

SITUATION ANALYSIS OF ELDERLY PEOPLE

RURAL-URBAN DIFFERENTIAL

898

(A Case Study of Morang District)

By

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ACRONYMS

APPJ	Asia-Pacific Population Journal
CBS	Central Bureau of Statistics
CDPS	Central Department of Population Studies
HMG/N	His Majesty Government of Nepal
ICPD	International Conference on Population and Development
NPC	National Planning Commission
PHC	Primary Health Care
SPSS	Statistical Package For Social Science
TU	Tribhuvan University
UN	United Nations
UNFPA	United Nations Fund For Population Activities
VDC	Village Development Committee
WHO	World Health Organization

ABSTRACTS

There is needed a high degree of research relating to elderly people's status and socio-demographic security. This study is dedicated to the old-old people (75+ year). Generally, it has been expected unplanned urbanization and rapid modernization unless enough infrastructures are constructed, put an inverse impact on the living system of elderly people. Care to elderly people is the first most essential need of them.

Following are the major findings of the study:

- Higher percent of the respondents are in age group 75-79. Compared to male respondents the number of female respondents is higher for both places. This shows females live longer compared to males. Generally, for male respondents more are currently married compared to female respondents.
- Brahman forms the major caste followed by Chhetri. Very little respondents are from ethnic class. Hinduism is the major religion for both of the places. Almost all (over 90%) respondents are migrant. Among them most are from next district and very little are from other country.
- The living arrangement of the elderly people without any of the offspring is difficult compared to those with at least one offspring. For most of the households the headship has been transferred to the younger generation whereas in some of the households elderly people despite their disability are also heading the household.
- Participation of elderly people in economic activity is considerable as still some of the elderly people despite of disability working for economic benefits. What makes them working despite disability is another area of investigation. Most of the respondents do take a rest if they get leisure whereas some of the respondents engage themselves in social activities also.

- Small percent of respondents are abused by the family members. Comparatively more of the urban elderly people get abuse from family members than the rural elderly people. For most of the elderly people the abuses are exerted by son or daughter-in-laws. Majority of rural elderly people are verbally abused whereas the highest percent of urban respondents are verbally abused.
- Over 75 percent of respondents for both places are suffering from any type of disease. The most common disease for both places is Gastro-intestinal disease. Asthma accounts for the third disease for urban respondents.
- Higher percent of rural respondents (65%) have received income security from the state compared to 53 percent of urban respondents. Highest percent of respondents bring such benefit themselves. Higher percent of urban respondents (64.2%) bring such benefit themselves compared to 38.5 percent rural respondents. Son or daughter-in-laws, daughter, grandchildren, government officials and social workers also bring such benefit to elderly people.
- Economic support is the common desire from the government for majority of the respondents. Eighty-four percent of rural respondents agree government should provide economic support for them whereas only 54 percent urban respondent support for it. Another 31 percent of urban respondents want an increase in the current amount of economic support.

CHAPTER ONE

INTRODUCTION

1.1 Background

Ageing is natural process in life. The ageing pattern of the population varies from one country to other or one community to other over time. In Nepal, various age limits have been prescribed for the specific purpose. For example, 58 years is specified for the compulsory retirement from civil service, 60 years for UN employees, and 63 years for university teachers, 65 years for member of constitutional bodies and 75 for receiving the social security benefits from the government.

The population ageing is emerging issue in Nepal even though the pace of process is slow. The remarkable improvements in mortality over the last three decades and clear sign of decline in total fertility rate in the 1990s have brought notable change in the structure of population in Nepal (Subedi, 1999:81).

The growth rate of aged population (60 and over) in 1961 was 1.8 percent, whereas it became 2.4 in 1971 and 3.3 in 1981, which indicates the growth rate of elderly population is in increasing trend. By gender, the male population was increased by 2.2 percent and female population was increased by 2.8 percent in 1952/54. In 1961, it was 2.4 percent for male and 2.8 percent for female; in 1971 it was 2.6 percent for male and 2.8 percent for female. In 1981 it was 3.0 percent for male and 2.7per cent for female. In 1991, it was 2.94 percent for male and 2.86per cent for female.

The proportion of old age population was nearly 6 percent in 1991. The size of old age population is growing as the life expectancy of people growing. In 1971 the life expectancy of male was 42.1 years and for female it was 40.0 years. In 1981 it was 50.9 for male and 48.1 years for female. Similarly in 1991 for male it was 55 and 53.5 for female.

According to 2001 census, population of elderly aged 75 and above is below one percent. The percentage of elderly people aged 75 and above for Morang district is 1.3, higher than national population proportion (CBS, 2002).

A draft conclusion made in an international session on elderly population and rural development (UNFPA, 2001) concluded the following major characteristics of rural elderly population.

- ⇒ Older persons living in rural areas should be enabled to maintain and increase their productivity until they retire. Agricultural extension services should succeed in designing programs that will provide information on new technologies and new crops to older farmers. Agricultural extension services should examine the needs of older farmers in the context of technological change and design targeted programs. Governments should encourage use of older farmers as mentors for younger farmers in an organized way, with a view to transmitting ecologically sound traditional practices.
- ⇒ Older farmers should be enabled to obtain credit to acquire and use new technologies. Governments should develop agricultural credit programs targeted to older farmers with the purpose of financing new productive inputs. International development agencies should create and support national programs to target credit to older farmers. Governments should provide tax and other incentives to encourage business development in rural areas.
- ⇒ In order to enable older persons to market their products as well as to participate in community activities, public transportation services for rural communities should be developed that are fairly priced and accessible.

In the context of Nepal, the rural areas are overwhelmingly more compared to urban area. In many of the rural areas, there is still joint family system. Modernization is good for most people but it may not be equally good for elderly people. Due to modernization and urbanization joint family system is slowly being converted to nuclear family system. Thus, the elderly people should have to depend on themselves.

1.2 Statement of the problem

Ageing is the burning issue in Nepal as in other developing countries. Rapid and unplanned urbanization and modernization resulting socio-economic and cultural change in society that directly affect the status of elderly people. If the government and social organization are not timely concerned in this matter, the problem of elderly people can become more serious than other population. And in near future, the elderly people will be most vulnerable groups in the society.

In traditional or agrarian society, old people have not a problem of having warm clothes and good foods twice a day and they don't have to worry about sickness because all member of household live together under one roof and they take care of all these things. In this society elderly people can live with peace and respect because there are enough member to look after elderly population. The rapid modernization and urbanization brought social changes. Joint families are changing in nuclear family. It directly affects living arrangement of elderly people.

Nepalese society is much influenced by the Hindu values, which respects parents in the form of god and therefore children understand to displease parents is to go against the god. But all of elderly people don't have offspring. It is urgently required how those elderly people without offspring are living. And within the family with the offspring whether all elderly are properly cared.

Generally, the working age for an individual is considered as the 15 to 59 or the age 60+ is accepted as the retirement age. In their old age people have right to get care and pay from their offspring. But yet a lot of elderly people in Nepalese society work in their old age. It is very essential to investigate whether all elderly people work and nature of works they are engaged in.

The government of Nepal has a policy of providing social security for elderly people living in the country who are aged 75 years and above since 1992/93. The security is in terms of Rs. 150 per month. Every senior person has a right to have this security. However, there is lack of regularity and availability in time of this security for the service receivers due to lengthy and inefficient administrative as well as bureaucratic process. So, there is an urgent need of investigation whether the elderly people are getting this security.

Health care and food security are two major requirements of elderly people to be healthy and manage the longer life. Elderly people are influenced by traditional values and they have less faith on the modern treatment. Therefore it is necessary to identify where do elderly people prefer to go if they become ill. In what respects the elderly people are getting food and what ways they are obtaining food are other areas of investigation.

There is very little research done in the field of elderly population in Nepal. Whatever studies are available, are done based on studies carried out for other purpose and not for the case of elderly (Subedi, 1999). As a result, very little is known about the real situation of elderly people and their problem from the perspectives of elderly themselves.

There is not any research done in the field of health situation of elderly people. It is generally believed that the health situation of Nepalese elderly is very poor. However, there are some indicators that elderly women are less advantaged than elderly men.

Older people have wide experience, wisdom, and expertise. There is need to take elderly issue sincerely. It is not too late. The problem of elderly people is the problem of the nations. Elderly people are property of the nation. So it is very important to study the status of elderly people and their rural-urban differentials.

1.3 Objectives of the study

General

The general objective of this research purpose is to identify the situation of elderly people in Morang district on the basis of place of resident.

Specific

The specific objectives of the research cover the following:

- ⇒ To identify the socio-economic status of elderly people
- ⇒ To identify the health situation and morbidity pattern of elderly people
- ⇒ To identify living arrangement, food, and personal needs of elderly people
- ⇒ To identify the social security benefits obtained by the elderly people.

1.4 Operational definition of elderly population

The definition of elderly population varies across countries and over time. Most international agencies use population aged 65 and over as elderly population. But in Nepal, various age limits have been prescribed for only specific purpose. For example, 58 years for compulsory retirement age for civil service employees, 60 years for UN employees, 65 for members of constitutional bodies, 63 years for university lectures, and 75 for receiving social security benefit. The old age divided into two wide groups (i) young-old and (ii) old-old. For this study the old-old are taken who have are 75 years and above. This age bar has been taken in to account for this study because of investigating the

status of elderly population aged 75 and above in accordance with the HMG/N policy of providing social security. There are very little researches on the status of elderly people of the extreme ages and this study therefore, aims at providing the status of the elderly people.

1.5 Limitations of the study

Following are the limitations of the study:

1. This study is based on 200 elderly populations selected from Bayarban VDC and Biratnagar Sub-Metropolitan City.
2. The findings of this study may not be generalized for the elderly population of the whole country.

1.6 Significant of the study

This study is one of the most important in its series because studies in this matter are not wide in Nepal. This study provides a wide variety of ideas to them who are intended to know about the situation of elderly people in Nepal. Another major aspect of this study is to differentiate rural-urban differential in the comparative type of study, which helps to the all policy makers. Elderly people are the assets of the society and the nation and therefore, internationally, UN declared the year 1999 as "The Year of Elderly People" which was the celebrated worldwide in order to integrate the issues of the elderly people in the issue of total population. It is therefore, needed to give an extra attention to elderly people for the respect of their contribution to the nation and family at their working ages. There are studies on elderly population aged 60 and over but there are very little studies or not study at all focusing on the elderly population aged 75 and above. Therefore, this study will be an advantage for the policy makers to review on the policies developed for addressing elderly people. This study will be helpful to understanding the needs of elderly people and their real life.

1.7 Organization of the study

This study has been organized into six chapters. The first chapter gives introduction of the study with background, statement of problem, objectives of the study, limitation and significance of the study. The second chapter is about literature review. Study methodology has been described in chapter third. Chapter four gives introduction of the study area, socio-economic and demographic characteristics of the respondents. Chapter six deals about participation and social security. The final chapter states findings, conclusions, and recommendations.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Literature Review

2.1.1 Global and Historical perspective of elderly people

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 rises, the population of the world will age faster in the next 50 years than during the past half century. An increase in the median age- the age that divides the population into two equal halves - is used as an indicator of shift of the population age distribution towards older ages, which is known as "population ageing". Over the half century, the median age for the world increased 3 years, from 23.5 years in 1950 to 26.5 years in 2000. Over the next 50 years, the median age is expected to rise by 10 years, reaches 36.2 years in 2050 (UN 2000:17).

One common characteristic of population throughout the world is preponderance of women at older ages. Women are the majority of elderly population in the vast majority of countries and their share of population increases with age (US Census Bureau 2001:57). Marital status strongly affects many of the aspects of one's life. Studies in developed countries show that married people particularly; married men are healthier and live longer than their non-married counterparts (Goldman 1993, Hadju, McKee and Bojan 1995, Waite 1995, Sclane and Weinick 1998). Older men are more likely to be married and older women are more likely to be widowed in most countries of the world (UN, 2001: 62). The well-known Indian epics, the *Ramayana* and the *Mahabharatha*, as well as the ancient secular literature, contain illustrations

and examples of the *Ashrama* theory (Life Span or Cycle), which was a strong influence on people living in those ancient times in areas which are presently known as India, Sri Lanka, Nepal, Pakistan, and subsequently through the spread of Buddhism from India to other Asian countries such as China, Thailand, Cambodia and Japan. The *Ashrama* theory, though ancient in origin, is a fairly visionary attempt at profiling the passages, or life stages, of a human being. Human development was seen, not only in terms of distinct stages of life, but it also considered the individual life cycle as whole and sequential. In brief, the *Ashrama* theory delineated four distinct stages or phases of human life and development. These stages included distinct roles and expectations related to a particular phase or stage. The first stage that every individual had to go through was the *Brahmcharya* stage - a stage of learning skills and unquestioned devotion to the *gurus* (teachers). This period lasted roughly for the first 25 years of life. This stage was followed by the *Grihasthushram*, roughly coinciding with the domestic phase, wherein individuals are enjoined to perform the duties of a householder, which are raising and maintaining a family and all that this entails. This period lasts from age 26 to age 50. *Vanaprastha* represented a stage of gradual withdrawal, without reducing responsibilities. This period is the stage of the aged, and would be roughly between 51 and 75 years. The last stage, *Sanyasa*, is one of total renunciation of all attachments and submission of oneself to the pursuit of spiritual freedom. Essentially this stage represents retirement from the mundane and routine activities of life. The third and fourth stages could be combined to represent the present day retirement phase (over 65). These stages are not rigid or mandatory or even obligatory on the part of any individual, but they have been suggested as a means of ensuring a smoother passage, and one that is known, accepted and practiced by the members of the society (Nayar, 2000).

Since the Second World War, public pension plans played an increasingly important role in providing retirement income to older people. Old age pension schemes have become social institutions in many if not most countries throughout the world. The goal of most public old age pension scheme is to

provide all qualifying individuals with an income stream during their later years income which is (1) continuous, (2) adequate, (3) constant, in terms of purchasing power, (4) capable of maintaining the socio-economic position of the retired in relation to that of the active population (Nectarous, 1982).

2.2.1 Social and health status of elderly people

Even in cultures where sons are supported to provide support to their parents the assumption is that day-to-day care will come from their wives. But wives today are going out to work and there are fewer children and fewer sons. Young women may also choose (as they increasingly can) to marry a second rather a first son, so that the responsibility of parent care will not fall on them. Married daughters are not expected to provide support since they are members of their husband's family. However, a recent study in Guangzhou, China showed that care received from children was related not to member of sons in the family, but to the number of daughters. Parents who received aid from their children were more likely to give aid and vice-versa, but the amount of care given by parents to children was related to number of sons. Gender based norms seems to be more clearly translated to the action by the older generation than the younger (UNFPA, 1998).

The aged in Asian traditions have always occupied a position of respect to the point of reverence. Respect for aged is a deeply embedded cultural value, and possibly derives its strength from the ancient religious and secular texts for which the Indian subcontinent, in particular, has always been known. On the occasion of Year of Elderly, 1999. Department of Health Services of India published a report termed as "Healthy Ageing- Agenda for Coming Century". The report has mentioned that the elderly population of the world will cross the one billion mark by the year 2020. By that time, over 700 million old people will be living in developing countries. In India, around 11 per cent of its population will be 60 years and above. The economic, social and health status

of the fast-growing elderly population poses a great challenge to all sectors. Studies conducted in India and other countries of the Region show that a majority of the elderly population are not in a position to lead an economically independent life after their retirement. In the absence of pension benefits, many old persons have to work for their livelihood until they are physically exhausted. On the other hand, the joint family system and family values are gradually eroding. We find that more than 12 per cent of the rural elderly males live alone in India. The number of the elderly living alone will increase with urbanization and migration of young people coupled with decreased cohesiveness in family bond. With regard to the health status, around 6 per cent of the aged in India are immobile due to various disabling conditions. Approximately 50 per cent of the elderly suffer from chronic diseases. Visual and hearing impairments are highly prevalent. At the same time, the availability of health services for the elderly are lacking. Knowledge among health workers on the specific needs of the elderly are also minimal. National health services are still preoccupied with the centuries-old scourge of communicable diseases, maternal and childcare, etc. Little attention is paid to the enormous needs of the elderly population (NIH, 1999).

Over the years, WHO has been taking action to improve the health care of the elderly. The principal focus of WHO's actions has been on community participation and family care. Promotion of traditional family ties has, therefore, been emphasized instead of institutional care. Making optimal use of the available PHC services is the cornerstone for supporting the traditional family care. Various studies made at international level have revealed various needs of the elderly population. Those studies have focused on the nature and types of the facilities required to elderly population. Income security is a fundamental right of elderly people. Every society owes this to its senior citizens. We should strongly advocate that the coverage of pension benefits be expanded to all elderly people. Appropriate mechanisms, such as income-saving schemes and allowances, need to be evolved. Other supplementary

benefits, such as travel subsidies, incentives for caregivers in the family and for housing schemes, will also have to be strengthened. All these require multi-sectoral action as a top priority. Health security is one of the basic prerequisites of an enjoyable life for elderly people. But health in old age depends on people's lifestyle and behaviour during their life span. Tomorrow's elderly are today's adults and yesterday's children. That is why WHO emphasizes a life-span approach for the health of the elderly. Here, health promotion at all ages comes ahead of geriatric care. Thus, we have to advocate that people consider preparing for their health when they are old. A research conducted among Thai elderly people revealed different factual informations. Among the elderly in private households, it is useful to separate those who have a living child from those who do not, in view of the fact that the living arrangements and support exchanges available to these two groups necessarily differ (NIH, 1999).

2.1.3 Living arrangement of elderly people

Within each group, a hierarchical set of living arrangement categories has been defined in a manner intended to represent roughly a descending scale in terms of normatively preferred forms of familial support and care. Thus, situations in which adult children are likely to be playing important roles are given precedence in the hierarchy to ones where other relatives are likely to be doing so. Since young children (defined as being under the age of 18 for this purpose) are unlikely to be able to provide full assistance in the household either in terms of taking to be able to provide full assistance in the household responsibilities or bringing in significant income, they are considered as dependents rather than as part of the construction if the hierarchy. Within each of the two major groupings (those with and those without a living child), each elderly respondent is assigned the first category for which he or she qualifies (Knodel: 1997:65).

Emotional security is another essential aspect for the well being of elderly persons. Mere physical health would not be indicative of a person's happiness. People, particularly in old age, need continued social interaction, due respect, affection and spiritual satisfaction. It is important that elderly people are not taken as a burden on society, but rather as an asset. Their wisdom and experience have to be fully utilized. For this, an inter-generation approach should be pursued with increased role for the mass media, education and religious organizations. At the same time, activities of self-help and social involvement will have to be widely publicized and promoted. Appropriate mechanisms are needed for engaging senior citizens in social activities, which require strong support from both governmental and non-governmental organizations (DHHS, 1999).

In the article by U.S. Nayar, 1999, housing in urban context has been accepted as a problem. To think in terms of subsidized housing, wherein the government is the main provider, does call for a review of the present housing situation and the resources needed to provide the same. As is observed in the Asia and Pacific region, except for Australia, Japan (to some extent), Singapore, Israel and Malaysia, very little importance has been given to the housing situation of, and for, the aged. While it is a fact that other countries have the family-based approach to shelter and housing, it is presumed that this arrangement is satisfactory to all concerned. This is probably one reason (though in the developing countries there could be several others), why the policy planners do not give attention to this aspect of welfare measures for the aged. It must be noted here that the term 'housing', does not refer to special housing, but to a friendly, informal neighbourhood 'drop-in' place, with simple amenities -- essentially a place providing contact for the elderly.

Institutions, wherever they exist, have to be designed with the problems of the aged in mind. The design should be functional and simple in arrangement, with safety devices, orthopaedic support, and simple easy-to-operate gadgets, which would ease their day-to-day activities, without straining their physical and

mental faculties. All this might not be very easy to provide in urban areas, considering the price of the land and infrastructure, but certainly, innovative approaches and linkages with present infrastructure might help. This is a challenge to urban planners as well as social policy makers (Nayar, 1999).

2.1.4 Economic activity of the elderly people

Old age women are more active than men. Women in their older ages are also found to be working more than men. More women also enter the labour force and remain in it to older ages in both developed and developing countries. This has profound implications for the well-being and care of families and of their older members. Women's paid work outside the home creates opportunities for them and their families supplements family resources and demands new adoption in the relationships among family members (UNFPA, 1998).

The change of the age structure will be same for the all countries in next several decades. Adoption to new relatives will change the relationships between generations as wells as approaches to work health care and education. Older people in developing countries usually work as long as they are able, and paid retirement is limited to a few privileged groups. In industrial countries retired people may want to supplement their income or simply to be useful, but may find few ways to do so. In the more prosperous part of the world, as active life emerging in which older people will demand greater involvement in economic and social life. This will be given impetus by the "baby boom" generation as it moves in to its later years (UNFPA, 1996).

2.1.5 Social security for elderly people

Dominant theories of Gerontology suggest that the status of elderly declines with modernization and status tends to be high in agricultural communities and societies where extended from the family touches on the rudiments of ageing (Cog Will, 1980; Cog Will and Homes, 1972). In a country like Nepal, where economic growth has been awfully discouraging (Banskota 1992) even a small

increase in size of elderly population brings about an added hardship to the already troubled economy of the country (Subedi, 1996).

In Nepal, the Provident Fund Scheme is restricted to civil servants only, though a few select manufacturing establishments are attempting greater involvement in developing programmes for the aged. Nepal has no statutory programmes for the aged. In 1980, the Federal Ministry of Health and Social Welfare prepared an action plan for the aged in Pakistan for the first time. It aimed at providing a reasonable living standard for aged citizens. Unfortunately most of the provisions could not be implemented due to financial constraints as per the plan period of 1988-93. There are a few 'homes for the aged' in the cities, and in the future there are plans to provide travel facilities on trains and buses, day care facilities, and a stipend for those families who lose their breadwinner. In Sri Lanka, the status of the aged is more or less the same as in India, Pakistan and Nepal. Some *ad hoc*, voluntary, and limited arrangements exist for the care of the aged, as well as a policy of free medical treatment. This is a definite advantage to the elderly. China has fairly well-established and organized care for their elderly. Their respect for the aged can be gauged by the fact that most of the country's top leaders are over 70. China has four types of programmes, which concern the elderly. They are: (1) income security, (2) medical care, (3) educational services, and (4) leisure activities. Besides these, China also provides day care centres for the elderly. To meet the emotional needs of the elderly and of children, day care centres and orphanages for children have been encouraged to interact with day care centres for the elderly. Such arrangements work positively to alleviate aged persons' feelings of loneliness and deprivation (Nayar, 1999).

In Malaysia, the elderly population has received a great deal of attention, although the problem is not so alarming. There is, however, no specific policy geared to meet the needs of the aged. However, the needs of the aged are put on

a par with those of persons with disabilities and other disadvantaged groups in the country. The official stance in Malaysia is to provide welfare and support to the aged through the family and the community. Institutional facilities are used as the last resort. In addition, this progressive country provides tax rebates for the medical care of elderly members living in the family. Malaysia also has several income and other welfare security schemes, in addition to providing for the new elderly destitute and establishing village welfare homes and cottages to help the rural elderly (WHO, 1995).

Old age pension schemes are also operative in the organized sector for employees in Asian countries. Recently, in India, an old age pension exclusively based on age and not on employment status, was announced for the disadvantaged sections of society. Other Asian countries, like Thailand, Nepal and Sri Lanka have yet to evolve such a scheme. Admittedly, the net amount of pension is meager and it is rather difficult to meet the needs of the old, but at least a beginning has been made. Currently, only a very small percentage of the aged work in the organized sector and are entitled to all the benefits of a pension or a lump sum payment when they retire from work (Chowdhery, 1992).

Because of the rising cost of living, particularly in urban areas, retirees with old age pensions cannot manage without additional economic help and support of their children. Women in old age are by and large dependent on their children, as very few of the females falling into the 60 plus age group work in the formal sector. In Bangladesh, for instance, only the elite, such as persons retired from the military, government and the industrial sectors (which form a negligible proportion of the total aged population), get the benefits of a pension. Almost 85 per cent of the population, which live in rural areas, have no such provision. Though the elderly in rural areas are reported to have high status (Ibrahim, 1985).

In fashioning new programmes and policies related to population ageing, or amending old ones, governments and other relevant organizations will be guided to a large extent by the perceived needs and preferences of the elderly, which are shown separately in the figure. These have been added to draw attention to the logical distinction between measuring the objective status of the elderly and inferring what this means for appropriate policies and programmes. In some cases, the connection between status and policy may be quite direct, as in the case of those with physical limitation and the lack of assistance or aids; in others there must be further assessment of needs and preferences to adequately inform policy. Do those not working prefer leisure, or would they prefer some degree of gainful employment? How is the adequacy of a certain amount of income or income quality of housing to be assessed? In formulating policy, question of this nature must be addressed implicitly. In thinking about the changing needs of the elderly, it is natural to focus first on changes in health or economic security that arise from personal circumstances. But it is important to keep in mind policies and programmes that may have sizable indirect effects. For example, a monetary policy that permitted rapid inflation might be particularly injurious to the elderly on fixed - and non-indexed - incomes; or transportation and land-use programmes might place particular burdens on the elderly if they are not well considered (Hermalin, 1995).

Emerging concerns today include the growing numbers and proportions of elderly people, declining fertility, increasing longevity, expanding sex imbalance among older persons, economic disadvantages at old age, insufficient medical care for sick older persons, and also disparity of the proportion of the elderly population in rural and urban areas. Furthermore, how the changing age structure gives impact on Socio-economic development and the political system in general should be looked into. Unfortunately, these issues have not been addressed in depth. The International Plan of Action on Ageing adopted in Vienna emphasized the necessity of examining the impact

of the ageing population on development and that of development on ageing (UN, 1991).

In developing countries where pension and retirement support cover a limited section of the population, and that too is in the organized sector, it is not surprising that the elderly and those who have had to make way for the young, find themselves in a difficult situation. The avenues for employment and economic activities for the aged, are more or less closed, and in the developing countries, almost non-existent. While in the rural areas one might find the elderly continuing to work, their urban counterparts have no options whatsoever. The present situation for elderly women is also quite poor, except may be in the agricultural and the non-formal sector, but this position will change especially in the urban areas as more and more women are employed and develop skills and entrepreneurship. While the retirement age can be made flexible, instead of linking it with chronological age, what can also be done is for the government and the private sector to reserve certain categories of jobs and activities exclusively for the elderly, otherwise the sight of the elderly sitting out their sunset years would be a common sight, and admittedly not a pleasant one at that (Nayar, 1999).

2.1.6 Cases of Nepal

Population ageing is quite new in Nepalese societies and neither the family nor the government is well versed to handle these issues. It is important that ageing issues are understood in the proper demographic and national context. A marginal increase in the proportion of elderly people possess serious problem when the country is characterized by greater spatial inequalities, poverty, overly used land resources, stagnant economy, high illiteracy and poor health status. There is virtually very little research work done in the field of elderly population in Nepal. Whatever studies are available, are based on studies done for other purposes and not for the case of elderly. As a result, very little is known from the perspective of elderly themselves. Therefore, lessons on

implications of ageing issues in social, cultural and demographic situations have to be learnt from experiences from outside the country (Subedi, 1999).

Providing income security for the elderly people aged 75 and over was started in early 2050s. Since then, every year there is allocation of national budget for providing security for elderly people. In the beginning of income security distribution the provisions were only for the specified elderly people. But ninth five-year plan made some improvements over the past policies. The income security then was started to be distributed to the helpless, widow and elderly people. Policies and programmes during the ninth plan, which encompasses dependent police within the coverage of social security depending on the economic capability of the state. The family based security will be developed in which family caring for elders will be provided facilities and given priority on public services. Old age (60 and 80) people were categorized on the basis of economic capability. Degree of vulnerability will be the base for encompassing in allowance recipient groups. The senior people will be granted some discounts on governmental hospitals and private hospitals also, mobile health center will also be provided. The elderly home will be established in all zones. The private sectors were also encouraged for this purpose. This would help for income generating activities. The experience of the senior citizens would be utilized. The senior citizens would be provided certain concession on the public vehicles and entertainments. The plans for management of elderly people were divided into two broad networks, long term plans and short terms plans. Short-term plans include the immediate actions for the solution of the current problems and the long terms plans include the holistic approach of the integrating the issue of elderly people into sustainable development (NPC, 1998).

Through the literature reviewed, elderly population is a concern of the world population planners and agencies. Similarly, elderly population is a major concern in Nepal also. Industrialization has both pros and cons impact in care

of elderly people. Through various ups and downs, finally industrialization, urbanization and migration have complex consequences for family systems, some of them determine to the elderly and others beneficial or neutral. There are more processes with positive consequences, but the balance among them is unknown and likely depends on the situation in each country. Although by no means inevitable, there is consistent evidence that parents lose their traditional control over the younger generation as society industrializes and wage employment replaces family production.

CHAPTER THREE

METHODOLOGY OF THE STUDY

This study is totally field based with objectives of comparative study on the basis of place of residence. This study takes into account for the major component as stated in objective, place of residence. Various components with respect to commonly pronounced issues will be brought into exploration.

3.1 Study area

The study area was purposively selected. This study intends to examine the differences between rural and urban characteristics of elderly population. The study will be confined in the second densely populated district of the country, Morang. The urban characteristics of the respondents were collected from the famous trade center Sub-Metropolitan City, Biratnagar and the rural respondents were selected from one of the most densely populated VDC; Bayarban.

3.2 Research design

This is field-based study, for the use of research objectives descriptive method of research has been used. No any in-depth analysis methods concerning the issues were made. This study takes into account the common issues of the elderly population. This study enforces in description of the event than other method of analysis.

3.3 Sampling design

The respondents of this study were elderly people who are 75years and above of the age. The total elderly population of Bayarban VDC and Biratnagar Sub-Metropolitan City are 317 and 1975 respectively according to census 2001. But a total of 200 elderly respondents were selected for the purpose of this study,

100 for each place. The sampling frame was constructed using voter list and old age allowances distribution list. The rural respondents were selected with the ratio 1:3. For the comparison, an equal number of urban respondents were selected from three wards (6, 5, and 17) of Biratnagar Sub-Metropolitan City. Systematic random sampling was used because there was complete frame of the population. To reduce transportation and time cost systematic random sampling is better which also covers all the sampling area. Systematic random sampling has greater reliability than non-probability sampling.

3.4 Questionnaire design

Structured questions were used for collecting information. The questionnaire was composed of five different parts. The first part of the questionnaire consists individual and household information. Socio-demographic informations of the respondents were collected from first part of the questionnaire. Second part of the questionnaire was designed to obtain information of living arrangement, fooding behaviours, occupation and property. Then the third part of the questionnaire was used to collect the information on involvement in decision-making and personal hygiene of elderly people. Fourth chapter was designed for collecting information on health and morbidity pattern of elderly people and the final chapter was used to collect information about the social security benefit, abuse from family member, their personal needs, wants from family and the state and attitude for all elderly people. This way, total questionnaire was divided in to five different blocks to collect information in different aspects of the life of elderly people.

3.5 Method of data collection

This study is completely based on primary data that is obtained through 200 respondents of the study area. The primary information was collected from the field survey, which includes field observation and interview with elderly

people. Direct personal interview method was used to collect information with the help of scheduled questionnaire.

3.6 Data management

After the completion of field survey, the data were coded, scrutinized and edited sincerely. The raw data were entered in computer through computer data base program. Analysis of the data was done using software SPSS. Frequency-cross and mean tables were used to analyze the data. Interpretation of tables was made based on the percentages and cases count of the most frequently pronounced variables.

CHAPTER FOUR

SOCIO-DEMOGRAPHIC BACKGROUND OF ELDERLY POPULATION

Socio-demographic information is important to understand the background of the respondents. Socio-demographic characteristics influence all aspects of an individual and familial life. Even, this determines the level of consciousness. This chapter deals the socio-demographic conditions of elderly people and their rural-urban differentials. The demographic conditions include age and sex relationship, marital status, number of offspring, types of family, size of family, and their movement.

4.1 Introduction to the Study Area

Study area has been purposively selected. The study has been conducted in Morang district. Morang district is the second densely populated district of the country and is also famous trade center well as it developed districts compared to its counterparts. This district has an area of 1855 sp. km. Total population of this district was 843,220 in the census 2001.

This district is the common place for the people from different caste/ethnicity, religions, and occupation. Almost all types of the castes and religions are found and almost all types of occupational groups are available. This district is forward in almost all physical facilities. This district is famous for various industries or more especially the industrial revolution for the country has been started from this district right.

This study is comparative type of study aimed to explore the rural urban characteristics. Urban characteristics of the respondents were obtained from Biratnagar Sub-Metropolitan City and the rural respondents were selected from Bayarban VDC.

Biratnagar Sub-metropolitan city is the second largely populated and famous trade center of the country. It is industrial state of the country with hundreds of industries. Total population of this district is 166,674 (87,664 male and 79,010 female).

Bayarban VDC is the fourth largely populated VDC of this district. This VDC lies in the center of the district. Total population of this VDC is 20,230 (9,788 male and 10,442 female). Different castes, religion and occupation are found in this VDC. All major caste/ethnic groups live here but the most dominant caste/ethnic groups are Brahman, Chherti, Rai, Limbu, Newar, Kami, Dami and Dhimal. Major religion is Hindu but Buddhist and Christian are other emerging religions. Most of the dwellers are migrant from the hill of the Eastern Development Region. The native caste/ethnics are being displaced.

4.2 Social Background of Elderly Population

4.2.1 Distribution of respondents by caste/ethnicity

Under the social composition of population caste/ethnicity is one of the factors affecting the living arrangement because culture determines the life style and living arrangement. The importance of caste/ethnicity in life system of Nepalese society is crucial in all. The caste system of Nepal is deeply rooted in Hindu religion. Most of the castes for both rural and urban place belong to the caste originated from hills. More than 80 percent of the respondents for both rural and urban areas are found to be hills castes and only 20 percent are with mountain and *Terai* castes. Various types of caste/ethnicity were reported during the study. The major caste is Brahman for both places followed by Chhetri. In urban 56 percent and in rural 42 percent Brahmans were reported to be major group. Similarly, one in four urban respondents is Chhetri whereas nearly one in five rural respondent is Chhetri.

Table 1: Respondents by caste/ethnicity

Caste/ethnicity	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Brahman	42	42.0	56	56.0
Chhetri	25	25.0	18	18.0
Limbu	7	7.0	2	2.0
Tharu	4	4.0	1	1.0
Giri	3	3.0	8	8.0
Rai	3	3.0	3	3.0
Tamang	4	4.0	3	3.0
Majhi	2	2.0	2	2.0
Magar	2	2.0	3	3.0
Damai	2	2.0	1	1.0
Bhujel	1	1.0		
Dhimai	1	1.0	1	1.0
Others	4	4.0	2	2.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Thirteen caste/ethnic groups are enumerated and some other smaller groups are into others category. Table 1 shows caste/ethnic compositions of the respondents are arranged in a descending order in terms of percentage distribution.

4.2.2 Migration

Migration is defined as the shift of the place of usual residence for more than 6 months. For this study inter-district movement has been considered as the migration but the intra-districts movements are ignored. Migration is an important component in the socio-economic and demographic landscape of Nepal. The migration within the country is an old phenomenon in Nepal. After the eradication of Malaria in *Terai*, and with the introduction of resettlement programme for landless people by the government, many of the people from hill and mountain moved to arable lands of *Terai*. This is clearly seen from the data shown in table 2.

Table 2: Place of birth

Place of birth	Place of Residence			
	Rural		Urban	
	N	%	N	%
Same District	8	8.0	5	5.0
Other District	89	89.0	93	93.0
Other country	3	3.0	2	2.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

An overwhelmingly majority of the respondents in both rural and urban sample are migrant. For instance, 95 percent urban and 92 percent rural respondents are migrant. Among them 89 percent rural respondents were born in other district of the country and 3 percent in neighbouring country India, which for urban respondents is 93 percent and 2 percent respectively. Non-migrants are more in rural area than in urban area.

4.2.3 Literacy status

An overwhelmingly majority of the respondents is illiterate in rural area that is 91 percent. However, the illiterate elderly populations are only 63 percent in urban area, which is almost 20 percent lower than that of rural, even though it is majority within the urban.

Table 3 shows only 11 percent of rural respondents are literate, which is 18 percent for urban respondents. In rural area, 8 percent of rural respondents can read only but it is more than double in urban that is 19 percent. Variation clearly exists between rural and urban elderly population in terms of literacy status.

Table 3: Literacy status of the respondents

Literacy Status	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Read only	8	8.0	19	19.0
Read and write	11	11.0	18	18.0
Illiterate	81	81.0	63	63.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

4.2.4 Type of family

Type of family is categorized on the basis of the relation between the family members living together. For the study the whole family system was classified into three broad categories. The family with single couple and offspring is categorized into nuclear family. Or a nuclear family is composed of at least two adults of the opposite sex living in a socially approved sexual relationships, along with one or more of their own or adopted children.

Family with more than one relative including married children is joint family. In joint family the members are related by other relation than parents and children. Similarly extended family is composed of several generations living under a roof related by blood or marital ties or adoption. In contrast, extended family is composed of the several nuclear families.

Table 4: Respondents by type of family

Type of family	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Nuclear	13	13.0	10	10.0
Joint	77	77.0	84	84.0
Extended	10	10.0	4	4.0
Other			2	2.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 4 shows that only 10 percent elderly people in rural area live with extended family and only 4 percent of elderly population in urban area live in such type of family. Most of the families are joint for rural and urban respondents, 77 percent and 84 percent.

Type of family can be assessed with the caretaker for elderly people. Generally, elderly people can get better care in joint family and extended family than in nuclear family, where they have to do all works themselves in their old and disabled age. Thirteen percent of elderly people are living alone in rural compared to 10 percent in urban area.

4.2.5 Family size

Family size may be a determining factor for caring elderly people. Thus, it is important of understand the family size. In some of the cases, lager families are beneficial for elderly people. Table 5 shows that the highest number of respondents live in families with 7+ family members in both areas.

Table 5: Family size

Family Size	Place of Residence			
	Rural		Urban	
	N	%	N	%
1	2	2.0	3	3.0
2	8	8.0	5	4.0
3	3	3.0	2	3.0
4	15	15.0	20	20.0
5	13	13.0	21	21.0
6	14	14.0	12	12.0
7+	45	45.0	37	37.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 5 shows that the lowest number of respondents live in family with 1 member in rural area (2%) whereas the lowest number of urban respondents live in family with 3 members (2%).

4.2.6 Headship of households

In Nepalese society headship of the household keeps great importance in overall execution of the family. There is more power that can be exercised by the head of the household. More elderly people in rural area are head of the households compared to urban counterparts. Nineteen percent of the urban respondents are still head of the household compared to 23 percent rural respondents. This table gives a glimpse more rural elderly people live an active life in their older ages compared to their counterparts urban elderly.

Table 6: Headship of the household

Head of the household	Place of Residence			
	Urban		Rural	
	N.	%	N.	%
Self	19	19	23	23
Son or daughter-in-law	45	45	56	56
Daughter	10	10	3	3
Grandchildren	4	4	2	2
Spouse	5	5	7	7
Others	17	17	9	9
Total	100	100	100	100

Source: Field Survey, 2003

Most of the households are headed by son or daughter-in-law. More households (56%) are headed by son or daughter-in-law in rural area compared to 45 percent in urban area. For urban area 10 percent respondents reported daughter as the head of the household whereas only 3 percent rural respondents reported so. About 17 percent of respondents in urban area reported that third person that is non-relative as head of household whereas 9 percent of the

respondents for rural area reported so. The table indicates that in most of the household the headship has been transferred to new generation and the elderly people are living a retired life (Table 6).

4.3 Demography of Elderly Population

4.3.1 Age and sex composition of elderly population

Among rural respondents 65 percent were females and 35 percent males whereas for urban area 55 percent were females and 45 percent were males. Age is the chief variable of demography and it affects all other components either directly or indirectly. For both rural and urban area highest percent of respondents are in age group 75-79, 48 percent for rural and 58 percent for urban respectively.

Table 7: Respondents by age and sex

Age group	Place of residence											
	Rural						Urban					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
75-79	22	62.2	26	40	48	48	22	48.9	36	65.5	58	58
80-84	6	17.1	16	24.6	22	22	10	22.2	14	25.5	24	24
85-89	4	11.4	10	15.4	14	14	5	11.1	4	7.3	9	9
90-94	2	5.7	9	13.8	11	11	7	15.6	1	1.8	8	8
95+	1	2.9	4	6.2	5	5	1	2.2			1	1
Total	35	100	65	100	100	100	45	100.	55	100.0	100	100

Source: Field Survey, 2003

From table 7, it is clear little percent of respondents are in 95+ age group shows low level of life expectancy. Higher percentages of respondents (5%) for rural area are in age group 95+, compared to 1 percent for urban respondents. The second largest age group is 80-84 for both rural and urban places, 22 percent and 24 percent respectively.

More females in rural area are living in the higher ages compared to male of rural area and also their counterpart urban females. About 63 percent of the rural males are in age group 75-79 compared to only 40 percent females. But just opposite, more of the females (65.5%) are in lower age group 75-79 for urban area compared to 48.9 percent of males for the same age group.

The lowest percentages of male and females respondents are in age group 95+ for both rural and urban area. In rural area more than 6 percent of females are in age group 95+ compared to none in for urban area. On the other hand, nearly 3 percent of rural men are in 95+ age group compared to 2.2 percent for urban men.

The table indicates females live longer compared to male. Comparatively rural females have longer life than urban females. In total rural male/female have longer life compared to urban counterparts.

4.3.2 Marital status

Marriage is universal in Nepal. None of the respondent of rural area was never married whereas only 2 percent of urban respondents are never married. Marriage system keeps its greater value in family and social system.

Table 8: Marital status of respondents by sex and place of residence

Marital Status	Place of residence											
	Rural						Urban					
	M	%	F	%	T	%	M	%	F	%	T	%
Never married									2	3.6		2.0
Currently married	16	45.7	12	18.5	28	28.0	26	57.8	19	34.5	45	45.0
Remarried	7	20.0	1	1.5	8	8.0	2	4.4			2	2.0
Divorced			1	1.5	1	1.0	4	8.9			4	4.0
Separated	1	2.9			1	1.0	1	2.2			1	1.0
Widow/widower	11	31.4	51	78.5	62	62.0	12	26.7	34	61.8	46	46.0
Total	35	100.0	65	100.0	100	100.0	45	100.0	55	100.0	100	100.0

Source: Field Survey, 2003

Table 8 shows the marital status of elderly people by place of residence and sex. The highest percent of respondents in both rural and urban area are widow/widower. In rural area, it is 62 percent respondent, which is 16 percentages points lower in urban area that is 46 percent. Comparatively, higher percent of men are currently married. The percentage is higher for urban men (57.8%), compared to rural men (45.7%). The lowest percent of the respondents for both places are in separated, only 1 percent for each place. About 4 percent of urban respondents reported that they are divorced.

4.3.3 Number of child ever born to elderly population

Number of offspring is important for elderly population that they are their caretaker and supporter. Generally, in earlier days higher numbers of offspring were prevalent due to high fertility. It may be because they were influenced by various social and cultural norms and they lacked enough knowledge on contraception and family planning.

Table 9: Live births of the respondents

No of Live Birth	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
1-3	10	10.0	11	11.0
4-6	28	28.0	31	31.0
7-9	35	35.0	38	38.0
10-12	12	12.0	15	15.0
13+	9	9.0	2	2.0
No Birth	6	6.0	3	3.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 9 shows that highest percent of respondents in both rural and urban area have 7-9 children ever born (CEB). More than 38 percent of the urban respondents have 7-9 live births, compared to 35 percent of rural respondents. For rural respondents 6 percent have no births compared to 3 percent of urban

respondents. More rural respondents (9%) have over 13 children ever born compared to 2 percent of their counterpart in urban respondents.

4.3.4 Respondents by number of living children

From table 10, it is clear that the highest percentage of rural respondents (27.4 %) have 3 living sons and highest percent of respondents (26.8%) have 3 living daughters. But for urban area highest percent of respondents have 2 living sons and daughters i.e., 30 percent and 28.9 percent respectively. The lowest percent of respondents for rural area have 4 living sons and daughters, 11.9 percent and 7.3 percent respectively. Lowest percent of the urban respondents (11.1 %) have 5 living sons whereas 10.8 percent; the lowest percent has 4 living daughters.

Table 10: Respondents by the number of living children

No of living children	Place of Residence							
	Rural				Urban			
	Son		Daughter		Son		Daughter	
	N.	%	N.	%	N.	%	N.	%
1	18	21.4	21	25.6	12	13.3	17	20.5
2	22	26.2	16	19.5	27	30.0	24	28.9
3	23	27.4	22	26.8	23	25.6	17	20.5
4	10	11.9	6	7.3	18	20.0	9	10.8
5+	11	13.1	17	20.7	10	11.1	16	19.3
Total	84	100.0	82	100.0	90	100.0	83	100.0

Source: Field Survey, 2003

Note: Events are not mutually exclusive

4.3.5 Respondents by number of son/daughter living together

Elderly people need support in their older ages as they become disabled for physical and mental conditions.

Table 11: Respondents by number of son/daughter living together

No of son/daughter	Place of Residence							
	Rural				Urban			
	Son		Daughter		Son		Daughter	
	N.	%	N.	%	N.	%	N.	%
1	69	92.0	18	81.8	58	82.9	6	75.0
2	5	6.7	3	13.6	10	14.3	1	12.5
3	1	1.3	1	4.5	2	2.9		
4+							1	12.5
Total	75	100.0	22	100.0	70	100.0	8	100.0

Source: Field Survey, 2003

Note: Events are mutually not exclusive.

An overwhelming majority of elderly people have only one son living with them in both rural and urban area. However, the percentage is considerably higher among rural respondents compared to its urban counterparts. Similarly more rural respondents have one daughter living with them compared to urban respondents.

4.3.6 Respondents by number of son/daughter living elsewhere

Table 12 shows that the highest percent (40.6%) of rural respondents have 2 sons living elsewhere and the highest percent (27%) of rural respondents have over 4 daughters living elsewhere. Similarly for the highest percent (43.3%) urban respondents have 2 sons living elsewhere and the highest percent (33.3%) urban respondents have over 4 daughters living elsewhere. Nearly 19 percent of rural respondents have over 4 sons living elsewhere compared to 16.4 urban respondents.

Table 12: Respondents by number of son/daughter living elsewhere

No of children living elsewhere	Place of Residence							
	Rural				Urban			
	Son		Daughter		Son		Daughter	
	N.	%	N.	%	N.	%	N.	%
1	25	36.2	19	25.7	17	25.4	12	16.7
2	28	40.6	16	21.6	29	43.3	21	29.2
3	3	4.3	19	25.7	10	14.9	15	20.8
4+	13	18.8	20	27.0	11	16.4	24	33.3
Total	69	100.0	74	100.0	67	100.0	72	100.0

Source: Field Survey, 2003

Note: Events are not mutually exclusive.

4.3.7 Respondents by number of grand children

Number of grand children shows the expansion of the generation. This is also useful to determine the size of family for future. To which extent, the generations are expanded in one of the interesting and important information for demographic purpose. Those who have had at least a live birth were asked the number of grand children including all from the son and daughter.

Table 13: Respondents by number of grand children

No of grand children	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Below10	24	25.3	27	27.8
11-20	23	24.2	30	30.9
21-30	18	18.9	10	10.3
31-40	13	13.7	12	12.4
41-50	8	8.4	6	6.2
50+	7	7.4	7	7.2
None	2	2.1	5	5.2
Total	95	100.0	97	100.0

Source: Field Survey, 2003

Table 13 is evident that for rural respondents 25.3 percent have grand children below 10 compared to 27.8 percent urban respondents. About 7 percent rural respondents have grand children over 50, compared to 7.2 percent urban respondents. Highest percent (30.9%) urban respondents have grand children in

between 11-20. More of urban respondents (5.2%) have none of grand children compared to 2.1 percent of rural respondents.

4.4 Conclusion

Socio-economic characteristics of respondent are very important factors to assess the overall characteristics. Ignoring socio-economic factors it is difficult to reach the logical end of any social research. Most of the respondents are from middle socio-economic status. Some of the socio-economic indicators of elderly population are better. For example, the age is favourable for female compared to male; females have higher life expectancy compared to male. Marital status is positive for male, as higher numbers of males are currently married compared to female.

Most of the respondents are migrant. Intra-country migration is the highest compared to inter-countries. Very little of the elderly people were literate, however, the percentage is higher for urban respondents compared to rural respondents. For some of the elderly people the generation has been expanded so wide whereas some of the elderly people do not have. The living arrangement of the elderly people without any of the offspring is difficult compared to those with at least one offspring. For most of the households the headship has been transferred to the younger generation whereas in some of the households elderly people despite their disability are also heading the household.

The relationship of socio-demographic and economic characteristics is much estimated to analyze other aspects of personal and community life. The most important factor is analyzing other aspects with cordially to the background characteristics. Therefore, this chapter is directly related with the following chapter.

CHAPTER FIVE

PARTICIPATION AND SOCIAL SECURITY FOR ELDERLY PEOPLE

For the life of an elderly person, living arrangement, fooding pattern, their activities, and the property they own are crucial factors for determining the overall situation of elderly population. Nepalese culture is rich in family solidarity. Everybody respects older persons. Parents and grandparents are respected in the form of god. This sort of tradition is favourable for elderly population. Decision-making in common matters for the family is one of the major aspects identifying involvement of elderly people and respects over them. Greater involvement of elderly people in decision-making, they feel secure and respected which is good for their mental health.

This chapter aims at providing the information on the participation of elderly people in family activities and the social security.

5.1 Participation

5.1.1 Spending of leisure time

It is very important for elderly to keep doing everyday activities in maintaining their health and to keep rest is also important for their better health. Spending leisure time keeps its values whether elderly people do keep on doing any of the work despite their disability or what they used to do in their leisure time.

Table 14: Spend of leisure time

Spend of leisure time	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Do no thing	8	8.0	22	22.0
Rest	62	62.0	36	36.0
Pray for god	4	4.0	13	13.0
Doing Social work	5	5.0	0	.0
Visiting	14	14.0	24	24.0
Not stated	7	7.0	5	5.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 14 shows how elderly people spend their leisure time. More than 60 percent rural respondents spend their leisure time resting, 8 percent neither do any thing or similar to the rest, 4 percent pray for god, 14 percent visits and remarkably 5 percent do social works for using their leisure time. For urban respondents very low to rural respondents 36 percent only stay resting whereas 22 percent reported they are not doing any thing in their everyday life and rest is their casual activity. None of the urban respondents spends leisure time doing social work but large percentage (24%) keeps on visiting during leisure time.

5.1.2 Economic activity and type of occupation

Economic activity of elderly people is important aspect of measuring their living status. Economic activity in their disabled age indicates absence of or lack of good care from their children and it is again important to know what makes them work either personal desire or only way of living. This study doesn't go deep to the cause of the economic activity for economically active elderly but tries to know whether any of them is engaged in economic activity. "Are you currently engaged in any economic activity?" was the question asked to explore their economic activity.

Table 15: Economic activity

Currently doing any economic activity	Place of residence			
	Rural		Urban	
	N.	%	N.	%
Yes	18	18.0	7	7.0
No	82	82.0	93	93.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 15 shows that more of the rural respondents (18%) are economically active compared to urban respondents (7%). This may be therefore, the major occupation of rural area in agriculture and agriculture is labour consuming activity. Various researches conducted at international level have also shown the fact. This is therefore to note rural people at their older ages are also more active compare to urban elderly.

To explore detail knowledge about the economic activity elderly people are doing, follow-up question was asked. This question is important to identify which sector of the occupation consumes elderly people. Surely, as has been mentioned agriculture is one of the major occupations that consumes all types of labour force and Nepal is characterized as the agricultural country and therefore, more of the elderly people are engaged in agriculture. Compared to urban respondents more of rural respondents are engaged in agriculture, as agriculture is the major occupation of rural people.

Agriculture is main occupation of Nepali people. In national level more than 80 percent of the rural people are engaged in agriculture. Among 18 rural economically active elderly respondents 55.6 percent are in agriculture compared to 42.9 percent in total of 7 urban respondents (Table 16).

Table 16: Type of occupation

Type of occupation	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Agriculture	10	55.6	3	42.9
Governmental service	1	5.6	0	.0
Business	4	22.2	3	42.9
Other	3	16.7	1	14.3
Total	18	100.0	7	100.0

Source: Field Survey, 2003

Second major occupation for rural respondents is business for 22.2 percent respondents and an equal percent of urban respondents (42.9 percent) reported business as their occupation. The figures are smaller but at least gives an idea on the economic status of elderly people.

5.1.3 Help in family

To know the partnership of elderly people in family, a question was asked whether they help in family. If they do, what they contribute was also tried to explore. More of the respondents gave a positive answer with the question on help in the family. Table 17 shows that more rural respondents (69%) are found co-operative compared to their counterpart urban respondents (55%).

Table 17: Help in family

Help in family	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Yes	69	69.0	55	55.0
No	31	31.0	45	45.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

For those respondents who reported they used to help in family, additional question exploring the nature of work was asked. Elderly people are unable to do any heavy physical work; therefore most of the respondents reported they

used to help the family with the works that do not need any higher degree of manual power.

Table 18: Nature of help

Nature of help	Place of residence											
	Rural						Urban					
	M	%	F	%	T	%	M	%	F	%	T	%
Caring children	11	50.0	16	34.0	27	39.1	6	26.1	6	18.7	12	21.8
Looking after house	9	40.9	29	61.4	38	55.1	17	73.9	26	81.3	43	78.2
Help in agriculture	2	9.1			2	2.9						
Help in business			1	2.1	1	1.4						
Other			1	2.1	1	1.4						
Total	22	100.0	47	100.0	69	100.0	23	100.0	32	100.0	55	100.0

Source: Field Survey, 2003

Table 18 shows that higher percentages of respondents for both places contribute in family looking after the house while other members are out of home; 55.1 percent rural and 78.2 percent urban respondents reported so. More of rural respondents 39.1 respondents reported they used to help in family caring children in the absence of other member of house. Higher percent of male respondents (50%) used to help in family caring children whereas 34 percent female respondents reported so in rural areas but the percentages for urban respondents are 26.1 and 18.7 respectively.

5.1.4 Participation in decision-making process

Question "Who makes decision in your family in familial matter?" was asked for identifying the nature of decision-making process. In most of the family the decision making power had been transferred to their son or daughter-in-law. In some of the family elderly people themselves made decisions.

Table 19: Decision making in family matters

Who makes decision?	Place of residence			
	Rural		Urban	
	N.	%	N.	%
Self	25	25.0	14	14.0
Son or daughter-in-law	57	57.0	64	64.0
Grand children	2	2.0	2	2.0
Daughter	6	6.0	3	3.0
Other	10	10.0	17	17.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 19 shows that 57 percent rural respondents reported for their son or daughter-in-law as decision maker in the family compared to 64 percent urban respondents. More of rural respondents (25%) themselves make decision in family compared, which is 14 percent for urban respondents. For 10 percent rural respondents third person non-relative make decision and so for 17 percent of urban respondents (Table 19).

5.1.4.1 Advice with other family members while making decision

For the respondents who make decision themselves additional question was asked whether they take advice of other while making decision in the family. More of the urban respondents (71.4%) reported they take advice of other family member compared to 56 percent rural respondents. Other family members include son or daughter-in-law, grandchildren, and daughters.

Table 20: Percentage distribution of respondents who take advice with other while making decision

Advice with other	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Yes	14	56.0	10	71.4
No	11	44.0	4	28.6
Total	25	100.0	14	100.0

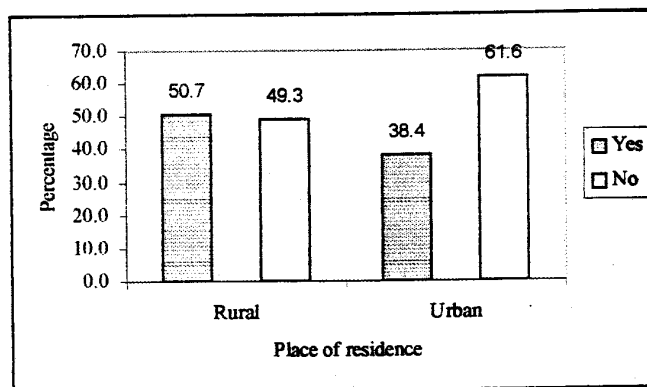
Source: Field Survey, 2003

Table 20 shows that 44 percent rural respondents make decision **alone** whereas 28.6 percent of urban respondents reported so. This figure shows **more** of urban respondents are co-operative with family member. There is still gap, **what is the reason for not consulting with family member for decision-making**.

5.1.4.2 Advice with elderly people while making decision

For those who reported they don't make decision or other family **member** make decision additional question was asked whether the decision **makers** take advice from them while making decision. More of the rural respondents agree they are taken into account while making decision compared to urban respondents. Nearly 51 percent rural respondents reported they are **involved** in decision-making process compared to 38.4 percent urban respondents. Over 60 percent of urban respondents agree they are ignored while **making** decision compared to 49.3 percent rural respondents.

Figure 1: Percentage distribution of respondents to whom advice is **taken** while making decision



Source: Field Survey, 2003

5.1.4.3 Decision in personal needs

Decision over personal needs shows the pressure exerted over elderly people. It is basic right for people to make decision on personal needs independently. But majority the respondent in this study reported they don't make decision in personal needs themselves. They further reported their son or daughter-in-law makes decision on their personal needs who are also caretaker. For 46 percent rural respondents son or daughter-in-law make decision in personal needs compared with an equal percent of urban respondents. More of rural respondents (42%) themselves make decision in personal needs compared to 34 percent of the urban respondents. For 15 percent of the urban respondents decision is made by other third person, probably, these respondents are currently living in elderly house.

Table 21: Decision in personal needs

Decision in personal needs	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Self	42	42.0	34	34.0
Son/daughter in law	46	46.0	46	46.0
Grand children	0	.0	1	1.0
Daughter	6	6.0	4	4.0
Other	6	6.0	15	15.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 21 shows that more of the rural elderly people are allowed to make decision in personal matters themselves compared to their counterparts.

5.2 Social Security

Social security for elderly people is not only necessary for their economic support but it is their right also. Those elderly people, who used full strength of their life for the state, must get rewards from the state in this disability. Income

security is a fundamental right of elderly people. Every society owes this to its senior citizens. We should strongly advocate that the coverage of pension benefits be expanded to all elderly people. Appropriate mechanisms, such as income-saving schemes and allowances, need to be developed. Other supplementary benefits, such as travel subsidies, incentives for caregivers in the family and for housing schemes, will also have to be strengthened. All these require multi-sectoral action as a top priority.

Since, fiscal year 2051/52 HMG/N is providing social security benefit for elderly people aged 75 years and above. This is one of the remarkable actions done in favour of the elderly people. This is only economically better but also elderly people can feel self-esteem, as the state is aware of them. This is therefore, one of the current issues; elderly people need income security, within the social and national context, elderly people should be respected.

The income security system has established a trend, but within its implantations lot disintegrations are observed. In an average, 40 percent of the respondents for both place of residence have not got such benefit. HMG/N has made a criterion to identify the age of the respondents based on citizenship certificate. Unfortunately, many of the elderly people don't have any such certificate pronouncing their age. In many of cases, actually, people have completed 75 years but legal document doesn't speak and they are denied from the benefit.

Under this sub-chapter food security, health security, psychosocial security, economic security and social security are discussed.

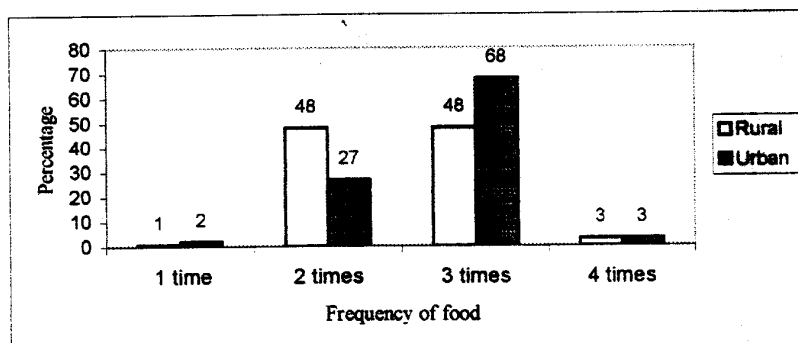
5.2.1 Food security

Food security for elderly people is important to maintain the **health**. The frequency and quality of the food they get is the most fundamental subjects where do they stand.

5.2.1.1 Frequency of meals taken

Frequency of food per day is an important indicator for determining the level of care elderly are getting. Generally, three meals a day is a common practice in Nepalese societies. This means 'breakfast, lunch and dinner'. Higher percentages of urban respondents reported that they take three meals a day compared to rural respondents. Very small proportion (about 3%) of respondents in both places do have tendency of eating four times a day.

Figure 2: Number of meals taken per day



Source: Field Survey, 2003

From figure 2 it is known that an equal percent of rural respondents (48%) get food twice a day and thrice a day each. But more of urban respondents (68%) get food thrice a day whereas 27 percent get food twice a day. Comparatively urban respondents have a good tendency of getting food than their counterparts rural respondents.

5.2.1.2 Food supply

Good food keeps ones health proper. The role of food for elderly people is much important, as they are vulnerable for physical and mental weakness. Elderly people are unable for economic work and they need support for food and other requirements. This is considered to be a duty of younger to look after their need as the reward for their contribution in theirs younger ages.

Table 22: Food supply

Food supply	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Self	23	23.0	19	19.0
Son/daughter in law	61	61.0	64	64.0
Grand children	2	2.0	1	1.0
Daughter	7	7.0	3	3.0
Other	7	7.0	13	13.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 22 shows that 61 percent of rural respondents get food from their son or daughter-in-laws and other 23 percent manage by themselves. Only 7 percent of the respondents get food from daughters. For urban respondents also, son or daughter-in -laws are proved to be major source of food with 64 percent slightly higher than among rural respondents. Other 19 percent of urban respondents manage their food by themselves from their personal earnings and for 13 percent some body else provides food.

5.2.1.3 Who prepares food?

Majority of the respondents reported that their food is prepared by son or daughter-in- laws in both rural and urban areas. But the difference among the rural and urban dwellers is of 10 percentage points that the higher percentage of elderly people in rural area are dependent on either son or daughter-in-laws compared to urban area for the preparation of food. The next chunks of elderly

people in rural area are self-dependent (13%) whereas in urban areas they are dependent on spouse (24%).

Table 23: Who prepares food?

Preparation of food	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Self	13	13.0	9	9.0
Son/daughter in law	62	62.0	53	53.0
Grand children	8	8.0	11	11.0
Daughter	5	5.0	3	3.0
Spouse	12	12.0	24	24.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

In addition, a considerable proportion of elderly people in rural areas depend on their spouse (12%) and in the urban area a considerable proportion depend on their grandchildren for the preparation of food (11%).

5.2.2 Health security

Health security contains all of the aspects that influence the health status of an elderly. This section aims at providing information relating the health aspects of elderly.

5.2.2.1 Drinking habit

To explore detail information of morbidity pattern a question was included exploring the habits affecting the health situation of the respondent. Questions were asked about smoking, drinking alcohol, chewing tobacco. More of the rural respondents have these all type of habits compared to urban respondents

Table 24: Habits affecting health

Nature		Place of Residence	
		Rural	Urban
Smoking	Yes	23 (23.0%)	18 (18.0%)
	No	77 (77.0%)	82 (82.0%)
	Total	100 (100.0%)	100 (100.0%)
Drinking	Yes	13 (13.0%)	5 (5.0%)
	No	87 (87.0%)	95 (95.0%)
	Total	100 (100.0%)	100 (100.0%)
Chewing tobacco	Yes	8 (8.0%)	6 (6.0%)
	No	92 (92.0%)	94 (94.0%)
	Total	100 (100.0%)	100 (100.0%)

Source: Field Survey, 2003

Note: Events are not mutually exclusive

Twenty-three of the respondents for rural area have smoking habit compared to 18 of the urban respondents. Similarly, 95 percent of urban respondents have no any drinking habit against 87 percent of rural respondents. Eight percent of the rural respondents have habit of chewing tobacco compared to 6 percent of urban respondents (Table 22). It is interesting majority of the respondents don't have any of the habits that directly impact the health and if awareness is increased such habit can be eliminated from all of the respondents, which will be an additional point for advancing health status of the elderly people.

5.2.2.2 Morbidity pattern

Questions were asked to explore the morbidity pattern under various topics. The first general question was asked whether the respondent is suffering from any of the chronic disease currently. And the second part of the question contained type of the diseases and other question was designed to explore record of hospitalization.

An equal percent of respondents for both places are suffering from any of the disease. Majority of the respondent (78%) are suffering from any of the disease. This shows higher health risk among elderly people (Table 25).

Highest percent of the rural respondents (39.7%) are suffering from gastro-intestinal disease compared to 37.2 urban respondents. The second major disease that the respondents are suffering from is eye problem in both places, 35.9 percent in urban area and 29.5 percent in rural area. For urban respondents asthma comes to the third position with 10.3 percent of respondents suffering from it (Table 25).

Table 25: Morbidity patterns

		Place of Residence	
		Rural	Urban
Any disease	Yes	78 (78.0%)	78 (78.0%)
	No	22 (22.0%)	22 (22.0%)
Total		100 (100.0%)	100 (100.0%)
Type of disease	Heart disease	2 (2.6%)	1 (1.3%)
	Blood pressure	3 (3.8%)	5 (6.4%)
	Gastro intestinal disease	31 (39.7%)	29 (37.2%)
	Asthama	6 (7.7%)	8 (10.3%)
	Respiratory	6 (7.7%)	4 (5.1%)
	Paralysis	2 (2.6%)	4 (5.1%)
	Diabetes		4 (5.1%)
	Eye problem	28 (35.9%)	23 (29.5%)
	Total	78 (100.0%)	78 (100.0%)

Source: Field Survey, 2003

Table 23 shows that there are specific diseases suffering to elderly of the urban and rural area. For example, 5.1 percent of respondents in urban area are suffered from diabetes whereas none of the rural respondents was suffered.

5.2.2.3 Where do elderly people go in case of illness?

Place of treatment is senior aspects that determines the cure system of illness. It is therefore to identify the general pattern of health care system question on this topic was asked. Health facilities are commonplace where most respondents go for treatment. This can be attributed with development of modernization and the faith created by the health centers. More of urban respondents use health facilities for treatment compared to rural respondents. There a several factor designing so including socio-economic to cultural and other many possible factors are underneath.

Table 26: Place of obtaining treatment in case of illness

Place of treatment	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Public health facility	72	72.0	85	85.0
Private clinics	2	2.0	3	3.0
Dhami/Jhakri	22	22.0	7	7.0
Other	1	1.0	1	1.0
Not Stated	3	3.0	4	4.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Seventy-two percent rural respondents use public health facility for their treatment with the first attempt compared to 85 percent urban respondents. The second largest percent of rural respondents attempt to go with *Dhami/Jhakri* for the first trial treatment compared to 7 percent of urban respondents (Table 26). This figure shows still some of rural people don't have access in modern health facility. It may because they don't have belief on health facility or there is not enough health facility in rural area fulfilling needs of people. But it is

considered better that majority of the elderly people got to health facilities in case of illness.

5.2.2.4 Hospitalization.

To explore the hospitalization pattern of respondents question "Have you ever been hospitalized?" was asked. Respondents giving a positive answer were asked other question relating to the length of the hospitalization.

Thirty-one percent rural respondents have been hospitalized. More of urban respondents have been hospitalized (50%) compared to rural respondents, indicates the disease pattern is higher in urban area or trend of transporting to health facility is common in urban and there is no appropriate facility for rural respondents.

Table 27: Hospitalization for treatment

		Place of Residence	
		Rural	Urban
Ever Hospitalization	Yes	31 (31.0%)	50 (50.0%)
	No	69 (69.0%)	50 (50.0%)
Total		100 (100.0%)	100 (100.0%)
Length of hospitalization	Below one week	19 (61.3%)	29 (58.0%)
	Below two week	7 (22.6%)	4 (8.0%)
	Below three week	1 (3.2%)	4 (8.0%)
	Over three weeks	4 (12.9%)	13 (26.0%)
	Total	31 (100.0%)	50 (100.0%)
Reason for hospitalization	Accident	2 (6.5%)	5 (10.0%)
	Disease	29 (93.5%)	45 (90.0%)
Total		31 (100.0%)	50 (100.0%)

Source: Field Survey, 2003

Highest percent of rural respondents have stayed in hospital for less than one week. More of the rural respondents (61.3%) compared to 58 percent urban respondents have been hospitalized for less than one week. Seven of the respondents for rural area have been hospitalized for less than two weeks, the second highest proportion. Twenty-six percent urban respondents have been hospitalized for over three weeks (Table 25).

Most of the respondents for both places reported disease for the reason of hospitalization. More of rural respondents (93.5%) have been hospitalized because of disease compared to 90 percent urban respondents (Table 25).

5.2.2.5 Expenses in medicine

Payment of medicine is linked with the treatment of elderly people. This is aggravated with the system of treatment as well as with the health care delivery system within the country. For majority of respondents, son/daughter in law provide medical expenses. For other respondents, themselves they bear all of the expenses. Table 28 gives detail information on it.

Table 28: Payment for medicine

Source of medical expenses	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Self	27	27.0	11	11.0
Son/daughter	58	58.0	65	65.0
Grand children	3	3.0	3	3.0
Daughter	7	7.0	5	5.0
Other	3	3.0	13	13.0
Not Stated	2	2.0	3	3.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

For 58 percent rural respondents son or daughter-in-law provide all medical expenses where to even higher urban respondents (65%) son/daughter in law provide such expenses. More of rural respondents (27%) bear medical expenses

themselves compared to 11 percent urban respondents. For 7 percent of rural respondents daughter provide medical expenses compared to 3 percent urban respondents. About 13 percent urban respondents get medical expenses from any other sources than their relatives (Table 28).

5.2.2.5 Care during illness

Care during illness is important to reduce the cost of diseases. Generally, elderly people are physically weak and cannot tolerate any of the illness and if they don't get proper care during their illness the casualty may become worse.

Table 29: Care during illness

Care during illness	Place of Residence			
	Rural		Urban	
	N	%	N	%
Self	10	10.0	7	7.0
Son or daughter- in-law	63	63.0	61	61.0
Grand children	6	6.0	4	4.0
Daughter	7	7.0	5	5.0
Spouse	13	13.0	20	20.0
Not Stated	1	1.0	3	3.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

For majority of the respondent son or daughter- in law provide care in both rural and urban at times of illness. Nearly equal percent of respondents for both places reported as son or daughter-in-law as caretaker during illness. Second largest percent of respondents reported spouse as caretaker during illness. More of rural respondents (10%) reported none care them during their illness compared to 7 percent urban respondents (Table 29). More of urban elderly people (20%) are supported by spouse during illness compared to rural elderly (13%).

5.2.2.6 Support for cleanliness

Care for cleanliness forms major aspect of the health and care taking procedure of the elderly people. Elderly people are physically disabled to look after their cleanliness such as washing, bathing, cleaning. Therefore, they need support from other. Table (30) shows for majority of the respondents for both places son/daughter in law look after their cleanliness, 55 percent rural respondents and 51 percent urban respondents.

Table 30: Support for cleanliness

Support for cleanliness	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Self	17	17.0	26	26.0
Son/daughter in law	55	55.0	51	51.0
Grand children	9	9.0	7	7.0
Daughter	6	6.0	3	3.0
Other	13	13.0	13	13.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 30 shows that the percentage of respondents by supports for cleanliness. More of urban respondents (26%) are performing cleanliness themselves compared to 17 percent rural respondents. For 9 percent rural respondents grandchildren and for 6 percent daughter support for cleanliness, whereas for urban respondents 7 percent and 3 percent respectively for the same characteristics.

The table is evident that still a remarkable proportion of elderly people have to manage their daily works themselves, there is no one to support them. This may be one of the aspects of the investigation why they are doing all of their hygienic activities themselves at their old age.

5.2.3 Psycho-social Security

5.2.3.1 Abuse for elderly people

Majority of the elderly people in Nepal share residence with their children and relatives. Such type of residential system has greater importance for the elderly support with respect to their health and economic conditions. Abuse for elderly people is common in low-income family where besides their average income elderly people are supposed to be a burden. But certainly it can be true for all cases, followed by; in many of the cases elderly people are living a torturous life with the family of high income and ancestral high property. The nature of abuse differs based on the background characteristics of the respondents' family.

More of urban respondents reported getting abuse from the children or relatives compared to rural respondents. This can be linked with traditional values that for rural area parents are worshipped as the incarnation of the gods and they get all holy advantages if parents are happy. But the costly economic life of urban area have made people to think for oneself than if rest to next. In many of the cases urban dwellers don't want to miss the opportunity spending time in old age people's support. This is not a good symptom at in right of elderly people who have full right to get full care from their children. Children have their full obligation to give full affection and care to parents.

Table 31: Abuse for elderly people

Any abuse	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Yes	14	14.0	17	17.0
No	86	86.0	83	83.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Unlike Western countries, majority of the Nepalese take their parents as God and share their residence with their parents. But rapid urbanization and modernization many of the extended and joint families are disintegrating into nuclear families so some of elderly are facing abuses. Seventeen percent of urban respondents reported any form of abuse they are suffering with compared to 14 percent of rural respondents (Table 31). This shows elderly people in urban area are more likely to get abuse and the reason is unknown but may be as mentioned above.

Who abuses?

Explanation of the facts about abuser keeps importance as it explores from where there are problems to elderly people because it explores the extent of abuse for elderly people. Table 32 gives information on it.

Table 32: Who abuses?

Who abuses?	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Spouse	1	7.1	1	5.9
Son/ daughter in law	13	92.9	12	70.6
Grand children	0	.0	3	17.6
Daghter	0	.0	1	5.9
Total	14	100.0	17	100.0

Source: Field Survey, 2003

Most of the respondents who are suffering any kinds of abuse are getting from their own son /daughter in law who are the most caretaker. Thirteen out of 14 respondents (92.9%) for rural area are getting abuse from son/daughter in law compared to 12 respondents out of 17 respondents (70.6%). For urban respondents grandchildren give abuse after son/daughter in law, 17.6 percent respondents reported (Table 32).

Nature of abuse

Abuse let be of any kind, is very dangerous for the healthy life of elderly people. Elderly people are themselves ruined because of steady labour and ageing. Physical and mental weakness are natural for them. In this situation if they get any external pressure, surely their life will be dismissed. One survey among elderly people among American elderly has shown the increase of elderly suicide because of mental depression because of their children. This situation if persist, shows through a dangerous stage the elderly people are traveling.

Table 33: Nature of abuse

Nature of torture	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Physical	0	.0	2	11.8
Mental	3	21.4	5	29.4
Verbal abuse	9	64.3	7	41.2
Other	2	14.3	3	17.6
Total	14	100.0	17	100.0

Source: Field Survey, 2003

Physical abuse must be more dangerous on the spot but mental abuse impacts for coming days. Many respondents are being verbally abused. More rural respondents 9 out of 14 (64.3%) are being verbally abused compared to 7 out of 17 (41.2%) urban respondents. Remarkably, 2 out of 17 urban respondents are suffering from physical abuse; this is most neglected and unwanted behaviour against elderly people. Therefore, this must be stopped immediately. For 3 out of 14 rural respondents mental abuse persists compared to 5 out of 17 urban respondents (Table 32). Let the abuse be of any kind must be avoided right this time. Those people who cannot do well for their parents at least don't harm them.

5.2.3.2 Desire of staying with

Table 34 shows the respondents by their desire of living with relatives. Most interestingly, most of the respondents living with any of the relatives don't like to change caretaker but those living alone or in institutions expressed different desire than current status. Highest percentage of respondents like to live with son/daughter in law reflects social and traditional characteristics. Over 70 percent of the respondents for both places like to live with son/daughter in law. About 17 percent of urban respondents like to live elsewhere than the relatives perhaps, in old age rest home compared to 7 percent rural respondents.

Table 34: Desire of staying with

Desire of staying with	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Self	3	3.0	3	3.0
Son/daughter in law	76	76.0	71	71.0
Grand children	7	7.0	3	3.0
Daughter	7	7.0	7	7.0
Other	7	7.0	16	16.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

About 7 percent rural respondents expressed their desire to stay with daughter and similar percent of rural respondents like to stay with daughter. More remarkably, 7 percent of rural respondents expressed desire to stay with grand children compared to 3 percent urban respondents.

5.2.3.3 Personal desire

As human being, every person has personal desire. These desires are affected by various factors. The desires change by time and age. In this respect age is the most important factor determining the desires. Elderly people have very little desires compared to young.

Table 35: Personal desire

Personal Desire	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Nothing	12	12.0	10	10.0
Holy Pilgrimage	27	27.0	41	41.0
Dan/Dakshina	2	2.0	6	6.0
Help from family	3	3.0	0	.0
Visiting relatives	6	6.0	1	1.0
Not Stated	50	50.0	42	42.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

More urban respondents (41%) expressed desire of holy pilgrimage compared to 27 percent rural respondents. Most remarkably, 50 percent of rural respondents have stated none of desire compared to 42 percent urban respondents. This may be because of two major factors, either all of their desires have been fulfilled or they are not able of expressing any of desire because of physical retardation. Similarly, 12 percent of rural respondents expressed no any desire compared to 10 percent urban respondents. More of urban respondents (6%) would like to perform *Dan/Dakshina* compared to 2 percent rural respondents (Table 35).

5.2.3.4 Want from family

Family is the most important source of social security for elderly people in Nepal. A large majority of elderly people for both rural and urban area live with their son or daughter-in-law or with their relatives and few are living with other persons. Most of the respondents in both rural and urban areas reported that their economic condition is poor and their health condition is not good. So, majority of the respondents for both places want better care from their family. In fact, elderly people have no more desire of relaxing. They in their last days of life want a peace and affection from family members.

Table 36: Expectation from family

Expectation from the family	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Good care and good food	89	89.0	88	88.0
No torture	1	1.0	2	2.0
Nothing	3	3.0	1	1.0
Not Stated	7	7.0	9	9.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 36 shows that 89 percent of rural respondents expect better care from their family compared to 88 percent urban respondents. About 7 percent rural respondents couldn't tell what they really expect from family compared to 9 percent urban respondents. None of the respondents expressed any unreasonable desires, what they have expressed are their rights.

5.2.4 Economic security

Economic security of the elderly people opts the central issue for their mutual existence. Elderly people need economic support to fulfill their daily requirements. Under economic security living arrangement, property inheritance and sources of non-food expenditure are included.

5.2.4.1 Living arrangement

In traditional or agrarian society, people usually live in joint or extended family. This pattern of family doesn't have problem in taking care of elderly people. In any time, one or the other would be present in helping and taking care of their respected elderly relative. However, the urbanization and modernization have brought changes in the family system.

Table 37: Living arrangement

Living arrangement	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Alone	11	11.0	14	14.0
Spouse	14	14.0	9	9.0
Son/daughter in law	61	61.0	63	63.0
Grand children	3	3.0	2	2.0
Daughter	6	6.0	4	4.0
Elderly rest home	5	5.0	8	8.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Field survey found that a considerable proportion of elderly people have been living alone in both rural and urban area even though the majority of them live with their son and daughter-in-laws (Table 37). Similarly, another remarkable proportion of elderly people live only with the spouse for both area of residence. This indicates there is an increasing trend among respondents living alone and with spouse only.

However, the findings remarkably contrast when it compared among rural and urban dwellers. For instance, the proportion of elderly people found to be living alone is 11 in rural area, but it is 14 in urban area, higher by 3 percentage points. Similarly, higher percent of respondents in urban area (63%) live with son or daughter-in-laws, which is 61 for in rural area (Table 37).

5.2.4.2 Property inheritance

Table 38 shows the distribution of respondents by property inheritance. Most of the respondents have no any property at their disposal. Land is the major property that highest percent of the respondents own.

Table 38: Property inheritance

Place of residence/Property			Yes	No	Total
Rural	Bank	No.	6	94	100
	Baince	%	6.0	94.0	100.0
	Land	No.	36	64	100
		%	36.0	64.0	100.0
	Livestock	No.	9	91	100
		%	9.0	91.0	100.0
House	No.	21	79	100	
	%	21.0	79.0	100.0	
Urban	Bank	No.	9	91	100
	Baince	%	9.0	91.0	100.0
	Land	No.	27	73	100
		%	27.0	73.0	100.0
	Livestock	No.	1	99	100
		%	1.0	99.0	100.0
House	No.	13	87	100	
	%	13.0	87.0	100.0	

Source: Field Survey, 2003

Though the sufficient property must be better for elderly for their old age, only 36 percent of rural respondents own land. On the other hand, among urban respondents 27 percent own land as their property, only 1 percent urban respondents own livestock compared to 9 percent rural respondents. In rural area, 1 percent of respondent owns home compared to 13 percent urban respondents (Table 38). This indicates most of the elderly people have transferred their property to their generation.

5.2.4.3 Sources non-food expenditure

Table 37 shows the sources of non-food expenditure for the respondents. Majority of the respondents depend on their son or daughter-in-laws for their non-food expenses.

Table 37: Sources of non-food expenditure

Source of non-food expenses	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Self	22	22.0	14	14.0
Son/daughter in law	61	61.0	65	65.0
Grand children	2	2.0	2	2.0
Daughter	6	6.0	4	4.0
Other	9	9.0	15	15.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Table 37 shows how elderly people are getting their non-food expenditure. More than 80 percent respondents in both places are not economically active so they depend on caretaker for their non-food expenditure. The highest percentages of respondents in both places get non-food expenditure from their son or daughter-in-laws. Among rural respondents 61 percent get their non-food expenditure from their son or daughter-in-laws compared to 65 percent urban respondents. Still 14 percent of urban respondents manage their non-food expenditure themselves compared to 22 percent of rural respondents. Six percent rural respondents get their expenditure from daughter compared to 4 percent urban respondents.

5.2.5 Social security

Social security for elderly people is the current issue in Nepal. The system of income security has been started in Nepal from the year 2052/53. Since then there is regular distribution of income security but various barriers have denied elderly people to get such security.

5.2.5.1 Government policy for elderly people

A question "In your opinion what the government should do for the welfare of all old age people?" was asked to collect views of elderly people. Majority of

the respondents in both rural and urban area reported income security benefit should be equally distributed. Those elderly who are living with their son/daughter in law and have sufficient property reported state should provide an equal income security benefit for all. On the other hand, who have no children and no property reported such benefit should be distributed on priority basis.

Table 40: Government policy for elderly

For all old age people	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Equal distribution of the security benefit	37	37.0	44	44.0
Proportional distribution	14	14.0	1	1.0
Handicapped and single should get priority	19	19.0	32	32.0
Home support	3	3.0	0	.0
Treatment and Rest home	8	8.0	8	8.0
Not stated	19	19.0	15	15.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Thirty-seven percent rural respondents are in support of equal distribution of income security compared to 44 percent of urban respondents. More of rural respondents (14%) support proportional distribution based on the family economic condition whereas only one percent urban respondents support it. Nearly one in 3 respondents for urban area support handicapped and single should get priority compared to nearly 1 in 5 rural respondents. An equal percent of rural and urban respondents (8 % each) support for some thing else than income security, these respondents support for treatment and rest home for all elderly people. And finally, 19 percent rural respondents and 15 percent urban respondents had no comment on the provisions of elderly support (Table 40).

5.2.5.2 Social security benefit (Elderly allowance)

HMG/N has started providing income security benefit for elderly people since early 2050s. Due to various problems such benefits have not been distributed universally. Within the group of study respondents for rural area 65 percent of the respondents have got income security from government compared to small percent of urban respondents (53%). Many urban respondents do not get any benefit compared to rural respondents but the reasons are not clear.

Table 41 Percentage of respondents obtaining income security

Elderly allowance	Place of Residence			
	Rural		Urban	
	N.	%	N.	%
Yes	65	65.0	53	53.0
No	35	35.0	47	47.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

Forty-seven percent urban respondents against 35 percent rural respondents have not received any income security from the state (Table 41).

Delivery of income security adds the information how do respondents get such benefit. This is important whether elderly people themselves have to travel the distance for getting their right or there is any alternate system. The informations reveal there is alternative system of getting such benefit.

Twenty-five of the rural respondents (38.5%) reported they themselves used to go for obtaining such benefit whereas 34 of urban respondents (64.2%) used to go themselves. This can be ascribed as the VDC office in rural area may be at a distance and they lack transportation facility whereas for urban elderly none of these problems put obstacles.

Table 42: Delivery of income security

Delivery of income security	Place of Residence			
	Rural		Urban	
	N	%	N	%
Self	25	38.5	34	64.2
Son/daughter in law	15	23.1	8	15.1
Grand children	1	1.5	2	3.8
Daughter	7	10.8	1	1.9
Government officials	14	21.5	8	15.1
Social activists	3	4.6	0	.0
Total	65	100.0	53	100.0

Source: Field Survey, 2003

Table 42 shows that for 15 rural respondents son/daughter in law receive the allowance on his/her behalf compared to 8 among urban respondents. Similarly, for 14 rural respondents (21.5%) government official provide such benefits compared to 8 urban respondents (15.1%). Three of the rural respondents (4.6%) used to get such benefit through social workers (Table 42).

5.2.5.3 Opinion about personal support from government

Questions were asked exploring the responses of the respondents on the current government policy for elderly people. The respondents expressed their views under different categories. The questions were divided into two groups. One was about the personal support from government and next was about the policy for all old age people.

Table 43: Personal support from government

Support from government	Place of Residence			
	Rural		Urban	
	N	%	N	%
Economic support	84	84.0	54	54.0
Free treatment	1	1.0	4	4.0
Increase in security benefit	6	6.0	31	31.0
Elderly home	0	.0	1	1.0
Not stated	9	9.0	10	10.0
Total	100	100.0	100	100.0

Source: Field Survey, 2003

An overwhelmingly majority of rural respondents (84%) expressed their view for economic support whereas this proportion among urban respondents is 54. Thirty-one percent of urban respondents are in favour of an increase in the current amount of elderly allowance but little proportion of rural respondents (6%) support it (Table 43).

5.3 Conclusion

Participation of elderly people in economic activity is considerable as still some of the elderly people despite of disability working for economic benefits. What makes them working despite disability is another area of investigation. Most of the respondents do take a rest if they get leisure whereas some of the respondents engage themselves in social activities also.

Many of the elderly people are contributing in the familial work by looking after house and child in the absence of other family members. Some of the respondents reported they used to help in agriculture and business also. The decision making power has been transferred to younger generation in many of the households whereas in some of the households decisions are made by elderly people themselves. In majority of the decisions made by other members of the family elderly are ignored. Majority of elderly people decide in their personal matter themselves but for a considerable number of elderly people son or daughter-in-laws decide which shows the right of elderly people to decide.

For most to the elderly people son or daughter-in-laws provide food. Two meals a day is common for the highest proportion of elderly people in rural areas whereas three meals a day is common among urban elderly people. Son or daughter-in-laws prepare food for highest percent of elderly people whereas a considerable number of respondents also prepare food for themselves. This can be linked with the cultural values of Hindu religion where elderly people don't eat food prepared by other members.

Some elderly people have a habit drinking alcohol. This is more common among elderly people where culture and society permits them. Majority of the respondents suffer from one or other disease and the popular diseases among the elderly is gastro-intestinal. Majority of respondents go to public health facilities in case of illness. But many rural elderly people believe on *Dhami/Jhakri* than urban elderly people. It is much essential to remove any types of drinking habits including smoking and chewing tobacco to improve the health status of elderly people.

Small percent of respondents are abused by the family members. Comparatively more of the urban elderly people get abuse from family members than the rural elderly people. For most of the elderly people the abuses are exerted by son or daughter-in-laws. Majority of rural elderly people are verbally abused whereas the highest percent of urban respondents are verbally abused.

Majority of the respondents live with son or daughter-in-laws and also depend on them for food and non-food expenses whereas still some of elderly people manage non-food expenses themselves. Half of the elderly people above 75 years in urban area do not get social security benefit. It is necessary to investigate why they have not got such benefit. The process should be liberalized so that each of the elderly people can get social security benefit. Some of the elderly people have expressed different views in terms of government policy and given their ideas for the betterment of elderly. Some of the respondents have expressed opinions for provisions of free treatment and some other agree with elderly house. It is important to assess the opinions expressed by elderly people in terms of management elderly people's problems.

CHAPTER SIX

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

This is descriptive study designed to find out the status of elderly people based on the place of residence. The common issues elderly people are facing every day life are included in the contents of the research. This is a comparative study that accounts the difference in the nature of problem based on the place of residence. All together 200 respondents 100 from each place, urban and rural, selected for the interviews provided the base of the information. This is therefore, important to assess the objectives of the study based on the variables included in the contents.

6.1 Summary of Findings

Following are the major findings of the study:

I. Socio-Demographic Background of Elderly Population

1. Respondents for the purpose of this study consist elderly people aged 75 years and above including both sex. All total of 200 respondents were selected for the interview. The highest percent of respondents (48%) for rural area is in age group 75-79 and for urban area for same age group with 58 percent of the respondents. Least percents of respondents are for age group 95+ for both places. More of respondents are female for both places. For rural area 65 percent were female and for urban 55 percent were female.
2. Brahman is the major caste with 42 percent for rural respondents and 56 percent for urban respondents followed by Chhetri with 25 and 18 percent respectively. Other castes constitute small proportion.

3. Highest percent of respondents live in joint family for both areas. About 13 percent of rural respondents live in nuclear family compared to 10 percent urban respondents. More of females are widow compared to male. More males are currently married. For rural area 78.5 percent female respondents are widow compared to 31.4 percent male respondents are widower. Similarly, for urban respondents 61.8 percent female respondents are widow compared to 26.7 percent male respondents are widower.
4. Highest percent of rural respondents (35%) have 7-9 live births compared to 38 percent urban respondents with 7-9 live births. Nine percent of rural respondents have 13 and over live births compared to 2 percent of urban respondents.
5. More of urban respondents (18%) are literate compared to 11 percent of rural respondents.

II. Participation and Social Security for Elderly People

1. Nearly 70 percent of rural respondents cooperate for household works compared to 55 percent of urban respondent. The most common work they do is to look after house in the absence of other household members.
2. Study has shown the decision making power in majority of household has been transferred to younger generation therefore over 55 percent respondents for both places reported son/daughter in law used to make decision in the family whereas still in some of the households perhaps the single, elderly people live themselves only, respondents themselves make decision in familial matters.

3. An equal percent of rural respondents (48% each) get two meals a day and three meals a day respectively. For urban respondents 27 percent get two meals a day and 68 percent three meals a day.
4. Smoking is common habits affecting health than other habits to rural respondents. Twenty-three percent rural respondents reported they have smoking habit compared to 18 percent urban respondents
5. Over 75 percent of respondents for both places are suffering from any type of disease. The most common disease for both places is Gastro-intestinal disease. Asthma accounts for the second disease for urban respondents.
6. Public Health center is the first place for most of the respondents to go for treatment. Higher percent of urban respondents (85%) go to health facility for treatment compared to 72 percent rural respondents. Still 22 percent rural respondents go to *Dhami/Jhakri* for treatment compared to 7 percent urban respondents. This shows still many of rural elderly people have beliefs on traditional values.
7. Son/daughter in law are the major caregiver of elderly people while they are sick. About 20 percent of urban respondents⁵⁶ reported spouse used to care them at their sickness compared to 13 percent of rural respondents. These respondents are currently married.
8. Though little of respondents reported they are suffering from any type of abuse, there persists some type of abuse. Higher percent of urban respondents (17%) compared to 14 percent rural respondents are suffering from any type of abuse. 13 out of 14 rural respondents get abuse from son or daughter-in-laws compared to 12 out of 17 urban

respondents. Higher numbers of respondents were suffered from verbal abuse. The number of respondents suffering from verbal abuse is higher in rural area compared to counterpart urban area.

9. Better care and fooding is the most common desire from family for most of the respondents. Twenty-seven percent of rural respondents want to have holy pilgrimage whereas 41 percent of urban respondents expressed the same desire.
10. Son/daughter in law are the caretaker for most of the respondents. Sixty-one percent of the respondents for rural area are living with son/daughter in law compared to 63 percent of urban respondents. Some 11 percent of rural respondents are living alone compared to 14 percent of urban respondents.
11. Highest percent of rural respondents (36%) have land under their recognition, very little have bank balance (6%), 9 percent have livestock and 21 percent have house. Similarly, 27 percent of urban respondents have land, 9 percent have bank balance, 1 percent has livestock and 13 percent have house.
12. Highest percent of respondents support for equal distribution of economic benefit, 37 percent rural respondents and 44 percent urban respondents. Other 32 percent of urban respondents support that handicapped and single should get priority whereas 19 percent of the respondents support it.
13. Economic support is the common desire from the government for majority of the respondents. Eighty-four percent of rural respondents agree government should provide economic support for them whereas only 54 percent urban respondent support for it. Another 31 percent of

urban respondents want an increase in the current amount of economic support.

14. Higher percent of rural respondents (65%) have received income security from the state compared to 53 percent of urban respondents. Highest percent of respondents bring such benefit themselves. Higher percent of urban respondents (64.2%) bring such benefit themselves compared to 38.5 percent. Son or daughter-in-laws, daughter, grandchildren, government officials and social activists also bring such benefit to elderly people.

6.2 Conclusions

This study has been organized to find the situation differential of the elderly people on the basis of place of residence. Simple descriptive method has been applied to meet the research objectives. Generally, it has been expected unplanned urbanization and rapid modernization unless enough infrastructures are constructed, put an inverse impact on the living system elderly people. Care to elderly people is the first most essential need of them.

Higher percent of the respondents are in age group 75-79. Compared to male respondents the number of female respondents is higher for both places. This shows females live longer compared to males. Generally, for male respondents more are currently married compared to female respondents.

Brahman forms the major caste followed by Chhetri. Very little respondents are from ethnic class. Hinduism is the major religion for both of the places. Almost all (over 90%) respondents are migrant. Among them most are from next district and very little are from other country.

The demographic characteristics also include the number of live births. Further more the live births are divided into live and dead number of children by sex. Highest percent of rural respondents have 3 live son and three daughters whereas highest percent urban respondents have 2 live son and 2 live daughter. Almost all of the respondents have one son living with them. The expansion of the grandchildren is very wide for some of the respondents. There are respondents living with four generations under a single roof.

Educational status of respondents is meager and this suggests that there was lack of educational facilities in the past. Thus, most respondents are illiterate. More importantly, female are disadvantaged in terms of education facility.

As has been reflected by the Hindu culture and Nepalese society, sons are accepted as the old age support. Desire for son is very highly valued custom. As a result, most of the respondents live with their son/daughter in law. The Nepalese society doesn't accept daughter as caretaker as the result very little are living with their daughter. Those who are living with daughter are either because they have no any son or sons have ignored them. There is still some percent elderly people living alone or in rest home.

Support to the elderly people in terms of food, preparation of food, non-food expenditure are much important to determine their life system. Highest percent of respondents get food support from their son/daughter in law.

This study concludes that majority of the respondents are living a comfortable life. Urban respondent are suffering some more problems compared to their counterpart rural respondents.

In most of the families the decision making power has been transferred to the new generations. While making decisions by any other family member, more of the rural respondents are taken into account compared to urban respondents. More of urban respondents are ignored while making decisions.

6.3 Recommendations and Research Issues

6.3.1 Recommendations

Followings are some recommendations for policy makers:

1. Many of elderly people are living a problematic and disgusted life because either they don't have any of the relatives looking after them or relatives are ignoring them. Enough and equipped elderly house should be built to help them living a peace and recreated life.
2. Many of elderly people though there is provision, are not getting old age income security because they lack citizenship certificate to support their age. Legal provisions should be made to redress them.
3. Some of the respondents reported the amount of security they are getting is not enough to maintain their monthly expenses and the procedure of getting complex. It would be better if an increase in the amount will be made and liberalize the process of distribution.
4. Elderly people have wide experience so we have to create an environment to make the elderly physical and mentally active. And the state should use the experience of distinguished elderly people in various sectors of national development.
5. Elderly people should get extra facility in transportation (including air and land transportations), treatment and entertainment. The government should mänge for his.

6.3.2 Research Issues

Followings are some of the areas for further research process:

1. This research has been conducted only in a district; national level researches are necessary to evaluate the status of elderly people.
2. This study has been conducted within a short time limit; a study examining the changes over the time period is necessary.
3. A descriptive and comparative study between the ecological zone and development region can be an aspect of research.

BIBLIOGRAPHY

- Andrews, G.R., A. Esterman, A. Braumack-Mayer and C. Rungi, 1986, *Aging in the Western Pacific*, (Manila: World Health Organization, Regional Office for the Western Pacific).
- Central Bureau of Statistics (CBS), 2002, *Population Census 2001 National Report*, (Kathmandu: Central Bureau of Statistics).
- Chowdhrey, Pal D., 1992, *Aging and the aged - A source book*. (New Delhi: Inter India Publications)
- Department of Health and Human Service (DHHS), 1999, *Healthy Ageing - Agenda for the Coming Century, Public function on International Year of Older Persons*, New Delhi.
- Desai, K.G and R.D. Naik, 1971, *Problems of Retired People in Greater Bombay*, (Bombay: Tata Institute of Social Sciences).
- Goldmen, Noreen, 1993, "Marriage Selection and Mortality Patterns: inferences and fallacies" *Demography* Vol. 30, No 2, pp189-208.
- Gore, M.S., Sivaraju and Anand, 1995, "Aging in the slum settlements of Bombay", (Bombay: Tata Institute of Social Sciences).
- Hermalin, I. Albert, 1997, "Drawing Policy Lessons for Asia from Research Ageing", *Asia-Pacific Population Journal* (APPJ), p 94-5.
- Ibrahim, M., 1985, *Tradition and modern development in Bangladesh Society*. (Dhaka: Institute of Geriatric Medicine) Unpublished paper.
- Kinsella, K, 1988, *Aging in the Third World*. (Washington DC: Government Printing Office), U.S. Bureau of the Census (International Reports).

- Knodel John and Napaporn Chayovan, 1997, "Family Support and Living Arrangement of Thai Elderly", *Asia-Pacific Population Journal* (APPJ), p65.
- Martin, L.G., 1988, "The aging of Asia" *Journal of Gerontology Social Sciences*, Vol. 43, pp 99- 113.
- Naryar, U.S, 2000, *The Situation of Ageing: The Chip And The Old Block*, (Bombay: Tata Institute of Social Sciences)
- National Institutes for Health (NIH), 1999, *Healthy Ageing for coming century*, (New Delhi: Tata Institute of Social Sciences).
- National Planning Commission (NPC), 1998, *The Ninth Plan, 1997-2002*, (Kathmandu: National Planning Commission).
- Nectarious, Miltiadis, 1982, "Public Pension, capital formation and economic growth", Boulder, Co: Westview.
- Nepan/Help Old Age International, 2002, *Budhauri Awaj* (Kathmandu: Nepal).
- Shrestha, Sajan, 1999, *The Status of Elderly Population in Kathmandu City*; (Kathmandu: CDPS).
- Subedi, Bhim P. 1996, "Getting Younger or Facing the Problem of Elderly" *Population and Development in Nepal* Vol. 4, (Kathmandu: CDPS).
- Subedi, Bhim P. 1999, "Population Ageing in Nepal: Status, Context and Policy Response" *Nepal Population Journal* Vol. 8, No. 7, pp81 (Kathmandu: Population Association of Nepal).
- Subedi, Bhim, P., 1999, "Demographic Challenges for Nepal: Caring for elderly population", *Population and Development in Nepal*, Vol. 6 (Kathmandu: CDPS).

- U.S. Bureau of the Census (UBC), 1992, *International Population Reports, An Aging World II*, (Washington DC: US Government Printing Office): pp 25, 92-3.
- United Nations (UN), 1991, "Family Change and Support of the Elderly in Asia", *Population Ageing in Asia*, pp96-107.
- United Nations (UN), 1994, *International Conference on Population and Development*, Cairo.
- United Nations (UN), 2000, *World Population Trend Prospects and Retrospect*, UN, p17.
- United Nations (UN), 2001, *An Aging World*, (New York: United Nations), p62.
- United Nations Fund For Population Activities (UNFPA), 1998, *The State of World Population* (New York: UNFPA) pp3-4, 40-41.
- World Health Organization (WHO), 1995, *Health Situations in the South East Asia Region*, pp91-93, (New Delhi: Regional Office for South East Asia).
- World Health Organization (WHO), 1995, *New Horizons in Health*, (Manila: Regional Office for the Western Pacific).

Tribhuvan University
Central Department of Population Studies

Kirtipur, Kathmandu

Survey for obtaining Masters Degree in Population Studies, 2003

Introducing background

District: _____ VDC/Municipality: _____
Ward No: _____ Tole: _____
Respondent No: _____ Date of interview: _____

1. Name of the respondent: _____
2. Age: _____(completed years)
3. Sex: 1. Male 2. Female
4. Caste/ethnicity: _____
5. Religion: _____
6. What type of family is yours?
 1. Nuclear
 2. Joint
 3. Others: _____
7. Are you:
 1. Currently married (single spouse)
 2. Currently married (more than one spouses)
 3. Remarried
 4. Widow/widower
 5. Divorced
 6. Separated
 7. Others: _____
8. How many live births have you had?

9. How many of them are:

	Son	Daughter
1. Alive		
2. Dead		
3. Total		

10. Of alive, how many are:

	Son	Daughter
1. Living with you		
2. Not living with you		
3. Total		

11. How many grandchildren do you have?

Male: _____ Female: _____ Total: _____

12. How many members do you have currently living under the same roof and eating in the same kitchen? Male: ----- Female: -----

Total: -----

13. Who is the head of the household?

1. Self
2. Husband/wife Sex: 1. Male 2. Female
3. Son/daughter in law Sex: 1. Male 2. Female
4. Grand children Sex: 1. Male 2. Female
5. Others: ----- Sex: 1. Male 2. Female

14. Where is your birthplace?

1. Same district
2. Other District: -----
 - i) VDC
 - ii) Municipality
3. Other country: -----

15. Can you read and write?

1. Read only → 18
2. Read & write
3. Illiterate → 18

16. Level completed: -----

17. Are you currently attending any educational classes?

1. Yes
2. No

18. With whom are you staying?

1. Spouse
2. Son/ daughter- in- law
3. Grand children
4. Daughter
5. Others: -----

19. Who owns of this house?

1. Self owned → 21
2. Rented
3. Rent free
4. Institutional } → 21
5. Others: -----

20. Who pays the rent?

1. Self
2. Son/daughter-in-law
3. Daughter
4. Grand children
5. Others: -----

21. How do you get food for you?

1. Self
2. Son/daughter-in-law
3. Daughter
4. Grand children
5. Charity
6. Others: -----

22. Who prepares food for you?

1. Self
2. Son/daughter-in-law
3. Daughter
4. Grand children
5. Charity
6. Others: -----

23. How do you manage your other living expenses (other than food)?

1. Self
2. Son/daughter-in-law
3. Daughter
4. Grand children
5. Charity
6. Pension/remittance
7. Others: -----

24. Are you currently working for economic benefits?

1. Yes
2. No → 26

25. What is your current occupation?

1. Government/ organizational job
2. Agriculture
3. Trade
4. Others: -----

26. Have you done any non-agriculture job?

1. Yes
 2. No
- If yes, what type of job have you done?
1. Government/ organizational job
 2. Trade
 3. None
 4. Others: -----

27. Do you have the following property?

- | | | | |
|-----------------|------------------------|-------|-------|
| 1. Bank balance | 1. Yes | 2. No | |
| 2. Land | 1. Yes (Specify) ----- | 2. No | |
| 3. House | 1. Yes | 2. No | |
| 4. Livestock | 1. Yes | | 2. No |

----- Big heads ----- Small heads

28. Do you have any of the following pewa/daijo/jeuni?

1. Yes
2. No → 30

29. What do you have?

- | | | |
|--------------|------------------------|-------|
| 1. Land | 1. Yes (Specify) ----- | 2. No |
| 2. House | 1. Yes | 2. No |
| 3. Livestock | 1. Yes | 2. No |
- Big heads ----- Small heads

30. Who makes decision in your family?

- 1. Self/spouse
- 2. Sons
- 3. Daughter
- 4. Grand children
- 5. Others: -----

} → 32

31. Do you take advice from family member of household while making decision?

- 1. Yes
- 2. No

32. Do they take advice from you while making decision?

- 1. Yes
- 2. No

33. Who looks after your cleanliness?

- 1. Self
- 2. Son/daughter-in-law
- 3. Daughter
- 4. Grand children
- 5. Others: -----

34. How many times of a day do you get food?

- 1. Once a day
- 2. Twice a day
- 3. Thrice a day
- 4. Others: -----

35. Do you help family member in household work?

- 1. Yes
- 2. No → 37

36. How do you help?

- 1. Caring the children
- 2. Looking after house
- 3. Helping them in agriculture
- 4. Helping them in business
- 5. Others: -----

37. What do you do in your leisure time?

38. Who do you want to look after you?

- 1. Self
- 2. Son/daughter-in-law
- 3. Daughter
- 4. Grand children
- 5. Others: -----

39. If your fall sick usually, where do you go?

- 1. Health facilities
- 2. Private clinics
- 3. Dhami/jhakri
- 4. No-where
- 5. Others: -----

40. Usually, who pays for medicine?

- 1. Self
- 2. Son/daughter-in-law
- 3. Daughter
- 4. Grand children
- 5. Others:

41. Who cares you when you are sick?
1. Self
 2. Son/daughter-in-law
 3. Daughter
 4. Grand children
 5. None
 6. Others:
42. Do you have any chronic disease?
1. Yes
 2. No → 44
43. What disease do you have?
1. TB
 2. Cancer
 3. Heart disease
 4. Blood pressure
 5. Gastrointestinal disease
 6. Chronic obstructive pulmonary disease/Asthma
 7. Diabetes
 8. Others: -----
44. Have you ever been hospitalized for treatment?
1. Yes
 2. No → 47
45. For how long?

46. Why have you been hospitalized?
1. Accident
 2. Disease
 3. Others; -----
47. Do you have any of the following behaviour?
1. Smoking
 2. Drinking
 3. Chewing tobacco
 4. Others: -----
48. Have you got any social security benefit?
1. Yes
 2. No → 51
49. What type of social security have you got?
1. Cash
 2. Kind
 3. Others: -----
50. Who takes this benefit?
1. Self
 2. Son/daughter-in-law
 3. Daughter
 4. Grand children
 5. Others:-----
51. Do you have any torture in house?
1. Yes
 2. No → 54
52. Who gives torture to you?
1. Spouse
 2. Son/daughter-in-law
 3. Daughter
 4. Grand children
 5. Others:-----

53. What type of torture do they give?

1. Physical torture
2. Mental torture
3. Verbal abuse
4. Food discrimination
5. Others: _____

54. What do you want from your family?

55. What are your personal needs?

56. In your opinion, what is better to be done by the state for your welfare?

57. In your opinion, what the state should do for the welfare of all old age people?
