because of disease   b) Mental tension   c) Anxiety   d) Others

43. What type of room are you using for sleeping?

    a) Well ventilated   b) cold   c) hot

44. Do you check up you health condition with doctor?

    a) Yes   b) No

45. If yes, frequency of check up.

    a) Weekly   b) Half monthly c) monthly