

CHAPTER I

INTRODUCTION

1.1 General Background

Human development mainly passes through three stages. They are childhood, young and old age. Childhood and elderly ages are called dependency and young age is called economically active age. Elderly people are increasing day by day and they are facing mental and physical problems.

The ageing of the population varies from one to another or one community to other overtime. Most countries take 65 years and above age of elderly people. In Nepal, several age limits have been prescribed for the special purpose. For example 58 years is specified for the compulsory retirement from civil services, 62 years for UN employees, 63 years for University teachers, 65 years for constitutional bodies and 75 years for receiving the social security benefits of 150 Rs. However, it is widely considered appropriate to use the age 60 as the entry point into old age in Nepal (Bisht, 2003).

In developed countries of the west the problems post by the aged have assumed serious proportion and therefore probably the thinkers in these countries have become aware of them. But this aspect must be given due importance as Nepalese society too is fast transforming its structure and function and ageing has become an increasing problem for many. Some international conventions were held in the field of ageing and international communities committed to provide equity, justice, self-dignity, self-esteem and human right. Nepal is cosignatory of the ageing convention and some efforts have been made in this field but neither these are sufficient nor these are implemented properly. Traditionally, Nepalese elderly people are adjusted in a joined family: the elder member of the family provides all the members with blessing. But with modernization, organization, industrialization, joint family system tends to break of and nuclear families are encouraged. Young Nepalese families have begun to spend life away from their parents, grant parents and other elders. In comparison to western countries, elder people are more respected in Nepal. In our Hindu religion, parents are

honored as god. Every new younger was taught this moral instead of this moral of our society; we found some disorder in our society.

The concept of ageing, identified in the context of western experience and tradition has been based on proportion of population 65 years or over, for developing countries, a lower age limit of 60 years has been more relevant. While most studies most international agencies use population aged 65 and over as elderly population. There are some countries of scale where population, aged 50 and over are considered elderly. The operative definition of elderly age limits to 60 years, 65 years, 70 years and above. The beginning of the old age is also characterized by the time from which the capacity to do work beings to be affected by biological, physical and mental conditions of people (UNFPA, 2001).

From the historical time, older people primarily men have controlled the household resources. In an agrarian economy land is the primary resource. This control over resource has served as the old age security mechanism. This rapidly changes currently taking place in the society may endanger this insurance against risk in the year to come. Because of the age and disabilities that incurs with ageing, their ability to exercise authority decreased. For second generation and rural urban migrants, occupational change i.e. from farming to other sectors may also lead to weakening of land-based ties. A recent study based on the survey of 1,92,000 households, showed that among population aged 60 and over only 1.4 percent had "service" as their occupation during their active age but for the middle aged i.e., 40-49 years age group, reporting "service" as their main occupation was 16.9 percent (Subedi, 1999). In this situation, while elderly become increasingly in efficient to manage their lands, their offsprings will be less attracted to their rural land. This may result mismanagement and lack of innovation in the land left behind by the selective migrants which in turn puts elderly in the most precarious condition moreover, for the offsprings who are faced with increased hardship and competition, supporting their own children will be a big problem and customary obligation to support. Parents may be unwillingly pushed to periphery (Subedi, 1999).

The proportion of elderly, which was 5.8 percent in 1991, 6.49 percent in 2001, is expected to be 70 percent by the end of 2016, the youth population was estimated to decline whereas elderly population to increase, while between 1996 and 2016, the

share of population aged 0-14 is projected to decline by about 6.1 percent points the share elderly population is projected to increase by 1.0 percent points.

The majority of the elderly population in Nepal is living in rural areas depending upon their agricultural profession and living under the poverty. The majority of elder people suffers from the cumulative effects of a lifetime deprivation entering old age in a poor state of health and without saving or material asset. They lack the means to fulfill their most basic needs such as food, proper housing, cloths, health care and safe drinking water. They also lack access to resources and income generating opportunities (Bisht, 2005).

In the present scenario of the country like Nepal, with poor socio-economic status, poor health facilities and prevailing poverty for a long time, resulting in low life expectancy at birth, people look inactive and weak even in their elderly age groups. The poor health status and the changing age structure of the elderly are clearly affecting socio-economic development of the country. In Nepal, age structure changes coupled with growth of population over the last five decades have resulted into an increase in number and proportion of elderly population. It indicates that the elderly population will increase in future (Subedi, 1999).

There are several determinants of status of elderly population. Among them, socio-economic and cultural factors like family structure and living arrangement, formal and informal support patterns, housing and environmental conditions, social activities, nutrition and eating habits, educational attainment and economic activities, health related behaviors, wealth care utilization and level of morale and beliefs, attitudes and aspirations determine it. Socio-economic changes have affected the socio-cultural values of Nepalese society to some extent, which is closely related to the status of ageing population (Shrestha, 1999).

The elderly people have different demands on the support system than the non-elderly. Policy makers are very much concerned with the relationship between changing age structure and varying demands on social services and support structures. Extremely increasing numbers of elderly may strain pension schemes, housing and health care systems. Rapidly growing numbers of the elderly also imply rising health care costs, particularly as people survive to older ages and require more expensive

medical treatment (Bisht, 2000) and then, there will be either national income increment or social costs and values will be disturbed at the whole nation.

1.2 Statement of the Problem

Less ability to work, graying hair, physical disabilities, mental weakness and decrease in income are some common features of older people. In Nepal, at present also older people have full right and control over their patriarchal properties. But more of that type of properties is unproductive. So they can not fulfill their demand for economic activities. Those older people who are retired from government of Nepal (GN) office as well as older people above 75 years get nominal pension facilities from government but it is seen that they are unable to fulfill their minimum demands. In comparison to male elders, the status of female older is found worse because in our society females do not have access to control over their families' fixed property. So, they are compelled to depend upon others.

Most of the villages of Nepal have already experienced a large mass of elderly people due to the decreasing death rate and increasing life expectancy. On the other hand, limited socio-economic and educational opportunity emerge as major causes of youth migration from rural to urban areas and even emigration to other countries, in order to search to better opportunities. Therefore, modernization does not pay any attention towards elderly care.

Likewise, people living in urban areas are extremely busy and showing growing preference towards nuclear family. It is also important to note that elderly population from the so-called rich families of the urban areas is too in need of care and attention of the family members.

The proportion of older people of age 60 years and above is higher in rural than in urban areas. Nepal suffers a heavy burden of dependency particularly at young ages. Today roughly about 100 persons in the production age have to support 89 depending in terms of food, clothing, health and like. This is in contrast to the situation in the developed countries where there are only about 45 to 65 persons depending upon per 100 persons of the productive groups.

The growth rate of aged population in 1961 was 1.79 where as it was 2.42 in 1971 and 3.26 in 1981 and the growth rate of elderly population in 1991 was 2.26 and 3.5 in 2001 which indicate the increasing trends of elderly population. Increasing of ageing in Nepal shows that, it will certainly store large mass of elderly population in the country and multidimensional effect of ageing will certainly strike the pluralistic and mosaic nature of Nepalese society. Since the ageing has already taken shaped, problems have also come to the surface in the composition of Nepalese society.

In Nepal an elderly male is socially active as a leader of village affairs, including in settlement of disputes, arrangement of marriage and supervision of life cycle ceremonies such as puberty initiation, birthday, marriage and death. Elderly males in Nepal, at present time have full right and control over their patriarchal properties. In comparison to male elderly the status of female elderly was found worse. Because in our society females do not have access to control over their families fixed properties. So, they are bound to depend upon others. Except it the age has tremendous effect on social and psychological aspects of one's life. The need and desires of an old man tend to differ due to their mental and physical ineptitude. Their desires and wishes need to be fulfilled by the others.

There are many studies conducted in the field of socio-economic and demographic status of elderly people but they are not sufficient for elderly people because today's problem might change tomorrow.

1.3 Research Questions

1. What are some socio-economic and demographic characteristics of elderly people?
2. What are the need and interest of elderly people?
3. What is the main problem of elderly people that they have to face in present situation?
4. What is the attitude of the old people towards their family and community?

The main trust of the present study will be to seek answer of the above mentioned research questions.

1.4 Objectives of the Study

Now a days, the ageing is a growing concern. It is increasing rapidly in percentage and absolute number of elderly population. Most of the urban areas of Nepal have no better facilities/ infrastructures than rural areas. Therefore, this study is mainly concerned with the current status of elderly people living in Amargadhi municipality ward no. 8 and 9 Dadeldhura. The specific objectives are as follows:

1. To identify and analyze socio-economic and demographic characteristic of elderly people living in Amargadhi municipality ward no. 8 and 9 Dadeldhura.
2. To analyze the health status of elderly people in the study area.
3. To analyze the psychological status of the elderly people.
4. To examine and understand the supporting system of elderly people for their wellbeing in Amargadhi Municipality ward no. 8 and 9.

1.5 Significance of the Study

The population ageing is a major part of demographic and social studies. Today, ageing is burning issue and proportion of elderly is in increasing trends in Nepal. Rapid change in modernization and other infrastructures also affect the life of old age people. As modernization increases, there is the change of development of individualism. As that individualism the old age need to financial, social, health and other support. Elderly people are sources of knowledge, they contribute significance role in the development of the country and they also give sound suggestions in the family in a proper way.

Some studies have been carried out about the status of elderly people, but these studies are not sufficient to know status of elderly people. This study throws light to understand the real socio-economic demographic characteristics of elderly people living in Amargadhi municipality ward no. 8 and 9 Dadeldhura district. It also analyses the current health and psychological status of them. It also tries to understand the supporting mechanism and basic needs of elderly people in the study area.

This study will be helpful for various governmental as well as non-governmental organizations working with ageing understand the problems of elderly people. It may also be useful for policy makers, programmers, researchers and other concerned institutions for the further policy formulation and study on other issues of elderly people. In this study, the status of older people in social, cultural, religious and economic area has focused in community. Therefore, the significance of the study are given below:

1. This study will be helpful to governmental and non-governmental organizations to know the situation of elderly people before implementing the welfare programs related to elder people in study area.
2. This study explores the problem, which was faced by the elder people in current situation.
3. It also helps to know in coming days in proper ways which are to be offered for elderly people in the society.
4. This study is helpful to understand the need of elderly people.

1.6 Limitations of the Study

Every study has its limitations. Like other studies, this has also some limitations as follows.

1. This study is limited only in Amargadhi municipality ward no. 8 and 9.
2. Lack of time and economic constraints.
3. This study covers only those who are above 60 years of age.

CHAPTER II

LITERATURE REVIEW

2.1. Introduction

Countries have their own basis for defining ageing or old population. Some accept old above 60 years and other some accept old above 65 years. The criteria of age of old people depend upon context of own country. Whatever definition countries might have been using for defining their older population generally a population aged 65 years or above can be considered old (Weeks, 1986:210). Psychologists categorized old into two categories namely pre old age and post old age. The former refers the period between 60 years to 70 years whereas the later refers the period above 70 years of age. Old age is defining age in terms of physical, mental, emotional and social aspect. Due to declining these aspects old people are affected by various psychological problems.

The decline in fertility levels is reinforced by continued decline in mortality level and producing fundamental changes in the age structure of the population of most societies, most notably record increases in the proportion and number of elderly persons, including a growing number of elderly person (Chaulagain, 2004). The postponement of death stated, the increase in life expectancy is a worldwide phenomenon. Although changes in death rates on which computation of life expectancy depends have not been uniform in different nations and cultures. The most dramatic shifts seen as critical are those in reductions of infant and child mortality. Similarly, there have been major reductions of maternal death. The mechanisms involved have generally been described as changes in sanitation and hygiene (Borgath, Edgar, f. et. al;1987).

According to Subedi (1996) "The status of elderly is normally defined in terms of a specific age. However, the problem of elderly is rather concerned with the old age disabilities and that one's condition as aged depends on personal health, sex, employment and socio-economic status.

In the present scenario of a country like Nepal with poor socio-economic condition, poor health facilities and prevailing poverty for a long time, resulting in a low life

expectancy at birth, people look inactive and weak even in their early age groups. The poor health status and the changing age structure of the elderly are clearly affecting socio-economic development of the country. In such a demographic and socio-economic situation, it is debatable to define an elderly person (Bisht, 2003).

The concept of old age is not new for Nepal. The Nepali language is rich in old age relational word such as "Bridha" (old person), "Budhyauli" (old age) and "Baje/Bajai"(grand parents). It suffices that the notion of old age is not a foreign one. "Matri Devo Bhawah: Petri Devo Bhawa: Guru Devo Bhawah" is our tradition which means that our tradition is rich in respecting our parents and elders, that is the elderly people and any one older than young is the relevant (Bisht, 2005).

2.2 Global Situation

The trend of increasing of ageing population allover the world is ascending order since 20th century. The tempo of ageing in developed countries is more rapid than in developing nations. The less developed states will have less time than their developed counterparts to adapt the consequences of ageing (Bisht, 2000). Majority of world's elderly persons, 54 percent live in Asia and 24 percent in Europe. The Asian elderly population share of 338 million is with Chinese elderly people 135 million, Indian elderly 81 million and Nepalese 1.5 million (Bisht, 2003).

One common characteristic of population throughout the old is preponderance of women at old ages. Women are the majority of elderly population in the vast majority countries and their share of population increases with age. Marital status strongly affects many of aspects of one's life. Studies in the developed countries show that married people particularly married men are healthier and live longer than their non-married counter parts. Older men are more likely married and older women are more likely to be widowed in most countries of the world (UN, 2001:62).

The United Nations estimates that around 100 million older people are living in extreme poverty, representing 8% of the world's poor. Older people's poverty is linked to low literacy levels, lack of employment opportunities, social exclusion and lack of income. Older people's poverty affects not only their own health and well being, but also that of their dependents (HAI, 2005).

Country with high per capita incomes tends to have lower participation rates of older workers. Only 23 percent of main aged 60 year of older where still economically active in more developed area regions, compared with 52 percent of main in less developed regions. In more developed regions, 10 percent of older women are economically active, compared to 20 percent in less developed regions, because of the limited coverage of retirement schemes and small incomes provided when systems have wider coverage (UN,1986). The proportions of the older person are different from one region to another. One out of every 10 persons is now 60 years or older one out of every five Europeans, but one out of every 20 Africans is 60 year or older. In Nepal, one out of every 17 persons is now 60 years or older. By the year 2050, one out of five will be 60 years or older, by 2150, it has been estimated that one out of three persons will be 60 years or older. It indicates that ageing will have extensive effects on the social, economic and health condition of the people (Bisth, 2005).

The rapidly growing of absolutely and relative numbers of older people in both developed and developing countries mean that more and more people will be entering the age when the risk of developing some chronic and debilitating diseases is significantly higher. As such, population ageing has presented new and serious challenges for national and international public health. By 2020, it is projected that three quarters of all days could be ageing related. The largest share of these days will be caused by non-communicable diseases (NCDS) such as disease of the circulator system (CSDS), cancer and diabetes. Population ageing has also been projected to aggravate the magnitude of mental health problems. This will happen because of the increasing life expectancy of those with mental disorders and ever-growing number of people reaching the age at which the risk of such disorder is high.

The situation of the developing countries that has experience to very rapid decline in their levels of fertility deserved particular attention in most societies, woman, because they live longer than man, constitute the majority of elderly population, and in many countries, elderly poor woman are specially vulnerable. The steady increase of older age groups in national population, both in absolute numbers and in relation to the working as population as significant implication for a majority of countries, particularly with regard to the future viability of existing formal and informal modalities for assistance to elderly people (ICPD, 1994).

2.3. International Conference on Population and Development (ICPD)

International conference on population and development (ICPD) was held in Cairo from 5 to 13 September in 1994. The international conference on population and development flows and builds some important international policies and its recommendation based on the agreement reached at the following (UN, 1994):

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

The ICPD stated that the steady increase of older age groups in national populations, both in absolute number and in relation to the working age population has significant implication for majority of countries particularly with regard to the future viability of existing formal and informal modalities for assistance to elderly people. The economic and social impact of the "Ageing of Population" is both an opportunity and challenge to all societies. Many countries are currently examining their policies in the light of the principle that elderly people constitute a valuable and important component of societies' human resources.

2.4. Ageing in SAARC Region

Cross-National comparison of the ageing process in the developing region is that most of these countries started to address the issue of ageing very recently and therefore there is a dearth of data related to older population but it is necessary to study extensively the social economic and demographic problem of the elderly population in SAARC region, least it will be delay to keep the situation in control. It can be assumed that youth in this region is more prone to have job in industrial urban areas, living their elderly parents in rural areas and the condition of isolated elderly people has become more miserable than before.

The problem among SAARC countries is using different cutoff points to define old age some times depending on the official notational ages of retirement (Acharya, 2001). The cutoff differs in SAARC countries. Maldives has taken 65 years, Sri

Lanka 55 years, India and Pakistan 60 years; Bangladesh and Bhutan 58 years age criteria to define elderly people. The age structure of all countries accepted Sri Lanka has young population i.e. over 35 percent below the age of 15 years. Among them the highest 42 percent in Pakistan and followed 41 percent in Nepal, 40 in Bangladesh, 39 in Bhutan and 36 in India.

Table 2.1: Indices Ageing, in SAARC Countries 2002

SAARC Countries	Percentage of Aged Population		
	65+	<15	Index of Ageing%
Pakistan	4	42	9.52
Nepal	4	41	9.76
India	4	36	11.11
Bhutan	5	39	12.82
Sri Lanka	6	27	22.22
Bangladesh	3	40	7.5

Source: UN Population Sheets, 2002

Among SAARC countries, Sri Lanka has the highest index of ageing amounting to 22.22 percent followed by Bhutan with the magnitude of 12.82 percent for India, the index observed at the level of 11.11 percent least index of ageing is observed for Bangladesh with figure of 7.5 percent followed by Pakistan of 9.52 percent in case of Nepal the index of ageing at age 65+ years is observed age 9.76 percent (UN Population sheet, 2002).

2.4. Elderly Population in Nepal

In Nepal the share of elderly persons 60 years and above was 5 percent in 1952/54, which increased to 5.8 percent in 1991 and 6.5 percent in 2001. Elderly people in Nepal are found usually active and productive on their advancing years. They are involved in childcare, cattle herding, handicrafts and simple farming activities. Elderly growth rate is 3.5 percent, which is higher than total population growth 2.5 per annum in the country. Elderly female in particular, mostly share responsibilities in household chores. However, their contribution and economic values have not been duly recognized (MOPE, 2002).

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

The employment in agriculture less productive and cannot sustain the life hood of rural population. Due to the growth of urban population and accumulation of modern industries in urban areas, the working as population is following towards urban areas in search of employment. In the context of Nepal, rural to urban migration and small urban area is high. The international migration among the young leads to the reduction in the ability of physical support for the elderly. Financial support in terms of remittance may decline with time due to high cost of living urban areas, or the loss of emotional ties between parents and children. But being already set in their ways and new surrounding, they may find it difficult to adjust to the demands of urban living and new values of their children and grand children (Kathmandu Post, 1999). It results different types of physical, mental and psychological effects on the elderly population who has remained in original place. Most of them are engaged in agriculture, rearing Yaks and Sheep (Kathmandu Post, 1999) in rural areas.

According to the socio-economic status of elderly people in Nepal conducted in 1995 found that average size of households with elderly is 7, in the study area, elderly population was found at least one in 20 percent of household. Elderly population in Nepal, live short lives after age 60 out of every 100 disabled elder, 60 are blinds, 15 deaf and 12 suffer from paralysis. Most of elderly suffer from various other disabilities causing disease. Even through overwhelming majority of elderly with family and relatives many are unhappy of long for better lives. Lack of interaction with family and friend was reported by one third of elderly.

In the context of Nepal, widespread welfare provision by government is the oldest pension/allowance scheme basically for the destitute there are no specific health programs specially targeted to the elders. The facility of medical insurance to elder does not exist. 100 percent of today's senior citizens were bun at home hence no birth

certificates. It is observed by; the majority of the young migrants hardly return back their rural home for permanent settlement. As a result the elderly may be left on their own at the stage of their lifecycle when they need more help than ever. (Acharya, 2001).

Due to the modernization and urbanization the present situation is completely changing and moves towards nuclear family system over time. There are the adverse situations of economic and social change in which the elderly find themselves. The economic situation is bleak and as (Goldstein, Schuler and Ross 1983:722-23) report, "There will be never increasing numbers of elderly parents who have neither property nor pensions, nor serving their old age". Similarly, the social context and psychological context of elderly is well-verbally expressed feelings of an elderly by quoting a respondent in Kathmandu. "Though we live in the same house, I have not seen my son for many days..... At my son's house I am nothing his pet dog is cared for better than me" this may be an extreme situation. However it is indicative that lives of elderly will become more insecure in the years to come primarily when, in the face of economic changes are faced with difficult choices of providing basic needs and services for themselves, their children and/or their aged parents. In this situation, there is no doubt that the states of elderly people are decreasing (Subedi, 1996). One of the important issues is that since the ratio of male to female population tends to be lower at older ages, the ageing of population implies of greater increasing in the number of older women than older men. This trend is already emerging in Nepal and the current socio-economic situation of older women is not encouraging. For example available information on older population who are 60 years and above shows: Only 6.2 percent of the females were illiterate compared to 36.1 percent males, 51 percent female were widow, separated or divorced compared to only 19.9 percent males, only 13 percent of female were living as household heads compared to 80.2 percent males. Above situation reveals that females are more vulnerable than their counterpart males.

Today various government and non-government activities are going on in the area of increasing the awareness to respect, care and support the elderly people for their well-being in Nepal. In 9th plan to include separate policies and programs for social security and welfare of the elderly people. The decreasing fertility and mortality with an increase of life expectancy at birth has shifted the age structure resulting a large number of elderly populations both in number and proportion. This rapid increase of

the elderly care and support with respect to the employment, income rural urban residences and sex and age difference. The elderly people are resources and they should not be considered as liability.

2.5 Elderly Population in Nepal

Table 2.2: Distribution and Size of the Elderly by Gender, 1952/54 to 2001

Year	Number	Male	Female
1952/54	409761	182394	227367
1961	489346	222432	266924
1971	621597	297763	323834
1981	857061	450998	406073
1991	1071234	542738	528496
2001	1477379	744840	732539

Source: Population Census, Nepal 1952/54 to 2001

From the above table the number of elderly population in 1952/54 to 2001 was increasing trend and it is also clear that the share of the female elderly was higher than male elderly in 1952/54 censuses and it was less than male elderly in 2001 census.

Table 2.3: Growth Rate of Total Population and Elderly 1952/54 - 2001

Census Year	Growth Rate	Doubling Time in year	Elderly Growth Rate	Doubling Time
1952/54	2.30	30		
1961	1.65	42	1.79	38.72
1971	2.07	34	2.42	28.64
1981	2.66	20	3.26	21.26
1991	2.10	33	3.26	30.67
2001	2.25	31	3.5	19.80

Source: Population Nepal 1952/54 -2001

The growth rate of elderly population is faster than the growth rate of the total population in Nepal. The high growth rate of male elderly population in 1991 census of Nepal was computed 2.26 persons per annum. The total population growth

recorded in 1991 census was 2.1 a little less than the elderly population growth rate in that year. The elderly population growth rate was 3.5 percent in the year 2001 whereas the total population growth rate was 2.25 percent in that year.

Table 2.4: Distribution of Elderly (60+population%) of Nepal by Development Regions 1981 – 2001

Development Region	Census Year		
	1981	1991	2001
Eastern	5.5	5.6	6.4
Central	5.9	5.9	6.5
Western	6.6	6.9	7.8
Mid-West	4.7	4.5	5.0
Far West	5.5	5.1	5.7
Nepal	5.7	5.8	6.5

Source: Population Census, Nepal 1981-2001.

The distribution of elderly population by development regions shows that the western development region contains the highest proportion of elderly (7.8%) and the mid western development region the lowest (5%) proportion of the total elderly in Nepal according to 2001 census.

The tenth plan (2002-2007) also formulated the objectives regarding senior citizens as, to make the common, secured and respective life of elderly people and to use the capabilities, experience, knowledge and skills of senior citizens in social development task. Plan also assured some polices and strategies regarding senior citizen as, development of legal, structural network, providing right of elderly and social security (NPC2002). Some of the policies of tenth 5 years plan are given below:

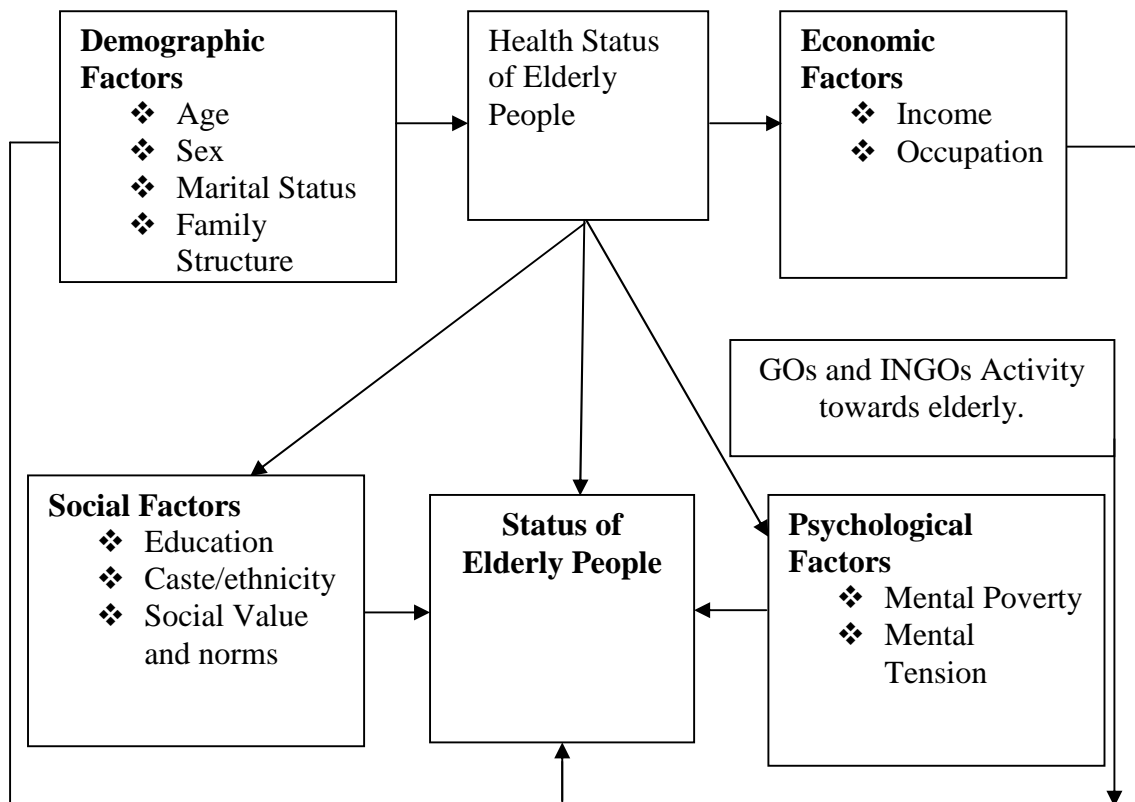
- ❖ Prepare the necessary laws and amend existing ones for rights for senior citizens.
- ❖ Coordinate with local institution, Non governmental organization and civil societies for the works related to senior citizen.
- ❖ Publicize to develop of system of honoring, respecting and serving the senior citizen of the country and include the subject matter of senior citizens in the school level of curriculum.

- ❖ Encourage formation of community based the clubs, elderly homes along with establishment and extensions of pilot elderly homes in 5 development regions of the country for making the life of old people easy and comfortable. Also, encourage the establishment of senior citizen clubs.
- ❖ By updating the record of senior citizens, the existing allowance of the senior citizen will be reviewed.
- ❖ Implement school insurance of senior citizens.

2.6 Conceptual Framework

According to above literature review it is clear that the demographic, social, economic, psychological and GOs/NGOs activities affect on the health and overall status of the elderly people.

Figure 1: Conceptual Framework of Status of the Elderly People



Above framework shows that demographic, economic, social and psychological factors are main dominant factors for affecting the health and overall status of the elderly people. Demographic factors such as age, sex, marital status, family structure and place of residence and social factors such as education, caste/ethnicity, social value and customs affects on the health status of elderly people. Similarly, economic factors such as income, occupation and psychological factors such as mental tension and poverty affects on the health status of the elderly population. The demographic, social, economic and psychological factors also directly determine the overall status of the elderly population. Government and non-government organization also affect the life of elderly people. Above framework shows that governmental and non-governmental activities play an important role to effect the overall status of elderly people.

CHAPTER III

RESEARCH METHODOLOGY

This is one of the important chapters of this study. The methods for collecting data are mainly discussed in this chapter that is research area, nature of data, sampling procedure, questionnaire design, method of data collection and data analysis.

3.1 Nature of Data

Primary source of data is the main source of data which has been collected from field survey. Additional secondary data have also been included in this study from different sources such as municipality record, survey reports, journal etc. The population 60 years of age has been used as the main source of information for this study.

3.2 Study Area

Amargadhi municipality ward no. 8 and 9 of Dadeldhura was chosen as the study area. It is situated far western part of Nepal where majority of people live under poverty line. It is an urban area according to definition of municipality act but majority of people depend upon agriculture activities. It has been its own particular costumes and tradition. Keeping in this mind, Amargadhi municipality has been chosen as a study area.

3.3 Selection of Sample

The total number of sample size of this study is 105. People 60 years and above 350 only in Amargadhi ward no. 8 and 9. Out of 350 elderly respondents 105 are chosen from systematic random sampling method. Among 105 elderly populations 55 are females and 50 are males, which is 30 percent of the total elderly population.

3.4 Questionnaire Design

Questionnaire is designed to meet the objective of this study. All the questions were related with socio-economic, demographic and psychological status of elderly people. The questionnaire has been consisted both open ended as well as closed ended questions.

3.5 Data Collection

For this study, data are collected through direct interview method i.e. primary data collection method. The individual questionnaire was administered to collect the required information. The total of 105 elderly people was the main source of information for this study.

3.6 Data Processing and Analysis

The data processing and analysis were done manually after collecting primary data. The collected data was processed through validation, editing and coding. After the processing and tabulating the data, they were presented with the help of simple tabular analysis, Graphical presentation to be interpreted. Simple statistical tools were employed to present the data in meaningful ways. Regarding the qualitative data as well as fact and information collected through in depth interview and observation, they are encompassed in the study systematically and logically.

CHAPTER- IV

ANALYSIS OF DEMOGRAPHIC, SOCIO-ECONOMIC, HEALTH STATUS OF ELDERLY PEOPLE

4.1 Demographic Status and Elderly Population

4.1.1 Age and Sex Structure and Elderly People

Age and sex structure of elderly people is the most important demographic characteristic. Recently, the number of elderly people is increasing day by day. But the number of male and female is different. The life expectancy is also different in both sexes.

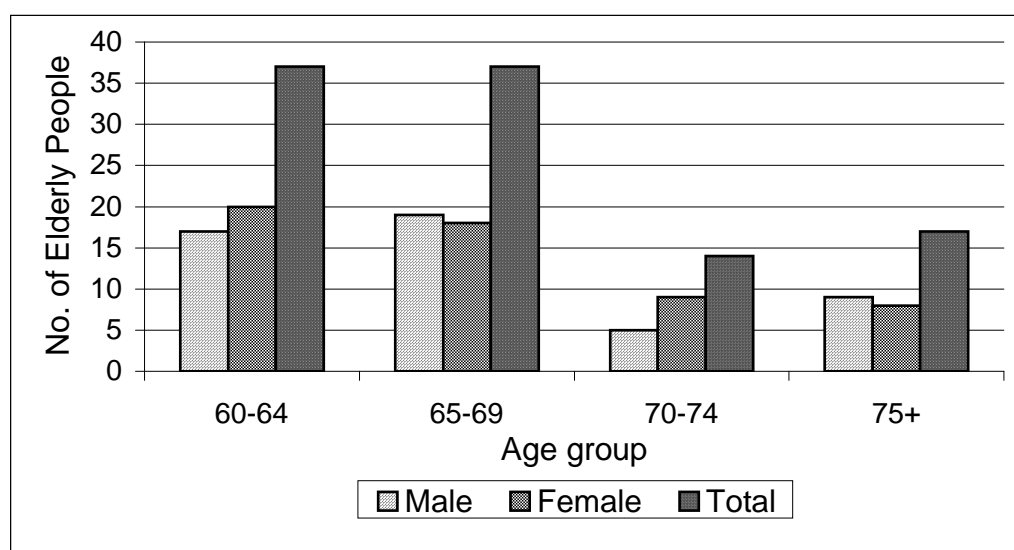
Table 4.1.1: Elderly Respondents by Five Year Age Groups and Sex

Age Group	Male		Female		Total	
	No.	%	No.	%	No.	%
60-64	17	34	20	36.36	37	35.23
65-69	19	38	18	32.73	37	35.23
70-74	5	10	9	16.36	14	13.33
75+	9	18	8	14.55	17	16.21
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

Generally, age groups are divided in 5-year age group. The number of elderly people is different in different age group the table 4.1.1 shows that the age and sex structure of the elderly respondents. Out of 105 respondents, the highest percentage of the total population (37%) are in age group 60-64 and 65-69. The lowest proportion of population (14%) on age group 70-74 and 75+ respectively.

Figure 2: Elderly Respondents by five year Age Groups and Sex



4.1.2. Marital Status and Elderly People

Marital status of elderly people is the main element of family structure that deeply affects their living arrangement, support system and individual well-being. In Nepalese society marital status determines a woman's position within the family as well as her status in society. Various studies have shown that married persons have higher life expectancy than that of unmarried, divorce, separated and widowhood. The status of elderly in the study area is given in the following table.

Table 4.1.2: Elderly Respondents by Marital Status

Marital Status	Male		Female		Total	
	No	%	No	%	No	%
Married	40	80	25	45.45	65	61.90
Widower/Widower	9	18	27	49.10	36	34.29
Divorce	1	2	3	5.45	4	3.81
Total	50	100.00	55	100	105	100.00

Source: Field Survey, 2007.

Table 4.1.2 distributes the elderly people on the basis of marital status. The highest percent of respondents are currently married which occupied 61.90 percent, widow/widower has second position (34.29%) and divorce has 3.81 percent separated are nil.

4.1.3 Religion and Elderly Population

Religion is also one of the important socio-demographic factors. Religious system also provides rule and regulation to conduct the society. Religious system of an area is directly associated with the socio-economic and demographic status of elderly people. The cent percent respondents living in study area well believe one Hindu religion. There is not effect of other religion

4.1.4 Caste/Ethnicity and Elderly Population

Nepal is a country where multi religious and multi ethnic societies were found. Caste and ethnicity is main social factors that affect the attitude and standards level of people. It also represents the quality of life of people and access to the various sectors facilities and services of the country. Caste/ethnicity is directly associated with living standard and the life style of people. Following table shows the caste wise distribution of old people in the study area.

Table 4.1.4: Elderly Respondents by Caste/Ethnicity

Caste/Ethnicity	Total	
	Number	Percent
Brahmin	35	33.33
Chhetri	46	43.81
Dalit	24	22.86
Total	105	100

Source: Field Survey, 2007.

According to table 4.1.4 it can seen that majority are Chhetri in the study area (43.81%) and followed by Brahmin (33.33%). Similarly, least percent occupied by Dalit (22.86 %).

4.1.5 Number of Children and Elderly Population.

Number of children of elderly people shows the social structure and behavior towards children in past time. Number of elderly people also presents family background of

elderly people. Following table gives the information about the number of children and elderly population in the study area.

Table 4.1.5: Elderly Respondents by Number of Children

Number of Children	Total	
	No	%
1-2	14	13.33
3-5	49	46.67
6-8	37	35.23
9+	5	4.77
Total	105	100

Source: Field Survey, 2007.

Above table 4.1.5 presents that highest percent of elderly people have 3-5 children, which occupies 46.67 percent. About 35 percent respondents were reported to have 6-8 children, 13.33 percent respondents reported 1-2 children. Similarly, rest 4.77 percent respondent reported more than 9 children.

4.2 Socio-economic Status and Elderly People

4.2.1 Educational Status and Elderly Population

The definition of literate according to census held in 1991 and 2001, was the ability read and write, which understanding and to perform simple arithmetic calculations. Education is one of the important factors, which affect all aspects of human life. Educational status has positive correlation with the living condition and overall condition of elderly people. The high level of educational status indicates the higher quality of life and vice-versa. The literacy status and educational attainment of elderly people is presented below.

Table 4.2.1: Elderly Respondents by their Literacy Status

Literacy Status	Male		Female		Total	
	No	%	No	%	No	%
Literate	35	70.00	5	9.10	40	38.10
Illiterate	15	30.00	50	90.90	65	61.90
Total	50	100.00	55	100.00	105	100.00

Source: Field Survey, 2007.

According to the table 4.2.1 literacy status of male is quite satisfactory than female elderly. Out of 50 male elderly 70 percent are literate where as only 9.10 percent female are literate. Among 105 respondents 40 (38.10%) are literate and 65 (61.90%) are illiterate elderly respondents.

Table 4.2.1.1: Elderly Respondents by their Educational Attainment

Educational Attainment	Male		Female		Total	
	No	%	No	%	No	%
Primary	10	20	2	3.64	12	11.43
Secondary	7	14	-	-	7	6.67
Intermediate	2	4	-	-	2	2.0
Bachelor	-	-	-	-	-	-
Known	33	66	53	96.36	84	80
Total	50	100	55	100.00	105	100.00

Source: Field Survey, 2007.

Above table reveals that the majority of elderly people had attained primary education which is 11.43 percent. 6.67 percent had attend secondary and 2 percent had passed inter mediate. No one had attained bachelor and above degree. Male elderly have better position compare to female elderly in terms of educational attainment.

4.2.2 Past Occupation and Elderly Population

Family occupation and quality of life of elderly people have direct relationship. Occupation determines the economic status of elderly in the one hand and it affects the longevities on another. The occupation status of elderly people in the study area is presented in the following table.

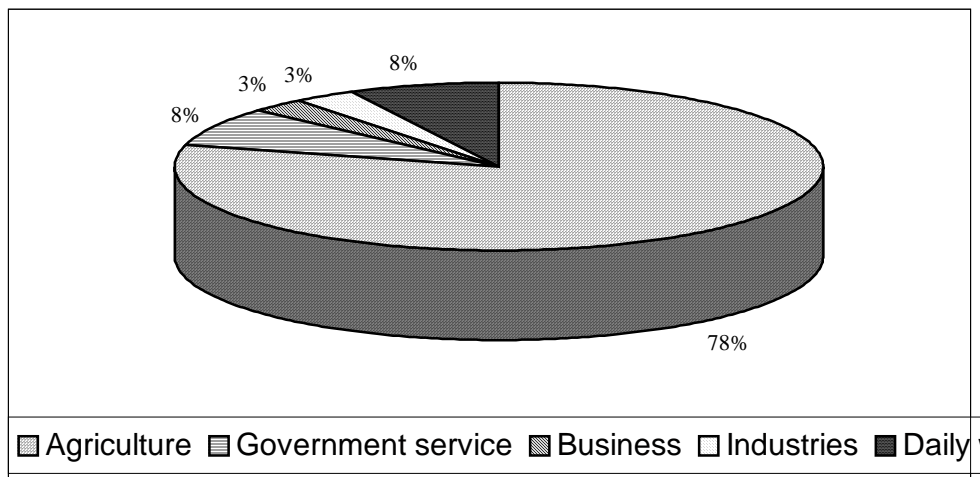
Table 4.2.2: Past Occupation Of Elderly Population

Past Occupation	Total	
	No	%
Agriculture	83	79.04
Government service	8	7.62
Business	3	2.86
Industries	3	2.86
Daily wage	8	7.62
Total	105	100

Source: Field Survey, 2007.

Above table. 4.2.2 clears that most of the elderly people's occupation in the study area is agriculture, which account 79.04 percent. The occupation of government service and daily wage has second position, which accounts 7.62 percent. The occupation of elderly people in industries and business is reported 2.86 percent only.

Figure 3: Past Occupation Of Elderly Population



4.2.3 Source of Income and Elderly Population

Source of income of elderly people in the study area was found as follows.

Table 4.2.3: Elderly Respondents by Present Source of Income

Source of Income	Male		Female		Total	
	No	%	No	%	No	%
Business	1	2	-	-	1	0.96
Investment/Share	1	2	-	-	1	0.96
Dan/Chanda	6	12	-	-	6	5.71
Agriculture	27	54	32	69.10	65	61.90
Pension	9	18	2	3.63	11	10.47
Old Age Allowance	6	12	15	27.27	21	20
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

Above table shows that the main source of income is agriculture of elderly people which is accounted 61.90 percent. Second source of income of elderly is old age allowance (20%). Business, investment/share, Dan/chanda, pension, occupies 0.95, 0.95, 5.71, and 10.47 percent respectively.

4.2.4 Monthly Income and Elderly Population

Present level of income of elderly people directly affects the living standard of elderly because it determines the expenditure behavior on needed materials. Following table shows the monthly income of elderly people.

Table 4.2.4: Elderly Respondents Income Per Months in Rs.

Monthly Income	Male		Female		Total	
	No	%	No	%	No	%
Less than Rs.1000	23	46	48	78.18	66	62.86
RS.1000-2500	13	26	26	20	24	22.86
Rs.2500-5000	9	18	18	1.82	10	9.52
Rs.5000-75	4	8	8	-	4	3.81
Rs.7500-1000	1	2	2	-	1	0.95
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

From the above table it is clear that majority of elderly people have less than Rs.1000 per months income which occupied 62.86 percent. About 22.86 percent have Rs.1000-2500 per month income. Similarly, 9.52 percent reported Rs.2500-5000 per month, 3.81 percent elderly reported Rs. 5000-7500 per month income. And 0.95 percent reported Rs.7500-1000 per month income. Unproductive agriculture activity is main occupation of elderly people therefore they got low income per month.

4.2.5 Property Ownership and Elderly Population

Property is old age security therefore longevity and standard of life of elderly people also determined by property. Property ownership of elderly people is shown in the following table.

Table 4.2.5: Elderly Respondents by Ownership of Property

Property ownership	Male		Female		Total	
	No	%	No	%	No	%
House only	9	18	15	27.27	24	22.86
Land only	4	8	6	10.91	10	9.52
House and Land	33	66	27	49.10	60	57.14
Bank Balance	1	2	-	-	1	0.95
Ornaments			7	12.72	7	6.67
Share/Investment	3	6	-	-	3	2.86
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

Above table. 4.2.5 reflects that majority of elderly people have both house and land i.e. it is accounted 57.14 percent. Ownership of house only and land has second and third position i.e. 22.86 percent and 9.52 percent respectively. Similarly 0.95 percent have bank balance, 6.67 percent have ornaments, 2.86 percent have share investment.

4.2.6 Aged Allowance and Elderly Population

Aged allowance and widowhood allowances one of the examples of social welfare program in Nepal. Old age allowance is given to the elderly people aged 75+ years, helpless widow allowance to the woman aged 60+ years.

Table 4.2.6: Elderly Respondents to Get Allowance

Get Allowance	Male		Female		Total	
	No	%	No	%	No	%
Yes	9	18	33	60	42	40
No	41	82	22	40	63	60
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

Above table 4.2.6 clears that 40 percent elderly people have received aged allowance and helpless widow allowance. The no of female elderly is more than male elderly people because they receive help less widow allowance. Caused by aged factor majority of elderly are not getting any allowance.

4.2.7 Family Type and Elderly Population

Family size directly affects the livelihood of old people. It is believed that the old people get more support, if the family size is larger but the norms about family are changed over the period of time. Both joint and nuclear nature of family was found in study area. The following table shows the size of family of the respondent.

Table 4.2.7: Elderly Respondents and Family Type

Nature of Family	Total	
	Number	Percent
Joint	94	89.52
Nuclear	11	10.48
Total	105	100

Source: Field Survey, 2007.

Above table 4.2.7 reveals that joint family type is more than nuclear family. The share of nuclear family has 10.48 percent whereas the joint family has 89.52 percent.

4.2.8 Cared Person and Elderly Population

Family support is necessary for elderly people because the elderly people are physically weak. Care received by elderly people is an important aspect for their health condition and supporting system.

Table 4.2.8: Elderly by their Cared Person

Person who care	Male		Female		Total	
	No	%	No	%	No	%
Own self	11	22	7	12.73	18	17.14
Husband/Wife	20	40	4	7.27	24	22.86
Son/Daughter in law	18	36	35	63.64	53	50.48
Daughter/son in law	1	2	4	7.27	5	4.76
Grand Children	-	-	5	9.09	5	4.76
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

The table 4.2.8 reveals that majority of elderly people are cared by their son and daughter in law. About 4.76 percent elderly are cared by daughter/son in law and grand children. Similarly spouses 17.14 percent elderly people do not have any care person they cared by own self-care 22.86.

4.2.9 Food Taking System and Elderly Population

Food taking system depends upon the family status of elderly people. Food is basic need of human beings. Sufficient and nourished food is necessary to make physically and mentally fitness. But in the context of the Nepal, most of the people are living under the poverty line. They are facing food and other problems to maintain their daily life. The following table shows the food taking system of elderly people.

Table 4.2.9: Elderly Respondents by Their Food Taking System

System of food taking	Male		Female		Total	
	No	%	No	%	No	%
Two times	26	52	32	58.18	58	55.24
Three Times	24	48	23	41.82	47	44.76
Four Times						
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

Above table.4.2.9 reflects Majority of elderly people are taking food two times per day 55.24 percent and only 44.76 percent elderly people takes food three times per

day. Nearly 52 percent elderly males and 55.18 percent elderly female people take food two times per day. Nearly 48 percent male and 41.82 percent female takes food three times per day. No one takes food four times and above per day.

4.2.10 Provision of Food and Elderly Population

Elderly people naturally have less powerful and need to provision of food in time. Table 4.2.10 gives the information that prepares food in study area.

Table 4.2.10: Elderly Respondents and the Person Who Prepare Food for Them

Food prepare person	Male		Female		Total	
	No	%	No	%	No	%
Own self	5	10	27	49.10	32	30.48
Husband/wife	25	50	8	14.54	33	31.43
Son /Daughter in law	18	36	13	23.64	31	29.52
Daughter/son in law	-	-	4	7.27	4	3.81
Grandchildren	2	4	3	5.45	5	4.76
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

Among 105 elderly people, 30.48 elderly were engaged in preparing food. Among them proportion of female was high it was mainly because of tradition of Nepalese to give the responsibility of preparing food to woman. About 31.43 percent respondent had reported they made their provision of food by themselves.

4.2.11 Cleanliness and Elderly Population

Elderly are physically weak, so they need help from other people. Following table presents their helping condition for their own cleanness.

**Table 4.2.11: Elderly Respondents by the Person Who Involved
in Their Cleanliness**

Helper person	Male		Female		Total	
	No	%	No	%	No	%
Own self	21	42	33	6	54	51.42
Husband/wife	13	26	-	-	13	12.38
Son /Daughter in law	10	20	19	34.54	29	27.62
Grandchildren	6	12	3	5.46	6	8.58
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

From the above table 4.2.11 it is obvious that highest percent (51.42%) of elderly people reported they did not get any help from their family member in sanitation. Least percent (8.58%) of elderly reported that they help from their grand children. Similarly, 12 percent get help from spouses and 27.62 percent received help from their son/daughter in law.

4.2.12 Process of Receiving Aged Allowance

The following table shows the place where aged people receiving aged allowance.

Table 4.2.12: Elderly Respondents by the Process of Receiving Aged Allowance

Process	Male		Female		Total	
	No	%	No	%	No	%
From Ward Office	3	33.33	11	33.33	14	33.33
In Home	2	22.22	4	12.12	6	14.29
From Family Members	4	44.44	18	45.55	22	52.38
Total	9	100	33	100	42	100

Source: Field Survey, 2007.

From above table 4.2.12 majority of male, female, elderly people received their aged allowance by the help of family member i.e. 44.44 percent for male and 45.55 percent for female. 33.33 percent elderly received aged allowance form ward office and 14.29 percent received aged allowance at home.

4.2.13 Social Esteem and Elderly Population

Nepalese culture is rich in respecting elderly people. But with modernization some negative attitudes are increased towards elderly. In the study area the situation of social esteem of elderly is presented below.

Table 4.2.13: Elderly Respondents by their Views on Social Esteem

Social Esteem	Male		Female		Total	
	No	%	No	%	No	%
Better than Earlier	7	14	13	23.64	20	19.04
Same as Earlier	11	22	17	30.91	28	26.67
Worst than Earlier	32	64	25	45.45	57	54.29
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

The above table 4.2.13 it reflects that 54.29 percent elderly reported social esteem is worst than earlier. It is due to modernization and urbanization. 26.67 percent respondents reported same as earlier and 19.04 percent reported better than earlier. It depends upon the perception of elderly people towards their family and society.

4.2.14 Family Decision and Elderly Population

Decision of elderly people play important role in family decision because they have experienced than young generation.

4.2.14.1 Households Labor Division and Elderly.

The fact about house holds labor division in the study area is presented below.

Table 4.2.14.1: Elderly Respondents by their Households Labor Division

Who decide House hold labor	Male		Female		Total	
	No	%	No	%	No	%
Self	7	14	11	20	18	17.14
Husband/Wife	27	54	13	23.64	40	38.10
Son/Daughter in law	16	32	24	43.64	40	38.10
Daughter/son in law	-	-	4	7.27	4	3.80
Grand children	-	-	3	5.45	3	2.86
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

Above table 4.2.14.1 shows that 38.10 percent household decision is made by spouses and son/daughter in law. 17.14 percent decision is made by self, 38.80 by daughter/son in law and 2.86 percent have reported by grand children.

4.2.14.2 Decision, Selling and Buying of Valuable Things and Elderly Population

In selling and buying of valuable things the decision made by home is reported from the elderly people at the time of the field survey is given in the following table.

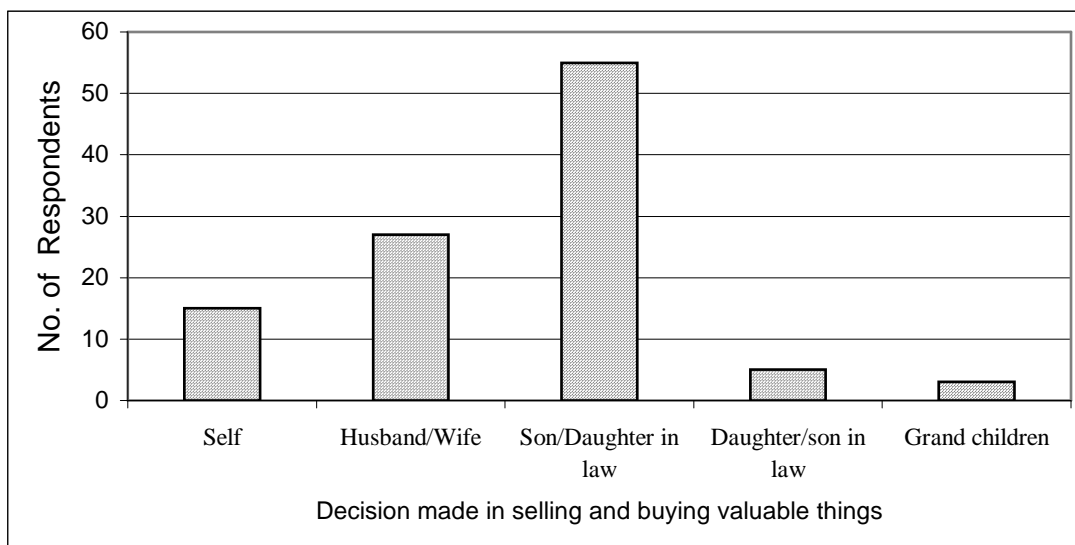
Table 4.2.14.2: Elderly Respondents by Decision in Selling and Buying of Valuable Things

Decision made in selling and buying valuable things	Total	
	No	%
Self	15	14.29
Husband/Wife	27	25.71
Son/Daughter in law	55	52.38
Daughter/son in law	5	4.76
Grand children	3	2.86
Total	105	100

Source: Field Survey, 2007.

Above table shows that 52.38 percent elderly people reported that son/daughter in law decide in selling and buying of valuable thing. Similarly 14.29 percent by themselves, 25.71 percent by spouses, 4.76 percent by daughter/son in law and rest 2.86 percent by grand children have made decision in selling and buying valuable things.

Figure 4: Elderly Respondents by Decision in Selling and Buying of Valuable Things



4.2.14.3 Decision made in Important Family Ceremony and Elderly Population.

The following table in the study area gives decision made in important family ceremony.

Table 4.2.14.3: Elderly Respondents by Decision in Important Family Ceremony.

Decision made by	Total	
	No	%
Self	35	33.33
Husband/Wife	48	45.71
Son/Daughter in law	17	16.20
Daughter/son in law	5	4.76
Grand children	-	-
Total	105	100

Source: Field Survey, 2007.

From the above table 4.2.14.3 it can be seen that highest proportion 45.71 reported husband/wife decide an important family ceremony. Likewise 33.33 percent have reported by themselves, 16.20 percent accounted by son/daughter in law. Similarly rest 4.76 percent reported by daughter/son in law.

4.2.15 Involved in Family Occupation and Elderly Population

Most of the elderly people in Nepal are involving in caring grand children, physical level, helping domestic work etc. The following table gives the family occupation of elderly people in study area.

Table 4.2.15: Elderly Respondents by Involve in Family Occupation

Pattern of involvement	Male		Female		Total	
	No	%	No	%	No	%
Skill Providing	9	18	2	3.63	11	10.48
Physical Labor	4	8	19	34.55	23	21.90
Technical Knowledge	2	4	4	7.27	6	5.71
Helping Domestic Work	11	22	16	29.10	27	25.71
Cash Provide	7	14	-	-	7	6.67
Guidance/Counseling	17	34	14	25.45	31	29.52
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

About 29.52 percent elderly involved in guidance counseling, 21.90 percent are participated in physical labor, 25.71 percent are involved in domestic work. Similarly 10.48 percent are providing skill, 5.71 percent are giving technical knowledge and rest 6.67 percent are cash provider. Above table 4.2.14 reveals that more female (34.55%) are involved in physical labor whereas and 8 percent males are involved in physical labor work. The percentage of male elderly is more than female elderly in guidance/counseling.

4.2.16 Daily Activity and Elderly Population

Daily activity also determines the life style of elderly people. Following table gives the daily activity of elderly people in the study area.

Table 4.2.16: Elderly Respondents by their Daily Activities

Daily Activities	Total	
	No	%
Household Activities	49	46.67
Caring Grand Children	24	22.85
Worship	13	12.38
Visiting temple and church	7	6.67
Studying newspaper/listening Radio	7	6.67
Meeting peer groups	7	4.76
Total	105	100

Source: Field Survey, 2007.

Table.4.2.16 clears that majority of elderly people involved in household activities i.e. 46.67 percent. Caring grand children has second position it is reported 22.85 percent, 12.38 percent reported they pass their time in worship, Visiting temple and church, study newspaper/listening radio was reported by 6.67 percent. Similarly, rest 4.76 percent reported meeting peer group is their daily activity.

4.2.17 Elderly Expectation from Family

Every elderly people want better behaviors from family. At the time of survey, questions were asked to the elderly respondents on the expectation from the family for elderly people. The responses were found as

Table 4.2.17: Elderly Respondents by Want from Family

Want from family	Number	Percent
Love & affection	21	20
Physical care	10	9.52
Health	15	14.29
Food in time	31	29.52
Happiness	28	26.67
Total	105	100

Source: Field Survey, 2007.

Table 4.2.17 shows that most of the elderly (29.52%) expect food in time from family. Similarly 26.67 percent want happiness, 20 percent expect love and affection, 14.29

percent expect health care and only 9.52 percent expect physical care from the elderly family.

4.2.18 Elderly Attitude Towards Painful Events

Elderly age is the period in which human become physically and psychologically weak, in this period elderly people may have several painful events. During the survey respondents have reported following painful events.

Table 4.2.18: Elderly Respondents by their Painful Event

Painful events	Number	Percent
Physical disability	4	3.8
Economic deficiency	18	17.14
Isolation	13	12.38
Hated by Family	37	35.23
Not cared by family	33	31.42
Total	105	100

Source: Field Survey, 2007.

According to the table 4.2.18 majority of respondents (35.23%) reported hated by family as painful events, 31.42 percent reported not cared by family, 17.14 percent reported economic deficiency, 12.38 percent reported isolation and 3.8 percent respondents reported the physical disability as painful events.

4.2.19 Elderly Opinion of Religious Activity

Our society is Hindu culture society. All people in the society have faith on God. What is the rational of religious work was asked to respondents to perceive their feelings. Elderly people presented their answer as.

Table 4.2.19: Elderly Respondents by Opinion of Religious Activity

Religious Activity	Male		Female		Total	
	No	%	No	%	No	%
Peace of soul	29	58	23	41.81	52	49.52
Dharma/Karma	12	24	21	38.19	33	31.42
Save the tradition	8	16	11	20	19	18.1
Improve the another live	1	2			1	0.96
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

Table 4.2.19 clears that 49.52 percent elderly respondents were reported to peace of soul (Higher percent males than female). Similarly 31.42 respondents reported to dharma/karma (Higher percent female than that of male), 18.10 percent respondents reported save the tradition and only 0.95 percent respondents reported improve another life is the main purpose of the religious activity.

4.2.20 Memorize Events and Elderly Population

Elderly age is the period of assessment of previous life of human beings. Every person has non-forgetful event and never scored off from memory trace. Some important memorable events of elderly people in the study area are given as

Table 4.2.20: Elderly Respondents by Memorized Events

Memorized Events	Male		Female		Total	
	No	%	No	%	No	%
Past activities	4	8	6	10.91	10	9.52
Past events	5	10	7	12.73	12	11.43
Dead family member	6	12	16	29.1	22	20.95
Present activities	23	46	13	23.63	36	34.3
Present events	3	6	5	9.1	8	7.6
Health Situation	9	18	8	14.52	17	16.2
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

It is obvious from table 4.2.20 the highest proportion of the respondents memorized present activities which occupied 34.3 percent. Similarly 20.95 percent memorized dead family members, 16.2 percent reported that they memorized their health situation. Likewise 11.43 percent memorized their past events, 9.52 percent memorized their past activities and remaining 7.6 percent reported they memorized present event.

4.3 Health Status and Elderly Population

4.3.1 Health Situation of Elderly Compare to Their Peer Friends

There is a proverb health is wealth. Elderly is a period of decrease immune power, elderly may arise various types of health problem. Old age is prone to develop chronic

diseases like diabetes, mental disorder, disability of vision and hearing, loss of memory power and cardio-vascular problem.

4.3.1.1 Memory Power and Elderly Population

It is universal that elderly people have less memory power than their adult's hood. It is different one person to another. The following table presents the memory power of elderly people in the study area.

Table 4.3.1.1: Elderly Respondents by their Memory Power

Memory Power	Number	Percent
Better than peer group	29	27.62
Same as peer group	52	49.52
Worst than peer group	24	22.86
Total	105	100

Source: Field Survey, 2007.

Table 4.3.1.1 shows that 49.52 percent of respondent reported same memory as their peer group, 22.86 percent respondents have reported worst than their peer group. Similarly 27.62 percent accounted better than their peer group.

4.3.1.2 Vision Power and Elderly Population

Problem of vision is one of the major health problems of elderly people. The status of vision of elderly in study area is presented below.

Table 4.3.1.2: Elderly Respondents by their Vision Power

Ability of Vision	Number	Percent
Better than peer group	43	40.96
Same as peer group	35	35.23
Worst than peer group	25	23.81
Total	105	100

Source: Field Survey, 2007.

Table 4.3.1.2 presents that higher percent of respondents have better vision power than their peer group, which is accounted 40.96 percent. Similarly 35.23 percent

respondents reported same as peer group, 23.81 percent respondent reported worse than peer group.

4.3.1.3 Listening Power and Elderly Population

Decreased listening power is also another problem of elderly. The status of listening power of elderly in the study area is presented as

Table 4.3.1.3: Elderly Respondents by their Listening Power

Listening Power	Number	Percent
Better than peer group	41	39.04
Same as peer group	43	40.96
Worst than peer group	21	20
Total	105	100

Source: Field Survey, 2007.

Above table 4.3.1.3 clears that 39.04 percent respondents have better ability of listening whereas 40.96 percent have same ability of listening. 20 percent respondents have worst listening power than peer group.

4.3.1.4 General Physical Power and Elderly Population

Physical ability of elderly people can be measured by work capacity of physical organs. The general physical status of elderly people in the study area is found as.

Table 4.3.1.4: Elderly Respondents by their Physical Situation

Physical Situation	Number	Percent
Better than peer group	34	32.39
Same as peer group	51	48.57
Worst than peer group	20	19.04
Total	105	100

Source: Field Survey, 2007.

Above table reveals that higher percent of respondents have same general physical power as their peer group, which is reported 48.57 percent, 32.39 percent respondents reported better than counterparts. Similarly rest 19.04 percent respondents reported worst physical power than peer friends.

4.3.2 Place of Treatment of the Elderly Population

Old people are physically weak they cannot walk properly from one place to another place for treatment due to old age. In this situation they need family support for health examine. The place of treatment of elderly people in the study area is presented in the following table.

Table 4.3.2: Elderly Respondents by their Place of Treatment

Place of treatment	Total	
	No	%
In Home	11	10.48
In Hospital	72	68.57
Private Clinic	9	8.57
Dhami/Jhakri	13	12.38
Total	105	100

Source: Field Survey, 2007.

From the above table 4.3.2 majority of the elderly people have reported hospital as a place of treatment, which is 68.57 percent. Likewise 10.48 percent reported at home, 8.57 percent reported private clinic. Similarly rest 12.38 percent respondents reported Dhami/Jhakri as their place of treatment.

4.3.3 Treatment Support and Elderly Population

Elderly are physically, economically and mentally weak. So they need support from their family member and other person.

Table 4.3.3: Elderly Respondents by Supports Financially for Treatment

Supporter	Male		Female		Total	
	No	%	No	%	No	%
Own Self	27	54	4	7.27	31	29.52
Husband/Wife	3	6	19	34.55	22	20.96
Son/Daughter in law	17	34	22	40.0	39	37.14
Daughter/son in law			4	7.27	4	3.81
Grand children	3	6	6	10.91	9	8.57
Total	50	100	55	100	105	100

Source: Field Survey, 2007.

According to the table majority of elderly people made the provision of treatment from son/daughter in law, which accounts 37.14 percent. Similarly, elderly own self have 29.52 percent, spouses have 20.96 percent, and grand children have 8.57 percent. 3.81 percent elderly respondents reported by grand children. 54 percent male elderly accounted by themselves and 29.52 percent female elderly accounted they made provision of treatment themselves.

4.3.4 Elderly Opinion Towards Government Responsibility on Health Services

Following table presents the opinion of elderly people towards government responsibility on health services in the study area.

Table 4.3.4: Elderly Respondents by their Opinion from Government on Health

Opinion	Number	Percent
Payment of Cash	13	12.38
Mobile Camp	17	16.19
Free Treatment	55	52.38
Free Health Check Up	6	5.71
Free Medicine	14	13.34
Total	105	100

Source: Field Survey, 2007.

According to above table 4.3.4, majority of the respondents (52.38%) expect free treatment. Similarly 12.38 percent respondents reported cash payment, 16.19 percent reported mobile camp, and 13.34 percent reported free medicine and 5.71 percent respondents reported free health checkup.

4.3.5 Elderly Views Towards Best Age of Life

All people want to live long. In the field, survey elderly respondents were asked the question what do you think about better period of living age and responses were found as follows:

Table 4.3.5: Elderly Respondents by their Opinion Better Period to Live

Period to Live	Number	Percent
60-70 years	3	2.86
70-80	31	29.52
80-90	54	51.42
90-100	17	16.2
Total	105	100

Source: Field Survey, 2007.

Table 4.3.5 reveals that most of the elderly reported 80-90 years as a better period to live i.e. 51.42 percent. 29.52 percent reported 70-80 years, 16.2 percent reported as 90-100 years. And only 2.86 percent reported as a better period of life in 60-70 years of age.

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

This study is designed to find out the status of elderly people based on socio-economic and demographic status of elderly people living in Amargadhi ward no.8 and 9. This study is conducted from the direct interview method among 105 elderly people, 50 males and 55 females. This study includes the 30 percent elderly people and major finding of the socio-economic and demographic characteristic of elderly people can be summarized in the following points.

In the study area highest number of respondents are in 60-64 and 65-69 year age group. The lowest proportion of population is in age group 70-74 years. The majority of respondents are currently married, which occupied 61.90 percent, widow/widower has second position. Only 3.81 percent elderly were found divorced. Likewise majority of elderly respondents are illiterate 69.10 percent. Among literate 11.14 percent had completed primary, 6.67 percent had secondary and 2.0 percent have intermediate. Similarly 100 percent of respondents follow Hinduism. The major caste was Chhetri which was 43.81 percent and second highest is Brahmin 33.33 percent. Last the Dalit occupied 22.86 percent.

According to family structure joint type of family is more than nuclear family. The share of nuclear family has 10.48 percent whereas the joint family has 89.52 percent. Majority of elderly people are cared by their son/daughter in law. Similarly 4.76 percent by daughter/son in law and grand children, 22.86 percent by spouses, and 17.14 by own self. More than half percent elderly people (55.24%) take food two times per day and rest 44.76 percent elderly take 3 times per day. 30.48 percent elderly were engaged in preparing food. 31.43 percent spouse have prepared food is highest percent whereas daughter/son in law have least participation in preparation of food. 51.42 percent elderly are cleaned by themselves and 12.98 percent by grand children and 27.62 by son/daughter in law.

In the study area, 79.04 percent have occupation of agricultural and government services and daily wage is reported 7.62 percent. The occupation of elderly people in industry and business is reported 2.86 percent. The main source of income is agriculture of elderly people, which accounted 61.90 percent. Second source of income of elderly is aged allowance, 20 percent. Business, investment/share, dan/chanda, pension accounted 0.95,0.95, 5.71 and 10.47 percent respectively like wise, majority of elderly people (62.86 %) have less than Rs.1000. Only 0.95 percent has Rs.7500-10000 monthly income. Similarly majority of elderly people have both house and land, it is accounted 57.14 percent ownership of house only and land has second and third position, 22.86 percent and 9.52 percent respectively. Similarly 0.95 percent has bank balance, 6.67 percent have ornaments, and 2.86 percent have share/investment. 40 percent elderly people have received aged allowance and helpless widow allowance. Rest 60 percent did not get aged allowance. Majority of elderly people (52.38%) received there aged allowance by the help of family member. 33.33 percent elderly received aged allowance from ward office and 14.29 percent receive aged allowance at home by the help ward secretary.

In the process of decision making 38.10 percent household decision has done by spouses and son/daughter in law. 17.14percent decision has made by self, 3.80 by daughter/son in law and 2.86 percent had reported by grand children. Similarly 52.23 percent elderly people reported that son/daughter in law decide in selling and buying valuable things. Like wise 14.29 percent by themselves 25.71 percent by spouses, 4.76 percent by daughter/son in law and rest 2.86 percent by grand children. The finding shows that 45.71 percent spouses take decision in important ceremony and least by daughter and son in law. Among 105 respondents, in the view of gender analysis, 34 percent male are helping in guidance/counseling where 25.45 percent females are involved. The highest proportion of elderly is involved in counseling/guidance least (5.71%) in technical knowledge in family occupation. The highest proportion of elderly people (46.67%) help in household work, caring grand children has second position. Least percent (4.76%) elderly daily activity is meeting peer groups. Out of 105 sample population 46.67 percent have 3-5 children 35.23 percent have 6-8 children, 4.77 have 9 and above children rest 13.33 percent respondents have 1-2 children.

Out of 105 respondents (49.52%) have same memory power as peer group. 27.62 have better than peer group and 22.86 percent have worse ability of memory power than their peer friends? With reference to vision power 40.96 percent reported better than peer group, 35.23 percent reported same as peer friend and 23.81 percent accounted worst than peer group. In term of listening power 39.04 percent respondents have better ability of listening whereas 40.96 percent respondents have same ability of listening. 20 percent respondents have worst listening power than peer group the higher percent of respondents have same general physical power as their peer group which is reported 48.57 percent, 32.39 percent reported better than counterparts. Similarly rest 19.04 percent respondents reported worst physical power than peer friends.

Among 105 respondents majority of the elderly people have reported a hospital as a place of treatment, which is 68.57 percent likewise 10.48 percent reported at home, 8.57 percent reported private clinic. Similarly rest 12.38 percent respondents reported "Dhami/Jhakri" as their place of treatment. Majority of elderly people (37.14%) reported son/daughter in law made provision of treatment, 29.52 percent reported own self, 20.96 percent reported spouses and least 3.81 percent reported daughter/son in law made provision of treatment. Likewise majority of respondents (52.38%) expect free treatment, 12.38 percent respondents reported cash payment, and 16.19 percent reported mobile camp and 13.34 percent reported free medicine and 5.71 percent respondents reported free health check up. Likewise most of elderly reported 80-90 year as better period to live (i.e.51.42%) and only 2.86 percent reported as a better period of live in 60-70 years of age.

Most of the elderly people (29.52%) want food in time and only 9.52 percent want physical care from the family. According to study majority of respondents (35.23%) reported hated by family is painful event least 30.80 percent of respondents reported the physical disability as a painful event.

The finding shows that 49.52 percent elderly respondents reported to peace of soul. Similarly 41.42 percent respondent reported to Dharma/Karma and only 0.95 percent respondent reported improves another life is the main purpose of the religious activity. Most of elderly people (34.3%) memorized present activity and least 7.6 percent memorized present events.

5.2 Conclusion

This study mainly focuses on the socio-economic and demographic status of elderly people living in Amargadhi municipality ward no.8 and 9 Dadeldhura. According to study majority of elderly are currently married. Large number of elderly is illiterate due to the lack of educational access in the past. In the view of gender analysis female illiteracy is higher than male. Most of literate elderly people have passed primary level. All elderly people follow Hindu religion. Chhetri is major caste followed by Brahmin and Dalit. In the study area most of the elderly are living in joint family. Due to physical weakness, majority of elderly are cared by their son/daughter in law. More than half percent people eat twice a day because of religion and poverty. Female elderly are more involved in food making work in their homes.

This study reflects that most of the elderly are found occupied in agriculture and daily waged in their young age. The major source of income of elderly is agriculture followed by old age allowance and pension. The majority of elderly have income per month is less than Rs.1000 among them the proportion of female elderly is higher than that of male elderly. Gender base discrimination and lack of property ownership are also visible problem associated with elderly. Majority of living in study area are not getting aged allowance. Due to attraction towards nuclear family, majority of respondents have said social esteem is worst than earlier.

In process of family decision making also status of male elderly is better compare to female elderly. The number of female is more than male elderly in physical labor. Decision of son/daughter in law is more important than elderly spouses in important family ceremony. Elderly people have more number of children in average. Main daily activity of elderly people is household work, caring children and worship.

The health status of elderly people in study area is neither best nor worst. Most of the elderly people have medium power of vision listening, memory power and general physical power. Majority of elderly people have considered hospital as a place of treatment, however some believe to "Dhami/Jhakri even today and other people believe other types of treatment. Large number of elderly people wants government should give facility of free treatment, mobile camp and free medicine. Significant number of elderly people says 80-90 years age group is best period fro live.

Remarkable number of elderly people thinks food in time and happiness should be given priority for their satisfaction. Elderly people feel painful when they are hated by family, not cared by family, and are in economic deficiency and isolation. Peace of soul is accepted by large number of elderly people as a objective of religion, other motives dhram/karma save the tradition and improve the another life. The sleeping condition of elderly people is not satisfactory. They are disturbed by present activities, dead family member, pat event and health situation. Noticeable elderly people want to give their property their off spring.

5.3 Recommendation

This study mainly focuses on the socio-economic and demographic status of elderly people. Elderly are facing physical, mental, social and other types of problems at present situation on the basis of research result, we can recommended further step to be taken to minimize the problem of elderly and for policy implication.

- ❖ The need of national attention for the care of the aged must be viewed with great important by the society and concerned government agencies.
- ❖ Eradication of poverty is rightly a problem of much greater urgency and its solution will solve the problem of the aged at least in its economic aspect.
- ❖ The establishment of the homes and nursing home should be given priority in the social workers planning.
- ❖ A counseling program may be introduced to advise the aged employees how to adjust themselves in their changed circumstances.
- ❖ NGOs should be encouraged by every means when they wish to help eradicate problems of ageing in Nepal.
- ❖ Social security planning must immediately be done
- ❖ Education is main important determiner for the civilized society most of the female elderly are found illiterate so there should be informal education program should lunch.

- ❖ Develop the national social security system and some legal provision in order to providing right, dignity, esteem and self-development of elderly people.
- ❖ Conduct various kind of seminar with the aim of extending the right, dignity, freedom and peace of elderly people.
- ❖ Old age allowance should be increased and reduce eligibility age for old age allowance from 75-65.
- ❖ Special economic support should be provided by the state for proper management of widow/widower who are living alone.

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Questionnaire Form

Questionnaire form for the study of Status of Elderly People Living in Amargadhi Municipality, Dadeldhura 2007.

Respondent's Name :

VDC:

Ward:

House No:

Name of Household Head:..... Date:.....

1. Demographic Information

S. No.	Name	Relationship with household	Sex	Age	Marital Status	Religion	Education	Occupation

Code No.:

a. Relationship with household head	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Brother/sister.....5 f. Grand children.....6 g. Others.....7
b. Sex	a. Male.....1 b. Female.....2
c. Marital status	a. Unmarried.....1 b. Married.....2 c. Divorced.....3 d. Separated.....4 e. Widow/Widowers.....5
d. Religion	a. Hinduism.....1 b. Buddhism.....2 c. Christian.....3 d. Islam.....4

e. Education	a. Illiterate.....1 b. Literate.....2 c. Primary.....3 d. Secondary.....4 e. Intermediate.....5 f. Bachelor &.....6
f. Occupation	a. Unemployed.....1 b. Student.....2 c. Merchant.....3 d. Government bureaucrats.4 e. Agriculture.....5 f. Industries.....6
2. Information on Family Status	
Q. No. 201. Who care your house ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Grand-children.....5 f. Others.....6
Q. No. 202. How many times do you eat per	a. Once a day.....1 b. Twice a day.....2 c. Three times a day.....3 d. Four or more times a day....4
Q. No.203. Who make your food ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Grand-children.....5 f. Others.....6
Q. No. 204. Who helps in personal hygiene ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Grand-children.....5 f. Others.....6

3. Family Decision	
Q. No. 301. Who decide to the following things ?	
Q. No. 301.1 Division of household labour ?	
Q. No. 301.2 Marriage of offspring ?	
Q. No. 301.3 Selling and buying of valuable thing ?	
Q. No. 301.4 Important family ceremony ?	
Q. No. 301.5 Code of the above questions ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law...3 d. Daughter/son-in-law...4 e. Grand-children.....5 f. Others.....6
Q. No. 302. How do you settled in this house ?	a. Rent.....1 b. Dan/Chand.....2 c. Dependent.....3 d. Others.....4
Q. No. 303. To whom do you live now ?	a. Husband/wife.....1 b. Alone.....2 c. Son/daughter-in-law..3 d. Daughter/son-in-law..4 e. Brother.....5 f. Other relatives.....6 g. Others.....7
Q. No. 304. Does your satisfied with present live ?	a. Yes.....1 b. No.....2
Q. No. 305. To whom do you wish to live ?	a. Alone.....1 b. Son/daughter-in-law..2 c. Daughter/son-in-law..3 d. Elderly homes.....4 e. Religious institution...5 f. Others.....6
Q. No. 306. Does you depend up on your offspring ?	a. Yes.....1 b. No.....2

Q. No. 307. What is the level of care from your family ?	a. Good.....1 b. Better.....2 c. Worst.....3
Q. No. 308. How do you spent your one day ?	a. Religious activity.....1 b. Yoga.....2 c. Reading/listening news..3 d. Working in side home...4 e. Care of grand children...5 f. Visiting temple/church...6 g. Meeting peer group.....7 h. Discuss with family member..8
Q. No. 309. At what time do you wake up ?
Q. No. 310. What is your condition of sleep ?	a. Good.....1 b. Better.....2 c. Worst.....3
Q. No. 311. What types of event entire in your memory at night ?	a. Past activities.....1 b. Past events.....2 c. Dead family member.....3 d. Present activities.....4 e. Present events.....5 f. Health situation.....6
Q. No. 312. What was your age during marriage ?
Q. No. 313. How many children's do you have ?
Q. No. 314. In your opinion, what is the rationale of religious work ?	a. Peace of soul.....1 b. Dharma/karma.....2 c. Save the tradition.....3 d. Improve the another live..4 e. Others.....5
4. Information on Economic Status	
Q. No. 401. What is your source of income ?	a. Trade.....1 b. Investment/share.....2 c. Dan/Chanda.....3 d. Aged allowance.....4 e. Agriculture.....5 f. Pension.....6 g. Others.....7

Q. No. 402. What is your income per month in Rs. ?	a. Less than Rs.1000.....1 b. Rs.1000-2500.....2 c. Rs.2500-5000.....3 d. Rs.5000-7500.....4 e. Rs.7500-7500.....5 f. Rs.10000 ⁺6
Q. No. 403. What is your property ownership ?	a. House.....1 b. Land.....2 c. House and Land.....3 d. Cash.....4 e. Bank balance.....5 f. Investment.....6 g. Others.....7
Q. No. 404. Who take the responsibility of your special expansion ?	a. Son/daughter-in-law...1 b. Daughter/son-in-law..2 c. Grand children.....3 d. Other relatives.....4 e. Institution.....5 f. Others.....6
Q. No. 405. How do you support in your home ?	a. Counseling.....1 b. Skill provide.....2 c. Physical labour.....3 d. Provide cash.....4 e. Technical knowledge.5 f. Household activities..6 g. Others.....7
Q. No. 406. Do you take aged allowance ?	a. Yes.....1 b. No.....2
Q. No. 407. What is your process of taking aged allowance ?	a. From office.....1 b. In home.....2 c. NGOs.....3 d. Security institution...4 e. Family member.....5 f. Others.....6

Q. No. 408. Why do you not receive aged allowance ?	a. Lack of citizenship Certificate.....1 b. No one help.....2 c. Unknown.....3 d. Not necessary.....4 e. Others.....5
Q. No. 409. In your opinion, who is the responsible person of elderly care ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law.....3 d. Daughter/son-in-law.....4 e. Grand children.....5 f. Others.....6
Q. No. 410. In your experience, what is the present system of social esteem towards elderly people ?	a. Better than earlier.....1 b. Same as earlier.....2 c. Worst than earlier.....3
5. Information on Health Status	
Q. No. 501. How do you feel your health situation comparing your peer friend ? Code of the above questions ?	a. Better than peer friend.....1 b. Same as peer friend.....2 c. Worst than peer friend.....3
Q. No. 501.1 Ability of vision	
Q. No. 501.2 Ability of hearing	
Q. No. 501.3 Memory power	
Q. No. 501.4 General physical power	
Q. No. 502 Where do you go for treatment become sick ?	a. Treatment in home.....1 b. In home with doctor..2 c. Hospital.....3 d. Private clinic.....4 e. Dhami/Jhankri.....5 f. Others.....6
Q. No. 503 How do you manage your treatment ?	a. Self.....1 b. Husband/wife.....2 c. Son/daughter-in-law..3 d. Daughter/son-in-law..4 e. Religious institution...5 f. Others.....6

<p>Q. No. 504. In your opinion, what type of health services is needed to elderly from government side ?</p>	<p>a. Paying cash.....1 b. Mobile camp.....2 c. Free treatment.....3 d. Free health check up...4 e. Others.....5</p>
<p>Q. No. 505. In your opinion, which is the better period of living age ?</p>	<p>a. 60 yrs.....1 b. 60-70 yrs.....2 c. 70-80 yrs.....3 d. 80-90 yrs.....4 e. 90-100 yrs.....5 f. 100⁺ yrs.....6</p>
<p>Q. No. 506. What do you expect from your family ?</p>	<p>a. Love.....1 b. Affection.....2 c. Physical care.....3 d. Health.....4 e. Food in time.....5 f. Happiness.....6</p>
<p>Q. No. 507. In your opinion, what is the painful event of an elderly ?</p>	<p>a. Physical reliability.....1 b. Economic deficiency.2 c. Isolation.....3 d. Hated by family.....4 e. Not cared by family...5</p>
<p>Q. No. 508. Do you have any suggestion to concern bodies ?</p>	<p>.....</p>