

CHAPTER - ONE

INTRODUCTION

1.1 Background

There are various stages in human life, such as infancy, childhood, adulthood, youth and old age. Among them ageing is a critical stage of human life, because of the physically and mentally disable function of organs. It is a natural process. Population ageing is a global phenomenon (Bisht, 2000).

Elderly was defined as the population aged 60 years and above. It was recognized that the definition ignored the heterogeneous nature of a population group that spanned around 40 years of life. Hence, elderly could be divided into three major groups those aged 60-69 years; (the young elderly); those aged 70-79 years; (the medium aged early); these aged 80 years and above (the oldest elderly), (KC Gupta, 2002).

Elderly is the last phase; all people have to pass through this stage in their life cycle; irrespective of their present stage of strength, merit and weakness. The elderly of population is now a worldwide phenomenon. The world is increasingly becoming aware of this phenomenon and problems, which this phenomenon and problems, tends to bring about, threaten to create social imbalance (as cited in KC Gupta, University campus faculty of education, Tribhuvan University, Kirtipur, 2002).

For some ageing is progressive attainment of ages of last state of maximum life span of human being, 100 to 110 years as general (Taber's cyclopedia medical dictionary; 1999, as cited in Regmi, 2006). Despite its universality, ageing is difficult to define. Ageing is the ultimate manifestation of biological and demographical activities in individual human being and population at large (Singh, 2003).

The ageing of the population varies from one country to another or one community to another over time. Most countries take 65 years and above as an elderly people. In Nepal, several age limits have been prescribed for the specific purpose. For example 58 years is specified for the compulsory retirement from civil services, 62 years for UN employees, 63 years for University teachers, 65 years for

Constitutional Bodies and 75 years for receiving the social security benefits of 150 rupees. However, it is widely considered appropriate to use the age 60 as the entry point into old age in Nepal (Bisht, 2003).

Gerontology, the scientific study of the old, is getting special attention these days, both from scientist and social workers. This is mainly because, rapid advances in the field of medicine have reduced infant mortality, controlled several diseases, increased average human life span and thus ultimately increased the number of old people in the world. In the United States, in 1900, only four percent of the population was over 65 years. But, in 1975 this figure jumped to ten percent (Rosenfeld, 1979).

In Nepal, as in other developing countries where life expectancy is improving rapidly, ageing of population can emerge as a more serious problem in near future. The elder proportion of population is growing consistently, during the last four decades. The rate of growth of elderly population is much faster than the average growth rate of total population. However, Nepal does not have any system of social security on a national basis. But old age security in the form of pension, provident fund, gratuity medical benefits, education and child allowances etc are available to a small number of people who are either in government services or employed in semi - government corporation and universities.

Ageing seems to be a whole array of irreversible biological and psychological changes that occur in a genetically mature organism, with the passage of time affecting adversely its survival and adjustment potency, and eventually leading to its death. Thus, the aim of research on ageing is not just the prolonging of life, but also the lengthening of the youth period of life, and the control of age - related diseases.

This study tries to understand the status of elderly people in Gaidakot V.D.C., Nawalparasi district.

1.2 Statement of the Problem

Human life has been divided into several periods like childhood, adolescence, youth, middle age and old age. About these periods of life, Neugarten (1977) says. "As these life periods become socially defined, they also become psychologically meaningful to the individual." He perceives his own "position" as he moves from youth to old age ; his perceptions of life periods and of the life cycle itself change as he grows older; ; he learns the types of behaviour that are regarded as age appropriate in each life period ; and all these perceptions affect his behaviour, his self-image and so on.

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 very useful for younger generation to learn and adopt (Chaulagain, 2004).

In Nepal, the proportion of elderly population is increasing day by day. The remarkable improvements in mortality over the last three decades and clear signs of decline in total fertility rate in the 1990s have brought noticeable changes in the age structure of population in Nepal. The change has so far resulted into significant increase in the size of younger age groups.

The changes in the proportions of the elderly are considered as the most common way of measuring the elderly population of a country. The another way is to examine the relative growth as changes in the age groups over time in the elderly population. The fastest changing age groups are within the older age groups, countries, which have undergone the rapid fertility transition in the recent past are ageing the fastest.

In the context of Nepal, the last six censuses 1952/54 - 2001 reveal that the elderly people are increasing continuously both in absolute number and proportion.

Table No. 1.2.1

Size of elderly people (60 years and above) in different censuses.

Year	Population	Total elderly population	Elderly population percentage	Annual growth rate
1952/54	8256625	409761	4.99	-
1961	9412996	489346	5.22	1.79
1971	11555983	621597	5.61	2.42
1981	15022839	857061	5.71	3.24
1991	18491097	1071234	5.80	2.26
2001	23151423	1477379	6.50	3.79

Source: CBS, census Report of 1952/54, 1961, 1971, 1981, 1991 and 2001.

Above table reveals that elderly people are increasing trend, by which if government and social organization do not take care in time on this matter, the problem of ageing can be more serious than other population problems in Nepal in the near future.

1.3 Research Questions

This study was conducted to study the status of elderly people living Gaidakot, V.D.C. of Nawalparasi district. This study would answer the following research questions;

1. What are some socio-economic and demographic characteristics of elderly people?
2. What is the attitude of elderly people towards their family and community in which they live?
3. What are the main problems of elderly people that they have to face in present situation?
4. What are the interest and need of elderly people?
5. What could be the possible reasons that elderly people who used to enjoy with their sons and daughters, forced to live an isolated life?

1.4 Significance of the Study.

The population ageing is major part of demographic and social studies. Today, ageing is a burning issue and the proportion of elderly people is in

increasing trends in Nepal. Elderly people are posing through various mental and psychological states due to the expansion of nuclear family, intergenerational gap, modernization, urbanization, occupational shift. They have become one of the most neglected social groups in Nepal. Their voice is often dominated and ignored.

Apart from general and fundamental human values, independent of culture, religion, race, or social status, the values inducted by the biological fact is that ageing is a common and ineluctable process or ageing is life long process and should be recognized as much.

In the context of Nepal, the increasing population over 60 years indicates that there will be great possibility of problems create by these elderly people which are faced by the country. This study would focus on the status of elderly people in social, cultural, economic and religious area, therefore, the significance of the study are listed as below;

1. This study investigates the problems are facing by elder people in current situation.
2. It also suggests the kinds of programmes which should be implemented for fulfilling their desire and need for their better life spanning.
3. It also helps to know in coming days the proper ways which are to be for elderly people in the society.
4. This study also be helpful for Government, NGOs, INGOs, policy maker, interested persons and further research in this field.

1.5 Objectives of the study

Since the ageing is growing concern, there is increasing the percentage and absolute number of elderly people in Nepal. So, this study mainly concerns with the current socio-economic and demographic status of elderly people living in Gaidakot Village Development committee of Nawalparasi district.

Therefore the general objectives of this study is based on analyzing of the socio-economic and demographic status of elderly people in that area.

Specific objectives

1. To identify and analyze socio-economic and demographic characteristics of elderly people living in Gaidakot VDC of Nawalparasi.
2. To assess the health status of the (health care system, socio-economic security system) elderly people living in study area.
3. To analyze the status of female elderly (paying special attention to specific needs of women) in Gaidakot VDC.

1.6 Limitations of the Study

Each and every research has their own limitations that determine that the purpose of study, cost and time. All the issues of elderly people are not included in this study. First, this study is totally be concerned with the partial fulfillment of master degree in population studies from Tribhuvan University, Kirtipur. Second, it would have limited time and resources, which are main limitations of this study. The study area of this study is limited in the Gaidakot VDC of Nawalparasi district and also limited in the following areas.

1. The study covers to the elderly people above 60 years of age and excludes other below 60 years of age.
2. The study was limited to the Gaidakot VDC of Nawalparasi district. Thus, the generalization made from this study needs much care to apply in other parts as well as communities of the country.
3. The interview schedule of this study includes especially the socio-economic and demographic status of elderly people.

1.7 Organization of the study

This study has been organized in the five chapters. The first chapter discusses background, statement of the problem, research questions, significant of the study, objective of the study, limitation of he study and organization of the study. In chapter second, literature review is included. In third chapter, selection of study area, rationale of the selecting the study area, study types, sample size, sampling frame, sampling procedure, instrument of data collection, data processing and data

analysis are described. The fourth chapter deals with the analysis of socio-economic and demographic characteristics of elderly people living in study area. Finally, summary, conclusion and recommendations of the study are presented in fifth chapter.

CHAPTER - TWO

LITERATURE REVIEW

Review of literature is a very important aspect of academic research and an essential element of research design. Sometimes, research questions might emerge from the researchers own intuition and personal experience but most often the study of exiting literature becomes the main source of research question, which ultimately leads to the statement of the problem. Review of literature is the entry point for most scholarly works of academics and professionals (Subedi, 2004).

A literature review is an evaluation report of information found in the literature related to selected area of study. The review should describe, Summarize, evaluation and clarify this literature. It should give a theoretical base for the researcher and help the researchers to determine the nature of research. Works which are irrelevant should be discarded and those which are peripheral should be looked at critically.

A literature review is more than the search for information, and goes beyond being a descriptive annotated bibliography. While the form of the literature review may vary with different types of studies, the basic purposes remain constant. In general the literature should provide a context for the research, justify the research, insure research has not been done before, so where the research fits into existing body of knowledge, highlight flaws in previous research, outline gaps in previous research as well as shows that the work is adding to the understanding and knowledge of the field and help refine, refocus or even change the topic.

Therefore, reviews of completed research are most essential parts of every research. Because, the researcher should gain out the experiences of others. It gives us how related our study done by others. Basically, review of literature should establish the relationship of the proposed research to previous and or on going research.

2.1 Introduction

Old age is the last phase of human development. People above 60 years of age are regarded as old; however, there is no universal definition of old around the world. Some accept old above 60 years and other some accept old above 65 years. Countries have their own basis for defining ageing or 'old population sometimes it is defined by the countries on the basis of their social or economic structure such as some use 'retirement age 'or ' age at which people are eligible for social security benefits'. The criteria of age of old people depend on context of country. Whatever definition countries might have been using for defining their older population generally a population aged 65 years of above can be considered old (weeks, 1986:210).

The state of elderly is normally defined in terms of specific age. However, the problem of ageing is rather concerned with the old age disabilities and that one's condition as aged dependents personal health, sex, employment and socio-economic status. The underlying concern is rather than the chronological age. The rapid growth of the elderly population may be a new phenomenon, but the concept and related images of older people are not new. There are various concept towards ageing such as older age is the later part of life, "senior citizen," "Golden age," "Elderly person," person in harvest years etc. (Upreti,2000).

Old age is declining age in terms of physical, mental, emotional and social aspects. Due to declining these aspects old people are affected by various psychological problems. Some specific characteristics are appeared in the period of old age. Among them, weak adaptation, wish to become youth, declining immunity power, mostly affected by the traditional thinking are significant (Regmi and others, 2004). Old age is steretotypically seen as a period of decline, and people can find it difficult to more about easy to become isolated. An ageing global population means that resources to tackle the situation become more limited as the need grows to find

was to help elderly people to continue their normal everyday lives (Upadhaya, 2004).

The beginning of the old age is also characterized by the time from which the capacity to do work begins to be affected by physical, mental and biological conditions of old people, making the operation definition of old age limits 60, 65, 70 years or above. There is no universally accepted specification span of years for the old age at the formal retirement age from service of the country on the average is often taken as its initial limit (Bisht, 2005).

Population ageing is a global phenomenon. It is a natural outcome of demographic transition from high fertility and mortality to low fertility and mortality. In this sense population ageing can be viewed as a product of successful population programmes that most countries have implemented (UN, 1991). Very little is known about old people and the population ageing at the national level from censuses and surveys conducted in Nepal. The Nepalese language is rich in old age relational words such as Bridha (old person) Budheyauli (old ages) and Baje/Bajai (Grand parents), it suffices that the notion of old age is not a foreign one.

The decline in fertility levels reinforced by continued declines in mortality levels is producing fundamental changes in the age structure of the population of most societies, most notably record increases in the proportion and number of elderly persons, including a growing number of elderly persons (ICPD, 1994). Traditionally, we have distinguished between ageing as an individual phenomenon and ageing as an aggregative process through which population structure is modified. In considering the former it is important to emphasize that human ageing is a multifaceted phenomenon that begins at birth and follows varied timetables, depending on whether one is tracing biological, cognitive or social parameters. Although, demographers are less concerned with the ageing of individual persons (Chaulagain, 2004).

Psychological issues and preoccupation of adult change over time. Renunciation loss of significant other, yielding up a sense of competency and authority, integrity, the importance of what one has been rather than what one is etc are the important psychological issues of old age. According to Cowdry (1942) "Two conflicting views are held by students of ageing in man. One considers ageing as an involuntary process which operates cumulatively with the passage of time and revealed in the different organ system as inevitable modification of cells, tissue and fluids. The other view interprets the changes found in aged organ as structural alteration due to infection, toxins, traumas and nutritional disturbances or inadequacies giving rise to what are called degenerative changes and impairments.

The elderly population increased three folds to 1.5 million over the past 4 decades (1961-2001). The elderly population in 1961 constituting of 5.19 percent of the total population has reached to 6.5 percent in 2001. Between 1991 and 2001 the elderly population has increased by 3.5 percent per annum compared to 2.25 percent growth rate of the total population. In the present scenario of the country with poor socio - economic status, poor health facilities, of gender differences and prevailing poverty for a long time, people look inactive and weak even in their early age groups. The poor health status and the changing age structure of the elderly are clearly affecting socio-economic development of the country.

In such a demographic and socio - economic situation it is debatable to define an elderly person. However, considering 58 years as the official retirement age at present in civil services, 63 years for university teachers 65 years for judges in Nepal, it is right to consider the chronological age as entry point for the elderly.

On the whole, ageing seems to mean deteriorative, biological and psychological changes that occur in a genetically mature organism, are irreversible weaken the ability for survival and adjustment and eventually cause the organism's death.

Ageing, thus, seems to be whole array of irreversible biological and psychological changes that occur in a genetically mature organism, with passage of time affecting adversely its survival and adjustment potency and eventually leading to its death.

At last, Nepal is a country of villages with 86 percent in rural sectors and 14 percent in the urban sector. The latest census 2001, enumerates Nepal's population at 23.2 million people, up from 18.4 million in 1991. The crude density of the country is 15 percent persons per square kilometer. The rate of growth the elderly population is 3.5 percent, which is higher than total population growth rate 2.25 percent per annum in the country.

2.2 Ageing in the world

Over the past few years, the world's population has continued on its remarkable transition from a state of high birth and death rates to one characterized by low birth and death rates. At the heart of this transition has been growth in the number and proportion of older persons. Such rapid, large and ubiquitous growth has never been seen in the history of civilization (UN, 2003).

The world elderly population (here in defined as persons 60 years and above) was estimated to be 242.7 millions in the mid-1995. The world's elderly population consists of nearly 55 percents elderly women. There are more than half, almost 52 percent of the world senior citizens dwelling in Asia. The population ageing is primarily a result of decreases in the proportion at younger ages, as result of falling fertility rates in the developing countries. When the fertility and mortality levels continue to descend to much lower levels, the life expectancy increases in the region and the age distributions resemble very close to those of more developed regions in 1950.

United Nations Population Division (UN, 2002) has estimated the elderly persons 629 millions (about 63 crores) of which 39 crores live in less developed

regions and 24 crores in more developed regions, and is projected to grow to almost 2 billion by 2050, at which time population of the older persons will be the largest than the population of the children (0-14) for the first time in the human history (Bisht, 2003). The population of the children (0 - 14) for the first time in the human history (Bisht, 2003).

The proportions of the older persons differ from region to region. One out of every ten persons is now 60 years or older one out of every five Europeans , but one out of every 20 Africans is 60 years or older. By the year 2050, one out of five will be 60 years or older, by 2150, it has been estimated that one out of three persons will be 60 years as older. It indicates that ageing will have an extensive effects on the social economic and health conditions of the people (Bisht, 2005).

Currently, the Asian and pacific region contains more than 300 million elderly persons aged 60 years and older. In china there are more than 114 million elderly. Japan contains 25.1 million elderly persons, the largest proportion of the elderly in its population and among all of the countries in this region. In short, the East Asian countries are furthest along in the population ageing process followed by southeast Asia and then south Asia

Ageing is one of the emerging problems in developing countries. The trend of fertility growth and the mortality decline has displaced the life expectancy to the higher ages. At higher ages, people need more security and care. As world fertility continues to decline and life expectancy raises, the population of the will age faster in the next fifty years than during the past half century,(UN 200: 17). Poverty is the greatest obstacle to a because old age and for many developing world, 3 out of 5 people live in poverty a disproportionately high percentage of this are older people. Older people in developing countries are poorest people in the world (HAI, 2005).

2.2.1 Madrid International Plan of Action on Ageing, 2002

The international plan of action on ageing adopted at the first world assembly on ageing in Vienna, has guided the course of thinking and action on ageing over the past 20 years, as crucial policies and initiatives evolved. Issues of human rights for older persons were taken up in 1991 in the formulation of the United Nations principles for older persons which provided guidance in the areas of independence, participation, care, self fulfillment and dignity .

The twentieth century saw a revolution in longevity. Average life expectancy at birth has increased by 20 years since 1950 to 66 years and is expected to extend a further 10 years by 2050. Globally, the proportion of persons aged 60 years and older is expected to double between 2000 and 2050, from 10 to 21 percent. Population ageing is poised to become a major issue in developing countries which are projected to age swiftly in the first half of the twenty first century. The fastest growing group of the older population is the oldest old, that is, those who are 80 years old or more. In 2000, the oldest old numbered to increase and their numbers are projected to increase to more than five times that over the next 50 years.

Older women outnumber older men, increasingly so as age increases. The situation of older women every where must be a priority for policy action. It is essential to integrate the evolving process of global ageing within the larger process of development. The aim of the international plan of action is to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights.

The political Declaration and Madrid International Plan of Action on ageing is included some recommendations for both national and international level.

The recommendations for action are organized according to three priority directions: older persons and development; advancing health and well being into old age; and ensuring enabling and supportive environments. The extent to which

the lives of older persons are secure is strongly influenced by progress in these three directions. The priority directions are designed to guide policy formulation and implementation towards the specific goal of successful adjustment to an ageing world, in which success is measured in terms of social development, the improvement for older persons in quality of life and the sustainability of the various systems, formal and informal, that underpin the quality of well being throughout the life course.

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

International Conference on Population and Development was held in Cairo, from 5 to 13 September in 1994. The International Conference on Population and Development provided some international policies and recommendations regarding the status of elderly people, which are listed as follows:

Policies

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

Elderly population is an inevitable consequence of the demographic transition and it is taking place at much faster place in a developing countries. In almost all societies older women outnumber older men (ICPD + 5). The United Nations General Assembly Special Session ICPD + 5 (1999) recommended that government.

- ❖ Invest more resources in gender sensitive research as well as training and capacity building in social policies and health care for the elderly particularly older women.

- ❖ Support system to enhance the abilities of families and communities to care for older family members.
- ❖ Support research and develop comprehensive strategies at national, regional and local levels to meet challenges of elderly population.

Anyway, the issues of elderly people are growing concern all over the world. Many countries are currently reexamining their policies in the light of the principle that elderly people constitute a valuable and importance component of a society's human resources. They are also attempting to recognize how best to help elderly people with long-terms support needs.

2.3 Ageing in SAARC Region

The criteria of ageing varies in SAARC regions too. Maldives has taken 65 years, Srilanka 55 years, India and Pakistan 60 years, Bangladesh and Bhutan 58 years and Nepal takes 60 years as criteria to define “elderly citizens” (Bamadi, 1999, as Cited in Pokheral, 2006).

Cross-national comparison of the ageing process in the developing regions is rather tricky. Part of the region is that most of these countries started to address the issue of ageing very recently and therefore there is a dearth of data related to older population. Another problem is countries are using different cut off points to define old age, sometimes depending on the official national ages of retirement (Acharya, 2001).

Depending upon the availability of information, a number of indicators could have been used to capture different aspects of the ageing process in these countries including socio-economic aspects. The population of all countries in the SAARC region is expected to continue to grow during projection period. By the year 2025, all the countries will have less than 30 percent of their population under 15 to 64 years. One feature of the age structure will be that the percentage share of population in this age groups will continue to be layer (Acharya, 2001).

In SAARC region, similar scenario could be observed in the case of the older population i.e. slow but gradual rise of the population who are aged 65 years or above. Although considerable variation could be observed among the countries, Srilanka will have 12.4 percent of the total population as 'old' by the years 2025. India comes in second position interns of its share of old population throughout the projection period. The total share of older population in the India will be eight percent by the year 2025. Bangladesh and Pakistan will have just over 5 percent of the older population, while rest of countries i.e. Bhutan, Nepal and Maldives will have 4-5 percent of the older population (UN, 1999).

Table No.: 2.3.1

Distribution of population aged 60 years and above in SAARC countries

Countries	Elderly population in million
Bangladesh	7.210
Bhutan	0.144
India	81.089
Maldives	0.016
Nepal	1.438
Pakistan	8.611
Srilanka	1.857

Source: UN Population Ageing, 2002.

Above table shows that the amount of elderly population is large in SAARC region. Among the SAARC country, India shares the highest (81.09 million) number of elderly people and Maldives shares the lowest 0.016 million. From this literature, we can conclude that the increasing rate of elderly people is similar as other parts of the world.

2.4 Elderly Population in Nepal

The population of Nepal is not the ageing population at present. It is heading towards the process of population ageing. One out of every 16 persons is now 60 years and older in Nepal. It has been estimated that Nepal will have ageing population by the year 2010.

Not a single study have been conducted in Nepal solely to address the ageing issue. So, there is not much data that can be used to look at the trend of older population and demographic and socio-economic issue related with ageing process.

Overall, Nepalese population since 1960's has remained young, with more than 40 percent of its people under the age of 15 years. More than half of the population consisted of people between the ages 15-59 years. Only a small proportion consisted of people aged 60 and above. In the absence of migration, this age structure is the outcome of high fertility and declining mortality in all ages, however, the proportion of population 65 years and above have been increasing slowly since 1971. According to the data collected in the different censuses, the percent of population aged 65 years and over was 3.1 in 1971 and 3.4 in 1991 (Acharya, 2000). According to Nepalese context, 60 and above years people are known as elder people. The growth rate of elderly population is faster than the growth rate of total population in Nepal, which is proved by various national census of Nepal.

The elderly population in Nepal can be divided in three categories. First the elderly that live and eat together with other family members but still are isolated in daytime. This is because some of their young their go to school, college or some to work place and rest to other places. Such elderly need additionally social environment for wider interaction and exposure. Second, there are some affluent elderly living in nuclear families and having access to retirement pensions or family property. They need more care, affection and social environment. Thirdly, there are others who are homeless, handicapped and lead of life of total destitution. These elderly need our special attention. They seek assistance from state, community, NGOs and other sectors. This is the elderly population, which should be focused to enable them to have a decent life (Bisht, 2003).

Like other countries in the SAARC region Nepal will continue to head for higher share of older population during this century, perhaps faster than past. The

ageing process has several socio-economic implication in a developing country like Nepal where social system is virtually non-existent. Traditionally, the family, specially the young members have been caring for their elderly both in rural and urban areas. They still are expected to fulfill their traditional role. However, the ageing process is taking place together with socio-economic changes that are affecting the role of family with urbanization, the family size is declining and family and kinship ties are weakening families have started to become 'less extended' and 'more nucleated' (Acharya, 2001).

The majority of elder people in Nepal are living in rural areas depending upon their agricultural profession, and living under the poverty. The majority of older people suffer from cumulative effects of life time deprivation, entering old age in a poor state of health and without saving or materials assists. They lack the means to fulfill their most basic need such as food, housing, clothes, health care and safe drinking water. They also lack access to resources and income generating opportunities (Bisht, 2000).

One of the important issues is that, since the ratio of male to female population tends to be lower at older ages, the ageing of population implies a greater increase in the number of older women than older men. This trend is already emerging in Nepal and current socio-economic situation of older women is not encouraging. For example, available information on older population who are 60 years and above shows; only 6.2 percent of the females were literate compared to 36.1 percent males; 51.2 percent of females were widow, separated or divorced compared to only 19.9 percent males; and only 13.1 percent of females were living as household heads compared to 80.2 percent males (Subedi, 1999).

Presently, decreases in fertility and mortality rates with improvement in life expectancy have led to add about 56000 new elderly people each year. Furthermore, projections indicates that the number of older people of 1474379 (6.5% to total population) in 2001 is expected to be 2037309 (6.94% to total population) by the end

of 2001 which shows an increasing trend. Similarly, the increasing old age dependency ratio (present dependency ratio of 11.19 percent) is projected to be 12.50 percent in 2016 has the potential to increase the existing vulnerability of elder people with weaking social support system (Bhattarai, 2003).

2.4.1 Growth Rate of Elderly Population in Nepal, (1952/54-2001).

The growth rate of elderly population is faster than the growth rate of the total population in Asia. Nepal also follows the same trend. Census data of Nepal reveals that in the past three decades, 1970 and onwards, there has been a high rate of growth in the elderly population. The high rate computed 3.5 persons per annum of elderly population in 2001 census of Nepal implies that the number of elderly will double in less than 20 years (Table no. 2.4.1.). The population growth recorded in 2001 census was 2.25, which is less than the elderly population growth rate 3.5 percent per annum in that year.

Table No.: 2.4.1

Growth rate of total population and elderly, 1952/54-2001

Census year	Inter census growth rate (%)	Doubling time (yrs)	Elderly growth rate (%)	Doubling time (yrs)
1952/54	2.30	30	-	-
1961	1.65	42	1.79	38.72
1971	2.07	34	2.42	28.64
1981	2.66	26	3.26	21.26
1991	2.10	33	2.26	30.67
2001	2.25	31	3.5	19.80

Source: Population census, 1952/54-2001

2.4.2 Distribution of Elderly (60+) years population by Development Regions, 1981-2001.

The distribution of elderly population by development regions shows that the western development region contains the highest proportion of elderly (7.8%) and the mid-western development region the lowest (5%) proportion of the total elderly in Nepal according to 2001 census (Table 2.4.2).

Table No.: 2.4.2

Distribution of elderly (60+) years population by development regions, 1981-2001

Development regions	Census year		
	1981 (%)	1991 (%)	2001 (%)
Eastern	5.5	5.6	6.4
Central	5.9	5.9	6.3
Western	6.6	6.9	7.8
Mid-western	4.7	4.5	5.0
For-western	5.5	5.1	5.7
Nepal	5.7	5.8	6.5

Source: population census Nepal, 1981-2001

2.4.3 Distribution of Elderly (60+) years population % of Nepal, by Ecological zones, 1981-2001

The elderly population distribution by ecological zones depicts that the percentages or the elderly population regarded is the highest (9.1%) in Western Development. The Mountain and Hill ecological zones contain highest elderly proportion than the Teria (Table 2.4.3).

Table No.: 2.4.3

Distribution of elderly (60+) population % of Nepal, by ecological zones, 1981-2001

Development region	Mountain			Hill			Terai		
	1981	1991	2001	1981	1991	2001	1981	1991	2001
Eastern	7.4	8.1	8.9	6.1	6.3	7.1	5.7	5.2	6.0
Central	6.7	7.3	8.2	5.9	6.1	6.7	5.7	5.6	6.2
Western	7.4	8.1	9.1	6.8	7.4	8.5	6.2	6.1	6.5
Mid-Western	5.0	4.4	4.8	4.6	4.5	4.9	4.3	4.4	5.1
For-Western	6.3	5.5	6.3	6.2	5.8	6.6	4.2	4.2	4.9
Total	6.2	6.2	7.2	6.0	6.4	7.0	5.2	5.4	6.0

Source: Population census, Nepal, 1981-2001

2.4.4 Projection of the Elderly population in Nepal.

The last five censuses, 1952/54-1991, reveals that the elderly people are increasing continuously both in absolute number and proportion. It indicates that the elderly population will continue to increase in future. This is mainly due to the

diminution in fertility levels and improvements in mortality levels, increased literacy and availability of health services. The proportion of the elderly people and the Juvenile indicates that the population of Nepal is on the process of ageing. The UN projection of Age structure for Nepal indicates that the elderly population of Nepal will reach approximately 1.9 million by the year 2010 (Table 2.4.4).

Table No.: 2.4.4

Projection of the elderly population in Nepal (UN, 1993).

Year	Projected population of Elderly	
	Size	Proportion
1990	978,550	5.0
1995	1,150,448	5.2
2000	1,342,332	5.4
2005	1,587,393	5.7
2010	1,862,820	6.0

Source: United Nations 1993.

2.4.5 Social and economic implications on Ageing

As in most of the countries, the size of the family plays significant role in the social structure of Nepal. Nepal is a country where the main source of income and livelihood is agriculture and a large number of persons are required for agricultural activity. The ageing of population alters the size and the structure of the family, household structure or co-residency pattern, living arrangements, family support system, marital status and gender gap in life expectancy.

It has been the long tradition in the Nepalese and Asian culture that the elderly people are well cared by their family members and relatives, particularly by their sons, daughters and daughters in law.

) Care service by the state: Efforts are being made by the state for caring the elderly in Nepal on the availability of resources at the national level. Elderly people are provided Rs. 150 (US \$2) per month.

- J Care service by the private and voluntary sectors: The role of the private sector in providing care and services to the elderly is virtually non-existent in Nepal due to the low level of industrialization and business transaction.
- J Care by the non-governmental organization: The non-government organizations are providing financial and human resources and other wide range of services to the elderly people. They provide counseling and legal aid services, recreation services, day care centre, health care services and old age homes.

The government of Nepal, provides an old age pension to the early age 75 years and older, a sum of one hundred and fifty rupees per month at present, raised from 100 to 150 rupees from (US \$ 1.3 to 2) in the international year of older persons 1999. But this amount is not adequate and even the retirement pension received by retired persons is not sufficient to sustain their life because the majority of the elderly people have no definite source of income after their retirement (Bisht, 2005).

2.4.6 National policy and Elderly:

Among various 5 year plan of Nepal, Ninth plan (1997-2002) is the first which provided special attention on special goals, policy and strategies for senior citizens. It also aims to utilize the capability; experience and knowledge of senior citizens for national development by offering them appropriate care and attention (Bisht, 2005). Similarly, the Tenth Plan (2002-2007) also formulated the objectives, policies and strategies regarding senior citizens as to make the common, secured and respective live of elderly people.

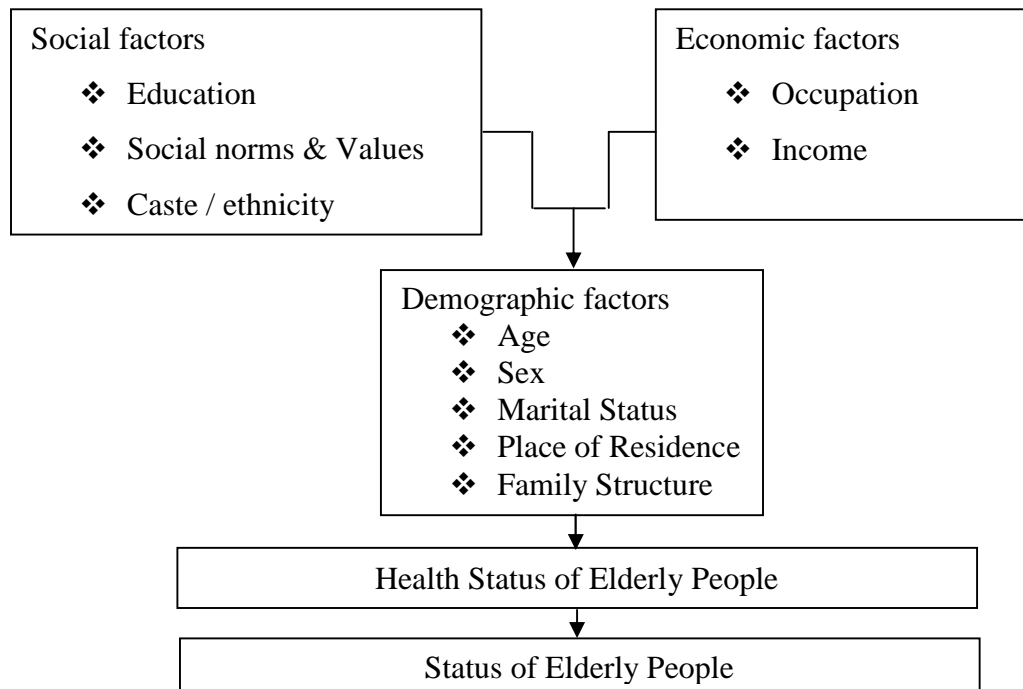
2.5 Conceptual Framework

By the various literatures mentioned above, it is known that, the elderly is one of the most neglected groups in our country. Their needs, interests and aspirations have been less accommodated in all development sectors. Social system is very both at community and the state levels.

Nepal is known as multi-ethical, multi-religious and multi-lingual country, Nepalese people have accepted different forms of ageing. It is bitter truth that in most of the rural areas, elderly are hated and disgusted by their needs. The social norms and values favor the elderly people. But modernization and urbanization creates some obstacles towards the elderly people in terms of rearing and caring.

Government of Nepal has been made some efforts for improving status of elderly people but these are not sufficient. These efforts are limited on paper and weak in implementation. The number of elderly people is increased with the increased of life expectancy in one hand and there is no any mechanism to provide services for elderly people in other hand. Without the guidance, counseling and direction of elderly, the new generation does not obtain anything. From this view, this study formulates the following conceptual framework to analyze the socio-economic and demographic status of elderly people.

Socio-Economic and Demographic Status and Elderly People



Above framework shows that social, economic and demographic factors affect the health status of elderly people which directly determines the overall status of elderly people.

CHAPTER - THREE

METHODOLOGY

3.1 Selection of Study Area

This study is conducted in Gaidakot VDC, Nawalparasi District. This area is selected because it lies in the transitional phase for modernization.

3.2 Rational of Selecting the Study Area.

Gaidakot is inhabited by both indigenous and migrated people and is located in the side of Mahendra Highway and people have different culture and tradition. Migrated people are more than native people in this VDC. It represents an unique space for the study. This is reason as a potential study area. Besides, it is also fast growing rural area and represents mixed characteristics of both urban as well as rural areas. All wards are developed except ward number Three.

3.3 Study Types

This is descriptive type of study. It helps to find out the existing socio-economic and demographic status of elderly people and explores the management seeking from their young off springs.

3.4 Sample Size

The total sample size of this study is 120. The people who are 60 years and above are considered as sampling population. Among the sample population, Fifty nine people were male elderly and sixty one were female elderly. There are 597 elderly people in the study area. Hence, the proportion of sample size 20.10 (i.e. $n/N=120/597$).

Sampling Frame

This study requires the information on age, sex and address of all people aged 60 years and above living in Gaidakot VDC. The main sources of such information is VDC profile it self, but unfortunately VDC profile is not available.

Another potential source of such information was the list related to elderly allowance provided by HMG. But such type of clear list also is not available. Besides, these, no other agencies have such information in the district. The only source of data left is census but it was not possible because of various causes such as limit time, resources etc. Anyway, only available and the best source to obtain such information is to quest the voters' list prepared for the purpose of election by election commission. It contains enough information needed for this study. It is the authorized government source of information. Therefore, such sources are adopted as a sampling frame for the purpose of this study.

3.6 Sampling Procedure

A non-probability sampling procedure especially, purposive sampling techniques was used. From each ward 12 respondents were taken except ward no 1 and 2. in ward no 1 and 2, 18/18 respondents were taken because these wards include more number of elderly people than other.

3.7 Instrument of Data Collection

In this study data were collected through direct interview with the help of questionnaire form that includes both open ended as well as close ended questions.

3.8 Data Processing

Questionnaires were filled and carefully checked after getting the information from respondents. The data were care fully edited and processed with the help of computer using data base SPSS programs.

3.9 Data Analysis.

The data collected through individual interview are presented in suitable tables. They are analyzed and tabulated according to the objectives of the study. The data are analyzed based on frequency and percentages. The nature of data later may determine the method of data analysis using Software Program for Social Science (SPSS).

CHAPTER - FOUR

ANALYSIS OF SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF ELDERLY PEOPLE

Ageing is the ultimate manifestation of Biological and Demographical activities in individual human being and population at large until recently very little attention was paid about the dynamics of ageing in human beings. In demography, the portion of older population took a significant place because of its two rounds important. One, this portion of population is extremely dependent and another it has more experience about skills and life. Therefore, it is necessary to analysis the socio-economic and demographic characteristics of older population. This chapter deals the such type of characteristic of older population in the study area. The demographic characteristics include age, sex, religion, marital status, caste and ethnicity and educational attainment. Likewise, socio-economic characteristics include familial relationship, occupation status, income situation and health status of older population

All completed questionnaire was checked, coded, classified, Bar graph and tabulated to make more clear and scientific. Sample statistical tools such as frequency distribution, average and percentage are used to analysis and interpret of the different aspects related to the objectives of the study. The details data about socio-economic and demographic characteristics of elderly people as follows:

4.1 Demographic Characteristics of Older population

4.1.1 Age and Sex Structure of Elderly People

The issues of elderly people is growing concern all over the world due to the number of elderly people is increasing trend. The numbers of both sexes is different. It is due to life expectancy. In all developed countries of the world females have longer life expectancy as compared to males but in case of developing countries it

seems to be just opposite. The background characteristics by sex of elderly people is presented as bellows.

Table No. 4.1.1

Distribution of respondents according of their background characteristics by sex.

Background Characteristics		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
Age group	60-64	23.0	14	25.4	15	24.2	29
	65-69	23.0	14	15.3	9	19.2	23
	70-74	19.7	12	20.3	12	20.0	24
	75-79	13.1	8	18.6	11	15.8	19
	80-84	14.8	9	8.5	5	11.7	14
	85 and above	6.6	4	11.9	7	9.2	11
total		100.0	61	100.0	59	100.0	120
caste	Brahman	52.5	32	64.4	38	58.3	70
	Chhetri	19.7	12	6.8	4	13.3	16
	Newar	-	-	5.1	3	2.5	3
	Gurung	11.5	7	8.5	5	10.0	12
	Tamang	3.3	2	1.7	1	2.5	3
	Magar	13.1	8	6.8	4	10.0	12
	Dalit	-	-	6.8	4	3.3	4
Total		100.0	61	100.0	59	100.0	120
Marital status	Married	36.1	22	64.4	38	50.0	60
	Widow/Widower	63.9	39	35.6	21	50.0	60
Total		100.0	61	100.0	59	100.0	120
Religion	Hindu	86.9	53	93.2	55	90.0	108
	Buddhist	11.5	7	6.8	4	9.2	11
	Sikha	1.6	1	-	-	0.8	1
Total		100.0	61	100.0	59	100.0	120
Education	Illiterate	60.7	37	23.7	14	42.5	51
	Literate	39.3	24	71.2	42	55.0	66
	Primary	-	-	1.7	1	0.8	1
	Bachelor	-	-	3.4	2	1.7	2
Total		100.0	61	100.0	59	100.0	120

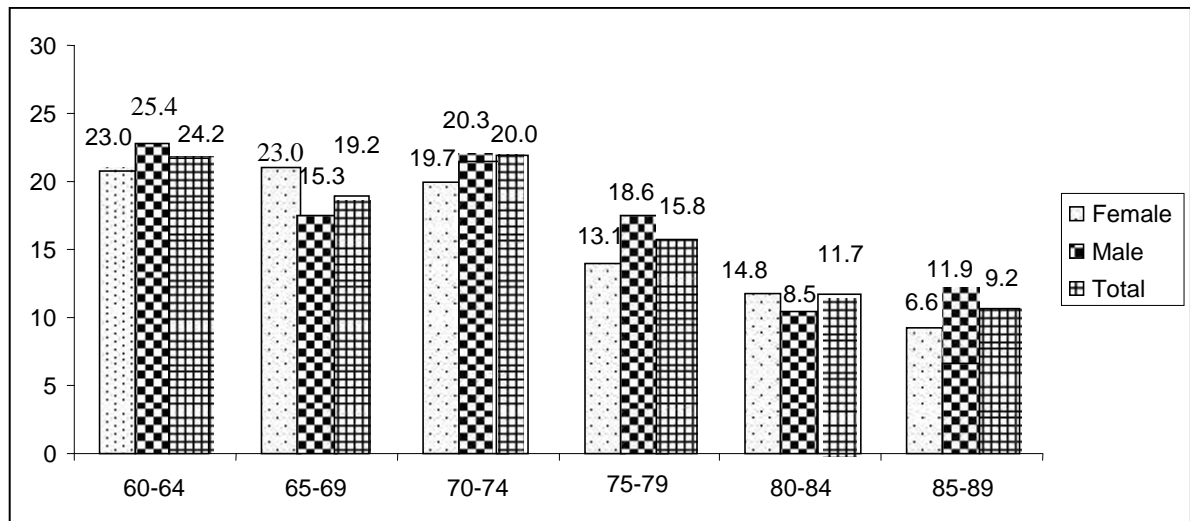
Source: Field Survey, 2007.

The table 4.1.1 indicates that the percent of females elderly people in age group 60-64 is high (23.0%) as compared to other age group in study area. It also clears that in age group 85 and above the percent is low (6.6%) of that same sex. Similarly, male elderly people in age group 60-64 are high which composed (25.4%) as compared to other age groups. But, in age group 80-84 of male elderly people the

percent is 8.5 only. Ageing indices by sex for categorized age groups shows that on the average, ageing indices for males are higher than those for females in Gaidhakot VDC. But, in whole female elderly people is high rather than male elderly in this area. However, with the help of table 4.1.1 we conclude that the population of elderly people in both sexes varies each other, such demographics situation can also show with the help of following bar diagram.

Figure No. 1

Distribution of respondents according to their background characteristics by 5 years age groups and sex.



4.1.2 Caste/ Ethnicity and Elderly

Late Shree Panch Prithvi Narayan Shah quoted “Nepal is a colorful garden of four complexions and thirty six castes”. So, Nepal is regarded as multi-ethnic group country and caste/ethnicity is one of the significant factor that effects the attitude and the standard of people. Under the social composition of population caste/ethnicity is regarded as one of the major factor and it is directly associated with living arrangement because culture of an area determines the life style of people. Various kinds of caste/ethnicity were reported during the study (Table: 4.1.1)

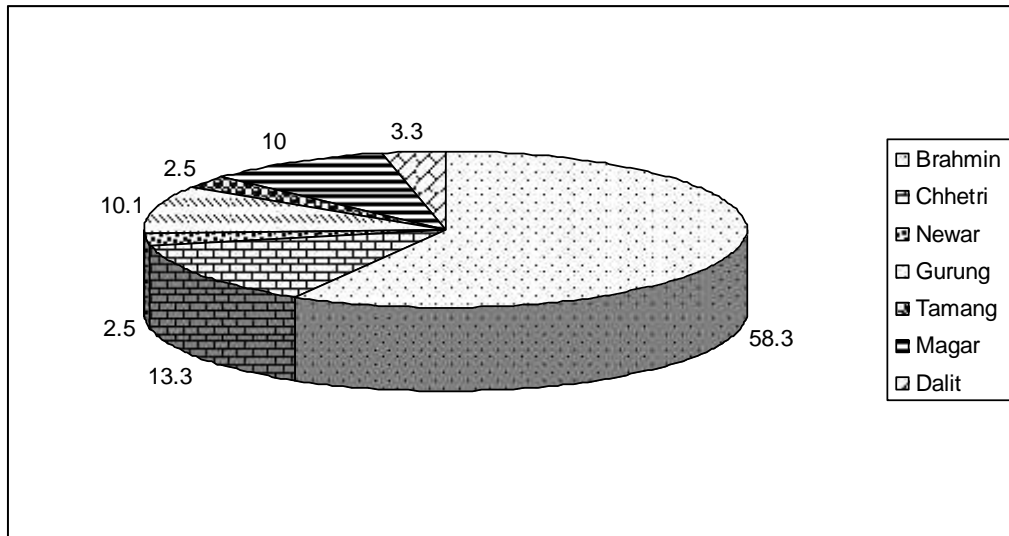
Table 4.1.1 shows that the study area is well dominated by Brahman (58.3%), Chhetri 13.3 percent, Gurung 10.0 percent and Magar 10.0 percent respectively, as compared to Newar 2.5 percent, Tamang 2.5 percent and Dalit 3.3 percent. This shows that the presentation of elderly people from Tamang and Dalit community is very nominal.

Among 61 female respondents the four castes of the study areas i.e. Brahmin, Chhetri, Gurung and Magar constitute 96.8 percent of the total female respondents and among 59 male respondents, these castes constitute 86.5 percent. It should be taken consideration that there is no Newar women respondents.

Following figure clears the above situation

Figure No. 2

Distribution of elderly by caste/ethnicity



4.1.3 Marital Status and Elderly

Marital status possesses vital importance in elderly life. Marital status has positive relation with longevity and health status of the aged. Various studies have shown that married person has higher life expectancy than that of unmarried, divorced, separated and widowhood. Nepalese women, divorced as widowed are

widely discriminated from the joint family. The table number 4.1.1 gives the information about marital status of the elderly people aged 60 years and above.

Table 4.1.1 indicates that there is 50 percent of elderly people are married in the total respondents. Likewise, 50 percent are widow/widower in this area. It means that married elderly and widow /widower elderly are equal in Giaidakot VDC. It should be noted that there is neither male nor female elderly is unmarried, divorced and separated respondents.

Among the total 61 female respondents 36.1 percent and 63.9 percent are married and widow respectively. This figure clears that female elderly widow are more than married female elderly. Likewise, among total 59 male respondents, 64.4 percent and 3.5 percent are married and widower respectively. Where this figure speaks that there is high percent of male elderly are married than that of widower elderly. This may be due to the reason that males remarry when they become widower, which is granted by society also. In case of females remarriage is not prevalent due to societal restrictions. This shows that the social security of the widow is weak.

4.1.4 Religion and Elderly

Nepal is Multi-religious country, where different people have different religious application. Religion has greater impact in the life of elderly people. Their beliefs and practices are very much guided by religion. But Nepal is considered as a country of Hindu Kingdom where 80 percent of Nepalese people follow Hindu religion. Therefore, religious system of an area is directly associated with the socio-economic and demographic status of elderly people because Nepalese people are ruled by various traditional concepts. The table number 4.1.1 describes the religious characteristics of the elderly respondents.

Table 4.1.1 shows that 90 percent Hindu, 9.2 percent Buddhist and 0.8 percent Sikha are elderly people living in study area. This table further clears that like in

other area Hindus has majority in Gaidakot VDC and it is followed by Buddhist. Similarly, out of total female and male respondents 86.9 percent females and 93.2 percent males reported that they follow Hindu religion while remaining 11.5 percent and 6.8 percent follow Buddhist religion. There is no male elderly respondents follow Sikha religion and only 1.6 percent female elderly follow this religion. Furthermore, it is important to note that there is no body follow other religion like Christian, Islam. From this information, we conclude that most of the Nepalese people are follower of Hindu religion rather than other religion. Therefore, it is said that Nepal is only one Hindu kingdom in the world.

4.1.5 Educational Status and Elderly

Educational status is one of the parameter of identifying the socio-economic status of the elderly people. According to 2001 census, the literacy rate (those who can read and write) for aged 65 + years in found as 27.0 percent for males and 4.07 percent for females for both sexes, the literacy rate aged 65 + years is found as 15.64 percent (population monograph, Vol II, 2003 CBS. Thus, literacy among elderly may be considered as an indicator of quality of life. The higher level of educational status indicates the higher quality of life and vice-versa. The table number 4.1.1 gives the educational status of the respondents by sex.

According to table number 4.1.1 literacy status is not satisfactory. Among the total respondents, 42.5 percent are illiterate, 55.0 percent are literate and nearly 2 percent only primary education and above. Among total female respondents, 60.7 percent and 39.3 percent are illiterate and literate respectively. No female respondents have primary and above degree. Similarly, among total male respondents, 14 percent and 42 percent are illiterate and literate respectively, among male respondent nearly 5.0 percent have primary and above educational attainment.

From this analysis we can find vast difference in educational status between male and female because Nepal is a male dominated country. More elderly male are

literate than female elderly, it is due to differential behaviour towards male and female children in our country by providing educational opportunity.

4.2 Familial Background of Elderly

Family can be defined as group of people united by the ties of blood, marriage or adoption. It is smallest social unit from which socialization process is started. The family is also an inherited small group the persons of different sex and age live in an organized way keeping cordial relations with one another in the family. Overall development of persons based on role of family for elderly people, family has prime consideration because this period is going to dependency. Familiar background of the elderly people of study area is described under the following heads:-

4.2.1 Rearing and Caring System of elderly

Old age is the last phase of human life. People become physically mentally and socially weak. Because of weakness, elderly people need support and care from their family as well as other sectors of society. So, support and care system of elderly people in study area are presented as following table:

Table No.: 4.2.1

Distribution of respondents according to their care and support system

Care and Support system		Age group						Total	
		60-64	65-69	70-74	75-79	80-84	85 and above	Percent	Number
		Percent	Percent	Percent	Percent	Percent	Percent		
Who cares you at home?	Self	45.8	52.2	34.5	15.8	7.1	9.1	31.7	38
	Husband/wife	16.7	17.4	10.3	15.8	-	9.1	12.5	15
	Son/daughter in law	33.3	30.4	55.2	68.4	78.6	81.8	53.3	64
	Daughter/son-in-law	4.2	-	-	-	14.3	-	2.5	3
Total		24	23	29	19	14	11	100.0	120
Time of food taking	Once day	-	4.3	-	-	-	-	0.8	1
	Twice a day	8.3	13.0	10.3	26.3	21.4	45.5	17.5	21
	Thrice a day	79.2	60.9	72.4	57.9	64.3	45.5	65.8	79
	Four times in a day	12.5	21.7	13.8	15.8	14.3	9.1	15.0	18
	Five times a day	-	-	3.4	-	-	-	0.8	1
Total		24	23	29	19	14	11	100.0	120
Food providers	Self	45.8	43.5	24.1	21.1	14.3	9.1	29.2	35
	Husband /wife	20.8	26.1	31.0	5.3	-	27.3	20.0	24
	Son/ daughter in law	29.2	30.4	41.4	68.4	64.3	63.6	45.8	55
	Daughter /son-in-law	4.2	-	3.4	5.3	14.3	-	4.2	5
	Grand son/ daughter	-	-	-	-	7.1	-	0.8	1
Total		24	23	29	19	14	11	100.0	120

Source: Field Survey, 2007.

Table number 4.2.1 shows that majority of the elderly people are cared by son/daughter in law, which is reported 53.3 percent. Similarly, 31.7 percent elderly people care own self. Nearly, 13 percent are cared by spouses and rest 3 percent are cared by daughter /son in-law. Furthermore, table speaks that elderly people in age group 70-74 are more (29.0%) cared by different relatives and family members as compared other age group elderly people. Likewise, elderly people in age group 60-64 are more (24%) cared, it takes second position. Similarly, rest age groups such as 65-69 (23%), 75-79, (19%), 80-84 (14%) and 85 and above (11%) are cared by different relatives respectively. This table also clears that oldest elderly are less cares and son/daughter in-law are large number for providing care and support too. Among various age group of elderly people, age group 85 and above needs more care and support from family and related sector, but, this situation seems to be just opposite

in this area. However, care and support system of elderly people doesn't seem satisfactory as overall.

4.2.2 Food Taking System and Elderly

Food is basic needs of all living beings. In other words, food and all living beings are interlinked, without food, no living beings can alive. Anyway, the status of elderly people is determined by food taking system. In this stage people need more care, rare and support because it is life of decreasing and dependency. However, this stage needs appropriate food taking system as compared to other stage of human life. The information on food taking system of elderly people in study area is given in (Table, 4.2.1).

As per food taking system, nearly 66 percent elderly people take food three times per day and the percent age of elderly people who take food two times per day is 17.5 Rest 15.0, 0.8 and 0.8 percent elderly people take food four times, five times and one time per day respectively (Table, 4.2.1).

As per age group, three times per day take food 79.2 percent elderly in age group 60-64, 60.9 percent in age group 65-69, 72.9 percent in age group 70-74, 57.9 percent in age group 75-79, 64.3 percent in age group 80-84 and 45.5 percent in age group 85 and above. It should be taken consideration less i.e. 3.4 percent elderly in age group 65-69 take food one times per day. In brief, more percentage elderly people in different age group take food three times per day (Table, 4.2.1).

4.2.3 Provision of Food and Elderly

Naturally, elderly people have less power of digestion and need to food in time. They are not able to eat a lot in one time and also not able to cope with hunger. The people who are responsible in the process of food provision in study area are given in table number 4.2.1.

From the table 4.2.1 it seems that, the higher proportion of elderly people reported son/daughter in law as a food provider which occupied 45.8 percent and it

is followed by own self which has accounted 29.2 percent. Likewise, 20.0 percent elderly people reported husband /wife as a food provides and 4.2 percent respondents reported daughter /son-in- law as a food provider. The rest 0.8 percent elderly people reported grand son/daughter as a food provider.

As per age group, in age group 60-40, 65-69, 70-74, 75-79, 80-84 and 85 and above 45.8 percent, 43.5 percent 24.1, 21.1, 14.3 and 9.1 percent respectively reported own self as a food provider. It clears that early elderly seems to be own self as a food provider. But, son/daughter in law are the main food provider in every elderly age group. It is reported that 7.1 percent Grandson /daughter provide food to elderly people in study area.

4.2.4 Status of Home and Elderly

As like food, home is also basic needs of human beings. Home gives security to all individual from external environment. Anyway, status of elderly people is also determined by the status of housing facilities. The status of home in study area of elderly people is presented in following table.

Table No.: 4.2.4**Distribution of respondents according to whom they are living with**

Descriptions		Age group						Total	
		60-64	65-69	70-74	75-79	80-84	85 and above	Percent	Number
Status of home	Self	100.0	100.0	93.1	94.7	85.7	90.9	95.0	114
	Dependent	-	-	6.9	5.3	14.3	9.1	5.0	6
Total		24	23	29	19	14	11	100.0	120
With whom you living	Husband/wife	20.8	21.7	24.1	-	-	18.2	15.8	19
	Son/daughter-in-law	75.0	56.5	72.4	89.5	78.6	81.8	74.2	89
	Daughter/son-in-law	-	-	-	5.3	14.3	-	2.5	3
	Brother	-	-	-	-	7.1	-	.8	1
	Alone	4.2	21.7	3.4	5.3	-	-	6.7	8
Total		24	23	29	19	14	11	100.0	120
Are you satisfied with present life?	Yes	75.0	78.3	75.9	89.5	64.3	90.9	78.3	94
	No	25.0	21.7	24.1	10.5	35.7	9.1	21.7	26
Total		24	23	29	19	14	11	100.0	120
With whom you want to live?	Alone	12.5	21.7	6.9	10.5	21.4	18.2	14.2	17
	Son/daughter-in-law	75.0	65.2	75.9	78.9	57.1	81.8	72.5	87
	Daughter/son-in-law			6.9	5.3	14.3	-	4.2	5
	Religious organization	8.3	4.3	3.4	5.3	7.1	-	5.0	6
	Elderly home	4.2	8.7	6.9	-	-	-	4.2	5
Total		24	23	29	19	14	11	100.0	120

Source: Field Survey, 2007

Table 4.2.4 indicates that 95.0 percent elderly people have own home and rest 5 percent are living in the condition of dependent. Similarly, young elderly age people have cent percent own home and rest medium and oldest elderly people don't have cent percent home. Likewise medium elder aged and oldest elderly seems to be dependent for living at home (Here, young elderly refers to age 60-69, medium refers to 70-79 and oldest elderly refers to 80 years and above).

4.2.5 Living with Whom and Elderly

Elderly is a period of great risk. Any type of risk may arise in any time due to lack of immunity power. Hence, elderly people always wish to live with their family especially with spouses and son. The table numbers 4.2.4 gives information about elderly people by persons with whom they live.

The table shows that 74.2 percent elderly people are living with their son, nearly 16.0 percent elderly people are living with their spouses, 3.0 percent are living with their daughter, only 0.8 percent of elderly people are living with their brother and rest 6.7 percent elderly people are living alone. Similarly, according to age group, more elderly people are living with their son/daughter-in-law in this area and it is considered that no body live alone in last oldest age group. (Table: 4.2.4)

4.2.6 Satisfaction Towards Prevailing Life and Elderly

The table no 4.2.4 also shows that the level of satisfaction towards prevailing life of elderly people. 78.3 percent elderly people are satisfied with their life and rest 21.7 percent are not satisfied with their elderly life. According to age group, nearly 91 percent elderly are satisfied with their life in age group 85 and above. On average large number elderly people are satisfied with their passing life in various age groups (Table: 4.2.4).

4.2.7 Living Wish with Whom and elderly

People can't live alone in position. In the condition of loneliness and sickness, individual needs care, support and help from other individuals. Hence, group of individuals is also necessary for living of course, living with family is not new concept, it is generally believed that it is started from 'Stone Age'. Therefore, living with whom of elderly in study area is given in table number 4.2.4.

Nepal is a country where traditional concepts are still prevailing in the society. Here, birth of son is compulsory, so nearly 73 percent elderly people have wish to live with their son. Similarly, 14.2 percent have wish to live with alone, 4.2 percent have wish with their daughter son in-law, 5.0 percent have religious organization and rest 4.2 percent have wish to live in elderly homes (Table 4.2.4). Likewise, more percent have wish to live with their son in all categorized elderly age group.

4.3 Socio-Economic Characteristics of Elderly

Socio-economic background has prime role to determine the status of elderly people. It also determines the living style and quality of life of elderly people. In Nepal, though only recently, ageing is considered as an economic problem; socially it is considered, since ancient time, the continued upgrading in social status. Higher the age of person, more is his/her social status. Eldest male member of the family or the community automatically takes the role of head-ship in the family/community. Almost all social and religious activities are guided as well as performed by him. His views and words are taken as the rules and the regulation to be followed by the community, family members. Anyway, the socio-economic characteristics of elderly people in study area are presented under the following heads.

4.3.1 Occupation and Elderly

Occupation determines the economic status of elderly people directly in one hand and it affects the longevity on another. The occupation status of elderly people in study areas is presented in the following table.

Table No.: 4.3.1

Distribution of respondents according to their occupational characteristics by sex

Occupation	Sex				Total	
	Female		Male		Percent	Number
	Percent	Number	Percent	Number		
Unemployed	21.3	13	8.5	5	15.0	18
Business	3.3	2	5.1	3	4.2	5
Government	-	-	3.4	2	1.7	2
Agriculture	75.4	46	83.1	46	79.2	95
Total	100.00	61	100.00	59	100.00	120

Source: Field Survey, 2007.

Above table shows that most of the elderly people's occupation in the study area is agriculture which is accounted 79.2 percent, 15 percent elderly people have not occupation and business and government sector is reported as 4.2 percent and 1.7 percent respectively. As per sex, most of the elderly female's occupation is

agriculture which is accounted 75.4 percent. Similarly, 83.1 percent male elderly are engaged in the same occupation i.e. agriculture. Table also clears that more (21.3 percent) female elderly are unemployed as compared to male elderly people which is accounted as 8.5 percent. It is important to note that there is no female respondents who are employed in Government sectors in this area.

4.3.2 Sources of Income and Elderly

The level of income directly affects the status of elderly people. High income individuals has high standard of life and vice-versa. In Nepal, there is not any opportunity, which helps to earn money to elderly people. Some provision of aged allowances, pension system and life insurance is there, but these are all not extended in nature. The major sources of income and their shares of elderly people in study area are presented in the following table.

Table No.: 4.3.2

Distribution of respondents according to their economic condition

Sources and Monthly income	Sex				Total	
	Female		Male		Percent	Number
	Percent	Number	Percent	Number		
Business	6.6	4	3.4	2	5.0	6
Dan/chanda	-	-	1.7	1	0.8	1
Birdha Bhatta (elderly allowance)	36.1	22	22.0	13	29.2	35
Agriculture	52.5	32	61.0	36	56.7	68
Pension	4.9	3	11.9	7	8.3	10
Total	100.0	61	100.0	59	100.0	120
Below Rs. 1000	68.9	42	50.8	30	60.0	72
Rs 1000 – 2500	24.6	15	28.8	17	26.7	32
Rs 2500 – 5000	3.3	2	18.6	11	10.8	13
Rs 5000 – 7500	3.3	2	-	-	1.7	2
Rs 7500 – 10000	-	-	1.7	1	0.8	1
Total	100.0	61	100.0	59	100.0	120

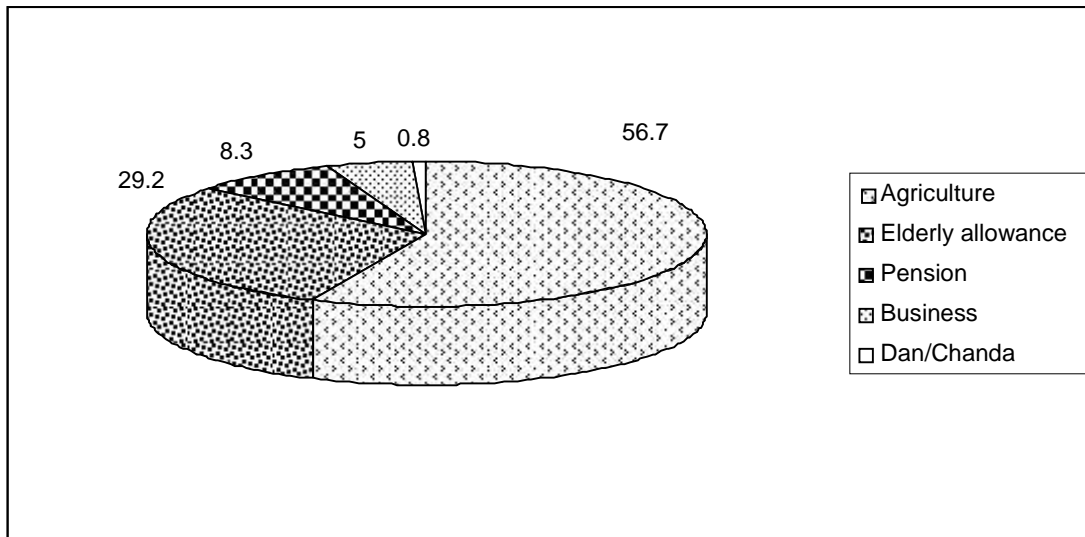
Source: Field Survey, 2007

The above table speaks the facts that agriculture is the major source of income which is accounted as 56.7 percent and elderly allowance followed by at 29.2 percent elderly have elderly allowance as a major sources source of income. Likewise, 8.3

percent reported pension, 5.0 percent business and rest 0.8 percent reported “Dan/chanda” as a major source of income. As per sex, among total respondents of female elderly 52.5 percent have agriculture as major source of income and elderly allowance take second position which is accounted 36.1 percent. Similarly, among total male respondents, 61.0 percent male elderly have agriculture as source of income and second position take male elderly allowance i.e. 22.0 percent. 1.7 percent male elderly has “Dan/Chanda” as source of income. But female respondents haven’t source of “Dan/Chanda”. This situation also presents by help of following figure.

Figure No. 3

Distribution of respondents according to their economic condition



4.3.3 Monthly Income and Elderly

Income level directly affects the living standard of people because it determines the expenditure on needed materials. The monthly income of elderly people of the study area is presented in table number 4.3.2. Table clears that most of the elderly people have less than Rs. 1000 monthly income which occupied 60.0 percent 26.7 percent elderly people reported between the Rs. 1000-2500 monthly income and 10.8 percent have between Rs. 2500-5000 and 0.8 percent have only

reported between Rs. 7500-10000. Similarly, as per sex, among total female respondents nearly 69.0 percent reported the monthly income below Rs. 1000 and 24.6 percent reported between 1000-2500 and it is noted that no females have income between 7500-10000. Similarly, majority of male elderly reported less than Rs. 1000 which occupied 50.8 percent. 28.8 percent male have reported between Rs. 1000-25000. No male respondents have reported the income level between Rs. 55000-7500 and rest 1.7 percent have monthly income between Rs. 7500-10000 (Table 4.3.2). This table also clears that there is difference in income level between male and female respondents in study area.

4.3.4 Property Ownership and Elderly

The following table gives the some information about property ownership of respondents which was reported during the field survey.

Table No.: 4.3.4

Distribution of respondents according to ownership on property

Ownership	Sex				Total	
	Female		Male		Percent	Number
	Percent	Number	Percent	Number		
Home	23.0	14	10.2	6	16.7	20
Land	19.7	12	10.2	6	15.0	18
Home/Land	39.3	24	76.3	45	57.5	69
Cash	3.3	2	-	-	1.7	2
Bank balance	-	-	1.7	1	0.8	1
Ornament	13.1	8			6.7	8
Investment	-	-	1.7	1	0.8	1
Nothing	1.6	1			0.8	1
Total	100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

From this table it is obvious that majority of elderly people (i.e. 57.5 percent) have property ownership on Home/Land. Similarly, 16.7 percent have home ownership, 15.0 percent have land ownership, 1.7 percent cash ownership 0.8 percent have bank balance, 6.7 percent have Ornament ownership and 0.8 and 0.8 percent have investment and nothing ownership respectively. Likewise, according to sex, home/land ownership, 23.0 percent have home, 19.7 percent have land, 13.1

percent have Ornament ownership. No female respondents have property ownership on bank balance and investment and 1.6 percent female have none property ownership. Similarly, majority i.e. (76.3 percent) male respondents have property ownership on home/land, 10.2 and 10.2 percent male have home and land ownership respectively. It is reported that no male respondents have ownership on cash and ornament. This table speaks that gender differentials on property ownership by which we grant the picture of male dominated society of Nepal.

4.3.5 Responsibility of Special expense and Elderly

Table No. 4.3.5 provides the information about responsible persons who bear the expense of elderly people in study area.

Table No.: 4.3.5

Distribution of respondents according to who bear their expense.

Bearer of elderly expense		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
Who takes responsibility of your expenses?	Son/daughter-in-law	85.2	52	86.4	51	85.8	103
	Daughter/son-in-law	8.2	5	1.7	1	5.0	6
	Other relatives	3.3	2	10.2	6	6.7	8
	self	3.3	2	1.7	1	2.5	3
Total		100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

From this table, we know that respondents son/daughter in-law as a responsible person of their special expenses, which accounted nearly 89 percent. Similarly, 6.7 percent reported other relative 5.0 percent reported daughter /son in-law and rest 2.5 percent reported self as responsible persons who bear expense of elderly people in study area. As per sex, 85.2 percent reported son/ daughter in-law as a expense responsible person of female respondents and 86.4 percent reported same person's who bear expense for male respondents in this area.

4.3.6 Aged Allowance and Elderly

Distribution of aged allowance to elderly people in Nepal is not very old. It is started from few years onwards. It is one kind of respectful social program for elderly people. In the started year, each month Rs 150 per elderly people is provided to the elderly people age 75 and above the process of distribution is different to male and female elderly. Widow female gets aged allowance since 60 years if they become widow but male widower does not get until 75 years. Nowadays, aged allowance is increased from Rs. 150 to Rs. 250. Actually, this program is not truly fruitful because its age criteria are too high in the one hand and it is not conducted worldwide in the other hand. However, the effort can take positive in the field of social welfare. The following table gives the information about aged allowance in study area.

Table No.: 4.3.6

Distribution of respondents according to elderly allowance

Information on aged allowance		Sex			
		Female		Male	
		Percent	Number	Percent	Number
Get elderly allowance	Yes	42.6	26	27.1	16
	No	57.4	35	72.9	43
Total		100.0	61	100.0	59
Reasons for not getting elderly allowances	Lack of citizenship	5.7	2	4.7	2
	Lack of support	11.4	4	9.3	4
	Don't know	54.3	19	39.5	17
	No need	-	-	7.0	3
	Government should not provide	14.3	5	16.3	7
	Low age	5.7	2	14.0	6
	Weakness of government	5.7	2	4.7	2
	Weak government policy	2.9	1	4.7	2
Total		100.0	35	100.0	43
Process of getting elderly allowance	Through government office	100.0	26	87.5	14
	Thought family members	-	-	12.5	2
Total		100.0	26	100.0	16

Source: Field Survey, 2007

Above table shows that 35.0 elderly people are getting their aged allowance where as majority of people i.e. 65.0 percent are not getting their aged allowance.

Similarly, for seeing sex, nearly 43.0 female are getting their aged allowance and 57.4 percent are not getting. Likewise, 27.1 percent male elderly are getting their aged allowance and rest approximately 73 percent male elderly are not getting their allowance.

4.3.7 Reasons for not receiving aged allowances and Elderly

The table 4.3.6 also shows reasons for not receiving aged allowances. According to this table majority of elderly (i.e. 46.2%) reported don't know reason for not receiving aged allowance. Similarly, lack of citizenship certificate 5.1 percent, lack of support 10.3 percent, no need 3.8 percent reported reasons for not receiving allowance in study area. We can also get different reason from female and male respondents separately 54.3 percent female respondent's reported don't know reason and 39.5 percent male respondents reported same reason for not receiving aged allowance in their aged.

This table also gives information about process of receiving aged allowance. From this table majority of elderly (i.e. 95.2%) received their aged allowance through government office and 4.8 percent received by the help of their family members. Similarly, according to sex, cent percent female elderly received aged allowance through government office and 87.5 percent male respondent reported through same way.

4.3.8 Decision Making and Elderly

Family conducts various types of functions for family welfare, in this sense, decision making process plays an important role in the family. Elderly decision is regarded better as compared to other because they are more experienced than others. Decision making process that found in study area is presented below.

Table No.: 4.3.8

Distribution of respondents according to their family decision

Decision making process		Marital status											
		With spouse married						Widow/widower					
		Sex				Total		Sex				Total	
		Female		Male		P	N	Female		Male		P	N
		P	N	P	N			P	N	P	N		
Family Decision on labour division	Self	18.2	4	57.6	22	43.3	26	33.3	13	42.9	9	36.7	22
	Husband/wife	45.5	10	10.5	4	23.3	14			4.8	1	1.7	1
	Son/daughter in law	27.3	6	31.6	12	30.0	18	59.0	23	52.4	11	56.7	34
	Daughter/son-in-law	4.5	1	-	-	1.7	1	7.7	3	-	-	5.0	3
	Grand son/daughter	4.5	1	-	-	1.7	1	-	-	-	-	-	-
Total		100.0	22	100.0	38	100.0	160	100.0	39	100.0	21	100.0	60
Family decision on children's marriage	Self	13.6	3	57.9	22	41.7	25	33.3	13	42.9	9	36.7	22
	Husband/wife	50.0	11	10.5	4	25.0	15	-	-	4.8	1	1.7	1
	Son/daughter in law	27.3	6	31.6	12	30.0	18	59.0	23	52.4	11	56.7	34
	Daughter/son-in-law	9.1	2	-	-	3.3	2	7.7	3	-	-	5.0	3
	Total		100.0	22	100.0	38	100.0	60	100.0	39	100.0	21	100.0
Family decision on selling and buying things	Self	13.6	3	57.9	22	41.7	25	30.8	12	42.9	9	25.0	21
	Husband/wife	50.0	11	10.5	4	25.0	15			4.8	1	1.7	1
	Son/daughter in law	27.3	6	31.6	12	30.0	18	61.5	24	52.4	11	58.3	35
	Daughter/son-in-law	9.1	2	-	-	3.3	2	7.7	3	-	-	5.0	3
	Total		100.0	22	100.0	38	100.0	60	100.0	39	100.0	21	100.0
Family decision on house hold ceremony	Self	13.6	3	57.9	22	41.7	25	30.8	12	42.9	9	35.0	21
	Husband/wife	50.0	11	10.5	4	25.0	15			4.8	1	1.7	1
	Son/daughter in law	27.3	6	31.6	12	30.0	18	61.5	24	52.4	11	58.3	35
	Daughter/son-in-law	9.1	2	-	-	3.3	2	7.7	3	-	-	5.0	3
	Total		100.0	22	100.0	38	100.0	60	100.0	39	100.0	21	100.0

Source: Field Survey, 2007

N = Number, P = Percent

Above table clears that 43.3 percent married male and female elderly perform the family decision on labour, 23.3 percent husband / wife, 30.0 percent son/daughter in law reported as decision maker on labour division in the family of both married sexes. In case of widow/widower respondents 56.7 percent decision son/daughter in-law reported as decision maker on this field and self 36.7 percent take second position in the same field.

Children's marriage is decided by self in married respondent's family which accounted 41.7 percent and 30.0 percent son/daughter make decision on this field. Likewise, 56.7 percent son/daughter in-law performs family decision on this field in case of widows /widower respondents and 36.7 percent widow/widower decide children's marriage themselves, others have less role in this same field by making decision.

Similarly, table also shows that 41.7 percent reported self, 25.0 percent reported husband/wife, 30.0 percent reported son/daughter as a decision maker on selling and buying things in married respondent's family respectively. Similarly, on the same field 35.0 percent reported self, 1.7 percent husband/wife, 58.3 percent son/daughter in-law and rest 56 percent daughter /son in-law reported as decision maker in case of widow/widower family respectively.

Likewise, family decision on household ceremony performs by self which accounted 41.7 percent in married respondents family 25.0 and 30.0 percent husband/wife, son/daughter in - law reported in this sector respectively. In case of widow/widower majority (i.e. 58.3 percent) son/daughter in-law reported as a decision makers on household ceremony (Table 4.3.8).

It should be noted that in case of married respondents family decision on different sector made by themselves but in case of widow/widower family son/daughter in-law have great role in performing family decision.

4.3.9 Economic Participation and Elderly

Like other developing region, Nepal has also significant portion of elderly economic participation rate. According to census 2001, among 65+ years aged persons, 47.12 percent are found economically active with sex differential of 59.7 percent for males and 34.30 percent for females. Nepalese elderly people are engaging in rearing and caring of grand children as well as engaging in small type of function of economically active elderly people varies in rural and urban area in Nepal. However, the economic participation of elderly people that was found in study area is presented below.

Table No.: 4.3.9

Distribution of respondents according to help at home

Information on family help		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
How you help in your family?	Giving suggestion	44.3	27	54.2	32	49.2	59
	Providing skills	1.6	1	1.7	1	1.7	2
	Doing physical work	9.8	6	15.3	9	12.5	15
	Giving cash	1.6	1	1.7	1	1.7	2
	Providing technical knowledge	1.6	1	-	-	0.8	1
	Doing domestic work	41.0	25	27.1	16	34.2	41
Total		100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

Above table shows that majority of elderly (i.e. 49.2%) people are participating in giving suggestion and 34.2 percent doing domestic work. Similarly, 12.5 percent doing physical work and only 0.8 percent are engaging in providing technical knowledge. As per sex, 44.3 percent female respondents and 54.2 percent are participating in providing suggestion to family members respectively.

4.3.10 Number of children and Elderly

The birth of child is necessary in the Nepalese family because he/she is taken as supporters of family. In this sense, fertility rate observe to be high in Nepal. Anyway following table gives the information about the number of children and elderly population in study area.

Table No: 4.3.10

Distribution of respondents according to their children

Number of children		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
Total no. of children	No child	1.6	1	3.4	2	2.5	3
	1-2	9.8	6	3.4	2	6.7	8
	3-4	27.9	17	32.2	19	30.0	36
	5-6	34.4	21	28.8	17	31.7	38
	7 and above	26.2	16	32.2	19	29.2	35
Total		100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

Above table clears that highest percent (i.e. 31.7%) of respondents have 5 to 6 children. 30 percent have 3 to 4 children, 29.2 percent have 7 and above children and rest 2.5 percent respondents are childless. This percentage varies by sex also majority of female and male respondents have 5 to 6 children in this area.

4.3.11 Social Esteem and Elderly

Culturally, elderly people are taken as more respectable person in the family /community various types of family decisions are done by him/her. But with modernization some negative attitudes are also developed towards elderly people in Nepal. The following table gives information about social esteem of elderly which was found in study area.

Table No.: 4.3.11

Distribution of respondents according to their view on aged people

Opinion		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
In your opinion who should care aged people?	None, self	13.1	8	3.4	2	8.3	10
	Husband/ wife	1.6	1	8.5	5	5.0	6
	Son/daughter	73.8	45	76.3	45	75.0	90
	Don't know	6.6	4			3.3	4
	Religious organization	4.9	3	11.9	7	8.3	10
Total		100.0	61	100.0	59	100.0	120
In your opinion how is the social respect towards aged people?	Better than before	59.0	36	44.1	26	51.7	62
	Same as before	32.8	20	35.6	21	34.2	41
	Worse than before	8.2	5	20.3	12	14.2	17
	Total	100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

Above table shows that higher percent of elderly people have opinion that old age care should be done by their son/daughter which occupied (75 percent) and this opinion varies between female and male. Most of both sexes have same type of opinion.

Table no 4.3.11 also clears that higher percentage of respondents reported the pattern of social esteem is better than before which accounted 51.7 percent. Similarly, 34.2 percent respondents reported same as before and rest 14.2 percent reported worst than before. This opinion also varies between males and female. Higher percentage of female and male respondents reported the pattern of social esteem is better than before which occupied 29.0 percent and 44.1 percent respectively.

4.3.12 Dependency pattern and Elderly

It is already noted that old age is the last phase of human life, a person becomes physically, mentally and socially weak. The dependency burden of elderly

is major consideration in developing country like Nepal. The dependency pattern of elderly people in study area is presented below.

Table No.: 4.3.12

Distribution of respondents according to whether they dependents or not on their child.

Pattern of dependency		Sex									
		Female					Male				
		Are you dependent on your children?				Total	Are you dependent on your children?				Total
		Yes		NO			Yes		NO		
P	N	P	N	N	P	N	P	N	N		
Age group	60-64	41.7	5	58.3	7	12	8.3	1	91.7	11	12
	65-69	50.0	7	50.0	7	14	22.2	2	77.8	7	9
	70-74	92.9	13	7.1	1	14	60.0	9	40.0	6	15
	75-79	75.0	6	25.0	2	8	90.9	10	9.1	1	11
	80-84	77.8	7	22.2	2	9	100.0	5	-	-	5
	85 and above	100.0	4	-	-	4	71.4	5	28.6	2	7
Total		68.9	42	31.1	19	61	54.2	32	45.8	27	59

Source: Field Survey, 2007

N=Number

P= Percent

Above table shows that nearly 69 percent female elderly are dependent and 31.1 percent are not dependent in categorized age group. Early age female elderly are less dependent than the oldest elderly female on their family. Similarly, 54.2 percent male elderly are dependent and 45.8 percent are not dependent. The age group 85 and above years of male elderly are dependent as compared to age group 60-69 years.

4.3.13 Living Status and Elderly

The living status of elderly people which was found in study area is presented below:

Table No.: 4.3.13

Distribution of respondents according to their living status

Living status		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
Status of health care at home	Best	29.5	18	40.7	24	35.0	42
	Medium	52.5	32	47.5	28	50.0	60
	Normal	18.0	11	11.9	7	15.0	18
Total		100.0	61	100.0	59	100.0	120
How do you spend your daily life?	Religious activity	16.4	10	18.6	11	17.5	21
	Yoga	-	-	1.7	1	0.8	1
	News listening and reading	3.3	2	10.2	6	6.7	8
	Domestic work	41.0	25	39.0	23	40.0	48
	Caring of grand child	13.1	8	8.5	5	10.8	13
	Visiting temple/church	1.6	1	3.4	2	2.5	3
	Meet with friends	13.1	8	11.9	7	12.5	15
	Discussion with family members	11.5	7	6.8	4	9.2	11
Total		100.0	61	100.0	59	100.0	120
At what time do you get up?	2	1.6	1	1.7	1	1.7	2
	3	3.3	2	11.9	7	7.5	9
	4	32.8	20	32.2	19	32.5	39
	5	24.6	15	30.5	18	27.5	33
	6	24.6	15	16.9	10	20.8	25
	7	13.1	8	6.8	4	10.0	12
Total		100.0	61	100.0	59	100.0	120
Sleeping time	Best	21.3	13	40.7	24	30.8	37
	Medium	45.9	28	32.2	19	39.2	47
	Normal	31.1	19	23.7	14	27.5	33
	Bad	1.6	1	3.4	2	2.5	3
Total		100.0	61	100.0	59	100.0	120
What you remind while sleeping?	Past activities	24.6	15	16.9	10	20.8	25
	Past event	18.0	11	20.3	12	19.2	23
	Dead family members	8.2	5	16.9	10	12.5	15
	Current activities	24.6	15	35.6	21	30.0	36
	Current event	9.8	6	3.4	2	6.7	8
	Health condition	14.8	9	6.8	4	10.8	13
Total		100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

Above table shows that 35.0 percent respondents have best, 50.0 percent have medium and rest 15.0 percent have normal status of health care at home. This status also varies between male and female respondents. Higher percentage of female and male respondents have medium status of care of home.

This table also shows higher percentage of elderly involve in domestic work which occupied 40.0 percent. Similarly, 17.5 percent involve in religious activities, 10.8 percent involve in caring of grand children and 12.5 percent involve in meeting with friends. Such type of activities varies between male and female elderly. Most of the female and male respondents are involved in their domestic activities.

Similarly, from that same table we can observe that most of the elderly (i.e. 32.5%) respondents get up at early time i.e. 4 o'clock, 27.5 percent get up at 5 o'clock, 20.8 percent get up at 6 o'clock. Get up time varies between male and female elderly.

This table also gives the information about sleeping condition of elderly people in that area. According to this table, 39.2 percent respondents have medium level of sleeping condition and 2.5 percent reported bad level condition. Likewise, 30.8 percent reported best level of sleeping condition.

The table no. 4.3.13 provides the information on memorable events of elderly people of the study area. Naturally, elderly is period of assessment of previous life of human being. Every body has a non forgetful event and never scored off from memory trace. Anyway, according to that table, it is known that 20.8 percent respondents memorized their past activities, 19.2 percent memorized their past events and 30.0 percent respondents memorized their current activities. This status seems to vary between female and male respondents also. Higher percentage of male and female respondents memorized their current activities.

4.3.14 Rationale of Religious Activity and Elderly

This study also includes the question of rationale for religious activities to the elderly people. Elderly people presented their answer as:

Table No.: 4.3.14

Distribution of respondents according to their attitude on religious activities

Age group	Purpose of religious activities								Total	
	Internal peace		Dharma/Karma		Cultural protection		Security for Next birth		P	N
	P	N	P	N	P	N	P	N		
60-64	21.2	7	22.9	8	23.8	5	12.9	4	20.0	24
65-69	21.1	7	11.4	4	28.6	6	19.4	6	19.2	23
70-74	24.2	8	22.9	8	28.6	7	22.6	7	24.2	29
75-79	21.2	7	11.4	4	9.5	2	19.4	6	15.8	19
80-85	-	-	20.0	7	4.8	1	19.4	6	11.7	14
85 and above	12.1	4	11.4	4	4.8	1	6.5	2	9.2	11
Total	100.0	33	100.0	35	100.0	21	100.0	31	100.0	120

Source: Field Survey, 2007

N= Number

P= Percent

According to above table it is known that 24.2 percent respondents in age group 70-74 do religious activities for the purpose of achieving internal peace, and 21.2 percent respondents in three age group (60-64, 65-69, 75-79) do religious activities for same purpose. It is important to note that there are no any respondents in age group 80-84 years who told that internal peace is the purpose of religious activities. Similarly, around 23.0 percent respondents in age group 60-64 reported Dharma/Karma is the main aim of religious activities; same response can get from elderly age group 70-74. Likewise, 11.4 percent respondents in age group 65-69, 75-79 and 85 and above reported the same aim of religious activities, Similarly, 28.6 percent in age group 65-69 and 70-74 reported culture protection, 23.8 percent in age group 60-64, 4.8 percent in age group 80-84 and 85 and above reported same aim of religious activities. And 22.6 percent in age group 70-74, 19.4 percent in age group 65-69, 75 – 79, 80-84 reported the security for next birth is the purpose of religious activities. From this table we conclude that most percent respondents in age group

70-74 reported various aim from doing religious activities followed by age group 65-69. There is no large variation in reported aim of categorized elderly respondents.

4.4 Health Hazards and Elderly

Health hazards is the main problem of elderly, there may arise any types of health problem during this period because of its decreasing physical ability. So, regular health checks up and counseling is needed for improving elderly health. The situation of health among elderly in the study area is presented under the following heads.

4.4.1 Personal Hygiene and Elderly

Elderly are unable and feel difficulty to do their personal hygiene. They need care and support from other individuals. The following table gives some information about the persons who help to maintain personal hygiene of elderly which was observed in study area.

Table No.: 4.4.1

Distribution of elderly people by persons who help their personal hygiene

Helped by	Age Group						Total	
	60-64	65-69	70-74	75-79	80-84	85 and above	P	N
	P	P	P	P	P	P		
Self	50.0	52.2	20.7	15.8	14.3	-	29.2	35
Husband/Wife	33.33	26.1	31.0	10.5	-	36.4	24.2	29
Son/Daughter	12.5	17.4	41.4	57.9	71.4	63.4	39.2	47
Daughter/Son in-law	-	4.3	6.9	5.3	7.1	-	4.2	5
Grandson/Daughter	4.2	-	-	10.5	7.1	-	3.3	4
Total	24.0	23	29	19	14	11	100	120

Source: Field Survey, 2007.

N= Number, P= Percent

Above table shows that according to categorized age group 29.2 percent are cared and supported by themselves, 24.2 percent supported by husband /wife, 39.5 percent of son/daughter in-law, 4.2 percent by daughter /son in-law and rest 3.3

percent supported by their grand children. This table also clears that young age elderly are supported by themselves and most of oldest elderly are supported by their son/daughter in-law.

4.4.2 Health Situation of Elderly in Comparison with their Counterparts

Health situation of elderly people in comparison with their counterparts is presented under the following cross table.

Table No. 4.2.2

Distribution of respondents according to their health status

Health Status		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
Ability of eyesight	Better than other partner	37.7	23	42.4	25	40.0	48
	Same as other partner	26.2	16	23.7	14	25.0	30
	Worst than other partner	36.1	22	33.9	20	35.0	42
Total		100.0	61	100.0	59	100.0	120
Ability of Hearing	Better than other partner	49.2	30	52.5	31	50.8	61
	Same as other partner	24.6	15	23.7	14	24.2	29
	Worst than other partner	26.2	16	23.7	14	25.0	30
Total		100.0	61	100.0	59	100.0	120
Memory power	Better than other partner	24.6	15	27.1	16	25.8	31
	Same as other partner	36.1	22	35.6	21	35.8	43
	Worst than other partner	39.3	24	37.3	22	38.3	46
Total		100.0	61	100.0	59	100.0	120
Physical status	Better than other partner	14.8	9	23.7	14	19.2	23
	Same as other partner	36.1	22	28.8	17	32.5	39
	Worst than other partner	49.2	30	47.5	28	48.3	58
Total		100.0	61	100.0	59	100.0	120

Source: Field survey, 2007

Above table shows that higher percent of elderly respondents have better ability to vision than their counterparts which occupied 40.0 percent. Similarly, 25.0 percent have worst than their counterparts. Likewise, as per sex, among total female

respondents, 37.7 percent have better ability to vision their counterparts, 26.2 percent have same ability and 36.1 percent have worst ability to vision. Similarly, among total male respondents, 42.4 percent have better ability to vision, 23.7 percent have same ability and rest 35.0 percent have worst ability to vision than their counterparts.

Table No. 4.4.2 also presents hearing ability of respondents in study area. The table clears that 50.8 percent have better ability of hearing where as 24.2 have same ability of hearing. 25.0 percent have worst ability hearing than their counterparts. According to sex, 49.2 percent female elderly have better ability o hearing as compared to their counterparts. Similarly, 24.6 percent have same ability and rest 26.2 percent female elderly have worst ability of hearing than their counterparts. Likewise, 52.5 percent female elderly have better ability of hearing as compared to their counterparts, 23.7 percent have same and rest 23.7 percent male elderly have worst ability of hearing than their counterparts.

By this same table, we can observe the memory power of respondents as compared to their counterparts. According to this table it is clear that 25.8 percent elderly people have better memory power , 35.8 percent have same memory power and rest 38.3 percent have worst memory power than their counterparts. According to sex, 24.6 percent female elderly have better, 36.1 percent have same and rest 39.3 percent have worst memory power than their counterparts. Similarly, 27.1 percent male elderly have better, 35.6 percent have same and 37.3 percent have worst memory power.

From table 4.2.2, we can analysis the physical status of respondents of study area. By this table it is known that 19.2 percent respondents have better, 32.5 percent have same and rest 48.2 percent respondents have worst physical status than their counterparts. As per sex, 14.8 percent female respondents have better, 36.1 percent have same and 49.2 percent female elderly have worst physical status. Similarly,

among total male respondents, 23.7 percent have better, 28.8 percent have same and rest 47.5 percent have worst physical status than their counterparts.

4.4.3 Place and Management of Treatment and Elderly

Table No. 4.4.3 shows the place and management of treatment in the study area.

Table No. 4.4.3

Distribution of respondents according to who bear their medical expenses.

Medical Provision		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
Place of treatment	In house	11.5	7	16.9	10	14.2	17
	Dhami/jhankri	1.6	1	-	-	0.8	1
	Visit hospital	82.0	50	83.1	49	82.5	99
	Private Clinic	4.9	3	-	-	2.5	3
Total		100.0	61	100.0	59	100.0	120
Who arrange your medical expenses?	Self	23.0	14	27.1	16	25.0	30
	Husband/wife	11.5	7	5.1	3	8.3	10
	Son/daughter-in-law	57.4	35	67.8	40	62.5	75
	Daughter/son-in-law	8.2	5	-	-	4.2	5
Total		100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

According to above table, it is known that most of the elderly people use the hospital as a place of treatment which occupied 82.5 percent. Similarly, 14.2 percent reported house, 0.8 percent reported Dhami/Jhankri, and rest 2.5 percent reported private clinic as their place of treatment. Likewise, as per sex, 82.0 percent female respondents reported as hospital, 11.5 percent reported house, 1.6 reported Dhami/Jhankri and 4.9 percent female elderly reported private clinic as place of treatment. Likewise, 16.9 percent male elderly reported house, 83.1 percent reported hospital as place of their treatment. It should be taken as consideration there is no male elderly who reported Dhami/Jhankri and private clinic as place of treatment.

Table 4.4.3 also indicates management of treatment. By this table, son/daughter in-law made provision of treatment of elderly which accounts approximately 63.0 percent. Similarly, 25.0 percent have own self, 8.3 percent have

husband/wife and 4.2 percent daughter/son in-law have made provision of treatment for their health. Similarly, as per sex, 57.4 percent son/daughter made the provision of treatment for female elderly, 23.0 have ownself, 8.2 percent daughter/son in law have made provision of treatment for female elderly. Likewise, 67.8 son/daughter-in-law made the provision of treatment of male elderly, 27.1 percent own self, 5.1 percent husband/ wife made provision of treatment for male respondents in study area.

4.4.4 Elderly Views towards Government Responsibility on Health Care

Among the various questions of this research study one question was asked to selected respondents that what do they expect from the government on health care. Therefore, table 4.4.4 distributes the elderly people by their expectation from government.

Table No. 4.4.4

Distribution of respondents according to their view towards government on providing health facilities

Government Facilities		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
What types of health should be provided by government for aged people?	Payment of cash	32.8	20	25.4	15	29.2	35
	Mobile health camp	11.5	7	13.6	8	12.5	15
	Free treatment	39.3	24	45.8	27	42.5	51
	Free health check up	16.4	10	15.3	9	15.8	19
Total		100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

According to this table, majority of respondents (42.5%) expect free health camp, 29.2 percent expect payment of cash, 12.5 percent expect mobile health camp, and 15.8 percent expect free health check up from government sectors. Similarly, such expectation varies between male and female respondents 32.8 percent female respondents reported payment of cash expectation, 11.8 percent reported mobile health camp, 39.3 percent reported free treatment and 16.4 percent female

respondents reported expectation of their health treatment as well as 25.4 percent male respondents reported payment of cash, 13.6 percent reported mobile health camp, 45.8 percent reported free treatment and rest 15.3 percent male respondents reported free health check up.

4.4.5 Elderly and Attitude towards Living Time

No one wishes to die, however, disgusting and painful life inspires to die. There are various news of elderly suicide due to un-respect, disgusting and critical to life (Regmi, 2006). The attitude towards living time of elderly which was observed in study area is presented as follow:

Table No. 4.4.5

Distribution of respondents according to their perception on best age in human life.

Attitude		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
What is the best age in human life?	60 years	65.6	40	69.5	41	67.5	81
	60-70 Yrs	29.5	18	23.7	14	26.7	32
	70 and above Yrs	4.9	3	6.8	4	5.8	7
Total		100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

From above table it is know that the majority of elderly reported period of 60's is better to live which is accounted (67.5%). Similarly, 26.7 percent reported the period 60-70 years and rest 5.8 percent reported the period 70 years and above is better to live in human life. Likewise, this perception can get different in male and female elderly. Among total female respondents 65.6 percent reported the period of 60 years, 29.5 percent reported 60 -70 years period and 4.9 percent reported the period 70 years and above is better to live in human life. Similarly, most of the male respondents expressed the same type of perception towards age in human life.

4.4.6 Elderly People and their Expectation from Family

The expectation of elderly respondents from their family is presented under the following table:

Table No. 4.4.6

Distribution of respondents according to their expectation from their family

Expectation from family		Sex				Total	
		Female		Male		Percent	Number
		Percent	Number	Percent	Number		
What do you expect from family?	Love	18.0	11	20.3	12	19.2	23
	Affection	19.7	12	20.3	12	20.0	24
	Family care	11.5	7	8.5	5	10.0	12
	Health Care	8.2	5	-	-	4.2	5
	Fooding In Time	1.6	1	5.1	3	3.3	4
	Care And Support	29.5	18	33.9	20	31.7	38
	Happiness	11.5	7	11.9	7	11.7	14
Total		100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

Above table shows that most of elderly respondents expect care and support from their family which occupies 31.7 percent. Similarly, 19.2 percent expect love, 20 percent expect affection 10.0 percent expect family care and 11.7 percent expect happiness from their family. Such type of expectation varies between male and female respondents. Most of the male and female respondents expect care and support from their family.

4.4.7 Painful Moments and Elderly

Elderly people may have several sorrowful moments from which they are burden themselves. Elderly also feel meaningless life of themselves. In the study area elderly people reported following sorrowful moments.

Table No. 4.4.7

Distribution of respondents according to their view on painful moment for aged people

Painful moments	Sex				Total	
	Female		Male		Percent	Number
	Percent	Number	Percent	Number		
Physical disabilities	39.3	24	52.5	31	45.8	56
Poor economic condition	24.6	15	18.6	11	21.7	26
Loneliness	18.0	11	5.1	3	11.7	14
Family abuse	3.3	2	1.7	1	2.5	3
Insecurity	14.8	9	22.0	13	18.3	22
Total	100.0	61	100.0	59	100.0	120

Source: Field Survey, 2007

According to above table, higher proportion of respondents (45.8%) reported physical disabilities as painful moments. Poor economic condition is second painful moment which is reported by 21.7 percent respondents. Similarly, 2.5 percent reported family abuse, 11.7 percent reported loneliness, and rest 18.3 percent reported insecurity as painful moments for aged people such responses vary between sex. Most of the female and male respondent reported physical disabilities as painful moments for aged people which occupies 39.3 percent and 52.5 percent respectively. Similarly, 3.3 percent female respondents and 2.5 percent male respondents reported family abuse as painful moments for aged people.

CHAPTER - FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of Findings

The elderly people are property of family and society. Their knowledge and experience can be taken as vital to the family, community as well as the country. Due to the social structure and the socially contracted feeling, the elderly think that their sons are future security and deserve the rights to be taken care and respected by the sons and daughter-in-law. They also need love, care and affection.

Gaidakot VDC of Nawalparasi district composed with 597 total elderly people, among them 263 male elderly and 334 female elderly people. This study includes 20.10 sample proportion and major finding of socio-economic and demographic characteristics can be summarized as follows:

In the study area, majority of elderly respondents are in age group 60-64 years (i.e. 24.2 percent), 85 and above years elderly have less significant in number (9.2%). Similarly, an over whelming majority of respondents (both sex) are Brahmin (58.3%) and Chhetri lies in second number (13.3%) Tamang and Newar are less in number (2.5%). Dalit are 3.3 percent. According to marital status, 50 percent are married and 50 percent are widow/widower. By the sex, nearly 64 percent female respondents are widow where as widower are 36 percent. But male married are more in numbers (64.4%). Likewise, there is no one respondents who are unmarried. Majority of respondents are Hindu religion which accounted (90.0%). 9.2 percent are Buddhists and 0.8 percent Sikha. Among total percent of Hinduism male respondents are more than female respondents. Similarly, 55 percent respondents are literate where as 42.5 percent are illiterate. Male are more (71.2%) literate than female (39.3%).

According to the care and support system, 53.3 percent are cared by son/daughter-in-law, 31.7 percent are cared by themselves, only 2.5 percent are cared by daughter/son in law in categorized various age group. More than half 65.8 percent respondents take food thrice a day and 15 percent take food four times a day by categorized age group of elderly people. Similarly, less than half percent i.e. (45.8%) respondents reported son/daughter-in-law as a food provider. Similarly, 29.2 percent reported self as a food provider only 0.8 percent reported daughter/son in law as food provider.

According to age group, 95.0 percent elderly respondents are residing their own home and only 0.5 percent respondents depending in other home. Similarly, more than half percent (74.2%) elderly are living with their son/ daughter in law and 6.7 percent are living alone. 78.3 percent respondents are satisfied and 21.7 percent are not satisfied with their prevailing life nearly 91 percent elderly in age group 85 and above are satisfied in more number as compared to other age group elderly. Similarly, majority of respondents 72.5 percent want to live with their son/ daughter in law, 14.2 percent want to live alone and 4.2 percent for living in religious organization and elderly homes. Among various age group 81.8 percent elderly want to live their sons. As same, 79.2 percent are engaged in agriculture, 15.0 percent are unemployed, 4.2 percent engaged in business and rest 1.7 percent in government sectors.

Similarly, 56.7 percent respondents reported to agriculture and 0.8 percent to Dan/Chanda as source of income. As per sex more male have sources of income of agriculture than female. Similarly, 60 percent respondents have below Rs 1000 monthly income and 0.8 percent have 7500-10000 monthly income. This situation varies between male and female. Male respondents have more monthly income than female respondents. With the context of property ownership, most of the elderly people (57.5%) have home/land ownership. This position is different between male and female elderly male have more (76.3%) ownership in home/land than female

which accounts 39.3 percent. Among non property ownership, female elderly are more than male elderly. Similarly, 85.8 percent elderly reported son/daughter-in-law and own self (2.5%) reported as a responsible person of their special expenses. 85.2 percent female and 86.4 percent male reported son/daughter are main responsible person for their expenses.

In the study area, least majority (35%) elderly people get aged allowance, among this portion 42.6 percent female and 27.1 percent get such allowance. In case of not getting this allowance 46.2 percent respondents reported don't know reason, 15.4 percent reported of government and 5.1 and 10.3 percent reported lack of citizenship certificate and lack of supports respectively. Only 4 % reported no need reason. Such reason vary between male and female respondents and more female get aged allowance than male. Majority of elderly respondent get aged allowance through government office which reported (95.2%) and 4.8 percent get by help of family members.

In the process of decision making, more than half (56.7%) respondents reported decision on labor is done by son/daughter in law, 36.7 percent respondents are done themselves. There is no role of grand son/daughter for making such decision. Similarly, more male are done decision themselves rather than female. All types of family decision are done by their son/daughter. Other has less significant role in making family decision in the home of male as well as female respondents.

The higher proportion (49.2%) elderly people help their family by giving suggestion. 34.2 percent help to their family by doing domestic work. In the view of gender analysis, more (54.2%) male help their family by giving suggestion as compared to female (44.3%). There is no one male respondents who help their family by giving technical knowledge, where as 1.6 percent female provide technical knowledge to their family. By the participation of elderly in domestic activities, female proportion is higher than male elderly. Out of 120 sample population 31.7 percent have 5 to 6 children. 29.2 percent have 7 and above, 30.0 percent have 3 to 4,

6.7 percent have 1 to 2 children and rest 2.5 percent are childless. These numbers vary between male and female elderly also.

In the case of caring of aged people, 75.0 percent reported such care and support should be done by son/daughter in-law and 8.3 percent respondents said there not necessary of care to aged people. With reference to present social esteem about elderly, majority of respondents (51.7%) reported better than earlier. Besides, 34.2 percent said that same as better and rest 14.2 percent reported said worst than earlier. This opinion are varied by sex wise. The pattern of dependency of elderly is higher (68.9%) of female elderly rather than (54.2%) male elderly by their age group. 31.1 % female and 45.8 % male respondents are not dependents in other individual in categorized age group respectively. Oldest elderly are more dependent than young elderly (here, young elderly refers to age group 60-69 years and oldest refers to 80 and above years).

With regard to health care system at home, 50 percent elderly reported as medium, 35 percent as best and rest 15 percent reported as normal. As per sex, male elderly have better status of health care at home than female elderly. With reference to daily activities of elderly people, significant percentage of elderly people (40.0%) help in domestic activities. Nearly, 13 percent meet their friends, 10.8 percent care their grand children, 17.8 percent do religious activities and rest 13 percent do yoga, news reading and listening, visiting church/temple, discussion with family members. Similarly, more female elderly do daily activities than male elderly. Majority of elderly get up at 3 o'clock. In case of sleeping condition, majority of elderly (39.2%) reported as medium and 2.5% reported as bad condition. Similarly, 30.0 percent elderly remained current activities while sleeping. Internal peace can get by doing religious activities said by elderly people in age group 70-74 years. This age group has higher percentage elderly people who said internal peace, Dharma/Karma, culture protection and security for next birth from doing religious activities rather than other age group elderly.

Likewise, an overwhelming majority of elderly people (39.2%) supported by son/daughter in-law in their personal hygiene. This supports seem more (71.4%) in age group 80-84 years. 29.2 percent supported by self, 24.2 percent by husband/ wife and nearly 8 percent supported by daughter/son in-law and grand children respectively. Young elderly are less supported by their son/daughter compared to oldest elderly people in their personal hygiene.

With regard to health status of elderly people, 40 percent have better ability of vision than their peer friends. 25 and 35 percent have same and worst ability to vision respectively. Between sexes, male elderly have better ability of vision than female elderly. Similarly, more than half (59%) respondents have better ability of hearing than their friends, 24.2 and 25 percent have same and worst ability. Male have better hearing ability than female elderly. Likewise, 38.3 percent have worst memory power, 35.8 percent have same and rest 25.8 percent have better memory power as compared to their friends. Female respondents have less memory power than male. According to physical status, less than half (48.3%) have worst, 33 percent same and rest 19.2 percent have better condition. Between sexes, female elderly have bad physical condition than male elderly.

In terms of treatment place, majority of elderly (82.5%) tend to treatment in hospital followed by 14.2 percent in house. Dhama/Jhankri tends to only 0.8 percent most of the male elderly tend to treatment in house than female. Likewise, approximately 63 percent reported their son/daughter in law as provisions of their health treatment. 25.0 percent made themselves. This arrangement varies between sexes also.

By analyzing the elderly wishes getting health facilities from government sectors, nearly 43 percent elderly wishes free health treatment followed by payment of cash (29.2%). And 16 percent respondents wishes free health check up. More male elderly wish free treatment than female elderly. Similarly, majority of respondents

(68%) wishes to live around 60's, 6 percent wish to live around 70 years and above. This wishes vary between male and female elderly people.

By expectation of respondents from their family, majority (31.7%) expect care and support, 20 percent expect affection, 3.3 percent expect food in time and rest 4.2 percent health care. Between sexes, more (33.9%) male elderly expect care and support from their family compared to 29.5 percent female elderly. There is no one male respondents who expect health care from their family. According to sorrowful moment for aged, nearly 46% reported physical disabilities, 21.7 percent poor economic condition, 11.7 percent loneliness, 2.5 percent family abuse and rest 18.3 percent reported insecurity are the sorrowful moment in their prevailing age. These sorrowful moments are expressed by both sexes, where as both expressions are varies from each other 39.3 percent female elderly, 52.5 percent male elderly reported physical disabilities as sorrowful moment. Likewise, other moments seem to be different between male and female elderly people in this study area.

5.2 Conclusion

Old age is an inevitable part of life. It is last stage of life span of human beings. Elderly people have more knowledge and experience. They are assets of our society. But even then, they are often neglected and ignored by our new generation and family member. Naturally, they are weak and unhealthy at that last time. Due to health facilities modernization and other difference reasons life expectancy of elderly people is increasing day by day. Similarly, the new contrary will be one of rapid population ageing through out the region. While increased longevity is a great human achievement, it will bring with it greater demands for care and support as the oldest age groups expand. But, their family members do not care, respect and love to them. Some elderly are cursing to their fortune and saying some statement. "Where have our death gone?" why are we living till now?" Briefly, the status of elderly people in Gaidakot VDC is presented as follows: Gaidakot is constituted with numerous figures of elderly people. Among them more number female elderly

than male elderly. From the above summary of finding one can have quick look of the socio-economic and demographic status of elderly people in Gaidakot. Majority of elderly depend upon their sons and other relatives even in their daily needs and it is increasing responsibility for young. Nepal is known as Hindu kingdom. So, in this area large percentage of elderly are follower of Hindu religion. Among, the elderly, more female elderly are involved in unpaid economic activity than male elderly. Literacy rate of elderly is not quite satisfactory, furthermore, female literacy rate worst than male, with regard to decision making process, status of male elderly is better than female elderly. The living status of elderly people is different according to age, sex, caste/ethnicity and religion.

There is not satisfactory behaviour of family members toward elderly. Elderly people who have better economic status are more cared by their family member than who have low economic status. Gender based discrimination and lack of property ownership are also visible problems related with elderly. One of the significant problem is that on which most of the elderly are pushed out from the love, affection, respect and esteem of family and its member due to modernization. Elderly people are ready to eat what they are provided by their family member which disturbs on their digestive system. In terms of familiar and social respect half percent elderly are satisfied and rest half percent are dissatisfied.

The health status of elderly people in study area is not quite satisfactory. Most of the elderly people have medium level health status. Similarly, majority of elderly believe on modern medicine either known way or unknown way, however, somewhat believe on traditional belief even today. This clears that it is going to modernization gradually. Most of the elderly people seem to be very spiritual who are engaged in doing religious activities. Majority of elderly are busy in providing suggestion to their family members. The low income status creates various barriers towards the living status of elderly people. Most of the elderly expect their right, dignity, freedom, esteem, love, affection, security as well as appropriate housing,

clothing and fooding facilities in timely, from family, society even from government. At last, overall status in this area of respondents is not quite satisfactory due to various reasons such as poor economic system, insufficient pension and aged allowance scheme, unemployment problem, lack of transparency governmental policy and programs, genders based discrimination, less social economic and participation, negative behaviour and attitude towards elderly by their off springs are strong problems in the study area.

5.3 Recommendations

Based on the findings of the study, following recommendations should be considered for overall development of the elderly people.

1. Changing Socio-economic and demographic situations point to the growing need for home and community based services, including home half for the increasing numbers of frail and dependent in elderly in all areas a well as in this area.
2. Support and help to the elderly in conducting daily life activities such as personal hygiene, moving, visiting and other activities.
3. Develop the system of social security, respect, dignity and esteem towards elderly.
4. The facilities of lodging, fooding and clothing should be guaranteed with respect to their demand and choice of elderly people.
5. Ensure the socio-economic participation of elderly people in all kinds of development.
6. Income generating activities should be started in each elderly home with full guarantee of selling their products for utilization of their knowledge, experience and skills.
7. Establish some non profitable institution in order to protect and welfare of isolated, hated and disabled elderly people.
8. The government should conduct mobile camp in elderly homes with equal interval of time and free medicine should be distributed to them.

9. Special attention needs to be paid to oldest women who are the most likely recipients of care as well as being formal and informal providers.
10. Conduct several activities in order to arise social awareness about elderly including IEC campaign.
11. Coordinate GOs, NGOs and INGOs who are working in the field of ageing with the purpose of lunching integrate program on ageing.
12. Formulate of need oriented policy rather than supplied oriented policy which really addresses the necessities and problems of elderly in local level.
13. Researchers and service providers alike, agree that much more needs to be done to expand services in terms of out reach, comprehensiveness and coverage, family and worker training and service quality.
14. There is a need to increase awareness of and address a range of ageing issues, including poverty of older persons and their families to create a climate in which home care and other community based services can be developed in a meaningful and sustainable way.
15. The age limit to get the old age allowance is very high, so, it should be lowered. The amount is small, it needs to be increased.
16. The different school curriculum should include different types of moral lesson regarding elderly people to strengthen the dignity of their life in family and society.
17. Advocacy on elderly problem should be lunched all over the country with the involvement of elderly people to catch the attention of policy makers, planners and social activists.

Appendix: 1
Questionnaire Form

Questionnaire form for the Study of Status of Elderly People Living in Gaidakot VDC, Nawalparasi, 2007.

Respondent's Name:

VDC: _____ **Ward No.:** _____ **Household:**

Name of Household Head: **Date:**

1. Demographic Information

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

Code No.:

A. Relationship with household head	a. Self 1 b. Husband/wife..... 2 c. Son/daughter in-law..... 3 d. Daughter/son in-law..... 4 e. Brother/sister..... 5 f. Grand children 6 g. Other..... 7
B. Sex	a. Male 1 b. Female..... 2
C. Marital Status	a. Unmarried..... 1 b. Married..... 2 c. Widow/widower..... 3 d. Divorced..... 4 e. Separated..... 5 f. Other..... 6
D. Religion	a. Hinduism..... 1 b. Buddhist..... 2 c. Christian..... 3 d. Islam..... 4 e. Kirat..... 5 f. Other..... 6

E. Education	a. Illiterate..... 1 b. Literate..... 2 c. Primary..... 3 d. Secondary..... 4 e. Intermediate..... 5 f. Bachelor..... 6 g. Master and above..... 7
G. Occupation	a. Unemployed..... 1 b. Student..... 2 c. Merchant..... 3 d. Government bureaucrats..... 4 e. Non-government bureaucrats..... 5 f. Foreign employment..... 6 g. Agriculture..... 7 h. Industries..... 8

2. Information of Family Status

Q. no. 1. Who care your house?	a. Self..... 1 b. Husband/wife..... 2 c. Son/daughter in-law..... 3 d. Daughter/son in-law..... 4 e. Brother/sister..... 5 f. Grand children 6 g. Other..... 7
Q. no. 2. How many times do you eat per day?	a. Once a day..... 1 b. Twice a day 2 c. Three a time day..... 3 d. Four time a day..... 4 e. Five time a day..... 5
Q. no. 3 Who make your food?	a. Self..... 1 b. Husband/wife..... 2 c. Son/daughter in-law..... 3 d. Daughter/son in-law..... 4 e. Grand children..... 5 f. Other..... 6
Q. no. 4 Who helps in your personal hygiene?	a. Self..... 1 b. Husband/wife..... 2 c. Son/daughter in-law..... 3 d. Daughter/son in-law..... 4 e. Grand children..... 5 f. Other..... 6

3. Family Decision

Q. no. 1 Who decide to the following things	
Q. no. 1.1 Division of household labour.	
Q. no. 1.2 Marriage of offspring.	
Q. no. 1.3 Selling and buying of valuable things	
Q. no. 1.4 Important family ceremony.	
Q. no. 1.5 Code of the above questions	a. Self..... 1 b. Husband/wife..... 2 c. Son/daughter in-law..... 3 d. Daughter/son in-law..... 4 e. Grand children..... 5 f. Other..... 6
Q. no 2 How do you settled in this house.	a. Rent..... 1 b. Dan/chanda..... 2 c. Dependent..... 3 d. Other..... 4
Q. no. 3 To whom do you live now?	a. Husband/wife..... 1 b. Son/daughter in-law..... 2 c. Daughter/son in-law..... 3 d. Brother..... 4 e. Other relatives..... 5 f. Alone..... 6 g. Other..... 7
Q. no. 4 Do you satisfy with present live?	a. Yes..... 1 b. No..... 2
Q. no. 5 To whom do you wish to live?	a. Alone..... 1 b. Son/daughter in-law..... 2 c. Daughter/son in-law..... 3 d. Religious institution..... 4 e. Elderly homes..... 5 f. Other..... 6
Q. no. 6 Do you depend up on your offspring?	a. Yes..... 1 b. No..... 2
Q. no. 7 What is the level of care from your family?	a. Good..... 1 b. Better..... 2 c. Worst..... 3
Q. no. 8 How do you spent your one day?	a. Religious activity..... 1 b. Yoga..... 2 c. Reading/listening news..... 3 d. Working in side home..... 4 e. Care of grand children..... 5 f. Visiting temple/church..... 6 g. Meeting peer group..... 7

	h. Discuss with family member..... 8
Q. no. 9 At what time do you wake up?	
Q. no. 10 What is your condition of sleep?	a. Good..... 1 b. Better..... 2 c. Worst..... 3
Q. no. 11 What types of event entire in your memory at night?	a. Past activities..... 1 b. Past event..... 2 c. Dead family member..... 3 d. Present activities..... 4 e. Present event..... 5 f. Health situation..... 6
Q. no. 12 What was your age during marriage?	
Q. no. 13 How many children's do you have?	
Q. no. 14 In your opinion, what is the rationale of religious work?	a. Peace of soul..... 1 b. Dharma/karma..... 2 c. Save the tradition..... 3 d. Improve the another live..... 4 e. Other..... 5

4. Information on Economic Status

Q. no. 1 What is your source of income?	a. Trade..... 1 b. Investment/share..... 2 c. Dan/chanda..... 3 d. Aged allowance..... 4 e. Agriculture..... 5 f. Pension..... 6 g. Other..... 7
Q. no. 2 What is your income per month in Rs.?	a. Less than Rs. 1000..... 1 b. Rs. 1000-2500..... 2 c. Rs. 2500-5000..... 3 d. Rs. 5000-7500..... 4 e. Rs. 7500-10000..... 5 f. Rs. 10000+..... 6
Q. no. 3 What is your property ownership?	a. House..... 1 b. Land..... 2 c. House and land..... 3 d. Cash..... 4 e. Bank balance..... 5 f. Ornaments..... 6 g. Investment..... 7 h. Other..... 8
Q. no. 4 Who take the responsibility of your special expansion?	a. Son/daughter in-law..... 1 b. Daughter/son in-law..... 2 c. Grand children..... 3

	d. Other relatives..... 4 e. Institution..... 5 f. Other..... 6
Q. no. 5 How do you support in your home?	a. Counseling..... 1 b. Skill provide..... 2 c. Physical labor..... 3 d. Provide cash 4 e. Technical knowledge..... 5 f. Household activities..... 6 g. Other..... 7
Q. no. 6 Do you take aged allowance?	a. Yes..... 1 b. No..... 2
Q. no. 7 What is your process of taking aged allowance?	a. From office..... 1 b. In home..... 2 c. NGO's..... 3 d. Security institution..... 4 e. Family member..... 5 f. Other..... 6
Q. no. 8 Why do you not receive aged allowance?	a. Lack of citizenship certificate..... 1 b. No one help..... 2 c. Unknown..... 3 d. Not necessary..... 4 e. Other..... 5
Q. no. 9 In your opinion, who is the responsible person of elderly care?	a. Self..... 1 b. Husband/wife..... 2 c. Son/daughter in-law..... 3 d. Daughter/son in-law..... 4 e. Grand children..... 5 f. Other..... 6
Q. no. 10 in your experiences, what is the present system of social esteem towards elderly people?	a. Better than earlier..... 1 b. Same as earlier..... 2 c. Worst than earlier..... 3

5. Information on Health Status

Q. no. 1 How do you feel your health situation comparing your counterparts? Code of the above questions	a. Better than peer friend..... 1 b. Same as peer friend..... 2 c. Worst than peer friend..... 3
Q. no. 1.1 Ability of vision	
Q. no. 1.2 Ability of hearing	
Q. no. 1.3 Memory power	
Q. no. 1.4 General physical power	
Q. no. 2 Where do you go for treatment when you become sick?	a. Treatment in home..... 1 b. In home with doctor..... 2 c. Hospital..... 3 d. Private clinic..... 4 e. Dhama/jhankri..... 5

	f. Other..... 6
Q. no. 3 How do you manage your treatment?	a. Self..... 1 b. Husband/wife..... 2 c. Son/daughter in-law..... 3 d. Daughter/son in-law..... 4 e. Religious institution..... 5 f. Other..... 6
Q. no. 4 In your opinion, what type of health services is needed to elderly from government side?	a. Paying cash..... 1 b. Mobile..... 2 c. Free treatment..... 3 d. Free health check up..... 4 e. Other..... 5
Q. no. 5 In your opinion, which is the better period of living age?	a. 60 years..... 1 b. 60-70 years..... 2 c. 70-80 years..... 3 d. 80-90 years..... 4 e. 90-100 years..... 5 f. 100+ years..... 6
Q. no. 6 What do you expect from your family?	a. Love..... 1 b. Affection..... 2 c. Physical care..... 3 d. Health..... 4 e. Food in time..... 5 f. Support and care..... 6 g. Happiness..... 7
Q. no. 7 In your opinion, what is the painful event of an elderly?	a. Physical disability..... 1 b. Economic deficiency..... 2 c. Isolation..... 3 d. Hated by family..... 4 e. Not care by family..... 5
Q. no. 8 Do you have any suggestion to concern bodies?	

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