

CHAPTER I

INTRODUCTION

1.1 Background of the Study

Simply, the age of person above the 60 yrs is called the ageing. In other word, the older population is itself ageing. The ageing of population is the ultimate manifestation of biological and demographical activities in individual human being and population at large. The achievement of ageing is the positive impact of improvement on health facilities in the countries which govern to decline on high fertility and mortality. Until recently very little attention was paid about the dynamics of aging in percentage of aged persons in the population is crating humanitarian, social and economic problem in many countries specially the developed ones.

“Life is becoming less like a short sprint and more like a marathon.” This is the statement by secretary general of the United Nations, KOFI ANAN that he made at the function of developing the UN international year of older persons (IYOP), 1990 on 1st oct. 1999. (IYOP, 1999as cited Bhandary 2001:1). The statement indicates that life expectancy of human being has increased unlike the past. The analysis of human civilization shows that such increment in life expectancy is found concentrated specially over the last 2000 years. Beside the last half of the 20th century has also brought a new trend in demographic and that is population ageing. Now, the tempo of ageing is really fast and wide spread.

All living being will be victims of ageing one day. It is period of loss of growth, vitality and capability but not only loss also gain too. It is regarded as better period interims of wisdom, judgment and mature decision making. The ageing people need the compare of a person of experience for sharing happiness and sorrows of their life. Similarly, elderly people are found to pass their time, predominantly pursuing religious activities or doing household works or visiting friends and relations or just taking rest. Recently the global eyesight is concentrated upon both problems and importance of elderly people. Some international convention was held in the field of ageing and international community self esteem and human right. Nepal is co-signature of the ageing convention and some

effort has been made upon this field but neither there is sufficient nor are those implemented properly. Senior citizen policy and working plan, 2002, National plan of Action on ageing, 2002 and recent published “ The act of conservation and social security of senior citizen , 2063” is provided the provision of the welfare of elderly people in Nepal.

In context of Nepal, the historical achievement on ageing is “Nepal Senior Citizen act, 2063”, which is declared that to response and care of elderly is the responsibility of all, should not be keep separately without their property, should care by keeping together with them. They should be available facilities in public transportation, health care, and public works, religious as well as public place.

Various study shows that the very poor status of Dalit community compare to other caste groups community because of lower available of health and other facilities. In this way, their educational, economic status is also lower. They have been treated as the second class citizen since ancient period. That’s why, the number of Dalit senior citizen is very lower comparatively, and proper cared by family, society as well as by nation is also lower.

The participation of Dalit senior citizen in every sector is very low like the national political participation is also reared. Even in the VDC and municipality level participation of Dalit is reared. Educational status, health status, social status, life expectancy, child mortality maternal mortality, political participation, employment status, saving and their occupational status is the key elements of quality of life, which is lower for Dalit community.

In our Hindu religion, parents are honored as god. Every new younger was taught this moral. Instead of this moral teaching in our society we found some disorder in our society gradually their ability to work decrease as well as sometimes intellectual abilities decline their status in their family as well as in society. This trends elderly persons to develop negative attitude toward their own life and family, which is increasing at present days. But in that situation also they are compared to stay with their family. Elderly people from well –to-do families are the invisible sufferers who can neither tell their tales of woes to anybody nor can leave the families for fear of social stigma. Some elder were gone out from home and to be a bagger to stay at Ashram that we can found example from our society.

Modernization, urbanization as well as social conflict is the main responsible for being emerging as the elderly people elderly will require social security in the society. Social security of the elderly people is very significant to the developing countries like Nepal where the people living below the poverty line are very high as 31 percent (NLSS,2003/4) social security system is in primary stage in Nepal (Bisht ,2001). The government of Nepal provides an old age pension to the elderly aged 75 years and above, as sum of 150 rupees per month at present rise from 100 to 150 rupees in the international year of older persons 1999. However, this amount is inadequate and even the retirement pension received by retired person is not sufficient to sustain their life because the majority of the elderly population has no definite source of income after their retirement (Bisht, 2000)

The question is raised in developing countries, like Nepal , can afford nutrition , medicine , health care facilities and several other old age securities systems which is major portion of national budget is to be collected for example , number of pension holders plus elderly allowance will go on increasing. There are no health service centers for elderly population. So, there will be increasing need of geriatricians and geriatric hospitals. In addition, there will be increasing need of elderly homes (bridhashrams). As a result, government will have to spare a lot of money for migrating the problems that will be aggravating because of the hygienic disorders, economic weakness, social familial negligence and mental tension of the elderly population.

In this context, various research questions emerge. Is there any room left for the betterment of the senior citizens while the world is continuously being dominated by individuality day by day? How are the elderly enjoying their elderly life? Who contributes a lot during their working age? Whether they are in condition of age born “parasite” or they use enjoying inactive life in their agedness. Are they undergoing an inferior life just by virtue of living specified number of year? How are they feeling their elderly? All the contributions they made throughout their family and society are evaluated well or not. These issue need to be examined carefully.

Most of the countries are taken 65 years and above as an elderly people. In Nepal , for the specific purpose, for example, 58 years is specified for the compulsory retirement from the civil services (Saraswoti Prakasan ,2058), 63 years for university teachers (TU,2050),65 years for constitutional bodies(LBMB,2053), and 75 years for receiving the social security benefits of Rupees150. However, it is widely considered appreciate to use the age 60 as the entry point into old age in Nepal even throughout there is no strictly followed definition of elderly in the Nepal’s constitution.

The number of person aged 60 years or over is estimated to be 688 million and is projected to grow to almost 2 billion by 2060, at which time the population of older persons will be larger than the first time in human history. The majority of the world older persons reside in Asia (54%), while Europe has the next largest share (22%). One out of every 9 persons is now aged 60 years or over, by 2050, the UN projects that one person out of every 5, and by 2150 one out of 3 will be aged 60 years or over (UN, 2006). In context of Nepalese societies; the family and the government, population ageing is quite new. There is very little research on this issue. Even in one national research have not done in ageing in Nepal. Although, many national census shows the percentage of total ageing population.

An analysis of national population with aged 60 and over suggests that over the last five decades the proportion is consistently over 5 percent. It has increased from 4 percent in 1952/54 to 6.5percent in 2001. The relation of ageing and life expectancy tend to increase on aged persons. But the relation with CBR and TFR is negative in this way, in Nepal 60 years and above aged people was 3.2 percent in 1971 and 6.5 percent in 2006 (UN, 2006)

As we stand at the threshold of 21st century, one thing is clear the elderly population would explode as never before all over the world. Nepal is no exception. Although ageing and increasing life expectancy are phenomena to welcome, they do not inevitably mean the improvement of the health status and quality of the life of elderly for there all reasons, and population ageing is justified that is an emerging problem for Nepal. All these suggest that study of ageing population is imperative.

1.2 Statement of the problem

Population ageing is quite new in Nepalese societies. Modernization is a good for most people but it may not be equally good for the older people. But, our societies cannot avoid the forces of modernization. Nepal is not facing largely on ageing yet. It does not have high proportion of old age people as other developed countries have. It is truth that elderly people are nation's property and dignity. They spend their whole life contributing for family and nation. They have rich experience that can be learn and adopt.

No single nation-wide survey on elderly issues has been conducted in Nepal so far. Even in Dalit Community, survey on elderly people has not been done until now. As a result studies on elderly have to depend on limited information available from surveys conducted for other purpose.

Since very little is known about ageing issues in Nepal, it is important that ageing issues are understand correctly and in the proper content. Ageing is concerned with the old age disabilities or the functional status of senior individuals than the completed chronological age. Likewise, more important than the proportion per se is geographic, demographic and socio-economic context of the country. This is because a marginal increase in the proportion of aged may pose serious problem when the country is characterized by greater spatial inequalities, poverty, overly used land, resources, stagnant economy, high illiteracy and poor health status.

In the context changed after the restoration of democracy, our national commitment and responsibility for senior citizens have become more serious. Furthermore, it has also been necessary to materialize the commitment expressed by Nepal in various international conferences.

For the first time, the ninth plan made public in the development programme under social service and social security, particular object, policy and programmed for the indigenous and tribe people, untouchable and neglected community, and senior citizens helpless and disabled. Further more; it has pursued the objective of paying proper respect to the senior citizens by employing their experts, experience and knowledge in development, construction work of the country.

This survey possible to be framed with object of making the old age secured and easy developing the capacity of the older, utilizing their knowledge, skill and experience in the various spheres of nation building protection for the respectful life of senior citizen.

In our society, despite support from family members and other relatives, elderly belong to the most worst economically deprived groups. Furthermore, if only 30.8 percent of the total population is below the line of poverty (NLSS,2003/4). Among the various caste/ethnic groups, Dalits are considered as the higher percent of population living with under the poverty line. What is the condition of the Dalits elderly population, who are living with the vicious cycle of poverty?

The concept of the social security is gradually shifting from the realm of society to the state. Nepalese people have a long-standing Asian culture of paying respect to the elderly in the family and community. The elderly people are compared with the God- *Marti Deo Bhava Pitri Deo Bhava* is common tongue in Nepalese culture. But, in the process of modernization, shifting from the agricultural to industrial society, rapidly shifting in age structure and shifting from old traditional norms of paying respect to the elderly people.

The socio- economic status of various caste/ethnicity has differed from each other and it is very poor for Dalit community. The socio-economic status of any family or community is effect on the over all status of that senior citizen. By concerning this statement the socio- economic and demographic status of Dalit community is being burning issue in Nepal.

1.3 Objectives of the study

It is true that every study have two types of objectives. In this way, this study also classified the objectives- one is an ultimate objective and another is an immediate objective. They are also known as general and specific objectives respectively. General objective of this study is to find out the over all demographic, Psychological and socio-economic status of senior citizen of Dalit community of Keware and Tindobate VDC. The specific objectives of this study is-

01. To find out the Demographic status of those Dalit community.
02. To find out the psychological status of those Dalit community.
03. To find out the socio-economic status of those Dalit community.

1.4 Significance of the Study

Senior citizens are the nation's property and dignity. They spend their whole life contributing for family and nation. They have rich experience that can be very useful for younger generation to learn and adopt. It is better to utilize their knowledge, experience and skill for socio-economic development of the nation. The problem of senior citizen is not only for developing countries but also for developed countries. In developing countries, senior citizen problem exist due to the facilities and

lack of national natural resources. But, in developed countries, it is exist due to the modernization, more economic development and communication and technological development.

The study may be helpful for the different institutions working with ageing amendment of law act and planners to understand the life of elderly people of the Dalit community. It may also useful for the further study on this issue.

Until now, there is no even single nation-wide survey on issue of senior citizen has been conducted. So the study of the Dalit senior citizen has been far from expectation. As ageing is an emerging issue and elderly are in increasing trend in Nepal. Rapidly changing in modernization and other infrastructures also affect the life of old age people. As modernization increases, there is the chance of development of individualism. Individual may not be fulfilling the financial, social, health and other support of elder people. It is high time for the concerned authorities take the initiative to study an address the wide range of issues including economic, social and health aspects of the elderly before it is too late. Elderly people are passing thought different mental and psychological state due to the expansion of nuclear family, intergenerational gap, modernization urbanization, occupation shift etc.

Various studies shows the people of the rural area are deprived from all kind of facilities. Similarly, various literatures shows that Dalit caste is most dominated social groups among the all caste/ethnicities. In this way, by covering the age pattern 60 year and above age group, that's why, the study of Dalit senior citizen is significance.

1.5. Limitation of the study

Due to the limited time and economic constraints, every study has its own limitation. This study is limited in the following areas:

- 1) The study covers only those who are above 60 years of age.
- 2) The study has conducted in Keware VDC and Tindobate VDC of syangaja district.
- 3) This study has covered only Dalit community, in which Sarki, Damai, and Kami.
- 4) The study based on demographic, psychological, and socio-economic status of Dalit senior citizen.

5) This study has used the census method of data collection so it is not flexible to generalize.

Beside of above limitation, the study area is situated in the rural area so that finding of this study may not represent national wide social exclusion of Dalit elderly people.

1.6. Justification of the study

This study focused on the overall demographic, psychologic and socio-economic status of Dalit senior citizen. The justification on the study are listed as-

- 1) The study analysis the socio- economic status of Dalit senior citizen, generally, overall national socio- economic status of Dalit is lower, comparatively.
- 2) This study tries to find out the demographic status of elderly people in the past and present.
- 3) This study focuses also on the psychological status of elderly people; psychologically ageing people are weakness.

CHAPTER II

LITERATURE REVIEW

2.1 The Term: Elderly, aged, old age and cut off ageing

All people who are 60 year and above, known as ageing population. (National Senior Citizen act, 2063) The Ageing is growing old or maturing progressive changes related to the passage of time (Taber's cyclopedia medical dictionary: 1999). It is very difficulties to define universally and no precise method for determining the rate or degree of ageing. According to Robbins, 1998, it has seven stages of men. It begins at the moment of conception , involves the organism and its cells at some variable point in time, leads to the progressive loss of functional capacity characteristic of senescence, and ends in death (as cited in Population Monograph Vol. 2, 2003).

“The aged of elderly is normally defied in terms of a specific age however, the problem of ageing is rather concerned with old-age disabilities and that one's condition as aged depends on personal health, sex, employment, and socio-economic status.” The specific aged cut offs commonly used in the literature to assess the state of elderly are for statistical convenience (Mason, 1992 as cited in Subedi 1996:93)

Whatever definition countries might have been using for defining their older population or its subgroups generally a population with more than 35 percent of its people at under age 15 is young and a population with more than about 10 percent of its people 65 years or older can be considered 'old'.(Weeks 1980:210 as cited in Regmi,2006)

The Ageing of population was a national outcome of demographic transition from high fertility and mortality to low fertility and mortality. In this sense population ageing could be viewed as a bio-product of successful population programs that most countries have implemented (UN, 1991). The importance of age has been recognized with in the discipline of an underlying structural feature of population and a variable involved intrinsically in the demographics of fertility, mortality and spatial movement. (Myers, 1982)

The ageing of the population various form one countries to another or one community to another over time. Most countries take 65 years and above as an Elderly population. In Nepal, several age limits

have been prescribed for the specific purpose, for example, 58 years is specified for the compulsory retirement from civil services (Saraswoti Prakeshan, 2058). 62 years for UN employees (UN, 1999) 63 years for university teachers (TU, 2050), 65 years for constitutional bodies (LBMB, 2053) and 75 years for receiving the social security benefit of Rupees 150. Although, the fact is that there is no age limitation in the field of political participation.

A participation research on population ageing in Nepal (NEPAN and Help Age international, 2003) has shown that there is no specific definition regarding the ageing of Nepal. The following are some concepts regarding Ageing as provided by the children, youth and the elderly themselves have been considered. According to children, they have a respect Elderly people. They give food when they return from school or work. The elderly people are kind and narrate fairly tales, take them out, put them to bed and love them when their parent's scold. They say they love elderly people very much because they are kind and have always loved them as they grow up. Similarly, in the view of young people, the elderly people are above 60 years of age, guardians or head of households. They often need the support of walking canes to move around. In this way, the Ageing people are considering the onset of physical and mental weakness as old age. The physical weakness such as wrinkles, decline in eyesight and hearing power, trembling hands and feet, stooping, indigestion etc appear signs of old age. In addition, they say that memory power declines as well old age but for those who suffer from economic deprivation, family burdened and various mental tensions, this signs appear even before 40 years of age.

In developing countries, population ageing is accruing more rapidly because of rapid fertility decline and an increasing life expectancy due to medical investigation based on the use of advanced technology and drugs. There investigation has provided effective means to treated and prevent many diseases that use to kill people prematurely. Also of importance is the fact that population Ageing in the developing world is accompanied by persistent poverty. The rapidly growing 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.

Better medical care is preserving life at both ends of the age spectrum; infant mortality has fallen rapidly and more people are living longer. Combined with lower fertility, the effect is to increase the proportion of older people. This is what meant by an "ageing" population.

2.2 World's Elderly Population

The number of persons aged 60 years or over is estimated to be 688 million in 2006 and is projected that grow up almost 2 billion by 2060, at which time the population of older persons will be larger than the population of children (0-14year) for the first time in history. The majority of the world's older persons reside in Asia (54%), while Europe has the next largest share (22%). The world ageing population is differing from one region to another and one countries to another. The demographic status of world's ageing population by their development status as follows-

Table No.1: The demographic status of Elderly population

Region	Number (thousand)		% of total population		% of 80 years or over		% currently married men/women	% of alone Men/women	%in labor force Men/Women
	2006	2050	2006	2050	2006	2050			
World	687923	1968153	11	22	13	20	80/48	8/19	40/16
More developed region	247753	400029	20	32	19	29	79/48	13/32	21/11
Less developed region	440170	1568124	8	20	19	29	81/47	5/9	50/19
Least developed region	39593	171191	5	10	7	10	85/39	4/8	71/37

Source: PRB Data Sheet, UN, Population Ageing, 2006

The above table shows that the number of ageing population is higher for less developed region compare to more developed and least developed region. But the percentage of total ageing population is higher for more developed region as 20 percent for developed region, respectively. UN has projected that in less developed and least developed countries Ageing population will be double by the year 2050 but in more developed region, it will be increase only by half of the recently Ageing population . In this way percentage of 80 years or over and percentage in labor force (men/women) is higher for developed countries. These above all indicators shows that Ageing population is highly

increasing in developing countries compare to developed and the recent all demographic status of aging population is so positive in developed regions compare to developing regions. (UN, 2006)

One out of every 9 persons is now aged 60 years or over, by 2050, the UN projects that 1 person out of every 5, and by 2150 1 out of 3, will be aged 60 years or over, the percentage of older persons is currently much higher in the more developed than in the less developed region, but the place of ageing in developing countries is more rapid, and their transition from a young to an old age structure will occur over a shorter period. (UN, 2006)

The older population is itself ageing. Currently, the oldest old (aged 80 years or over) make up 13 percent of the population aged 60 or over. The oldest old are the fastest growing segment of the older population will be aged 80 years or over. The number of centenarians (aged 100 years or over) is projected to increase 13 fold, from approximately 287000 in 2006 to 3.7 million by 2050. The world has experienced dramatic improvements in longevity, life expectancy at birth has increased about 20 years since 1950, to its current level of 66 years. (UN, 2006)

The majority of the older person is women. Because female life expectancy is greater than male life expectancy, among older persons there are 82 men per 100 women. The ratio of men to women at older ages is lower in the more developed regions (72 men per 100 women) than in the less developed regions (88 men per 100 women) because there is a larger difference in life expectancy between the less developed and more developed regions. (UN, 2006)

Older men are more likely than older women to be married, while 80 % of older men are currently married, the corresponding figure for older women is 48 percent. Most of older persons without a spouse are widowed. Women are more likely to outlive their spouses because they live longer and are, on average, younger than their husbands. (UN, 2006)

Although many older persons who live alone are socially active and materially secure, those who live alone are more likely to need outside assistance in the case of illness or disability and are at greater risk of social isolation and poverty. An estimated 14 percent of the world's older persons live alone. The proportion is lower in the less developed regions (8%) than for women (19%) because women

are more likely to be windowed. The proportion is lower in the less developed regions (7%) than in the more developed regions (24%).(UN, 2006)

Men become eligible full pension benefits at age 65 or over in more than half of all developed countries. While the most common official retirement age for women is between 55 and 60 years in developed countries. The official retirement age in developing countries is often lower than in developed countries, most commonly between 55 and 60 years for both men and women. The differential between developed and developing countries reflects different in life expectancy, which is lower in developing countries. (UN, 2006)

Countries with high per-capita incomes tend to have lower labor force participation rate among older persons. In more developed regions, 22% of men aged 60 years or over are economically active, compared with 50% in less developed region, In more developed regions, 11% of older women are economically active, compare with 19% in less developed regions. Older persons in less developed countries participate to a greater extent in the labor force, largely owing to the, limited coverage of social security schemes and the relatively low income they guarantee when they exist (UN, 2006).

Majority of the world's elderly person (54%) live in Asia and 24% in Europe. The Asian elderly population share of 338 million , Chinese elderly people 135 million, Indian elderly 81 million and Nepalese (1.5million),(Bisht,2003).

The proportion of the aged population (65 years and above) is increased from 7.9 percent in 1950 in the most rapidly ageing countries (including Japan, Germany and Italy) will approach or exceed 20% of their population at older ages by 2050(UNFPA,1998).

Dominant theories of Gerontology, suggests that the status of elderly declines with modernization and status tends to be high in agricultural communities and socially where extended form the family touchers on the rudiments of ageing (Cogwill 1980, Cogwill and Homes 1972).

The size of ageing population is growing rapidly as growing the life expectancy of people. In 1971, the life expectancy of male was 42 years and for women was 40 years. In 1981, it was 50.9 for males and 48.1 years for females. Similarly, in 1991, for male was. It was 55 and 53.5 for female. The size of aged population in 1952/54 was 40976 where as in 1991. It was 1071234 (Subedi, 1991).

The proportion of the elderly national population (aged 60 years and above) are expected to grow rapidly over the past 5 decades in Asia. The increasing of the ageing people is higher in the economically advance countries of Asian such as Japan, Hong Kong , Macao , north Korea and south Korea. Similarly, south Asian countries were just opposite as in Afghanistan, Bangladesh, Bhutan, India, Iran, Nepal, Pakistan, Tajikistan, Turkmenistan and Uzbekistan. In context of Asian countries, traditionally, it was the prime responsibility of the family to take personal care of the family parents and support them financially to keep them healthy and wealthy in Asian countries in china. The children have to look after their parents constitutionally and legally (Bisht, 2001).

Traditionally, taking care of elderly is basically a family responsibility. There has been no change in the system. So far, the size of elderly population is not alarming but the trend and growth rare of this population shows rapid increased to be very high especially, when societies strive towards modernization. Trends are evident but over the last 2 decades, the country is characterized by stagnant economy (Subedi, 1990).

WHO is particularly committed to improving knowledge and skills of primary health workers through training activities in a variety of countries to deal with ageing related problems living longer are both an achievement and a perpetual challenge. Investing in health and promoting it through out life span is the only way to ensure that more people will reach old age in good health and capable of contributing to society intellectually spiritually and physically.(WHO, 1998)

As we stand at the threshold of the 20th century, one thing is clear the elderly population would explode as never before all over the world. (UN, 305.26091)

2.3 The scenario in the SAARC Region

The definition of ageing people is differs in SAARC countries too. Maldives has taken 65 years, Srilanka 55 years , India and pakistan 60 years , Bangladesh and Bhutan 58 years as criteria to define “Elderly citizens” (Bamdi,1999as cited in Regmi,2006) Comparisons of the proportion of elderly in Nepal with other SAARC region reveal that Nepal’s position is transitional. Most countries of SAARC region have their proportion of elderly less than that of Nepal. Which has shown in the following table

Table 2: Proportion of elderly population in SAARC countries.

Countries	Proportion in 1980	Proportion in 1990	Proportion in 2006*
Afghanistan	4.4	4.7	4
Bangladesh	5.1	4.6	6
Bhutan	5.4	5.4	7
India	6.6	7.1	8
Nepal	5.7	5.8	6
Pakistan	4.6	4.4	6
Srilanka	6.6	8.0	11
Maldives	-	-	5

Source: United Nations, 1992, * United Nations, 2006

Only two countries, India and Srilanka exceed Nepal in their proportion of Elderly population. Among the SAARC countries Srilanka observed the highest proportion of elderly population. (As cited Subedi, 1999) In 2006, the nature of data is also same and Srilanka achieve the highly proportion of elderly population that is 11 percent.

Table No.3 The demographic status of Elderly population in the SAARC countries

Countries	Total population (thousand)		%of total population		%80 years or over		%of currently married men/women	%living alone Men/wome n	Sex ratio (men pre10 0wo men) 2006	Life expectancy at age 60 Men/women
	2006	2050	2006	2050	2006	2050	2006	2006	2006	2005-2010
Afghanistan	1365	6253	4	6	5	6	83/38	—	98	14/15
Bangladesh	8264	40672	6	17	7	11	95/43	1/3	93	15/17
Bhutan	156	646	7	15	9	11	—	—	92	17/16
India	89922	329683	8	21	10	16	81/44	2/5	91	16/18
Nepal	1608	7225	6	14	7	10	80/50	3/7	77	15/17
Pakistan	9445	46745	6	15	9	12	79/50	3/2	96	17/17
Srilanka	2284	6919	11	29	11	21	81/51	1/5	88	17/21
Maldives	17	102	5	15	9	10	72/46	—	112	16/17

Source: United Nations, 2006

In the above table, the number of elderly people is higher for India in both based year and projected year then followed by Pakistan and Bangladesh respectively. Similarly, it is lower for Maldives and Bhutan. But the percentage of elderly person is higher for Srilanka and followed by India in both based and projected years. Although, it is other demographic indicator like percentage of 80 years and above, life expectancy at age 60 year is higher for Srilanka compare to other countries but sex ration is higher for Maldives and lower for Nepal.

2.1.4 Elderly population in Nepal

Ageing is an emerging issue and that the tempo is expected to be unexpectedly fast as the mortality countries to decline and life expectancy continues to increase. As a result, the problem of Ageing can become more serious than most other population problem in Nepal in the near future. The problem of Ageing 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. (Subedi 1996:93)

Population Ageing is quite new in Nepalese societies and neither the family nor the government is well versed to handle these issues. It is inevitable result of demographic transition especially with the decline in fertility. Modernization is good for most people but it may not be equally good for the older people, but our societies can not withstand the forces of modernization. This means many aged will be deprived of the extremely needed caregivers from within the household (subedi, 1999). Nepal is not facing largely on ageing yet. It does not have high proportion of old age people as other developed countries have. (Bisht, 2001)

Modernization, urbanization as well as social conflict is the main responsible for being emerging as the elderly people. Elderly will require social security. Social security of the elderly is very significance to the developing countries like Nepal where the people below the poverty line are very high as 42 percentage (NLSS, 2003/4) social security systems is in primary stage in Nepal. (Bisht,2001) the Nepal government provides an old age pension to the elderly people is very inadequate and even the retirement pension received by retired person is not sufficient to sustain their

life because the majority of the elderly population have no definite source of income after their retirement(Bisht,2000)

In our Hindu religion parents are honored *as God*. Every new Younger was taught this moral. Instead of this moral disorder in our society we found some disorder in our society gradually their ability to work decrease as well as sometime intellectual abilities any decline, which may causes the decline their status in their family as well as society. This tends elderly persons to develop negative attitude toward their own life and family, which is increasing at present days. But in that situation also they are compelled to stay with their family. Elderly people from well-to-do families are the invisible suffers who can neither tell their tales of woes to anybody nor can leave the families for fear of social stigma. Some Elderly was gone out from home and to be a beggar, went to stay at ASRAM that we can found from our society.

Nepalese people have a long standing Asian culture of paying respect to the Elders in the family and community. The elderly people are compared with the God as ***Marti Deo Bhawa; Petri Deo Bhawa***, is the common tongue in Nepalese culture. But in the process of modernization, shifting form the agriculture to industrial societies rapidly shifting in age structure and shifting from old traditional norms of paying respects to the Elderly people from all members of household. (Bisht, 2001)

The most widespread welfare provision by government is the old age pension/allowance scheme basically for the destitute. (Bisht, 2001) there is no specific health programs especially, targeted to the elders. The facility of medical insurance to elders does not exit. (Bhattraï, 2003) 100 percentages of today's senior citizens were born at home. Hence, no birth certificates. (Gautam, 2004) it is observed that, the majority of the young migrants hardly return back to their rural home for permanent settlement. As a result the elderly may be left on their own at the stage of their life cycle when they need more help than ever. (Acharya, 2001)

In the context of Nepal , poverty of elderly people deteriorating and disgusted settlement isolation, declining facilities, unemployment problems, high tendency of unpaid economic participation, no property ownership, irresponsible attitude of offspring towards elderly are emerge as crucial problems. (Regmi, 2006)

Since the people living in urban areas are extremely busy and showing growing preference towards nuclear family, it is important to note that elderly population from the so-called rich families of the urban areas are too in need of care and attention of the family members. Earlier studies also have cited this, for example, Subedi in his article quoting from a respondent of Katmandu writes “..... Though we live in same house, I have not seen my son for many days,.....At my son’s house, I am nothing , this pet dog is cared for better than me”. This is the expression of neglect by the family and resulting psychological tension among Elderly in the city. It is an example of how ageing people have been isolation in their own family.

A very common measure of Elderly population is its proportion is the total population of a country. An analysis of nation’s population with ages 60 and over suggests that over the last four decades the proportion is consistently over five percent only i.e. Form 5 percent in 1992/54 to 6.5 percent in 2001. The following table shows the proportion and volume of Elderly people.

Table 4: Proportion and volume of Elderly people.

Years	Proportion (In percentage)	Total population Aged 60 year and above
1952/54	5.0	409761
1961	5.2	489346
1971	5.4	621597
1981	5.7	857061
1991	5.8	1071234
2001	6.5	1402510

Source: Population census Nepal, 1952/54, 1961, 1971, 1981, 1991, and 2001.

The proportion of elderly in country has been increasing although the increase is rather slow.

The proportion of the elderly population and the juvenilia indicates that the population of Nepal is on the process of Ageing (Bisht, 2005) for this reason it is important for the country to consider that this increase implies in term of state polities and programmed and more contributing whether or not they are contributing to the household economy (Sudedi,2003)

Three surveys conducted in 1996 reported much higher proportion suggesting an increase in the proportion of elderly population. These surveys showed that the proportion of population aged 60

years and above ranges from 6 at the minimum to 6.8 at the maximum of the three surveys, Nepal family health survey (DHS) recorded the lowest proportion is much higher than those recorded in the population censuses 1991. On the contrary, the highest proportion of aged population is reported by Nepal living standard survey. (NHL, 1996) The migration, employment, and Birth, Death and contraception survey, 1996, recorded the proportion at 6.5 percent i.e., in between those reported by NFHS, 1996 and NLSS, 1996. (Sudedi, 1996)

The research shows that older people from all classes and ethnicity, caste and gender background share a common view, love affection and care are much important for them as warm food, clean clothes and timely medical checkups. (NEPAN and Help age international, 2003)

Nepal is the home of well over 100 Castes and Ethnic groups having separate yet related cultural traditions collectively known as “Nepali culture”. This ethnic cauldron of Nepali culture can be broadly categorized into five major distinct groups of people. Among them the Hindu groups with caste origin can be further divided into those of hill origin and those of tarai origin most of these groups represent complex social structure. The distribution of Elderly population represents ethnic similar to the overall distribution of caste/ethnic groups in Nepal. Hindu groups with caste origin form the majority representing nearly three- fifth of the total Elderly. (Subedi, 1999:101)

The overall sex ratio of Elderly population is 105.this is in contrast with most developed countries where this ratio is less than 100. The high caste Hindu and Newer are the only exceptions demonstrating their ratio in favors of female. This high sex ratio is suggestive of poor health status among middle and low caste Hindu ethnic groups, Muslims and other. (Subedi, 1999:101)

According to the Subedi, literacy is highly linked with living condition, economic condition, well being and quality of life. Literacy and poor quality of life is positive relative and vice versa. MEBDCS, 1996 shows of the total elderly, only 21.4% is literate of which 18.4 % constitute males and only 3% females.

In this way, the level of educational attainment among elderly is poor. Among total literate elderly 58.2 percent have never attended school and thus, they are simply literate. Only 41 percent attended any formal schooling. Educational attainment level is superior among supporting generation and unlike elderly only 31percent has never attended school. Although, the proportion never attending

school appears higher among females in both cases, the gap between the two sexes is very small. (MEBDCS, 1996, as cited subedi: 1999:101)

Table 5: Classification of elderly people by their age groups

Age group	1911	1941	1971	2001
60+	100	100	100	100
60-74	89.49	87.80	85.20	80.00
75+	10.51	12.20	14.80	20.00

Source: Population Monograph, 2003

We can conclude that the oldest elderly population (75+) is increasing among the 60 year and above population in various successive census .but the 60-74 years elderly population vice versa.

The percent of old age population is differ in eco-development regions. Which is higher for Western Mountain, because this region includes only two destinations namely mustang and manning in this way, such low percents in this age group are also observed for all three district of Katmandu valley, belong to central hill (CBS, 2001).

According to 2001 census, it is found that, among 65+years aged person, 86.46 percent of males and 68.34 of female are currently married, 10.89 of males and 28.19 percent of females are widowers/widows; 1.43 percent of males and 1.22 of females are separately living. (Singh, 2003)

The government of Nepal should seek to enhance the self-reliance of its elderly people to facilitate their continuous and ensure that the necessary conditions are developed to enable the elderly people to end self-determined, healthy and productive lives and to make full use of their acquired skills and abilities for the benefit of the society.(Bisht, 2000).

The proportion of ageing for Nepal is very unlikely to grow rapidly. To manage with this growing number of aged persons will be a difficult task for both government and society. Also though at present, ageing are still not a social and an economic problem in Nepal, Medical problem is acute. (Ageing concern society of Nepal, 2002 as cited in Singh, 2003)

2.5 Social security

With modernization, the process of family nucleation is increasing and this may ultimately mean that elderly populations are increasingly in need of institutionalized support. At this stage there is complete lack of government and non-government support mechanism in Nepal. The only provision i.e. Pension is limited to the retired civil servants. Police and army officials who are constitute insignificant portion of elderly in Nepal. It is high time that the concerned institution take the initiative to study and address the wide range of issues including economic social and health aspects of the elderly before it is too late.(Subedi, 1996:93)

Traditionally, elderly males have continued to control over household resources and that land is the primary resource. This is the main source of old age security mechanism with rapid changes taking place in the society, this insurance against risk is increasing under fire. Because of the age and disabilities that incurs with ageing, they may not be able to exercise their authority. For second generations and rural- urban migrants the occupational change may land based ties. In this situation , while elderly are unable to manage their lands, their off-springs will be less result into mismanagement and lack of innovation in the lands left behind by the relative migrants which in turn puts elderly in most precarious condition. Moreover, for the off –springs who are faced with increased hardship and completion supporting their own children will be a big problem and their customary obligation to support parents will be pushed to the periphery. (Sharma, 1982 as cited in Subedi, 1996:93)

According to J.C.Caldwell, who developed the “theory of intergenerational wealth flow”. The flow of wealth in all primitive and traditional society has been from children to parents. Because parents are not independents in their older age, but in developed countries, it is vice versa. Due to government as well as self supported.

Gerntalogist Donald O. Cowgill and L.D. Holmes in their book ageing and modernization, 1972, have been suggested that as societies become more modern, elders’ loss status. Because, they are lose control of scare resource. In traditional societies where condition don’t change much form one generation to the next and valued social knowledge is posed down orally from one generation to the next, elders are repositories of the collective wisdom of a society. This gives them a source of prestige and honor. Because of the rapid social change associated with modernization, however, in

modern societies it is the younger generation that is most likely to possess valued knowledge. Thus, the elderly lose a valued source of status and prestige.

The emerging social and the public health consequences of ageing, especially, in developing countries, need to be taken very seriously. In the majority of the countries, poverty, lack of social security schemes, continuing urbanization and the growing participation of the women in the workforce all contribute to the erosion of traditional forms of care for elder people.

In terms of health care for the elderly, increased numbers of older persons and growing proportion of the aged in the extreme aged translate almost immediately into increased needs for primitive and curative medical attention. (Bisht, 2001) The economic situation is bleak and as Goldstein, Schuler and Ross (1983:722-23) reported “there will be never increasing numbers of elderly parents, who have neither property nor pensions, nor saving in their old age” similarly, the social context and the psychological context of elderly is well verbalized when the same authors. (1983:713)

Asian Pacific and Population Policy (2000) examined the four areas in which options are available to improve the financial support for the elderly; they are occupational retraining programs and general educational retraining programs and general educational programs. Legal family support systems, Pension schemes, and Personal saving based on transfer of resources from the younger and to save for their own retirement. (As cited in Aryal, 1998) One of the goals of the ninth plan was to capitalize the experience, knowledge and skills of elders for the sake of national development. Elderly homes would be established in all the five development regions (Bisht, 2001)

Nepal's shelter for elderly population is PASUPATI where more than 200 people are living. Established in 2033 B.S., this is the largest shelter for the elderly people in the country. The Ministry of Women and Social Welfare runs this center. Apart from this, smaller shelters have also been established in Birgunj, Butwal, Devghat, Dhankuta, Biratnagar, and Rajbiraj. Not more than 500 people live on these shelters, so they are only for namesake. It is therefore, more effective to create an

Nepal has started a pension scheme under the social security programme for the needy oldest-olds (aged 75 years and above) in the eight five year plan. The country is facing the implementation problem in the absolute number of the elderly population in the country. According to the registration

section of the ministry of local development, there are 173834 people above 75 years of age in the country (Swashashan 4.10-12 as cited NEPAN and help age international, 2003)

The government of Nepal provides an old age pension to the elderly age 75years and older, a sum of one hundred and fifty rupees per rupees in the international year of older persons 1999.but this amount is not adequate and even the retirement pension received by retired their life because the majority of the elderly people have no definite source of income after their retirement. (Bisht, 2000)

2.6 Government's plans policies and programmes and its commitment

In 1982 world conference on the older concluded in Vienna passed a working plan and in 1991 United Nations principles for the older also came into operation. Moreover, an international conference on population held in México expressed solidarity to the principle that the state should create an environment, in which the knowledge, experience and skill of the older can be utilized economically and commercially subsequent conferences gave further direction to this solidarity and the year 1999 was celebrated as an international older years on the appeal of united nations. (Senior Citizen policy and working policy, 2002)

After the restoration of democracy, our national commitment and responsibly for senior citizens have been becoming more serious. Furthermore, it has also been necessary to materialize the commitment expressed by Nepal in various international conferences. The directive principle of the constitution of the kingdom of Nepal 2047(1990) state that the status shall pursue policy of making special provision of education and progress of the children, helpless, women old disabled and week.

For the first time the Ninth plan made social service and social security particular object, policy and programmes for the indigenous and treble people, untouchable and neglected community, senior citizen, helpless and disabled. Furthermore, it has pursued the objective of paying proper respect to the senior citizens by employing their expertise, experience and knowledge. In development, construction work of the country. (Senior Citizen policy and working policy, 2002)

2.6.1 International Year for Older Population (IYOP), 1999

There are many reasons, why 1999 was chosen as the international Year of older persons by the United Nations, These are as follows:

1. Person 60 years and older constitute an ever increasing proportion of the world population person 80 year and older are the faster growing age group in most parts of the world;
2. Population ageing is occurring most rapidly in developing nations; countries that, in many cases, are the least equipped to respond to the challenges posed by the phenomenon;
3. In many countries, there is a large gender imbalance in the population 60 and older, with women, who usually suffer from a higher incidence of poverty and chronic ill health constituting the majority;
4. Although large ageing population pose both opportunities and challenges to all societies, policy- makers in many countries have not yet begun to address the concerns of this age group.

Nepal also celebrated the year 1999 as the international year for older population (IYOP). The government took some programmes for older ages. The programmes are divided into two categories. One is a long –term programme and another is a short term programme.

A) Long -Term Programmes

- ❖ Establish the interrelationship between non- governmental (NGO), Private Organization and Government Organization (GOs).
- ❖ Established the Geriatric ward in the hospital.
- ❖ Giving the Geriatric training to the Doctors and Nurse and Nutrition specialist.
- ❖ Giving the legal security (Strategy to be made)
- ❖ Giving the national respect to the people of age 100 and above.
- ❖ For the informal education, the capable aged people would be employed.
- ❖ Giving the facilities up to 50-75 percent in hospitals
- ❖ For the requirement of services there should be one unity in each district governed by the chief of district officer (CDO)
- ❖ Mobile the government, non-government and local organizations for selling and distribution the material prepared by the older people.

- ❖ Free health camp is to be establishing for older people for diabetes, hypotension (eye disease) and hearing problem.
- ❖ In each VDC, there should be constructed “Bhajan Griha” the best VDC doing this would be awarded annually.
- ❖ Mobilizing the skilled older people to the income generating works.
- ❖ Giving better facilities in the old age residence and make new where it is not constructed for disabled older people.
- ❖

B) Short Term Programmes

- ❖ Programmes for consciousness
- ❖ Established for “Akshya Kosh” and mobilization of resources.
- ❖ Full descriptions of the organizations for elderly.
- ❖ Keep some seats in bus for Elderly , give them up to 50 percent in travel cost
- ❖ Give them identification card
- ❖ Make loge of international Year of Elderly population and distribute.
- ❖ Publishing the calendar and post tickets
- ❖ Advertisement of the international year of older population in poster and pamphlets
- ❖ Giving the respect to the older people of 100 years and above and 10 Elderly people giving the outstanding contribution to the nation
- ❖ Management to Elderly education by capable elderly people.

2.6.2 Madrid International Plan of Action on Ageing -2002 (MIPAA)

This plan of Action emphasized in the following areas:-

- ❖ Active participation on social and development
- ❖ Contribution of ageing people on social , cultural , economic and political
- ❖ Representation of Ageing people in every decision making level
- ❖ The work of Ageing people have to match with work and labor
- ❖ Provision of employment if Ageing people are want and they are physically as well as mentally
- ❖ Management of rural development migration and urbanization

2.6.3 Senior Citizens policy and working policy, 2002

2.6.3.1 Proposed senior citizen policy:-

- ❖ To recognize the knowledge skill and expertise of the Senior Citizen
- ❖ Ensured their social security, right and interest to enact new legislation or amend or review the existing programmes
- ❖ There should be fulfillment of basic needs by ensuring insuring economic source as pension scheme; social security fund elder's home, and old age allowance.

2.6.3.2 Proposed Senior Citizen working policy:-

- ❖ Allowances shall be provided in an appropriate way to the Senior Citizen
- ❖ Some percent of old age allowances from the income to be generated from local source. Furthermore, allowances to the poor elders shall be distributed
- ❖ National pension scheme shall be prepared and implemented in the context of extensive economic security and social insurance
- ❖ There should be opportunity income generating programmes according to their capacity , skill, knowledge and interest, priority
- ❖ “Senior Citizen consultation service center” shall be established in various places to hear grievances and to make proper suggestion Act regulation relating to the right and interest of the Senior Citizen shall be studied and amended
- ❖ A “social security fund” shall be created in national level to carry out the works relating to appropriate social security and service to the older
- ❖ Free medical treatment and services shall be provided.
- ❖ Geriatric ward shall be gradually established in every hospital except in the children's and maternity hospital
- ❖ Arrangements for concessional medical treatment for older shall be made in private hospital and nursing homes.
- ❖ The process of providing monthly allowance shall be simplified and implemented from local level.
- ❖ Practices of social honoring of the older shall be developed and such act shall be done extensively
- ❖ There should be a coordination and monitoring committee to co-ordinate programmes relating to the older in central and district level.

This senior citizen policy and working policy 2002 classified the order's into groups on the basis of age and economic condition as –capable to live on their own income source, dependency, lacking shelter and economic source. It is classified into two groups as involvement group (65 to 75 years), experience knowledge and skill of this group shall be utilized in the economical and social development work and secured group. (Above 75 year) The older under this group shall be provided with social security, honor and service.

2.6.4 National plan of action on Ageing, 2006

A) Present situation: In context of Nepal, there is an only 6.5 percent older person among the all population. There is no sufficient improving on social security, facilities and utilized of skill, although, it is smoothly improving based on 9th and 10th plan.

- ❖ Senior Citizens health care survives programmes on 30 district help for various Elderly home in term of agencies improving working plan and funding.
- ❖ Development of model elderly home in each development region.
- ❖ Established of Senior Citizen welfare fund
- ❖ Provision for implementation of senior citizens policy and working policy 2002.
- ❖ Keeping the record of taking allowance for social security of elderly people.

B) Existing problems: Nepal has ratified various international and regional declarations on the issue of senior citizen but there is no properly implementation. That's why, elderly people facing critical problem as

- ❖ The numbers of Elderly people are increasing with modernization but it is not respected by various programmes, sources and facilities.
- ❖ Disappear of joint family system and adopting nuclear family system is negative aspects for Senior Citizen.
- ❖ Gradually increasing the psychological problem of elderly people due to the lack of manpower for providing health facilities caring social security and rehabilitation.
- ❖ There are no any programmes to utilize the skills knowledge and experience of Elderly people.
- ❖ There is no positive attitude toward the Elderly people in the societies.
- ❖ There is developed the proper Elderly home, elderly day home.

C) Obstacles:

- ❖ Lack of proper resource

- ❖ The situation do not make the Act, policy, and plan in time
- ❖ Conflict and criminal activities
- ❖ Lack of political commitment
- ❖ Instability of political situation

D) Long term concept: focus on the utilization of skill, knowledge and expertise of Elderly people for national development and their easy, secure and dignity life. There are various aspects in long-term concepts as follows

1) Economic aspects:

- ❖ The system of getting monthly elderly allowance to make simple and easy. The provision of the sharing some proportion of elderly allowance by local level.
- ❖ To participate the elderly people in some economic programmes.

2) Social aspects:

- ❖ To establish the senior citizen counseling services centers.
- ❖ To establish the new model Elderly home at each development and welfare fund at central and district level improve the “day care center” in various sector like health, taransportation, should be provide the discount.

3) Health and nutrition:

- ❖ To be facilities, discount and priority in hospital, at clinic and others sectors.

4) Participation and inclusion aspects:

- ❖ Retired person who is retired due to their age factor and they can do same work furthermore time. In this situation, they are mentally as well as physically able to do.
- ❖ There is required to supervision and monitoring for Elderly homes and their related agencies as well as working time of Elderly people should be their favors.

2.6.5 Senior Citizen Act, 2063

Senior Citizen Act, 2063 is the historical achievement, which is the purpose of the management, conservation and social security of the Senior Citizen. In this Act focused on following issue.

- ❖ The caring of Senior Citizen as well as provide the social security is the responsible of all and the family is the focus source of caring and providing social security.

- ❖ Family must be care their elderly people by keeping with them as well as family should not keep separately to elderly people without their aspiration.
- ❖ Family or related person's who consume all kind of senior citizen's property; they must be by keeping with them.
- ❖ It is responsible for all to provide facilities in various sectors as public transportation, public works, health facilities, religious as well as public place and other facilities.
- ❖ Senior Citizen should have provided at least 50% discount in public transportation and two sheet should be reserved for them they also should have provided at least 50 percent discount in government health institute as well as they must be emphasize.
- ❖ Various public agencies like Khanipani, Electricity, Telephone, should be emphasized to Senior Citizen.
- ❖ In the court any case of senior citizen should be given priority.
- ❖ Senior citizen should get the facilities on criminal case as; who is between the age of 65 year 70 year, they should gets the 25%discount for facing that punishment; who is between the age of 70 and 75 year they gets the 50 percent discount for facing that punishment, who is above 75year, they gets 75%discount for facing that punishments.
- ❖ The Nepal government will be organizing the central Senior Citizen welfare organization under the ministry of women, children and social welfare.
- ❖ There will be formulated the Senior Citizen welfare fund for their protection and social security.
- ❖ The Nepal government will be provided the identity card to Senior Citizen municipalities based on their classification.

The tenth plan (2002 - 2007) also formulated the objectives regarding Senior Citizen as, to make the common, secured and respective like of Elderly people and to use the capabilities, expertness, knowledge and skills of Senior Citizen in social development task. (NPC, 2003)

In context of Nepal, the most widespread welfare provision by government in the old age pension \allowance scheme basically for the destitute. (Bishts, 2001) There are no specific health programs targeted to elders. The facility of medical insurance to elders does not exist (Bhattra, 2003) Cent percent of today's Senior Citizen were born at home hence no birth certificates (Gautam, 2004)

The policy and operational strategy towards senior citizens, 2001 is the key policy document of HMG\N towards Elderly citizens of the country. The document largely follows Elderly citizens of the country. The document largely follows the conventional welfare approach towards Senior Citizen. (Bisht, 2003)

In a situation, where there was no specific policy on elderly people in the country, the ministry of social welfare has passed a policy and strategy for Senior Citizen based on suggestions and recommendations received at different times from different individual's organizations working in the same field. (NEPAN and Help Age international, 2003)

As reviewing the eight five year plan, there was no such policies and programmes on Senior Citizens. But in the fiscal year 1995\96, there was a policy on helpless widow and Senior Citizens. The government provided monthly allowance worth Rs. 100 to each individual above 75 and helpless widow above 60 years.

2.7 Dalits

Dalits remain at the very bottom of Nepal's caste hierarchy. Even now the government and many development/aid organizations use euphemisms such as "occupational castes" "back ward classes", "marginalised ", and "disadvantage groups" instead of referring to them as Dalits. Dalits are hesitated to introduce as Dalit because of caste based discrimination in Nepal. Over 200 forms of caste based discrimination have been identified in Nepal. This kind of discrimination is more in the country's less developed areas especially in the mid and far-western regions. The Dalits can broadly be categorized as either hill Dalits (who make up 61 percent of the Dalit population) or tarai Dalits.

Dalits known as highly discriminated, deprived and disadvantages caste ethnic group in Nepal. So called untouchability of Nepal are created by Hindu religion, according to this the creator of the world , Brahama, created Brahmin from the mouth, Kshetri from head, Vaishye from thigh and Sudra from feet, in this way so called upper caste people maintained the hierarchy and defined Sudra as untouchable and lowest caste hierarchy(Dalits of Nepal,2002:20).

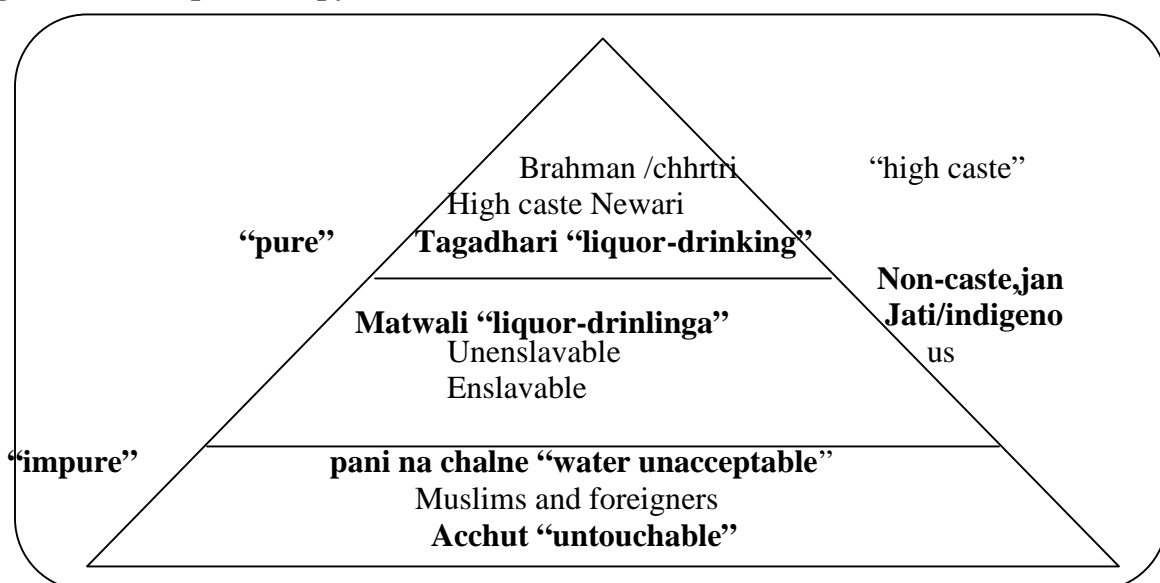
Among Dalits there is more sufferance of women than that of men, one the one hand, they, being women are exploited by patriarchy and being Dalit, on the other hand they are again exploited by high caste, again in the household they are suffering from the male family member, so, Dalit women are living with in very vulnerable condition among Dalit community (Hisila Yemi 2052 as cited in Bhattachan,K.B, 2002:78).

To attempt the question, how the term Dalit understood in Nepal, there is so many definitions and claimed by various organization and expertise. According to Koirala (1996) “Dalits refers to a group of people who are religiously, culturally, socially and economically oppressed, who belong to different language and ethnic groups.” Definition given by Rijal (2001), “The word ‘Dalit’ is used in Nepal to identify a vulnerable and poor group, who are discriminated against on the basis of their caste?” Bishwarkarma (2001) prefers to use the main Dalit exclusively only for the so-called “untouchable” of Nepal over last 33 years (NDSR, 2002).

A survey of SCJ, 2006 has shows that about 77 per cent Dalits are based on agricultural system. There are so many social discrimination with Dalits, on the matter a study has exposes that Dalits are socially discriminated at, temple, hotel, school, road side, water resources, ceremony like marriage, death etc, untouchables on product of milk and water (CLIP, 2005).

There are 5 million Dalits but only 3.1 million is exposed by national records; 80 per cent Dalits are lying under the poverty line; Just 1 per cent land ownership is among Dalits; Among 2 million agricultural workers who doesn’t have own land, Dalits are about 75 per cent; Dalit per capita income is 39.6 \$ whereas national is 210\$. The literacy status of Dalits is 10.7 per cent whereas 3.2 per cent of female Dalits; the life expectancy of others is 58 where as 42 years of Dalits (CLIP,RDN, 2005).Dalit representation in the executive bodies of political parties remains very low. The only Dalit member of the House of Representatives was elected in 1991.The following figure shows the caste hierarchy in Nepal.

Figure1: The Nepal caste pyramid

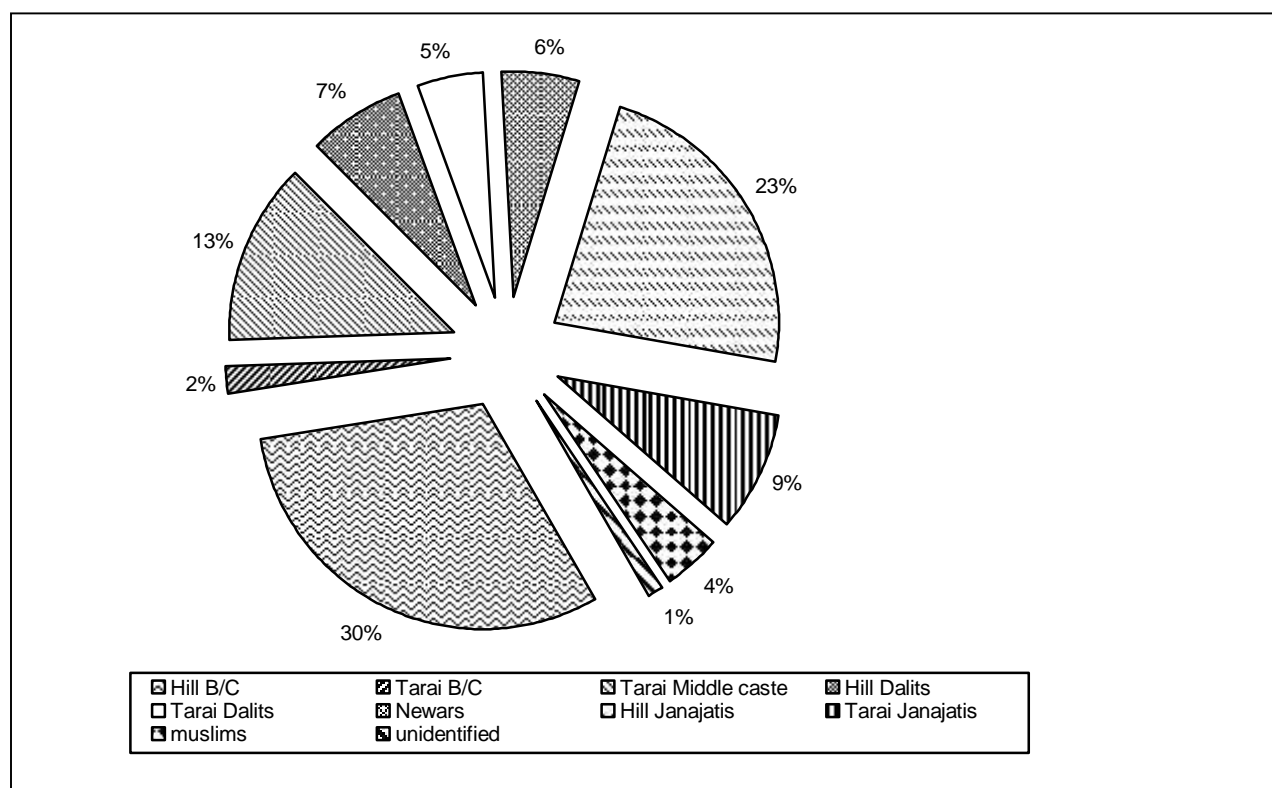


Source: “unequal citizen, 2007”, the World Bank.

Dalit population represents 13.33 percent of the national population. The number of Dalit in Nepal is 303067. Among them 1500367 are male and 1529700 are female. Among the Dalit people, highest cover by Kami which is 29.57 percent and followed by Damai (12.95%), and Sarki. (10.53%) (Census, 2001)

Nepal began generating data on caste and ethnicity only in 1991 when 60 caste and Janjati groups were listed. The 2001 census listed 103 social groups based on caste, ethnicity, religion and language and unidentified groups.

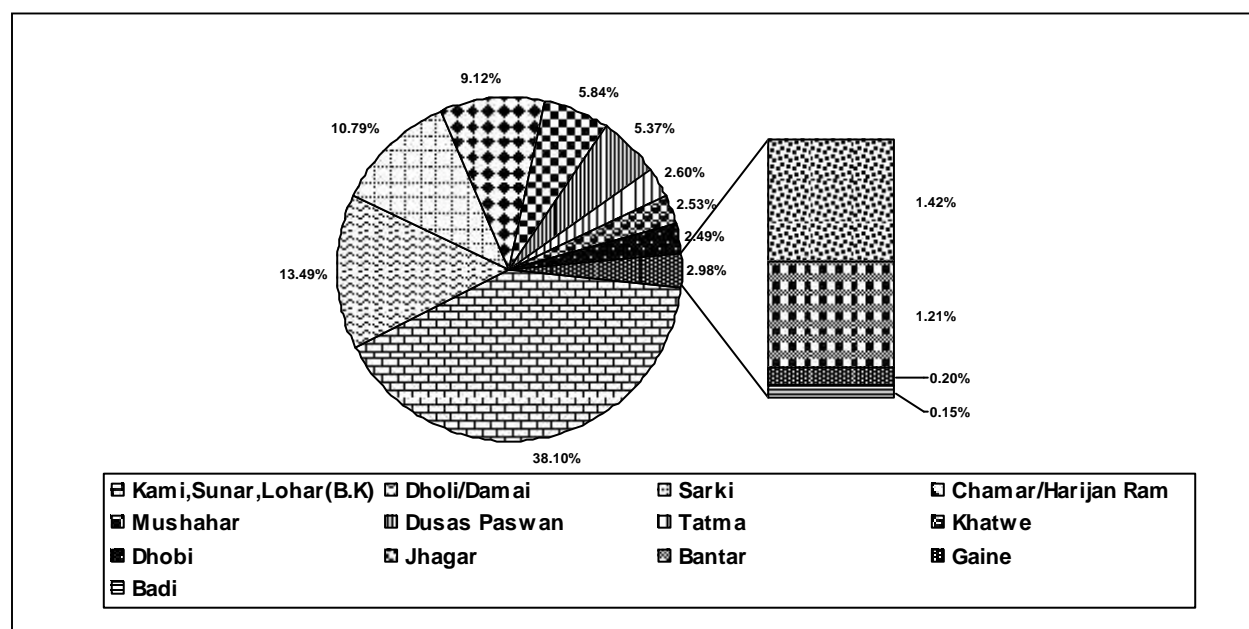
Figure: 2 Percentage composition of the population by caste/ethnicity.



Source: Census 2001, as cited in UNEQUAL CITIZENS, 2007, the World Bank

The presented figure shows the various castes/ ethnicity and their percentage. In which, Hill Bramin consist higher percentage i.e.30 percent. Incase of Dalits, Hill Dalits (Kami, Damai, Sarki, Gaine, Bide) consists 7 percent. Tarai Dalits (including Chamar/Harijan Ram, Mushahar, Dusad Paswan, Tatma, Khatwe, Dhohi, Jhagar, and Bantar) consists 4.7 percent.

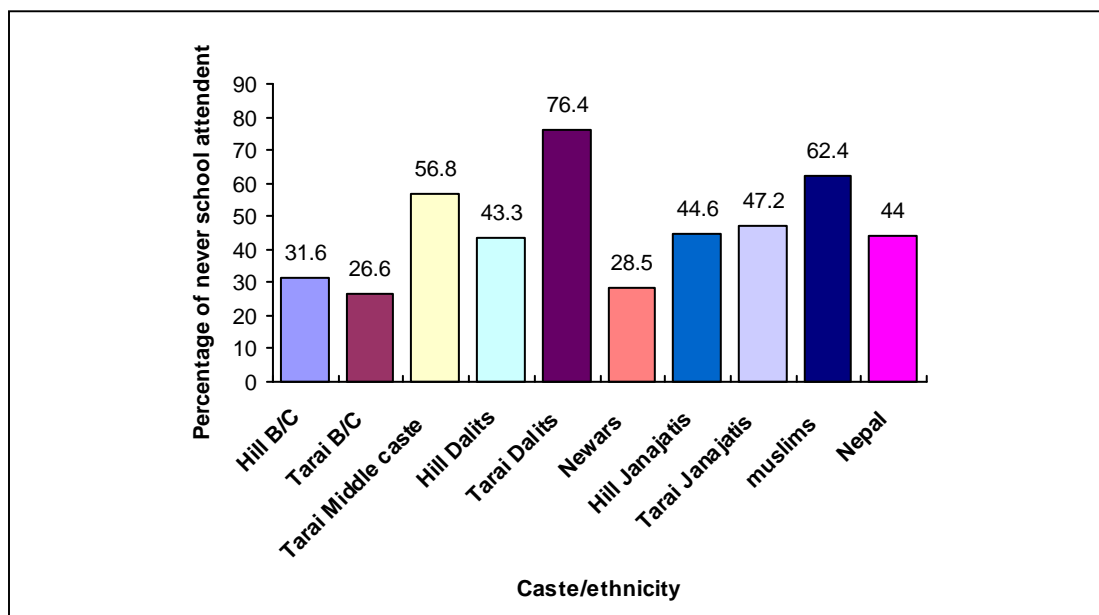
Table 3: Distribution of the Dalit Population (in percentage) to total Dalit Population in Nepal



Source: Census 2001, as cited in UNEQUAL CITIZENS, 2007, the World Bank

Among the total Dalits castes Kami, Sonar, Lohar (B.K.) covers the 38.1 percent and followed by Dholi Damai (13.49%), Sarki (10.79%), Chamar/Harijan Ram (9.12%), Muslim (5.84%), and Dusad Paswan (5.37%) respectively.

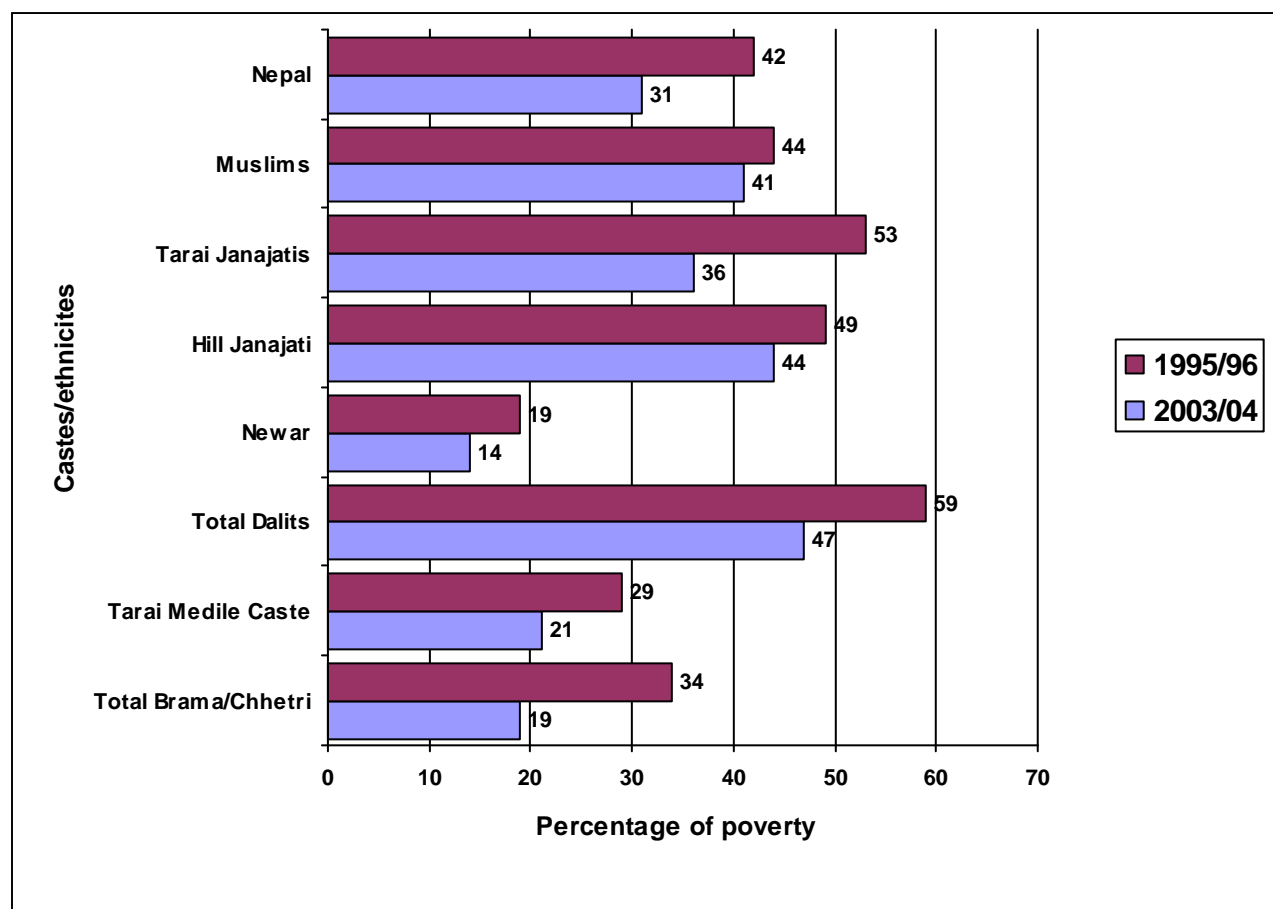
Table: 4 Educational attainments (percent of never attended in school) by caste/ethnicity



Source: Census 2001, as cited in UNEQUAL CITIZENS, 2007, the World Bank

The above presented figure clears that the tarai Dalits are highest percent of Never attended at school i.e. 76 percent. However, Hill Dalits' percentage of Never attended at school is 43.3 where as Hill B/Cs' is 31.6 percent and Newar are 28.5 percentages.

Figure: 5 Trend in the incidence of poverty by caste/ethnicity '95/ '96 and '03/ '04

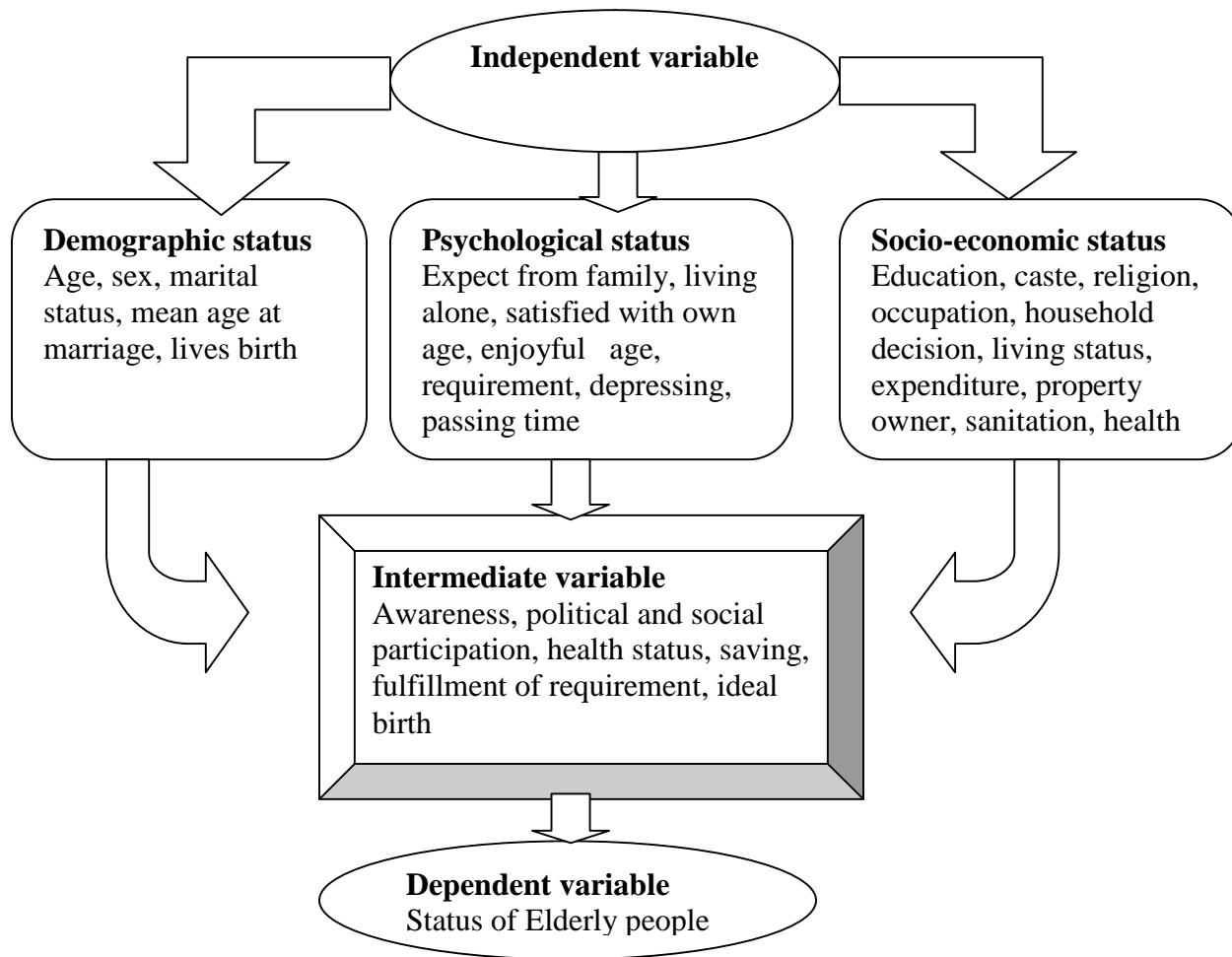


Source: Census 2001, as cited in UNEQUAL CITIZENS, 2007, the World Bank

The above figure shows the Dalits' Poverty has been higher compare to other caste/ethnicity in both years i.e. 47 percent and 59 percent respectively in 1995/96 and 2003/04.

2.8 Theoretical Framework

Figure: 6 Conceptual framework of the status of the Dalits elderly Population



The above presented framework, the demographic, psychological and socio-economic status affect the status of elderly people through intermediate variables or direct. By observing various literature, it is known that the demographic variable such as ageing, sex, marital status, mean age at marriage, live birth; socio- economic variable such as education, caste, religion, occupation, household decision, living status, expenditure, property owner, sanitation, health care system; psychological status such as expect from family, living alone, satisfied with own age, requirement, depression, passing time etc.effect on the intermediate variable. The intermediate variables consist as awareness,

social and political participation, health status, saving, positive thinking, fulfillment of requirement, ideal child. This kind of variable is affected by demographic, psychological and socio-economic variables. As shown in figure those independent and intermediate variables determine the status of elderly people

CHAPTER III

METHODOLOGY

3.1 Study Site

This study covers two VDC of the syangaja district. They are keware VDC and Tindobate VDC. These VDC are situated near the walling municipality. Tindobate VDC is also attached with the Siddhartha High Way. There are 9 wards in both VDC. Among these VDC; all Dalits are living in only 8 wards in keware and only 6 wards in Tindobate. In context of Nepal, 86 percent people are living in rural area. Our study area is known also rural area and many of the Dalit people are living there. So this study may generalize the overall national situation of Dalit senior citizen.

3.2 Research Design

Research design is the plan, structure and strategy of the investigation conceived so as to obtain answer to research questions and to control variable. In this way, our study is going to find out the social exclusion of Dalit senior citizen in term of their socioeconomic and demographic status. This study will find out the educational, health and employment status of those people. This study will administrated the census method for data collection in two VDC of the syangaja district. Structured and unstructured questionnaire are the main tools of data collection through the interview. Collected data will be entered in the SPSS and analysis with some mathematical techniques as classification and tabulation, correlation regression etc. In this study, status of elderly people is the dependent variable and education, income, occupation, health, personal saving are the dependent variable and will be show the relation of them.

3.3 Nature and Source of Data

This study has administrated the census method as the primary data collection. Because, only 97 Dalit senior citizens are living in that VDC (vote list profile of those VDC). Additionally, secondary data are also included in this study from different source, such as, journals, census survey report, and

internet vote list profile of VDC etc. The Dalit people aged 60years and above will be the main source of information for this study.

3.4 Sampling Procedure

There is not necessary to employ other sampling procedure due to the limit number of Dalit senior citizens are living in our study area. So, all Dalits senior citizen has taken as respondents who are found in study area, therefore census method of data collection has employed.

3.5 Operational Definition

Both dependent independent and intermediate variable has used to analysis the socioeconomic and demographic status of elderly Dalit people. Similarly, an important scale of measurement has used to measures the related variables. The dependent variable (i.e. Status of Dalit senior citizen) includes health status (whether sick or not within 2 years, treatment or not, health care system, type of sick and requirement of better health) is taken as dependent variable and demographic and socioeconomic variable are taken as independent variables. Where, demographic variables include age, sex, live birth, ideal child, marital status etc. Of the elderly and socio economic variables include education, family type, and occupation, and economic active or not personal income, expense

Some terms are defined here for the purpose of this study which is also known as operational definition, as follows;

Senior citizen: Senior citizens are the proportion of people who is 60 years and above.

Elderly people: Elderly people are the proportion of people who is 60 years and above.

Ageing people: Ageing people are the proportion of people who is 60 years and above.

Education: □□□ Education means the level of education of the elderly people.

Illiterate: who do not able to general read and write.

Literate: able to read and write but not completed even primary.

Primary education: who is complete primary education.

Secondary education: who is complete secondary education.

Occupation: Occupation means what the occupation are doing in recently by elderly people.

Income means: Income means what is the main source of income of the elderly people.

Migration: Migration means what the elderly people are born at same place or has move from any where.

Marital status: Marital status means now what is their status in term of marriage as never married, divorced, separated, remarried, and unmarried

Never married: A person who has not lived as husband and wife even once in their life is taken as never married.

Married: A person who has lived as husband and wife religiously, socially, or legally at least once in their life is known as married person.

Widow/widower: A women has lost her husband on account of death and has not remarried. She is taken as a widow. On the other hand if a man who has lost his wife due to death and has not remarried is taken as widower.

Divorced: A married person who has broken up the marital relationship is taken as divorced but which should be legally.

Separated: A married person who has been living separately but they have not done divorce legally, is taken as separated.

Remarried: A currently married person who is married more than once and living with only single spouse.

Generation gap: A gap in through/feeling/attitude between the young people and elder people.

Management: The facilities specially related with ageing problems.

3.6 Data collection techniques/instruments

For this study data has collected through direct interview method i.e. Primary data collection will be administrated to collect the required information. Some time, cross questionnaires has used if there is necessary. All the questionnaires are already constructed. Among the questionnaires most of are structured questionnaires and some are unstructured or open ended questionnaires.

3.7 Reliability

Every research finding should be stability, consistency, predictability, and accuracy. Reliability is required for fact and valid research. The reliability of research depend on data collection procedure, source of data, enumerator etc. Which should be stability consistency, accuracy and scientific. In this

way in our research, I have also to administrate the well questionnaires as well as proper data collection procedure. It is expected that information may be get reliable. Information has collected by using census method of data collection, which is more representative and reliable.

3.9 Method of data analysis

In order to analysis the collected data following techniques has used to ensure the meaningful and effective study:

The data collected through individual interview has presented in suitable table. They has analyzed and tabulated according to the objective of the study. The data are analyzed based on frequency and percentage. From the tables descriptive analysis has made to observe the situation of Dalit elderly population currently living in those VDCs. Data has displayed through figure wherever feel necessary for displayed all above table.

3.10 Research questions

1. To what extent the elderly people are facing the health problem?
2. To what extent the elderly people are facing the physical problem?
3. To what extent the elderly people are economic problem?
4. How does the elderly people living correspondence with their existing management?
5. What is the expectation seeking by the elderly people from the family or society?

3.11 Method of data analysis

In order to analysis the collected data following techniques will be used to ensure the meaningful and effective study:

The data collected through individual interview has presented in suitable table. They has analyzed and tabulated according to the objective of the study. The data are analyzed based on frequency and percentage. From the tables descriptive analysis has made to observe the situation of Dalit elderly population currently living in those VDCs. Data has displayed through figure wherever feel necessary for displayed all above table, SPSS software has used.

CHAPTER IV

4 DEMOGRAPHIC CHARECTERISTICS

This chapter contains the demographic characteristics of the elderly population. The demographic characteristics of the elderly population contain age and sex relationship, number of elderly population of age category, marital status, marriage age of elderly people, household size, live birth, ideal kids, caste etc.

4.1 Age structure

4.1.1 Age structure by sex

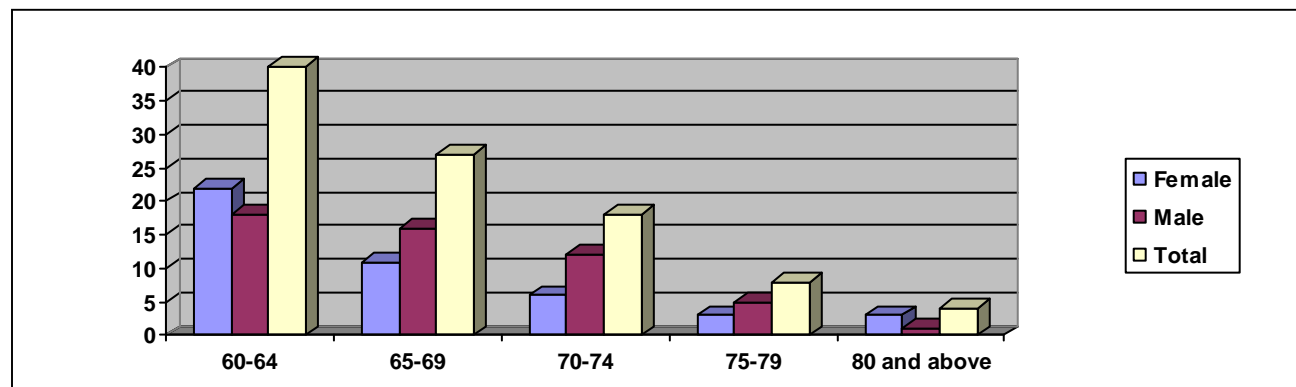
Age and sex structure of a population is the most important variable in demographic analysis. If age distribution is distorted, all age specific information of vital events is eventually distorted. The various demographic events are differ in different age groups

Table 4.6: Age of the ageing people by sex

Age groups	Sex					
	Female		Male		Total	
	No.	Percent	No.	Percent	No.	Percent
60-64	22	48.9	18	34.6	40	41.2
65-69	11	24.4	16	30.8	27	27.8
70-74	6	13.3	12	23.1	18	18.6
75-79	3	6.7	5	9.6	8	8.2
80 and above	3	6.7	1	1.9	4	4.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Figure:7 Age of the ageing people by sex



The above table (4.6) and figure shows the age and sex distribution of the elderly people. Among the 97 elderly people almost 41.2 percent are in the age group 60-64 which is highest and followed by age group 65-69 (27%), 70-74 (18.6%) and so on respectively. The elderly people are decrease with increase of age groups. There are only four people in the age groups 80 years and above.

The percentage of female elderly people is lower as compare to male elderly people i.e. 46 percent for female and 54 percent for male. Among the 97 elderly people, in age group 60-64 there is 48.9 percent female and 34.6 percent male but in age group 65-69 and 70-74 there is majority of male i.e. 30.8 percent and 23.1 percent; and for female 24.4 percent and 13.3 percent for same age group. Although, in age group 80 years and above, the 6.7 percent is female and 1.9 percent is male. Most of the national literacy (Census 2001, DHS 2001,2006) publication shows the majority for female compare to male in age group 60 year and above or life expectancy is higher for female but this study shows the just opposite situation of elderly population. So, we can say that, female are depriving by various kinds of facilities in the Dalit societies.

4.1.2 Age structure by caste

Table 4.7: Age of the ageing people by caste

Age	Caste of ageing people						Total No.
	Damai		Kami		Sarki		
	No.	Percent	No.	Percent	No.	Percent	
60-64	2	18.2	15	41.7	23	46.0	40
65-69	5	45.5	10	27.8	12	24.0	27

70-74	1	9.1	8	22.2	9	18.0	18
75-79	1	9.1	2	5.6	5	10.0	8
80-84	2	18.2	1	2.8	1	2.0	4
Total	11	100.0	36	100.0	50	100.0	97

Source: field survey, 2007

The presented table (4.7) and figure shows that among the all Damai caste 45.5 percent are reported their age group are 65-69 years and followed by 60-64years (18.2%) and 80 year and above (18.2%). Among the Kami caste, majority are in 60-64 years age groups followed by 65-69 year age group (27.8%), 70-74 years age group (22.2%) and 80 years and above (2.8%) respectively. Similarly, among Sarki caste, majority are 60-64 years age group i.e. 46 percent and followed by 65-69year age group (24%), 70-74 years age groups (18%), 75-79 years age groups (10%) and 2 percent are in 80 years and above.

4.2 Marital status

Marital status is an important determinant of demographic status of elderly people. Marital status of elderly people affects the fertility behaviors also. It is changing with modernization process and differs from one place to another. In context of developing countries like Nepal it determines a women's position within the family as well as her status in society.

Each census before 1991 obtained information on marital status under four categories viz. (i) never married; (ii) windowed; and (IV) divorced/separated. But, the 2001 census collected information on marital status under five categories and there sub-categories viz. (1) single;(2) married; (2a) married living with more than one spouse; (2c) re-married ; (3) windowed; (4) divorced; and (5) separated. Similarly, in this study, marital status is categorized into 5 categories like as remarriage; marriage; window or widower; divorce; separated, never married. The marital statuses of elderly people are shows in the following table.

Table 8: Marital status of the ageing people by sex

Marital status	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Remarried	3	6.7	2	3.8	5	5.2
Married	27	60.0	22	42.3	49	50.5
Widowed or widower	14	31.1	25	48.1	39	40.2
Divorce	0	0	1	1.9	1	1.0
Separated	1	2.2	1	1.9	2	2.1
Never-married	0	0	1	1.9	1	1.0
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The above table shows that more than 50 percent are married and followed by widow and widower (40%). It indicates that there is no social security of elderly people and most of elderly are remained widow and widower, they are not adopted other partners after death of their husband or wife. There are 60 percent widow for elderly female and 42 percent widower elderly male respectively. Similarly, percentage of remarried, divorce and separated is very lower. Remarried is higher for female than male i.e. 7 percent and 4 percent respectively. It reveals that the Dalit societies are affected by traditional culture. The never married is lowest, means only one male is found never married. It is fact that never married is almost impossible for elderly people.

4.3 Household size

Household size is also one of the indicator or elderly people. Small household size is the sign of modern family. In which family, there is more probability of getting more facilities as education, health, employment and others. In extended family the situation is vice versa. So, most of advanced societies has adopted small family size.

Table 9: Household size of elderly people by caste

Size	Caste of ageing people						Total No.
	Damai		Kami		Sarki		
	No.	Percent	No.	Percent	No.	Percent	
1	0	.0	1	2.8	0	.0	1
2	0	.0	1	2.8	3	6.0	4
3	1	9.1	4	11.1	6	12.0	11
4	2	18.2	2	5.6	7	14.0	11
5	1	9.1	8	22.2	7	14.0	16
6	2	18.2	10	27.8	10	20.0	22
7 and over	5	45.5	10	27.8	17	34.0	32
Total	11	100.0	36	100.0	50	100.0	97

Source: field survey, 2007

The above table reveals that among the Damai elderly people almost 46 percent reported that their household size is 7 and over and followed by 18 percent elderly who has reported 6 household sizes, other 18 percent elderly reported 5 household size and nobody reported their 1 and 2 household size. In this way, among the Kami caste 28 percent elderly reported that 7 and over household size. Similarly, same (18.2) percent is reported in other categories. In this way among the Sarki caste 34 percent reported that their household size 7 and above and followed by 20 percent household size is 6 but no one reported one as a household size.

4.4 Age at marriage

Age at marriage of the elderly population is one of the most important Demographic indicators which determine the fertility level health status educational status as well as other socio- economic status. Most of the traditional societies has been adopting early age at marriage. Illiterate is the root cause of early age at marriage. In context of Nepal, mean age at marriage is very low although it is increasing in every successive census. Mean age at marriage is higher for male compare to female i.e. 22.9 years

for male and 19.5 year for female(Census, 2001). In this study, the age of elderly people when they have been engaged in marriage is given in following table-

Table 10: Marriage age of the ageing people by sex

Marriage age	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No.	Percent
Below 10 year	2	4.4	4	7.7	6	6.2
10-12	5	11.1	7	13.5	12	12.4
12-14	28	62.2	13	25.0	41	42.3
14-16	9	20.0	19	36.5	28	28.9
16-18	1	2.2	4	7.7	5	5.2
18-20	0	0	4	7.7	4	4.1
20 year and above	0	0	1	1.9	1	1.0
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Data reveals that majority of the elderly people got married at age marriage in 12-14 group i.e. 42.3 percent and followed by 14-16 year age group and 10-12 year age group i.e. 28.9 percent and 12.4 percent respectively. Only one percentage of elderly people reported that they got married at age 20 years and above. So, we can say that the mean age at marriage was very low before 6 decade. Similarly, among the total males, 37 percent has got married at age group 14-16. It means mean age at marriage is higher for male even in the previous Dalit societies.

4.5 Birth

4.5.1 Live birth

Total live birth indicates the fertility behavior of the couple. We can find out the literate status, awareness, modernization of societies, employment status, occupational status etc. based on the total live birth. It is true that large number of live birth decrease due to the quality of the education, health occupational status and other status. So, number of live birth is an important demographic indicator.

4.5.1.1 Live birth by sex

Table 11: Total live birth of children of elderly by sex

Total live birth	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
1	4	8.9	0	0	4	4.1
2	0	0	1	1.9	1	1.0
3	8	17.8	9	17.3	17	17.5
4	4	8.9	8	15.4	12	12.4
5	13	28.9	25	48.1	38	39.2
5 and above	16	35.6	9	17.3	25	25.8
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

It is shown that majority of elderly people have 5 live birth i.e. 39.2 percent and followed by 5 and above live birth i.e. 25.8 percent, 3 live birth by 17.5 percent , 2 live birth by only one percentage. It means that majority of elderly people have large live birth. Among the female elderly people majority have 5 and above live birth and among the males 48.1 percent male have 5 live births.

4.5.1.2. Live birth by caste

Table 12: Total live birth of children of elderly by caste

Total live birth	Caste of ageing people						Total No.
	Damai		Kami		Sarki		
	No.	Percent	No.	Percent	No.	Percent	
1	0	0	4	11.1	0	0	4
2	0	0	0	0	1	2.0	1
3	4	36.4	5	13.9	8	16.0	17
4	0	0	4	11.1	8	16.0	12
5	6	54.5	15	41.7	17	34.0	38
5 and above	1	9.1	8	22.2	16	32.0	25
Total	11	100.0	36	100.0	50	100.0	97

Source: field survey, 2007

Among the Damai caste about 55 percent has reported that their total live birth is 5. Similarly, followed by 36 percent reported that their live birth is 3 and only 9 percent reported that their live birth is 5 and above. Likewise, among Kami caste majority (41.7%) has 5 and above, 13.9 percent has 3, 11 percent has 1 and 4. Similarly, majority (34%) has 5, and followed by 32 percent has 5 and above, 16 percent has 3 and 4. So, there is also variation on total live birth among the caste.

4.5.2 Ideal kids

The difference between actual live birth and ideal kids of the couple is an important indicator of demographic status. The difference is higher. It indicates that there is no understanding between couple. There are no facilities of family planning or societies may not allow using family planning method, lack of awareness about the reproductive health. It also indicates the traditional society. In advanced societies, there is no difference between the ideal kids and actual live birth. The following table shows the ideal kids of the elderly people.

4.5.2.1 Ideal kids by sex

Table 13: Ideal kids of the ageing people by sex

Ideal size of kids	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
1	0	.0	4	7.7	4	4.1
2	14	31.1	12	23.1	26	26.8
3	21	46.7	15	28.8	36	37.1
4	5	11.1	8	15.4	13	13.4
5	0	11.1	11	21.2	11	11.3
5 and above	5	.0	2	3.8	7	7.2
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The above table reveals that the majority (37%) elderly people reported as their ideal number of kids is 3 and above followed by 27 percent they reported as 2 children is their ideal kids, only four percent elderly reported that their ideal size of kids is only one. The previous table shows majority of elderly

people have 5 live births. It is clear that their concept and attitude toward the number of children has been changed till. Modernization, their experience of child bearing and caring, health, educational expenditure and other factors are supposed to be changed their concept and attitude. Among the total female 47 percent reported as their ideal size of kids are 3 and among the all male 29 percent as their ideal kids are 3. So the data indicates that majority of female reported lower ideal kids compare to male ideal size of kids. The reason of its may be due to direct experience. Nobody female reported as their ideal size of kids one and 4 percent male reported as their ideal size of kids is one. Only 7 percent of the total elderly reported as their ideal size of kids 5 and above. It indicates majority of elderly people do not wants suggest more children.

4.5.2.2 Ideal size of kids by literacy

The ideal size of kids of elderly people and the educational status should just opposite relation because education make people aware and other way educated people are generally engaged in any mentally working place compare to illiterate. The following table shows the status of education and ideal kids.

Table 14: Ideal size of kids of the ageing people by education status

Ideal size of kids	Education status				
	Illiterate (%)	Literate (%)	Primary (%)	Secondary (%)	Total (%)
1	0	0	16.0	0	4.1
2	29.0	32.4	8.0	75.0	26.8
3	48.4	35.1	28.0	25.0	37.1
4	16.1	16.2	8.0	0	13.4
5	0	10.8	28.0	0	11.3
5 and above	6.5	5.4	12.0	0	7.2
Total	100.0	100.0	100.0	100.0	100.0

Source: field survey, 2007

Majority (48%) has reported that their ideal size of kids is only 3 and among the secondary level educational status elderly people, majority (75%) reported their ideal size of kids is two and followed by 3 ideal size of kids reported by 25 percent. Similarly, all of elderly who has reported their ideal kid is only one, whose educational status is primary.

4.6 Caste

It is true that different caste societies have different demographic status. The Dalits societies remain at the very bottom of Nepal's caste hierarchy. The hesitation to use the term Dalit deflects attention from the everyday reality of caste- based discrimination in Nepal. No consensus has been reached on exactly which community's fall into the category of Dalit or on the actual population size. Among the Dalit caste Kami represent the almost 30 percent, Damai represent the about 13 percent and followed by Sarki, which represent 11 percent, respectively (Census, 2001). But in our study area only 3 Dalit castes are found they are Kami, Damai and Sarki. The magnitude of caste shows in the following table.

Table15: Caste of ageing people by sex

Caste	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No.	Percent
Damai	7	15.6	4	7.7	11	11.3
Kami	19	42.2	17	32.7	36	37.1
Sarki	19	42.2	31	59.6	50	51.5
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Note: - Dalits include only Sarki, Damai and Kami

The data shows that the study area is the dominated caste is Sarki among all Dalits people and followed by Kami and Damai i.e. 52 percent, 37 percent and 11 percent respectively. Among the female there is majority of Sarki and Kami (42.2%). Similarly, among the male there is majority of Sarki i.e. 59.6 percent.

CHAPTER V

SOCIO-ECONOMIC CHARECTERISTICS

This chapter contains the Socio-economic characteristics of the elderly population. The Socio-economic characteristics of the Elderly Population contain Educational Status, Religion, Occupation, Saving, Expenditure, Main Source of Economic, Living Status, Household care, Household decision, Elderly Allowance etc.

5.1 Educational status

Educational development affects population trends through promotion of increased acceptance of family planning measures by the adults and delay in age at marriage. Literacy rate has gone up steadily but literacy status of Dalits people has been lower since previous time.

5.1.1 Educational status by sex

Table16: Education status of the ageing people by sex

Education status	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No.	Percent
Illiterate	28	62.2	3	5.8	31	32.0
Literate	13	28.9	24	46.2	37	38.1
Primary	4	8.9	21	40.4	25	25.8
Secondary	0	0	4	7.7	4	4.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Data reveals that majority of elderly people are just literate (but do not complete primary or secondary school) i.e. 38.1 percent. Likewise, illiterate percentage is 32 and followed by primary and secondary i.e. 25.8 percent and 4.1 percent respectively. It shows that the educational status is decrease with increase in level of education. The higher percentage of illiterate and just literate is not

new because 60 year before educational system is not wider. The educational status is vast different between male and female. Among the all female there is 62 percent are illiterate, 29 percent are just literate, 10 percent have primary education, and there is no elderly people attending secondary level education but among the all male there is only 6 percent are literate, 46 percent are literate, 40 percent are primary and 4 percent secondary educational status. Anyway, the educational status of elderly people is satisfactory compare to national educational status of 60 year before.

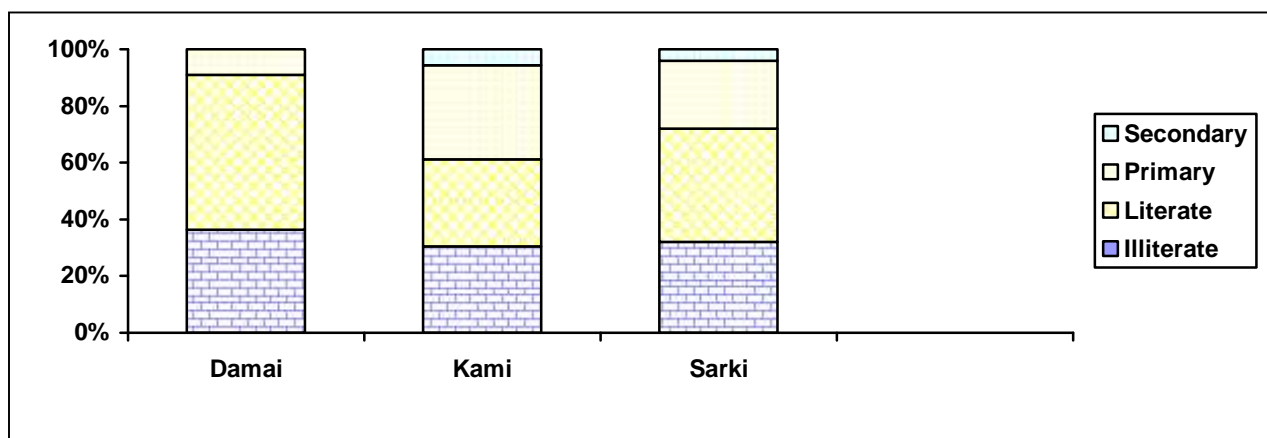
5.1.2 Educational status by caste

Table 17: Education status of the ageing people by caste

Education status	Caste						Total No.
	Damai		Kami		Sarki		
	No.	Percent	No.	Percent	No.	Percent	
Illiterate	4	36.4	11	30.6	16	32.0	31
Literate	6	54.5	11	30.6	20	40.0	37
Primary	1	9.1	12	33.3	12	24.0	25
Secondary	0	0	2	5.6	2	4.0	4
Total	11	100.0	36	100.0	50	100.0	97

Source: field survey, 2007

Figure: 8 Education statuses of the ageing people by caste



The above table and figure shows that among the total Damai caste 54.5 percent elderly are literate, 36 percent are illiterate, 9.1 percent are completed primary level and no one has completed primary level, likewise, literate(30.6%), same percent for illiterate and secondary level (5.6%)for Kami

Similarly, among the Sarki caste 40 percent elderly literate and followed by 32 percent elderly are illiterate, 24 percent elderly has completed primary education and only 4 percent completed secondary education. Comparatively, Kami caste has advanced than other in term of educational status.

5.2 Religion

In recent years, particularly after the onset of multiparty democracy in Nepal in 1990, religion has become a sensitive topic in ethnicity diverse Nepali society. Religion has greater impact in the life of elderly people. Their beliefs and practices are very much guided by the religion. A lot of people of different castes background have claimed that they are simply written as "Hindu" by the census enumerators without even asking them about their religion. The following table reveals the religious characteristics of the elderly respondents.

Table 18: Religious of the ageing people by sex

Religious	Sex					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Hindu	32	71.1	31	59.6	63	64.9
Buddha	13	28.9	20	38.5	33	34.0
Christian	0	0	1	1.9	1	1.0
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

It is not new 65 percent elderly people are Hindu religion based and 39 percent elderly people are Buddha religion based. The percent of Buddha religion is unexpected but Christian religion based is only one male. There is no other religion based elderly people.

5.3 Occupation

Different caste has adopted different occupation. Traditional occupation of the family has followed by their generation. Dalits traditionally adopted job is not table based job. In this study, occupation

status of Dalits people in the present is included. In context of Nepal, people have adopted various types of occupation but in our occupation are divided as unemployment, government services, agricultural and other.

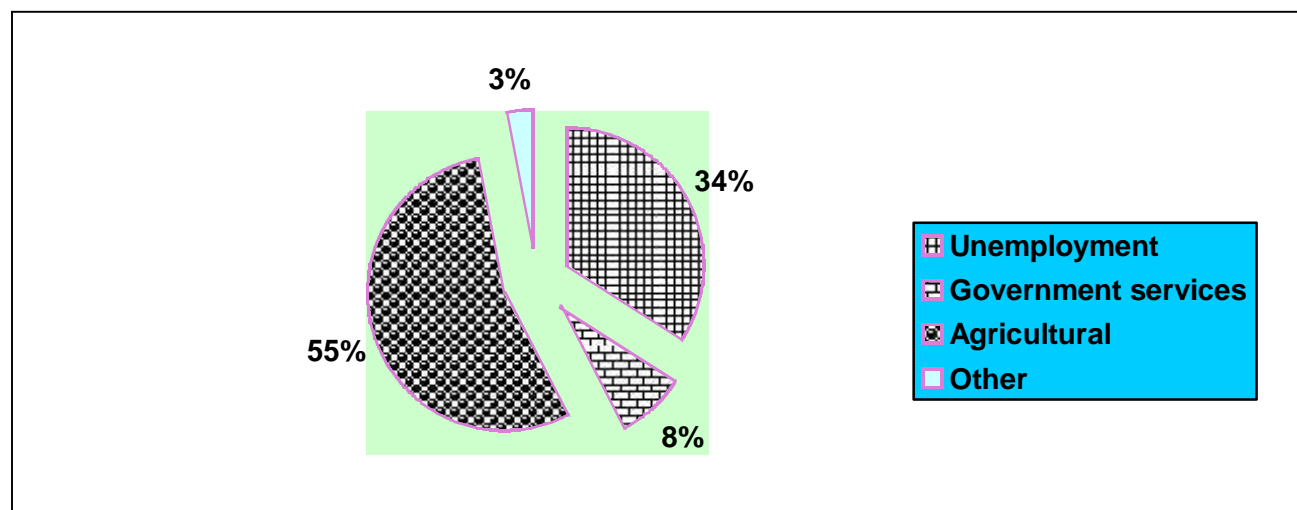
Table 19: Occupation status of the ageing people by sex

Occupation status	Sex					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Unemployment	16	35.6	17	32.7	33	34.0
Government services	8	17.8	0	.0	8	8.2
Agricultural	21	46.7	32	61.5	53	54.6
Other	0	.0	3	5.8	3	3.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Note: - Unemployment: - Can not do any work at the time of enumeration

Figure: 9 Occupation statuses of the ageing people by sex



The above table and figure shows the majority of elderly occupation is agriculture, i.e. 54.6 percent. Among the female 46.7 percent are engaged in agricultural, 35.6 percent are unemployment, 17.8 percent are engaged on government service at once in their life. Among males almost 62 percent are engaged on agricultural and followed by unemployment, other and government services i.e. 62

percent, 32.7 percent, 5.8 percent and no one respectively. It is new that almost 17.8 percent female engaged on government services where as no one male has engaged in government services.

5.4 Household's care

Generally, it is found that in most of the society's household head is known as the supreme of the household's care. In modern society the responsibility of household's care is equal for all family who is being mature. The following table shows that the status of senior citizen care.

Table 20: Care of the household by sex

Care of the household	Sex					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Self	4	8.9	5	9.6	9	9.3
Husband or wife	15	33.3	21	40.4	36	37.1
Son or daughter	14	31.1	10	19.2	24	24.7
Grand son or grand daughter	7	15.6	14	26.9	21	21.6
Daughter or son in law	5	11.1	0	.0	5	5.2
Other	0	.0	2	3.8	2	2.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The above table exposes that husband or wives are more devoted to household's care. Son or daughters are more attended to care of household (25%) compare to grandson or grand daughter (22%). It is found that there is 5 percent daughter or son in law is also attended to care of household. Among the all female, 11 percent daughter or son in law are devoted to care of household but in case of male, there is no daughter and son in law to care of household.

5.5 Make food in household

In most of the societies, female are known as house's wife. They have to make food. Some of the modern societies where female also engaged in out of household work, there is more probability of making food by other person when male being so elder and sick.

Table 21: Make food in household by sex

Make food	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Self	13	28.9	6	11.5	19	19.6
Husband or wife	8	17.8	17	32.7	25	25.8
Son or daughter	10	22.2	15	28.8	25	25.8
Grand son or grand daughter	11	24.4	13	25.0	24	24.7
Daughter or son in law	3	6.7	1	1.9	4	4.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The above table reveals that husband or wife and son or daughters are equally participation to make food i.e. 26 percent for each. Furthermore, grand daughter only 2 percent elderly are helped to their individual sanitation by their husband or wife. It is concluded that in these societies there is no helpful behaviors to individual sanitation of own couple. Among the female, no one husband care their wife in case of individual sanitation but in case of male 4 percent female care their husband. Similarly, in case of female more than 50 percent care by own self and in case of male 44 percent are cared by own self. Grand son or grand daughter is more responsible for the individual sanitation of male elderly people.

5.6 Household decision

Household decision consists as division of works, marriage of family member, buy and sale of valuable goods, ceremony of important festival. This kind of household decision is generally done by household head and household head is much more likely to be male compare to female. The situation of important household decision is found in our study area as follows-

Table 22: Decision about the division of work in household by sex

Decision Maker	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Self	8	17.8	9	17.3	17	17.5
Husband or wife	16	35.6	10	19.2	26	26.8
Son or daughter	17	37.8	23	44.2	40	41.2
Grand son or grand daughter	4	8.9	9	17.3	13	13.4
Other	0	.0	1	1.9	1	1.0
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

According to table 22 there is son or daughter supreme interim of decision about the division of work in household and followed by husband or wife, self, grand son and granddaughter and other i.e. 41 percent, 27 percent, 18 percent, 13percent and 1 percent respectively. In case of female there is almost same as 36 percent and 38 percent Husband or wife and son or daughter and respectively supreme for decision about the division of work in household but in case of male there is 44 percent decision by grandson or grand daughter.

Table 23: Decision about the marriage of the family by sex

	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent

Self	8	17.8	6	11.5	14	14.4
Husband or wife	7	15.6	12	23.1	19	19.6
Son or daughter	19	42.2	29	55.8	48	49.5
Grand son or grand daughter	10	22.2	4	7.7	14	14.4
Other	1	2.2	1	1.9	2	2.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

According to table 23 decision about the marriage of the family members is almost 50 percent is depend on their son or daughter and followed by husband or wife, self, grandson or daughter and other respectively.

Table 24: Buy and sale of the valuable goods in family by sex

Buy and sale	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Self	7	15.6	12	23.1	19	19.6
Husband or wife	11	24.4	14	26.9	25	25.8
Son or daughter	20	44.4	23	44.2	43	44.3
Grand son or grand daughter	7	15.6	2	3.8	9	9.3
Daughter or son in law	0	.0	1	1.9	1	1.0
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Table 24 shows the decision about the buy and sale of the valuable goods in family. This kind of decision is higher of the son or daughter (44.3%) and followed by husband or son wife (25.8%), self (19.6%), grandson or granddaughter (9.3%) and daughter or son in low respectively.

Table 25: Decision about the ceremony of important festival by sex

Decision	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Self	4	8.9	6	11.5	10	10.3
Husband or wife	14	31.1	13	25.0	27	27.8
Son or daughter	24	53.3	30	57.7	54	55.7
Grand son or grand daughter	2	4.4	2	3.8	4	4.1
Daughter or son in law	1	2.2	1	1.9	2	2.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Table 25 reveals the decision on the ceremony of important festival in which 65 percent reported as decision depend on their son or daughter and followed by depend on husband or wife (27.8).

In conclusion, all of the household decision as work division, marriage, buy and sale of goods and ceremony of impotent festival are depend on their son or daughter. Most of the elderly people are dependent in term of decision is reported by less than 20 percent in every case.

5.7 Living status

The living status of elderly people categorized as own household, by donation, dependent, rented and other. It is saying that elderly should live in own household, they should not forced to live out side of own household which is also provision on new senior citizen act, 2063. In case of our study, the status of elderly shows the following table as

Table 26: Living status of elder people in current household by sex

Living status	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No.	Percent
Own	29	64.4	31	59.6	60	61.9
Donation	5	11.1	12	23.1	17	17.5
Dependent	7	15.6	3	5.8	10	10.3
Rented	2	4.4	4	7.7	6	6.2
Other	2	4.4	2	3.8	4	4.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The above table shows that 61.9 percent elderly has been living in own household and followed by donation 18 percent, dependent (10%), rented (6%) and other 4 percent respectively. Elderly living with donation (18%) is unexpected result. There may not be fully donated, it may be little support. Among the female people 64 percent have been living own home and among male 60 percent living in own home.

Table 27: Currently elderly people living with whom by sex

Currently Living with whom	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Alone	14	31.1	3	3.1	5.8	17.5
Husband or wife	13	28.9	19	19.6	36.5	33.0
Son or daughter	17	37.8	24	24.7	46.2	42.3
Grand son or grand daughter	1	2.2	4	4.1	7.7	5.2
Other related	0	.0	2	2.1	3.8	2.1
Total	45	100.0	52	53.6	100.0	100.0

Source: field survey, 2007

As shows in table, majority of elderly people are living with son or daughter i.e. 42 percent and followed by living with husband or wife i.e. 33 percent. It indicates there is more common to followed extended family system.

5.8 Main economic source

Main economic source is an important indicator of quality of life. Economic source should be well and strong. The following table shows main economic sources.

5.9.1 Main economic source by sex

Table 28: Main economic sources of elderly by sex

Main economic source	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Donation	1	2.2	4	7.7	5	5.2
Trade or business	11	24.4	1	1.9	12	12.4
Share	9	20.0	6	11.5	15	15.5
Elderly allowance	2	4.4	7	13.5	9	9.3
Agricultural	17	37.8	23	44.2	40	41.2
Pension	4	8.9	4	7.7	8	8.2
Other	1	2.2	7	13.5	8	8.2
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

By observing the above table, it shows most of the elderly people are depended agricultural production. It is not surprising that because the study area is villages and most of people are devoted in agricultural occupation but it is surprising that almost 16 percent people's main economic source is share and 12.4 percent depend on trade and business. Similarly, 9 percent reported that their main economic source is elderly allowance provide by government. Among the female respondent 24.4 percent elderly's main source of economic is trade or business and 20 percent elderly's main source of

economic by 2.2 percent and 11.1 percent respectively. It indicates trade or business and share in more adopted by male than female.

Main economic source by caste

Table 29: Main economic source of elderly by caste

Main economic source	Caste of ageing people						Total No.
	Damai		Kami		Sarki		
	No.	Percent	No.	Percent	No.	Percent	
Donation	0	.0	4	11.1	1	2.0	5
Trade or business	1	9.1	4	11.1	7	14.0	12
Share	4	36.4	5	13.9	6	12.0	15
Elderly allowance	2	18.2	2	5.6	5	10.0	9
Agricultural	2	18.2	17	47.2	21	42.0	40
Pension	2	18.2	1	2.8	5	10.0	8
Other	0	.0	3	8.3	5	10.0	8
Total	11	100.0	36	100.0	50	100.0	97

Source: field survey, 2007

The above table 22.2 shows that unexpected result of Damai caste i.e. 36.4 percent elderly's main source of economic is elderly share. About 18 percent elderly reported their main economic source is elderly allowance and same percent for also agricultural and pension. In this way, among the Kami caste 47.2 percent elderly's main source of economic is agricultural and only 13.9 percent elderly's main source is share. Similarly, among the Sarki caste 42 percent elderly's main source of economic is agricultural and followed by trade and business i.e. Only 14 percent. So, table shows the variety of economic source, there is no similarity among caste.

5.9 Property owner

In case of elderly people, property owner is one of the most important indicators of economic status. If elderly have more property, they are considered as economically powerful person.

Table 30: Types of property owner by sex

Property owner	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Houses	23	51.1	21	40.4	44	45.4
Land	3	6.7	3	5.8	6	6.2
Cash	4	8.9	4	7.7	8	8.2
Bank balance or stock	4	8.9	9	17.3	13	13.4
Ornaments	3	6.7	8	15.4	11	11.3
Investment	7	15.6	0	.0	7	7.2
Other	1	2.2	7	13.5	8	8.2
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Majority of elderly are reported as the household is the main property of them. There is one unexpected result that is only 6.2 percent are reported land is the main property but 13.2 percent are reported bank balance or stock is their main property and followed by ornaments. Among the female 51 percent elderly's main property is house and among the male it is reported as their main property is house also but bank balance or stock is higher compare to female..

Expenses

According to senior citizen act, 2063, all of the expense should bear by the family member. In context of traditional societies parents also interested to get more children for old age security. So, there is more probability to get responsible by their son.

Table 31: Responsible of the expenses of elderly by sex

Responsible of the expenses	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Self	15	33.3	13	25.0	28	28.9

Husband or wife	10	22.2	16	30.8	26	26.8
Son or daughter	11	24.4	13	25.0	24	24.7
Grand son or grand daughter	6	13.3	6	11.5	12	12.4
Daughter or son in law	2	4.4	1	1.9	3	3.1
Various agencies	0	.0	1	1.9	1	1.0
Other	1	2.2	2	3.8	3	3.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The data presented in table 31 shows that majority (28.9%) of elderly take the responsible of the expense by own self. Then 26.8 percent husband or wife, 24.7 percent son or daughters take the responsible of their elderly people. Only one percent of elderly take expenses by various agencies. Among the female, there is majority (33.3%) elderly is reported that their expenses take by own self and among the male there is majority (30.8%) of elderly is reported that their expenses take by husband or wife.

5.11 Role in household

Elderly people are known as the source of knowledge and skill. So, elderly people should be taken as the source of suggestion, skill behavioral knowledge more than physical labour.

Table 32: Help in household by sex

Help in household	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Suggestion	16	35.6	18	34.6	34	35.1
Share skilled	8	17.8	8	15.4	16	16.5
Physical labors	17	37.8	20	38.5	37	38.1
Provide cash	0	.0	1	1.9	1	1.0
Provide technical knowledge	0	.0	1	1.9	1	1.0
Provide daily behavioral	3	6.7	3	5.8	6	6.2

Knowledge						
Other	1	2.2	1	1.9	2	2.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The above table reveals that of elderly people are utilized as physical labor. It is the unexpected results because our national senior citizen act, policies and plan clear that they are not taken as the source of physical labor. This kind of results is the result of agricultural societies. Only 35.1 percent elderly people are taken as the source of suggestion. It is unexpected results that is only 16.5 percent and 6.2 percent elderly people are taken as the source of skilled share and provide daily behavioral knowledge respectively and only two percent are taken as provide for cash and technical knowledge.

Elderly allowance

National senior citizen act, 2063, declared that all of the elderly people who above 75 year and widow (60 and above) has to get elderly allowance.

Table 33: Available the elderly allowance by sex

Available	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Yes	16	35.6	11	21.2	27	27.8
No	29	64.4	41	78.8	70	72.2
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The table shows that 72.2 percent elderly do not get elderly allowance and rest only 27.8 percent elderly people get elderly allowance. Why the majority do not get allowance? Table 34 shows the reason for not getting allowance.

Table 34: Reason of not getting allowance by sex

Reason of not getting	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Above 60 years but not widow	26	81.3	28	73.7	54	77.1
Nobody help in process	4	12.5	8	21.1	12	17.1
Lack of proper documents	1	3.1	1	2.6	2	2.9
Not necessary	1	3.1	0	.0	1	1.4
Feeling difficulty to get	0	.0	1	2.6	1	1.4
Total	32	100.0	38	100.0	70	100.0

Source: field survey, 2007

The most of elderly people (77.1%) are reported that the reason of not getting elderly allowance is 60 year above age but not widow (below 75 year widower do not get elderly allowance by national policy), 17.1 percent has reported that nobody help in process and followed by lack of proper documents (2.9%), 2.8 percent has reported that not necessary (14%) and feeling difficulty to get(1.4%) respectively. Among the female 81.3 percent do not get allowance due to not being widow and 78 percent male do not get allowance due to less than 75 year. There is also raised the question what is the process of getting allowance and who are able to get it, which is shown in table 35 as follow

Table 35: Process of getting elderly allowance by sex

Process of getting	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Direct from vdc or municipality	6	42.9	6	46.2	12	44.4
Visiting own house	6	42.9	0	.0	6	22.2
INGOs	0	.0	3	23.1	3	11.1
Family member	2	14.3	2	15.4	4	14.8
Other	0	.0	2	15.4	2	7.4
Total	14	100.0	13	100.0	27	100.0

Source: field survey, 2007

The presented table indicates that majority (44.4%) of elderly people has get allowance directly from local office (VDC, municipality) and 22.2 percent elderly has get by visiting own house then followed by 15 percent of elderly has get by family member (14.8%) , INGOs (11.1%)and 7.4 other(7.4%). There is different between male and female. Among the all female almost 43 percent elderly has get allowance by visiting own house but among the male 46 percent elderly has get allowance direct from local office and no one has get allowance by visiting own house. This data indicate that all elderly do not feel to all for visiting own house.

CHAPTER VI

HEALTH CHARECTERISTIC

This chapter contains the Health characteristics of the elderly population. The Health characteristics of the elderly population contain Health care system; Health Status in term of Capacity of Sight, Listen, Memory and Physical; Diseases; Frequency of diseases; Duration of diseases; Type of disease; Education status and Care system etc.

6.1 Health status

The main problem of elderly people is health problems. Most of the elderly dies due to the attraction of various diseases and being physically week is one of the remarkable features of elderly age. Various health facilities and behavior effect on the health status.

Table 36: Health statuses of elderly people with compare to their friends

Status	Capacity of sight		Capacity of listen		Capacity of memory		Capacity of physical	
	No	Percent	No	Percent	No	Percent	No	Percent
Better than friend	15	15.5	19	19.6	28	28.9	30	30.9
Same as friend	54	55.7	39	40.2	53	54.6	44	45.4
Worse than friend	28	28.9	39	40.2	16	16.5	23	23.7
Total	97	100.0	97	100.0	97	100.0	97	100.0

The above table shows the capacity of sight, listen, memory and physical. 55.7 percent of the total elderly reported that their capacity of sight is same as friend but only 15.5 percent reported that their sight capacity is better than friend. In case of capacity of listen, 40.2 percent reported that their listing capacity is same as friend and worse than friend as reported by same percent, likewise, 54.6percent reported that capacity of memory is same as friend and 28.9 percent reported better health.45.4 percent elderly are reported as physical capacity is same as friend and 30.9 percent reported that their physical capacity is better than friend but only 23.7 percent are reported that their status is worse than friend. Anyway the overall capacity of elderly people is satisfactory.

6.2 Disease

Elderly age is main risk age in life in term of diseases. They are being physically week.

Table 37: Disease within 2 years by sex

Disease within 2 years	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Yes	27	60.0	36	69.2	63	64.9
No	18	40.0	16	30.8	34	35.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The above presented table shows that 65 percent are suffering from disease and rest 35 percent are far from any disease. Majority of male (69%) are suffering compare to female (60%).

Table 38: Time of being sick within 2 years by sex

Time of being sick within 2 years	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
One time	17	63.0	27	75.0	44	69.8
Two time	8	29.6	5	13.9	13	20.6
Three time	2	7.4	2	5.6	4	6.3
Four time	0	.0	1	2.8	1	1.6
5 and more time	0	.0	1	2.8	1	1.6
Total	27	100.0	36	100.0	63	100.0

Source: field survey, 2007

Almost 70 percent are being sick within 2 years only one time and 21 percent are suffering from disease only two time. Comparatively male are suffering only one time i.e. 75 percent compare to 53 percent of female.

Table 39: Type of disease by sex

Type of disease	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Abdonal related pain	1	3.7	7	19.4	8	12.7
Diarrhea or dehydration	10	37.0	9	25.0	19	30.2
Asthma	10	37.0	15	41.7	25	39.7
Common cold and cough	4	14.8	0	.0	4	6.3
Other	2	7.4	5	13.9	7	11.1
Total	27	100.0	36	100.0	63	100.0

Source: field survey, 2007

Most of the elderly people are suffering from asthma i.e. 39.7 percent and followed by abdonal related pain i.e. 30.2 percent. Among the female, 37 percent are suffering from asthma, other 37 percent are suffering from diarrhea or dehydration and followed common cold (14.8%) and cough (14.8%). Similarly, among the male 41.7 percent suffering from asthma and followed by diarrhea or dehydration 25 percent, and abdonal related pain(19.4%).

Table 40: Have the treatment or not by sex

Got treatment or not	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Yes	13	48.1	6	16.7	19	30.2
No	14	51.9	30	83.3	44	69.8
Total	27	100.0	36	100.0	63	100.0

Source: field survey, 2007

Almost 30 percent of elderly are able to treat their disease and rest 69.8 percent are not able to go for treatment. In context of female 48.1 percent able to treatment and rest are not. Similarly, among the male only 16.7 percent are able to treatment and rest are not. It shows unexpected result. The question arise that why majority of male are not able to go for treatments

6.3 Health care system

Health care system may differ by different societies. Advanced society mostly follows the hospital treatment but in traditional society follows the home based as well as Dhama Jhakri based treatment. The following table shows the health care system of study area.

6.3.1 Care by sex

Table 41: Going for care while being sick by sex

Going for care while Being sick	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No.	Percent
Home based treatment	22	48.9	26	50.0	48	49.5
Calling doctor while being sick	1	2.2	1	1.9	2	2.1
Self going to hospital	6	13.3	2	3.8	8	8.2
Dhama Jhakri	14	31.1	22	42.3	36	37.1
Other	2	4.4	1	1.9	3	3.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

As shows in table 41 the treatment is mostly based on traditional belief. Majorities (almost 50%) follow the home based treatment and followed Dhama Jhakri (37.1%). Only 8 percent are visited to hospital, 2 percent they called health care system is almost same.

6.3.2 Care by Education

Various literature of health care system shows that educational status increase, there also increase hospital visit for treatment. Beside the educational level effect for this system these are other many more reason also. Although, educated person generally do not follow the home base treatment and traditional treatment like Dhama Jhakri.

Table 42: Going for care by education status

Care system	Education status				
	Illiterate (%)	Literate (%)	Primary (%)	Secondary (%)	Total (%)
Home based treatment	51.6	37.8	56.0	100	49.5
Calling doctor while being sick	3.2	.0	4.0	.0	2.1
Self going to hospital	9.7	13.5	.0	.0	8.2
Dhami Jhakri	29.0	45.9	40.0	.0	37.1
Other	6.5	2.7	.0	.0	3.1
Total	100.	100.0	100.0	100.0	100.0

Source: field survey, 2007

Totally secondary level elderly has followed the home based treatment and among the primary level educational status majority (56%) are treated by home based system compare to illiterate has treated by only 52 percent in home based system. Nobody calling doctor to own house who gain the secondary level education and Dhami Jhakri has adopted by 46 percent literate, 40 percent primary education status elderly people but it is suppose to be positive relation among educational status and health care status or it is saying that higher educational status tend to lower home based treatment and Dhami Jhakri based treatment.

CHAPTER VII

PSYCHOLOGICAL AND OVERALL CHARECTERISTIC

This chapter contains the Psychological and overall characteristics of the elderly population. The Psychological and overall characteristics of the elderly population contain Satisfied with own age, Passing Daily Life, Expectation from Government and Family, Enjoyful age, Depressing situation, Present situation, Participation on Politics and Social Works, Knowledge on Present Act etc.

7.1 Psychological Status

Elderly age is the period of deep thinking. It is saying that generally elderly taking negative most of the matters.

7.1.1 Requirement

It is true that elderly people have many more requirements as well as they have more aspiration. If their requirement is not fulfill with respectfully then they will be felt very much pity.

Table 43: Required health facilities by government sector in their view by sex

Requirements	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Cash payment	11	24.4	18	34.6	29	29.9
Management of mobile health worker	15	33.3	1	1.9	16	16.5
Free health treatment	10	22.2	11	21.2	21	21.6
Provide free medicine	8	17.8	17	32.7	25	25.8
Other	1	2.2	5	9.6	6	6.2
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The above table shows that majority of elderly people i.e. 29.9 percent wants to cash payment by government for improvement on health status and followed by feel as a requirement to provide free

medicine (25.8%) and to provide free health treatment(21.6%), to manage the mobile health worker(16.5%). Majority of female (33.3%) has reported as their requirement is management of mobile health workers and majority of male has reported as their requirement is cash payment.

7.1.2 Enjoyful Age

Every people has own experience and attitude about the enjoyable age. The following table shows the enjoy age in their life.

Table 44: Enjoying age in their life by sex

Enjoying age in their life	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
10-20	12	26.7	10	19.2	22	22.7
20-30	11	24.4	6	11.5	17	17.5
30-40	3	6.7	11	21.2	14	14.4
40-50	10	22.2	19	36.5	29	29.9
50-60	3	6.7	2	3.8	5	5.2
60-70	4	8.9	2	3.8	6	6.2
70 and above	2	4.4	2	3.8	4	4.1
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

According to above table majority (29.9%) has reported that 40-50 year is enjoyable age in their experience and followed 10-20 year is the enjoyable age (22.7%). Likewise, among the female, 10-20 years is the most enjoyable age in their experience reported by 26.7 percent and among the male majority (36.5%) has reported that 40-50 years is the most enjoyable age in their experience. Anyway, below 50 year is mostly enjoyable age in their experience.

7.1.3 Depressing Situation

Depressing condition is differing from individual to individual. Aloneness, deprive from various facilities, force to any matter etc. It is the root cause of depression. The following table shows the depressing situation.

Table 45: Depressing time in elderly life by sex

Depressing time in elderly life	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Week physical situation	14	31.1	11	21.2	25	25.8
Week economic situation	11	24.4	6	11.5	17	17.5
Aloneness	3	6.7	11	21.2	14	14.4
Family by hate	13	28.9	21	40.4	34	35.1
Family tour char	4	8.9	3	5.8	7	7.2
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Based on the above table the main depressing situation of elderly is family hate. About 35 percent has reported about family hate is the main depressing cause and followed by week physical situation (25.8) is the cause of depressing than week economic situation (17.5%), aloneness (14.4%) and family tour char (7.2%). It means female are highly dominated by family member but in context of male majority has reported that family hate is main cause and only 5.8 percent has reported family tour char is main causes.

7.1.4 Expectation

It is true that elderly people has more expectation from various sector.

7.1.4.1 Expect from family

Table 46: Expect from the family by sex

Expect from the family	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Love and affection	16	35.6	17	32.7	33	34.0
Fooding management in proper time	5	11.1	4	7.7	9	9.3
Health care	11	24.4	9	17.3	20	20.6

Physical care	6	13.3	19	36.5	25	25.8
Other	7	15.6	3	5.8	10	10.3
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The presented table reveals that most of elderly deprive from the family member i.e. 34 percent. It indicates that most of elderly deprive from the family love and affection. More than one forth reported their expectation is physical care and followed more than one- fifth wants to health care but among the female majority (35.6%) wants to love and affection and among male majority (36.5%) wants to physical care. It indicates that female are comparatively more deprive from family love and affection but male are more engaged in physical work so they need more physical care.

7.1.4.2 Expect from government

Table 47: Various requirements for betterment of future life and expectment from the government

Various requirement for betterment of future life	No.	Percent	Expect from the government	No.	Percent
Ensuring food	19	19.6	Make elderly home	23	23.7
Avoid social discrimination	17	17.5	Make budget for Dalit	8	8.2
Facilities of water	6	6.3	Establish the bhajan greha	7	7.2
Management of health care	9	9.3	Increase allowance	6	6.2
Management of housing	6	6.2	Peaceful environment in society	7	7.2
Make ensure the food for us	3	3.1	Increase allowance	6	6.2
Encourage to in every sector	2	2.1	Avoid discrimination	16	16.5
Do not do hate by family	3	3.1	Free health care	2	2.1
Implement the exist act	3	3.1	Implement the recent law	3	3.1
Increase elderly allowance	2	2.1	Make road facilities	2	2.1

Make easy get allowance	2	2.1	Make the public road	3	3.1
Make easy to get allowance	3	3.1	Management of drinking water	3	3.1
Make elderly home	3	3.1	Reservation scheme	2	2.1
Nothing	2	2.1	Provide food in cheap prize	4	4.1
Raise allowance	7	7.3	Others	5	5.2
Others	10	10.3	Total	100	100
Total	97	100			

Source: field survey, 2007

Note: Others consist as Management of road, drinking water, provide the free health care, provide economic help, open opportunity of job for us, peaceful environment, and Present all family at home.

The above presented table shows that majority of elderly (19.6%) feel that their requirement for future life is to ensure food, and followed by feel avoid social discrimination(17.5%), feel management of health care(9.3%), feel to rise allowance(7.2%).

One the other side shows the expectation of elderly people from government. Almost one-fourth expect there should be make elderly home, 16.5 percent expect there should be avoid all kind of discrimination. It is true that Dalits feel more discrimination in the society. Likewise, 8 percent elderly expect to make budget for Dalits and 7 percent feel there should be make Bhajan Ghriha in the society i.e 7.2 percent.

7.1.5 Present Situation

Recently status of elderly indicates the future life of elderly and status of elderly is the achievement of past elderly status.

Table 48: Present elderly situation by sex

Present elderly situation	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
More enjoyable	3	6.7	1	1.9	4	4.1
Normal	23	51.1	26	50.0	49	50.5
Fraud up	7	15.6	14	26.9	21	21.6
Worse	2	4.4	8	15.4	10	10.3
Other	10	22.2	3	5.8	13	13.4
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

The above table reveals that more than 50.5 percent elderly has reported that their situation is normal, more than one-fifth reported that their situation is fraud up and only 4.1 percent has reported that their situation is more enjoyable. In case of female more elderly (6.7%) has reported that their situation is more enjoyable compare to only 1.9percent male reported that their situation is more enjoyable.

7.1.6 Satisfied With Own Age

According to the below table more than 80.4 percent satisfied with own age but less than one fifth are not satisfied with own age. Why some elderly do not satisfied with own age? There may be the reason of experience of more difficulties. Among the male elderly almost 83 percent are not satisfied with own age but among the female almost 84.4 percent are satisfied with own age. Why are more male are not satisfied with compare to female elderly, is the matter of future research?

Table 49: Satisfied with own age by sex

Satisfied with own age	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Yes	38	84.4	40	76.9	78	80.4
No	7	15.6	12	23.1	19	19.6
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

7.2 Overall Situation

Every person differ each other in term of their life experience, thinking, behavior, knowledge, skill, aspiration, and other. That's why, every body's problem and requirement is different.

7.2.1 Passing daily life

One of the common problems of elderly is to pass daily life. They can not do strong physical works and they also lose their pair or friends, family may not give most of time for them. In this situation they feel aloneness. The following table shows the passing daily life of elderly people as

Table 50: Passing daily life by sex

Passing daily life	Sex of ageing people					
	Female		Male		Total	
	No.	Percent	No.	Percent	No.	Percent
Religious activities	1	2.2	7	13.5	8	8.2
YOGA	10	22.2	3	5.8	13	13.4
Reading and listening news	6	13.3	10	19.2	16	16.5
Household works	7	15.6	14	26.9	21	21.6
Care of grand son and grand daughters	16	35.6	4	7.7	20	20.6
Mandir or churches	1	2.2	5	9.6	6	6.2
Meeting with collaborators	4	8.9	9	17.3	13	13.4
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

As in the table majority of elderly people passing their time by working household work i.e. Almost 21.6 percent and followed by grandson and grand daughter (20.6%), reading and listing news i.e.16.5 percent, meeting with collaborators,(13.4%), other doing YOGA, 13.4 percent and rest religious activities,8.2 percent. Majority of women (35.5%) are passing their time by care of grandson and granddaughter but majority of male are passing there time by household work.

7.2.2 Participation

7.2.2.1 Participation on social work

It is one of the most important curicity information of elderly. How many elderly are directly or indirectly participate on social works in their in their life time? The following table shows this information as follow-

Table 51: Participation on social work by sex

Participation on social work	Sex					
	Female		Male		Total	
	No.	Percent	No.	Percent	No	Percent
Yes	8	17.8	8	15.4	16	16.5
No	37	82.2	44	84.6	81	83.5
Total	45	100.0	52	100.0	97	100.0

Source: field survey, 2007

Almost 16.5 percent has participation on social works in their life. It is the unexpected result, what the 83.5 percent elderly has never participation on social works in their life? Comparatively slightly higher percent of female has engaged in social work. 17.8 percent female are known and 82.2 percent are unknown. Similarly, 15.4 male are known and 84.6 percent are unknown.

7.2.2.2 Participation on Politics

This issue is not presented in table. The study shows that only 5 percent elderly participate on politics in their life and rest are not participate. Among the female only 4 percent participate. It indicates that in this study area political awareness is very low. They may be Dalits are discriminated by other caste.

7.2.3 Knowledge of Present Senior Citizen Act

It is true that the present senior citizen act is the historical achievement for elderly people and it is advocate in the favor of elderly people but majority of elderly are unknown about this act. It is unfortunate that almost 93 percent are unknown about this act. Rest 7 percent are known but partially only, in this situation how to consume their own right and responsibility.

CHAPTER VIII

SUMMARY, CONCLUSION, RECOMMENDATION AND FURTHER RESEARCH ISSUES

8.1 Summary

The high proportion of elderly is the national's property. It is the achievement of better health facility, urbanization, desire for a small family poverty and modernization. Against this background if the olders are kept engaged in the matters of their interest and skill with preservation of our good custom and culture, various skill and expertise can be preserved. Citizens in a country having economical, social structures like that of Nepal have a greater desire that their old age be easier and secured , they lived with the members of family, however, this matter was not used to be treated as a different sector prior to the ninth plan.

According to various censuses, Nepal's elderly population percentage has been increasing and now reaches 6.5 percent. Although, this percentage is not made satisfactory to us because it is very low compare to other developed countries.

This study is confined on Dalit community of two VDC that is Keware VDC and Tindobate VDC. Census method is applied for collection of information. In those VDC only 97 Dalits elderly are found. The main objectives are to find out the demographic, health, socio-economic and psychological status of Dalit elderly people. Most of question is used close-ended and some questions are open-ended also. Primary data are main source of information and some of secondary data are also used. The major finding on the study can be presented as follow

8.1.1 Major finding on demographic characteristic: -

1. More than two-fifth of the total elderly people are in age group 60-64 years. There is decreasing the number of elderly with increasing the elderly age. Almost 50 percent of elderly female are in age group 60-64 but only 35 percent of elderly male are in this same age group.

2. More than 50 percent has remained marriage categories and followed by widow or widower (40%)
3. More than two- fifth of the elderly had done marriage in age group 12-14 years.
4. Almost two-fifth of the elderly's live birth is 5 and followed by 6 and above i.e. One-fourth.
5. Majority (37%) has reported that their ideal kids are 3 and followed by 27 percent of elderly's ideal kids is 2.
6. More than 50 percent elderly are Sarki, only 37 percent are Kami, and lowest only 11 percent are Damai.
7. Almost one-third of the elderly has reported that their household size is 7 and over and followed by household size 6.
8. Household sizes which is almost same trend for all 3 castes.
9. In case of education status, majority (55%) Damai are literate, 30.6 percent are literate for Kami and 40 percent Sarki are literate
10. More than percent Damai, 42 percent Kami, and 34 percent Sarki has reported that their total live birth is 5.

8.1.2 Major finding on socio-economic characteristics: -

1. Almost two-fifth of the elderly people are literate and only 32 percent are illiterate. Comparatively more female elderly illiterate i.e. 62 percent where as 6 percent male are illiterate. In case of caste majority of Damai are literate i.e. 55 percent and followed by Sarki (40%) and Kami. (31%)
2. Almost 65 of the elderly has followed Hindu religion and rest followed Buddha (43%), Christian (1 %). Comparatively more female has followed Hindu.
3. 55 percent of the elderly has adopted agricultural occupation and followed by unemployment i.e. 34 percent
4. Majority of husband or wife are cared by their husband i.e. 37 percent
5. Making food in household husband or wife and son and daughter is equal participation i.e. 26 percent, in case of sex higher for female
6. In case of individual sanitation almost 50 percent elderly are done by own self, in case of male almost two-third are helped by grand son or daughter. It is higher with compare to female.
7. Major decision on household as division of works, marriage of family member, buy and sale of the valuable goods and ceremony of important festival has mostly done by son or daughter.
8. Three-fifth elderly has living own household and living with donation, dependent, rented and other is respectively lower.

9. Majorities of elderly people currently living with son or daughter i.e. 42 percent and followed husband or wife. (33%)
10. 42 percent elderly people have reported that their main economic source is agriculture and only 9 percent has reported that their elderly allowance is main economic source.
11. 45 percent elderly people's property is houses and followed by bank balance or stock, ornaments but land, cash, investment is lower.
12. Majority (38%) of elderly has been helping in their household as a physical works and followed by 35 percent has been helping by giving suggestion
13. The responsibility of expense of the elderly has been taken by self (29%), husband or wife (27%), son or daughter (25 %) respectively.
14. Reason of interesting to live alone is, probability of facing many problems in household, reported by 88 percent
15. Among the caste majority for 65-69 age groups of Damai caste i.e. 45.5 percent, 60-64 age groups of Kami caste i.e. 41.7 percent and 60-64 ages group of Sarki caste i.e. 46 percent.
17. 64 percent Damai, 58 percent, Kami and 50 percent Sarki have adopted agriculture occupation and 40 percent Sarki are unemployment.

8.1.3 Major finding on Health characteristics: -

1. Majority of elderly people's health status in term of capacity of sight, listen, memory, and physical is same as friend
2. Almost 50 percent elderly has treated by home based care and followed by Dharmi Jhakri i.e. 37 percent but only 2 percent called doctor and 8 percent self visit at hospital.
3. About 65 percent has suffered by disease within 2 years and rest 35 percent has not suffered.
4. Almost 70 percent has suffered one time within 2 years and followed by 2 time i.e. 20.6 percent.
5. Majority of elderly has suffered by asthma i.e. 40 percent and followed by diarrhea or dehydration (30%)
6. About 70 percent did not treat their disease and rest only 30.2 did treat.

8.1.4 Major finding on psychological and overall characteristics: -

1. Almost 22 percent elderly has been passing their daily life by doing household works followed by care of grand son and daughter (20.6%)
2. Only 27.8 percent elderly has got elderly allowance and rest 71.2 percent has not get.

3. Majority (44.4%) of elderly people has get elderly allowance directly from VDC or municipality and only 22.2 percent has get by visiting own house.
4. The main reason of not getting allowance is being above 60 years but not widow i.e. 77.1 percent and followed by nobody help in process i.e. 17.1 percent
5. About 30 percent reported that as their requirements of health facility is cash payment and followed by provided free medicine and free health treatment.
6. Majority (29.9%) reported that 40-50 is the enjoyable life in their life.
7. Most of elderly expect love and affection from the family i.e. 34 percent and followed by physical care and health care (25.8%).
8. Majority reported that their male depressing time is family hate i.e. 34 percent and followed by week physical situation
9. Only 16.5 percent has participated on social works and rest 83.5 percent has not participated
10. Only 5 percent has participated on politics and rest 95 percent has not participated.
11. More than 50 percent elderly has reported that their present situation is normal and followed by fraud up. (21.6%)
12. Only 7 percent elderly's has knowledge of recently act and rest has not.
13. Majority (19.6%) has reported that they required ensuring food for betterment of future life and followed by avoid social discrimination i.e. 17.5 percent. In this way, in expectation from the government 23.7 percent has reported to make elderly home, and followed by avoid all kind of discrimination in society i.e. 16.5 percent
14. Most of elderly has satisfied with own age i.e. 80.4 percent and rest 19.6 percent has not satisfied with own age.

8.2 Conclusion

The elderly people are the assets of the society. Their knowledge and experience can be vital to the family, society as well as the country. Elderly people are the leaders of the society.

Elderly people are increasing due to life expectancy increase. This research has been attempted to find out the demographic, psychological and socio- economic status of elderly.

Number of elderly is decreasing with increasing in age group. Almost 32 percent are illiterate. Majority has adopted agricultural and about 34 percent are unemployment therefore there is need of provision of income generating activities which are fit for them. Ideal number of birth is very low compare to their live birth. Generally, son or daughters are taken responsibility of household decision. Majority's average household size is 7 and above. It indicate Dalits household size is larger, majority 22 percent passing their daily life by working household works, it means there is forced to elderly in household works. Main economic source is taken as agricultural which means economic status is economic status is poor. Almost 40 percent has reported that their main property is houses than other is lower. About 64 percent are not able to get elderly allowance. Most of elderly has adopted home based treatment and Dhami Jhakri, it means health care system is almost traditional

There has found that participation of social work and politics is very low. Most of elderly are unknown about the present elderly act and they feel there should be make elderly home, avoid social discrimination, budget for Dalits, ensuing food etc. That's why; government should be attention their problem and make polices and plan to address their demand which may be helpful for betterment of Dalit elderly people.

8.2 Recommendation

This kind of small research may not be sufficient to make policy and plan although it covers the two VDC, especially Dalit community, and has adopted census method of data collection, therefore, it may be helpful to suggest policy and plan maker. Based on presented finding Following recommendation should be considered for betterment life of Dalit elderly people

8.2.1 At the family level

1. The family should help in every sector as their wise and requirement.
2. The family should not hate to their elderly member and they should be cared.
3. There should be make ensuring food because Dalits elderly are not sure about future.
4. There should be managing the economic and other fund especially by focusing Dalit elderly people.

5. The right to property should be rest the elderly people themselves and they should be free to utilize their property as their will.
6. There should be provision of elderly employment if ageing people are wanting and they are physically as well as mentally.

8.2.2 At the Community level

1. The older person should have opportunity to income generating work according to their age
2. There should be strongly implement the new existing senior citizen act, 2063, by increasing the facilities for elderly people.
3. There should be make easy process of getting allowance and elderly allowance should be increased.
4. There should make elderly home as per the demand of Dalit elderly people.
5. In Dalit community should be avoid the social discrimination by making policy and plan.
6. There should be managing the economic and other fund especially by focusing Dalit elderly people.

8.2.3 At the National level

1. There should be carried out the various programs especially for elderly people by which increase the awareness.
2. There should be strongly implement the new existing senior citizen act, 2063, by increasing the facilities for elderly people.
3. There should be make easy process of getting allowance and elderly allowance should be increased.
4. There should make elderly home as per the demand of Dalit elderly people.
5. In Dalit community should be avoid the social discrimination by making policy and plan.
6. NGOs and government need to pay attention towards the elderly issue and create social pressure to the family for providing care and support to the elderly.
7. The right to property should be rest the elderly people themselves and they should be free to utilize their property as their will.
8. The age limit to get the old age allowance is very high so it should be lowered. The amount is small so it needs to be increase.

9. There should be provision of elderly employment if ageing people are wanting and they are physically as well as mentally.
10. There should be participation of Dalit elderly people in every level of making decision.
11. In each VDC, there should be constructed “Bhajan Greha”.

8.3 Further Research Issues

This research is confined only in keware and Tindobate VDC. Elderly issue is not arising as focusing research issue and Dalit community is not also given the attention of research. Nationally representative research on ageing has not been done until now. Therefore, there should be focuses on Dalits elderly's issue nationally.

This research attempted to find the demographic, socio-economic and psychological status of Dalit elderly people. This research is quantitative research but elderly research should be done qualitative research because it is very critical issue. This kind of research should be focus on psychological status, nutritional status, care in family, requirement for betterment of life, health status, family environment, social welfare, income, social security, income generating, utilization of their skill and expert, attitude of elderly toward family and society.

REFERENCES

- Acharya, S. (2000). "Changing age structure of Nepalese Population and its socio-Economic and demographic implecations." in KC.Bal K. (ed) *population and development in Nepal*. (vol.7). Kathmandu: Central Department of Population studies.
- Acharya, S. (2001). "Population ageing: some emerging Issue in the SAAR Region with Reference to Nepal" in KC.Bal. K. (ed) *Population and development in Nepal* (vol.8) (CDPS: Katmandu).
- Bisht, P.S. (2003). "Ageing and the Elderly Population in Nepal." a paper presented at *Population and Development Training Programmed* 8-19 December 2003 (Katmandu: Central for Population Research and Training (CPRT).
- Bisht, P.S; (2001). "Toward welfare of the Elderly with reference to Nepal". in K.C. Bal K. (Ed) *Population and Development in Nepal* (vl.8). (CDPS; kathmandu).
- Bisht, P.S. (2000). "Gender and Ageing Population in Nepal. a paper presented at seminar on *Population, Gender and development*. organized by central department of Population studies (CDPS). Tribhuvan University,Kathamandu.
- Bisht, P.S. (2000). "Population ageing: Global and Nepalese Perspective: "in KC. Bal K. (ed). *Population and Development in Nepal* (vol.7). Katmandu: central Department of population studies.
- Cahulagain. Amrita. (2004).The situation of elderly Population in Nepal: A study of elderly people living in elderly home in Kathmandu Municipality. unpublished dissertation submitted to Central Department of Population Studies. (CDPS), TU.
- Central bureau of statistic. (2003). *Population monograph of Nepal (vol.I)* kathamandu.
- Central Bureau of Statistic. (2004). *Nepal Living Standard Survey* (Kathmandu: CBS)
- Central Bureau of Statistics. (1995). *Population Monograph of Nepal*. (Katmandu:Centre for Population Research and Training (CPRT).

- Central Bureau of Statistics. (2002). *Population census 2001*. National Report. (Katmandu; Central Bureau of Statistics)
- Central Bureau of Statistics. (2002). *Population census 2001*. National Report. National Planning Commission Secretariate. Kathmandu, Nepal.
- Central Department of Population Studies. (1996). “*National Survey of Migration, Employment and Birth Death Contraception*” (Kathmandu: CDPS)
- Chaudhury, R.H. (2004). “Ageing in Nepal” *Asian Pacific Population Journal*, vol. 19. No.1 (Katmandu, UNFPA)
- Gurung, Harka. (1994). Nepal: Main/ethnicity caste group by district. New era.
- Ministry of Women, Children and Social Welfare (MWCSW). (2002). *Senior Citizens Policy and Working Policy*. (Singhadarbar: Kathmandu)
- Ministry of Women, Children and Social Welfare (MWCSW). (2061). *The introduction of senior citizen related agencies* (Singhadarbar: Kathmandu). SANTI ASRAM. Kathmandu, Nepal
- Ministry of Women, Children and Social Welfare (MWCSW). (2062). *National Plan on Senior Citizens*, (Singhadarbar: Kathmandu)
- Ministry of Women, Children and Social Welfare (MWCSW). (2063). *National Senior Citizen Act*. (2063). (Singhadarbar: Kathmandu)
- Nepal participatory action network (NEPAN) and help age international. (2001). *Voice of elderly* (Jugdamba press, Lalitpur, Nepal)
- Pokharel, B.R; (2006). “The status of elderly in Nepal an unpublished dissertation submitted to central department of Population studies (CDPS; Kathmandu).
- Population Reference Bureau (PRB) (2006). *World Population Data Sheet of the Population Reference Bureau*. (Washington DC: PRB).
- Poudel, Bhumi D. (2006). “The status of elderly people in Syangja district” an unpublished dissertation submitted to central development of population studies. (CDPS; Kathmandu).

- Rai, Lal D. (1999). souvenir, Topic: The phenomenon of ageing and Nepal. *Senior citizen society of Nepal*.
- Regmi, Narayan P. (2006). “ The status of elderly people in Nepal; An Analysis of Socio-economic and Demographic Characteristics of Elderly People Living in Balkot VDC,Bhaktapur. unpublished dissertation submitted to Central Department of Population Studies (CDPS). TU.
- Senior Citizen Welfare Association of Nepal (SCWAN), (1994). *Study on socio-economic status of elderly In Nepal*. an unpublished Report, Kathmandu.
- Singh, m.l. (1979). *Population dynamics of Nepal*.Tribhuvan University, Katmandu,Nepal
- Singh, M.L. “Ageing of the population of Nepal” in *Population monograph of Nepal*. (2003). vol.II Central Bureau of Statistics. CBS, Kathmandu.
- Situation of Ageing .Website:www.prb.org
- Tribunvan University (2050). Retirement, Gratitude and Pension.”*TU Service Act 2050*. Katmandu:
- United nation. (1991). Ageing and Urbanization (New York: United Nations)
- United Nations. (2006). Population Data Sheet

Appendix

Questionnaires

THE DEMOGRAPHIC, SOCIO- ECONOMIC AND PSYCHOLOGICAL STATUS OF DALITS SENIOR CITIZEN

(A case study of keware and Tindobate VDC, syangaja, 2007)

Note: The information of respondents will be secret and this information will be used only for Thesis.

Name of household head:

Ward no:

Name of VDC:

Date:

Household no:

A. Demographic condition

S N	Name	Relation with household head	Sex	Age	Marital status	religio us	Education al status	Occup ation
1								
2								
3								
4								
5								
6								
7								
8								

Coding:

1. Relation with household:

1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

2. Sex: 1) Female, 1) Male

3. Recent Age:

4. Religion: 1) Hindu, 2) Buddhist, 3) Christian, 4) Islam, 5) Kirat,
5. Educational Status: 1) Illiterate, 2) Literate, 3) Primary, 4) Secondary, 5) High School, 6) Diploma, 7) Master And Above
6. Marital status: 1) never married, 2) married, 3) widow/widower, 4) separated, 5) divorced 6) other
7. Occupation: 1) unemployment, 2) student, 3) business/trade, 4) government, 5) NGOs, 6) foreign, 7) employment, 8) agricultural
8. Age at marriage:
9. Total live birth:
10. How many children do you want.....

B Family condition

11 who care your household?

- 1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

12 who has helped in your individual sanitation ?

- 1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

13 who decide the labor division in your household ?

- 1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

14 who decide the marriage of family member in your household ?

- 1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

15 who decide for Buy and Sale of valuable goods in household ?

- 1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

16 who decide about the ceremony of important festival in household ?

- 1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

17 with whom are you living currently?

1) Alone, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

18 what is the attitude toward you in your family?

1) Better, 2) medium, 3) general

19 what is your status in your family?

1) Rented 2) self 3) donation 4) dependent 5) other

20 who make food in your household?

1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

21 how are you passing your daily time?

1) Religious activities 2) YOGA 3) reading and listing news 4) care of grand son and grand daughter 5) mandir or churches 6) meeting with collaborator

22 when you get up in the morning?

23 what is the sleeping status?

1) Better 2) medium 3) general 4) difficulty

C. Economic condition

24 what is your main source of economic?

1) business/trade 2) donation 3) share 4) elderly allowance 5) agricultural 6) pension 7) other

25 what is your monthly expenditure?

26 what is your monthly saving?

27 what is your property owner?

1) House 2) land 3) cash 4) bank balance or stock 5) ornaments 6) investment 7) other

28 who take the response of expense of your?

1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) other.

29 how you help in your family?

1) Suggestion 2) provide skill 3) physical labour 4) provide cash 5) technical knowledge 6) behaviors knowledge 7) other

30 are you getting elderly allowance?

1) Yes 2) no

31 what is the process of getting elderly allowance?

- 1) Direct from local office 2) visiting own household 3) NGOs 4) family member 5) agencies
6) other

32 what is the reason of not getting allowance?

- 1) above 60 years but not widow 2) nobody help in process 3) lack of proper document 4) not necessary 5) difficult to get

33 who have to care of elderly in your views/

- 1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter 7) various agencies 8) other

34 In your view, what is the situation of social respect to elderly people?

- 1) Best 2) good 3) normal 4) worse 5) unknown

D. Health condition

35 what is your health status compare to your friend?

- a) Capacity of sight: 1) better than friend 2) same as friend 3) worse than friend
b) Capacity of listen: 1) better than friend 2) same as friend 3) worse than friend
c) Capacity of memory: 1) better than friend 2) same as friend 3) worse than friend
d) Physical capacity: 1) better than friend 2) same as friend 3) worse than friend

36 what is the system of health care?

- 1) Home base treatment 2) calling doctors 3) self visiting to hospital 4) Dharmi Jhakri 5) other

37 who helps to manage medical care?

- 1) Self, 2) Husband/wife, 3) Son/daughter, 4) Daughter/son in law, 5) Brother/daughter, 6) Grandson/granddaughter, 7) religious agencies, 8) other.

38 what is your view for betterment of health from the government?

- 1) Cash payment, 2) management of mobile health worker, 3) free health treatment, 4) provide free medicine, 5) other

39) Which age is more enjoyable in your experience?.....

40) What is your expectation from family?

- 1) Love and affection, 2) fooding management in proper time, 3) health care, 4) physical care, 5) other

41) What is your depressing situation in life?

- 1) Week physical situation, 2) Week economic situation, 3) aloneness, 4) family hate, 5) family tour char

42) Are you affected by any disease with in past 2 year?

1) Yes 2) no

43) How many time are you affected?

44) Which type of disease does you facing?

45) Are you treated?

E Psychological condition

46) Are you satisfied with own age?

If yes, please clear

If no, please clear

47 are you interest to live alone?

1) Yes, 2) no

48) Why are you interested?

49) Why are you not interested?

50) What is your attitude toward society?

51) Are you participate on social works/

52) What should be role in family in your view?

1) As a guardian 2) keeps discipline in household, 3) As an example, 4) fulfillment of basic need in household

53) Are you ever participate on politics

1) Yes, 2) no

54) Are you achieving success also?

1) Some what, 2) normal, 3) more success, 4) no success

55) What is the situation of your elderly age?

1) More enjoyable, 2) normal, 3) fraud up, 4) worse, 5) other

56) When you feel alone?.....

57) What you do when being alone?

58) Do you know about the present existing national act of elderly people?

59) What you feel to change this act?

60) What are your requirements for future betterment of life?

61) What is your expectation from government?