Health and Social Care Needs Assessment of Elderly: The Context of Piloting Service Developments and Care of Elderly in Pharping, Kathmandu, Nepal

Final Report

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Prof. Dr. Prem Singh Bisht
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Acronyms

AHW	Auxiliary Health Worker
ANM	Assistant Nurse Midwife
CBS	Central Bureau of Statistics
CDPS/TU	Central Department of Population Studies, Tribhuvan University
CPI	Co-Principal Investigator
CSPro	Census and Survey Processing System
DDC	District Development Committee
FGD	Focus Group Discussion
GO	Governmental Organization
GoN	Government of Nepal
IDI	In-depth Interview
KII	Key Informant Interview
KSE	Knowledge, Skills and Experience
MA	Master of Arts
MBBS	Bachelor of Medicine and Bachelor of Surgery
MD	Doctor of Medicine
MoHP	Ministry of Health and Population
MoLD	Ministry of Local Development
MoWCSW	Ministry of Women, Children and Social Welfare
NGO	Non-governmental Organization
NHRC	Nepal Health Research Council
NPC	National Planning Commission, Nepal
PHC	Primary Health Center
PI	Principal Investigator
PSU	Primary Sampling Unit
SHP	Sub-Health Post
SPSS	Statistical Package for Social Sciences
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Population Fund
VDC	Village Development Committee

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Executive Summary

This study was conducted aiming to understand the community based social and health care needs of elderly in rural Nepal drawing case from Pharping area of Kathmandu district. The study was conducted by Central Department of Population Studies, Tribhuvan University and Ageing Nepal in financial and technical support from United Nations Population Fund (UNFPA) – Nepal. Feedback from Sheffield University, UK; Ministry of Local Development; Ministry of Health and Population and Ministry of Women, Children and Social Welfare was incorporated in the research process. The study was carried out from April 2012 to August 2012.

This study was conducted in the context that Nepal has been facing an increased need of health and social care of elderly people because of an increased in absolute number and proportion of elderly population in the country and also because of the equity principle. Increasing youth migration to urban area or foreign country for employment, urbanization and lack of employment in rural areas have weakened the traditional care system of elderly. The joint/extended character of Nepalese family unit has increasingly shifted to nuclear one resulting in no or few family members to take care of the elderly in rural Nepal. The Government of Nepal (GoN) initiated specific policy since the eighth development plan (1992-97) focusing on elderly issues. The GoN has established Senior Citizen Welfare Fund and enacted the Senior Citizen Act 2006. Social security allowance provided to senior citizens since the Fiscal Year 1994/95 has been given continuity. The Three Year Plan Approach Paper (2010/11-2012/13) aims to expand services and facilities and create conducive environment for senior citizens so as to enable them to lead a healthy, safe and decent life. Despite these provisions, there is inadequacy of providing a comprehensive health and social care of elderly.

The study has been undertaken in order to determine how best the needs of the population aged 60 and above should be met including the use of the existing health and social care facilities in the catchment area. It has also been examined how these services might be adopted as well as identifying the need for new services. The study builds on existing work in the catchment population and readily available statistics. It also draws on national statistics and research and provides an evidence base to enable appropriate, cost effective and sustainable solutions to be found for the elderly population. It allows new models of care to be developed, which once evaluated can then be extended whenever appropriate across Nepal.

Following the definition of United Nations Principles for Older Person 1991 and other International Instruments on elderly, this study defines elderly persons as those who are 60 years and above. Thus, this study covers persons 60 years and above irrespective of marital status, gender, disability status and social groups. The broad thematic issues covered by the study include: socio-economic conditions of elderly, physical and mental health status, status of social security knowledge and received, health and social needs of elderly persons including the family and community support system.

The study was carried out in six Village Development Committees (VDCs) of Pharping area, Kathmandu district: Chalnakhel, Seti Devi, Sheshnarayan, Dakshinkali, Talku Devi and Chhaimale. Both quantitative and qualitative data were collected. Using the sample frame of Population Census 2001, the study utilized two-stage stratified cluster design. At the first stage, all wards of the six VDCs were sampled (the Primary Sampling Units). At the second stage, 20 households with at least one elderly were selected from each ward. Before selection of households, a listing of households was prepared. The sample size of this study was determined 1,080 households. This sample size is almost about 5 to 6 percent of the

total households in Pharping area. In the sampled household, all elderly persons were interviewed to ensure the coverage of both males and females and all age groups.

The study is largely a cross-sectional one. Thus, findings of the study may not precisely guide us how the changing nature of family care system has had impact on elderly care. Similarly, this study attempted to understand the health status of elderly through the responses of elderly. Health status of elderly persons would have been better understood had the study accompanied by medical examination. Despite these limitation, findings of the study is expected to contribute to formulate community based policy of health and social care needs of elderly; increase the community based health and social care needs of elderly in Pharping area; provide the baseline information on the status of elderly people which may be used by the concerned stakeholders.

Key Findings of the Study

Characteristics of Households with Elderly

Almost all the elderly in the study area are living in the houses which are owned by them or their family members. More than nine in ten households possess some agricultural land with average landholding size of 6.5 *Ropani* (0.33066 hectare). Agriculture is the main occupation of the households. But three in four households have to face problem of food insufficiency around the year from their own production and two-fifths had food insufficiency for more than 6 months. This has impact on household members including elderly seeking for wage labor for their subsistence. More than half of the households have monthly income of as lower as less than NPR 10,000.

Majority of the household heads (79%) are males and half of the households have 4-6 family members with the average household size of 5.24. But there are also some elders who are living alone in the household (8%). Most of the households have electricity, cell/phone, television, toilet and piped drinking water.

Two-fifths household population are adults of age group 25-59 years and one-quarter are elderly aged 60 years and above. As the study had enumerated only the households with at least one elderly, a higher proportion of them can be expected. There are more elderly females than males in the households (with elderly sex ratio 97.7). Some households (15%) had family member either out-migrated to other parts of the country or emigrated abroad. Two-thirds of them were migrated to foreign countries other than India and remittance sent by them has also contributed in fulfilling the household needs.

Demographic and Socio-Economic Status of Elderly

Overall 1,355 elderly were enumerated in the survey (676 males and 679 females). Nearly 30 per cent comprised of 60-64 years of age, 27 per cent 65-69 years, 15.5 per cent for 70-74 years, 15 per cent for 75-79 years and nearly 13 per cent for 80 years and above. Almost half elderly interviewed remains out of current marital union. More than half elderly were heads of the households (52%) themselves. The literacy rate is estimated to be 30 per cent (6% for females vs. 54% for males).

An overwhelmingly majority of elderly reside in the family (more than 95%) and with their son/daughter- in-law (66%) and 5 per cent males and 7.5 females reside alone, mainly due to no care by children, no own children, children living elsewhere, death of spouse, own desire including other reasons such as abandoned by husbands and remarriage by the spouse. The main caregivers of the

elderly are the sons and daughters-in-law. For males, main caregivers include wife (38%), daughter-in-law (23%), and son (20%) and for females, it is daughter-in-law (34%), son (28%), daughter (11%) and husband (10%).

Data suggests that housing quality of elderly appears to be unsatisfactory for physical health and safety of elderly. Although nearly 70 per cent elderly have facility of a separate room for sleeping in their house, in majority of cases the rooms in which elderly sleep lack good sanitation, light and ventilation facilities. Further, 72 per cent elderly were found to have been sleeping in up stair – sleeping in the up stair is risk of falling and it was also difficult for walking up-down. It was found that nearly one-fourth of elderly did not have beds for sleeping – not having a sleeping bed means that it was difficult for elderly to get up from the beds easily. Another problem that elderly face is lack of toilet or no toilet facility inside or near to their living place. This especially holds in village of Chaimale and Talku VDCs.

Majority of elderly in the survey area were found to be economically active: 70 per cent elderly were currently working in activities like household work, wage laborers and as employers. Among those who were not working was found to be mainly because of physical inability to work. Past employment in the paid work varied markedly by sex of the elderly – being 41 per cent for males and only 4 per cent for females. The major sources of personal income for the elderly were agricultural production (60%), cash/kinds transfer from family members (52%) and government allowances. Majority of elderly command some fixed assets such as house and land (67% to 72%) while a few have cash, bank balance and share/investment. It is the females who largely lack properties.

Majority of elderly (52% males and 46% females) were themselves final decision-makers in aspects of marriage of son/daughter, buying or selling of valuable assets (46% males and 24% females) and engaging or conducting of family religious and cultural functions (51% males and 35% females).

Physical and Mental Health Status of Elderly

Physical pain, respiratory problem, eye problem, gastric, blood pressure and dementia/Alzheimer are major health problems of elderly and most of them have these problems for up to 5 years. Elderly are also found diagnosing the disease by doctor/health worker and most of them are doing/taking regular treatment/medicine.

Some elderly were also observed with disability and majority of them have hearing, visual and physical disability. Anxiety/stress, boredom and loneliness are the major mental health problem of elderly. More elderly females than males have mental health problems.

Health Care Seeking Behavior and Needs

Health care seeking behavior of elderly in the survey area was found to be satisfactory. Half of males and 54 per cent females pointed out that their health was checked up by a doctor during the last one-year. Out of 314 who did not have health checked up, 78 per cent did not do so due to 'not needed'. while the rest provided reasons like lack of money, lack of knowledge and nobody helped for visiting a health facility as the reasons for no health check-up during the last one-year. It was found that the highest proportion of elderly visited a Government health facility (46%), followed by private hospital/nursing homes (27%) and community hospital (24%).

As the sons bear the health expenditure for the elderly treatment, sons stand out to be the main decision-taker for seeking health treatment for the elderly. This especially holds true for females and

those above 70 years and above. Modern health facility (64%) and traditional healers (30%) predominantly emerge as the first contact points for elderly when they get sick but qualitative information suggests that most elderly females first go to traditional healers for health treatment.

Awareness level on the Government special health support schemes such as support of Rs. 4,000 and Rs. 50,000 for treatment of cancer, heart disease, uterus prolapsed and kidney among elderly is extremely low (less than 15% knows about these schemes). Physical distance to health facility from the houses of elderly is estimated to be 30 minutes – a distance which cannot be considered as far from the house. But in some localities such as Chhaimale and Talku VDCs, the elderly have to walk more than one to two hours to reach the nearest health facility. Those who visited a health facility (Government or private or community) during the last one-year, it was found that 80 per cent perceived that the health workers were friendly while rest were either undecided or think that the health workers not friendly.

Data indicate that majority of elderly do not have good life style practices. Only 36 per cent elderly reported that they do regular walking, 5 per cent regular meditation and 3 per cent exercise. The average time for daily physical exercise is nearly one-hour (56 minutes). Intake of pulses and green leafy vegetables appears to be satisfactory but intake of milk/curd, fruits, egg, fish/meat and ghee/butter daily appears to be unsatisfactory. Further, a large majority of males (55%) and 39 per cent of females take daily smoking/chewing and 39 per cent males and 28 per cent take alcohol daily. Taking alcohol is particularly observed among disadvantaged social groups (Tamang, Magar and Dalit).

Psycho-Social Needs and Family/Community Support System of Elderly

Relations with family members and even with spouse become worsen at elder ages. Some elderly are facing this type of problem. However, most of them (76%) do not feel not taking care of them by family members. Family supports, better personal health, economic support and respect/dignity are the things which make elderly happy at old ages. Likewise, loneliness, economic crisis, neglect and hatred cause for their sadness. More elderly females feel loneliness as the cause for sadness, whereas more males reported for economic crisis.

There are few cases reporting for experience of disrespectful behavior or humiliation. However, only 2 per cent elderly reported ever experienced of physical torture and family members are the main perpetrators for committing such behavior towards them. Family and health related securities are the major security concerns of elderly. More elderly females preferred health related security, whereas more elderly males are concerned towards physical and economic securities.

Awareness level on social security schemes is mix. On the one hand, a few elderly are aware on provisions of elderly on special discounts in public transport and entertainment sector and none of them have exercised such provisions. On the other hand, nine in 10 elderly are aware on elderly allowance, 79 per cent on single women allowance, 27 per cent on disabled person allowance; 16 per cent on Dalit elderly allowance and only 6.5 per cent on endangered Janjati allowance. The survey found that 80 per cent of senior citizens or single women received the allowance while the VDC Secretaries in the survey areas claim 95 per cent coverage in these entitlements.

The survey found that only two-thirds of the elderly received the allowance by themselves while the rest received it either through family members or neighbors or VDC secretary. Elderly utilize the allowance in multiple of needs – related to their own needs and family needs.

Son/daughter-in-law is the main person who could support the elderly when they cannot perform the daily work (52%). This is followed by spouse (more than 25% elderly reported so) and daughter (10% elderly reported so). Daughters are particularly referred by elderly females and those without in marital unions. On the other hand, key informants interview suggests that the role of the family as the caregiver of the elderly has been declining in the society, mainly due to unemployment, scarcity, excessive use of alcohol and dysfunctional family.

Elderly perceive their priority needs as love and care, own health, good earning, delicious food, clothes, rest, and security and family support. They demand provisions such establishing clubs (40%); management of entertainment, establishing day care centers and conduction of mobile camps (30% to 37% elderly); establishing of mediation center and community health center (altogether 16% elderly reported so) including establishing legal advocacy center and geriatric ward (2% each) in their neighborhood.

Nearly one-third of elderly interviewed had some specific Knowledge, Skill and Experience (KSE) such as making materials from metal, leather, wood and candles (30%), traditional healers (3.5%), astrologers (3.5%), and literature, art and musicians (3.5%). Gender and cultural variation in KSE among elderly prevails. One-third of elderly reported that their family has utilized their KSE by giving it continuity while another one-fifth regard that their KSE has been accepted as a social pride.

The survey found that elderly engage in a range of economic and caring activities like taking care of livestock, support in the farm, support as household care, taking care of grandchildren, support in the business/trade, cooking rice, preparing curry, gardening, support in vegetable farming, grazing cattle, collecting grass, etc. Majority looks after house (45%) and work as a main bread earner (25%). Gender and age are crucially linked to the types of activities carried out by the elderly. Men tend to be mainly engaged as bread earners while female tend to be engaged in household work, rearing and caring of grand children. Age of elderly also determines the type of activities they perform for the family.

Migration of household members is not found affecting adversely more to the elderly care as viewed by three in four of them. However, some (18%) reported adverse effect of family member's migration on their health care and it is higher among elderly females.

The findings of the study will be disseminated among the key stakeholders including concerned line Ministries, NGOs and concerned individuals. The research output is expected to contribute to i) formulate community based policy of health and social care needs of elderly, ii) reform and revise the curriculum of MA and MPhil course of Ageing in Population Studies and iii) increase the community based health and social care needs of elderly in Pharping area; iv) provide the baseline information on the status of elderly people which may be used by the concerned stakeholders.

This study concludes that elderly are excluded due to gender, ethnicity, disability and poor health conditions. Elderly population in Nepal falls under a major social security schemes. Although all elderly are in vulnerable situation, this study suggests that elderly in most vulnerable situation comprises mainly very old people especially 80 years and above, single women, chronically ill and physically disabled persons, widower, Dalit women, and those living alone and elderly who do not have living children. Elderly rights cannot be safeguarded without meeting the material needs of people, especially dealing with the structural causes of elderly vulnerability as well as addressing elderly issues specifically. Findings suggest that elderly social and health care needs must be seen from a gender perspective. Family is the key loci for elderly care in rural Nepal. Awareness on elderly care among family members

and their feeling of respect and love towards them are also important determinates of elderly care in the family. It is also important to recognize the socio-economic differentials at risk of health – disadvantaged groups being much risk of worse health condition as age increases due to lifestyles and behaviors (cigarette, smoking, heavy alcohol drinking) they adopted.

The study recommends that intervention to protect and promote the rights of elderly should be at the three levels: community, family and individual levels. Key recommendations evolved from the study include:

Individual Level

- Initiate of income generating activities targeting to elderly aged 60-70 years,
- Integrate of elderly care programs with other programs,

Family Level

- Support to families providing elderly care,
- Initiate of training on caring elderly to the health personnel and caregivers,

Community Level

- Increase access to distribution of Government entitlements,
- Conduct health awareness programs,
- Conduct mobile health clinics in the community,
- Establish and expand geriatric wards at the district hospital and PHC level,
- Support Old Age Homes (financial and technical) opened from the private sectors/communities,
- Monitor allocation of block grants and elderly allowance by the local bodies,
- Make mandatory provisions for elderly representation in Government health facilities especially at village level,
- Form and mobilize elderly clubs for elderly welfare and satisfaction,
- Observe regularly elderly related programs to increase awareness among community people.

As the elderly issues are complex and multidimensional, a range of stakeholders such as local governments, NGOs, health facilities, private sectors, Old Age Homes including social workers and family members should be mobilized.

Chapter One
INTRODUCTION

1.1 Introduction

The national workshop on the ageing population in Nepal, organized by the Ministry of Women Children and Social Welfare 21st March 2011 with partial support from UNFPA generated a number of very valuable recommendations. The workshop reiterated the importance of UN Report on Policy and Programs for Older People, 2010. It reported that there was a significant lack of socio-economic data concerning older persons, and suggested that a possible source of future research, including surveys, could be on delivery of services to older persons at the local level. The workshop also made recommendation for establishing a national analytical and monitoring centre on demographic ageing and building partnerships with foreign research centers for demographic and population research.

Following the workshop recommendations, this study aims to carry out a detailed assessment of the health and social care needs of the population aged 60 and above in the catchment area of the community hospital at Pharping, Kathmandu district. By doing this, the workshop's recommendations can be applied at local community level in Nepal.

The National Context

The assessment of health and care needs of the aging population concerns not only the elders but the entire population because of the socio-economic impacts on the society as a whole. The potential implications for society will be increasingly salient with the increase in number and proportion of ageing population (He, Muenchrath & Kowal, 2012).

Health and social care needs of the elderly tend to be of complex nature. The needs may vary from acute health care to rehabilitative services, long-term care, support with household chores and advisory services. Elderly people's needs vary over time with respect to changing demographic composition and other socio economic characteristics. This demands periodic adjustments in the existing policies and programs which can only be done best by the periodic needs assessment survey results.

Population Dynamics

The success achieved in family planning programs is clearly visible in the decreasing trend of 0-14 years age group population from 42.4 per cent in 1995/96 to 36.7 per cent in 2010/11 (CBS, 2011). However, the increasing trend of 15-59 age group population from 50.8 per cent to 54.2 per cent in the same period indicate how fast Nepal is moving towards facing the opportunities and constraints of managing ageing population. The speed of ongoing demographic changes can also be gauged by the total population growth rate of 1.4 per cent that has declining trend and increasing trend of 60+ population growth rate of about 3.5 per cent (CBS, 2011).

Dependency Ratio

Dependency ratio is defined as the ratio of population aged 0-14 and 60+ years to the population in working age group of 15-59 years. It may give some satisfaction to see the decreasing dependency ratio

from 97 in 1995/96 to 84.4 per cent in 2010/11 but obviously is headed towards increasing again due the unprecedented growth rate of 60+ population. There is a wide gap between dependency ratio in the rural (92) and urban (59) areas (CBS, 2011).

Migration of working age member negatively affects the quality of life of senior citizens in a family. The Census of 2011 finds that 53 per cent of the households have at least one absentee member living out of the place of origin for prolonged time of six months or more. About 20 per cent of the population are absentees (CBS, 2011). Poverty has negative effects on the wellbeing of people and more on the care of older population. One quarter of the population is living below the poverty line and the incidence of poverty is almost double (27%) in rural area compared 15 per cent for urban population (CBS, 2011).

Literacy

The overall literacy rate of 57 per cent among 15 years and above is highly skewed with 72 and 45 per cent for males and females respectively. There is also wide gap between urban (77%) and rural (57%) population. This viewed in conjunction with (i) sex ratio of 86 and (ii) a majority of the population is rural, it is apparent that the upcoming issues of ageing population has to deal with a large proportion of illiterate elders living in rural area, most of them are women. The sex ratio (number of males per 100 females) has been in decline from 95.5 in 1995/96 to 85.6 in 2010/11 (CBS, 2011).

Health

The proportion of 60+ population is already increasing at rate from 6.8 per cent in 1995/96 to 7.6 per cent in 2003/04 and to 9.1 per cent in 2010/11. Thanks to the success achieved in extending health services in the past. But the nature of health service needs of future population is going to be more demanding owing to the high proportion of ageing population. It is worth taking a note that the proportions of people suffering chronic illness or non-communicable diseases like cancer, rheumatism, asthma, heart diseases, diabetes, kidney problems, high/low blood pressure and occupational illness have shown increasing trend from 6.5 per cent in 1995/96 to 11.7 per cent in 2010/11. Of those suffering, 13.3 per cent are females and 9.9 per cent males (CBS, 2011).

Care and Service Needs Assessments

In the above context, it can be visualized that Nepal is facing the looming threat to leave millions of seniors without proper health and care services in coming years. Because, Nepal has not yet conducted a national level health and care needs assessment of the elderly population. Therefore, this pilot survey is important in terms of (a) developing methodology/procedures and tools and (b) generating some information of importance.

The local government of Ceredigion County in Wales, UK, regularly assesses the health and care needs of the entire population in the county through surveys. The specific objectives of such assessment include (a) review the health status of the people, (b) update data on the range of factors that affect people's health and well-being, (c) identify health and social care groups that currently exist, (d) formulate new or adjust the existing policies and programs to best suit the contemporary needs, and (e) complement the needs assessments done by others or for other groups. One such assessment was done in 2010 not only to capture the information on current health and care needs of the population but also to guide the development of the next Health, Social Care and Well-being Strategy 2011-14. In the process, the quality

and range of both qualitative and quantitative information are constantly being developed (http://www.ceredigion.gov.uk/utilities/action/act_download.cfm?mediaid=23171).

Aged Care Assessment and Approval Guidelines issued by Department of Health and Ageing of Australian Government in September 2006 suggests that the process should include a person's medical, physical, social and psychological assessment to determine the person's care needs and the type of services that would be most appropriate to meet those needs. The assessment should consider the person's usual accommodation arrangement, financial circumstances, access to transport and community support systems. The guideline also suggests face-to-face contact (interview) as the desirable preferred method for the assessment (http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-acat-acapaag.htm~ageing-acat-acapaag03.htm).

Quantification of health status and the resultant care needs have been a major challenge in health research. In response to this challenge, aging research studies have been adding objective health measures in an effort to improve estimates of the true levels of health. Limited by the objective of this study and resources available for the purpose, self-reported information on health has been taken as the basis which is widely accepted approach in practice (He et al., 2012; http://www.who.int/healthinfo/systems/sage/en/).

Clemens Tesch-Römer of German Centre of Gerontology in 2007 has considered factors such as accessibility to care, quality of care, and financial sustainability as the three main indicators for assessing the existing health and care services for the elders, in view of the long term care needs. Though, the present study is limited to identifying the health status of the elderly so that their service and care needs could be stipulated, Clemens work could guide such stipulation process (http://www.britishgerontology.org/DB/gr-editions-2/generations-review/prevalence-and-management-of-health-conditions-in-.html).

Khanal & Gautam (2011) studied the prevalence and management of health conditions of older people living in three old age homes of Kathmandu. They tried to base the study only on the written prescription of a health practitioner but had to take the fall back position of using the self-reported information on the health status. They found that more than 50 per cent of 60+ population suffered at least one chronic illness. Hypertension, gastritis and arthritis were the most common diseases.

1.2 Study Purpose and Rationale

The study is undertaken in order to determine how best the needs of the population aged 60 and above should be met including the use of the existing health and social care facilities in the catchment area. It also examines how these services might be adopted as well as identifying the need for new services. The study has built on any existing work in the catchment population and readily available statistics. It has also drawn national statistics and research which is appropriate to the catchment population. It provides an evidence base to enable appropriate, cost effective and sustainable solutions found for the 60+ population. It allows new models of care to be developed, which once evaluated can then be extended whenever appropriate across Nepal.

1.3 Study Objectives

The general objective of the research is to collect information on health and social care needs of elderly to guide the development of an appropriate comprehensive community based model for elderly services and care in Pharping area.

Specific objectives

- To examine the demographic and socio-economic status of the elderly
- To identify the physical and mental health status of elderly and access to health care services
- To assess the reach of current economic and social security programs to the elderly population (both formal and informal institutions)
- To recommend the health and social care needs of the elderly in Pharping area. The specific recommendations are expected to be in three areas:
  - Economic and social security programs;
  - Requirement of coordination between GOs, NGOs, cooperatives, community and private sector and Local Government to implement the targeted programs
  - Provision and/or expansion of community hospital and residential social care for abandoned, physically challenged and vulnerable.

1.4 Social Context

Nepal has been facing an increased need of health and social care for the elderly people because of increase in the absolute number and proportion of elderly population in the country and because of the equity principle. Increasing youth migration to urban area or foreign country for employment, urbanization process and lack of employment in rural areas has weakened the traditional care system for elderly i.e. the family. The joint/extend character of Nepalese family unit has increasingly shifted to nuclear one – resulting no or few family members to take care of the elderly in rural Nepal. This has also weakened the social values of caring of elderly. Although the state has some social security schemes for the elderly persons, it is inadequate to provide a comprehensive health and social care of elderly. Further, lack of appropriately trained human resources, inadequacy of service and facilities, inability to attract private sector, lack of appropriate institutional set up and coordination are other major problems to access the social and health care needs for elderly population in Nepal (NPC, 2010).

To address the rights of elderly persons, the Government of Nepal (GoN) initiated specific policy since the eight development plan (1992-97) and the succeeding plans have also focused on elderly issues. The GoN established Senior Citizen Welfare Fund and Senor Citizen Act 2006 have been enacted. Social security allowance provided to senior citizens since Fiscal Year 1994/95 has been given continuity. The Three Year Plan Approach Paper (2010/11-2012/13) aims 'to expand services and facilities and create conducive environment for senior citizens so as to enable them lead a healthy, safe and decent life' (NPC, 2010: 116). To meet this objective, the Approach Paper adopts strategies of making policy and institutional provisions to utilize knowledge, skill and experience of senior citizens; expanding access of senior citizens to economic and social security program; promoting and expanding economic and social security programs by enhancing coordination among key stakeholders; and launching special programs targeting senior citizens who are abandoned, torpid, victims of violence, physically challenged and vulnerable elderly persons.

In this demographic, social and policy context, this study is relevant to highlight community based social and health care needs of elderly drawing case from Pharping area of Kathmandu district.

1.5 Study Scope

Following the definition of United Nations Principles for Older Person 1991 (UN, 1991), Macau Plan of Action of Ageing 1998 (UN, 1998) and Madrid International Plan of Action on Ageing 2002 (UN, 2002),

this study defines elderly persons as those who are 60 years and above. In Nepal, the Local Self Governance Act Amendment, 2009 categorized the following groups of people as allowance entitled groups: i) all citizens 70 years and above; ii) all citizens of Karnali zone 60 years and above; iii) all Dalit 60 years and above; iv) all engendered Janjati 60 years and above (Kusunda, Vankaria, Raute, Surel, Hayu, Raji, Kisan, Lepcha, Meche and Kuswadia); v) all single women aged 60 years and above (single woman due to death of husband; single unmarried women and divorced single woman and vi) physically and mentally handicapped.

This study can provide a basis for (a) the development of future policies and programs to address the growing health and care needs of the elderly in general, and (b) the development of community based model for caring of the elderly in particular. Also, tools and procedures used for this study could guide the development of the same for National Ageing Survey that the government is set to undertake in the near future.

Thus, this study has covered population 60 years and above irrespective of marital status, gender, disability status and social groups. Although Local Self Governance Act Amendment, 2009 guarantees allowances for disabled persons of any age and engendered Janjati of any age and single women under 60 years of age as well, but this study has not covered those who were under 60 years of age at the time of survey.

The broad thematic issues covered by the study include: socio-economic condition of elderly, physical and mental health status, status of social security knowledge and receiving its allowance, health and social needs of elderly persons including the family and community support system.

1.6 Research Questions

1. Who are the elderly in most vulnerable situation? What are the maintainers and drivers that elderly remain in vulnerable situation? What are the escaping factors from such vulnerable situation?
2. What are the social conditions of elderly in Pharping area? In what types of family – nuclear or joint – elderly reside? What is the living arrangement (living alone, with family)? Who is the head of the household (elderly or not)? What is the marital status of elderly (if widow/separate or divorced, elderly vulnerability increases)? What are the literacy/educational status of elderly? Has the youth migration affected the family support system of elderly? Or has youth migration increased the workload of elderly for caring of children in the family and bearing other household work?
3. What is the economic condition of elderly? What elderly do? Do they own land, house or other properties in the household? How do elderly cope with the vulnerable situation?
4. What are the physical and mental conditions of elderly? Elderly with disability? Elderly with chronic illness? How do they cope with disability/chronic illness?
5. What are the current economic and social security schemes of elderly available in Pharping area? What are the impact and access of allowance on older people? Does the social security change the value of older people in the family and in the community? Does the allowance have equal impact on all age groups of older people?

Whenever relevant, differences in each research question are analyzed by i) age groups; ii) gender; iii) social groups (Janjati, Dalit and others) and iv) poverty levels.

Chapter Two
METHODOLOGY

As the study aims to understand the social and health care needs of elderly in rural Nepal, the research design should be such that it would respond both extent to and nature of elderly social and health problems. Quantitative data provides us information on the extent of problem such as number and proportion of most vulnerable elderly, their living arrangement, economic condition, perceived health status, and access to Government entitlements. While quantitative data would explore the reasons for elderly in vulnerable situation, their cope strategies and perception of supporting generation on elderly care. Further, it was not possible to collect information on the perception of key stakeholders such as VDC, health personnel, Old Age Home Personnel on elderly social and health care needs relying only on quantitative household survey. On the other hand, it was not possible to understand the magnitude of social and health status of the elderly relying only on the qualitative data. This demands a research design that triangulates quantitative and qualitative data/information. Quantitative data were collected from the household survey and qualitative data were collected from different stakeholders including from the supporting generation.

2.1 Selection of Study Area

The study was carried out in six Village Development Committees (VDCs) of Pharping area, Kathmandu district from April to July, 2012. The VDCs include: Chalnakhel, Seti Devi, Sheshnarayan, Dakshinkali, Talku Devi and Chhaimale VDC's. Pharping area has been chosen because of the level of community support offered in earlier public health studies, its socio-economic setting is typical of a large section of Nepal and the relatively easy access from Kathmandu where many of the individuals or organizations involved in conducting the studies are based.

Pharping is situated approximately 17 kilometers to the south of the ring road round Kathmandu in the Kathmandu Valley. The catchment population of the community hospital, which is strategically located for equal access to all 6 VDCs, is approximately 40,000 of which 2,800 are estimated to be 60 and above.

2.2 Sample Design

Two-stage stratified cluster design was adopted. At the first stage, all wards of the VDCs were sampled. Wards were considered as Primary Sampling Units (PSUs) for the study. At the second stage, 20 households with at least one elderly were selected from each ward. Before selection of households, a listing of households was prepared with the help of VDC office and community leaders.

This sampling scheme e.g. coverage of all wards and enumeration of 20 households per ward - has the advantage that it covers all wards in the VDC. It also minimized the risk of no selection of settlements with disadvantaged groups and relatively remote area in the VDC. Had there been sampling of few wards (say 4 wards per VDC) with relatively more number of households per ward (say 40 households per ward), there would have been the risk of no selection of disadvantaged social groups and remote area within the VDC.

The number of households per ward proposed to be enumerated is fixed following the practices of other national level sample surveys in Nepal. Nepal Living Standards Survey 2010/11 enumerated 12

households per ward/cluster; the Nepal Labor Force Survey enumerated 20 households per ward/cluster and Nepal Demographic Household Survey enumerated 36 households per ward/cluster.

2.3 Sample Size and Allocation

Seven percent of population are estimated to be 60 years of age and above among catchment population of the community hospital in the selected six VDCs of the Pharping area (2,800 out of approximately 40,000). Since this is the only variable that is known before conducting the sample survey, sample size can be determined using the formula for calculating standard error of proportion. Based on probability of occurrence of event, i.e. estimated proportion of elderly population aged 60 years and above would likely to occur more than half (60%), and assuming the standard error of proportion less than 2 per cent (1.5%), sample size is determined as follows.

$$n = \frac{p \times q}{(\sigma_p)^2} = \frac{0.6 \times 0.4}{(0.015)^2} = 1{,}067$$

where, n = sample size
p = probability of occurrence of event, i.e. estimated proportion
q = probability of non-occurrence of event, i.e. estimated proportion
σ_p = standard error of proportion

To make convenience for selecting equal sample size of 20 households from each ward (PSU) of all the selected 6 VDCs of the Pharping area, the sample size is determined at 1,080 (9 wards * 6 VDCs * 20 households). However, in the survey a total of 1,081 households were visited. This sample size accounted for 19.6 per cent of the total households in Pharping area (Table 2.1). According to the Population Census 2001, there were about 5,500 households in these six VDCs.

Table 2.1: Number of households, number of interviews, response rate, according to Village Development Committees (VDCs), Pharping area, Kathmandu, 2012

VDC	Household selected	Household interviewed	Household response rate	Eligible persons aged 60 years and above	Eligible persons aged 60 years and above interviewed	Eligible persons response rate
Chalnakhel	180	179	99.4	232	230	99.1
Seti Devi	180	180	100.0	231	229	99.1
Sheshnarayan	178	177	99.4	235	232	98.7
Dakshinkali	183	181	98.9	242	240	99.2
Talku Devi	180	175	97.2	218	213	97.7
Chhaimale	180	178	98.9	217	211	97.2
Total (n)	1,081	1,070	99.0	1,375	1,355	98.5

The sampling strategy was designed as such that 20 households with at least one elderly person 60 years and above per ward must be selected. If there were no 20 households in a ward, the remaining number of households were surveyed from the adjoining ward and if there were no 180 households in a VDC (9 wards * 20 households), the remaining number of households were added from the adjoining VDC. This sampling strategy was employed to avoid the risk of selection of few households from the survey area. The survey was successful in interviewing 1,070 households – i.e. 99 per cent response rate.

In the sampled households, all elderly persons 60 years and above were interviewed. Enumeration of all elderly persons in the sampled households ensured coverage of both males and females of all age groups. The survey found that 1,375 elderly persons 60 years and above in 1,070 households. Out of these total elderly persons, the survey successfully interviewed 1,355 – thus producing 98.5 per cent response rate (Table 2.1).

2.4 Survey Instruments

Structure-Interview

A structure questionnaire was developed in line with the objectives and research questions. The questionnaire covered the following (for detail questionnaire, see Appendix I):

- Background information: VDC, ward, family size and type of family, sex and age of the head of the household, age, sex
- Social status of the elderly – literacy, class completed, marital status, living arrangement, migration of youth family members and workload of elderly
- Economic status of the elderly – occupation, income, landholding, ownership of land of the elderly
- Health status of the elderly – disability and illness, duration of illness, access to health care services
- Support to the elderly – old age allowance, perception on allowance, other supports by the community, NGOs/private sector, family support

The survey questionnaire was finalized following several steps: sharing the draft survey questionnaire with the key stakeholders (MoLD, MoWCSW, MoHP, UNFPA, Sheffield University, UK and Ageing Nepal), receiving written/oral feedback on the draft questionnaire, holding meeting of core research team and the key stakeholders, conducting pretest of questionnaire, revising questionnaire based on results of pre-test, conducting 5-day training to the field surveyors, conducting one-day field test (interview of elderly, VDC secretary and other community people – 11 interviews), sharing the experiences of field test among core research team and MoLD and finalizing the questionnaire in Nepali based on the feedback from the field test.

Qualitative Information

Qualitative data was generated to supplement the data from the structure interview. The key issues covered in the qualitative information were to understand the access to the current scheme of social security, health care needs of elderly and intergenerational support system in the family. A detailed guideline for the collection of qualitative information was developed, and the following types of qualitative survey instruments were employed (see Annexes II and III for FGD and KII lists).

Focus Group Discussion (FGD)

Initially, we planned to conduct FGD separately for males and females. In majority of cases, it was possible and in some cases, it was difficult to conduct FGD separately for males and females. As the elderly persons attended in the FGD, it was difficult to ask them to leave the place. In each VDC, two FGDs (one male only, one female only and in some case, mixed group- males and females) was conducted. The FGD participants were selected based on caste/ethnic composition of the VDC and age group of the elderly persons. In Chhaimale and Telku, majority of FGD participants were Tamang; in Danchhinkali and Sheshanarayan, majority of FGD participants were Newar; in Seti Devi and Chalnakhel,

there was mix group – Chhetri/Brahim, Newar, Tamang and Dalit. An attempt was made to ensure the participants comprising of broad age group: 60-69 years of age and 70 years and above so that the different experiences/feelings can be understood by age group. Further, in each VDC two FGD with supporting generation was conducted. One group consisted of females only and one group males only. The main aim of the FGD was to understand how the supporting generation sees elderly persons – respect, care, neglect and their perception about social and health care needs.

Case Studies

The survey was designed to collect case studies of elderly persons with special needs such as those in severely poor health condition, Dalit, very poor, abandoned, torpid, victim of violence, with some degree of disability and vulnerability and single headed household. A total of 20 cases studies were collected and all the case studies were incorporated in the text. Attempt was made to understand the process of ending in vulnerable situation and current state of elderly in terms of social and health care needs.

Key Informant Interview

In all the survey VDC, key stakeholders relevant to social and health care needs of elderly were identified. They included VDC secretary, health personnel, community leaders, owners or managers of Old Age Homes and political party carders. VDC Secretaries were enquired about the current state of distribution of Government entitlement for Senior Citizen, single woman and disabled persons: coverage of the allowance, reasons for not full coverage, distribution mechanism and challenges to distribute the allowances. The Health Personnel (Sub-health posts, Man Mohan Community Hospital, Rehabilitation Center of Leprosy affected people) were asked about the health needs of elderly persons, availability and access to health services to the elderly persons and key health problems in the survey area. Personnel in the Old Age Homes (Sheshanarayan and Chalnakhel VDC) were visited to understand the state of rehabilitation of elderly in these Homes and their perception towards the current state of elderly in Pharping area. Community leaders/political party carders were also consulted in each VDC to locate the most vulnerable elderly in the VDC and ward and understand their commitment towards elderly social and health care needs.

2.5 Partnership with Other Organizations

Partnering with Sheffield University and Ageing Nepal

This research project was led by CDPS. In the research process, Ageing Nepal – one of the leading NGO working to protect and promote elderly rights in Nepal - was involved as a research team member. Collaboration was also established with Sheffield University, UK to get feedback for study design and survey instruments. Written commitment on the structured questionnaire and qualitative survey guideline was obtained from Sheffield University.

Efforts to Control Bias

This study attempted to minimize the sampling and non-sampling bias. In order to reduce the sampling bias, the sampling locations were widely dispersed (i.e. all the 9 wards of the VDCs) and sample was allocated equally in each ward ensuring the equal probability of selection of elderly household. As all the wards were primary sampling units, there was no longer the question of cluster-effects in the sampling process.

In order to minimize the non-sampling errors, the following steps were taken. The questionnaire was designed simple, with sequencing and giving the instruction of difficult terms/worlds used in the questionnaire so that all the surveyors could understand the same things. The sample design was without replacement i.e. if the sample household was not located or the elderly person was absentees or if the elderly person was not willing to provide interview – the sampling was not replaced. This design has the advantage that it tends to reduce the risk of replacing the sampling household by the surveyors in easy location.

2.6 Quality Assurance Process

In order to increase the quality of the study, the research team attempted the following. The research team composed of CDPS faculties and Ageing Nepal (a partial support was also obtained from Sheffield University, UK) – thus being an inter-organization experiences in ageing issues. Pre-test of the survey instruments was done by the core research team members including by the field supervisors. A total of 10 elderly persons were interviewed from the non-sampling area and the questionnaire was finalized after the feedback from the pre-test results. A five-days training was provided to the field supervisors and field surveyors. In the training, CDPS core research team members and experts from Ageing Nepal were involved as resource persons. UNFPA feedback was also obtained during training period. Regular field supervision was done by the core research team members and supervisors. De-briefing by the field supervisors and the field surveyors was done every day and any complication and omission was sort out in the field. Field editing of questionnaire was done by the field supervisors. Field editing was done every day. Filled questionnaire was collected in CDPS and kept safely. The filled questionnaire was reviewed, edited and recoded by the data management team under the supervision of core research team. Data was entered in CSpro which controls the human errors in data entry into computer.

Ethical Guideline and Consideration

In order to consider ethnical and privacy of the elderly persons, the study adopted the following strategies. CDPS/TU took the ethical approval letter from Nepal Health Research Council (NHRC) by submitting the required documents and instruments. In the training process of the field surveyors, resource persons highlighted how to deal with elderly and how to maintain the privacy and ethical issues of elderly. For this, respect, dignity and honor of the elderly were maintained without any discrimination based on age, gender, social and economic class and disability status/illness and residence status during the interview process. The household survey questionnaire was designed in such a way that its first page provided an ethical guideline for the surveyors. It states that field surveyors must take the permission from elderly before interview. He/she must state the objective of the study and privacy that the study maintains. None of the elderly persons were interviewed by giving the false promises and if they were unwilling to give the interview, they were not forced to do so. The same rule was employed for conduction of FGD and developing the case studies of the most vulnerable elderly persons. In the analysis process, while referring to the case studies, real name of the elderly persons was not provided and in some extreme cases specific location was not provided.

Process for Obtaining and Incorporating Comments/Feedbacks on Reports

The comments and feedback on the research process was obtained from UNFPA including from other stakeholders. The key stakeholders – MoHP, MoWCSW, MoLD, Ageing Nepal and Sheffield University – were communicated in each research process through e-mail and their written and oral comments were incorporated. Meeting of the key stakeholders was also guided the research process.

2.7 Data Processing and Analysis

Quantitative data was edited, recoded and entered in Census and Survey Processing System (CSPro) database software and transformed into SPSS for data analysis purpose. CSpro - a database system developed by US Census Bureau - has been widely used for data entry programs in Nepal, especially for large data sets. It controls human errors of entry and is also compatible software for editing of data. For qualitative data, information was recorded in Nepali and information was translated into English.

A Data Management Expert and four data entry persons were hired having good exposure in CSpro database as well as in SPSS program. Data were entered in four computers in CDPS and four MA students with good exposure in data entry were hired. Qualitative information was translated into English and then reviewed and contextualize in the text.

Field Operation and Hiring of Field Survey Team

An 11-member of qualified and experienced field survey team was hired on the basis of their academic qualification, previous working experience and commitment to work with elderly issues. The survey team consists of 2 supervisors (one male and one female) and 9 field surveyors (4 females and 5 males). The responsibility of field surveyors was to conduct household survey, sampling of households, field editing and assisting supervisors for conduction of FGD, KII and developing life-histories of deviant cases. The key role of supervisors was to supervise the survey team; assist for sampling of elderly household; conduct FGD, KII and case studies.

The field work started from May 9, 2012 and ended by the first week of June, 2012. There were three groups in the field: i) Chhaimale and Talku Devi VDCs; ii) Danchhinkali and Shesanarayan VDC and iii) Seti Devi and Chalnakhel VDCs. Project Director, PI and C-PI supervised the overall field work and also conducted KII and FGDs.

2.8 Limitations of the Study

1. The study is largely a cross-sectional study although it combines both qualitative (especially chronicles of elderly) and quantitative survey tools. Thus, the findings of the study may not precisely guide us how the changing nature of family care system, social and cultural norms of looking at elderly has had impact on elderly care.
2. This study has used the responses of elderly to understand their health status from themselves. Health status of elderly persons would have been better understood had the study accompanied by medical examination. However, this process may be costly, time consuming and may require small sample size.

2.9 Lesson Learnt

Finding of the study indicate that VDC offices of Dakchhinkali and Tulu Devi confirmed that the VDC offices has computerized data on senior citizens, single women and disabled persons who have received the allowances provided by the Government. At the same time, we also found that these VDCs have also developed VDC profiles. This information assisted us locating elderly persons as well as understanding the socio-economic status of VDCs. With the discussion of supporting generation in Dakchhinkali site, it was known that the survey of the elderly persons may not be very sensitive to 'others' (i.e. other than elderly persons). This is because the issue of elderly is respected by the community people and hence it

is not like a stigmatized issue as in the case of, for example, worst forms of child labor, commercial sexual exploitation and so on. In the pre-test and field test, we found that some vulnerable elderly persons may need immediate support in terms of health treatment and economic support. This was challenging for the study team. In order to overcome such challenges, the field study team was instructed to provide the relevant information where and when the elderly get the appropriate support. Our study also indicated that there are some Old Age Homes established in Seti Devi, Sheshanarayan VDCs. There are also community hospitals (in Dakchhinkali and Sheshanarayan VDCs) and leprosy hospital in Seti Devi VDC. These health institutions including other Governmental and private health facilities provided information on the health status of elderly persons.

Chapter Three
CHARACTERISTICS OF HOUSEHOLDS WITH ELDERLY

3.1 Economic Status of Household

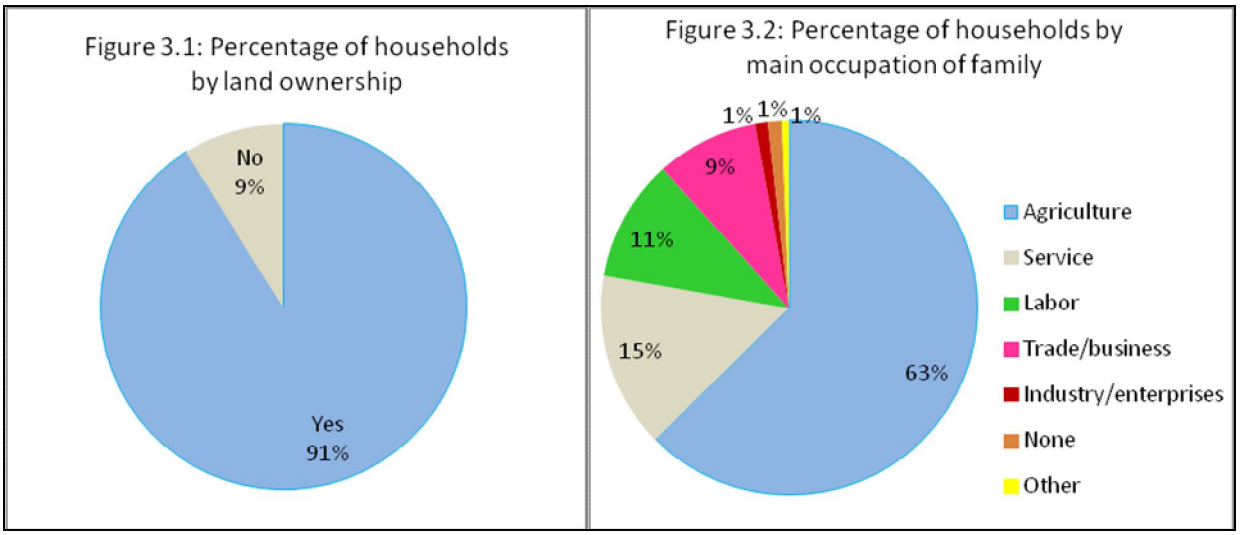
A large majority of the surveyed households (about 98%) with elderly have their own houses (Table 3.1). Likewise, more than 91 per cent of the households possess their own agricultural land (Figure 3.1) and more than one-half (51%), among those who reported size of agricultural landholdings, have 5 *Ropani* of land or more (0.25435 hectare or more). Slightly more than one-fifth (22%) each possess 1-3 and 3-5 *Ropani* of lands respectively and only less than 5 per cent of households of the elderly have less than one *Ropani* of agricultural land. The average landholding size of households of the elderly is found to be 6.5 *Ropani* (0.33066 hectare). The data on size of landholding indicate that most of the families of elderly have some agricultural land which can help them for their sustenance.

Table 3.1: Percentage distribution of households by ownerships of house and land, main occupation and monthly income, Pharping area, Kathmandu, 2012

Possessing of own house by family	Number	Percentage
Yes	1,045	97.8
No	23	2.2
Total (n)	1,068*	100.0
Land owned by family		
Yes	973	91.1
No	95	8.9
Total (n)	1,068*	100.0
Size of landholding (in *Ropani*)		
< 1	44	4.8
1-3	205	22.3
3-5	202	22.0
5-10	280	30.5
10+	187	20.4
Total (n)	918*	100.0
Average land holding = 6.5 *Ropani*		
Main occupation of family		
Agriculture	667	62.6
Service	162	15.2
Labor	112	10.5
Trade/business	94	8.8
Industry/enterprises	12	1.1
None	13	1.2
Other	6	0.6
Total (n)	1,066*	100.0
Family's monthly income		
Up to Rs. 1,000	74	7.0
Rs. 1,001-Rs.2,500	94	8.9
Rs. 2,501-Rs. 5,000	133	12.5
Rs. 5,001-Rs.7,500	167	15.8
Rs. 7,501-Rs. 10,000	158	14.9
More than Rs. 10,000	434	40.9
Total (n)	1,060*	100.0

Note: Other occupation includes property selling, land on lease and land agent/dealer.

* Some 2-10 cases are missing in different characteristics of responses in Table 3.1 including 55 cases not stating about size of land holding.



As shown by the data on landholding size, nearly two-thirds households (63%) of the elderly were engaged in agriculture as their main occupation (Figure 3.2). Fifteen per cent households reported service as their main occupation followed by about 11 and 9 per cent reporting labor and trade/business respectively. It can be said that majority of the households in the study area have agricultural based economy and this may be attributed to the study area being located in rural area.

About two-fifth households (41%) of the elderly have monthly family income of more than NPR 10,000 and around 15 per cent each have NPR 7,501-10,000; 5,001-7,500; and 2,501-5,000 respectively. About 16 per cent households of the elderly have monthly family income of up to only NPR 2,500 (Table 3.1). Since more than half of the households of elderly earn less than NPR 10,000 per month, and considering the average household size of 5.24, it indicates the lower average per capita income than that of the national level of US$650 (The World Bank, 2012).

Only about one-quarter of the households of elderly (24%), among those possessing own agricultural land, reported that they have food sufficiency around the year from their own production and the rest responded negatively. Out of those who reported food insufficiency around the year, about three-fifths (57%) reported it is insufficient for up to 6 months and about two-fifths (43%) said the same for more than 6 months (Table 3.2).

Forty-four per cent households among food deficit around the year from own production are found fulfilling it engaging in daily wages/labor, while slightly more than one-third each are fulfilling food deficit with their income from service and trade/business respectively. Some 12 per cent reported pension and 4 per cent said remittance as the means for fulfilling the food deficit around the year. Another 13 per cent reported other different ways to fulfill the food deficit like support from son, daughter and relatives, house rent, bank balance, old age allowance, etc. Only 6 per cent responded that they borrow to fulfill the food deficit around the year (Table 3.2). From the data it is seen that although three-quarters of the households of elderly do not produce sufficient food grains from their own land, most of them have other means of sources like service, business/trade, pension and remittance to fulfill the food deficit around the year. However, less than half of them have to go for daily wages/labor and a few have to borrow from money lenders.

Table 3.2: Percentage distribution of households by food sufficiency from own production, Pharping area, Kathmandu, 2012

Food sufficiency around the year from own production	Number	Percentage
Yes	236	24.3
No	737	75.7
Total (n)	973	100.0
Months of food deficiency		
Up to 3 months	42	5.7
4-6 months	375	51.2
7-9 months	219	29.9
More than 9 months	97	13.2
Total (n)	733*	100.0
Ways to fulfill the food deficit**		
Daily wages/labor	324	44.0
Services	259	35.1
Trade/business	254	34.5
Pension	85	11.5
Borrowing	45	6.1
Remittance	27	3.7
Other	93	12.6

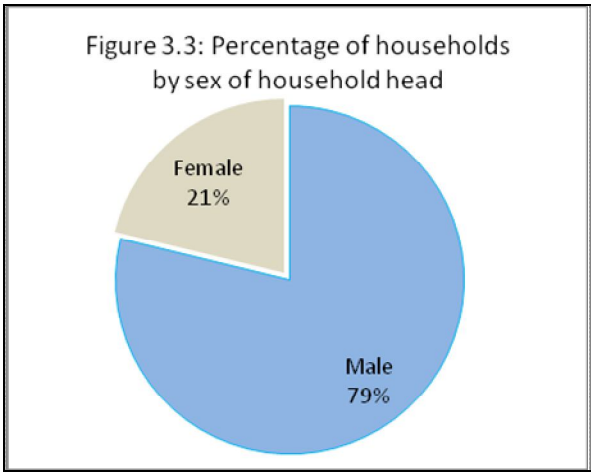
Note: Other way to fulfill food deficit includes support from son/daughter/relatives, house rent, bank balance, old age allowance, income from sewing, priest and the likes.

* Four cases among food insufficient around the year are missing for months of food deficit.

** The sum of percentages may exceed 100 due to multiple responses.

3.2 Population, Headship and Type of Family

Of the total enumerated households of the elderly in the study area, almost four-fifths (79%) had male household heads and the rest 21 per cent had female household heads (Figure 3.3). About 28 per cent households had more than 6 family members, almost one-half (49%) had 4-6 family members and 24 per cent had less than 4 family members (Figure 3.4), including 8 per cent with elderly alone (Table 3.3). The average family size of the households is estimated at 5.24, which is higher than the national average figure (4.7) of 2011 Census. Three-quarters of the households (75%) had joint family, around 11 per cent had nuclear family with spouses and unmarried children, 8 per cent were single family and another 7 per cent had nuclear family with elderly spouses only (Table 3.3). Since the study area is located in rural, it is expected that most of households have joint family with larger family size along with male household heads.



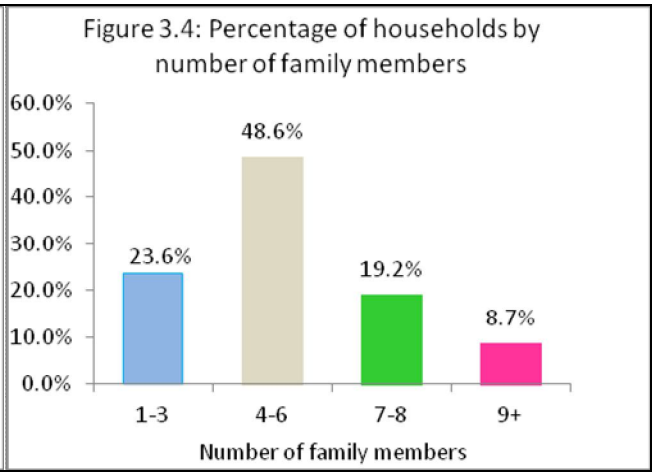


Table 3.3: Percentage distribution of households by sex of household head, household size, mean size of household and type of family, Pharping area, Kathmandu, 2012

Household headship	Number	Percentage
Male	843	78.8
Female	227	21.2
Total (n)	1,070	100.0
Number of family members		
1	81	7.6
2	104	9.7
3	67	6.3
4	128	12.0
5	199	18.6
6	192	18.0
7	135	12.6
8	70	6.5
9 and above	93	8.7
Total (n)	1,069*	100.0
Mean size of households = 5.24		
Type of family		
Nuclear (couple only)	72	6.7
Nuclear (couple and unmarried children)	113	10.6
Joint	800	74.8
Single	85	7.9
Total (n)	1,070	100.0

* One case is missing for number of household members.

In the households of the study area, nearly two-fifth populations (39%) are found to be adults of age group 25-59 years (37% and 41% among males and females respectively). Since the survey enumerated only those households which belong to at least one elderly 60 years of age or more, one-quarter of the population (25%) are found to be comprised of them. Seventeen per cent populations are youth of age group 15-24 years, 7 per cent are in early adolescence (10-14 years) and 12 per cent are less than 10 years of age (Table 3.4).

Table 3.4: Percentage distribution of household population by broad age groups, according to sex, Pharping area, Kathmandu, 2012

Age group (in years)	Male	Female	Total	Sex Ratio*
< 10	14.4	10.3	12.3	139.8
10-14	7.4	6.9	7.1	107.2
15-24	16.8	17.4	17.1	96.6
25-59	37.1	40.6	38.9	91.4
60-64	7.5	6.5	7.0	115.4
65-69	7.0	7.3	7.1	95.9
70-79	7.1	7.8	7.4	87.8
80 and above	2.8	3.3	3.1	83.9
Total (%)	100.0	100.0	100.0	97.5
Total (n)	2,763	2,835	5,598	

* Number of males per 100 females.

The proportions of population in different age groups are almost similar for both the sexes, except that a lesser proportion of females population at below 10 years of age are found compared to their male counterparts (10% vs. 14%). More males than female population are observed in younger cohorts of age

groups, i.e. below 15 years of age with sex ratio higher than 100. In rests of the age cohorts, the sex ratios are below 100, except in early age cohort of elderly 60-64 years, indicating that there are more female population than males. The overall sex ratio of 97.5 also suggests higher number of female population than males in the study area and it is similar to the figure of national average (94.4) as well.

3.3 Household Facilities

An overwhelming majority of the households (96%) in the study area had electricity followed by cell/ phone (83%) and television (80%). Although it is rural area, more than 78 per cent of the households had toilet and 64 per cent households had piped drinking water as well. However, only 17 per cent of them reported they had radio in their houses and some 5 per cent also possessed internet connections (Table 3.5). The situation of household amenities/facilities in the study area seems to be better compared to other parts of the rural area of the country and this may be because of the area locating not so far, only about 15 kilometer distance, from capital city of the country.

Table 3.5: Percentage distribution of households by household facility, Pharping area, Kathmandu, 2012

Household facility	Yes	No	Total (n)*
Toilet facility	78.3	21.7	1,068
Piped drinking water	63.7	36.3	1,067
Electricity	95.9	4.1	1,067
TV	79.8	20.2	1,067
Cell/phone	82.8	17.2	1,067
Radio	59.8	40.2	1,067
Computer	16.6	83.4	1,067
Internet	4.7	95.3	1,067
Other	0.8	99.2	1,067

Note: Other household facility includes refrigerator, solar panel, fan, heater, cooker, etc.
* Some 2-3 cases are missing in different categories of responses in Table 3.5.

3.4 Migration of Family Member

Slightly more than 15 per cent of the households in the study area had at least one family member out-migrated to other parts of the country or emigrated abroad. The figures vary within different VDCs of the study area. It is found highest in Chhaimale with 22 per cent followed by 19 per cent in Seti Devi, 14 per cent each in both Sheshnarayan and Dakshinkali, 12 per cent in Chalnakhel and 11 per cent in Talku Devi (Table 3.6).

Like in the many places of the country, the data reveal that some people of the study area also migrate from their place of origin to other parts of the country or abroad for different reasons, especially in search of better work in the destination place. Out-migration or emigration is studied according to caste/ethnic groups as well, but there is not found significant different among different social groups as it ranges between only 13 and 16 per cent in different groups, except for Gurung and 'other' group which include *Tarai* origin castes but they were very small in magnitude.

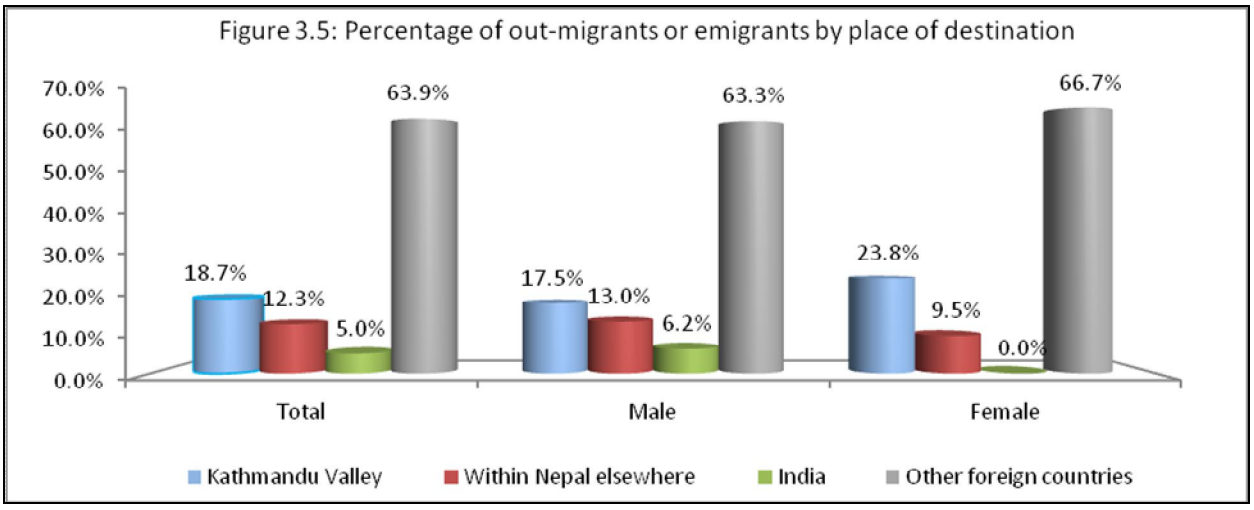
Table 3.6: Percentage of households with at least one family member out-migrated or emigrated, Pharping area, Kathmandu, 2012

Area and caste/ethnicity	At least one family member out-migrated/emigrated		Total (n)
	Yes	No	
VDC			
Chalnakhel	11.9	88.1	177
Seti Devi	19.4	80.6	180
Sheshnarayan	14.1	85.9	177
Dakshinkali	14.4	85.6	181
Talku Devi	10.9	89.1	175
Chhaimale	21.9	78.1	178
Caste/ethnic groups			
Brahmin	16.1	83.9	137
Chhetri	16.2	83.8	259
Newar	14.7	85.3	273
Tamang	16.3	83.7	295
Magar	13.5	86.5	37
Dalit	13.0	87.0	46
Gurung	0.0	100.0	9
Rai	14.3	85.7	7
Other	20.0	80.0	5
Total	15.4	84.6	1,068*

Note: Other caste/ethnic group includes *Tarai* origin castes.

* Two cases are missing for out-migration or emigration of family member.

Among those who migrated from the study area, 81 per cent were males and 19 per cent were females. Within each sex, the higher proportion of migrants are observed in age cohort of 20-24 years, which is 30 per cent among males and as higher as 41 per cent among females. Males of age group 20-34 years comprise 72 per cent among migrant males, while the figure is 69 per cent among migrant females (Table 3.7). Thus, out-migration/emigration is found to be both sex and age selective as more males and more in working age groups of both the sexes are going outsides from their place of origin seeking for better opportunity in destination places. Most of the male migrants are found to be either sons (70%) or grandsons (23%) of the elderly. Similarly, most of the female migrants are either daughter-in-law (41%), or daughter (31%) or granddaughter (26%) of the elderly.



Majority of the migrants were migrated to foreign countries other than India (63% males and 67% females). Some 18 per cent males and 24 per cent females were found migrating to nearby Kathmandu Valley. Likewise, 13 per cent males and 10 per cent females migrated to elsewhere in other parts of the country and 6 per cent males migrated to India (Figure 3.5). Third countries like Arabian countries are found to be the major destination of current migration flow from the study area among both the sexes of working ages.

Table 3.7: Percentage distribution of out-migrants or emigrants by sex according to selected migrant characteristics, Pharping area, Kathmandu, 2012

Background characteristics	Male	Female	Total
Age at migration			
<15	7.4	16.7	9.2
15-19	11.4	9.5	11.0
20-24	29.5	40.5	31.7
25-29	27.8	14.3	25.2
30-34	14.2	14.3	14.2
35-39	6.8	4.8	6.4
40-44	1.1	0.0	0.9
45-49	0.0	0.0	0.0
50+	1.7	0.0	1.4
Total (n)	176	42	218*
Respondent's relationship to the migrant			
Spouse	4.5	2.4	4.1
Son	69.7	-	56.4
Daughter-in-law	-	40.5	7.7
Daughter	-	31.0	5.9
Grandchildren	23.0	26.2	23.6
Other family members	2.8	0.0	2.3
Total (n)	178	42	220
Place of migration			
Kathmandu Valley	17.5	23.8	18.7
Within Nepal, elsewhere	13.0	9.5	12.3
India	6.2	0.0	5.0
Other foreign countries	63.3	66.7	63.9
Total (n)	177	42	219*
Current main occupation of the migrant			
Agriculture	2.3	0.0	1.9
Trade/business	6.3	2.5	5.6
Service	24.6	12.5	22.3
Industry	3.4	0.0	2.8
Wage labor	46.9	47.5	47.0
Student	13.7	15.0	14.0
Dependent	0.0	12.5	2.3
Don't know	1.1	0.0	0.9
Other (religious work, search of work)	1.7	10.0	3.3
Total (n)	175	40	215*
Remittance sent in the last year			
Yes	59.3	31.0	53.9
No	40.7	69.0	46.1
Total (n)	177	42	219*
Average amount of remittance (in Rupees)	140,930	366,769	167,865
Contribution in fulfilling household needs by the remittance			
Very much	20.8	23.1	21.1
Average	53.5	46.2	52.6
Somewhat	23.8	23.1	23.7
Minimal	2.0	7.7	2.6
Total (n)	101	13	114*

* One to six cases are missing in different characteristics of responses in Table 3.7.

Almost one-half of the migrants among both the sexes (47% males and 48% females) are engaged in wage labor abroad (Table 3.7). About one-quarter (25%) of migrant males are involved in service at destination place and 14 per cent are students. Likewise, about 13-15 per cent of migrant females each are students, dependents and service holders at place of destination respectively.

It was reported that almost three-fifths of male migrants (59%) and 31 per cent of female migrants had sent back some remittance to their origin home at the study area in the past year (Table 3.7). However, it is interesting to know that even though number of male migrants and their number sending remittance back to their home at origin place in the past year are higher than females, the average amount of remittance sent by female migrants in the past year is found higher than sent by their male counterparts (NPR 366,769 vs. NPR 140,930). More than one-fifth of households (21%) that received remittance in the past year reported that it has contributed a lot in fulfilling household needs, more than one-half (53%) said about its moderate contribution for that purpose, 24 per cent viewed its contribution as somewhat and only about 3 per cent took its contribution as insignificant (Table 3.7). Thus, it can be said that more males than females and of working ages are migrating from study area to major place of destination like Arab countries. They are involving there mainly in wage labor, most of them also sending back remittance and it has contributed significantly in fulfilling the household needs at the origin place.

Chapter Four
DEMOGRAHIC AND SOCIO-ECONOMIC STATUS OF ELDERLY

This Chapter aims to fulfill the objective 1 of this study: to explore the socio-economic condition of elderly. This Chapter thus focuses on the social conditions of elderly – marital status, headship, and number of living children, caste/ethnic groups, literacy and educational attainment. It further goes on dealing with living arrangement and main caregivers and their carrying activities. It further goes on exploring the housing and economic condition of elderly and elderly support in the family.

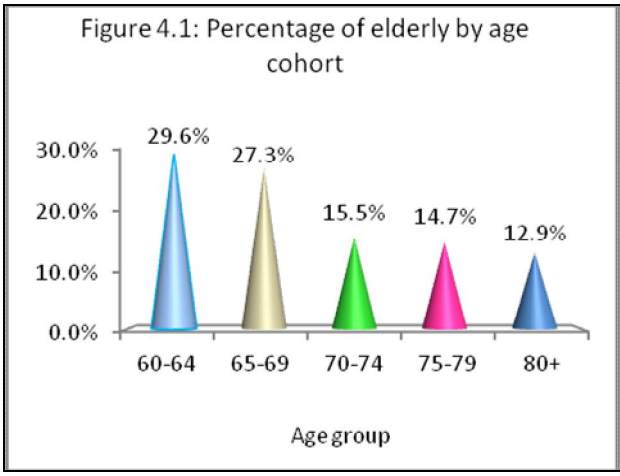
4.1 Characteristics of Survey Respondents

Table 4.1 shows the distribution of respondents by sex according to selected background characteristics. Overall 1,355 elderly were enumerated in the survey. Among them, 676 were males and 679 were females. Of the total respondents, nearly 30 per cent comprised of 60-64 years of age, 27 per cent 65-69 years, 15.5 per cent for 70-74 years, 15 per cent for 75-79 years and nearly 13 per cent for 80 years and above (Figure 4.1). More females over males were enumerated with increasing age of the elderly.

With respect to marital status of elderly, almost half remains out of current marital union (45% widow/widower, 2% divorced/separated and nearly 2% never married) (Figure 4.2). The proportion of currently married elderly is much higher among males (64%) against females (39%). Among the total elderly, an overwhelming majority had at least one living children (97%): one-fifth had 1-2 living children; 38.5 per cent had 3-4 living children and another 37.5 per cent had 5 and more living children. Having number of living children does not distinctly vary by sex of the elderly.

Six major caste/ethnic groups were captured in the survey. They include Tamang (27%), Newar (26%), Chhetri (25%), Brahmin (13%), Dalit (4%) and Magar (3.5%). Others include Rai, Gurung and Madheshi community.

In the survey, more than half elderly were head of the households (52%); one-fourth of respondents' household was headed by sons and 15 per cent by spouse. There is gender variation in headship – more than three-fourth males being head of the household while the comparable figure for females is about 29 per cent.



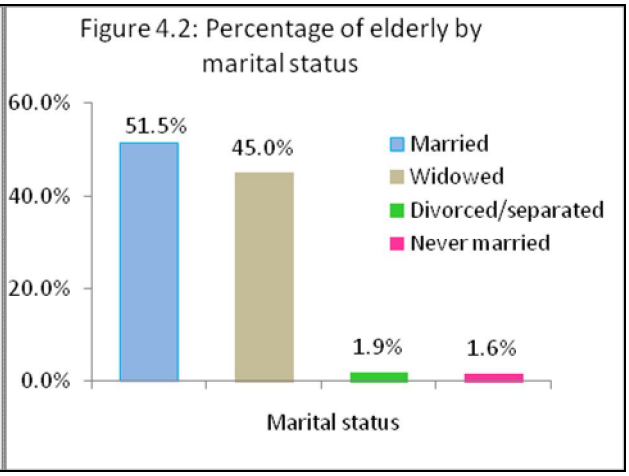


Table 4.1: Distribution of elderly 60 years and above by sex according to selected background characteristics, Pharping area, 2012

Background characteristic	Male		Female		Total	
	Per cent	Number	Per cent	Number	Per cent	Number
Age (in years)						
60-64	31.4	212	27.8	189	29.6	401
65-69	26.8	181	27.7	188	27.3	369
70-74	16.3	110	14.7	100	15.5	210
75-79	13.8	93	15.6	106	14.7	199
80+	11.7	79	14.1	96	12.9	175
Total	100.0	675*	100.0	679	100.0	1,354*
Marital status						
Married	64.4	435	38.6	262	51.5	697
Widow/widower	31.9	215	58.0	394	45.0	609
Divorced/separated	1.6	11	2.2	15	1.9	26
Never married	2.1	14	1.2	8	1.6	22
Total	100.0	675*	100.0	679	100.0	1,354*
Number of living children						
None	3.2	21	3.3	22	3.3	43
1-2	20.0	131	21.1	141	20.5	272
3-4	39.2	257	37.8	253	38.5	510
5 and above	37.3	245	37.7	252	37.5	497
Total	100.0	654*	100.0	668*	100.0	1,322*
Caste/ethnic groups						
Brahmin	12.6	85	12.9	87	12.7	172
Chhetri	24.8	167	24.7	167	24.7	334
Newar	26.1	176	25.7	174	25.9	350
Tamang	27.7	187	25.8	175	26.8	362
Magar	3.1	21	3.8	26	3.5	47
Dalit	3.4	23	4.9	33	4.1	56
Other	2.2	15	2.2	15	2.2	30
Total	100.0	674*	100.0	677*	100.0	1,351*
Headship						
Self	75.9	512	28.7	195	52.2	707
Spouse	3.6	24	26.8	182	15.2	206
Son	15.1	102	34.5	234	24.8	336
Daughter-in-law	1.3	9	2.5	17	1.9	26
Other family members	4.1	28	7.5	51	5.8	79
Total	100.0	675*	100.0	679	100.0	1,354*

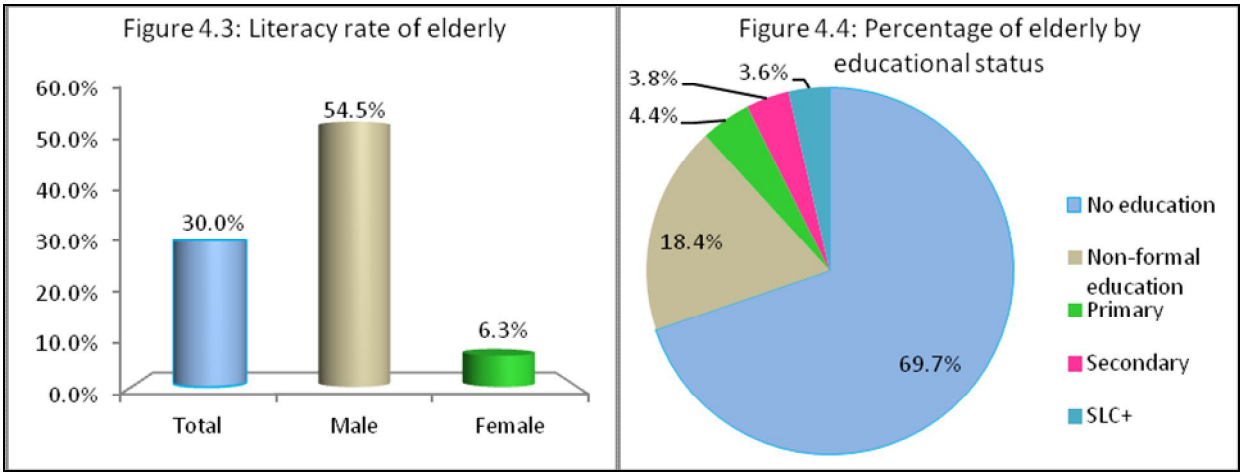
Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* One to two cases are missing in different characteristics of responses in Table 4.1, except in number of living children where 7 males and 3 females are missing.

Literacy and Current Ability of Reading

Table 4.2 shows literacy rates and current ability of reading of respondents by sex. Overall literacy rate, i.e. who can both read and write with understanding, is estimated to be 30 per cent (Figure 4.3). The rate is, however, extremely low for females (6%) compared to males (54.5%). Literacy rates tend to decline with the increase of the age of the respondents – a decline from 36 per cent for 60-64 years age group to 22 per cent for 80 years and above. The rates for females are very low for all age groups.

By caste/ethnic groups, literacy rates are relatively higher for Chhetri (44%) and Brahmin (43%) compared to Tamang (16%), Magar (19%) and Dalit (14%). Literacy rates for Newar fall in between Brahmin/Chhetri and Magar. Gender variation in literacy rates in each caste/ethnic group is noticeable.



A further question was asked to the respondents who were literates that whether they are still able to read. Data reveal that 80 per cent reported that they could still read. This proportion is 81 per cent for males and 72 per cent for females. With age of the elderly, the ability to read tends to decline with the increase in age. For example, four in five literate elderly of age 60-64 years reported that they could read while the comparable figures for 70-74 years and 80 years and above were 80 per cent and 69 per cent, respectively. This pattern holds by sex of the respondents. Current ability to read is relatively better for Brahmin, Chhetri compared to other social groups presented here.

Table 4.2: Literacy rates and current ability of reading of elderly 60 years and above (in %) by sex according to selected background characteristics, Pharping area, 2012

Background characteristic	Literacy rate			Currently able to read among literates		
	Male	Female	Total	Male	Female	Total
Age						
60-64	61.8 (131)	7.9 (15)	36.4 (146)	80.9 (106)	73.3 (11)	80.1 (117)
65-69	56.9 (103)	7.4 (14)	31.7 (117)	87.4 (90)	78.6 (11)	86.3 (101)
70-74	41.3 (45)	5.0 (5)	23.9 (50)	84.4 (38)	40.0 (2)	80.0 (40)
75-79	53.8 (50)	6.6 (7)	28.6 (57)	74.0 (37)	71.4 (5)	73.7 (42)
80+	47.4 (37)	2.1 (2)	22.4 (39)	67.6 (25)	100.0 (2)	69.2 (27)
Caste/ethnic groups						
Brahmin	77.6 (66)	9.2 (8)	43.0 (74)	84.8 (56)	75.0 (6)	83.8 (62)
Chhetri	79.6 (133)	9.0 (15)	44.3 (148)	85.7 (114)	66.7 (10)	83.8 (124)
Newar	47.7 (84)	8.6 (15)	28.3 (99)	75.0 (63)	73.3 (11)	74.7 (74)
Tamang	30.6 (57)	1.1 (2)	16.3 (59)	71.9 (41)	100.0 (2)	72.9 (43)
Magar	38.1 (8)	3.8 (1)	19.1 (9)	87.5 (7)	0.0 (0)	77.8 (7)
Dalit	34.8 (8)	0.0 (0)	14.3 (8)	75.0 (6)	-	75.0 (6)
Other	66.7 (10)	13.3 (2)	40.0 (12)	90.0 (9)	100.0 (2)	91.7 (11)
Total	54.5 (367)*	6.3 (43)	30.0 (410)*	80.9 (297)*	72.1 (31)	80.0 (328)*

Notes: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes. Figures in parentheses are number of cases.

* The sum of individual cases may not match with total case for males because one respondent did not state about age and caste/ethnic group.

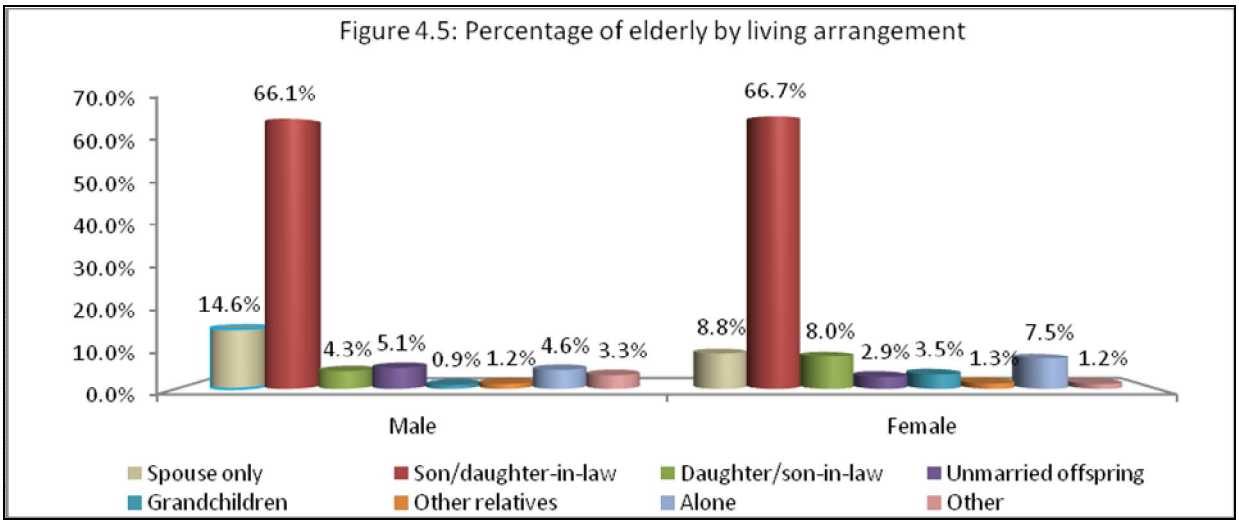
An overwhelming majority of elderly were found to have no formal schooling education in the sample (Figure 4.4). Nearly 70 per cent did not have education at all and 18 per cent with no-formal education. On the other hand, only 12 per cent had primary and above education. Evidence suggests that gender variation in educational attainment among elderly is very wide as reflected by 94 per cent females against 45.5 per cent males with no education. There are a few females with formal school education (9 out of 679).

Table 4.3: Distribution of elderly 60 years and above by sex according to educational status, Pharping area, 2012

Education	Male		Female		Total	
	Per cent	Number	Per cent	Number	Per cent	Number
Education						
No education	45.5	307	93.7	636	69.7	943
Non-formal education	31.9	215	5.0	34	18.4	249
Primary	8.0	54	0.9	6	4.4	60
Secondary	7.4	50	0.3	2	3.8	52
SLC and above	7.1	48	o.1	1	3.6	49
Total	100.0	674*	100.0	679	100.0	1,353*

4.2 Living Arrangements

In the household survey, a question was asked to the respondents about their living arrangement i.e. to whom the elderly were residing. Figure 4.5 shows percentage distribution of elderly males and females aged 60 years and above by living arrangement, according to selected background characteristics. It is found that an overwhelmingly majority of elderly males were residing with either a family members or relatives (95%). Overall, nearly two-thirds were reported to have been living with their son/daughter- in-law while 15 per cent were residing only with spouse. A slightly more than 4 per cent was found to have residing with their daughter/daughter-in-law and nearly 5 per cent were residing alone.



The proportion of residing alone tends to increase with the increase in age of respondents; more widower tends to live alone compared to those in marital unions; more elderly males without living children tend to live alone compared to those who have at least one living children. Among the caste/ethnic groups, a relatively higher proportion of Newar elderly males (5%) compared to other caste/ethnic groups were residing alone (Table 4.4).

Table 4.4: Percentage distribution of elderly (males) aged 60 years and above by living arrangement, according to selected background characteristics, Pharping area, 2012

Background characteristics	Spouse only	Son/daugh-ter-in-law	Daughter/ son-in-law	Unmarried offspring	Grand children	Other relatives	Alone	Other	Total	n
Age group*										
60-64	14.7	68.2	0.9	8.5	0.5	1.4	2.8	2.8	100.0	211
65-69	13.3	67.4	3.9	6.6	0.6	1.7	4.4	2.2	100.0	181
70-74	15.6	61.5	7.3	2.8	0.9	0.0	5.5	6.4	100.0	109
75-79	17.2	67.7	3.2	1.1	1.1	1.1	7.5	1.1	100.0	93
80+	10.3	62.8	11.5	0.0	1.3	2.6	6.4	5.1	100.0	78
Marital status										
Married	22.1	66.1	3.2	7.1	0.7	0.0	0.0	0.7	100.0	434
Widow/widower		72.0	7.0	1.4	0.9	2.3	12.1	4.2	100.0	214
Divorced/separated		45.5	0.0	0.0	0.0	9.1	27.3	18.2	100.0	11
Never married						21.4	21.4	57.1	100.0	14
Number of living children*										
None	14.3	19.0	0.0	-	-	14.3	23.8	28.6	100.0	21
1-2	13.7	61.1	10.7	2.3	0.8	1.5	7.6	2.3	100.0	131
3-4	15.6	70.7	2.0	7.4	1.6	0.0	2.0	0.8	100.0	256
5 and above	14.3	72.2	4.1	4.9	0.0	0.4	3.7	5.3	100.0	245
Caste/ethnic groups*										
Brahmin	12.9	75.3	0.0	8.2	0.0	0.0	1.2	2.4	100.0	85
Chhetri	14.4	68.3	6.0	2.4	1.2	0.0	4.8	3.0	100.0	167
Newar	12.0	66.9	4.0	5.7	0.6	2.3	3.4	5.1	100.0	175
Tamang	15.6	59.7	5.4	5.4	1.1	2.2	7.5	3.2	100.0	186
Magar	23.8	61.9	4.8	4.8	0.0	4.8	0.0	0.0	100.0	21
Dalit	8.7	73.9	4.3	0.0	0.0	0.0	13.0	0.0	100.0	23
Other	26.7	60.0	0.0	13.3	0.0	0.0	0.0	0.0	100.0	15
Total	14.6	66.1	4.3	5.1	0.9	1.2	4.6	3.3	100.0	673*

Notes: Other living arrangement includes living with friends and other known persons but non-relatives; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Three cases of males are missing reporting about the person they are currently living with and the sum of individual cases of different categories of some characteristics may not match with total cases because of some non-responses about the characteristics considered.

Table 4.5 shows percentage distribution of elderly females aged 60 years and above by living arrangement, according to selected background characteristics. Overall, two-thirds of them were residing with son/daughter-in-law; nearly 8 per cent with spouse only, another 8 per cent with daughter/son-in-law, 3.5 per cent with grand children, 2.9 per cent with unmarried offspring, 1 per cent with other relatives and 7.5 per cent were residing alone.

Data reveal that living arrangement of elderly females, however, varies with the background characteristics considered here. The proportion of elderly females living only with spouse tends to decline with increase in age while the proportion tends to increase with advancing age in case of living arrangement with daughter/son-in-law and grand children. With marital status, the proportions of living alone are high among those who are in state of widowhood (10%), separated/divorced (33%) and never married (37.5%). More elderly females tend to live with son/daughter-in-law when they have more number of living children. On the other hand, the proportion living alone is very high for those who do not have living children at all (40% out of 22) and this proportion tends to decline with the increase in number of living children yet there are remarkable number of elderly females who are residing alone even if they have at least one living children.

Table 4.5: Percentage distribution of elderly (females) aged 60 years and above by living arrangement, according to selected background characteristics, Pharping area, 2012

Background characteristics	Spouse only	Son/daugh-ter-in-law	Daughter/ son-in-law	Unmarried offspring	Grand children	Other relatives	Alone	Other	Total	n
Age group										
60-64	13.2	65.1	5.3	5.3	3.2	0.0	5.8	2.1	100.0	189
65-69	10.1	65.4	6.4	3.2	3.2	1.6	8.5	1.6	100.0	188
70-74	6.0	75.0	6.0	3.0	3.0	1.0	6.0	0.0	100.0	100
75-79	4.7	67.0	9.4	0.0	4.7	2.8	10.4	0.9	100.0	106
80+	4.2	63.5	16.7	1.0	4.2	2.1	7.3	1.0	100.0	96
Marital status										
Married	22.5	64.9	5.0	3.8	1.5	0.4	1.1	0.7	100.0	262
Widow/widower		70.1	10.2	2.3	5.1	1.5	10.2	0.8	100.0	394
Divorced/separated		46.7	6.7	6.7	0.0	0.0	33.3	6.7	100.0	15
Never married						25.0	37.5	37.5	100.0	8
Number of living children*										
None	13.6	22.7	0.0	-	-	9.1	40.9	13.6	100.0	22
1-2	7.1	56.7	14.2	1.4	5.7	3.5	9.9	1.4	100.0	141
3-4	8.7	70.8	6.3	3.2	4.3	0.0	6.3	0.4	100.0	253
5 and above	9.5	74.2	7.1	4.0	2.0	0.0	3.2	4.0	100.0	252
Caste/ethnic groups*										
Brahmin	6.9	81.6	1.1	1.1	1.1	0.0	6.9	1.1	100.0	87
Chhetri	7.2	67.7	9.0	1.8	3.6	1.2	8.4	1.2	100.0	167
Newar	8.0	66.7	10.3	6.3	2.3	1.7	2.9	1.7	100.0	174
Tamang	12.0	59.4	9.7	1.7	5.7	1.1	8.6	1.7	100.0	175
Magar	11.5	53.8	7.7	3.8	3.8	7.7	11.5	0.0	100.0	26
Dalit	0.0	78.8	0.0	3.0	3.0	0.0	15.2	0.0	100.0	33
Other	20.0	53.3	6.7	0.0	6.7	0.0	13.3	0.0	100.0	15
Total	8.8	66.7	8.0	2.9	3.5	1.3	7.5	1.2	100.0	679

Notes: Other living arrangement includes living with friends and other known persons but non-relatives; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* The sum of individual cases of different categories of some characteristics may not match with total cases because of some non-responses about the characteristics considered.

By caste/ethnic groups, there is relatively more Tamang and Magar elderly females residing with husband only compared to other caste/ethnic group. On the other hand, the proportion of elderly females residing with son/daughter-in-law is very high among Brahmin (82%) and Dalit (79%) compared to Magar (54%), Tamang (59%), Newar (67%) and Chhetri (68%). Relatively more proportions of Dalit (15%), Magar (11.5%), Tamang (9%) and Chhetri (8%) elderly females were living alone compared to other caste/ethnic groups considered here.

Satisfaction Level of Living Arrangement

In the household survey, a closed-ended question was asked to the respondents whether or not they were satisfied with the current living arrangement and the results are represented in Table 4.6 for males and Table 4.7 for females, by selected background characteristics. The responses were coded in five-scaling: very satisfied, satisfied, undecided, unsatisfied and very much unsatisfied.

Elderly Males

Nearly 84 per cent of elderly males reported that they were 'satisfied' in their current living arrangement, another 4 per cent reported it was 'very much satisfied' while nearly 7 per cent were

undecided. On the other hand, altogether 6 per cent were disagreed that fact that their current living arrangement was OK.

Table 4.6: Percentage distribution of elderly (males) aged 60 years and above by level of satisfaction of current living arrangement, according to selected background characteristics, Pharping area, 2012

Background characteristics	Satisfied very much	Satisfied	Can't say	Unsatisfied	Unsatisfied very much	Total	n
Age*							
60-64	2.8	87.2	5.7	3.8	0.5	100.0	211
65-69	5.5	86.2	5.5	2.8	0.0	100.0	181
70-74	1.8	80.7	8.3	8.3	0.9	100.0	109
75-79	4.3	76.3	9.7	6.5	3.2	100.0	93
80+	2.6	82.1	6.4	7.7	1.3	100.0	78
Marital status							
Married	3.5	87.8	3.9	4.6	0.2	100.0	434
Widow/widower	3.3	79.0	9.8	6.1	1.9	100.0	214
Divorced/separated	0.0	63.6	27.3	9.1	0.0	100.0	11
Never married	14.3	50.0	28.6	0.0	7.1	100.0	14
Number of living children*							
None	0.0	71.4	19.0	9.5	0.0	100.0	21
1-2	3.1	84.7	5.3	4.6	2.3	100.0	131
3-4	4.7	82.8	6.6	5.5	0.4	100.0	256
5 and above	2.4	86.9	5.3	4.9	0.4	100.0	245
Caste/ethnic groups*							
Brahmin	1.2	92.9	2.4	3.5	0.0	100.0	85
Chhetri	5.4	82.6	5.4	4.8	1.8	100.0	167
Newar	4.6	80.6	8.6	6.3	0.0	100.0	175
Tamang	2.7	84.4	6.5	4.8	1.6	100.0	186
Magar	4.8	81.0	9.5	4.8	0.0	100.0	21
Dalit	0.0	73.9	17.4	8.7	0.0	100.0	23
Other	0.0	93.3	6.7	0.0	0.0	100.0	15
Total	3.6	83.8	6.7	5.1	0.9	100.0	673*

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Three cases of males are missing reporting about whether satisfied with current living arrangement and the sum of individual cases of different categories of some characteristics may not match with total cases because of some non-responses about the characteristics considered.

With age group of elderly males, the proportion reporting 'satisfied' in current living arrangement declines with increase in age with few exceptions. More males living in current marital unions (88%) are likely to report 'satisfied' in the current living arrangement compared to widower (79%), divorced (64%) and never married (50%). Conversely, there are more elderly males reporting 'undecided' or unsatisfied when they are in the state of widower, divorced/separated and never married.

Generally, more elderly males are likely to report 'very much satisfied' and 'satisfied' with the current living arrangement when they have more number of living children. For example, 71 per cent of elderly with no children reported that their living arrangement was 'satisfied' against 87 per cent with 5 or more living children. It is found that those who do not have a living children are more likely to be unsatisfied or undecided about the current living arrangement than that of those who have at least one living children.

Satisfaction level in the current living arrangement is the highest among Brahmin and lowest among Dalit while for other caste/ethnic groups, it falls in between.

The following case is one example of several cases of elderly who opined that they were not satisfied with the current living arrangement (Case 4.1).

Case4.1: Elderly living alone wants to live in Old Age Home

Santa Bahadur Shrestha, 81, is a resident of Seti Devi VDC-5. He is living alone in a separate house near by the house of daughter-in-law/grandchildren. His wife and two sons were already died. He cooks for himself, sleeps in upper storey but toilet is outside the house. So he uses *kopara* (a flat container used for urinary purpose) for urinary at night. He is still working in Department of Road, a government office, since last 42 years and earns NPR. 1,000 monthly and has also receiving old age allowance. He has 5-6 *ropani* of land in his own name. He told that his daughter-in-law and grand children never helped him even during serious illness. He said 'I have property, but what can I do of it at my old age? I need just two meals, but I never got it from my family. I have five daughters and all are married. Sometimes, they visit to me. I don't want to live in their house. I want to go to Old Age Home at Pashupati. I always pray to god to take me soon from this world. There is none here who is my own'.

Elderly Females

Overall, 80 per cent elderly females opined 'satisfied', 5 per cent opined 'very much satisfied' and another 6 per cent 'cannot say' about the current living arrangement. On the other hand, altogether 9 per cent (7% 'unsatisfied' and 2% 'very much unsatisfied') elderly females were dissatisfied with the current living arrangement.

Table 4.7: Percentage distribution of elderly (females) aged 60 years and above by level of satisfaction of current living arrangement, according to selected background characteristics, Pharping area, 2012

Background characteristics	Satisfied very much	Satisfied	Can't say	Unsatisfied	Unsatisfied very much	Total	n
Age							
60-64	4.8	80.9	6.4	6.4	1.6	100.0	188
65-69	4.3	81.8	5.9	7.0	1.1	100.0	187
70-74	4.0	79.0	5.0	9.0	3.0	100.0	100
75-79	2.9	81.9	6.7	4.8	3.8	100.0	105
80+	8.3	76.0	5.2	8.3	2.1	100.0	96
Marital status							
Married	4.6	84.3	5.7	5.0	0.4	100.0	261
Widow/widower	4.8	79.3	5.4	8.2	2.3	100.0	392
Divorced/separated	0.0	60.0	6.7	13.3	20.0	100.0	15
Never married	12.5	37.5	37.5	0.0	12.5	100.0	8
Number of living children*							
None	4.5	54.5	13.6	13.6	13.6	100.0	22
1-2	5.0	76.4	7.1	7.9	3.6	100.0	140
3-4	5.6	83.7	3.2	6.3	1.2	100.0	252
5 and above	3.6	82.9	6.4	6.8	0.4	100.0	251
Caste/ethnic groups*							
Brahmin	2.3	88.5	2.3	5.7	1.1	100.0	87
Chhetri	6.0	77.1	4.8	8.4	3.6	100.0	166
Newar	7.5	75.3	8.6	5.2	3.4	100.0	174
Tamang	1.7	86.1	5.8	6.4	0.0	100.0	173
Magar	11.5	65.4	11.5	11.5	0.0	100.0	26
Dalit	0.0	81.8	6.1	9.1	3.0	100.0	33
Other	6.7	80.0	0.0	13.3	0.0	100.0	15
Total	4.7	80.3	5.9	7.0	2.1	100.0	676*

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Three cases of females are missing reporting about whether satisfied with current living arrangement and the sum of individual cases of different categories of some characteristics may not match with total cases because of some non-responses about the characteristics considered.

Like elderly males, the satisfaction level of the current living arrangement of elderly females varies with age groups, marital status, number of living children and caste/ethnic groups. In case of age group, the proportion of elderly females reporting 'unsatisfied' and 'very much satisfied' increases with the increase in age. More widows and divorced/separated over those in current marital unions and those with no living children were disagreed on the fact that the current living arrangement was satisfied for them compared to their corresponding counterparts. Among caste/ethnic groups, the highest proportion of Brahmin elderly females (88.5%) reported 'satisfied' in the current living arrangement and the least were from Magar (65%) while other caste/ethnic groups fall in between.

Duration of Living Alone

Table 4.8 shows the percentage distribution of elderly who are living alone by duration of living alone and sex. Out of 676 males, 32 were living alone and out of 679 females, 51 were living alone. In the survey, only 31 males and 40 females responded question on duration of living alone. Of the males 31, 13 per cent were living alone for less than one-year, 35.5 per cent for less than 5 years, 55 per cent for less than 10 years and 65 per cent for less than 15 years. This pattern almost holds for elderly females as well.

Table 4.8: Percentage distribution of elderly aged 60 years and above who are living alone by duration of living alone and sex, Pharping area, 2012

Duration (in years)	Male	Male Cum.%	Female	Female Cum.%
<1	12.9	-	7.5	-
1-5	22.6	35.5	27.5	35.0
6-10	19.4	54.9	12.5	47.5
11-15	9.7	64.6	17.5	65.0
16 and above	35.5	100.0	35.0	100.0
Total	100.0		100.0	
n*	31		40	

* One case of male and 11 cases of females among living alone are missing reporting about duration of living alone.

A further question was asked to the respondents for reasons for living alone in the survey and the results are presented in Table 4.9. The major reasons reported include no care by children (n=19), no own children (n=10), children living elsewhere (n=9), death of spouse (n=8), own desire (n=6) including other reasons such as abandoned by husbands and remarriage by the spouse.

Table 4.9: Distribution of elderly aged 60 years and above who are living alone by reasons for living alone, according to selected background characteristics, Pharping area, 2012

Reason for living alone	Sex		Age group					
	Male	Female	60-64	65-69	70-74	75-79	80+	Total (n)
Health problem	0	1	0	0	0	0	1	1
Not cared by children	7	12	3	3	5	5	3	19
Children are living elsewhere	4	5	0	2	2	3	2	9
No own children	4	6	2	2	2	3	1	10
Death of spouse	2	6	1	4	0	1	2	8
Own desire	4	2	1	3	0	2	0	6
Other	10	8	6	4	3	3	2	18
Total (n)	31	40	13	18	12	17	11	71

Note: Other reasons for living alone include abandoned by spouse and marriage of daughter but has no son.

Willingness to Change the Current Living Arrangement

Table 4.10 shows percentage distribution of elderly whether or not willing to change the current living arrangement, according to selected background characteristics. In case of males, 93 per cent reported that they would not like to change the current living arrangement, 4 per cent were unsure about it and 3 per cent stated that they would like to change the current living arrangement. This pattern almost holds for females. Yet relatively few females (2%) over males (3%) would like to change the current living arrangement.

Table 4.10: Percentage distribution of elderly aged 60 years and above by willingness to change the current living arrangement, according to selected background characteristics, Pharping area, 2012

Background characteristics	Males					Females				
	Yes	No	Not sure	Total	n	Yes	No	Not sure	Total	n
Age*										
60-64	2.4	93.8	3.8	100.0	211	0.5	91.5	8.0	100.0	188
65-69	4.4	92.3	3.3	100.0	181	2.7	93.1	4.3	100.0	188
70-74	2.8	89.9	7.3	100.0	109	2.0	93.0	5.0	100.0	100
75-79	2.2	95.7	2.2	100.0	93	1.9	97.2	0.9	100.0	106
80+	2.6	92.3	5.1	100.0	78	4.2	93.8	2.1	100.0	96
Marital status										
Married	2.8	94.0	3.2	100.0	434	1.5	95.8	2.7	100.0	261
Widow/widower	3.3	91.1	5.6	100.0	214	2.3	92.1	5.6	100.0	394
Divorced/separated	9.1	90.9	0.0	100.0	11	6.7	80.0	13.3	100.0	15
Never married	0.0	85.7	14.3	100.0	14	0.0	100.0	0.0	100.0	8
Number of living children*										
None	0.0	95.2	4.8	100.0	21	4.5	81.8	13.6	100.0	22
1-2	0.8	96.9	2.3	100.0	131	2.1	90.8	7.1	100.0	141
3-4	4.3	91.4	4.3	100.0	256	1.2	94.8	4.0	100.0	252
5 and above	3.3	92.2	4.5	100.0	245	2.8	94.0	3.2	100.0	252
Caste/ethnic groups*										
Brahmin	3.5	92.9	3.5	100.0	85	2.3	92.0	5.7	100.0	87
Chhetri	4.2	92.2	3.6	100.0	167	3.0	91.6	5.4	100.0	167
Newar	1.7	90.9	7.4	100.0	175	2.3	93.1	4.6	100.0	174
Tamang	1.6	97.3	1.1	100.0	186	1.1	96.6	2.3	100.0	174
Magar	4.8	90.5	4.8	100.0	21	0.0	96.2	3.8	100.0	26
Dalit	13.0	73.9	13.0	100.0	23	3.0	84.8	12.1	100.0	33
Other	0.0	100.0	0.0	100.0	15	0.0	100.0	0.0	100.0	15
Total	3.0	92.9	4.2	100.0	673*	2.1	93.4	4.6	100.0	678*

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Three cases of males and one case of female are missing reporting about willingness to change current living arrangement and the sum of individual cases of different categories of some characteristics may not match with total cases because of some non-responses about the characteristics considered.

For both sex, there is no distinct pattern of variation of desire to change the current living arrangement by age group of elderly while somewhat variation exists by marital status, number of living children and caste/ethnic groups of respondents. For males, more elderly without in current marital union, those with more number of living children and Dalit would likely to change their current living arrangement compared to their corresponding counterparts. In case of females, more divorced/separated and those with no living children would likely to change the current living arrangement compared to their corresponding counterparts. No distinct variation is observed on willingness to change the living arrangement of elderly females by caste/ethnic groups.

There is relatively noticeable proportion of females who are unsure about changing the current living arrangement among 60-64 years (8%), among divorced/separated ones (13%) and among Dalit (12%). For males, Dalit (13%), Chhetri (7%), those never married (14%) and those in 70-74 years of age (7%) would tend to report 'not sure' in willingness to change the current living arrangement compared to their corresponding counterparts.

A further question was asked to the respondents who wish to change their current living arrangement to whom they would like to live together in future and the results are presented in Table 4.11 by sex of the elderly. Of those 20 males who desired to change the current living arrangement, 2 did not response this question. Of 18 males who responded this question, one-third reported that they would like to live with another son, 27.8 per cent with a religious institution and 11 per cent alone. Of the 14 elderly females who desired to change their current living arrangement, majority would like to stay with another son (43%), followed by another daughter (21%), a religious institution (14%) and old age home and alone (7% each).

Table 4.11: Distribution of elderly aged 60 years and above willing to change the current living arrangement by sex and person (place) with whom (where) they want to live in the future, Pharping area, 2012

Person/place with whom/where elderly want live in the future	Male		Female	
	%	n	%	n
Alone	11.1	2	7.1	1
Spouse	5.6	1	0.0	0
Another son	33.0	6	42.9	6
Another daughter	0.0	0	21.4	3
Religious institution	27.8	5	14.3	2
Old age home	0.0	0	7.1	1
Other	22.2	4	7.1	1
Total	100.0	18*	100.0	14

Note: Other person/place includes previous house at origin place and desire to change living arrangement in future.
*Two cases of males are missing reporting about person (place) with whom (where) they want to live in the future.

4.3 Main Caregivers and Caring Activities

Table 4.12 shows the percentage distribution of elderly by age and sex according to main caregivers, average age and status of training received about caregivers. Here, main caregiver is one who is directly supporting the elderly person in cooking, bathing, washing of clothe and servicing medicine. Data reveal that the main caregivers vary by sex.

For males, main caregivers reported include, in order, wife (38%), daughter-in-law (23%), son (20%) while for females, the main caregivers were daughter-in-law (34%), son (28%), daughter (11%) and husband (10%). Some elderly females also reported grand children (5%) and relatives (2%) as the main caregivers. A few elderly – both males and females – reported neighbor, paid domestic workers and religious organizations as the main caregivers. In other words, the main caregivers in the survey area are the family members. Note that nearly 6 per cent of females and 3 per cent of males reported that they did not have any persons as caregivers in the family.

The proportion of elderly reporting spouse as the main caregivers declines consistently with the increase in age of elderly, from as high as 44.5 per cent for 60-64 years age group to merely 4 per cent for 80 years and above. For other caregivers, there is no clear pattern of variation by age of the elderly.

Table 4.12: Percentage distribution of elderly aged 60 years and above by age and sex according to main caregivers, average age and status of training received about caregivers, Pharping area, 2012

Main caregiver	Sex		Age group						
	Male	Female	60-64	65-69	70-74	75-79	80+	Total	n
Spouse	38.2	10.2	44.5	30.7	13.2	7.7	4.0	100.0	326
Son	20.1	27.6	27.6	24.2	14.3	18.6	15.2	100.0	322
Daughter	6.4	11.4	20.0	24.2	16.7	18.3	20.8	100.0	120
Daughter-in-law	22.7	33.8	22.6	26.0	19.9	16.0	15.5	100.0	381
Grand child	1.5	4.6	12.2	22.0	12.2	19.5	34.1	100.0	41
Relative	1.5	2.1	8.3	25.0	16.7	25.0	25.0	100.0	24
Neighbor	0.3	0.3	25.0	25.0	0.0	50.0	0.0	100.0	4
Paid domestic caregiver	0.4	0.1	0.0	25.0	0.0	50.0	25.0	100.0	4
Religious organization	0.4	0.1	25.0	50.0	0.0	0.0	25.0	100.0	4
Nobody	3.3	5.6	21.7	33.3	16.7	21.7	6.7	100.0	60
Not required	5.2	4.3	51.6	37.5	7.8	0.0	3.1	100.0	64
Total	100.0	100.0	29.6	27.3	15.5	14.7	12.9	100.0	1,350*
n	673*	678*	399	369	209	199	174	1,350*	
			Average age of main caregiver = 42.9 years (n=1,216)**						
Received any training by the main caregiver									
Yes	0.8	0.8	20.0	20.0	10.0	20.0	30.0	100.0	10
No	98.9	98.5	29.1	26.5	15.9	15.0	13.5	100.0	1,204
Don't know	0.3	0.7	16.7	16.7	33.3	33.3	0.0	100.0	6
Total	100.0	100.0	28.9	26.4	15.9	15.2	13.6	100.0	1,220*
n**	612	609	353	322	194	185	166	1,220*	

* Three cases of males and one case of female are missing reporting about main caregiver, and one respondent did not state age.

** One hundred and thirty-nine respondents did not state age of the main caregivers and 135 did not state about whether received any training by the main caregiver.

The survey also estimated average age of main caregiver of elderly as 43 years. When enquired about whether the main caregivers have received any training as caregivers, only 10 out of 1,220 elderly reported so.

The finding from quantitative data is corroborated with the qualitative information collected that it is the sons/daughters-in-law who is the prime caregiver of the elderly in the survey area. Discussion with the elderly and supporting generation in the FGDs, it is known that most of the elderly are living with their family especially with son and daughter- in-law. Main care givers also son and daughter-in-law. Drawing on the discussion with the female supporting generation at Seti Devi VDC-7, it is known that daughters-in-law are the prime caregivers in the family. This is because male members often go for work outside the households while female resides at home. As a result, taking care of elderly mainly put up with by the daughters-in-law. But the daughters-in-law in the FGD complained that majority of the older generation people never acknowledges their work.

Main Persons for Care Activities

Table 4.13 shows the percentage distribution of elderly by age and sex according to main persons for care activities. For males, daughters-in-law stand out to be important for cooking, cleaning house, washing clothes and fetching water. Wife comes after daughter-in-law in carrying out these caring activities. Nine in 10 elderly males maintain their personal hygiene themselves and more than half (51%) buy basic needs themselves from the shop or market.

Table 4.13: Percentage distribution of elderly aged 60 years and above by age and sex according to main person for care activities, Pharping area, 2012

Age and sex	Self	Spouse	Son	Daughter-in-law	Daughter	Grand son	Grand daughter	Domestic worker	Other	Total	n*
Male											
Cooking	8.8	32.0	2.2	48.0	5.4	0.4	1.3	1.0	0.7	100.0	671
Cleaning house	9.7	27.4	3.3	49.6	5.8	0.4	1.8	1.2	0.7	100.0	671
Washing clothes	15.1	29.9	3.4	40.3	7.0	1.0	1.6	1.2	0.4	100.0	670
Personal hygiene	91.8	3.1	1.3	1.5	0.9	0.4	0.4	0.3	0.1	100.0	672
Buying basic needs	51.0	11.9	17.7	13.7	3.1	0.7	0.3	0.6	0.9	100.0	671
Fetching water	13.3	25.5	2.8	47.8	6.3	0.9	1.6	1.2	0.6	100.0	671
Female											
Cooking	34.5	1.9	1.8	49.9	6.8	0.3	3.4	0.9	0.6	100.0	678
Cleaning house	31.7	1.6	2.4	50.4	7.5	0.6	4.3	0.9	0.6	100.0	676
Washing clothes	40.0	1.3	1.6	42.6	8.0	0.7	4.4	0.7	0.6	100.0	678
Personal hygiene	88.1	0.9	0.6	6.2	2.2	0.4	0.7	0.4	0.4	100.0	678
Buying basic needs	30.8	11.9	24.6	21.1	6.8	1.9	1.6	0.6	0.6	100.0	678
Fetching water	31.4	2.4	3.1	49.4	8.3	0.4	3.7	0.7	0.6	100.0	678
60-74 years of age											
Cooking	24.1	20.1	1.9	46.5	4.5	0.1	1.3	0.9	0.5	100.0	975
Cleaning house	23.2	17.3	2.8	48.0	5.1	0.3	1.7	1.0	0.5	100.0	973
Washing clothes	31.4	18.5	2.7	37.9	5.9	0.5	1.8	0.8	0.3	100.0	975
Personal hygiene	94.1	2.3	0.3	2.2	0.4	0.4	0.1	0.2	0.1	100.0	976
Buying basic needs	46.5	14.3	18.8	15.1	3.6	0.4	0.5	0.4	0.5	100.0	975
Fetching water	25.2	16.5	2.6	46.4	5.9	0.5	1.5	0.9	0.4	100.0	975
75+ years of age											
Cooking	15.5	8.6	2.1	55.2	10.2	1.1	5.1	1.1	1.1	100.0	373
Cleaning house	14.2	7.2	2.9	55.2	10.7	1.1	6.4	1.1	1.1	100.0	373
Washing clothes	17.7	5.1	2.1	50.4	11.5	1.9	6.2	1.3	1.1	100.0	373
Personal hygiene	79.1	1.3	2.7	8.3	4.6	0.5	1.9	0.8	0.8	100.0	373
Buying basic needs	26.0	5.9	27.6	23.6	8.6	3.8	2.1	1.1	1.3	100.0	373
Fetching water	15.0	7.0	4.0	54.4	10.7	1.1	5.6	1.1	1.1	100.0	373

Note: Other person/institution for care activities includes neighbor, religious/social organization, no one takes care and not required.

* Some 4-6 cases of males and 1-3 cases of females are missing reporting about main person for care activities and some 6-9 respondents did not state their age in different categories of main person responsible for care activities.

One difference between caregivers of male and female respondents is that while for elderly males caring activities like cooking, cleaning house, washing clothes and fetching water are either done by daughters-in-law or by wife. For elderly females, these caring activities are either done by daughters-in-law or the elderly females themselves. Unlike males, more females tend to report daughters and grand-daughters as caregivers in all caring activities listed in Table 4.13.

Relatively more elderly aged 80 years and above tend to report, daughters-in-law for cooking, cleaning house, washing clothes and fetching water compared to those who are in the age range of 60-74 years of age. As expected, the proportion of elderly carrying out these activities reporting as self is consistently lower for elderly in the secured age (75 years and above) compared to those in the engagement age (60-74 years).

In the FGD in Sheshnarayan with elderly females, it was found that it is the wife of the elderly man who is the main caretaker if the man's wife is alive and is physically able to work. In case of elderly females, the main caretakers are the daughters and daughters-in-law.

Frequency of and Satisfaction Level of Food

Table 4.14 displays the percentage distribution of elderly by frequency of daily food taking and satisfaction level of taking food according to selected background characteristics. About three-fourths of males and 78 per cent of females take three times food daily– a standard food taking practice in rural Nepal. In rural Nepal, people often take food at 10-11 a.m., take *khaja* (some light food) at around 3 to 5 p.m. and dinner at 7 to 9 p.m. There were 10 respondents out of 1,348 reporting taking only one time food in a day. Data do not support that the frequency of food taking daily varies by sex but it does so by age group of the elderly. For example, the proportion of elderly reporting taking three times food daily declines from 30 per cent for 60-64 and 65-69 age groups to 15 per cent for 70-74 years and to 12 per cent for 80 years and above.

Table 4.14: Percentage distribution of elderly aged 60 years and above by frequency of daily food taking and satisfaction level of taking food according to selected background characteristics, Pharping area, 2012

Frequency of food taking	Sex		Age group						
	Male	Female	60-64	65-69	70-74	75-79	80+	Total	n
4 times	2.8	3.2	22.0	31.7	7.3	22.0	17.1	100.0	41
3 times	74.7	78.0	29.9	29.0	14.9	14.5	11.8	100.0	1,029
2 times	21.4	18.3	29.5	20.9	18.3	14.9	16.4	100.0	268
1 time	1.0	0.4	20.0	20.0	30.0	10.0	20.0	100.0	10
Total	100.0	100.0	29.5	27.4	15.4	14.8	12.9	100.0	1,348*
n	672*	677*	398	369	208	199	174	1,348*	
Whether satisfied with currently food taking									
Satisfied very much	3.4	2.8	28.6	26.2	14.3	21.4	9.5	100.0	42
Satisfied	87.6	89.6	30.0	27.5	15.6	13.7	13.1	100.0	1,189
Can't say	4.8	3.9	31.0	24.1	17.2	17.2	10.3	100.0	58
Not satisfied	4.0	3.3	18.4	30.6	10.2	26.5	14.3	100.0	49
Not satisfied very much	0.1	0.4	0.0	25.0	25.0	25.0	25.0	100.0	4
Total	100.0	100.0	29.5	27.4	15.5	14.6	13.0	100.0	1,342*
n**	669	674	396	368	208	196	174	1,342*	

* Four cases of males and two cases of females are missing reporting about times of food taking, and one respondent did not state age.

** Six respondents did not state about whether satisfied with currently food taking.

When enquired about the satisfaction level of current food taking practices, an overwhelmingly majority agreed that they were satisfied. This holds for both males and females as well. In the sample, 3 per cent females and 4 per cent males reported that they were unsatisfied about food taking. The proportion of elderly reporting satisfied or very much satisfied with the food that they currently taking declines with the increase in age. This may be due to two reasons: first, with the increase in age, the apatite capacity tends to decline and second, with increasing age, elderly cannot support family work and hence they may not be provided good food by the family members.

4.4 Housing Conditions

Table 4.15 summarizes the percentage distribution of elderly who live in a separate room and if not living in a separate room, with whom they are living, according to selected background characteristics. Of the total elderly, 70 per cent reported that they have facility of a separate room in their house. This proportion, however, varies by selected background characteristics considered. More females (73%) than males (68%), older age group over younger ones, those without current marital unions over those

in current marital union, those with no living children over those with at least one child were reported to have a separate room facility in the house.

Table 4.15: Percentage distribution of elderly aged 60 years and above who live in a separate room and if not living in a separate room, with whom they are living, according to selected background characteristics, Pharping area, 2012

Background characteristics	Living in separate room	Not living in separate room but living with									
		Spouse	Son	Daughter	Daughter-in-law	Grand children	Relative	Brother /sister	Other	Total	n*
Sex											
Male	67.9	84.3	4.6	1.9	0.5	6.9	0.9	0.9	0.0	100.0	216
Female	72.7	53.0	5.4	10.8	1.6	25.9	1.1	0.0	2.2	100.0	185
Age											
60-64	65.6	78.1	5.8	5.8	0.0	8.8	0.0	0.7	0.7	100.0	137
65-69	69.1	76.3	0.9	2.6	1.8	14.0	1.8	0.9	1.8	100.0	114
70-74	72.1	65.5	5.2	1.7	1.7	25.9	0.0	0.0	0.0	100.0	58
75-79	72.4	58.2	1.8	9.1	1.8	25.5	1.8	0.0	1.8	100.0	55
80+	78.7	43.2	18.9	18.9	0.0	16.2	2.7	0.0	0.0	100.0	37
Marital status											
Married	56.6	93.0	1.7	1.0	0.0	4.3	0.0	0.0	0.0	100.0	301
Widow/widower	85.0		16.5	20.9	4.4	52.7	2.2	1.1	2.2	100.0	91
Divorced/separated	80.8		0.0	40.0	0.0	40.0	0.0	20.0	0.0	100.0	5
Never married	81.8						50.0	0.0	50.0	100.0	4
Number of living children*											
None	83.7	57.1					28.6	14.3	0.0	100.0	7
1-2	72.0	73.7	1.3	5.3	2.6	15.8	0.0	0.0	1.3	100.0	76
3-4	68.8	70.3	6.3	6.3	0.6	15.2	0.0	0.6	0.6	100.0	158
5 and above	69.2	71.2	5.2	6.5	0.7	16.3	0.0	0.0	0.0	100.0	153
Caste/ethnic groups											
Brahmin	62.2	71.9	6.3	1.6	1.6	18.8	0.0	0.0	0.0	100.0	64
Chhetri	74.2	76.7	2.3	4.7	0.0	11.6	1.2	1.2	2.3	100.0	86
Newar	69.3	67.3	4.7	10.3	0.9	12.1	1.9	0.9	1.9	100.0	107
Tamang	68.6	65.5	7.1	7.1	0.9	19.5	0.0	0.0	0.0	100.0	113
Magar	72.3	69.2	0.0	0.0	7.7	15.4	7.7	0.0	0.0	100.0	13
Dalit	89.3	33.3	16.7	0.0	0.0	50.0	0.0	0.0	0.0	100.0	6
Other	60.0	91.7	0.0	0.0	0.0	8.3	0.0	0.0	0.0	100.0	12
Total	70.3	69.8	5.0	6.0	1.0	15.7	1.0	0.5	1.0	100.0	401
n	948	280	20	24	4	63	4	2	4	401	

Notes: Other persons living with include friends and mother; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Three respondents among ever married are missing who did not state the number of living children in the corresponding characteristics.

A further question was asked to the elderly who were not living in a separate room that to whom they were living together. Of total 401 elderly who did not have a separate living room, nearly 70 per cent were living together with spouse, 15 per cent with grand children, 6 per cent with daughters, and 5 per cent with son while a few elderly also live with daughter-in-law, relatives, brother/sisters and others.

There is somewhat variation in living arrangement of elderly by sex, age, marital status, number of living children and caste/ethnic groups. For example, 84 per cent of elderly males shared living room with their wives while the comparable for females was only 53 per cent. Majority of widow/widower either live with grand children or with daughters.

Table 4.16 demonstrates the percentage distribution of elderly by place of sleeping room, bed, adequate clothes for sleeping, toilet facility inside or outside the households according to selected background characteristics. Overall, 72 per cent elderly were found to have been sleeping in up stair while the rest in the ground floor. A slightly more males (73.5%) over females (71%) had a sleeping room in upstairs. Nearly three-fourth of elderly in the age range of 60-74 sleep in the upstairs but for 75-79 and 80 years and above the proportions come down to 69 per cent and 62 per cent, respectively. This establishes the fact that with the increase in age of the elderly, especially after 75 years of age, elderly would like to arrange a sleeping room in the ground floor. By caste/ethnic groups, the highest proportion residing in up stair was found to be among Newar (80.5%), followed by Brahmin (72.5%), Chhetri (70%), Tamang (68.5%) and least for Dalit (54%). The sleeping room of the elderly is also determined by the economic status of a household. The more poor a household is, the more likely not to have a multiple storey house in rural Nepal.

Table 4.16: Percentage distribution of elderly aged 60 years and above by place of sleeping room, bed, adequate clothes for sleeping, toilet facility inside or outside the households according to selected background characteristics, Pharping area, 2012

Background characteristics	Sleeping room in*		Sleeping in/with**		Toilet facility in the house***		
	Ground floor	Up stair	Bed	Adequate cloths	Yes	Inside house	Outside house
Sex							
Male	26.5	73.5	88.8	96.4	77.8	25.0	75.0
Female	29.0	71.0	87.4	96.6	79.0	25.0	75.0
Age							
60-64	24.4	75.6	87.9	96.5	78.1	25.1	74.9
65-69	25.7	74.3	90.2	96.5	82.4	26.3	73.7
70-74	26.0	74.0	88.5	97.1	74.0	22.6	77.4
75-79	30.7	69.3	84.3	95.5	70.9	27.9	72.1
80+	37.9	62.1	87.9	97.1	84.5	22.4	77.6
Caste/ethnic groups							
Brahmin	27.5	72.5	97.1	99.4	90.6	18.7	81.3
Chhetri	29.7	70.3	96.4	98.5	89.2	22.6	77.4
Newar	19.5	80.5	91.4	96.8	88.8	46.1	53.9
Tamang	31.5	68.5	75.3	93.9	57.8	5.8	94.2
Magar	27.7	72.3	87.2	97.9	66.0	12.9	87.1
Dalit	46.4	53.6	81.8	89.3	55.4	18.8	81.3
Other	23.3	76.7	73.3	96.7	76.7	17.4	82.6
Total	27.7	72.3	88.1	96.5	78.4	25.0	75.0
n*	374	974	1,187	1,301	1.058	265	793

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Five males and two females are missing reporting about storey of sleeping room, besides one did not state the age and 3 did not state caste/ethnic group.

** Five males and three females are missing reporting about sleeping in bed, 5 males and 2 females are missing about reporting adequate cloths for sleeping and others same as above.

** Four males and two females are missing reporting about toilet facility in the house and others same as above.

An overwhelmingly majority of elderly reported that they were sleeping in a bed (88%). This proportion is almost the same for male and female and all age groups elderly while it slightly varies by caste/ethnic groups. This proportion is typically very high among Brahmin (97%), Chhetri (96%) and Newar (91%) and the proportion is particularly low for Dalit (73%) and Tamang and Magar fall in between two pools.

When enquired about the adequacy of sleeping clothes, 96.5 per cent elderly reported that they had adequate cloths for sleeping. Conversely, nearly 4 per cent of elderly sleep in a condition where they do not have adequate clothing for sleeping. This particularly holds for Dalit.

In the survey, 78 per cent of elderly had toilet facility in their house. The proportion reporting having a toilet facility does not markedly vary by sex and age of the elderly while it does so with caste/ethnic groups – Brahmin, Chhetri and Newar being more advantageous compared to Dalit, Tamang and Magar. Further enquiry was made among those who reported that they have toilet facility in the house that whether the toilet was constructed inside the house or outside of it. Overall, one-fourth reported that they have had toilet inside house. Conversely, three-fourth of the elderly has to use a toilet which is outside of the house. If a toilet is outside the house, it would be difficult to use it at night or frequently. Thus, majority of elderly do not have adequate and appropriate toilet facility in the survey area.

The qualitative information suggests that housing conditions in the survey area appear not elderly friendly. In the FGD, elderly were enquired about the housing condition. In Seti Devi VDC-2, the FGD participants reported that there are no elderly friendly houses. There are two-storey house with wooden ladder and they keep livestock in ground floor and sleep in 2nd floor. Elderly reported that they feel difficult to climb-up/down from the ladder at night. The FGD participants reported that one elderly person recently broke his hand by falling from the ladder. They also complained that they have pain in knee when up/down from the ladder. It is reported that many elder women do not have their separate rooms for sleeping they share with spouse and grand children but single elder male sleep alone.

FGD with elderly females in Chalnakhel VDC – 9 also revealed that many houses in the ward are of two-storey having wooden ladder and toilets are outside of the houses. One old woman aged 81 says, 'I broke my hand by falling from the ladder when I went to toilet at night'. Now, I use *kopara* (a kind of flat container used for urinary purpose) at night.

4.5 Work, Income and Family Support

In the household survey, elderly were asked whether or not they were currently working. Here, current work is defined as any economic activities done at least one-hour for the last 7 days in paid or unpaid work either at home or outside of it.

Males

Table 4.17 reveals the percentage distribution elderly males by current working status and status of current work, according to age and caste/ethnic groups. Overall, 71 per cent males were found to have been currently working (Figure 4.6). An overwhelmingly majority of elderly, especially in the engagement age (60-74), in rural Nepal continue to economically active (more than 75%) and almost half are economically active even in age group 75-79 and one-third of 80 years and above. Relatively more proportion of Tamang, Magar and Newar were found to be currently working compared to Dalit and Chhetri.

Of the total 479 currently working elderly, the highest proportion (57%) was engaged in self-employed – firm work, caring livestock and business/trade, followed by household work (25%), wage laborers (15%) and 3 per cent as employers. Although there is no clear pattern of status of current work by age group, older persons tend to engage in self-employed and household work. By caste/ethnic groups, a much

higher proportion of elderly Brahmin (73%) was engaged in self-employed compared to other caste/ethnic groups. Wage laborers were particularly reported among Newar (22%) and Tamang (19%).

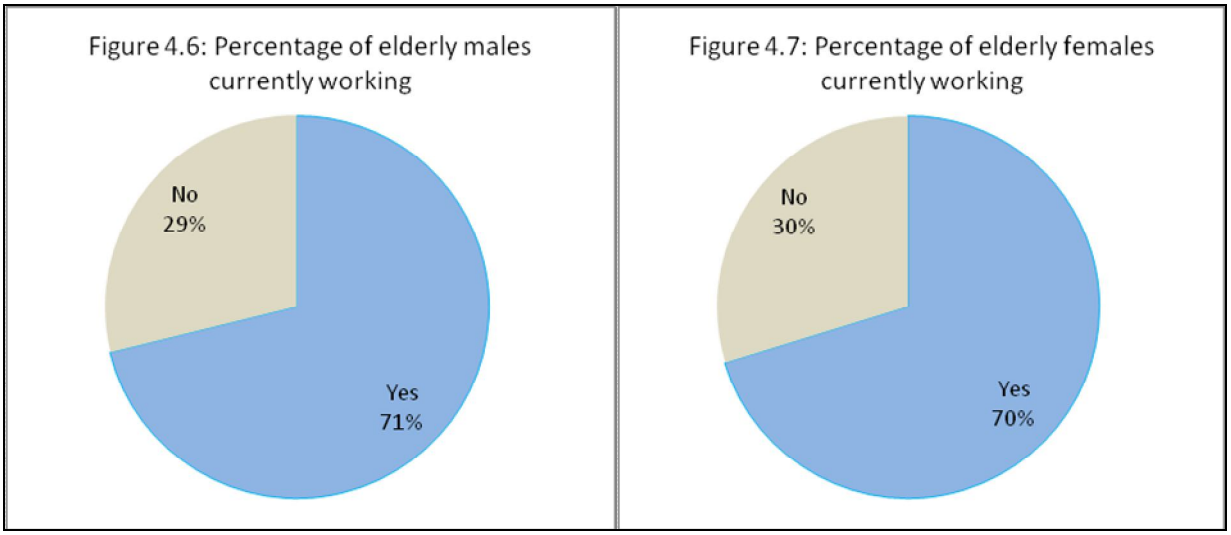


Table 4.17: Percentage distribution of elderly (males) aged 60 years and above by currently working and status of current work according to selected background characteristics, Pharping area, 2012

Background characteristics	Currently working*		Status of current work					
	Yes	No	Employers	Wages	Self-employed	Household work	Total	n
Age								
60-64	86.3	13.7	4.4	21.4	55.5	18.7	100.0	182
65-69	79.0	21.0	0.7	13.3	60.1	25.9	100.0	143
70-74	74.3	25.7	2.5	11.1	53.1	33.3	100.0	81
75-79	49.5	50.0	4.3	8.7	67.4	19.6	100.0	46
80+	33.3	66.7	0.0	11.5	38.5	50.0	100.0	26
Caste/ethnic groups								
Brahmin	70.6	29.4	0.0	8.3	73.3	18.3	100.0	60
Chhetri	64.7	35.3	3.7	9.3	55.6	31.5	100.0	108
Newar	72.6	27.4	4.7	22.0	53.5	19.7	100.0	127
Tamang	76.9	23.1	2.1	18.9	53.1	25.9	100.0	143
Magar	76.2	23.8	0.0	12.5	56.3	31.3	100.0	16
Dalit	60.9	39.1	0.0	7.1	57.1	35.7	100.0	14
Other	73.3	26.7	0.0	9.1	63.6	27.3	100.0	11
Total	71.2	28.8	2.7	15.4	56.8	25.1	100.0	
n	479	194	13	74	272	120	479	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Three males are missing reporting about whether currently working or not and the sum of individual cases of different age groups may not match with total cases because of some respondents not stating the age.

Females

Table 4.18 shows the percentage distribution elderly females by currently working status and status of current work, according to age and caste/ethnic groups. Overall, 70 per cent of elderly females were reported to be currently working (Figure 4.7). As in the case of males, the proportion elderly females reporting currently working declines consistently by age group. More Magar and Tamang elderly females are likely to report currently working compared to other caste/ethnic groups. Of the total 476 currently working elderly females, 62 per cent were engaged in household work, 36 per cent self-

employed and there was only one elderly female who reported that she was an employer and another 9 reported that they were wage laborers.

Table 4.18: Percentage distribution of elderly (females) aged 60 years and above by currently working and status of current work according to selected background characteristics, Pharping area, 2012

Background characteristics	Currently working*		Status of current work					
	Yes	No	Employers	Wages	Self-employed	Household work	Total	n
Age								
60-64	86.6	13.4	0.6	2.5	37.7	59.3	100.0	162
65-69	84.6	15.4	0.0	1.3	38.4	60.4	100.0	159
70-74	66.0	34.0	0.0	3.0	31.8	65.2	100.0	66
75-79	54.7	45.3	0.0	1.7	27.6	70.7	100.0	58
80+	32.3	67.7	0.0	0.0	35.5	64.5	100.0	31
Caste/ethnic groups								
Brahmin	66.3	33.7	0.0	0.0	40.4	59.6	100.0	57
Chhetri	64.1	35.9	0.0	1.9	25.2	72.9	100.0	107
Newar	68.4	31.6	0.0	1.7	35.3	63.0	100.0	119
Tamang	78.7	21.3	0.0	2.9	40.1	56.9	100.0	137
Magar	80.8	19.2	0.0	0.0	33.3	66.7	100.0	21
Dalit	75.8	24.2	4.0	4.0	36.0	56.0	100.0	25
Other	60.0	40.0	0.0	0.0	77.8	22.2	100.0	9
Total	70.3	29.7	0.2	1.9	35.7	62.2	100.0	
n	476	201	1	9	170	296	476	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Two females are missing reporting about whether currently working or not and the sum of individual cases of different caste/ethnic groups may not match with total cases because of some respondents not stating the caste/ethnic group.

Reasons for Currently Not Working

Among those who reported currently not working were further enquired about reasons for it and the results are shown in Table 4.19. Of total 193 males who were not currently working, 85 per cent reported that it was due to physical inability. This proportion, however, ranges from 76 per cent for 60-64 years to 89 per cent for 75-79 and 80 years and above. The other reasons reported include: 'not necessary to work' (11%) and 'not willing to work' (2%).

Nine in 10 elderly females who were not currently working reported physical inability as the major reason for not work. There is some indication that physical inability as a reason for not work is positively associated with the age of elderly interviewed. However, there is no clear pattern of variation in reasons for not working and caste/ethnic groups.

Work History

Table 4.20 presents the percentage distribution of elderly males by work status in the past, sector of work and pension receiving status according to age and caste/ethnic groups of elderly. Here, work is defined any economic activities carried out by the elderly as paid workers.

Of the total 672 elderly males who responded about work history, 41 per cent worked in the past and another 5 per cent were continually working. Generally, the proportion of elderly who reported no work in the past increases with the increase of age of elderly: nearly half of elderly aged 60-64 years did not work in the past against 62 per cent for those in 75-79 years.

Table 4.19: Percentage distribution of elderly aged 60 years and above who are not currently working by sex and reasons for not working, according to selected background characteristics, Pharping Area, 2012

Background characteristics	Male*						Female					
	Physical inability	Not necessary to work	Not willing	Other	Total	n	Physical inability	Not necessary to work	Not willing	Other	Total	n
Age												
60-64	75.9	17.2	6.9	0.0	100.0	29	84.0	16.0	0.0	0.0	100.0	25
65-69	84.2	10.5	0.0	5.3	100.0	38	89.7	6.9	3.4	0.0	100.0	29
70-74	82.1	10.7	3.6	3.6	100.0	28	91.2	2.9	2.9	2.9	100.0	34
75-79	89.1	8.7	2.2	0.0	100.0	46	89.6	8.3	2.1	0.0	100.0	48
80+	88.5	11.5	0.0	0.0	100.0	52	92.3	4.6	1.5	1.5	100.0	65
Caste/ethnic groups												
Brahmin	76.0	20.0	4.0	0.0	100.0	25	86.2	13.8	0.0	0.0	100.0	29
Chhetri	89.7	8.6	1.7	0.0	100.0	58	93.3	6.7	0.0	0.0	100.0	60
Newar	85.4	8.3	2.1	4.2	100.0	48	89.1	3.6	5.5	1.8	100.0	55
Tamang	86.0	11.6	2.3	0.0	100.0	43	94.6	2.7	0.0	2.7	100.0	37
Magar	100.0	0.0	0.0	0.0	100.0	5	100.0	0.0	0.0	0.0	100.0	5
Dalit	77.8	11.1	0.0	11.1	100.0	9	87.5	12.5	0.0	0.0	100.0	8
Other	50.0	50.0	0.0	0.0	100.0	4	50.0	33.3	16.7	0.0	100.0	6
Total	85.0	11.4	2.1	1.6	100.0		90.0	7.0	2.0	1.0	100.0	
n	164	22	4	3	193		181	14	4	2	201	

Notes: Other reason for not working currently includes irregular at work and use to work only when required; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* One male is missing reporting reason for currently not working and the sum of individual cases of different caste/ethnic groups may not match with total cases because of some respondents not stating the caste/ethnic group.

Table 4.20: Percentage distribution of elderly (males) aged 60 years and above by worked in the past, sector of work and whether receive pension according to selected background characteristics, Pharping area, 2012

Background characteristics	Worked in the past				Sector of work						Receive pension	
	Yes	Continue working	No	n	Gov.	NGO	Private	Wage labor†	Other	n	%	n
Age												
60-64	43.8	6.7	49.5	210	63.2	8.5	21.7	4.7	1.9	106	36.2	38
65-69	40.9	2.8	56.4	181	74.4	9.0	9.0	7.7	0.0	78	44.3	35
70-74	42.2	4.6	53.2	109	62.7	5.9	19.6	7.8	3.9	51	36.5	19
75-79	33.3	4.3	62.4	93	82.9	2.9	8.6	5.7	0.0	35	48.6	17
80+	39.7	3.8	56.4	78	88.2	2.9	5.9	0.0	2.9	34	35.3	12
Caste/ethnic groups												
Brahmin	36.5	3.5	60.0	85	79.4	5.9	8.8	5.9	0.0	34	50.0	17
Chhetri	66.5	3.0	30.5	167	79.3	6.9	10.3	2.6	0.9	116	55.2	64
Newar	34.3	8.6	57.1	175	62.7	8.0	20.0	5.3	4.0	75	24.0	18
Tamang	24.2	3.8	72.0	186	60.8	7.8	21.6	8.3	2.0	51	26.9	14
Magar	57.1	0.0	42.9	21	66.7	8.3	16.7	8.3	0.0	12	41.7	5
Dalit	31.8	0.0	68.2	22	57.1	0.0	0.0	42.9	0.0	7	0.0	0
Other	46.7	6.7	46.7	15	75.0	0.0	25.0	0.0	0.0	8	25.0	2
Total	40.8	4.6	54.6	672*	71.1	6.9	14.8	5.6	1.6	304**	39.7	121
n	274	31	367		216	21	45	17	5		121	

Notes: Other sector of work includes answers given like vegetable plantation, business, mason/carpenter and priest; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes. Some respondents are continuing working even after receiving pension, thus percentage of those who receive pension is calculated based on those who worked in the past and continue working.

† Wage labor includes both foreign and internal.

* Four males are missing reporting about work in the past and the sum of individual cases of different categories of the characteristics may not match with total cases because of some respondents not responding to the characteristics considered.

** One male among those who worked in the past or continue working is missing reporting about sector of work and the sum of individual cases of different categories of the characteristics may not match with total cases because of some respondents not responding to the characteristics considered.

Among the caste/ethnic groups, the highest proportion of elderly reported to have worked in the past were from Chhetri (66.5), followed by Magar (57%) while for Brahmin, Newar and Dalit, the proportion of elderly reporting that they worked in the past ranges from 30 to 35 per cent.

Of those who worked in the past and/or currently working were further enquired about sector of work and it was found that 71 per cent worked in Government sector, 15 per cent in private sector, 7 per cent in NGO and 6 per cent as wage laborers. Relatively, more Newar, Tamang and Magar worked in the private sector compared to other caste/ethnic groups. On the other hand, relatively higher proportion of elderly from Brahmin and Chhetri worked in the Government sector against other caste/ethnic groups.

Of those who worked in the past and currently working, nearly 40 per cent reported that they received pension. There is no clear pattern of relations between proportion receiving pension and age group of elderly. In case of caste/ethnic groups, 55 per cent of 64 Chhetri, 50 per cent of 17 Brahmin reported that they were receiving pensions at the time of survey.

Females

Table 4.21 reveals the percentage distribution of elderly females by worked in the past, sector of work and pension receiving status according to age and caste/ethnic groups. A very few (4%) elderly females were reported to have worked in the past and only three were found to be working currently. Of those worked in the past and currently working (n=32), 11 worked in the private sector and 10 worked in Government sector.

Table 4.21: Percentage distribution of elderly (females) aged 60 years and above by whether worked in the past and sector of work and receive pension (in number) according to selected background characteristics, Pharping area, 2012

Background characteristics	Worked in the past				Sector of work						Receive pension (n)
	Yes	Continue working	No	n	Gov.	NGO	Private	Wage labor†	Other	Total (n)	
Age											
60-64	4.3	0.5	95.2	187	2	1	4	2	0	9	1
65-69	4.3	0.0	95.7	188	3	0	2	2	1	8	3
70-74	4.0	2.0	94.0	100	1	0	2	1	2	6	0
75-79	3.8	0.0	96.2	106	2	0	2	0	0	4	0
80+	5.2	0.0	94.8	96	2	0	1	1	1	5	1
Caste/ethnic groups											
Brahmin	2.3	0.0	97.7	86	2	0	0	0	0	2	0
Chhetri	7.2	0.0	92.8	167	5	0	4	1	2	12	4
Newar	5.2	1.1	93.7	174	2	0	6	2	1	11	1
Tamang	1.7	0.6	97.7	174	0	0	1	2	1	4	0
Magar	3.8	0.0	96.2	26	0	0	0	1	0	1	0
Dalit	0.0	0.0	100.0	33	-	-	-	-	-	-	-
Other	13.3	0.0	86.7	15	1	1	0	0	0	2	0
Total	4.3	0.4	95.3	677*	10	1	11	6	4	32	5
n	29	3	645		(31.3%)	(3.1%)	(34.4%)	(18.8%)	(12.5%)	(100.0%)	(15.6%)

Notes: Other sector of work includes answers given like business and volunteer work; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

† Wage labor includes both foreign and internal.

* Two females are missing reporting about work in the past and the sum of individual cases of different categories of the characteristics may not match with total cases because of some respondents not responding to the characteristics considered.

Sources of Income and Adequacy

Elderly were enquired about their main sources of personal income and the responses were coded in multiple forms. The major sources of personal income reported comprise of own agricultural production (60%), economic support from family members (52%), old age allowance (26%), business (16%) and single women allowance (18%). The source of personal income, however, shows a variation by sex, age and caste/ethnic group of elderly. Three major sources of personal income for elderly males consist of agricultural production (68%), economic support from family members (43%) and old age allowance (25%) while for females, economic support from family members (61%) stands as first, followed by own agricultural production (52%) and old age allowance.

Table 4.22: Percentage distribution of elderly aged 60 years and above by sex, age and caste/ethnic groups, according to sources of income, adequacy of income, Pharping area, 2012

Sources of personal Income	Sex		Age group		Caste/ethnic group					Total
	Male	Female	60-69	70+	Brahmin	Chhetri	Newar	Janjati†	Dalit	
Agricultural production	68.3	52.3	66.8	51.8	60.8	64.3	53.5	66.4	30.4	60.3
Business	19.4	12.9	19.8	11.4	17.0	15.0	19.1	15.4	8.9	16.1
Share/investment	0.6	0.3	0.4	0.5	0.0	0.3	1.4	0.0	0.0	0.4
Economic support from family members	43.3	61.0	51.8	52.7	43.9	51.7	60.1	49.7	53.6	52.2
Donation	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.1
Old age allowance	25.0	26.5	4.1	54.4	28.7	25.2	24.9	23.7	41.1	25.7
Single women allowance	-	24.1	11.5	13.0	12.3	12.0	11.0	12.9	14.3	12.1
Other	27.4	8.0	19.6	15.0	14.6	22.5	16.5	13.6	33.9	17.6
n*	669	675	764	579	171	333	346	435	56	1,344
Income sources adequate to fulfill basic needs										
Inadequate	26.6	32.6	29.6	29.7	19.3	26.3	36.4	27.7	53.6	29.6
Just adequate	66.0	60.9	63.2	63.6	71.9	60.8	59.3	67.5	46.4	63.4
More than adequate	7.4	6.5	7.2	6.7	8.8	12.9	4.3	4.8	0.0	7.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
n*	673	677	767	582	171	334	349	437	56	1,350

Notes: Other sources of personal income include pension, salary, bank interest, house rent, income from sewing, weaving bamboo materials, making incense, mason/wage labor, priest, property selling, etc. The sum of percentages in sources of personal income may exceed 100 due to multiple responses.

† Janjati includes Tamang, Magar and others excluding Newar.

* Seven males and 4 females are missing reporting about source of personal income and 3 males and 2 females are missing reporting about adequacy of income sources to fulfill basic needs. Furthermore, one respondent did not state age and 3 did not state caste/ethnic groups, thus the sum of individual cases may not match with the total cases.

With age groups, old age allowance (54%) comes as the first source of personal income for those 70 years and above while it is own agricultural production (67%) for those in the age range of 60-69 years. For caste/ethnic groups, agricultural production stands as the prime source of personal income for Chhetri (64%), Brahmin (61%) and Janjati (66%) while for Newar and Dalit, it is economic support from family members.

When enquired about the adequacy of the personal income to full fill basic needs of the elderly, 30 per cent opined that it was inadequate while another 63 per cent and 7 per cent opined that it was 'just adequate' and 'more than adequate', respectively. More females (33%) over males (27% reported inadequacy of personal income to fulfill their basic needs while there is no variation by age group. Among the caste/ethnic groups, the highest proportion of Dalit complained that their personal income was inadequate (54%), followed by Newar (36%), Janjati (28%) and least for Brahmin (19%).

Ownership of Properties

Table 4.23 shows the percentage distribution of elderly by sex, age and caste/ethnic groups, according to ownership of different properties. Of the total 1,188 elderly who responded this question, more than two-thirds owned house; 72 per cent owned some land; 10 per cent owned some cash, 6 per cent had some bank balance; 40 per cent had gold/jewellery and only one per cent reported that they had share/investment.

Table 4.23: Percentage distribution of elderly aged 60 years and above by sex, age and caste/ethnic groups, according to ownership of different properties and average size of landholding under the ownership of the respondents, Pharping area, 2012

Property owned	Sex		Age group		Caste/ethnic group					Total
	Male	Female	60-69	70+	Brahmin	Chhetri	Newar	Janjati†	Dalit	
House	87.4	47.3	69.6	65.7	61.4	69.5	71.9	66.2	69.8	68.0
Land	89.1	53.4	72.9	70.3	69.6	76.4	73.9	68.6	62.8	71.8
Cash	12.9	6.4	9.7	9.9	12.7	11.0	10.1	8.2	2.3	9.8
Bank balance	9.1	3.1	6.3	6.1	10.8	6.8	9.5	2.1	0.0	6.2
Gold/jewellery	17.0	64.3	39.9	40.0	45.6	43.2	36.9	38.9	25.6	39.9
Share/investment	1.3	0.7	1.0	1.0	1.3	1.0	2.3	0.0	0.0	1.0
Other	0.0	0.2	0.0	0.2	0.0	0.0	0.0	0.0	2.3	0.1
n*	613	575	682	505	158	292	306	388	43	1,188
Average size of land ownership (in Ropani)										
	6.60	3.97	5.58	6.04	7.77	5.79	5.01	5.75	2.36	5.76
n**	518	243	457	303	108	194	201	236	21	761

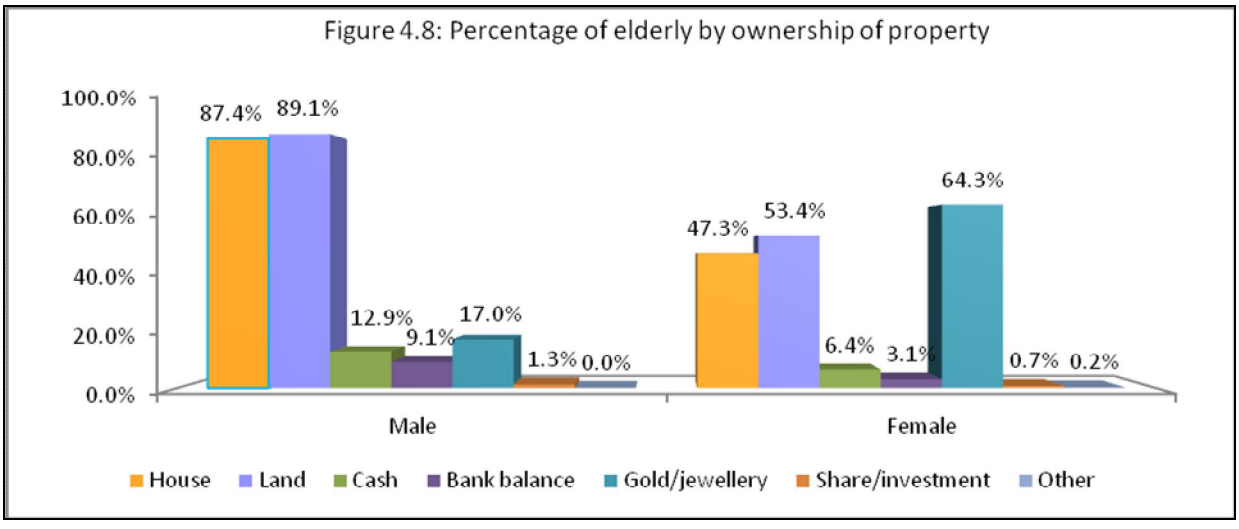
Notes: Other property includes cattle. The sum of percentages in property owned may exceed 100 due to multiple responses.

† Janjati includes Tamang, Magar and others excluding Newar.

* Sixty-three males and 104 females are missing reporting about property owned and one respondent each did not state age and caste/ethnic group, thus the sum of individual cases may not match with the total cases.

** Twenty-eight males and 64 females among those own land in their name are missing reporting about size of land and one males respondent each did not state age and caste/ethnic group, thus the sum of individual cases may not match with the total cases.

Evidence suggests that there is gender variation in ownership of properties – much lower proportion of females holds ownership a house (Figure 4.8), some cash and land compared to males although there is considerable proportion of females reporting ownership of these properties.



Female ownership in gold/jewellery is almost four times higher than that of males (64% vs. 17%), however. By age group, ownership of these properties except gold/jewellery is lower for those 70 years and above than that of 60-69 years of age. More than 60 per cent of elderly is found to have owned house or some land across the caste/ethnic groups while it comes to bank balance, cash and gold/jewellery, it is Dalit who have little ownership on them compared to other caste/ethnic groups.

Focus group discussion with elderly female, Chalnakhel VDC-9 revealed that few elderly women have land in their name. They reported that they do not have cash balance in the bank but they have some cash in their *thaili* (pocket). In FGD elderly males agreed that majority of the elderly male have land and house under their ownership and some pension holders have some cash and bank balance. One elderly man says, 'own property is own if we have no property (land) nobody cares us'. In case of females, a few females have such property. Among economically well-off families, some elderly females have some ornaments and jewellery.

Elderly Support in the Family

Table 4.24 shows the percentage distribution of elderly by sex, age and caste/ethnic groups, according to support they provide in the family and duration of support. Elderly supports in a range of family economic activities – both in production and caring activities. Activities like 'help in the household work' (54.5%), advice (52%), physical labor (24%) and monetary support (13%) are the prime support provided by elderly for the family. In the sample, about 15 per cent elderly reported that they could not support to the family due to their poor health condition.

Table 4.24: Percentage distribution of elderly aged 60 years and above by sex, age and caste/ethnic groups, according to support in the family and duration of support, Pharping area, 2012

Type of support in family work	Sex		Age group		Caste/ethnic group					Total
	Male	Female	60-69	70+	Brahmin	Chhetri	Newar	Janjati†	Dalit	
Advice	59.6	43.9	51.9	51.4	67.3	54.1	51.7	46.4	30.4	51.7
Skill/technical help	3.9	0.9	3.0	1.5	2.9	0.9	4.3	0.9	8.9	2.4
Monetary	20.1	5.9	16.4	8.4	12.3	13.5	16.4	10.6	8.9	13.0
Physical labor	31.1	16.0	31.8	12.7	27.5	15.6	19.8	31.7	19.6	23.6
Help in household work	44.3	64.7	62.1	44.5	48.5	55.6	58.3	52.0	60.7	54.5
Can't help due to health problem	13.9	15.7	6.0	26.3	9.4	19.2	16.4	12.2	16.1	14.8
n*	671	675	763	582	171	333	348	435	56	1,346
Time (in hours) of help per day										
1-2	4.8	8.3	4.4	11.4	7.3	6.8	5.4	7.9	2.5	6.7
3-4	20.4	24.9	23.3	21.8	26.6	23.2	23.8	22.0	12.5	22.9
5-8	32.8	19.5	29.8	17.8	37.6	19.8	26.7	27.4	7.5	25.8
As per required/interest	42.0	47.2	42.6	49.0	28.4	50.2	44.2	42.8	77.5	44.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
n**	436	481	618	298	109	207	240	318	40	917

Note: The sum of percentages in type of support in family work may exceed 100 due to multiple responses.

† Janjati includes Tamang, Magar and others excluding Newar.

* Five males and 4 females are missing reporting about type of support in family work and one and 3 respondents did not state age and caste/ethnic group respectively, thus the sum of individual cases may not match with the total cases.

** Three males and 6 females are missing reporting about time (in hours) of help per day and one and 3 respondents did not state age and caste/ethnic group respectively, thus the sum of individual cases may not match with the total cases.

Gender variation in types activities carried out by elderly to the family is evident. More males tend to provide advice against females, support money and engage in physical labor. On the other hand, more females provide help in household work than that of males.

Among caste/ethnic groups, more than two-thirds of Brahmin, 54 per cent Chhetri, 52 per cent Newar, 46 per cent Janjati and 30 per cent Dalit reported that they provide advice in the family. Monetary support is much pronounced among Newar (16%), physical labor among Janjati (32%) and help in household work among Dalit (61%).

Further enquiry was made to the elderly about the time of help per day. Data reveal that nearly 45 per cent worked as per required or interest. More than one-fourth worked 5-8 hours daily, another 23 per cent worked for 3-4 hours/daily and only 7 per cent worked for 1-2 hours/daily. More females than males reported that they worked as per need while more males than females worked for 5-8 hours/daily. By age group, the proportion working more hours daily is slightly higher for those 60-69 years compared to those 70 years and above. Among the caste/ethnic groups, the highest proportion of Dalit (77.5%) reported that they work as per required/interest, followed by Chhetri (50%), Newar (44%), Janjati (43%) and least for Brahmin (28%).

Final Decision Makers in the Family

In the household survey, elderly were asked about final decision-makers in household affairs such as education of grand children, marriage of son/daughters and grand children, buying and selling of valuable assets and major household cultural and ritual functions. The results are shown in Table 4.25. Majority of males reported that they themselves were the final decision-makers in aspects of marriage of son/daughter (52%), buying or selling of valuable assets (46%) and engaging or conducting of family religious and cultural functions (51%). In case of education and marriage of grand children, son/daughter-in-law was reported to be the prime decision-maker.

Table 4.25: Percentage distribution of elderly aged 60 years and above according to person taking final decision in different aspects, Pharping area, 2012

Final decision maker	Males					Females				
	Education of grand children	Marriage of son/ daughter	Marriage of grand children	Buying/ selling of valuable assets	Major HH functions	Education of grand children	Marriage of son/ daughter	Marriage of grand children	Buying/ selling of valuable assets	Major HH functions
Self	6.9	51.8	7.2	45.8	51.0	2.3	40.1	3.3	23.7	35.3
Spouse	1.3	23.5	1.4	10.9	14.8	3.0	24.8	3.3	15.6	18.5
Son/daughter-in-law	78.7	10.1	73.2	37.6	29.3	80.0	15.4	74.6	49.8	38.0
Daughter/son-in-law	4.7	0.8	4.5	2.6	1.7	7.7	1.0	7.7	6.8	4.9
Grand children	0.5	0.4	0.8	0.6	0.8	1.9	0.2	0.8	1.8	1.6
Brother	1.4	0.8	0.8	1.5	2.0	0.2	0.2	0.2	0.8	0.6
Other relatives	6.1	12.4	11.7	0.6	0.2	4.6	18.2	9.8	1.2	0.7
Other	0.4	0.2	0.4	0.3	0.3	0.4	0.0	0.4	0.3	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
n*	554	515	489	659	661	569	479	519	666	671

Notes: Major household functions include celebrating festivals, visit to holy places, and performing other cultural and religious programs; and other person for decision making includes domestic worker/helper.

* Some 15-161 males and 8-200 females are missing reporting about persons taking final decision on different aspects.

Among the elderly females interviewed, majority reported that they have final decision-making power with respect to marriage of son/daughter (40%), conduction of cultural and ritual functions in the family

(35%) and buying or selling of valuable assets (24%). Like the responses of elderly males, elderly females also reported that it is the son/daughter-in-law who is the prime decision-maker in case of education and marriage of grand children. And, almost half reported that it is son/daughter-in-law who is final decision-maker in buying and selling of valuable assets.

4.6 Elderly in Vulnerable Situation

Information on elderly in most vulnerable situation was collected from qualitative survey tools: FGD, KII and deviant case studies. In the FGD participants and Key informants (KII) were enquired about the most vulnerable elderly in their neighborhood. In all the FGDs and KII, participants viewed very old people especially 80 years and above, single women, chronically ill and physically disabled persons, widower, Dalit women, and those living alone, childless elderly as in most vulnerable situation in the survey areas. The magnitude of such elderly ranges 3 to 5 per cent in the survey VDCs.

In FGD with elderly males, Seti Devi VDC, it is known that there are two elderly having paralysis since 16/17 years. FGD participants of supporting generation (in Seti Devi VDC-7) viewed that widower especially men remain in more vulnerable situation compared to single women as single women may adjust with the family easily but this may not be case for men.

It is also known that Dalit women are the most vulnerable because of poverty, untouchability and excessive use of alcohol by the family members, and uncared by the son/daughter-in-law. In a FGD in Chalnakhel VDC with the elderly females it is reported that they sometimes use vulgar words, hate the elderly and quarrel with parents. This situation also prevails in other social groups as well.

Excessive use of alcohol by son/adult family members also drives the elderly away from the house. The FGD participants in Chalnakhel VDC-9 reported that a Dalit elderly couple left the house and currently residing in Pashupati Old Age Home because their son used to drink alcohol and beat the parents. Such cases are also reported in other caste/ethnic groups as well.

VDC Secretary in the survey also reported some cases of extremely vulnerable elderly in the survey area. In Seti Devi, some 3 to 4 elderly female came to VDC office to complain that they were neglected by their family. Two elderly now are residing in Pashupati Old Age Home.

AHW, Sub health post, Seti Devi VDC viewed that elderly in most vulnerable situation are those who have low economic status, mainly Sarki (Dalit). This is because they have no money to buy medicine; in referral case also they cannot go to other health centre. Female are more vulnerable in case of health problem than that of males because the former have no money in their hand and they cannot go for treatment in health centre.

In Chalnakhel VDC, the KII reported that Janjati mostly Tamang elderly are in vulnerable situation because of their alcoholic behavior. The KII also reported that one childless woman disappeared from the village because of violence by her co-wife children.

In Chhaimale VDC, the VDC Secretary – Dil Bahadur Bogati reported some elderly in most vulnerable situation he knows. He named three elderly females – two Dalit and one Tamang - K. Darji (ward no. 3), D. Damai (ward no. 8) and K. Gaun – a widower - were neglected by the family and are compiled to begging for their survival. The other case was of M.K. Ghimire, a woman aged 100 years though in citizenship 84 years, now living with daughter's house. All her property was captured by grandson.

Another case is of S. Tamang (ward no. 3) who is mentally sick. She accuses her grandson for not to care and whole property captured by him. She also said her uterus prolapsed problem since a long time. She is now a beggar.

The Ex-Chairperson of Chhaimale VDC reported that some elderly – like C. Ghimire (ward no. 7) and R. Acharya (ward no. 8) are in the state of vulnerable. The former is in the state of mentally sick due to death of her son-in-law and the latter is a never married single man. He has no property and currently he is residing with nephew.

The following cases are some of the examples of elderly in vulnerable situation among many found during the study process (Case 4.2).

Case 4.2: Elderly in vulnerable situation, some examples

Childless widow in hunger and begging

K. Tamang, 60, is a childless widow living alone in Chhaimale-5. She owns some land but mainly depends on wage labor and begging. Her housing condition is miserable: a small two-storey house, no separate rooms, bed and toilet facility. She has multiple health problems like paralysis, dermatological disease and asthma. She looks frosted and panic. She said that she went hunger for four days.

Very old elderly living with daughter's house

C. Ghimire, 100, is a widow from Chhaimale-7. She is living with daughter's house with her son. Her grandson took the whole property. She is now living in a poor housing condition: no toilet facility, no separate room and sleeping bed. Physically, she has been in mental disorder for two years. Treatment was done in mental hospital Shanta Bhavan Lalitpur but not cured. Her prime caregiver, the daughter has also become 60 years and she is also widow. Her mental illness makes tension to her daughter and son.

Never married woman living alone

N. Gurung, 61, is from Talku VDC-7. She has never married and now she is living alone. She has two *ropani* lands. She sometimes earns from wage labor. Her mother died two years ago. Thus, now feels lonely and she has also bath and asthma health problems. She has not visited doctors due to poor economic condition. Government allowance is still unavailable though it is in process. She has no caretaker in the family.

Economic security and widow women

M. Dulal, 69, is a widow living in Dakshinkali VDC-7. She has own two-storey house and she lives in second floor. Her family is very poor family with one *ropani* land. Except monthly single woman allowance, she did not have income sources for her survival. Once she was living with younger son but now she is living with another son. Due to the poor economy she feels worry and become in stress. She involves in household work. She rarely visits hospitals for her health check up. The key vulnerable situations are no income sources, jobless sons which make her in more stress.

The Ex-President of Mrigendra Chikitsa Guthi, Mr. Nilamber Gautam also perceived that elderly of Tamang society are in vulnerable situation because of low economic status, low education and geographically remote area. Excessive use of alcohol by adult males also a cause of abuse of elderly.

In Talku VDC, the Key Informants provided some cases of elderly in the state of vulnerable situation. One such case is of P. Thapa, aged 85 year. Mr. Thapa has lost legs due to cancer. He used to go to the

traditional healer for treatment. Now, he is living with a disabled son and his economic condition is very poor. His wife has already died.

The VDC Secretary of Talku believes that that some elderly also became vulnerable due to transfer of their property to their family members. This is also confirmed from the FGD discussion in Chhaimale that those elderly who have transferred their property to their family are in vulnerable situation. Now, these elderly think that they have done great blunder.

Chapter Five
PHYSICAL AND MENTAL HEALTH STATUS OF ELDERLY

5.1 Physical Health Status

The proportions of elderly of the study area feeling their physical health conditions on walking efficiency, muscular motion, eye sight/vision, ear power/efficiency, memory power, smelling capacity, teeth/chewing power and sleeping better than the persons of the same age in their neighborhood range between 63 per cent for smelling capacity and 37 per cent for teeth/chewing power. While, both better and similar conditions about different health issues are combined then it ranges from 94 per cent and 68 per cent for the same physical health issues (Table 5.1). Thus, the large majority of the elderly feel themselves either in better or similar condition on different types of physical health issues compared to the other persons of the same age and only a few of them feel themselves in weaker conditions than them on different physical health issues. This can be considered as encouraging feeling about their own health conditions.

Table 5.1: Percentage distribution of elderly aged 60 years and above reporting their health condition in comparison to the persons of the same age in their neighborhood, Pharping area, 2012

Health condition	Better	Similar	Poor	No idea	Total	n*
Walking efficiency	49.6	29.6	20.7	0.1	100.0	1,345
Muscular motion	44.9	36.0	19.1	0.0	100.0	1,345
Eye sight/vision	40.0	33.8	26.3	0.0	100.0	1,344
Ear power/efficiency	55.0	29.9	15.1	0.0	100.0	1,344
Memory power	46.5	37.8	15.6	0.1	100.0	1,343
Smelling capacity	62.5	31.4	5.7	0.3	100.0	1,342
Teeth/chewing power	37.3	30.5	32.1	0.1	100.0	1,344
Sleeping	56.8	31.5	11.6	0.1	100.0	1,344

* Some 10-13 respondents are missing reporting about different conditions of health status in comparison to the persons of the same age.

The higher proportions of elderly females than males feel that they have poor health conditions or no idea about it compared to their other counterparts of the same age in the neighborhood (Table 5.2). It is higher among females than males on health issues like walking efficiency (24% vs. 18%), muscular motion (23% vs. 16%), eye sight/vision (28% vs. 25%), memory power (18% vs. 14%), teeth/chewing power (35% vs. 30%), sleeping (13% vs. 11%) and smelling capacity (8% vs. 5%). However, higher proportion of elderly males than females feels the same in the case of ear power/efficiency (17% vs. 13%). As one can expect, higher proportions of elderly in higher age cohorts than in lower age cohorts feel themselves with poor health condition on different physical health issues in comparison to other counterparts of the same age in their neighborhood. The proportions reporting so are increasing with increase in age from 60-64 to 80+ years for all physical health issues (Table 5.2). The proportions range between 26 and 5 per cent among elderly of 60-64 years for different physical health issues, while it is 46 and 11 per cent among the elderly of 80+ years.

Reporting of poor health conditions on different physical health issues compared to other persons of the same age in the neighborhood is observed fewer among married elderly in comparison to widowed, divorced/separated and never married elderly (Table 5.2). The higher proportions of widowed reported so on physical health issues like eye sight/vision (31%), memory power (20%) and sleeping (15%);

whereas it is higher among divorced/separated on muscular motion (23%) and teeth/chewing power (42%); and higher among never married on walking efficiency (27%) and ear power/efficiency (32%). Analyzing the data according to caste/ethnic group, it is found that except in the case of walking efficiency, higher proportions of elderly Newar reported themselves with poor health condition on all physical issues compared to other persons of the same age in their neighborhood. It varied from 34 per cent for eye sight/vision to 11 per cent for smelling capacity. In the case of walking efficiency, higher proportion of Brahmin reported so with 24 per cent. It is also observed from the data in Table 5.2 that relatively fewer proportions of elderly Tamang, Magar, Dalit and other category which include Gurung, Rai and *Tarai* origin castes reported themselves with poor health condition on different physical health issues than Brahmin, Chhetri and Newar compared to other persons of the same age in the neighborhood.

Table 5.2: Percentage distribution of elderly aged 60 years and above reporting their health condition as poor or no idea in comparison to the persons of the same age in their neighborhood, according to selected background characteristics, Pharping area, 2012

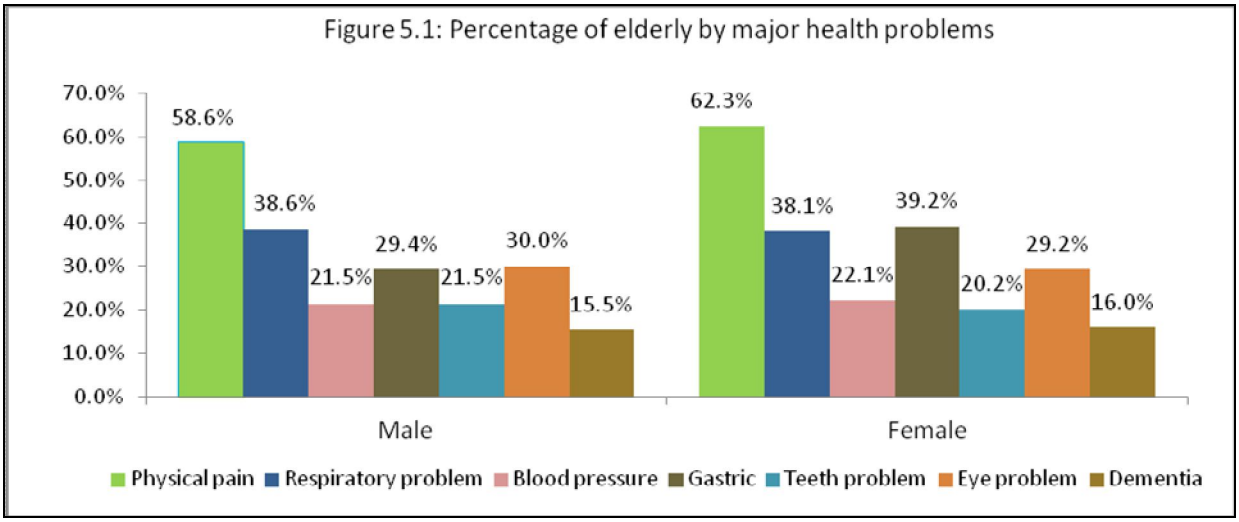
Background characteristics	Walking efficiency	Muscular motion	Eye sight/ vision	Ear power/ efficiency	Memory power	Smelling capacity	Teeth/ chewing power	Sleeping
Sex								
Male	17.9	15.5	24.7	17.2	13.7	4.5	29.9	10.7
Female	23.7	22.7	27.8	13.1	17.5	7.6	34.6	12.6
Age								
60-64	14.8	16.5	17.8	6.3	9.5	4.5	25.6	9.3
65-69	16.0	16.0	19.6	12.2	13.0	5.2	29.3	10.3
70-74	23.2	16.9	30.4	17.9	20.3	5.3	34.3	11.1
75-79	27.9	22.8	34.5	19.3	19.3	7.1	39.6	13.7
80+	34.1	30.1	45.7	33.5	25.6	11.0	42.8	18.5
Marital status								
Married	16.7	16.4	22.0	12.0	12.6	4.9	28.8	9.5
Widow/widower	25.4	22.1	31.4	18.4	19.6	7.2	35.5	14.5
Divorced/separated	19.2	23.1	26.9	7.7	7.7	7.7	42.3	7.7
Never married	27.3	18.2	18.2	31.8	13.6	9.1	36.4	9.1
Caste/ethnic groups								
Brahmin	24.3	17.2	23.7	12.4	11.8	4.7	26.6	13.0
Chhetri	21.6	18.3	25.6	14.8	14.2	3.9	32.8	10.2
Newar	23.1	23.7	33.7	23.7	24.6	11.4	43.4	16.6
Tamang	17.4	16.8	21.3	11.2	11.2	3.6	26.1	7.6
Magar	17.0	21.3	23.4	10.6	12.8	2.1	19.1	10.6
Dalit	16.1	16.1	30.4	1.8	14.3	5.4	32.1	16.1
Other	20.0	13.3	13.3	10.0	10.0	6.7	20.0	6.7
Total	20.8	19.1	26.3	15.1	15.6	6.0	32.2	11.7
n	280	257	353	203	210	81	433	157

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

The data show that relatively more elderly females, of higher age cohorts, currently not married (widowed, divorced/separated and never married), and caste/ethnic groups of Newar, Brahmin and Chhetri consider themselves in poor health condition compared to other persons of the same age in the neighborhood on most of the different physical health issues.

5.2 Perceived Health Problems, Duration and Treatment

Figure 5.1 presents the major health problems of elderly. About three-fourths of the elderly males (59%) had of physical pain (joints, knee, back, stomach, etc.) followed by respiratory problem (39%), eye problem (30%), gastric (29%), blood pressure and teeth problem (22% each), and dementia/Alzheimer (16%). The rests of the problems were felt by less than 9 per cent each, while none of them reported about feeling cholesterol problem. Information gathered from FGD with elderly males in Seti Devi VDC also show diseases like respiratory problem, physical pain, gastric, eye problem, hearing problem, blood pressure, diabetes and teeth problem reported by most of the participant as their major health problems. Similarly, elderly male participants of FGD conducted in Sheshnarayan VDC reported their main physical health problems as physical pain including hands and legs soreness, respiratory problem, gastric, eye problem, hearing problem, blood pressure, heart disease, kidney/urinary infection and swelling. Supporting generation male participants of FGD in Chhaimale VDC reported most prevalent health problem of elderly as asthma and others are eye problem, teeth problem, swelling and uterine prolapsed.



Most of the elderly males who felt having any disease are also found diagnosing the disease by doctor/health worker. Only those who felt having HIV/AIDS are not found going for its test. For the rests of diseases except dementia/ Alzheimer, all (in case of cancer) to 53 per cent of them (in case of teeth problem) had visited health facility for check up, while 20 per cent them had also found diagnosed for dementia/Alzheimer (Table 5.3).

But the information obtained from FGD in Chhaimale VDC among supporting generation males show other way round. They informed that most of elderly do not visit to health facility. First they visit to traditional healer when they feel any health problem and only at the later stages of the health problem, they visit to health facility and that too mostly to sub-health posts where the treatment is free of cost. A key informant, AHW in Sub-Health Post of Seti Devi VDC, said that elderly visit to the health facility while they face with problems of respiratory/asthma, physical pain, gastric, blood pressure and diabetes. Since the medicines are not available for all types of diseases they are referred to other health facilities. But they don't go to check up there and come back again after a few months with more seriously ill. The health worker also said that elderly first visit to traditional healer when they get sick and usually don't want to disclose the illness, so he feels that it may be the problem connected with economic condition.

He further said that there is no special provision for treatment of elderly in the local health facility, but health workers give preference to them. FCHVs are mobilized with medicines of asthma for a week to the houses of those elderly, who can't visit to the health facility. Last year a health camp was organized in the locality in joint collaboration with VDC, a NGO *Jeshtha Nagarik Sewa Samaj* and the sub-health post focusing on elderly, where general health check-ups were examined.

Case 5.1: Multiple health problems and poverty

M. Tamang, 88, is a widower living in Chhaimale-4. He has four daughters. He is living with son-in-law but in his own house. He has suffered from multiple health problems for a long time. He has health problems like asthma, paralysis, hearing problem and visual disability. He feels more pain due to paralysis. He wants to have good health checked up, but it could not be happened because of his poor economic condition. Now, he feels stress and depression. He has own two-storey house but no land. He lives in the first floor and there is no toilet facility in the house and no sleeping bed as well.

Table 5.3: Percentage distribution of elderly males aged 60 years and above reporting a health problem, diagnosed by health personnel, duration of health problem and treatment status, Pharping area, 2012

Diseases	Feeling of having a disease		% diagnosed by doctor/other health worker**	Duration of health problem (in years)**				Medicine/treatment taking status**		
	%	n*		< 1	1-5	6-10	11+	Regular	As per need	No
Physical pain (joints, knee, back, stomach, etc.)	58.6	291	63.2	14.7	52.8	20.3	12.2	18.9	35.8	45.3
Respiratory problem/asthma	38.6	192	74.5	14.7	58.1	15.7	11.5	50.3	22.5	27.2
Blood pressure	21.5	107	91.6	14.2	50.9	18.9	16.0	63.2	21.7	15.1
Sugar/diabetes	7.4	37	91.9	5.4	35.1	37.8	21.6	70.3	16.2	13.5
Gastric	29.4	146	83.4	6.2	38.6	26.9	28.3	34.5	44.8	20.7
Paralysis	7.0	35	80.0	2.9	37.1	42.9	17.1	40.0	34.3	25.7
Heart diseases	4.8	24	79.2	4.2	50.0	20.8	25.0	66.7	8.3	25.0
Teeth problem	21.5	107	52.3	2.0	42.2	39.2	16.7	7.8	32.0	60.2
Eye problem	30.0	149	73.5	13.8	48.3	20.0	17.9	17.2	37.2	45.5
Kidney/urinary	8.5	42	73.8	17.1	56.1	17.1	9.8	26.8	41.5	31.7
Uric acid	5.8	29	89.3	7.1	50.0	32.1	10.7	35.7	35.7	28.6
Cholesterol	0.0	0	-	-	-	-	-	-	-	-
Delivery/pregnancy related										
HIV/AIDS	0.4	2	0.0	0.0	100.0	0.0	0.0	0.0	50.0	50.0
Cancer	0.4	2	100.0	0.0	0.0	50.0	50.0	50.0	0.0	50.0
Prostate gland problem	3.6	18	61.1	5.6	33.3	33.3	27.8	16.7	27.8	55.6
Dementia (recent memory loss) and Alzheimer	15.5	77	19.5	5.4	63.5	21.6	9.5	2.7	5.4	91.9
Other	8.5	42	75.6	30.8	33.3	7.7	28.2	39.0	29.3	31.7

Note: Other diseases include leprosy, polio, cough, bone decay, gall bladder, leg swelling, wounds/cuts, etc.

* These are the respondents among those who have any physical health problem at present.

** Only among those who are feeling having a disease.

Most of the elderly males are having different types of health problems for 1-5 years. The proportions declined with increase in duration of problem from 6-10 to 11+ years. However, the lower proportions of elderly males are observed facing the problem for less than one year for most of the diseases. In the cases of diseases like respiratory problem, blood pressure, diabetes, asthma, heart disease, uric acid and

cancer, most of elderly males reported doing/taking regular treatment/medicine. But in the cases of diseases like physical pain, gastric, teeth problem, eye problem, kidney/urinary problem, HIV/AIDS, prostate gland and dementia/Alzheimer, majority are doing treatment as per need. However, some elderly males were also found not doing/taking any treatment/medicine for the diseases they are facing problem with.

Like in the case of elderly males, higher proportion of the elderly females (62%) had also feeling of physical pain followed by gastric (39%), respiratory problem (38%), eye problem (29%), blood pressure (22%), teeth problem (20%) and dementia/Alzheimer (16%). The rests of the problems were felt by less than 10 per cent each. The FGD participants of elderly females in Chalnakhel VDC listed their major physical health problems as physical pain, respiratory problem, gastric, eye problem, hearing problem, delivery/pregnancy related problem and uterine prolapse. They further described saying that elderly females face respiratory problem because of smoking habit; gastric due to not getting full stomach food during young ages because their mother-in-laws used not to give it; and uterine prolapse because of heavy workload and lack of rest during pregnancy and after delivery. Besides earlier mentioned problems, soreness of hands and legs, blood pressure, heart disease and kidney/urinary infection were also reported by the elderly females of FGD participants in Sheshnarayan VDC. Similar findings were observed in the FGD conducted in Talku VDC as well among supporting generation females.

Table 5.4: Percentage distribution of elderly females aged 60 years and above reporting a health problem, diagnosed by health personnel, duration of health problem and treatment status, Pharping area, 2012

Diseases	Feeling of having a disease		% diagnosed by doctor/other health worker**	Duration of health problem (in years)**				Medicine/treatment taking status**		
	%	n*		< 1	1-5	6-10	11+	Regular	As per need	No
Physical pain (joints, knee, back, stomach, etc.)	62.3	339	64.3	18.2	51.2	19.4	11.2	22.9	33.2	43.9
Respiratory problem/asthma	38.1	207	77.3	17.0	46.1	22.3	14.6	53.7	21.5	24.9
Blood pressure	22.1	120	94.2	12.6	51.3	20.2	16.0	61.3	17.6	21.0
Sugar/diabetes	7.2	39	95.0	17.5	42.5	20.0	20.0	67.5	15.0	17.5
Gastric	39.2	213	78.9	9.2	42.5	21.3	27.1	38.3	41.7	19.9
Paralysis	9.4	51	83.7	8.2	34.7	28.6	28.6	47.9	35.4	16.7
Heart diseases	7.0	38	70.3	16.7	36.1	30.6	16.7	44.4	30.6	25.0
Teeth problem	20.2	110	52.7	9.2	50.0	24.5	16.3	12.2	39.8	48.0
Eye problem	29.2	159	75.9	10.3	55.1	21.2	13.5	24.4	25.0	50.6
Kidney/urinary	5.3	29	55.2	18.5	59.3	11.1	11.1	21.4	25.0	53.6
Uric acid	3.3	18	100.0	5.6	50.0	11.1	33.3	44.4	38.9	16.7
Cholesterol	0.6	3	100.0	0.0	100.0	0.0	0.0	66.7	33.3	0.0
Delivery/pregnancy related	9.4	51	76.5	9.8	19.6	21.6	49.0	22.2	22.2	56.0
HIV/AIDS	0.4	2	50.0	50.0	50.0	0.0	0.0	50.0	0.0	50.0
Cancer	0.4	2	100.0	0.0	0.0	100.0	0.0	100.0	0.0	0.0
Prostate gland problem										
Dementia (recent memory loss) and Alzheimer	16.0	87	11.5	7.5	60.0	23.8	8.8	2.5	3.7	93.8
Other	10.3	56	73.2	17.9	39.3	23.2	19.6	20.3	25.4	54.2

Note: Other diseases include leprosy, polio, cough, bone decay, gall bladder, leg swelling, wounds/cuts, etc.

* These are the respondents among those who have any physical health problem at present.

** Only among those who are feeling having a disease.

Most of the elderly females too who felt having any disease had also diagnosed the disease by doctor/health worker. All elderly females reported diagnosed for cancer, cholesterol and uric acid, around 50-55 per cent had visited health facility to test HIV/AIDS, teeth problem and kidney/urinary, while 12 per cent had also diagnosed for dementia/Alzheimer. For the rests of the diseases, 64-95 per cent of the elderly females are found visiting health facility for check up (Table 5.4). Similar to the pattern of elderly males, most of the elderly females are having different types of health problems for 1-5 years and the proportions declined with increase in duration of problem from 6-10 to 11+ years. The lower proportions of them are found facing the problem for less than one year for most of the diseases in the case of elderly females as well. The patterns for elderly females on status of doing/taking treatment/medicine for different types of diseases are almost similar to that of elderly males (Table 5.4).

In the FGD conducted in Chhaimale VDC among elderly females, one participant said that she has been suffering from asthma since last 18 years. Although her economic condition is poor she used to spend some amount of money regularly. She had also used medicine from sub-health post but said that it is not effective. Findings from FGD in Talku VDC among supporting generation females reveal that some elderly females do not go to health facility to diagnose the disease. A key informant, AHW in Primary Health Center in Chalnakhel VDC, also stated that most of elderly come to the health facility with problems related to physical pain, respiratory/asthma, gastric, blood pressure and diabetes. He has also said that there is no special provision for treatment of elderly in the government health facilities, since it is not the focused area of the government like children and pregnant women. However, health workers give preference to the elderly as he said. According to him, last year a health camp was organized in Talku VDC with the help of a NGO, phect focusing on uterine prolapsed.

Case 5.2: Paralysis and poverty

S.M. Tamang, 68, a Talku-7 resident is a widow. She lives with married son and his children. She has been suffering from paralysis for two years. She once visited to Lama's monastery for health treatment but never visited to a modern health facility treatment due to poor economic condition. She was in stress due the disease. She has not yet received single women allowance though she became widow four years before.

The higher proportion of the elderly aged 60-74 years (59%) had also feeling of physical pain followed by gastric and respiratory problem (36% each), eye problem (26%), blood pressure (22%), teeth problem (20%), dementia/Alzheimer (13%) and delivery/pregnancy related problem (11%). The rests of the problems were felt by less than 8 per cent each of the elderly aged 60-74 years. In the FGD conducted in Seti Devi VDC among supporting generation females, they talked about physical health problems of elderly mainly on respiratory problem, cough, gastric, physical pain, eye problem, hearing problem, teeth problem, blood pressure and diabetes.

Most of the elderly in this age cohort who felt having any disease had also diagnosed the disease by doctor/health worker. The proportions for different types of diseases range between 100 and 60 per cent (Table 5.5), except for HIV/AIVD (33%) and dementia/Alzheimer (18%). Similar to the patterns of elderly males and females, most of the elderly of this age cohort are also having different types of health problems for 1-5 years and the proportions declined with increase in duration of problem. The patterns on status of doing/taking treatment/medicine for different types of diseases are also almost similar to that of earlier two cases.

According to AHW and AMN of Sub-Health Post of Sheshnarayan VDC, more elderly females than males visit to the health facility, especially those who have lower economic status, mostly for check up and

treatment of physical pain and gastric. Being more Dalit settlements nearby, more Dalits of lower economic status visit to the sub-health post because they can't afford to go to other health facilities. Since one of the health workers also runs his own medical store, he shared his experience that health seeking behavior of the people in general is very poor in the area, not only of the elderly and regardless of their economic status as well. When they visit to medical store, they usually ask for vitamin or only for one tablet and do complete the full doses of medicine and very few visit for regular check up. The AHW of Primary Health Centre of Chalnakhel VDC also reported more elderly females of lower economic status visiting to the health facility than their male counterparts. He opined that elderly males would have some money in their pockets so they go to medical stores and buy medicine there, but females come to the health facility for free treatment, mostly of physical pain. The health workers of both the health facilities said that some elderly also visit to health facility to make themselves aware about health related issues like blood pressure, etc.

Table 5.5: Percentage distribution of elderly aged 60-74 years reporting a health problem, diagnosed by health personnel, duration of health problem and treatment status, Pharping area, 2012

Diseases	Feeling of having a disease		% diagnosed by doctor/other	Duration of health problem (in years)**				Medicine/treatment taking status**		
	%	n*	health worker**	< 1	1-5	6-10	11+	Regular	As per need	No
Physical pain (joints, knee, back, stomach, etc.)	59.3	431	65.2	17.9	53.5	16.5	12.0	20.5	34.4	45.0
Respiratory problem/asthma	35.5	258	76.0	17.1	55.6	16.3	10.9	52.0	21.9	26.2
Blood pressure	22.0	160	91.9	13.9	53.8	18.4	13.9	62.0	17.1	20.9
Sugar/diabetes	7.7	56	91.2	8.8	43.9	29.8	17.5	71.9	12.3	15.8
Gastric	36.2	263	82.4	8.1	40.8	23.1	28.1	37.8	43.6	18.5
Paralysis	7.6	55	81.8	5.5	36.4	34.5	23.6	41.8	40.0	18.2
Heart diseases	5.9	43	79.1	11.6	41.9	30.2	16.3	60.5	16.3	23.3
Teeth problem	19.7	143	55.2	6.7	48.9	32.6	11.9	9.6	36.8	53.7
Eye problem	25.6	186	73.5	14.3	50.0	20.3	15.4	22.5	28.6	48.9
Kidney/urinary	6.3	46	71.7	18.2	54.5	18.2	9.1	22.7	38.6	38.6
Uric acid	5.0	36	91.4	8.6	48.6	22.9	20.0	40.0	34.3	25.7
Cholesterol	0.3	2	100.0	0.0	100.0	0.0	0.0	100.0	0.0	0.0
Delivery/pregnancy related	10.5	39	74.4	5.1	20.5	25.6	48.7	17.9	28.2	53.8
HIV/AIDS	0.4	3	33.3	33.3	66.7	0.0	0.0	33.3	0.0	66.7
Cancer	0.6	4	100.0	0.0	0.0	75.0	25.0	75.0	0.0	25.0
Prostate gland problem	2.8	10	60.0	10.0	20.0	30.0	40.0	10.0	30.0	60.0
Dementia (recent memory loss) and Alzheimer	13.2	96	17.7	5.4	66.7	19.4	8.6	3.2	5.3	91.5
Other	8.9	65	75.4	20.6	38.1	15.9	25.4	31.8	25.8	42.4

Note: Other diseases include leprosy, polio, cough, bone decay, gall bladder, leg swelling, wounds/cuts, etc.

* These are the respondents among those who have any physical health problem at present.

** Only among those who are feeling having a disease.

Similar to the case of elderly aged 60-64 years, the higher proportion of the elderly aged 75+ years (63%) had also feeling of physical pain followed by respiratory problem (45%), eye problem (39%), gastric (30%), teeth problem (24%), dementia/Alzheimer (22%) and blood pressure (21%). The rests of the problems were felt by less than 10 per cent each of this age cohort. Most of the elderly in this age cohort too who felt having any disease had also diagnosed the disease by doctor/health worker. The proportions for different types of diseases range between 100 and 54 per cent (Table 5.6), except for

teeth problem (47%), dementia/Alzheimer (12%) and none had tested for HIV/AIDS. The patterns on duration of health problems and status of doing/taking treatment/medicine for diseases are also almost similar to that of elderly of earlier age cohort.

Table 5.6: Percentage distribution of elderly aged 75 years and above reporting a health problem, diagnosed by health personnel, duration of health problem and treatment status, Pharping area, 2012

Diseases	Feeling of having a disease		% diagnosed by doctor/other	Duration of health problem (in years)**				Medicine/treatment taking status**		
	%	n*	health worker**	< 1	1-5	6-10	11+	Regular	As per need	No
Physical pain (joints, knee, back, stomach, etc.)	63.3	198	60.6	13.6	48.7	26.7	11.0	21.8	34.6	43.6
Respiratory problem/asthma	44.7	140	75.7	13.7	45.3	23.7	17.3	51.8	22.3	25.9
Blood pressure	21.4	67	95.5	11.9	44.8	22.4	20.9	62.7	25.4	11.9
Sugar/diabetes	6.1	19	100.0	21.1	26.3	26.3	26.3	63.2	26.3	10.5
Gastric	30.4	95	75.8	7.7	41.8	25.3	25.3	34.1	40.7	25.3
Paralysis	9.6	30	82.1	7.1	35.7	35.7	21.4	48.1	25.9	25.9
Heart diseases	6.1	19	61.1	11.8	41.2	17.6	29.4	35.3	35.3	29.4
Teeth problem	23.6	74	47.3	3.1	40.0	30.8	26.2	10.8	33.8	55.4
Eye problem	39.0	122	76.7	8.4	54.6	21.0	16.0	18.5	34.5	47.1
Kidney/urinary	7.7	24	54.2	17.4	65.2	8.7	8.7	25.0	29.2	45.8
Uric acid	3.5	11	100.0	0.0	54.5	27.3	18.2	36.4	45.5	18.2
Cholesterol	0.3	1	100.0	0.0	100.0	0.0	0.0	0.0	100.0	0.0
Delivery/pregnancy related	6.9	12	83.3	25.0	16.7	8.3	50.0	36.4	0.0	63.6
HIV/AIDS	0.3	1	0.0	0.0	100.0	0.0	0.0	0.0	100.0	0.0
Cancer	0.0	0	-	-	-	-	-	-	-	-
Prostate gland problem	5.7	8	62.5	0.0	50.0	37.5	12.5	25.0	25.0	50.0
Dementia (recent memory loss) and Alzheimer	21.7	68	11.8	8.2	54.1	27.9	9.8	1.6	3.3	95.1
Other	10.5	33	71.9	28.1	34.4	18.8	18.8	20.6	29.4	50.0

Note: Other diseases include leprosy, polio, cough, bone decay, gall bladder, leg swelling, wounds/cuts, etc.

* These are the respondents among those who have any physical health problem at present.

** Only among those who are feeling having a disease.

Key informants, AHW and ANM in Sub-Health Post of Sheshnarayan VDC, also reported major physical health problems of elderly as physical pain, respiratory problem/asthma, gastric, blood pressure and diabetes. They too said that there is no special provision for treatment of elderly in the government health facilities, but they give priority to the elderly in health check-ups. Two years ago, there was a health camp organized in the local area, called Sugar Camp, in joint collaboration with a NGO, Himalaya Health Care Centre and the sub-health post, where diabetes test and medicine distribution were performed.

5.3 Time of Going to Bed, Sleeping, Wake-up and Sleeping Hours

Around 8 o'clock in the evening is the average time for going to bed for elderly of the study area and by 9 o'clock they would be sleeping. Around quarter past five early in the morning, they use to wake-up (Figure 5.2). Their average sleeping hours is estimated at 8 hours and 13 minutes for males and 8 hours and 19 minutes for females (Table 5.7). If one examines the time of going to bed by age cohort, it can be found that elderly of higher age cohorts go to bed earlier than their counterpart of lower age cohorts

and this is true for both the sexes. Same can be said for sleeping time, but the pattern of wake-up time is found just opposite. Elderly of higher age cohorts are observed waking up relatively late compared to their counterparts of lower age cohorts and this pattern is found similar among both the sexes. Consequently, it is also observed that elderly of higher age cohorts sleep few more minutes than elderly of lower age cohorts (Table 5.7).

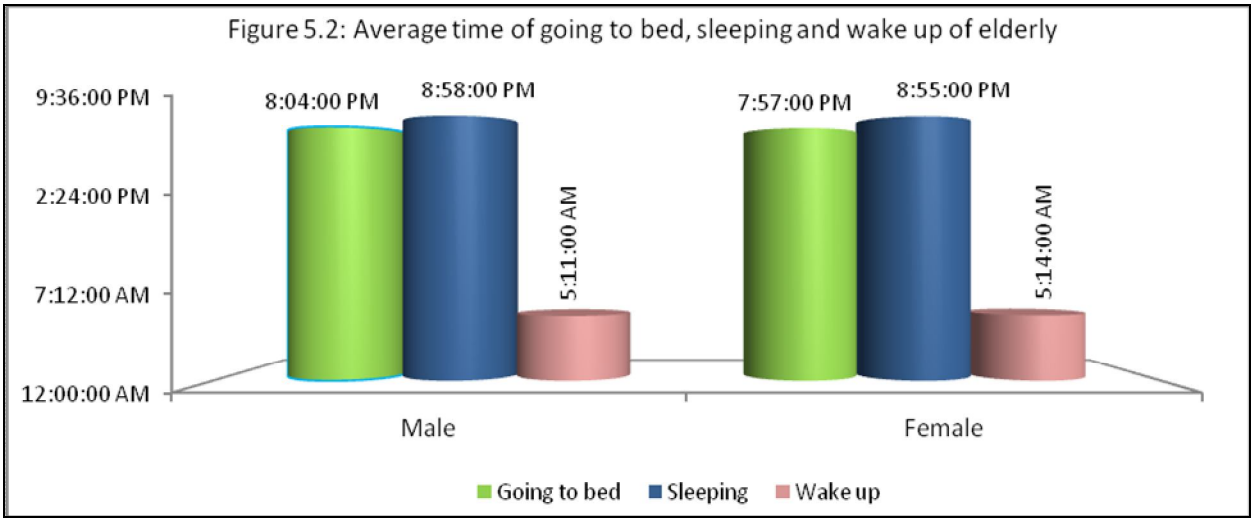


Table 5.7: Average time of going to bed, sleeping and wake-up, and sleeping hours of elderly aged 60 years and above by sex according to selected background characteristics, Pharping area, 2012

Background characteristics	Males (average time to)			Sleeping hours	n*	Females (average time to)			Sleeping hours	n*
	Go to bed	Sleep	Wake up			Go to bed	Sleep	Wake up		
Age										
60-64	20:12	21:03	5:02	7:59	210	20:07	20:59	5:04	8:05	189
65-69	20:05	20:58	5:02	8:04	178	19:59	20:55	5:06	8:11	187
70-74	20:05	21:03	5:09	8:06	109	19:54	20:55	5:26	8:31	100
75-79	19:53	20:53	5:20	8:27	93	19:49	20:53	5:11	8:18	106
80+	19:46	20:39	5:47	9:08	78	19:47	20:48	5:40	8:52	96
Caste/ethnic groups										
Brahmin	20:05	21:04	5:01	7:57	85	19:50	20:55	5:12	8:17	87
Chhetri	20:13	21:12	5:16	8:04	167	20:07	21:11	5:16	8:05	166
Newar	20:15	21:04	5:04	8:00	174	20:13	21:04	5:02	7:58	174
Tamang	19:45	20:38	5:17	8:39	183	19:39	20:37	5:17	8:40	175
Magar	19:43	20:46	5:31	8:45	21	19:46	20:49	5:41	8:52	26
Dalit	20:16	20:55	5:08	8:13	23	20:05	20:40	5:31	8:51	33
Other	19:40	20:32	5:12	8:40	15	19:24	20:20	5:28	9:08	15
Health status										
At least 1 health problem reported	20:03	20:59	5:12	8:13	496	19:59	20:58	5:14	8:16	543
No health problem reported	20:05	20:52	5:08	8:16	173	19:51	20:42	5:14	8:32	135
Total	20:04	20:58	5:11	8:13	669	19:57	20:55	5:14	8:19	678
n*	669	669	669	669		678	678	678	678	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Seven cases of males and one female are missing.

According to caste/ethnic groups, Newar, Chhetri, Brahmin and Dalit elderly are found going to bed relatively late at night after 8 o'clock. The elderly of same caste/ethnic groups, except Dalit sleep late as

well. But Magar elderly males and Magar, Dalit and 'other' category elderly females are the ones who wake-up relatively late in the morning after/around half past five. Likewise, Tamang, Magar, Dalit and 'other' category elderly of both the sexes use to sleep for more hours compared to the elderly of rest of the caste/ethnic groups (Table 5.7). As for elderly reporting at least one health problem and no health problem, there are no marked differences among elderly males on time of going to bed, sleeping, wake-up and sleeping hours. But among elderly females, some differences are observed between them. Elderly females who reported no health problem are found going to bed and sleeping earlier than their counterparts who reported at least one health problem. Wake-up time is found same in both the cases, but the sleeping hours of former is more by half an hour than the latter (Table 5.7). Hence, it is observed that there are some variations on time of going to bed, sleeping, wake-up and sleeping hours among elderly of different age cohorts, caste/ethnic groups and health status.

5.4 Physical Disability

Out of total 1,355 elderly enumerated in the study area, 109 males (16.1%) and 95 females (14.0%) were observed with at least one disability (Figure 5.3). Among elderly males, higher number of cases (26) with at least one disability was found in age group 65-69 years followed by 25, 22, 20 and 16 in age groups of 75-79, 80+, 60-64 and 70-74 years respectively. Similarly, among elderly females also higher number of them was observed in the same age cohort of 65-69 years with 25 cases followed by 23, 19, 15 and 13 in 75-79, 80+, 70-74 and 60-64 years of age groups respectively (Table 5.8). Likewise, higher number of cases with at least one disability was seen among Newar elderly for both the sexes (48 males and 40 females). Some 23 males and 24 females of Tamang elderly were also disabled with any one type, and 26 males and 15 females of Chhetri elderly also fell in this category. The rests of the caste/ethnic groups comprise less than 7 such cases in either sex.

Figure 5.3: Percentage of elderly with at least one disability

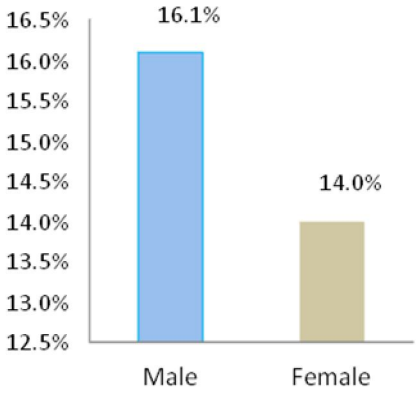
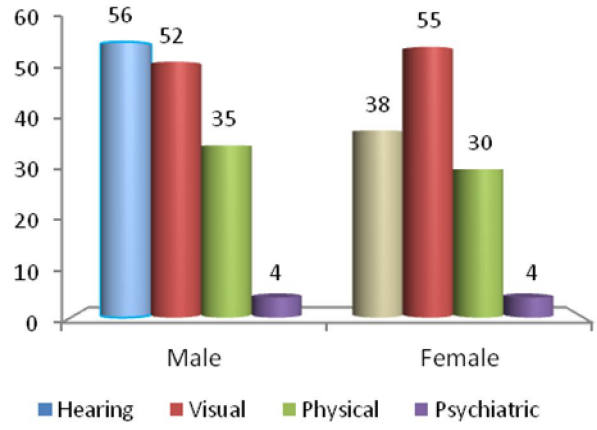


Figure 5.4: Number of disabled elderly by types



Majority of the disabled elderly males have hearing disability (56) followed by visual disability (52), physical disability (35) and psychiatric disability (4). Among disabled elderly females, higher number of cases are found for visual disability (55) followed by hearing disability (38), physical disability (30) and psychiatric disability (4) (Figure 5.4). Higher number of cases of hearing and visual disability was observed among elderly of higher age cohorts for both the sexes. But there is not found such patterns in age cohorts for physical and psychiatric disability. It is also observed that Newar, Tamang and Chhetri elderly of both the sexes have relatively higher number of disabled cases of all types (Table 5.8).

Table 5.8: Distribution of elderly aged 60 years and above by types of disability, according to selected characteristics, Pharping area, 2012

Background characteristics	Hearing disability	Visual disability	Physical disability	Psychiatric disability	At least one disability (%)	n
Age (Males)						
60-64	8	10	9	1	9.5	20
65-69	10	10	8	1	14.5	26
70-74	11	6	4	0	14.7	16
75-79	14	16	7	1	26.9	25
80+	13	10	7	1	28.2	22
Caste/ethnic groups (Males)						
Brahmin	3	4	0	0	7.1	6
Chhetri	12	9	10	1	15.6	26
Newar	31	22	18	3	27.4	48
Tamang	9	14	4	0	12.5	23
Magar	0	0	2	0	9.5	2
Dalit	1	3	1	0	17.4	4
Other	-	-	-	-	-	-
Total	8.3	7.7	5.2	0.6	16.1	109
n	56	52	35	4	109	
Age (Females)						
60-64	4	8	5	0	6.9	13
65-69	8	11	10	2	13.3	25
70-74	7	11	1	0	15.0	15
75-79	9	12	5	1	21.7	23
80+	10	13	9	1	19.8	19
Caste/ethnic groups (Females)						
Brahmin	1	4	0	0	5.7	5
Chhetri	8	8	3	0	9.0	15
Newar	21	27	11	1	23.0	40
Tamang	7	10	12	2	13.7	24
Magar	1	1	1	1	15.4	4
Dalit	0	4	1	0	15.2	5
Other	0	0	1	0	6.7	1
Total (%)	5.6	8.1	4.4	0.6	14.0	95*
n	38	55	30	4	95*	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* The sum of different types of disable cases may not match with total disable cases because of multiple responses and the sum of individual cases may not match as well with total cases because one female respondent did not respond to caste/ethnic group among those who have had at least one disability.

Most of the disabled elderly males reported the duration of disability 11 years or more, 31 among 60-74 and 17 among 75+ years of age reported so. There were also other 23 and 17 disabled cases among males of theses age groups respectively reporting the duration 1-5 years (Table 5.9). Nine elderly males were facing disability for 6-10 years among 75+ years of age and the figure was 7 for age cohort of 60-74 years. Similarly, 6 elderly males each in both the age cohorts had disability for less than one year. A larger number of elderly males are facing different types of disability, except visual disability, for longer time, i.e. 11 years or more. However, there is higher number of cases of elderly males suffering from visual disability for 1-5 years.

Case 5.3: Disabled widower

P. Bahadur Magar, 75, is a widower from Talku-9. He lost his two legs due to cancer some six years ago. When he had felt leg problems, he used to do *Nag Pooja* and *Bhumi Pooja* (worship of snake and earth god) and frequently visited traditional healers but his health condition could not be improved. Then, he visited to doctors but it was too late.

He has now also stomach pain. He received disabled allowance for 4 months but then after he had not received it at all. He is really in grief and facing many problems on walking, day to day personal hygiene and always needs support from others. He has also received one wheel chair and one *baishakhi* (support stick for walking) from donors. He feels loneliness as well because his wife died a year ago.

Table 5.9: Distribution of elderly aged 60 years and above by duration of disability, according to sex and types of disability, Pharping area, 2012

Types of disability	Duration of disability in years (60-74 years)				Duration of disability in years (75+ years)			
	< 1	1-5	6-10	11+	< 1	1-5	6-10	11+
Males								
Hearing disability	4	12	3	12	5	1	4	9
Visual disability	1	13	2	10	4	11	4	5
Physical disability	3	4	2	10	1	4	1	7
Psychiatric disability	0	0	1	1	0	0	1	1
Total (n)	6	23	7	31	6	17	9	17
Females								
Hearing disability	8	9	4	4	4	10	4	2
Visual disability	10	9	4	3	3	13	5	3
Physical disability	2	3	2	7	3	4	2	5
Psychiatric disability	0	0	1	1	0	1	1	0
Total (n)	14	18	11	15	8	21	10	8

Note: The sum of different types of disable cases may not match with the total cases due to multiple responses.

In the case of elderly females, majority had disability problems only for 1-5 years, 18 among 60-74 and 21 among 75+ years of age. But some 11-15 elderly females of age group 60-74 years were also facing disability for different durations and the figures were 8-10 in age cohort of 75+ years. Comparatively, larger number of elderly females had both hearing and visual disabilities and they were suffering it for up to 5 years (Table 5.9). It is observed from the data that most of elderly males had different types of disability for longer time, while most of elderly females had comparatively shorter duration of disability.

Case 5.4: Suffering from leprosy

G. Bahadur, 76, is a resident of Seti Devi VDC-7, living with his wife, who is 74 years of age, and they are childless. He suffered from leprosy at 12 years of age and resided in leprosy home. Some 50 years ago, he married with Man Kumari there, who has also leprosy problem. He lost his hand (palm) and foot by the disease. He says, 'I can't walk and for the last four years and can't see at all as well (blind)'.

5.5 Mental Health Problem

Anxiety/stress is the major mental health problem of elderly as 90 per cent of elderly females and 85 per cent elderly males reported so (Figure 5.5). Boredom and loneliness are the other key mental health problems of elderly, because 77 per cent elderly females each said they are feeling such problems, the corresponding figures of elderly males are 69 and 66 per cent respectively. Similarly, 46 per cent of elderly females and 39 per cent elderly males reported feeling of sadness/depression, 37 per cent

elderly females each said neglect and insecurity as their mental health problems and the corresponding figure for elderly males are 32 and 33 per cent respectively (Table 5.10).

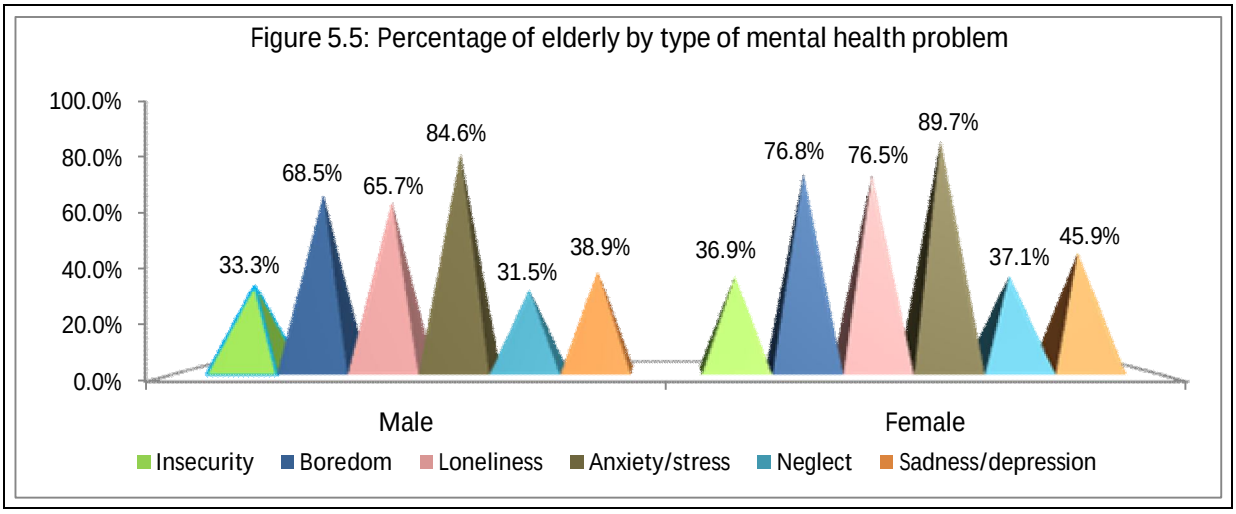


Table 5.10: Percentage distribution of elderly aged 60 years and above who have mental health problem, according to selected characteristics, Pharping area, 2012

Background characteristics	Feeling of						At least one mental health problem
	Insecurity	Boredom	Loneliness	Anxiety/ stress	Neglect	Sadness/ Depression	
Age (Males)							
60-64	35.1	66.0	61.7	85.1	34.0	40.4	43.9
65-69	22.9	66.3	66.3	81.9	26.5	34.9	46.4
70-74	42.0	74.0	62.0	88.0	32.0	40.0	45.9
75-79	29.6	66.7	66.7	85.2	31.5	33.3	58.1
80+	44.2	74.4	76.7	83.7	34.9	48.8	55.1
Caste/ethnic groups (Males)							
Brahmin	8.9	55.6	42.2	88.9	6.7	28.9	52.9
Chhetri	37.2	82.1	73.1	85.9	38.5	43.6	46.7
Newar	47.8	64.1	54.3	82.6	37.0	38.0	52.3
Tamang	18.8	70.6	83.5	82.4	28.2	40.0	45.7
Magar	44.4	55.6	66.7	100.0	33.3	22.2	42.9
Dalit	75.0	58.3	66.7	83.3	58.3	58.3	52.2
Other	66.7	66.7	66.7	66.7	33.3	33.3	20.0
Total	33.3	68.5	65.7	84.6	31.5	38.9	48.1
n*	108	222	213	274	102	126	323
Age (Females)							
60-64	37.4	76.8	78.8	85.9	36.4	48.5	52.4
65-69	34.0	68.0	71.0	92.0	29.0	33.0	53.2
70-74	35.9	82.8	76.6	93.8	42.2	50.0	64.0
75-79	35.8	76.1	79.1	83.6	38.8	46.3	63.2
80+	43.1	86.2	79.3	94.8	44.8	58.6	60.4
Caste/ethnic groups (Females)							
Brahmin	20.8	68.8	62.5	95.8	25.0	37.5	55.2
Chhetri	42.1	92.6	90.5	93.7	61.1	51.6	56.9
Newar	42.5	69.9	66.4	89.4	36.3	42.5	64.9
Tamang	29.2	77.1	81.3	83.3	24.0	52.1	54.9
Magar	35.7	92.9	85.7	92.9	28.6	42.9	53.8
Dalit	55.6	50.0	72.2	94.4	33.3	33.3	54.5
Other	50.0	50.0	75.0	50.0	25.0	25.0	26.7
Total	36.9	76.8	76.5	89.7	37.1	45.9	57.1
n*	143	298	297	348	144	178	388

Notes: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes. The sum of percentages may exceed 100 due to multiple responses.

* They are the respondents who reported at least one mental health problem.

In FGDs also, elderly participants were found talking about different types of mental health problems, especially loneliness of widowed. Nearly three-fifths (57%) of elderly females and one-half (48%) of elderly males have at least one mental health problem. The data also reveal that more elderly females than males have mental health problems. Relatively higher proportion of elderly in higher age cohorts, specifically at 80+ years, reported feeling most types of mental health problems by both the sexes. The proportion of elderly males reporting at least one mental health problem ranges from 44 to 58 per cent in different age cohorts, with higher proportion in age cohort 75-79 years. Similarly, 52-64 per cent of elderly females responded in the same way in different age cohort, with higher proportion in 70-74 years (Table 5.10).

There is not observed any pattern of mental health problem according to caste/ethnic groups. The prevalence of different types of mental health problems is different for different groups and sexes (Table 5.10). All Magar elderly males reported feeling of anxiety/stress, while it is higher among Tamang reporting loneliness and boredom (84% and 71% respectively), among Dalit reporting insecurity, sadness/depression and neglect (75% and 58% each respectively). Likewise, majority of elderly Brahmin females said feeling of anxiety/stress (96%), while it is higher among Magar reporting boredom (93%), among Chhetri feeling loneliness and neglect (91% and 61% respectively), among both Tamang and Chhetri for sadness/depression (52% each) and among Dalit for insecurity (56%). However, the higher proportions with at least one mental health problem are found among Brahmin elderly males (53%) and Newar elderly females (65%).

It is found that around three-fourths of elderly of both the sexes are feeling different types of mental health problems only for occasionally. The proportions declined sharply for feeling it regularly and further declined for feeling it always (Table 5.11). The pattern of data in this regard is similar for both the age cohorts of 60-74 and 75+ years and elderly of both the sexes.

Table 5.11: Percentage distribution of elderly aged 60 years and above who have mental health problem by frequency of problem, Pharping area, 2012

Feeling of	Elderly 60-74 years				Elderly 75+ years			
	Occasionally	Regularly	Always	n	Occasionally	Regularly	Always	n
Males								
Insecurity	83.3	12.5	4.2	72	71.4	20.0	8.6	35
Boredom	83.0	13.1	3.9	153	76.5	14.7	8.8	68
Loneliness	78.3	17.5	4.2	143	72.5	13.0	14.5	69
Anxiety/ stress	78.9	15.8	5.3	190	71.6	18.5	9.9	81
Neglect	71.4	21.4	7.1	70	71.9	21.9	6.3	32
Sadness/depression	79.1	15.1	5.8	86	75.0	12.5	12.5	40
Other	50.0	40.0	10.0	10	0.0	50.0	50.0	2
Females								
Insecurity	75.5	16.0	8.5	94	63.3	20.4	16.3	49
Boredom	83.2	10.7	6.1	197	72.3	17.8	9.9	101
Loneliness	78.3	12.6	9.1	198	75.8	14.1	10.1	99
Anxiety/ stress	79.7	12.2	8.0	237	73.9	17.1	9.0	111
Neglect	73.9	13.0	13.0	92	75.0	17.3	7.7	52
Sadness/depression	80.5	10.6	8.8	113	72.3	18.5	9.2	65
Other	100.0	0.0	0.0	2	71.4	14.3	14.3	7

Note: Other mental health problem includes economic crisis, responsibility of family members, family dispute/break up, death and health problem of family member.

Around three-fifths of elderly of 60-74 years of both the sexes were feeling different types of mental health problems for 1-5 years and the proportions feeling the same for 6-10, more than 10 and less than one year are same at around 12-15 per cent each. The pattern is only slightly different for elderly of 75 years or more. About half of elderly of 75+ years of age of both the sexes were feeling different metal health problems for 1-5 years, around one-quarter of them had such problem for 6-10 years and about 10-15 per cent each of them reported facing such problems for more than 10 and less than one year respectively (Table 5.12). Thus, it is found that most of the elderly of both the sexes in the study area have different kinds of mental health problems for up to 5 years.

Table 5.12: Percentage distribution of elderly aged 60 years and above who have mental health problem by duration of problem, Pharping area, 2012

Feeling of	Duration of problem in years (60-74 years)					Duration of problem in years (75+ years)				
	< 1	1-5	6-10	11+	n	< 1	1-5	6-10	11+	n
Males										
Insecurity	11.0	63.0	13.7	12.3	73	11.4	51.4	22.9	14.3	35
Boredom	9.1	64.9	16.2	9.7	154	14.7	52.9	22.1	10.3	68
Loneliness	9.8	62.2	16.1	11.9	143	13.0	55.1	21.7	10.1	69
Anxiety/ stress	12.0	62.8	13.1	12.0	191	13.6	51.9	23.5	11.1	81
Neglect	15.5	49.3	22.5	12.7	71	15.6	50.0	25.0	9.4	32
Sadness/depression	10.5	59.3	19.8	10.5	86	10.0	47.5	27.5	15.0	40
Other	36.4	54.5	0.0	9.1	11	0.0	50.0	0.0	50.0	2
Females										
Insecurity	17.0	55.3	10.6	17.0	94	12.2	49.0	28.6	10.2	49
Boredom	12.7	66.0	9.6	11.7	197	9.9	53.5	26.7	9.9	101
Loneliness	12.6	64.1	10.1	13.1	198	14.1	50.5	25.3	10.1	99
Anxiety/ stress	14.0	62.3	11.4	12.3	236	11.7	52.3	26.1	9.9	111
Neglect	14.1	54.3	14.1	17.4	92	17.3	44.2	30.8	7.7	52
Sadness/depression	12.4	63.7	9.7	14.2	113	14.1	46.9	26.6	12.5	64
Other	100.0	0.0	0.0	0.0	2	14.3	28.6	42.9	14.3	7

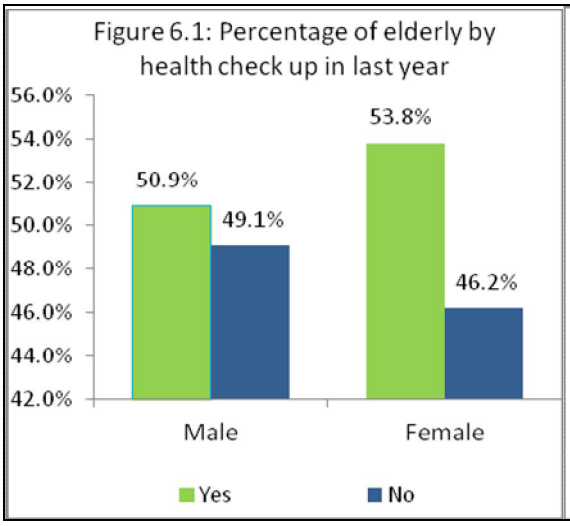
Note: Other mental health problem includes economic crisis, responsibility of family members, family dispute/break up, death and health problem of family member.

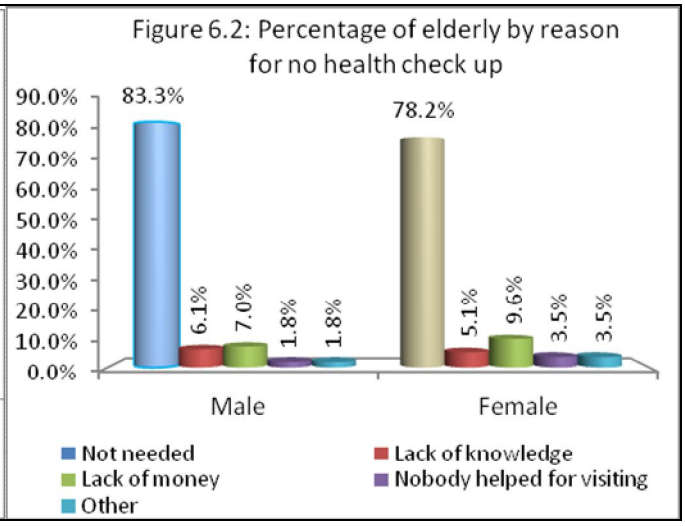
Chapter Six
HEALTH CARE SEEKING BEHAVIOR AND NEEDS

This Chapter aims to explore the health care seeking behavior of elderly. It begins by dealing with practices of health check-up during the last one-year, place of health check-up, management of health expenditure, first contact of a health facility/person when elderly gets sick, average time to reach the nearest health facility and main persons deciding on the health treatment of elderly including awareness level of elderly on Government special provision of health support for elderly. It further goes on analyzing life style factors affecting health - physical exercise, intake of food and use of smoking/tobacco and alcohol.

6.1 Health Seeking Behavior

Table 6.1 shows the percentage distribution of elderly according to whether health checked-up during the last one-year, regularity of check-up and reasons for no check-up.





For Males

Overall, half of the elderly males reported that their health was checked up during the last one-year by a Doctor. As expected, the proportion of elderly reporting heath checked up consistently increases with the increase in age of elderly: from 45 per cent for age group of 60-64 years to 58 per cent for 80 years and above. Among the caste/ethnic groups, the highest proportion of Brahmin and Chhetri (61% each) reported to have health checked-up while the comparable figure was the lowest for Tamang (35%) and Newar falls in between two pools. A further question was asked to those elderly who reported to have health checked up during the last one-year that whether their health checked up was regular or not. For three-fourth, it was not but rather it was undertaken due to sickness. Conversely, in the sample, 25 per cent of elderly who undertook health check-up during last one-year were found to have regular health checked up behavior. There is no clear relation between the proportion reporting regular health checked up and age of elderly. Brahmin (35%) and Chhetri (31%) are more likely to have undergone regular health-checked up compared to Magar (25%), Newar (19%), Tamang (20%) and Dalit (10%).

Of the total 330 who did not have health checked up during the last one-year, 83 per cent did not do so because it was 'not needed it' while rest 7 per cent, 6 per cent and 2 per cent reported that it was due to lack of money, lack of knowledge and nobody for help for visiting a health facility, respectively. As expected, the proportion of elderly reporting not needed for regular health checked up declines from a peak of 88 per cent for 60-64 years to 67 per cent for 80 years and above. Lack of money as a reason for no check-up is much manifest among Dalit (23%) and Newar (11.5%) while lack of knowledge as the reason for no health check-up during the last one-year is much evident among Magar (21.5%), Tamang (8%) and Chhetri (8%).

Table 6.1: Percentage distribution of elderly aged 60 years and above according to whether health checked-up during the last one-year, regularity of check-up and reasons for no check-up, Pharping area, 2012

Background characteristics	health checked-up		Regular check-up		health not checked-up		Reasons for no health check-up				
	%	n	Yes	No	%	n	Not needed	Lack of know-ledge	Lack of money	Nobody helped for visiting	Other
Age (Males)											
60-64	44.8	95	20.0	80.0	55.2	117	88.0	5.1	6.0	0.0	0.9
65-69	50.3	90	26.7	73.3	49.7	89	86.5	4.5	5.6	2.2	1.1
70-74	54.1	59	32.2	67.8	45.9	50	83.7	4.1	6.1	0.0	6.1
75-79	55.9	52	25.0	75.0	44.1	41	75.6	12.2	7.3	2.4	2.4
80+	57.7	45	24.4	75.6	42.3	33	66.7	9.1	15.2	9.1	0.0
Caste/ethnic groups (Males)											
Brahmin	61.2	52	34.6	65.4	38.8	33	97.0	0.0	3.0	0.0	0.0
Chhetri	61.1	102	31.4	68.6	38.9	65	81.3	7.8	6.3	3.1	1.6
Newar	55.7	98	19.4	80.6	44.3	78	79.5	2.6	11.5	1.3	5.1
Tamang	35.3	65	20.0	80.0	64.7	119	86.6	8.4	4.2	0.8	0.0
Magar	38.1	8	25.0	75.0	61.9	13	61.5	23.1	7.7	0.0	7.7
Dalit	43.5	10	10.0	90.0	56.5	13	61.5	0.0	23.1	15.4	0.0
Other	46.7	7	28.6	71.4	53.3	8	100.0	0.0	0.0	0.0	0.0
Total	50.9	342*	25.4	74.6	49.1	330*	83.3	6.1	7.0	1.8	1.8
Age (Females)											
60-64	53.4	101	10.9	89.1	46.6	88	80.5	6.9	10.3	0.0	2.3
65-69	52.7	99	28.3	71.7	47.3	89	83.1	1.1	9.0	4.5	2.2
70-74	59.0	59	23.7	76.3	41.0	41	80.0	5.0	10.0	2.5	2.5
75-79	51.9	55	21.8	78.2	48.1	51	68.6	7.8	9.8	5.9	7.8
80+	53.1	51	13.7	86.3	46.9	45	73.3	6.7	8.9	6.7	4.4
Caste/ethnic groups (Females)											
Brahmin	59.8	52	28.8	71.2	40.2	35	85.7	2.9	5.7	5.7	0.0
Chhetri	65.9	110	17.3	82.7	34.1	57	78.9	3.5	10.5	5.3	1.8
Newar	62.1	108	17.6	82.4	37.9	66	77.3	0.0	15.2	4.5	3.0
Tamang	30.3	53	22.6	77.4	69.7	122	75.8	10.0	6.7	2.5	5.0
Magar	30.8	8	12.5	87.5	69.2	18	72.2	5.6	11.1	0.0	11.1
Dalit	66.7	22	9.1	90.1	33.3	11	90.9	0.0	9.1	0.0	0.0
Other	73.3	11	27.3	72.7	26.7	4	75.0	0.0	25.0	0.0	0.0
Total	53.8	365	19.7	80.3	46.2	314	78.2	5.1	9.6	3.5	3.5

Notes: Other reasons for no health check-up include health facility far away, not willing to visit and thinking of visiting; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Four cases of male respondents are missing.

For Females

Overall, 54 per cent elderly females were reported to have undergone health checked up during the last one-year of the survey. No clear relation is observed between those reporting health check-up during the last one-ear and age of elderly females. In case of caste/ethnic groups, more than 60 per cent of elderly females among Brahmin, Chhetri, Newar and Dalit reported to have health checked up during the last one-year while the corresponding figure for Tamang and Magar each was 30 per cent. Of those who had health checked up by a Doctor during the last one-year, only one-fifth had a regular check up. No clear pattern of relations is evident between those who have a regular health check up and age and caste/ethnic group of elderly.

Out of 314 who did not have health checked up during the last one year, 78 per cent did not do so due to 'not needed'. There were also remarkable proportions of elderly females reporting as lack of money, lack of knowledge and nobody helped for visiting a health facility. The proportion of elderly females reporting not needed as reason for no health check up during the last one-year tend to decline with increasing age of elderly females. Lack of money as a reason for not undergoing health checked up is particularly evident across the caste/ethnic groups, but it is much pronounced among Newar, Chhetri and Magar.

The qualitative information also confirms that a few elderly undergo regular health check-up in the survey area. In the FGD with elderly males in Talku VDC, one the 12 FGD participants was found to be undergoing regular health check-up: blood pressure and weights. None of the other participants reported that they have regular health check. The main reasons forwarded were poor economic condition and unaware on the importance of health.

Health Personnel/Place for Health Check-up

In the household survey, a question was asked to the elderly who had health checked-up during the last one-year about whom they visited and the results are summarized in Table 6.2. It was found that the highest proportion of elderly visited a Government health facility (46%), followed by private hospital/nursing homes (27%), community hospital (24%) including a few contacted for health check-up in traditional healer, *Ayurveda*, homoeopathy and medicinal store.

Figure 6.3: Percentage of elderly by place/personnel for health check up

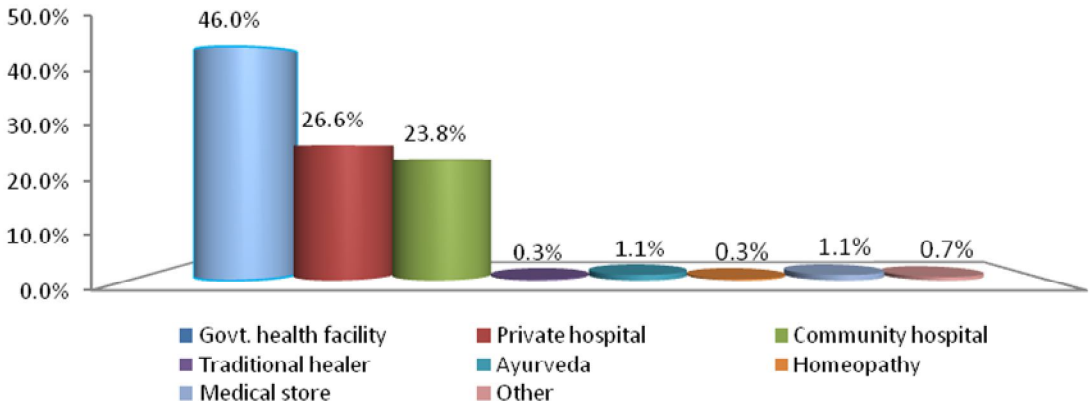


Table 6.2: Percentage distribution of elderly aged 60 years and above who had health check-up during the last one-year by health personnel/place for health check-up, according to selected characteristics, Pharping area, 2012

Background characteristics	Govt. health facility	Private hospital/ nursing homes	Community hospital	Traditional healer	*Ayurveda*	Homeopathy	Medical store	Other
Sex								
Male	45.7	28.7	21.7	0.6	1.8	0.0	1.2	0.3
Female	46.3	24.7	25.8	0.0	0.6	0.6	1.1	1.1
Age								
60-64	42.1	31.3	22.6	0.5	1.0	0.5	1.5	0.5
65-69	46.6	23.8	24.3	0.0	2.6	0.0	1.6	1.1
70-74	54.3	21.6	23.3	0.9	0.0	0.0	0.0	0.0
75-79	41.5	28.3	26.4	0.0	0.9	0.9	0.9	0.9
80+	47.4	27.4	23.2	0.0	0.0	0.0	1.1	1.1
Marital status								
Married	45.2	28.2	23.1	0.3	1.3	0.0	1.6	0.3
Widow/widower	46.8	25.6	24.0	0.3	1.0	0.6	0.6	1.0
Divorced/separated	60.0	10.0	30.0	0.0	0.0	0.0	0.0	0.0
Never married	41.7	16.7	33.3	0.0	0.0	0.0	0.0	8.3
Caste/ethnic groups								
Brahmin	35.9	35.9	25.2	0.0	1.9	0.0	1.0	0.0
Chhetri	58.3	25.6	13.7	0.0	0.5	0.0	1.4	0.5
Newar	37.7	27.5	30.4	0.5	1.0	0.0	1.0	2.0
Tamang	42.7	23.1	29.1	0.9	0.9	1.7	1.7	0.0
Magar	62.5	25.0	12.5	0.0	0.0	0.0	0.0	0.0
Dalit	53.1	21.9	18.8	0.0	6.3	0.0	0.0	0.0
Other	44.4	11.1	44.4	0.0	0.0	0.0	0.0	0.0
Total	46.0	26.6	23.8	0.3	1.1	0.3	1.1	0.7
n*	323	187	167	2	8	2	8	5

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* One male and four female respondents are missing among those who have had health check-up in the last year.

Although almost all categorical elderly presented in Table 6.2 appear to have visited for health check-up in all the health facilities/persons during the last one-year, there is somewhat variation in visiting these health facility/persons according to sex, marital status and caste/ethnic groups. Relatively more males (29%) over females (25%) visited private hospital/nursing homes while more females (26%) over males (26%) visited community hospital for their health check-up. There is no clear pattern of variation of visiting a health facility/person for health check-up among elderly by age group. More elderly in the state of without marital union are likely to visit a Government health facility or community hospital compared to those in the marital union. Among the caste/ethnic groups, the highest proportion of Magar (62.5%) visited a Government health facility for health check-up during the last one-year. This is followed by Chhetri (58%), Dalit (53%), Tamang (43%) and Brahmin (36%).

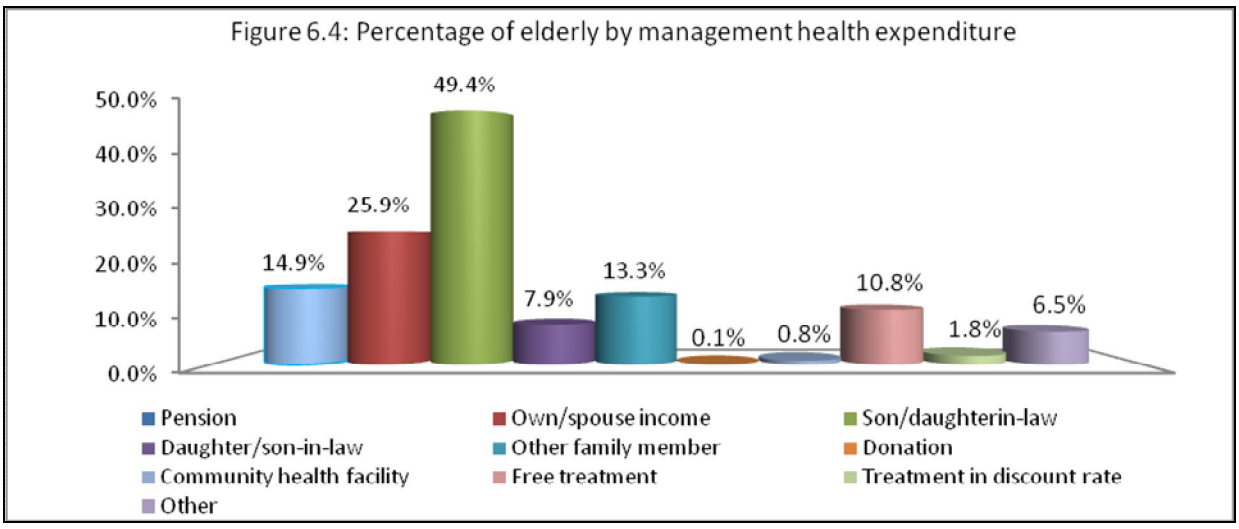
Qualitative information also suggests that elderly normally visits modern health facilities when they are at high health risk. In the FGD at Seti Devi-2 with elderly male the following finding emerge:

Few rich people go to hospital for regular check-up but we cannot go there. The hospital does not provide medicine on free. We do not go to hospital until we can afford the pain. There is no good treatment in the Manmohan Memorial Community Hospital and it also charges a high price.

In the sub-health posts in the village, no medicine is available according to our needs. In the normal situation like headache and stomach pain, we ourselves manage own health treatment expenditure but in serious health problem, son/daughter-in-law and daughter manage the expenditure and sometimes we also borrow from neighbors and relatives.

Management of Health Expenditure

Figure 6.4 shows the percentage distribution of elderly who had health checked-up during the last one-year by management health expenditure, according to selected characteristics.



Sons/daughters-in-law is the prime source of health expenditure for the elderly (49% of elderly health expenditure managed by them). This especially holds for females, those 70 years and above, widow/widowers. The second important source of health expenditure for elderly was own/spouse income (26%). This especially holds for males, those in the age range of 60-69 years, currently married, Tamang and Newar. The third important source of health expenditure appears to be pension (15%). It is much pronounced among males, among those in marital unions, and among Chhetri, Brahman and Tamang.

Family members and daughter/son-in-law are also the important sources of health expenditure for elderly in the survey areas. Their help is particularly noted by females, those 75 years and above and widow/widowers. In the sample, a few elderly also reported that their health expenditure was managed through donation (n=1), community health facilities (n=6) and treatment in discount rate (n=13).

In some of the cases such as B. Bahadur (Case 6.1) the health expenditure for the elderly has been found very high and it was difficult to incur the cost from the family income. Further, elderly in the FGD complains that even if they have spent a lot of money, their health conditions could not be improved. This makes elderly sad because they have also spent a lot and sad because they still have health problem.

Table 6.3: Percentage distribution of elderly aged 60 years and above who had health check-up during the last one-year by management of/person who managed health expenditure, according to selected characteristics, Pharping area, 2012

Background characteristics	Pension	Own/ spouse income	Son/ daughter-in-law	Daughter/ son-in-law	Other family member	Donation	Community health facility	Free treatment	Treatment in dis-count cost	Other
Sex										
Male	21.3	29.5	46.5	5.0	12.6	0.0	1.2	11.1	2.3	5.3
Female	8.8	22.5	52.2	10.7	14.0	0.3	0.5	10.4	1.4	7.7
Age										
60-64	14.9	37.9	43.6	6.7	7.7	0.0	1.0	11.3	1.0	4.6
65-69	13.8	27.0	47.6	6.3	14.3	0.5	0.5	12.7	2.1	6.3
70-74	20.3	27.1	50.8	8.5	12.7	0.0	1.7	9.3	3.4	5.9
75-79	17.8	15.0	56.1	8.4	15.0	0.0	0.9	10.3	2.8	8.4
80+	7.3	9.4	55.2	12.5	20.8	0.0	0.0	8.3	0.0	9.4
Marital status										
Married	19.8	34.0	46.8	4.0	11.0	0.0	1.1	12.3	1.3	5.6
Widow/widower	9.4	16.5	55.2	12.9	14.5	0.3	0.3	8.7	2.6	7.1
Divorced/separated	10.0	20.0	20.0	0.0	20.0	0.0	0.0	20.0	0.0	10.0
Never married	8.3	25.0	8.3	8.3	50.0	0.0	8.3	8.3	0.0	16.7
Caste/ethnic groups										
Brahmin	18.3	22.1	64.4	3.8	11.5	0.0	0.0	3.8	2.9	6.7
Chhetri	22.7	24.2	48.3	6.6	9.0	0.0	0.5	15.2	0.9	5.2
Newar	9.7	27.7	49.5	10.7	20.4	0.5	1.9	9.2	1.5	5.3
Tamang	11.0	28.0	44.1	8.5	11.9	0.0	0.8	9.3	3.4	5.1
Magar	25.0	18.8	12.5	6.3	6.3	0.0	0.0	31.3	0.0	12.5
Dalit	0.0	28.1	53.1	9.4	9.4	0.0	0.0	15.6	0.0	15.6
Other	5.6	33.3	33.3	11.1	11.1	0.0	0.0	0.0	5.6	22.2
Total	14.9	25.9	49.4	7.9	13.3	0.1	0.8	10.8	1.8	6.5
n*	105	183	349	56	94	1	6	76	13	46

Notes: Other persons who managed/management of health expenditure include friend, income from sewing, agriculture, old age allowance, single women allowance and bank interest; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* One female respondent is missing among those who have had health check-up in the last year.

Case 6.1: High expenditure in health problem but not cured

Bishnu Bahadur Khatri, 71, is a resident of Talku VDC-9. He is living with his younger wife. Because of his second marriage, his sons from his first wife left him. He has not any sources of income, so he sold some land to maintain his livelihood. He is suffering from multiple health problems like asthma, paralysis, blood pressure and teeth problem. His wife is also suffering from asthma. He has spent a lot of money for treatment of both himself and his wife, but their health condition could not be improved.

First Contact Health Service/Persons

In the household survey, elderly were enquired to whom they would like to first contact if they get sick and the results are presented in Table 6.4, according to selected characteristics. In the survey, a range of health service providers like traditional healers, *Ayurveda*, homeopathy, modern health facility, health volunteers were evolved as the first contact persons for the elderly. Despite these, modern health facility (64%) and traditional healers (30%) predominantly emerge as the first contact points for elderly when they get sick in the survey area.

Elderly of all categories would seek first a modern health facility when they get sick. Yet relatively more females over males are likely to do so. Among the caste/ethnic group, the lowest proportion of elderly reporting to contact first a modern health facility is found to be among Tamang (47%).

Drawing on information provided in FGD with elderly females in Chalnakhel VDC-9 and Sheshnarayan-4 (male and female elderly), most elderly females go to traditional healers first. They claim that 'first it is essential to remove the devil from the body. After that if not cured by the traditional healers and condition is serious we go to hospital'. It is also reported in Sheshnarayan VDC that some elderly go to *Gumba* (homeopathic).

Table 6.4: Percentage distribution of elderly aged 60 years and above by type of health service they first seek when become sick, according to selected characteristics, Pharping area, 2012

Background characteristics	Traditional healers	*Ayurveda*	Homeopathy	Modern health facility (doctor)	Health volun-teer	Depends on types of disease	Don't go anywhere/ don't know	Other	n
Sex									
Male	28.6	2.4	1.6	64.7	0.4	0.3	1.5	0.4	672
Female	30.6	1.9	4.3	61.0	0.6	0.0	0.9	0.7	679
Age									
60-64	30.2	1.5	1.7	64.6	0.0	0.5	1.2	0.2	401
65-69	29.2	3.5	3.3	60.5	0.8	0.0	1.6	1.1	367
70-74	29.2	1.4	3.3	63.2	0.5	0.0	1.9	0.5	209
75-79	35.2	2.0	4.0	57.3	0.5	0.0	0.5	0.5	199
80+	23.6	1.7	3.4	69.5	1.1	0.0	0.0	0.6	174
Marital status									
Married	29.9	1.3	3.0	63.5	0.6	0.3	0.9	0.6	695
Widow/widower	29.4	3.1	3.0	61.8	0.5	0.0	1.5	0.7	608
Divorced/separated	30.8	0.0	3.8	61.5	0.0	0.0	3.8	0.0	26
Never married	22.7	4.5	0.0	72.7	0.0	0.0	0.0	0.0	22
Caste/ethnic groups									
Brahmin	40.1	1.7	1.2	55.8	0.0	0.0	1.2	0.0	172
Chhetri	14.1	1.8	2.7	80.5	0.3	0.3	0.0	0.3	334
Newar	25.7	4.0	2.6	64.0	1.7	0.0	1.4	0.6	350
Tamang	47.4	1.1	1.9	46.8	0.0	0.0	1.7	1.1	359
Magar	17.0	0.0	14.9	66.0	0.0	2.1	0.0	0.0	47
Dalit	10.7	1.8	10.7	69.6	0.0	0.0	5.4	1.8	56
Other	33.3	3.33	0.0	63.3	0.0	0.0	0.0	0.0	30
Total	29.6	2.1	3.0	62.8	0.5	0.1	1.2	0.6	100.0
n*	400	29	40	849	7	2	16	8	1,351

Notes: Other type of health service includes visiting monastery and medical store; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Four cases of male respondents are missing.

Access to Health Facility

Table 6.5 shows the percentage distribution of elderly by means of transport to reach the nearest heath facility and average time to reach there, according to selected characteristics. The average time required to reach the nearest health facility was estimated to be 30 minutes. It is almost the same for all categorical elderly except Tamang and Magar. For Tamang and Magar, it is 40 minutes. The high average time for Tamang and Magar may be due to the fact that majority of Tamang and Magar in the sample comes from Chhaimale and Talku Devi VDCs – both VDCs are hilly terrain and settlements are also

scattered. In the sample of 1,351 elderly, only 11 per cent use a means of transport and the rest would have to walk to reach the nearest health facility.

Table 6.5: Percentage distribution of elderly aged 60 years and above by means of transport to reach the nearest heath facility and average time to reach there, according to selected characteristics, Pharping area, 2012

Background characteristics	Average time to reach the nearest health facility (in minutes)	Mode of transportation		Total	n*
		Walking	Using transport		
Sex					
Male	30:48	91.1	8.9	100.0	672
Female	30:08	86.1	13.9	100.0	679
Age					
60-64	28:57	93.5	6.5	100.0	401
65-69	31:21	89.9	10.1	100.0	367
70-74	27:41	89.5	10.5	100.0	209
75-79	33:01	86.4	13.6	100.0	199
80+	32:31	75.9	24.1	100.0	174
Caste/ethnic groups					
Brahmin	32:55	80.8	19.2	100.0	172
Chhetri	26:05	85.6	14.4	100.0	334
Newar	22:10	94.0	6.0	100.0	350
Tamang	40:20	89.4	10.6	100.0	359
Magar	40:51	93.6	6.4	100.0	47
Dalit	24:28	96.4	3.6	100.0	56
Other	38:20	73.3	26.7	100.0	30
Total	30:28	88.6	11.4	100.0	1,351
n*	1,351	1,196	154	1,351	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

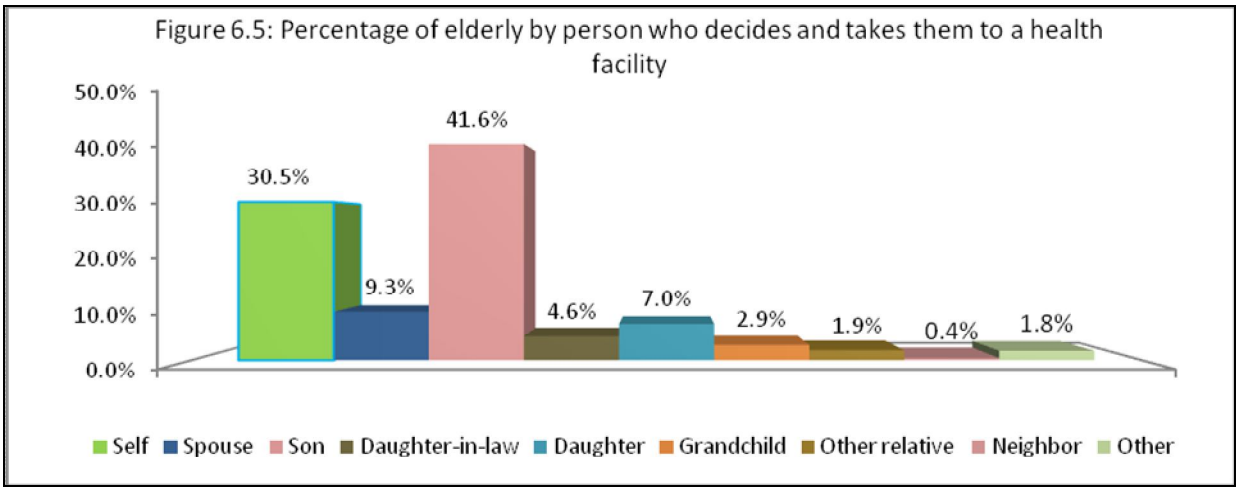
* Four cases of male respondents are missing and the sum of individual cases may not match with total cases because one respondent each did not respond about mode of transportation and age and 3 did not respond about caste/ethnic group.

Qualitative data also confirm the findings of the quantitative results. The In-charge, Sub Health Post (SHP), Chhaimale VDC - Suraj Maharjan, reported that health risk is much higher among Tamang compared to others because of poverty and their traditional believes on sickness. They first go to traditional healers when they become sick. In the VDC, Tamang mainly reside in ward 4 and 5 which are far from the SHP. He also pointed out that about 25-30 elderly come each year in SHP. Asthma, bath and uterus prolapsed are major diseases among elderly. Most women hide the uterus prolapsed problem because of shame. In the VDC, some organizations also conduct mobile health camps.

In Talku VDC, the In-charge, Sub Health Post (SHP) – Mr. Siva Kumar Thapa - reported that about 20-25 elderly people come in the SHP monthly for treatment. Poor people mainly come in the SHP. The major health problems of elderly are asthma, bath and skin diseases. Priority is given to elderly for treatment. He also reported that a Community Health Service Center was recently established in ward- 8 by Mrigendra Chikitsa Guthi. This Center provides free health check-up but charges for medicine. Last year, the Guthi ran mobile health camp in the VDC in coordination with SHP. The ambulance facility is provided in this VDC and ward 1, 3, and 7 are easily accessible areas from the road head.

Decision-makers for Seeking Health Treatment of Elderly

Figure 6.5 shows the percentage distribution of elderly reporting person who decides and takes them to a health facility when they are sick, according to selected characteristics. Findings suggest that sons stand out to be the main decision-taker for seeking health treatment for the elderly. This especially holds true for females and those above 70 years and above.



In the sample, 3 in 10 elderly interviewed were found to do decision themselves about their health treatment – with 40 per cent males and 21 per cent females. This proportion declines consistently with the advance of age – being 37 per cent for age group of 60-64 years and 16 per cent for 80 years and above (Table 6.6).

Table 6.6: Percentage distribution of elderly aged 60 years and above reporting person who decides and takes them to a health facility when they are sick, according to selected characteristics, Pharping area, 2012

Background characteristics	Self	Spouse	Son	Daughter-in-law	Daughter	Grand child	Other relative	Neighbor	Other	Total	n*
Sex											
Male	39.9	9.0	39.1	3.1	3.9	1.5	1.6	0.3	1.6	100.0	670
Female	21.2	9.7	44.0	6.0	10.2	4.3	2.1	0.6	1.9	100.0	679
Age											
60-64	36.6	14.0	38.3	2.8	4.5	1.3	1.0	0.3	1.3	100.0	399
65-69	37.3	11.4	37.1	3.0	6.8	1.4	0.5	0.8	1.6	100.0	367
70-74	24.4	5.7	46.9	6.7	8.6	2.9	2.4	0.5	1.9	100.0	209
75-79	24.6	4.0	46.7	7.5	6.0	4.0	4.0	0.5	2.5	100.0	199
80+	16.1	4.6	46.0	6.3	12.6	8.6	3.4	0.0	2.3	100.0	174
Caste/ethnic groups											
Brahmin	27.9	8.7	47.7	6.4	1.7	2.9	1.2	0.0	3.5	100.0	172
Chhetri	28.6	7.8	47.0	4.2	6.9	2.7	0.9	0.3	1.5	100.0	332
Newar	25.7	7.7	42.9	3.4	10.6	4.3	3.1	0.6	1.7	100.0	350
Tamang	34.3	12.0	35.7	5.3	7.2	1.9	1.9	0.6	1.1	100.0	359
Magar	51.1	10.6	19.1	4.3	4.3	4.3	4.3	2.1	0.0	100.0	47
Dalit	37.5	3.6	48.2	3.6	3.6	1.8	0.0	0.0	1.8	100.0	56
Other	26.7	26.7	26.7	6.7	6.7	0.0	0.0	0.0	6.7	100.0	30
Total	30.5	9.3	41.6	4.6	7.0	2.9	1.9	0.4	1.8	100.0	1,349
n*	411	126	561	62	95	39	25	6	24	1,349	

Notes: Other persons who decide and take elderly to health facility include domestic helper, not willing to visit health facility and no health facility nearby; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Six cases of male respondents are missing and the sum of individual cases may not match with total cases because one respondent did not respond age and 3 did not respond about caste/ethnic group.

Among caste/ethnic groups, the proportion reporting self decision about own health treatment ranges as low for Newar (26%), Brahmin (28%) and Chhetri (29%) to intermediate level for Tamang (34%), Dalit (35.5%) and as high as 51 per cent for Magar.

Spouse (9%) and daughter (7%) were also important decision-makers for seeking health treatment for the elderly. Daughters as decision-makers for health treatment for the elderly is particularly important for females (10%), those 80 years and above (13%) and among Newar (11%). A few elderly also reported that daughter-in-law, grand children and other relatives as the main persons to decide about their health treatment and bring them to a health facility.

Behavior of Heath Personnel towards Elderly

Table 6.7 shows the percentage distribution of elderly who viewed the behavior of heath personnel towards them, according to selected characteristics. The responses were coded in five scaling: very friendly, friendly, cannot say, not friendly and very much unfriendly.

Table 6.7: Percentage distribution of elderly aged 60 years and above reporting the behavior of heath personnel towards them, according to selected characteristics, Pharping area, 2012

Background characteristics	Very friendly	Friendly	Can't say	Not friendly	Not friendly at all	Total	n
Sex							
Male	3.0	79.3	16.4	1.2	0.1	100.0	670
Female	2.7	79.2	16.5	1.3	0.3	100.0	679
Age							
60-64	3.0	78.4	17.5	0.8	0.3	100.0	399
65-69	2.7	81.2	15.0	0.8	0.3	100.0	367
70-74	2.9	79.9	14.8	2.4	0.0	100.0	209
75-79	2.5	77.4	17.6	2.0	0.5	100.0	199
80+	2.9	78.2	17.8	1.1	0.0	100.0	174
Caste/ethnic groups							
Brahmin	2.3	87.2	7.0	3.5	0.0	100.0	172
Chhetri	3.9	81.3	13.0	1.5	0.3	100.0	332
Newar	3.4	77.1	17.4	1.4	0.6	100.0	350
Tamang	0.6	77.7	21.4	0.3	0.0	100.0	359
Magar	8.5	76.6	14.9	0.0	0.0	100.0	47
Dalit	5.4	60.7	33.9	0.0	0.0	100.0	56
Other	0.0	90.0	10.0	0.0	0.0	100.0	30
Total	2.8	79.2	16.5	1.3	0.2	100.0	1,349
n*	38	1,069	222	17	3	1,349	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Six cases of male respondents are missing and the sum of individual cases may not match with total cases because one respondent did not respond age and 3 did not respond about caste/ethnic group.

Almost 4 in five elderly agreed that the health personnel are 'friendly' for them. On the other hand, 16.5 per cent were 'undecided' on this question and altogether 1.5 per cent complained that health personnel were not friendly for them.

No marked variation is observed reporting the behavior of health personnel towards elderly by sex, age and caste/ethnic group. Yet more Dalit elderly in the sample were found to be 'undecided' about the behavior of health workers towards them (33% vs. 7%-21% for other caste/ethnic groups).

Awareness on Special Support on Health Services

In the household survey, elderly were asked whether they have heard about Government's special support for health treatment for elderly. Government of Nepal has provisioned Rs. 4000 (in two installments) annually for health treatment for elderly aged 60 years and above. This money is provided on the recommendation of Village Development Committee and if the elderly has undergone medical treatment in a Government health facility. When enquired about this special support, only 15 elderly persons out of 1356 heard such provision, four elderly attempted to receive it but only two successful in receiving it.

Government of Nepal also has the provision of special support of Rs. 50,000 per elderly aged 70 years and above for treatment of kidney, heart disease, uterine prolapsed and cancer. The special support is provided on the recommendation of VDC. When enquired about elderly awareness on this provision, only 16 out of 1356 reported that they were aware on it (Table 6.8).

Table 6.8: Distribution of elderly aged 60 years and above who are aware about Government of Nepal's special support for health treatment for elderly, Pharping area, 2012

Knowledge about	Male		Female		Total	
	%	n	%	n	%	n
Aware about Government's special support of Rs. 4,000 (in 2 installments) annually for health treatment of elderly	1.5	10	0.7	5	1.1	15
Persons attempted to receive it	0.4	3	0.1	1	0.3	4
Persons received it	0.3	2	0.0	0	0.1	2
Aware about Government's special support of Rs. 50,000 on treatment of kidney, heart disease, uterine prolapsed and cancer	1.0	7	1.3	9	1.2	16

6.2 Life Style Factors Affecting Health

Physical Exercise

Table 6.9 summarizes the percentage distribution of elderly by physical exercise done in the last one-month, according to selected characteristics. Physical exercise here refers to any physical activities of walking, mediation and gymnastics and it does not include any economic activities carried out by the elderly. Of the total 1,355 elderly interviewed, 36 per cent reported that they do regular walking and rest 5 per cent and 3 per cent do regular meditation and gymnastics, respectively. The average time for daily physical exercise is estimated to be nearly one-hour (56 minutes).

The activities of physical exercise vary according to sex, age and caste/ethnic groups of elderly. For example, relatively more males tend to report at least one physical exercise (45%) compared to females (32%). With age group, the proportion of elderly reporting at least one physical exercise declines with increase in age of elderly – from 46 per cent for age group 60-64 years to 33 per cent for those 80 years and above. More than half of Dalit and Newar elderly reported that they do at least one physical exercise daily; while the comparable figures are 34 per cent to 39.5 for Brahmin and Chhetri, respectively. One-fourth of Tamang and only 13 per cent of Magar elderly do at least one physical exercise regularly.

Table 6.9: Percentage distribution of elderly aged 60 years and above by physical exercise done in the last one-month, according to selected characteristics, Pharping area, 2012

Background characteristics	Walking	Meditation	Exercise	At least one physical exercise	n	Average time (in minutes) for daily physical exercise
Sex						
Male	42.6	6.4	4.0	44.9	301	56:34
Female	30.3	4.0	1.9	32.1	218	56:37
Age						
60-64	43.8	6.0	3.5	46.0	184	56:39
65-69	35.7	4.9	2.7	36.8	135	62:45
70-74	31.6	4.8	2.4	34.4	72	60:32
75-79	33.7	4.5	3.0	35.2	70	52:38
80+	29.9	5.2	2.3	32.8	57	42:24
Caste/ethnic groups						
Brahmin	32.6	4.1	2.9	34.3	59	56:03
Chhetri	36.5	9.3	4.5	39.5	132	53:10
Newar	52.1	4.3	3.2	53.6	187	62:41
Tamang	24.2	3.3	1.7	25.9	93	48:54
Magar	12.8	0.0	0.0	12.8	6	57:30
Dalit	44.6	5.4	3.6	50.0	28	47:24
Other	40.0	6.7	3.3	40.4	12	65:10
Total	36.4	5.2	3.0	38.4	519	56:35
n	492	70	40	519		490

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

Table 6.10: Percentage distribution of elderly aged 60 years and above by intake of food items, according to frequency of food intake, sex and age groups, Pharping area, 2012

Food items	Milk/curd	Pulses	Green leafy vegetables	Fruits	Egg	Fish/meat	Ghee/ butter
Males							
Daily	33.8	70.5	65.0	4.5	2.5	1.3	3.3
1-2 times in a week	14.5	15.2	23.1	13.6	14.9	17.3	6.4
Sometimes	44.6	13.4	11.5	80.8	66.0	68.7	68.0
Never	7.2	0.9	0.4	1.2	16.5	12.7	22.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
n*	671	671	671	671	671	671	671
Females							
Daily	38.9	71.0	63.0	4.6	2.1	1.9	2.9
1-2 times in a week	10.2	11.9	21.6	9.1	10.6	13.5	4.6
Sometimes	45.4	14.3	14.6	83.9	65.8	68.9	64.9
Never	5.6	2.8	0.7	2.4	21.5	15.6	27.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
n	679	679	679	679	679	679	679
Old age people 70-74 years							
Daily	33.9	71.5	64.7	3.9	2.0	1.4	2.6
1-2 times in a week	12.4	13.0	22.5	12.5	13.2	16.2	6.0
Sometimes	47.2	14.0	12.2	82.0	67.6	70.0	67.2
Never	6.5	1.4	0.6	1.6	17.1	12.4	24.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
n*	976	976	976	976	976	976	976
Old age people 75+ years							
Daily	42.6	68.6	62.2	6.2	2.9	2.1	4.6
1-2 times in a week	12.1	15.0	22.0	8.3	11.5	13.4	4.0
Sometimes	39.1	13.4	15.3	83.4	61.7	66.0	64.3
Never	6.2	2.9	0.5	2.1	23.9	18.5	27.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
n*	373	373	373	373	373	373	373

* Five cases of male respondents are missing and furthermore, one respondent did not respond about age.

Frequency of Food Intake

Frequency of food intake is a proxy indicator of nutritional status of human being. In the household survey, elderly were enquired about frequency of intake of food like milk/curd, pulses, green leafy vegetables, fruits, eggs, fish/meat and gee/butter. Table 6.10 shows the percentage distribution of elderly by intake of food items, according to frequency of food intake, sex and age groups.

Data indicate that intake of pulses and green leafy vegetables appears to be satisfactory among elderly irrespective of sex and age group as reflected by the fact that more than two-thirds of elderly reported taking these food items daily. Intake of milk/curd can also be considered as moderate satisfactory level as at least one-third of elderly take it daily and another 10 per cent to 15 per cent take it 1-2 times in a week. Daily intake of fruits, egg, fish/meat and ghee/butter daily appears to be poor among elderly as less than 5 per cent reported daily intake of these items.

Smoking and Alcohol Use

Table 6.11 summarizes the percentage distribution of elderly by smoking/chewing tobacco and alcohol use, according selected background characteristics. The current prevalence rate of smoking/chewing tobacco is calculated by dividing the number of elderly who have used at least one-time smoking/tobacco for the last one-month by the total number of elderly. The same procedure was used for driving the current prevalence rate of alcohol but in this case, the numerator was the number of elderly taking alcohol at least one-time during the last one-month.

Table 6.11: Percentage distribution of elderly aged 60 years and above by smoking or chewing tobacco and alcohol use, according selected background characteristics, Pharping area, 2012

Background characteristics	Smoking/chewing tobacco						Alcohol					
	Current use		Frequency of use				Current use		Frequency of use			
	%	n	Daily	3-5 times/ week	2-4 times/ month	<1 time/ month	%	n	Daily	3-5 times/ week	2-4 times/ month	<1 time/ month
Sex												
Male	55.5	375	96.8	2.7	0.3	0.3	39.1	264	67.8	16.3	9.1	6.8
Female	38.7	263	94.3	4.2	1.1	0.4	27.7	188	61.0	15.0	10.7	13.4
Age												
60-64	54.2	217	96.8	2.8	0.5	0.0	39.4	158	65.8	16.5	11.4	6.3
65-69	48.5	179	96.6	2.2	0.6	0.6	33.3	123	64.2	16.3	9.8	9.8
70-74	44.8	94	94.6	4.3	0.0	1.1	33.8	71	58.6	15.7	8.6	17.1
75-79	41.7	83	91.6	7.2	1.2	0.0	27.6	55	72.7	10.9	7.3	9.1
80+	37.1	65	96.9	1.5	1.5	0.0	25.7	45	64.4	17.8	8.9	8.9
Caste/ethnic groups												
Brahmin	32.6	56	98.2	1.8	0.0	0.0	2.9	5	80.0	0.0	20.0	0.0
Chhetri	42.8	143	93.0	5.6	0.7	0.7	3.3	11	63.6	9.1	9.1	18.2
Newar	46.2	162	95.7	3.1	0.6	0.6	44.4	156	45.5	20.5	17.3	16.7
Tamang	55.4	201	97.5	2.0	0.5	0.0	61.7	224	77.1	11.7	5.8	5.4
Magar	59.6	28	92.9	3.6	3.6	0.0	55.3	26	69.2	19.2	3.8	7.7
Dalit	58.9	33	93.9	6.1	0.0	0.0	32.1	18	83.3	11.1	0.0	5.6
Other	50.0	15	100.0	0.0	0.0	0.0	36.7	11	45.5	45.5	9.1	0.0
Total	46.7	638	95.8	3.3	0.6	0.3	33.1	452	65.0	15.7	9.8	9.5
n*	638		611	21	4	2	452		293	71	44	43

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Only those respondents who ever used smoking/tobacco chewing and alcohol. One respondent who ever used alcohol did not respond about current use of it.

The survey found that the current prevalence rate of smoking/chewing among elderly to be 47. Of them, about 96 per cent are regular users i.e. taking daily. The prevalence rate, however, varies by sex, age and caste/ethnic group of elderly. The prevalence rate is 55 per cent males against 39 per cent for females. Age appears to be an important determining factor use or nonuse of smoking/chewing i.e. with increase in age, the prevalence rate of smoking/chewing tends to decline. While the rate was 54 for 60-64 years, the comparable rates for 75-79 and 80 and above years of elderly were 42 per cent and 37 per cent, respectively. Among caste/ethnic groups, the prevalence rate is very high among Dalit, Magar and Tamang (55% to 60%). Newar and Chhetri fall in between (43%-46%) while Brahmin has the lowest prevalence rate of smoking/tobacco (33%).

The prevalence rate of alcohol use is estimated to be 33 per cent. The rate is particularly high among males (39%), among those 60-64 years of age (39%) and among Tamang (62%), Magar (55%) and Newar (44%). Of the total current users, nearly two-thirds were regular users i.e. they take it daily.

Chapter Seven
PSYCHO-SOCIAL NEEDS AND FAMILY/COMMUNITY SUPPORT SYSTEM

7.1 Psycho-Social Needs

Feeling of Elderly

Seven in ten elderly living in the study area are found feeling themselves elderly at ages of 60-69 years. Some 16 per cent of them felt elderly even at earlier ages of 50-59 years and 11 per cent felt the same at 70-79 years of ages, while two per cent responded the same for 80 years and over. Less than one per cent said they felt elderly even at adulthood ages of 40-49 years, whereas one per cent elderly said they have not felt elderly as yet (Table 7.1). According to the sex of elderly also, around 70 per cent each of both the sexes felt similar, but slightly higher proportion of elderly males than females reported themselves feeling elderly at higher ages of 70 years and above (14% vs. 12%).

Table 7.1: Percentage distribution of elderly aged 60 years and above by age they felt elderly, according selected background characteristics, Pharping area, 2012

Background characteristics	Age the respondents felt elderly at						Total	n
	40-49	50-59	60-69	70-79	80+	Not felt elderly yet		
Sex								
Male	0.6	15.7	68.8	12.3	1.4	1.2	100.0	664
Female	0.6	16.4	70.3	9.9	2.1	0.7	100.0	677
Age								
60-64	0.8	30.1	67.3			1.8	100.0	395
65-69	1.1	15.4	81.9			1.6	100.0	364
70-74	0.0	9.1	76.6	14.4		0.0	100.0	209
75-79	0.5	5.6	62.1	31.8		0.0	100.0	198
80+	0.0	5.2	49.4	32.2	13.2	0.0	100.0	174
Marital status								
Married	0.4	18.7	71.6	8.0	0.9	0.4	100.0	689
Widow/widower	0.8	12.6	67.2	15.1	2.8	1.5	100.0	604
Divorced/separated	0.0	23.1	73.1	3.8	0.0	0.0	100.0	26
Never married	0.0	18.2	68.2	9.1	0.0	4.5	100.0	22
Social groups								
Brahmin	0.6	9.3	73.3	13.4	2.9	0.6	100.0	172
Chhetri	0.3	14.3	67.4	12.8	3.7	1.5	100.0	328
Newar	1.1	25.5	61.3	9.7	1.1	1.1	100.0	349
Tamang	0.6	9.8	77.2	11.0	0.6	0.8	100.0	356
Magar	0.0	14.9	76.6	8.5	0.0	0.0	100.0	47
Dalit	0.0	35.7	58.9	5.4	0.0	0.0	100.0	56
Other	0.0	0.0	86.7	13.3	0.0	0.0	100.0	30
Total	0.6	16.0	69.6	11.1	1.7	1.0	100.0	1,341*
n	8	215	933	149	23	13	1,341*	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Twelve cases of males and two females are missing. Furthermore, one respondent did not respond about age and 3 did not respond about caste/ethnic group.

According to age cohorts of elderly, higher proportion of them in lower age cohorts of 60-64 and 65-69 years (31% and 17% respectively) reported that they felt elderly even before 60 years of age in comparison to less than 10 per cent of elderly in higher age cohorts saying so.

Relatively more widowed elderly (18%) are found feeling themselves elderly at higher ages of 70 years and over compared to married elderly (9%). Likewise, higher proportion of divorced/separated felt themselves elderly at early ages (before 60 years) compared to elderly of other marital statuses. However, its number of cases of is found small than married and widowed. Some cases of never married and widowed elderly were also found reporting that they have not felt elderly as yet (Table 7.1). Similarly, higher proportion of Dalit and Newar felt themselves elderly at early ages than elderly of rests of the caste/ethnic groups and more Brahmin, Chhetri and Tamang were found reporting themselves feeling elderly at higher ages. Thus, data show that there are little variations on ages at which they feel elderly among elderly of different sex, age, marital status and caste/ethnic groups.

Relations with Family and Spouse at Elder Ages

Majority of elderly (82%) said that there is no difference in relation with family after becoming elderly. But some 12 per cent of then reported that the relation worsened, whereas on the other hand, a few of them (6%) are found saying better relation with family was built after becoming elderly (Table 7.2).

Table 7.2: Percentage distribution of elderly aged 60 years and above by feeling of relations with family and spouse as they become elder, according selected background characteristics, Pharping area, 2012

Background characteristics	Feeling of relations with family				Feeling of relations with spouse			
	Better	Not different	Worse	n	Better	Not different	Worse	n
Sex								
Male	6.3	82.2	11.5	669	8.9	84.5	6.6	426
Female	6.1	81.2	12.7	677	8.1	86.0	5.8	258
Age								
60-64	6.3	84.5	9.3	400	5.8	89.5	4.7	257
65-69	5.5	83.6	10.9	366	9.3	82.9	7.9	216
70-74	4.3	78.3	17.4	207	9.3	82.5	8.2	97
75-79	8.1	79.8	12.1	198	15.7	77.1	7.1	70
80+	7.5	77.6	14.9	174	9.3	88.4	2.3	43
Marital status								
Married	5.9	85.4	8.6	694	8.6	85.1	6.3	684
Widow/widower	6.3	77.8	15.9	604				
Divorced/separated	11.5	73.1	15.4	26				
Never married	4.5	81.8	13.6	22				
Social groups								
Brahmin	6.4	87.8	5.8	172	5.6	83.3	11.1	90
Chhetri	8.1	78.0	13.9	332	8.0	88.6	3.4	176
Newar	6.6	77.9	15.5	348	18.6	72.3	9.0	177
Tamang	3.9	88.5	7.5	358	2.9	93.5	3.5	170
Magar	6.4	74.5	19.1	47	0.0	90.9	9.1	22
Dalit	3.6	69.6	26.8	56	0.0	88.0	12.0	25
Other	10.0	83.3	6.7	30	9.1	90.9	0.0	22
Total	6.2	81.7	12.1	1,346*	8.6	85.1	6.3	684*
n	83	1,100	163		59	582	43	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

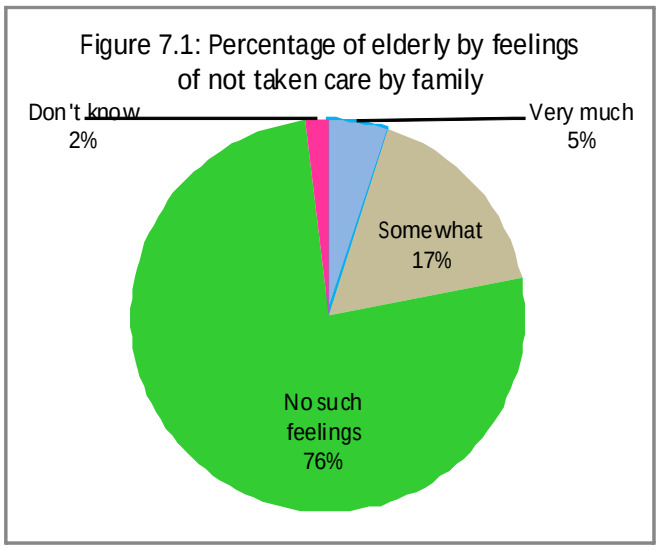
* Seven cases of males and two females are missing. Furthermore, one respondent did not respond about age, 3 did not respond about caste/ethnic group and 10 married respondents did not respond about feeling of relation with spouse at old age.

There is no marked difference between males and females elderly in this regard. But more elderly in higher age cohorts than in earlier ages are observed saying both extremes of relation with family members, i.e. better and worse, when they became elder. The proportion, though small in magnitude, is relatively higher among currently not married (widowed, divorced/separated and never married) saying that they feel worsened relation with family at elder ages compared to married ones and more Newar, Chhetri, Dalit and Magar elderly are also found with the similar thoughts than their counterparts of rests of the caste/ethnic groups (Table 7.2).

Like in the case of relation with family members, more than 85 per cent of the married elderly said that they do not feel any difference in relation with spouse after becoming elderly. However, a few of them (6%) have feeling that their relation with spouse is worsened, while about 9 per cent reported better relation with spouse at elderly ages (Table 7.2). In this case also there is not seen marked difference between elderly males and females about their feelings on relation with spouse. Like in the previous case, more elderly in higher age cohorts, except in 80+ years, than in lower ages said both extremes of relation with their spouse. Same can be said for Newar elderly as well and higher proportion of Brahmin elderly were also seen reporting for worsened relation with spouse after becoming elderly. Thus, little differences on feelings of elderly about relations with family and spouse are observed among different age cohorts, caste/ethnic groups and marital status.

Feeling of Not Taking Care of Elderly by Family/Society

Most of elderly (76%) do not feel not taking care of them by family members/society, while 17 per cent of them feel somewhat about it, 5 per cent said they feel very much about not taking care of them by family/society and two per cent have no idea about it (Figure 7.1). There is not found difference between elderly males and females in this regard, while the proportions of elderly feeling somewhat or very much about not taking care of them by family/society are observed increasing with increase in age cohort of elderly (Table 7.3). The higher proportion of currently not married elderly than married feel very much or somewhat about not taking care of them by society/community and the same can be said to elderly of Newar, Magar and Dalit. Hence, data reveal that there are some differences on feelings about not taking care of elderly by family/society among elderly of different age cohorts, marital status and caste/ethnic groups.



During FGDs conducted in the study area, it was also seen that elderly were not talking openly about not taking care of themselves by family or society. However, some participants were found saying that those elderly are well taken care by their family members and society as well who are rich and have property on their own names.

Table 7.3: Percentage distribution of elderly aged 60 years and above by feeling of not cared by family/society, according selected background characteristics, Pharping area, 2012

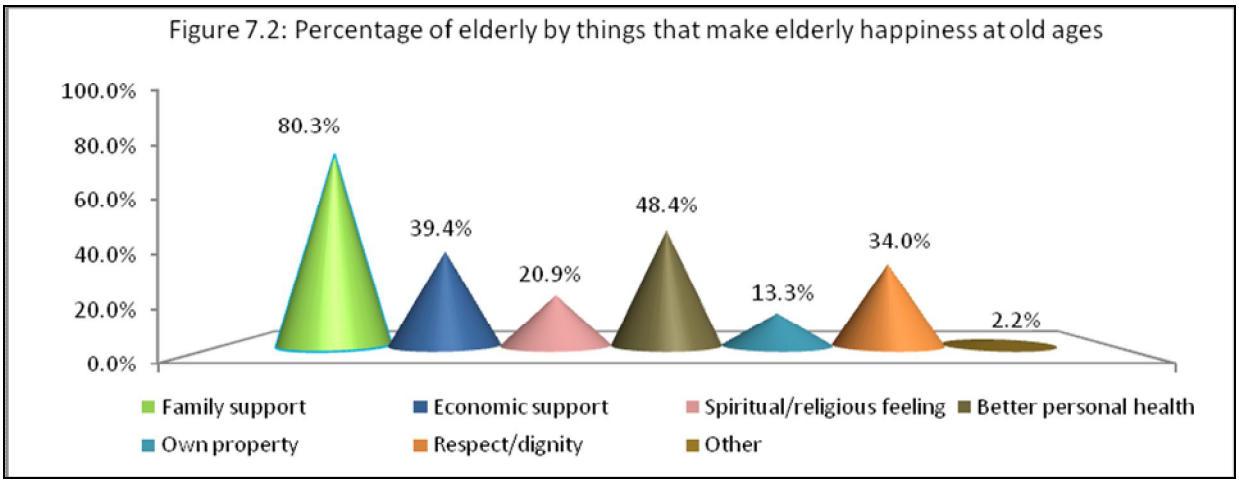
Background characteristics	Feeling of not taking care by family/society				Total	n
	Very much	Somewhat	No such feelings	Don't know		
Sex						
Male	4.3	17.4	76.8	1.5	100.0	656
Female	5.4	16.9	75.6	2.1	100.0	663
Age						
60-64	2.8	15.6	79.8	1.8	100.0	397
65-69	3.6	17.8	75.8	2.8	100.0	360
70-74	7.4	18.6	74.0	0.0	100.0	204
75-79	5.8	16.8	74.9	2.6	100.0	191
80+	8.4	18.1	72.3	1.2	100.0	166
Marital status						
Married	2.1	13.1	84.0	0.9	100.0	680
Widow/widower	7.8	20.9	69.0	2.4	100.0	593
Divorced/separated	12.0	24.0	52.0	12.0	100.0	25
Never married	4.8	33.3	57.1	4.8	100.0	21
Social groups						
Brahmin	3.0	16.7	79.8	0.6	100.0	168
Chhetri	5.3	14.2	79.2	1.3	100.0	318
Newar	6.1	23.1	68.8	2.0	100.0	346
Tamang	2.8	15.9	79.0	2.3	100.0	353
Magar	4.3	19.1	72.3	4.3	100.0	47
Dalit	14.8	9.3	72.2	3.7	100.0	54
Other	3.3	6.7	90.0	0.0	100.0	30
Total	4.9	17.1	76.2	1.8	100.0	1,319*
n	64	226	1,005	24	1.319	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Twenty cases of males and 16 females are missing. Furthermore, one respondent did not respond about age, 3 did not respond about caste/ethnic group.

Things that Promote Happiness at Old Age

Four-fifths of elderly in the study area said that family supports make them happy at old ages (Figure 7.2). Similarly, about one-half of them (48%) reported better personal health that makes them happy at old ages and it is followed by economic support (39%), respect/dignity (34%), spiritual/religious feeling (21%) and own property (13%).



Slightly higher proportion of elderly females than males reported better personal health as the reason for happiness at old ages (51% vs. 46%), while for rests of the reasons the proportions of elderly of both the sexes are almost at same levels (Table 7.4). According to age groups, more elderly of lower age cohorts reported reasons like economic support and own property that make them happy at their ages, but on the other hand, more elderly at higher age cohorts said spiritual/religious feeling that makes them happy.

Table 7.4: Percentage distribution of elderly aged 60 years and above reporting things that make them happiness at old age, according selected background characteristics, Pharping area, 2012

Background characteristics	Family support	Economic support	Spiritual/ religious feeling	Better personal health	Own property	Respect/ dignity	Other	n
Sex								
Male	78.9	38.7	22.1	46.2	13.6	34.6	2.9	662
Female	81.7	40.1	19.8	50.5	13.1	33.4	1.6	673
Age								
60-64	81.3	41.9	15.7	47.2	16.7	34.3	2.0	396
65-69	79.1	41.5	24.7	50.0	12.9	33.5	1.6	364
70-74	81.2	40.6	22.2	50.7	15.5	36.7	3.4	207
75-79	77.9	34.9	23.1	44.6	9.2	31.8	2.6	195
80+	82.6	33.1	20.3	49.4	8.1	33.1	2.3	172
Marital status								
Married	81.8	40.3	21.9	47.4	13.5	33.0	2.3	688
Widow/widower	80.4	38.1	19.6	49.3	12.8	35.4	2.0	601
Divorced/separated	54.2	58.3	25.0	41.7	20.8	29.2	4.2	24
Never married	59.1	27.3	18.2	63.6	13.6	31.8	4.5	22
Social groups								
Brahmin	84.2	33.3	33.3	36.8	10.5	25.7	0.0	171
Chhetri	79.3	37.5	27.3	52.3	12.3	39.6	4.5	333
Newar	78.1	38.5	19.0	47.8	18.4	40.8	2.3	343
Tamang	82.7	39.8	12.8	48.6	9.9	24.4	1.4	352
Magar	70.2	57.4	8.5	72.3	10.6	31.9	2.1	47
Dalit	89.3	50.0	16.1	44.6	23.2	53.6	1.8	56
Other	66.7	53.3	20.0	46.7	6.7	16.7	0.0	30
Total	80.3	39.4	20.9	48.4	13.3	34.0	2.2	1,335*
n	1,072	526	279	646	178	454	30	

Notes: Other things that make elderly happiness at old age include support from relative, chatting with friends, reading, gambling, doing work, having delicious food and getting nice clothes, etc; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes. The sum of percentages may exceed 100 because of multiple responses.

* Fourteen cases of males and six females are missing. The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.

Likewise, more married and widowed elderly responded in favor of family support and respect/dignity to become happy at old ages, whereas higher proportion of divorced/separated reported economic support and own property that make happiness for them. Better personal health as a reason for happiness is stated by higher proportion of never married elderly (Table 7.4). More Brahmin and Chhetri reported spiritual/religious feelings that make them happy at old ages. The higher proportions of Magar and Dalit said economic support; Dalit and Newar said own property; Dalit, Newar and Chhetri said respect/dignity; except Brahmin all others said better personal health; and except Magar all others said family support as the reasons which make happiness for them at old ages. Therefore, there is found

variations on reasons that make elderly happy at their ages among different age cohorts, marital status and caste/ethnic groups.

Things that Cause Sadness at Old Age

Most of the elderly (53%) said loneliness as the prime cause for their sadness at old ages (Figure 7.3) and this is followed by economic crisis (41%), neglect (37%), physical disability (24%), isolation (17%) and hatred (14%). Relatively more elderly females than males responded loneliness as the cause for sadness at old ages (57% vs. 49%), whereas more males than females reported for economic crisis (43% vs. 39%) and physical disability (26% vs. 23%). The higher proportion of elderly of higher age cohorts reported physical disability and that of lower age cohorts said economic crisis as the causes for making them sad at their ages (Table 7.5). Similarly, higher proportions of widowed and divorced/separated said loneliness and physical disability; divorced/separated said economic crisis; divorced/separated and never married said isolation and hatred; and never married said neglect as the causes for making them sad at old ages.

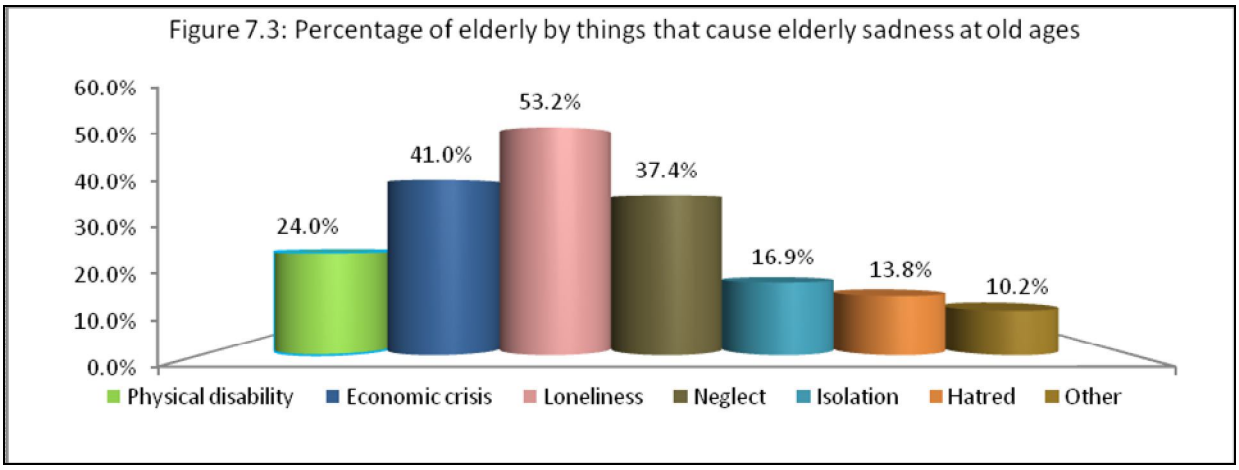
Table 7.5: Percentage distribution of elderly aged 60 years and above reporting things that cause sadness at old age, according selected background characteristics, Pharping area, 2012

Background characteristics	Physical disability	Economic crisis	Loneliness	Neglect	Isolation	Hatred	Other	n
Sex								
Male	25.5	43.2	49.1	37.2	16.9	13.9	11.0	639
Female	22.5	38.8	57.2	37.5	17.0	13.6	9.5	654
Age								
60-64	22.1	48.2	47.9	40.8	19.5	15.5	10.0	380
65-69	22.0	38.9	53.8	38.6	15.8	13.8	12.7	355
70-74	24.1	43.3	57.1	35.0	17.2	12.3	10.3	203
75-79	25.1	36.4	53.5	33.2	13.9	11.8	6.4	187
80+	31.1	31.7	58.7	34.7	16.2	13.8	9.6	167
Marital status								
Married	22.0	43.3	43.9	38.2	16.7	13.6	14.1	660
Widow/widower	26.0	37.8	63.6	36.1	16.8	13.5	6.0	585
Divorced/separated	30.8	57.7	57.7	38.5	23.1	19.2	7.7	26
Never married	22.7	36.4	50.0	45.5	22.7	18.2	9.1	22
Social groups								
Brahmin	20.1	37.8	43.3	26.8	6.1	8.5	17.1	164
Chhetri	25.1	34.1	57.9	45.2	17.6	14.9	11.5	323
Newar	26.4	38.0	48.7	44.5	26.4	21.4	8.6	337
Tamang	22.6	46.9	54.3	26.7	8.9	6.8	10.1	337
Magar	28.3	69.6	54.3	39.1	10.9	4.3	2.2	46
Dalit	18.5	44.4	74.1	46.3	48.1	29.6	1.9	54
Other	27.6	51.7	51.7	31.0	3.4	3.4	6.9	29
Total	24.0	41.0	53.2	37.4	16.9	13.8	10.2	1,293*
n	310	530	688	483	219	178	132	

Notes: Other things that make elderly sadness at old age include anxiety, family dispute, physical violence, poor health, load of work, death of family member and change of religion by family member; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

Note: The sum of percentages may exceed 100 because of multiple responses.

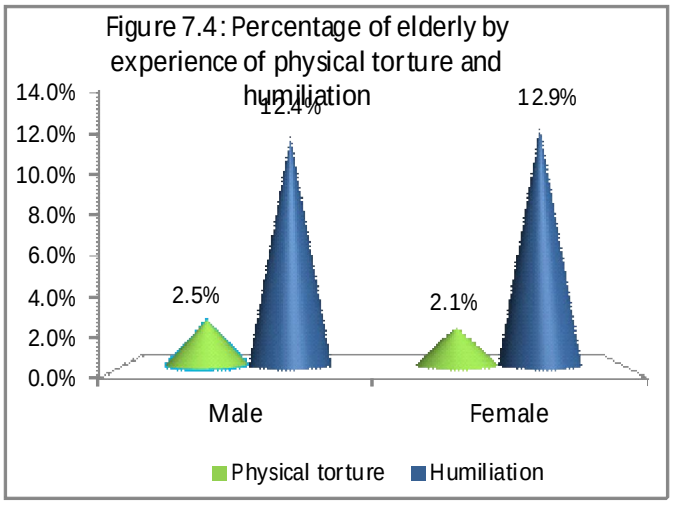
* Thirty-seven cases of males and 25 females are missing. The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.



Likewise, relatively higher proportions of Dalit, Newar and Chhetri reported physical disability; Magar and 'other' category reported economic crisis; Dalit said loneliness; Dalit, Chhetri, Newar and Magar said neglect; and Dalit and Newar said isolation and hatred as the causes of their sadness at old ages (Table 7.5). Like in the previous case, there is also found some variations on causes of sadness at elder ages among different sex, age, marital status and caste/ethnic groups.

7.2 Experience of Humiliation and Physical Torture

Out of total 1,345 elderly who responded the question regarding to experience of disrespectful behavior or humiliation in the last 12 months period, only about 13 per cent (170) reported that they had experienced such incidence (Figure 7.4). The number and percentage of elderly males and females experiencing such incidence are almost same (83 males, 87 females). Although there are few cases experiencing disrespectful behavior or humiliation in the last 12 months at higher age cohorts compared to their counterparts in lower age cohorts, the proportion is found increasing with increase in age cohort from 11 to around 15 per cent (Table 7.6).



Likewise, higher proportion of widowed and divorced/separated elderly (16%-19%) than married and never married (below 10% each) had such feeling, but the number of cases is small among never married and divorced/separated. According to caste/ethnic group, more Newar and Chhetri elderly (15% each) reported experiencing the same.

The number and percentage of elderly reporting that they have knowledge about physical torture to elderly in their neighborhood further declined to 6 per cent (81), with 48 males (7%) and 33 females (5%). The proportion is relatively higher in age groups of 75-79 (9%) and 65-69 years (7%) who have such knowledge, and more married elderly (7%) and Newar (10%) responded the same (Table 7.6). Some elderly of the study area (slightly over 2%) also found replying affirmatively on the issue of experience of

physical torture and the proportion is almost same among both the sexes. Slightly increasing pattern in the proportion experiencing the physical torture is observed with increase in age cohorts of elderly and more Newar elderly (4%) are found with such experiences (Table7.6).

Table 7.6: Percentage distribution of elderly aged 60 years and above by feeling of humiliation during the last 12-months, reporting physical torture to elderly in the neighborhood and experience of physical torture at old age, according selected background characteristics, Pharping area, 2012

Background characteristics	Feeling humiliation in last 12 months		Knowledge of physical torture to elderly in neighborhood		Experience of physical torture at old age	
	%	n	%	n	%	n
Sex						
Male	12.4	83	7.2	48	2.5	17
Female	12.9	87	4.9	33	2.1	14
Age						
60-64	11.0	44	5.8	23	1.8	7
65-69	12.0	44	6.8	25	2.2	8
70-74	14.5	30	5.3	11	2.4	5
75-79	13.7	27	9.1	18	3.6	7
80+	14.4	25	2.3	4	2.3	4
Marital status						
Married	9.7	67	6.9	48	2.2	15
Widow/widower	16.0	97	5.3	32	2.6	16
Divorced/separated	19.2	5	0.0	0	0.0	0
Never married	4.5	1	4.5	1	0.0	0
Social groups						
Brahmin	9.9	17	7.0	12	0.6	1
Chhetri	14.7	49	6.0	20	1.5	5
Newar	14.9	52	9.5	33	3.7	13
Tamang	11.0	39	3.4	12	2.0	7
Magar	8.5	4	4.3	2	4.3	2
Dalit	8.9	5	1.8	1	1.8	1
Other	13.3	4	3.3	1	6.7	2
Total*	12.6	170	6.0	81	2.3	31

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Seven cases of males and 3 females are missing in reporting whether they feel disrespectful behavior, knowledge of physical torture to elderly in neighborhood and experience of physical torture at old age or not in the last 12 months.

In the FGD conducted in Seti Devi VDC among elderly males, some shared their experience with each other saying that family members talk rudely to them and do not give respect. Some reported that they also feel humiliated by the act of not talking to them, while others said they can't even talk about what they like. A few also blamed to their family members for stealing their money and some said family members do not take it easily even while they eat the stuff given by the visitor at the time when they were sick. But most of the participants do not take all these things as humiliating behaviors and are not talking freely about the matters and found saying that these are the never solving problems. Information collected from another FGD in Chalnakhel VDC among elderly females also show family members' rude behavior towards them. Some elderly female participants reported feeling of emotional violence and said that daughter-in-law would not allow grandchildren to sleep with them saying that children will be infected with asthma communicating the disease from them. One elderly woman shared her experience saying that family members said her that they want to do poultry business so they need to sell the land which was in her name. But later she only found that they have only transferred the land

in their own name. Another elderly woman had different story and said that her husband married with other woman by selling her jewellery. Supporting generation female participants of FGD in Talku VDC also said elderly have to face some minor types of disrespectful behavior from their family members without mentioning in particular.

In the FGDs conducted in the study area, elderly participants did not say experiencing any physical torture themselves and are not found willing to talk about the issue. But one elderly woman in FGD conducted in Chalnakhel VDC said that most of women face physical violence at home at adulthood ages but they can't talk openly about it. One FGD with supporting generation females conducted in Seti Devi VDC also revealed that in two households of the locality, the members of 'women group' had visited to threaten the daughter-in-laws telling her not to perform physical torture to their mother-in-laws in the future. Then after, such incidences are not found occurring in their locality as they said. Supporting generation male participants in FGD conducted in Chhaimale VDC say that mostly in Tamang community, there exists physical violence within the house, usually when family members get drunk.

The data suggest that even though there are a few cases of elderly who had experienced disrespectful behavior or humiliation in the past 12 months period; knowledge about physical torture to elderly in the neighborhood; and own self experiencing such incidence, variations exist in some extent among different sex, age, marital status and caste/ethnic groups.

Perpetrators for Committing Humiliation or Disrespectful Behavior

Majority of elderly among those who reported feeling of disrespectful behavior or humiliation in the past 12 months, i.e. 88 (54%), said son/daughter as the perpetrators committing the act. Another 72 (44%) charged to 'other' category that includes daughter-in-law, grandchildren, brother/-in-law and nephew for the same. This is followed by neighbor (17) and spouse (14) and rests of the perpetrators are very small in size with less than 5 cases each (Table 7.7). Slightly more elderly females than males reported 'other' category, neighbor and spouse as the perpetrators for committing humiliation or disrespectful behavior towards them, while more males said perpetrators as son/daughter and friends.

In FGDs also, most of the elderly participants reported daughter-in-law and son as well, as perpetrator for committing verbal abuse and physical violence towards them, and also found saying that most of humiliating acts take place within the house. Outcomes of FGD among supporting generation males also show that sons use to beat elderly, especially when are drunken and more specifically in some communities like Tamang. FGD conducted in the same VDC among elderly females also show the similar things. There often happens quarrel between family members in the specific community while they use alcohol and daughter-in-laws involve in emotional violence towards elderly.

There is not found any such pattern on perpetrators according to age groups of the elderly. However, higher proportions of them in age groups 80+ and 60-69 years reported neighbor (12%-18%), those in 65-74 years reported spouse and friends (3%-5%), and those in 70 years and over said son/daughter (59%-67%). Likewise, more widowed (64%) said son/daughter as the perpetrators; divorced/separated charged to neighbor (60%) and spouse (40%); and married reported 'other' category (46%). According to caste/ethnic groups, relatively very few Newar (38%) reported son/daughter as perpetrators in comparison to rests of the community for committing disrespectful behavior towards them, but higher proportion of them said spouse (21%) and friends (8%) as the perpetrators. Similarly, comparatively lower proportion of Brahmin (29%) reported 'other' category as the perpetrators (Table 7.7). Thus, it is observed that main perpetrators for committing humiliation or disrespectful behavior towards elderly

are son/daughter, daughter-in-law and grandchildren. There are also seen some variations on perpetrators among different socio-demographic characteristics of the elderly.

Table 7.7: Percentage distribution of elderly aged 60 years and above among those who reported feeling of humiliation in the past 12-months by perpetrators, according to selected background characteristics, Pharping area, 2012

Background characteristics	Son/ daughter	Spouse	Friends	Strangers	Health workers	Neighbors	Other	n
Sex								
Male	57.0	6.3	5.1	1.3	1.3	6.3	41.8	79
Female	51.3	10.7	0.0	0.0	0.0	14.3	46.4	84
Age								
60-64	51.2	7.0	2.3	0.0	0.0	11.6	44.2	43
65-69	42.9	14.3	4.8	2.4	0.0	11.9	45.2	42
70-74	58.6	10.3	3.4	0.0	3.4	3.4	48.3	29
75-79	66.7	3.7	0.0	0.0	0.0	7.4	40.7	27
80+	59.1	4.5	0.0	0.0	0.0	18.2	40.9	22
Marital status								
Married	41.3	17.5	4.8	1.6	1.6	6.3	46.0	63
Widow/widower	63.8	1.1	1.1	0.0	0.0	10.6	44.7	94
Divorced/separated	40.0	40.0	0.0	0.0	0.0	60.0	0.0	5
Never married	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1
Social groups								
Brahmin	64.7	5.9	0.0	0.0	0.0	11.8	29.4	17
Chhetri	64.3	0.0	0.0	2.4	0.0	11.9	40.5	42
Newar	37.7	20.8	7.5	0.0	1.9	11.3	47.2	53
Tamang	57.9	5.3	0.0	0.0	0.0	10.5	44.7	38
Magar	75.0	0.0	0.0	0.0	0.0	0.0	25.0	4
Dalit	60.0	0.0	0.0	0.0	0.0	0.0	60.0	5
Other	50.0	0.0	0.0	0.0	0.0	0.0	100.0	4
Total	54.0	8.6	2.5	0.6	0.6	10.4	44.2	163*
n	88	14	4	1	1	17	72	

Notes: Other perpetrators include daughter-in-law, grandchildren, brother/-in-law and nephew; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes. The sum of percentages may exceed 100 because of multiple responses.

* Four cases of males and 3 females among those who reported feeling humiliation in last 12 months are missing reporting about perpetrator. The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.

7.3 Main Security Concerns

Family and health related securities are found to be the major security concerns of elderly as more than 39 and 35 per cent them respectively reported so. Rests of the security concerns were reported by less than 16 per cent each of them, i.e. physical security (15%), economic security (8%) and emotional concerns (2%). Comparatively, more elderly females than males are observed being more concerned towards health related security (38% vs. 33%) (Figure 7.5), but it is opposite in the cases of physical security (17% vs. 13%) and economic security (10% vs. 7%). Elderly of early age cohort i.e. 60-64 years are seemed more thinking about physical and economic securities than their counterparts of higher age cohorts. Besides, there is not found variation on the issue among different age groups of the elderly (Table 7.8).

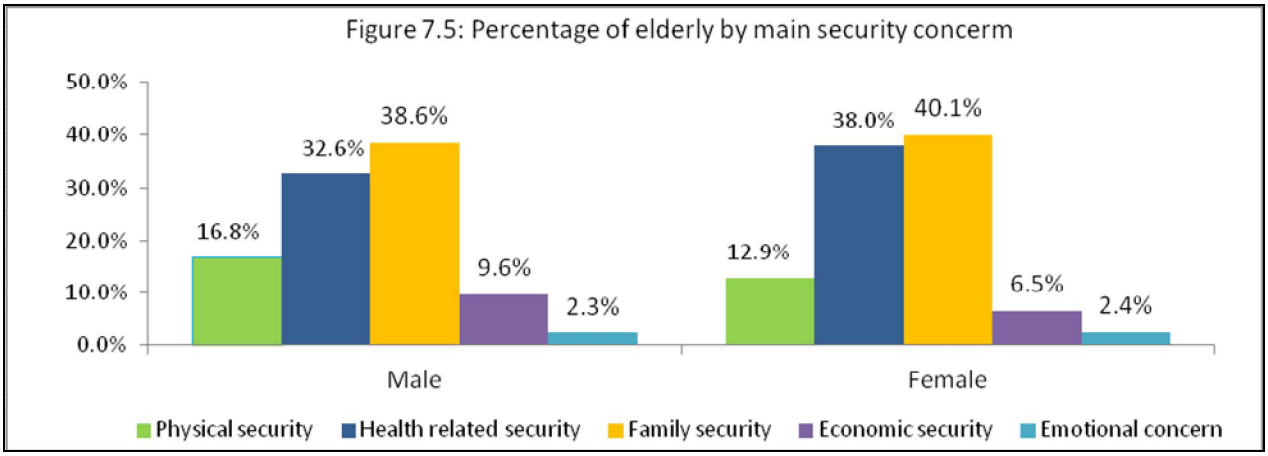


Table 7.8: Percentage distribution of elderly aged 60 years and above by main security concerns, according selected background characteristics, Pharping area, 2012

Background characteristics	Physical security	Health related security	Family security	Economic security	Emotional concerns	Total	n
Sex							
Male	16.8	32.6	38.6	9.6	2.3	100.0	665
Female	12.9	38.0	40.1	6.5	2.4	100.0	673
Age							
60-64	16.4	34.6	36.6	10.4	2.0	100.0	396
65-69	15.1	38.1	37.8	7.1	1.9	100.0	365
70-74	14.5	34.3	43.0	5.3	2.9	100.0	207
75-79	14.8	32.1	43.4	7.7	2.0	100.0	196
80+	11.6	36.4	39.9	8.7	3.5	100.0	173
Marital status							
Married	13.7	38.0	38.2	8.2	1.9	100.0	686
Widow/widower	15.7	32.8	40.7	7.9	2.8	100.0	604
Divorced/separated	23.1	23.1	42.3	11.5	0.0	100.0	26
Never married	18.2	36.4	36.4	4.5	4.5	100.0	22
Social groups							
Brahmin	21.1	35.7	40.4	2.3	0.6	100.0	171
Chhetri	12.4	40.3	37.3	7.6	2.4	100.0	330
Newar	12.6	29.0	46.3	10.1	2.0	100.0	348
Tamang	15.6	37.7	36.3	7.9	2.5	100.0	353
Magar	19.1	42.6	23.4	12.8	2.1	100.0	47
Dalit	14.3	23.2	41.1	16.1	5.4	100.0	56
Other	20.0	36.7	33.3	3.3	6.7	100.0	30
Total	14.9	35.4	39.4	8.1	2.3	100.0	1,338*
n	199	473	527	108	31	1,338	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Eleven cases of males and six females are missing. The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.

Similarly, relatively higher proportions of divorced/separated had shown keen interest on family, physical and economic securities (42%, 23% and 12% respectively), even though their size is small in magnitude and more married (38%) reported for health related security. Likewise, more Newar reported for family security (46%); Magar and Chhetri reported health related security (43%- 40%); Brahmin and Magar said for physical security (21%-19%); and Dalit, Magar and Newar (16%-10%) said economic

security as their main security concerns at elder ages (Table 7.8). Thus, data show that most of elderly have main security concerns about family and health related securities at their ages and there is little variations on the issues among different socio-demographic characteristics of the elderly.

7.4 Access to Economic and Social Security Schemes

Involvement in Social and Religious Organizations

Table 7.9 shows the percentage distribution of elderly who have involved in a social or religious organization, visit religious places and reporting elderly clubs in the village, according selected background characteristics. Of the total elderly interviewed, 15 per cent reported that they have involved in a social or religious organization. The proportion involving in a religious organization is relatively higher for males (18.5%) than that of females (11.5%); those in the age range of 60-74 (16%) than that of 75 years and above (about 10%) and among Newar (29%), Chhetri (14%) and Dalit (16%) over other caste/ethnic groups.

Table 7.9: Percentage distribution of elderly aged 60 years and above who have involved in a social or religious organization, visit religious places and reporting elderly clubs in the village, according selected background characteristics, Pharping area, 2012

Background characteristics	Involved in a social or religious organization		Visit to religious places		Reporting elderly clubs in the village	
	%	n	%	n	%	n
Sex						
Male	18.5	124	85.4	572	0.9	6
Female	11.5	78	81.9	555	1.2	8
Age						
60-64	16.0	64	89.8	360	0.5	2
65-69	16.1	59	88.0	323	1.4	5
70-74	16.3	34	84.2	176	0.5	1
75-79	14.2	28	77.0	151	1.0	2
80+	9.2	16	66.7	116	2.3	4
Marital status						
Married	17.0	118	89.8	623	0.6	4
Widow/widower	12.2	74	76.9	466	1.6	10
Divorced/separated	19.2	5	92.3	24	0.0	0
Never married	22.7	5	63.6	14	0.0	0
Social groups						
Brahmin	7.0	12	93.6	161	1.2	2
Chhetri	14.1	47	87.1	291	1.8	6
Newar	28.9	101	86.6	303	1.1	4
Tamang	7.3	26	73.0	260	0.6	2
Magar	6.4	3	83.0	39	0.0	0
Dalit	16.1	9	75.0	42	0.0	0
Other	13.3	4	93.3	28	0.0	0
Total	15.0	202	83.6	1,127	1.0	14

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

When enquired about the visit of a religious place, 84 per cent elderly reported so. A religious place may be temples, church, monastery or Masjid. Relatively a higher proportion of males (85%) over females (82%) tend to usually visit a religious place. By age group, the proportion reporting visiting a religious

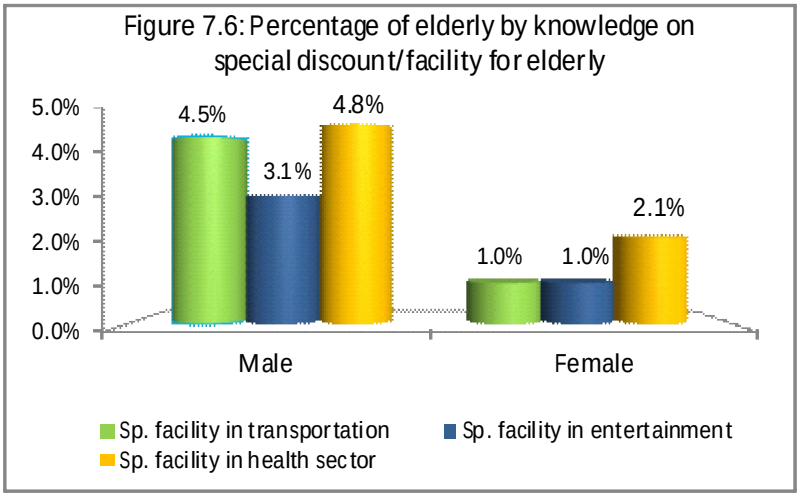
place gradually declines from nearly 90 per cent for 60-64 years age group to 67 per cent for 80 years and above. Divorced and currently married elderly are more likely to visit a religious place compared to widow/widower and never married. About 94 per cent Brahmin, 80 to 87 per cent Chhetri, Newar and Magar; 70 to 75 per cent Dalit and Tamang reported that they usually visit a religious place.

Elderly were also asked about the elderly clubs in the village and it was found that only 14 out of 1,355 elderly reported that there are elderly clubs. Note that in the survey areas, there are no elderly clubs but there are Old Age Homes in Sheshnarayan and Chalnakhel VDCs and the elderly may be referring these Homes.

Knowledge on Provisions of Special Facility to Elderly in Transport, Entertainment and Health Services

The Government of Nepal has made provision for special discount/facility for elderly in public transport. Accordingly, public transports require making some reservation seats for elderly and elderly are also entitled to 50 per cent discount in bus fair. In entertainment sector such as cinema, elderly are entitled to get 50 per cent discount in service fair of cinema. There are also special facility in health treatment such as provision of Rs. 4,000 (in two installments) and provision of Rs. 50,000 for treatment of kidney, cancer, heart diseases and uterus prolapsed.

Figure 7.6: Percentage of elderly by knowledge on special discount/facility for elderly



Information on these Government entitlements to the elderly was collected from the elderly in the survey (Figure 7.6). Unfortunately, only a few elderly were aware on these entitlements – i.e. 2 to 3 per cent.

In the FGD with elderly male and female (in all the VDCs), it was found that no one FGD participants were found to be aware on special health support of Rs. 4,000 (in two installments) annually. None of the elderly has knowledge on Government provision of special health support of Rs. 50,000 for elderly for treatment of kidney, uterine prolapsed, cancer and heart disease. They all are unaware about other Government scheme of elderly.

FGD participants (elderly males) in Seti Devi VDC reported that they do not know about health support and provision of discount of public transport. They say, 'if we could not pay a single Rupee, the bus staff threats us withdraw from the bus.'

Not only elderly persons are unaware on these special health provisions provided by the Government, but it is also the supporting generation of young people. This is evident in FGDs and KII conducted in the survey area.

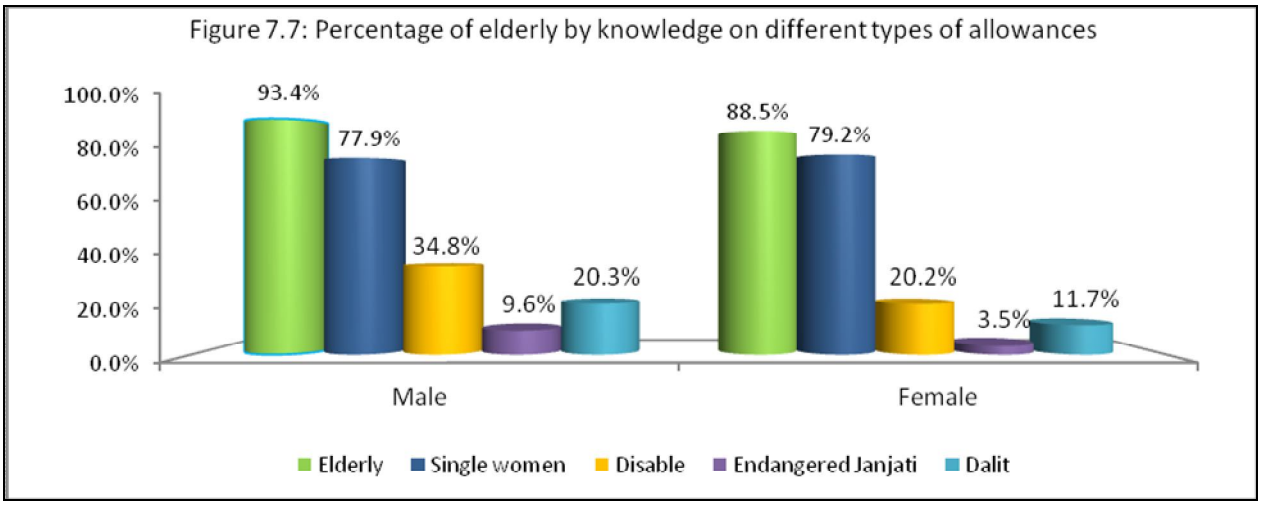
Table 7.10: Percentage distribution of elderly aged 60 years and above who have knowledge about special discount/facility for elderly in transportation, entertainment and health services by sex, Pharping area, 2012

Knowledge on	Male		Female		Total	
	%	n	%	n	%	n
Special discount/facility in transportation	4.5	30	1.0	7	2.7	37
Special facility in entertainment sector	3.1	21	1.0	7	2.1	28
Special facility in health services	4.8	32	2.1	14	3.4	46

Knowledge on Government Entitlements

The Government of Nepal has introduced social protection provisions for all elderly 70 years and above (for Dalit, 60 years and above), all residence of Karnali zone aged 60 years and above, for all single women of aged 60 years and above; disabled persons aged 16 years and above; and endangered Janjati of any age. The Government provides monthly Rs. 500 as elderly allowance, single women allowance, engendered Janjati and Dalit allowance and it provides Rs. 300 to 1,000 for a disabled person depending upon the extent of acute of disability. At the central level, the Ministry of Local Development is responsible for allocation of funds, overall coordination, supervision and monitoring of social security schemes. At the local level, the schemes are distributed through Village Development Committees/Municipalities. VDC/Municipality distributes monthly allowances three times in a year (four months allowance in one time).

Information on awareness level of these social protection schemes was collected in the household survey and the results are summarized in Table 7.11 and Figure 7.7. Nine in 10 elderly are aware on elderly allowance, 79 per cent are aware on single women allowance, 27 per cent are aware on disabled person allowance; 16 per cent are aware on Dalit elderly allowance and only 6.5 per cent are aware on endangered Janjati allowance.



In FGD at Seti Devi VDC (with elderly males), it is found that almost all participants know about senior citizen, widow/single women and disability allowances, but they have no proper knowledge about the exact age of getting the allowances. Most of them say 75 years for getting senior citizen allowance and 60 years for single women allowance. The FGD participants did not know about other allowances like Dalit and endangered Janjati.

Table 7.11: Percentage distribution of elderly aged 60 years and above who know about allowances for old age, single women, disabled persons, endangered Janjati and Dalit, according selected background characteristics, Pharping area, 2012

Background characteristics	% who have knowledge about allowances for				
	Elderly	Single women	Disabled person	Endangered Janjati	Dalit
Sex					
Male	93.4	77.9	34.8	9.6	20.3
Female	88.5	79.2	20.2	3.5	11.7
Age					
60-64	89.8	79.3	28.8	6.8	15.0
65-69	90.2	83.3	31.4	7.1	20.8
70-74	90.4	76.6	26.3	5.7	13.9
75-79	91.5	74.4	25.6	6.5	14.6
80+	95.4	74.0	19.7	5.8	12.1
Marital status					
Married	92.2	76.8	32.2	7.9	19.6
Widow/widower	90.6	81.7	22.6	5.3	12.2
Divorced/separated	84.6	76.9	23.1	3.8	15.4
Never married	68.2	50.0	18.2	0.0	4.5
Social groups					
Brahmin	95.3	87.2	46.5	8.1	19.8
Chhetri	94.0	82.3	30.3	11.7	23.4
Newar	90.3	75.1	24.1	6.0	8.9
Tamang	86.0	74.6	21.8	2.5	10.6
Magar	93.6	80.9	10.6	2.1	6.4
Dalit	87.5	67.9	19.6	7.1	53.6
Other	100.0	90.0	30.0	0.0	3.3
Total	90.9	78.6	27.4	6.5	15.9
n*	1,226	1,059	370	88	215

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

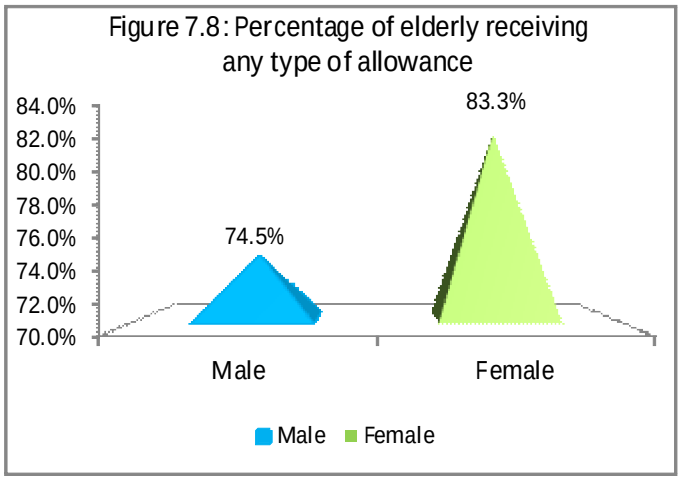
* Some 6 cases of males and 1 female are missing to respond whether they know about different types of allowances or not.

It was also found in the FGD discussion with the supporting generation (Seti Devi VDC-7) that they have heard about senior citizen, widow/single women and disability and Dalit allowances, but they do not know the exact age in which the allowances are provided. Most of them say 75 years for getting senior citizen allowance.

Receiving Status of Entitlements

In the household survey, all elderly were asked whether they have received any senior citizen or single women allowance or Dalit allowance during the last one-year. Overall, 80 per cent of elderly in the eligible age of getting allowance were found to be receiving the allowance. Of them, 83 per cent were females and 74.5 per cent were males. The low percentage of males compared to females is due to the fact that single women aged 61 and over also includes in the figure of females while for males it is only 71 years and above plus 61

Figure 7.8: Percentage of elderly receiving any type of allowance



years and above for Dalit. Overall, 83 per cent Brahmin, 81 per cent for Newar and Tamang each and 77 per cent of Chhetri and Dalit each reported that they have received allowance during the last one-year.

Note that the prevalence rate of allowance is calculated by taking denominator of all elderly aged 71 years and above plus all Dalit aged 61 years and above plus all single women aged 61 years and above. By the Government provision, it is 70 years and 60 years cut-off age for eligibility of getting allowance. Here, one-year is added to capture prevalence rate of allowance during the last one-year.

Table 7.12: Percentage distribution of elderly (widow and Dalit aged 61 years and above and the rests aged 71 years and above) receiving old age or single women or Dalit allowances, according selected background characteristics, Pharping area, 2012

Background characteristics	Receiving any type of allowance	
	Percentage	Number
Sex		
Male	74.5	190
Female	83.3	369
Social groups		
Brahmin	83.7	82
Chhetri	77.2	132
Newar	80.9	131
Tamang	81.4	149
Magar	73.9	17
Dalit	77.1	37
Other	83.3	10
Total	80.1	559*
n	559	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* The sum of individual cases may not match with total cases because of one respondent did not respond to caste/ethnic group.

The research team contacted the VDC Secretaries in all the survey VDCs to understand the coverage of senior citizen and single women allowance and distribution system. The VDC Secretary in Seti Devi VDC, reported that there are 128 senior citizen and 190 single women (60 years and above) receiving allowances in the entire VDC in the fiscal year 2011/12. In Chalnakhel VDC, there were 108 senior citizens and 48 single women aged 60 years and above receiving the allowances. In Sheshnarayan VDC, there were 99 senior citizens, 110 single women aged 60 years and above receiving the allowances in the fiscal year of 2011/12.The Secretary believes that almost all of the senior citizen and single women received the monthly allowance and only about 10 persons do not claim for it.

The VDC Secretaries in the survey areas claimed that all eligible elderly and single women are covered for monthly allowance. Allowances are distributed to the concerned persons and sometimes a few are left due to delay in their claim. Some allowances are also distributed through elderly relatives who bring the allowance cards if the elderly cannot visit to the VDC office.

Elderly are given allowances according to their citizenship certificates in which date of birth is mentioned. In the survey, some elderly whose biological age was more than the eligible age for getting the allowance were not receiving it because their age in the citizenship certificate was lower than that of their real biological age (Case 7.1). In some of the cases such as of K. Tamang, it was found that the age difference is 7 years.

Case 7.1: Deprived of elderly allowance due to differences in biological and documented age

K. Tamang, 75, is a widower living in Chhaimale VDC-6. He is living with his 6 years young granddaughter from daughter's side. He was not taken cared by his sons although he has three sons. His housing condition is poor: a two-storey house but with no separate rooms, sleeping bed and toilet facility. He has also eye sight problem. Although he is a 75 years old elderly, he has not received old age allowance yet because his age according to the legal document of citizenship certificate is only 68 years now.

The VDC Secretary in Chalnakhel told us that one elderly man who is now 80 year old is not getting the elderly allowance because in his citizenship certificate, his date of birth is 1955. Further, those who are migrants are also not likely to be covered by the protection schemes as they have to produce the migration certificate in front of the VDC secretary. When asked about the current delivery system of elderly protection schemes, the VDC Secretaries reported that the prevailing delivery system is Ok. He reported that that who cannot come at VDC office, the VDC office delivers them in their houses.

The VDC Secretaries in the survey areas suggested that it is better to give elderly allowance according to their economic status not the social status. All 60 years and above should be covered by the allowance who are below the poverty line. They argue that rich people irrespective of their caste/ethnic groups can afford their daily expenses easily but a poor elderly cannot do so. For a poor elderly, his labor is the main source of personal income and when she/she becomes older he/she cannot do physical work.

Persons Receiving the Entitlements and Perception on Easiness to Take Allowance

Table 7.13 reveals the percentage distribution of elderly who received any kind of allowance in the last 12 months by recipients and perception on easiness to receive the allowance, according selected background characteristics. As per the Government provision of distribution of allowances, allowance must be received by the eligible recipients. However, with the discussion of VDC secretaries in the survey areas, it is known that allowances may also be given to family members, or to neighbors in the condition that the recipients cannot come to collect the allowance in the VDC offices due to physical disability/inability.

Information collected about the recipients of allowance suggests that only two-thirds of the elderly received the allowance by themselves while the rest one-thirds received it either through family members (16%) or through VDC secretary (12%) or spouse (3%) or by neighbor (1%).

A further question was asked to the allowance recipients to what extent they feel it is easy process of receiving the allowance. Overall, 84 per cent perceived that it was easy process; while 9 per cent reported it is OK and another 7 per cent reported that it is difficult process. Those perceiving difficult to collect the allowances mainly comprised of elderly aged 75 years and above.

A further question was asked to the elderly who reported difficulty in receiving the allowance for their suggestion to improve the system of distribution of allowance. In the survey, overall 42 reported difficulty in getting the allowance (Table 7.14). Of them, 16 were males and 26 were females. An overwhelming majority of elderly who reported difficulty in receiving the allowance suggested to bring it at home (90.5%) and another 9.5 per cent suggested to provide it through ward so that elderly can easily receive the allowance.

Table 7.13: Percentage distribution of elderly who aged 60 years and above received any kind of allowance in the last 12 months by recipients and perception on easiness to receive the allowance, according selected background characteristics, Pharping area, 2012

Background characteristics	Recipient of allowance						Easiness to collect allowance			
	Self	Spouse	Other family member	VDC secretary	Neighbor	n	Easy	It's okay	difficult	n
Sex										
Male	70.6	4.0	14.9	9.0	1.5	201	83.1	9.0	8.0	201
Female	66.2	2.4	17.0	13.6	0.8	376	84.4	8.8	6.9	377
Age										
60-64	80.0	0.0	8.6	11.4	0.0	35	88.6	5.7	5.7	35
65-69	78.9	0.0	10.5	9.5	1.1	95	87.4	6.3	6.3	95
70-74	79.7	2.5	11.0	5.9	0.8	118	86.6	7.6	5.9	119
75-79	68.4	2.9	18.1	9.9	0.6	171	81.3	10.5	8.2	171
80+	48.7	5.7	23.4	20.3	1.9	158	81.6	10.1	8.2	158
Marital status										
Married	65.7	12.4	11.7	10.2	0.0	137	87.6	7.3	5.1	137
Widow/widower	68.5		17.5	12.6	1.4	428	83.0	9.3	7.7	429
Divorced/separated	80.0		0.0	20.0	0.0	5	80.0	20.0	0.0	5
Never married	57.1		42.9	0.0	0.0	7	71.4	0.0	28.6	7
Social groups										
Brahmin	62.7	3.6	20.5	12.0	1.2	83	89.3	7.1	3.6	84
Chhetri	62.8	4.4	16.1	16.8	0.0	137	74.5	15.3	10.2	137
Newar	71.1	1.5	17.8	8.1	1.5	135	84.4	8.9	6.7	135
Tamang	72.6	3.2	13.4	9.6	1.3	157	87.3	5.1	7.6	157
Magar	41.2	0.0	17.6	41.2	0.0	17	94.1	0.0	5.9	17
Dalit	83.8	2.7	8.1	5.4	0.0	37	81.1	10.8	8.1	37
Other	50.0	0.0	40.0	10.0	0.0	10	100.0	0.0	0.0	10
Total	67.8	2.9	16.3	12.0	1.0	100.0	83.9	8.8	7.3	100.0
n	391	17	94	69	6†	577*	485	51	42	578

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

† Also includes one case of staff of leprosy organization.

* One case of female among those who receive any kind of allowance is missing in reporting recipient of the allowance. The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.

Table 7.14: Percentage distribution of elderly aged 60 years and above among those who reported difficulty in receiving the allowance suggesting the improvement in the system of distribution of allowance by sex, Pharping area, 2012

Suggestion	Male	Female	Total
Bring at home	93.8	88.5	90.5
Provide though ward	6.3	11.5	9.5
Total	100.0	100.0	100.0
n	16	26	42

Utilization of Allowances

Elderly were asked how they utilize the allowance they received and the results are obtained in multiple forms and presented in Table 7.15. Findings from the household survey reveal that elderly utilize the allowance in multiple of needs – related to their own needs and family needs. Overall, 82 per cent of elderly utilized allowance for self expenditure and another 24 per cent for their health treatment. There are also considerable proportion of elderly utilizing allowance in household expenses (27%), buying food (18.5%), buying clothes (7%) and support to the grand children's education (2%).

Table 7.15: Percentage distribution of elderly aged 60 years and above by utilization of allowance, according selected background characteristics, Pharping area, 2012

Background characteristics	For self expenditure	Health expenditure for self	To buy food	To buy clothes	For grand children's education	For household expenses	Other	n
Sex								
Male	84.0	24.0	21.0	5.0	3.0	23.5	2.0	200
Female	81.5	24.1	17.2	7.8	2.1	28.4	2.4	373
Age								
60-64	85.3	23.5	23.5	14.7	0.0	23.5	0.0	34
65-69	80.9	26.6	19.1	5.3	2.1	33.0	2.1	94
70-74	81.2	29.1	20.5	6.0	3.4	23.9	2.6	117
75-79	81.9	28.1	18.1	7.6	2.3	28.1	2.9	171
80+	84.1	14.6	15.9	5.7	2.5	24.2	1.9	157
Marital status								
Married	80.9	25.0	20.6	7.4	2.9	28.7	2.2	136
Widow/widower	82.8	24.0	18.1	6.6	2.4	25.9	2.1	425
Divorced/separated	100.0	20.0	20.0	20.0	0.0	20.0	0.0	5
Never married	71.4	14.3	0.0	0.0	0.0	42.9	14.3	7
Social groups								
Brahmin	83.1	37.3	18.1	1.2	2.4	15.7	1.2	83
Chhetri	77.8	19.3	16.3	3.7	1.5	24.4	4.4	135
Newar	77.6	23.1	20.9	10.4	5.2	42.5	3.7	134
Tamang	90.4	21.2	17.3	8.3	1.3	14.1	0.0	156
Magar	88.2	29.4	17.6	5.9	5.9	17.6	0.0	17
Dalit	81.1	29.7	27.0	13.5	0.0	56.8	2.7	37
Other	70.0	10.0	10.0	0.0	0.0	40.0	0.0	10
Total	82.4	24.1	18.5	6.8	2.4	26.7	2.3	573*
n	472	138	106	39	14	153	13	

Notes: Other utilization of allowance includes religious trips and performing other religious rituals; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes. The sum of percentages may exceed 100 because of multiple responses.

* One male and four females among those who receive any kind of allowances are missing to report about utilization of entitlements.

Supporting generation such as females in FGD in Seti Devi viewed that the allowances for the elderly and single women may not be so important for rich people but it is very important for a poor family.

In the FGD with elderly female, Chalnakhel VDC, the elderly who were receiving the senior citizen allowances reported that allowances are utilized in a range of family and personal needs. Sometimes the money is used in buying household necessities such as salt, oil and clothes including buying tea and cigarette, offering pocket-money for grandchildren, donation to religious function and the poor and buying medicine and vitamins.

In the FGD, R. K.C., 81, says,

> 'I keep on saving the received money and use when it is needed for treatment and medicine, personal expenses and offer *Dakshina* to grandchildren from daughter's side as symbol of good fortune. Sometimes, I buy some food and goods for worshiping of Gods'.

Perception on Increase in Respect in the Family by the Allowance

Table 7.16 shows the percentage distribution of elderly who received government allowance by opinion about change in respect in the family, according to selected background characteristics. Forty per cent of elderly who received the allowance perceived that their status in the family has improved 'somewhat'

and another 8.5 per cent perceived that it contributed to improve their status 'very much'. Those who viewed 'very much' are mainly elderly in the age range of 65-74 years, divorced/separated and Dalit and Newar. Conversely, almost half of the elderly interviewed has not perceived that their status has improved in the family due to receive of the allowance.

Qualitative information especially collected from the elderly females suggests that the allowance has contributed to fulfill the personal needs of the elderly as well as it creates emotional satisfaction to the elderly. The following is an extract from a FGD conducted with elderly females in Chalnakhel VDC:

> We are proud of having money with us. We feel honor before our son and daughter-in-law. We feel that the allowance has changed our life in the family. Before it was hard to see money, son and daughter-in-law did not give money to us, they were careless about us, nowadays government has given us money, we have seen the money and make use of money on own free will, son and daughter-in-law started to give greater love and care on us.

In Dakshinkali VDC, elderly females in FGD reported that the allowance help raise their social prestige in the society. They are pleased to get the allowance and they spent this money to satisfy their own desires. It also helps them buy good on credit from a shop. Before it was difficult to get goods on credit from the shop, now the shop-keepers also think that the elderly persons can repay the credit from the allowance they receive.

Table 7.16: Percentage distribution of elderly aged 60 years and above who receive government allowance by opinion about change in respect they used to receive in the family, according to selected background characteristics, Pharping area, 2012

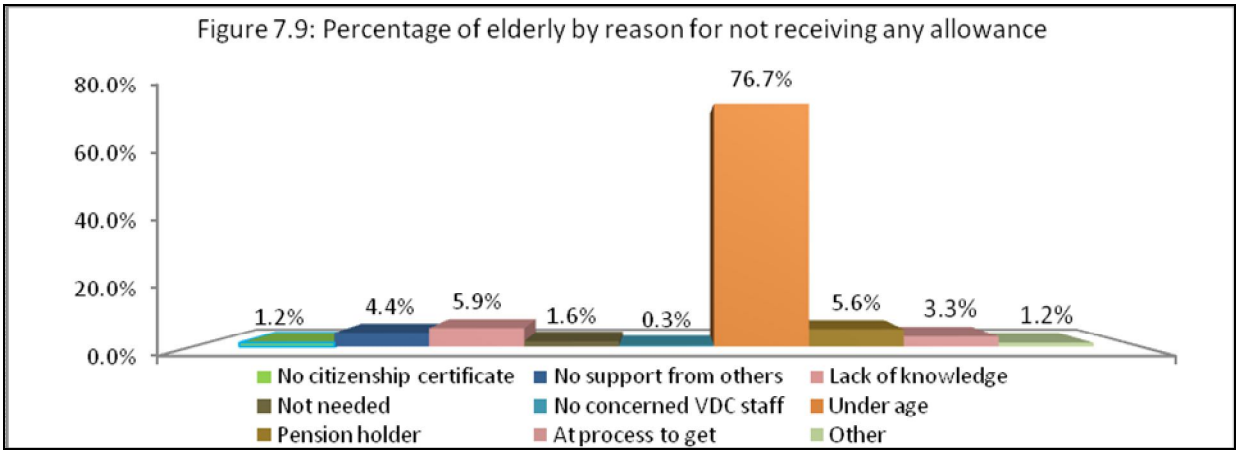
Background characteristics	Very much	Somewhat	No change	Total	n
Sex					
Male	9.0	40.3	50.8	100.0	201
Female	8.5	41.1	50.4	100.0	377
Age					
60-64	2.9	48.6	48.6	100.0	35
65-69	10.5	43.2	46.3	100.0	95
70-74	11.8	37.8	50.5	100.0	119
75-79	8.8	41.5	49.7	100.0	171
80+	6.3	39.2	54.4	100.0	158
Marital status					
Married	13.1	38.7	48.2	100.0	137
Widow/widower	7.2	41.5	51.3	100.0	429
Divorced/separated	20.0	60.0	20.0	100.0	5
Never married	0.0	28.6	71.4	100.0	7
Social groups					
Brahmin	8.3	36.9	54.8	100.0	84
Chhetri	5.8	41.6	52.5	100.0	137
Newar	11.9	39.3	48.9	100.0	135
Tamang	3.2	41.4	55.4	100.0	157
Magar	5.9	64.7	29.4	100.0	17
Dalit	32.4	40.5	27.0	100.0	37
Other	10.0	30.0	60.0	100.0	10
Total	8.7	40.8	50.5	100.0	578*
n	50	236	292	578	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.

Reasons for Not Receiving Entitlements during the Last 12-Months

Table 7.17 shows the percentage distribution of elderly who have not received any kinds of allowance (senior citizen, single women or other allowance) by reasons for it, according to sex and caste/ethnic group. Of the total 1,355 elderly interviewed, 769 reported that they did not receive any kind of allowance for the last 12 months of the survey. They were further asked about the reasons for it. Almost 77 per cent reported that they were under age to receive the allowance (less than 70 years for general category, and less than 60 years for Dalit and single women). Thus, actually altogether 23 per cent who were eligible for receiving allowance in the sample but did not receive the allowance.



The key reasons for not receiving the allowance surface as no knowledge about the allowance (n=45), pension holder (n=43), no support from the family (n=34), no citizenship certificate (n=9) while some were in the process of getting allowance (n=25).

Table 7.17: Percentage distribution of elderly aged 60 years and above who have not received any kind of allowance by reasons for it, according selected background characteristics, Pharping area, 2012

Background characteristics	No citizenship certificate	No support from others	No knowledge about it	Not needed	No concerned VDC staff	Under age to get	Pension holder	Process not completed to get	Other	Total	n
Sex											
Male	0.2	3.2	5.6	1.3	0.0	80.3	6.2	2.4	0.9	100.0	468
Female	2.7	6.3	6.3	2.0	0.7	71.1	4.7	4.7	1.7	100.0	301
Caste/ethnic group											
Brahmin	2.3	4.5	6.8	3.4	0.0	75.0	3.4	2.3	2.3	100.0	88
Chhetri	0.5	2.0	4.1	1.5	0.5	77.0	11.2	2.0	1.0	100.0	196
Newar	1.4	5.2	4.7	1.4	0.0	78.4	3.3	4.7	0.9	100.0	213
Tamang	0.5	6.0	7.0	1.0	0.0	78.6	4.0	1.5	1.5	100.0	201
Magar	3.3	3.3	0.0	0.0	0.0	70.0	6.7	16.7	0.0	100.0	30
Dalit	0.0	5.3	31.6	0.0	5.3	52.6	0.0	5.3	0.0	100.0	19
Other	0.5	0.5	0.5	0.5	0.0	7.5	0.5	0.0	0.0	100.0	20
Total	1.2	4.4	5.9	1.6	0.3	76.7	5.6	3.3	1.2	100.0	769*
n	9	34	45	12	2	590	43	25	9	769*	

Notes: Other reason for not receiving allowance includes younger age of elderly mentioned in the citizenship certificate than the actual age; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* One male among those who did not receive any kind of allowances is missing to report about reason for not receiving it. The sum of individual cases may not match with total cases because two respondents did not respond to caste/ethnic group.

7.5 Family/Community Support System and Elderly Care

Persons Support to Elderly in Case They Cannot Perform Daily Work

Table 7.18 shows the percentage distribution of elderly by persons who support in case they cannot perform daily work, according to selected background characteristics. Son/daughter-in-law situates to be the main person who could support the elderly when they cannot perform the daily work (52%). This especially holds for females, those 70 years and above and widow/widower. Among caste/ethnic groups, almost two thirds of Dalit, 60.5 per cent of Brahmin and more than half of Chhetri, Newar and Tamang elderly opined that it is the son/daughter-in-law who support elderly in case they cannot perform daily work.

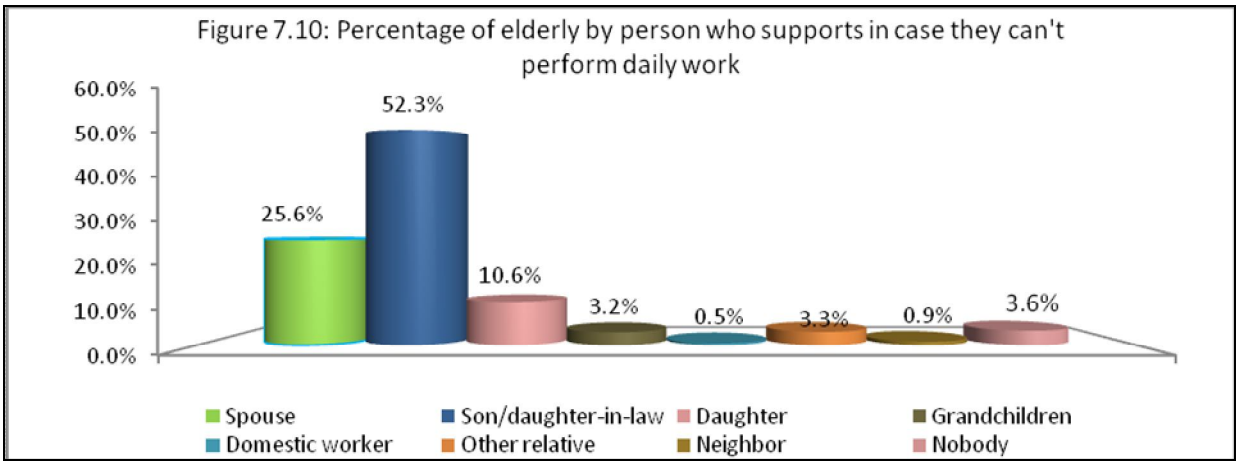
Spouse comes after son/daughter-in-law as the person who could support in case the elderly cannot perform daily work (more than one-fourth elderly reported so). This especially holds for males and those under 70 years of age. Daughters come as the third important person who support elderly in case they cannot perform daily work (10% elderly reported so). Daughters are particularly referred by elderly females and those without in marital unions. About 15 per cent of Newar, 10 per cent of Chhetri, Tamang and Magar each and 9 per cent of Dalit elderly think that it is daughters who could support them when they cannot perform the daily work.

Table 7.18: Percentage distribution of elderly aged 60 years and above by persons who support in case they cannot perform daily work, according to selected background characteristics, Pharping area, 2012

Background characteristics	Spouse	Son/ daughter-in-law	Daughter	Grand children	Domestic workers	Other relatives	Neighbor	Nobody	Total	n
Sex										
Male	40.1	42.6	7.8	1.5	0.6	4.3	0.7	2.4	100.0	669
Female	11.4	61.8	13.4	4.9	0.4	2.4	1.0	4.7	100.0	678
Age										
60-64	38.3	45.4	8.3	1.5	0.3	3.3	0.8	2.3	100.0	399
65-69	29.2	47.8	10.9	2.7	0.3	3.0	1.4	4.6	100.0	366
70-74	21.1	57.4	10.5	2.4	0.5	2.4	0.5	5.3	100.0	209
75-79	13.6	60.3	10.6	6.0	1.0	4.0	0.5	4.0	100.0	199
80+	8.1	61.8	15.6	5.8	1.2	4.6	1.2	1.7	100.0	173
Marital status										
Married	49.9	39.2	7.8	1.2	0.4	0.7	0.4	0.4	100.0	692
Widow/widower		69.7	14.2	5.8	0.5	3.5	1.0	5.4	100.0	607
Divorced/separated		38.5	11.5	0.0	0.0	15.4	3.8	30.8	100.0	26
Never married					4.5	68.2	9.1	18.2	100.0	22
Social groups										
Brahmin	28.5	60.5	1.7	2.3	0.0	4.1	0.0	2.9	100.0	172
Chhetri	27.9	51.4	10.5	3.0	0.6	2.1	1.5	3.0	100.0	333
Newar	21.0	51.1	14.9	4.6	0.9	4.0	0.3	3.2	100.0	348
Tamang	26.8	51.4	10.3	2.5	0.0	4.2	1.1	3.6	100.0	358
Magar	34.0	44.7	10.6	4.3	0.0	4.3	2.1	0.0	100.0	47
Dalit	10.7	66.1	8.9	3.6	0.0	0.0	1.8	8.9	100.0	56
Other	40.0	23.3	20.0	0.0	6.7	0.0	0.0	10.0	100.0	30
Total	25.6	52.3	10.6	3.2	0.5	3.3	0.9	3.6	100.0	1,347*
n	345	704	143	45	7	45	12	48	1,347*	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Seven cases of males and one female are missing. The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.



A few elderly also viewed that grand children and other relatives (3% each) support when elderly cannot perform daily work. Note that in the sample, 3 per cent of elderly reported that they do not have anybody to support in case they need. These elderly largely comprised of females, in the age range of 65-74 years and without in marital unions and across the caste/ethnic groups.

Many Key Informants reported that the role of the family as the caregiver of the elderly has been declining in the society, mainly due to unemployment, scarcity, excessive use of alcohol and dysfunctional family. The case of H. Maya presented below reflects the situation of an elderly in a dysfunctional family.

Case 7.2: Wants to live in Old Age Home

H.M. Maharjan, 82, a resident of Setidevi-4 is a widow. She has no property at all. She is suffering from sadness and dementia. She told her pathetic life history as: at her young age she remarried with another man. She had already two daughters from her first husband and they were married. But she don't have child from the second husband. After the death of second husband, she was forced to leave the house by husbands' family members. Then she started begging in Dakshinkali temple area. One day, her daughter from the first husband saw her begging there and took her along with to her (daughter's) house. Now, her daughter's family is also not taking care of her well. She is not getting food on time and they also abuse her. She says, 'I want to live in Old Age Home'.

Main Responsible Persons/Institutions to Take Care of Elderly

A closed-ended question was asked to the elderly to provide their opinion about the main responsible persons/institutions to take care of elderly in the household survey. Results indicate an overwhelming majority of elderly perceive that it is the family members who should take responsibility to take care of the elderly (86%). This perception prevails among both males and females, across the age groups and caste/ethnic groups.

A remarkable number of elderly also regard that it is the Government that should take the responsibility of taking care of the elderly (10% elderly reported so). The proportion reporting so is much higher among those without marital unions compared to those in the unions. A very few elderly regard as main responsible persons/institutions taking care of elderly as a community, religious organization and social organization. Thus, data suggests that it is the family who should take the responsibility of taking care of elderly in rural Nepal.

Table 7.19: Percentage distribution of elderly aged 60 years and above by perceiving the main responsible person/institution to take care of elderly, according to selected background characteristics, Pharping area, 2012

Background characteristics	Self	Family members	Commu-nity	Religious organization	Social orga-nizations	Government	Other	Total	n
Sex									
Male	1.2	86.4	0.3	0.6	0.1	10.9	0.4	100.0	669
Female	2.1	86.1	0.0	0.0	0.1	11.5	0.1	100.0	678
Age									
60-64	2.5	86.0	0.0	0.5	0.3	10.8	0.0	100.0	399
65-69	1.9	86.6	0.3	0.0	0.0	10.9	0.3	100.0	366
70-74	1.0	83.7	0.0	0.0	0.5	13.4	1.4	100.0	209
75-79	1.0	86.4	0.5	0.5	0.0	11.6	0.0	100.0	199
80+	0.6	89.0	0.0	0.6	0.0	9.8	0.0	100.0	173
Marital status									
Married	1.9	88.4	0.3	0.1	0.3	8.5	0.4	100.0	692
Widow/widower	1.0	85.0	0.0	0.3	0.0	13.5	0.2	100.0	607
Divorced/separated	0.0	80.8	0.0	0.0	0.0	19.2	0.0	100.0	26
Never married	13.6	59.1	0.0	4.5	0.0	22.7	0.0	100.0	22
Social groups									
Brahmin	0.6	94.2	0.0	0.0	0.0	4.7	0.6	100.0	172
Chhetri	2.1	81.4	0.0	0.0	0.3	16.2	0.0	100.0	333
Newar	0.9	88.2	0.6	0.0	0.3	9.8	0.3	100.0	348
Tamang	2.5	87.7	0.0	0.8	0.0	8.7	0.3	100.0	358
Magar	0.0	68.1	0.0	0.0	0.0	31.9	0.0	100.0	47
Dalit	0.0	82.1	0.0	1.8	0.0	14.3	1.8	100.0	56
Other	6.7	90.0	0.0	0.0	0.0	3.3	0.0	100.0	30
Total	1.6	86.3	0.1	0.3	0.1	11.2	0.3	100.0	1,347*
n	22	1,162	2	4	2	151	4	1,347*	

Notes: Other responsible person/institution that should take care of elderly includes relative and neighbor; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Seven cases of males and one female are missing. The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.

But the female elderly in FGD in Chalnakhel VDC complained that the role of family as the care taker of elderly has been declining over the time period. They viewed that before they had to respect very much to their father-in-law and mother-in-law when they were daughters-in-law. Now, the custom has reversed: now-a-days, daughters-in-law do not follow our instruction/advice but rather we have to do as per their instruction. In Tamang community, more daughter involve in the care of their parents illness.

FGD participants in Chhaimale (elderly females) complained that their sons are not obedient to them though most of them depend to their sons. An elderly woman says, 'If I had more than one son, I would have been protected by another son'. Another woman says, 'I do not care the number of sons. I ten children but now I am living separately'.

Local People/Community/VDC Efforts to Elderly Care

Qualitative data also confirm some efforts to care of elderly have been taking place in the survey areas – both at the individual level as well as the organizational level. In Chhaimale VDC, the Ex-President of Mrigendra Chikitsa Guthi claims that they are creating awareness about elderly care in school and they are planning to collect money, clothes and arrange health facilities in the VDC.

In Dakshinkali VDC, a Social Activist – Mr. Bharat Balami reported that they arranged Kartike Nach Prabandha Samiti and Phanpi Newa Pooja Committee. From these committees they organize respect program for the elderly (jeshtha nagarik samman karyakram) in each year.

In Chhaimale VDC (ward number 8), the FGD participants (supporting generation) reported that they have established Arya Samaj involving 70-80 households. The primary aim of the Samaj is to arrange the funeral process in Pashupati Aryaghat (a famous Hindu funeral place in Kathmandu) and funeral expenses.

The VDC Secretary of Talku VDC reported that 10 per cent capital budget of VDC will be spent to the elderly related programs. Under this, the VDC is also going to manage the respect programs to the elderly by yearly like *Baisakhi* (supporting stick) and wheel chairs.

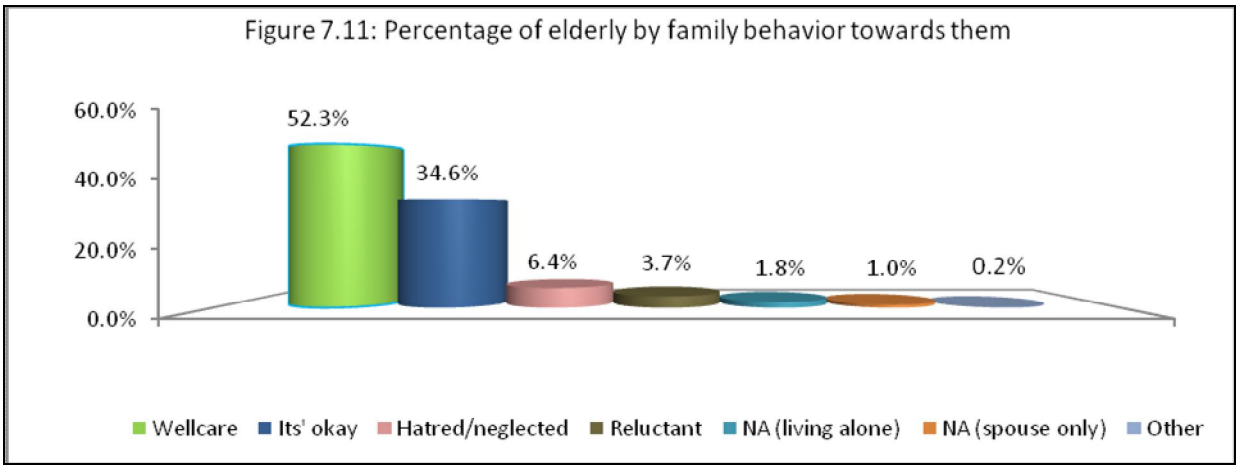
Manmohan Memorial Community Hospital and Elderly Health Care Facility

According to Dr. Samir Mainali, chronic diseases of elderly patients are mainly concerned in the Hospital. Most of the cases are of Asthma and Bath - more cases of females than males. Elderly often do not come to regular check-up but they come when they are sick. He claims that the Hospital provides first priority to the elderly treatment and available bed to them. No user health cost is charged for those elderly aged 75 years and above. The Hospital in collaboration with NGOs and clubs also arrange health camps for general health treatment and eye camps.

The key challenge is most of the patients are concerned with chronic diseases. It makes health to be risk for not to care high. The nature of patients first goes to the traditional healers make situation much more risky. Mobile health care program should be run in this area frequently. Similarly mobile camps, awareness program, monastery (Gumba) based programs, traditional healers awareness programs are essential to uplift the health status of whole society.

Family's Behavior towards the Elderly

Figure 7.11 summarizes the percentage distribution of elderly reporting the behavior of family towards them, according to selected background characteristics. Of the total 1,350 elderly who responded this question, more than half (52%) responded that behavior of family towards them was well and nearly 35 per cent of elderly reported it was satisfactory.



One in 10 elderly interviewed reported that their family behaves them badly - hatred/neglected and reluctant to them. These elderly main comprised of females and those without in current marital unions. According to caste/ethnic groups, 14 per cent Dalit, 5 per cent Newar and 2 to 3 per cent Brahmin, Chhetri, Tamang and Magar elderly reported that their family is reluctant towards them.

Table 7.20: Percentage distribution of elderly aged 60 years and above reporting the behavior of family towards them, according to selected background characteristics, Pharping area, 2012

Background characteristics	Well care	It's okay	Hatred/ neglected	Reluctant	Living alone	Spouse only	Other	Total	n
Sex									
Male	52.5	35.9	5.5	3.1	1.8	1.0	0.1	100.0	671
Female	52.1	33.3	7.4	4.3	1.8	0.9	0.3	100.0	679
Age									
60-64	52.3	37.0	5.3	2.8	1.8	0.8	0.3	100.0	400
65-69	51.5	36.0	6.0	3.0	2.2	1.1	0.3	100.0	367
70-74	48.8	33.5	9.6	5.7	1.4	1.0	0.0	100.0	209
75-79	56.3	30.2	4.5	4.0	3.0	2.0	0.0	100.0	199
80+	53.4	32.8	8.6	4.6	0.0	0.0	0.6	100.0	174
Marital status									
Married	53.6	37.0	4.6	2.6	0.1	1.9	0.1	100.0	694
Widow/widower	52.1	32.4	7.9	5.1	2.3	0.0	0.2	100.0	608
Divorced/separated	34.6	26.9	19.2	0.0	19.2	0.0	0.0	100.0	26
Never married	36.4	27.3	9.1	4.5	18.2	0.0	4.5	100.0	22
Social groups									
Brahmin	70.3	21.5	3.5	2.3	0.6	1.7	0.0	100.0	172
Chhetri	44.0	42.8	8.4	2.7	0.9	0.9	0.3	100.0	334
Newar	47.6	37.8	8.0	4.6	1.7	0.0	0.3	100.0	349
Tamang	55.7	31.5	5.0	2.8	2.8	1.9	0.3	100.0	359
Magar	44.7	44.7	6.4	2.1	2.1	0.0	0.0	100.0	47
Dalit	50.0	28.6	5.4	14.3	1.8	0.0	0.0	100.0	56
Other	73.3	13.3	3.3	6.7	3.3	0.0	0.0	100.0	30
Total	52.3	34.6	6.4	3.7	1.8	1.0	0.2	100.0	1,350*
n	706	467	87	50	24	13	3	1,350*	

Notes: Other behavior of family towards elderly includes not applicable cases, like not living with family members; and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Five cases of males are missing. The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.

Some examples of elderly neglected by the family are presented in Case 7.3.

Case 7.3: Some examples of hatred and neglected elderly from the family

No caretaker for an elderly who is suffering from multiple health problems

Laxmi Maya Maharjan, 82 is a widow from Dakshinkali VDC-4. She has two *ropani* land and two-storey house. Laxmi Maya has been suffering from a multiple health problems and he has no walking capacity, no hearing clearly, bath problem and Alzheimer. She has been stressed for the last ten years. She feels loneliness, insecurity, anxiety, and neglected. Her prime caregiver is her daughter who is dumb.

No caretaker for a very old widower

D.B. Khatri, 90, widower – is a resident of Dakshinkali VDC-6. He has very poor one storey house, but no land, lonely living, with bed but no separate room. He has toilet outside the house. Except senior citizen allowance, he has no income sources. He has teeth problem, memory loss and insomnia. The prime caregiver, his son, is not in his house. He works for him.

... ... Case 7.3 continued

No caretaker for a childless widower

P. Shrestha, 61 is a widower – a resident of Dakshinkali VDC -6. He is very poor with only a three-storey house but no land. The prime caregiver is not at home and hence he maintains his livelihood through wage labor. His brothers do not care him and they rob his property. He has nobody to support if crisis comes in.

Opinion on Types of Social Care Needs

A close-ended question was asked to the elderly about the types of social care needs that should be provided by the community/society to the elderly. The responses were coded in multiple forms. Provision of *Bhajan Mandali*, establishing clubs and free clinics are the three major provisions suggested by the elderly as reflected by more than 40 per cent of elderly each suggesting these provisions. Management of entertainment, establishing day care centers and conduction of mobile camps are the second three major provisions suggested by the elderly as indicated by 30 per cent to 37 per cent elderly demanding these provisions in the community.

Establishing of meditation center and establishing of community health center comes in the third order as altogether 16 per cent elderly reported so. Note that a few elderly also suggested the requirement of establishing legal advocacy center and geriatric ward (2% each) in their neighborhood. No marked variation in suggestion of social care needs is found by sex and age group of elderly (Table 7.21).

Table 7.21: Percentage distribution of elderly aged 60 years and above opining about types of social care needs that should be provided by community/society to the elderly, Pharping area, 2012

Social care needs of elderly	Sex		Age group (in years)		Total	n
	Male	Female	60-74	75+		
Establish of club	41.9	41.2	42.1	40.0	41.5	512
Establish of day care center	31.7	35.3	34.3	31.3	33.5	413
Management of entertainment	38.6	35.9	38.1	35.2	37.3	460
Provision of *Bhajan Mandali*	47.2	44.8	45.5	47.2	46.0	567
Establish of meditation center	9.0	6.2	8.1	6.0	7.6	94
Establish of community health center	9.2	7.7	8.4	8.7	8.4	104
Establish of legal advocacy center	2.1	2.1	2.0	2.4	2.1	26
Geriatric ward	4.5	1.6	3.3	2.4	3.1	38
Free clinics	38.5	41.5	41.4	36.1	40.0	493
Mobile health camp	26.9	29.2	28.9	25.7	28.1	346
Family health insurance	2.7	1.0	2.0	1.5	1.9	23
Other	4.8	3.1	3.6	5.1	4.0	49
n	621	612	897	335	1,233*	

Notes: Other social care needs of elderly include establishment of health post, old age home, economic support, water and road facility and not expecting anything. The sum of percentages may exceed 100 because of multiple responses.

* Fifty-five cases of males and 67 females are missing and the sum of individual cases may not match with total cases because one respondent did not respond about the age.

With the discussion of elderly females in Chhaimale VDC (FGD participants), it is known that the priority needs of elderly is to increase the allowance, make proper arrangement for funeral process after their death because most of them have religious belief so they want to easy process on this. This makes their present life more comfortable.

It is reported that in Tamang community, Lama (the priest) charges at least Rs. 15,000 in funeral process so most of the Tamang participants worry about it. Similarly other society's women have same type of problem for their funeral process. The most worried situation is family members being unemployment.

Priority Health Care Needs

According to the In-charge, Sub Health Post (SHP) - Suraj Maharjan, the key challenges to provide health care needs of elderly is to promote health centers and establish MBBS, MD staff in the area. If this is not possible frequently health mobile camps should be arranged to care elderly. The SHP and VDC Office should be closer by as when elderly comes to receive the allowance to the VDC office each three in four months and they are also likely to health checked. In the FGD with the elderly were enquired about their priority needs and it was found that elderly priority needs evolve as the following:

FGD	Priority needs
Elderly female, Chaimale-8	Love and care Own health Economy (money)-no one can live without money Delicious food Clothes Rest
Female supporting generation, Seti Devi -7	Love and care Own health Economy Delicious food Rest
Elderly female, Chalnakhel- 9	Love and cared by the family Better health Family support Health treatment Food Security

7.6 Knowledge, Skills and Experiences of Elderly

In the household survey, elderly were asked about their special knowledge, skills and experiences (KSE). As shown in Table 7.22, 32 per cent out of total 1,355 elderly reported that they have some specific KSE (36% males and 28% females). With age group, there is no distinct variation. Half of Dalit, 42 per cent Newar and 28 to 34 per cent of Chhetri, Brahmin and Tamang elderly reported that they have at least one specific KSE.

A range of KSE was surfaced in the survey. Among them, making materials from metal, leather, wood and making candles, incense appear to be important KSE among elderly in the survey areas as nearly 3 in 10 elderly reported such KSE. There are also traditional healers (3.5%), astrologers (3.5%) and literature, art and musicians (3.5%). Five elderly in our sample was reported to be *Baidhay* (a person who has knowledge on herbal plants and provides herbal medicine).

There is somewhat gender difference in KSE. For females, KSE on making candles, incense and making materials from bamboo, straw and thatch are important KSE while for males making materials from bamboo and making materials from mental, leather and wood are important KSE.

Table 7.22: Percentage distribution of elderly aged 60 years and above by types of knowledge, skills and experience, according to selected background characteristics, Pharping area, 2012

Background characteristics	Literature, art, music	Making candles, incense, etc.	Pottery	Traditional healer	Astrology	Baidhya	Making materials from bamboo, straw, thatch	Making material from metal, leather, wood	Other	At least one KSE	n
Sex											
Male	5.4	2.5	0.0	6.3	5.8	1.3	31.3	29.6	29.6	35.8	240
Female	1.1	59.0	0.5	0.0	0.5	1.1	30.9	1.6	28.7	27.7	188
Age											
60-64	3.0	22.7	0.0	4.5	1.5	0.8	31.1	19.7	32.6	33.0	132
65-69	4.3	23.3	0.9	2.6	4.3	0.9	33.6	20.7	31.9	31.6	116
70-74	3.1	30.8	0.0	0.0	3.1	1.5	29.2	18.5	23.1	31.1	65
75-79	4.8	28.6	0.0	7.9	3.2	3.2	34.9	12.7	20.6	31.7	63
80+	2.0	43.1	0.0	2.0	7.8	0.0	23.5	7.8	31.4	29.3	51
Social groups											
Brahmin	1.8	34.5	0.0	1.8	20.0	1.8	27.3	7.3	14.5	32.0	55
Chhetri	2.1	41.5	0.0	3.2	1.1	0.0	26.6	6.4	28.7	28.1	94
Newar	7.5	27.2	0.0	2.0	1.4	2.7	22.4	19.0	41.5	42.1	147
Tamang	1.3	7.8	1.3	9.1	1.3	0.0	55.8	28.6	11.7	21.4	77
Magar	0.0	31.3	0.0	0.0	0.0	0.0	43.8	18.8	12.5	34.0	16
Dalit	0.0	21.4	0.0	0.0	0.0	0.0	28.6	32.1	50.0	50.0	28
Other	0.0	11.1	0.0	11.1	0.0	0.0	22.2	22.2	33.3	30.0	9
Total	3.5	27.3	0.2	3.5	3.5	1.2	31.1	17.3	29.2	31.7	428*
n	15	117	1	15	15	5	133	74	125		

Notes: Other type of knowledge, skill and experience includes driving, teaching, mechanics for repairing radio and TV, plumbers, gardeners, security guard, tailoring, weaving, social service, business, making sweets, hair cutting, etc. and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes. The sum of percentages may exceed 100 because of multiple responses.

* The sum of individual cases may not match with total cases because of some respondents not responding to the characteristics considered.

The differences of KSE by caste/ethnic groups also suggest a cultural difference in KSE among elderly in rural Nepal. Making materials from bamboo, straws and thatch was an important KSE among Tamang and Magar (56% Tamang and 44% Magar reported so) while KSE of astrology, *Baidhya* and musicians mainly come from Brahmin, Chhetri and Newar. For Dalit, it is tailoring, weaving, and making tools and shoes.

Utilization of Elderly KSE by the Family

Table 7.23 shows the percentage distribution of elderly who have some special knowledge, skills and experience by its utilization by the family, according to selected background characteristics. One-third of elderly reported that their family has utilized their KSE by giving it continuity (37% females and 30% males). Forty-five per cent Chhetri, 43 per cent Dalit, 30 per cent Newar and 37 per cent Brahmin and Magar each and 31 per cent Tamang elderly reported so. Another 27 per cent elderly reported that their family utilized their KSE as a means for earning. More males over females, those in 60-64 years of age and Tamang (44%) tend to report so.

Table 7.23: Percentage distribution of elderly aged 60 years and above who have some special knowledge, skills and experience by its utilization by the family, according to selected background characteristics, Pharping area, 2012

Background characteristics	Giving continuity	Earning means	Social pride	Hatred	Own use	Not in use now	Experienced person	Other	Total	n
Sex										
Male	30.1	37.2	21.3	0.0	5.9	3.8	1.3	0.4	100.0	239
Female	37.1	14.5	19.4	1.1	22.0	2.2	2.7	1.1	100.0	186
Age										
60-64	34.4	34.4	15.3	0.8	13.7	1.5	0.0	0.0	100.0	131
65-69	34.5	25.0	22.4	0.0	8.6	3.4	5.2	0.9	100.0	116
70-74	28.1	28.1	21.9	0.0	15.6	4.7	1.6	0.0	100.0	64
75-79	34.9	19.0	22.2	1.6	14.3	4.8	1.6	1.6	100.0	63
80+	32.0	24.0	26.0	0.0	14.0	2.0	0.0	2.0	100.0	50
Social groups										
Brahmin	37.0	24.1	20.4	1.9	16.7	0.0	0.0	0.0	100.0	54
Chhetri	45.2	12.9	22.6	1.1	14.0	2.2	0.0	2.2	100.0	93
Newar	29.5	27.4	21.2	0.0	12.3	3.4	5.5	0.7	100.0	146
Tamang	22.1	44.2	16.9	0.0	13.0	3.9	0.0	0.0	100.0	77
Magar	37.5	31.3	25.0	0.0	0.0	6.3	0.0	0.0	100.0	16
Dalit	42.9	32.1	10.7	0.0	10.7	3.6	0.0	0.0	100.0	28
Other	11.1	33.3	33.3	0.0	11.1	11.1	0.0	0.0	100.0	9
Total	33.2	27.3	20.5	0.5	12.9	3.1	1.9	0.7	100.0	425*
n	141	116	87	2	55	13	8	3	425*	

Notes: Other type of knowledge, skill and experience includes driving, teaching, mechanics for repairing radio and TV, plumbers, gardeners, security guard, tailoring, weaving, social service, business, making sweets, hair cutting, etc. and other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* One male and two females among those who reported themselves having special skill, knowledge or experience are missing to respond about its utilization by family. The sum of individual cases may not match with total cases because some respondents did not respond about the characteristics considered.

One-fifth of elderly reported that their KSE has accepted as social pride – being more males over females and those 80 years and above against other caste/ethnic groups. Overall, 13 per cent elderly reported that they were using the same skills for their survival. This holds especially for females.

Note that the survey also found that a considerable number of elderly complaining that their SKE has not been utilized by their family and a few also regard that their KSE has been hatred by the family.

Elderly Contribution in the Family

With the discussion of elderly in FGDs, it is known that elderly engage in a range of economic and caring activities like taking care of livestock, support in the farm, support as household care, taking care of grandchildren, support in the business/trade, cooking rice, preparing curry, gardening, support in vegetable farming, grazing goats, cutting grass etc. This is also agreed by the females of supporting generation (FGD conducted with supporting generation) that elderly carry out these activities. But they also complained that majority of elderly males go to the tea shop and stay a long hours.

In the household survey, elderly were enquired about their main contribution in the family's work. Results are presented in Table 7.24. Of the total elderly interviewed, majority look after house (45%)

with 34 per cent for males and 55 per cent for females. Half of elderly 75 years and above against 42.5 per cent in the age group of 60-74 are involved in this work.

Table 7.24: Percentage distribution of elderly aged 60 years and above by their main contribution in the family's work, according to age and sex, Pharping area, 2012

Elderly contribution in the family	Sex		Age group		Total	n
	Male	Female	60-74	75+		
As a main bread earner	38.7	12.0	28.9	16.0	25.3	338
Looking after house	33.7	55.4	42.5	50.4	44.7	597
Looking after grand children	4.5	4.5	4.2	5.1	4.5	60
Cooking	1.4	8.6	5.5	3.8	5.0	67
Take care of livestock	4.7	3.4	4.6	2.7	4.0	54
Support in the farm field	6.9	6.2	8.0	3.0	6.6	88
Help in the business/trade	1.4	1.0	1.4	0.5	1.2	16
Sickness, dependent, not doing anything now	6.8	8.0	3.8	16.8	7.4	99
Other	2.0	0.7	1.1	1.6	1.3	18
Total	100.0	100.0	100.0	100.0	100.0	1,337
n	664	673	967	369	1,337*	

Note: Other type of contribution of elderly in the family includes wage labor but not a main bread earner, priest and not applicable like living alone.

* Twelve cases of males and six females are missing and the sum of individual cases may not match with total cases because one respondent did not respond about the age.

The second major contribution provided by the elderly to the family is the working as breadwinner. In the sample, one-fourth of elderly reported so. Generally, 4 per cent to 6 per cent of elderly were fund to have been engaged in looking after grand children, cooking, taking care of live stock and support in the farm field.

Data suggest that there prevails gender division of labor among elderly – men tend to be mainly engaged as bread earners while female tend to be engaged in household work and rearing and caring of grand children. Age of elderly also determines the type of activities they perform for the family. About 29 per cent of elderly in age group of 6-74 years are the main bread earner in the family while it is only 16 per cent for 75 years and above.

7.7 Migration of Family Member and Elderly Care

Out of total elderly enumerated in the study area, more than 15 per cent of them had at least one family member either out-migrated to other parts within the country or emigrated abroad. It is seen from the data that more elderly of either below 70 years or 80 years and above reported at least one migrant from the household (Table 7.25).

Relatively higher proportion of Brahmin and Tamang elderly reported out-migrants or emigrants (19% and 17% respectively). Like in the other rural areas of the country, people are found migrating from the study area also in search of better opportunity in destination places.

The frequency of migrant's visiting back to their home may have impact on health care of elderly. One-third of the elderly reported that their migrant family members did not visit to home in the last one year period, while about one-half (48%) said they visited home at the time of last festival and 18 per cent said

their frequency of visit to home 3-4 times in the last one year. It shows that migrants had visited less frequently to their origin place in the last one year. Migrants from the households where there are elderly of 80 years and above and 65-69 years were found visiting back to home more frequently in the last year and same can be said to households of elderly Newar (Table 7.25).

Table 7.25: Percentage distribution of elderly aged 60 years and above whose family members out-migrated/emigrated and frequency of the migrant's visits during last one-year, according to selected background characteristics, Pharping area, 2012

Background characteristics	% whose household has at least one member migrant	n	Frequency of visits by the migrant family member in last one-year			Total	n
			3-4 times	In the last festival	Never		
Sex							
Male	15.5	104	18.6	50.0	31.4	100.0	86
Female	15.8	107	17.9	46.4	35.7	100.0	84
Age							
60-64	16.8	67	12.5	51.8	35.7	100.0	56
65-69	16.8	62	23.4	40.4	36.2	100.0	47
70-74	13.9	29	18.2	68.2	13.6	100.0	22
75-79	11.1	22	10.0	50.0	40.0	100.0	20
80+	17.9	31	28.0	36.0	36.0	100.0	25
Social groups							
Brahmin	18.6	32	12.5	41.7	45.8	100.0	24
Chhetri	15.0	50	17.8	60.0	22.2	100.0	45
Newar	14.9	52	33.3	37.8	28.9	100.0	45
Tamang	17.2	62	11.6	55.8	32.6	100.0	43
Magar	10.6	5	0.0	40.0	60.0	100.0	5
Dalit	14.3	8	0.0	28.6	71.4	100.0	7
Other	6.7	2	0.0	0.0	100.0	100.0	1
Total	15.6	211	18.2	48.2	33.5	100.0	170
n	211		31	82	57	170*	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

* Some 18 cases of males and 23 females among those who reported migration of at least one family member, did not respond about frequency of their visit to the house in the last one year period.

Migration of household members from their origin place has not found impacting much to the elderly, since nearly three-fourths of elderly (72%) among those who had at least one family member migrated, said that it has not affected adversely to their care or not affected at all. Some 5 per cent opined that it has affected adversely to their care and three per cent said it has affected very much. Thus, only about 18 per cent elderly are found reporting adverse effect of family member's migration on their health care.

Reporting in that way is observed higher among elderly females compared to males (26% vs. 9%); in earlier age cohorts of elderly than in higher age cohorts, 20-21 per cent in 60-64 and 65-69 years of age group; and among Newar and Chhetri caste/ethnic groups (20% each). The study suggests that comparatively, elderly females, elderly of earlier age cohorts, and Newar and Chhetri feel themselves more affected adversely to their health care from migration of their family members (Table 7.26).

Table 7.26: Percentage distribution of elderly aged 60 years and above whose family members out-migrated/emigrated by perception on the adverse effects on their care by their family member's migration, according to selected background characteristics, Pharping area, 2012

Background characteristics	Affected very much	Affected	Can't say	Not affected	Not affected at all	Total	n
Sex							
Male	0.0	9.3	11.6	67.4	11.6	100.0	86
Female	6.0	20.2	8.3	52.4	13.1	100.0	84
Age							
60-64	3.6	16.1	7.1	66.1	7.1	100.0	56
65-69	2.1	19.1	8.5	53.2	17.0	100.0	47
70-74	0.0	18.2	18.2	50.0	13.6	100.0	22
75-79	5.0	0.0	15.0	70.0	10.0	100.0	20
80+	4.0	12.0	8.0	60.0	16.0	100.0	25
Social groups							
Brahmin	0.0	12.5	12.5	62.5	12.5	100.0	24
Chhetri	4.4	15.6	2.2	71.1	6.7	100.0	45
Newar	6.7	13.3	8.9	53.3	17.8	100.0	45
Tamang	0.0	14.0	18.6	55.8	11.6	100.0	43
Magar	0.0	20.0	0.0	40.0	40.0	100.0	5
Dalit	0.0	28.6	14.3	57.1	0.0	100.0	7
Other	0.0	0.0	0.0	100.0	0.0	100.0	1
Total	2.9	14.7	10.0	60.0	12.4	100.0	170
n	5	25	17	102	21	170	

Note: Other caste/ethnic group includes Rai, Gurung and *Tarai* origin castes.

Qualitative information gathered from key informant (Secretary, Chhaimale VDC) also indicate some impact of migration of family member, especially of youth, on household work because of lacking manpower which in turn makes elderly feeling anxiety/stress. Though elderly feel their life little secured economically from the remittance they receive from migrants, on the other hand, they also feel that it does not fulfill all the needs of the family. Ex-President of the same VDC also opined that every member of family wants to go to big cities in search of better opportunity. Thus, the role of family members as caregivers to the elderly is reducing now because of economic crisis of the family/society. Secretary of Dakshinkali VDC also agree that there is adverse effect of youth migration on health problem of elderly and according to him this may be because of lack of awareness in one hand, while on the other hand, youth are compelled to migrate due to poor economic condition of the household. Elderly male participants in FGD conducted in Talku VDC were found saying that their migrant son sends remittance, but daughter-in-law takes all that amount and do not use it for their purposes.

Chapter Eight
CONCLUSION AND RECOMMENDATION

Based on this study, *Health and Social Care Needs Assessment of Elderly in Pharping Area of Kathmandu*, following conclusion and recommendations are drawn.

8.1 Conclusion

In Nepal, the proportion of elderly population 60 years and above has been increasing due to decline in mortality and fertility. Elderly are over-represented among the poor. Elderly are additionally excluded due to gender, ethnicity, disability and poor health conditions. Elderly population in Nepal falls under a major social security schemes. All elderly aged 70 years and above and some special groups (Dalit, Endangered indigenous group, single women) aged 60 years of above are protected by social security scheme of monthly allowance of Rs. 500 per person. Although all elderly are in **vulnerable** situation, this study suggests that elderly in most vulnerable situation comprises mainly very old people especially 80 years and above, single women, chronically ill and physically disabled persons, widower, Dalit women, and those living alone and elderly who do not have living children. The proportion of elderly 80 years and above comprises of 13 per cent; more than half (51.5%) of the total elderly are in the state of without marital union; more than 3 per cent do not have living children at all; 5 per cent males and 7.5 per cent females are living alone and 15 per cent have at least one type of disability.

Elderly rights cannot be safeguarded without meeting the material needs of people, especially dealing with the structural causes of elderly vulnerability. The key elderly vulnerabilities as suggested by our analysis include persistent poverty and deprivation, caste and gender discrimination and poor quality of housing. Focusing only the material poverty among elderly as a distinct domain of development policy intervention by isolating it from the poverty of society at large may not be the viable strategy to address elderly vulnerability. Also, the particularization of elderly persons' rights issues – isolating elderly persons' rights issues from issues of class, caste and gender and regional differences – also means that one is avoiding direct engagement with the social, political and economic realities of the Nepalese society.

A comprehensive understanding of rights of elderly persons must be one that takes into account elderly rights from the demands for rights that are emerging from other groups within society, particularly those defined by Dalit, endangered indigenous people, religious minorities and very poor and gender. At the same time, one must be causation that excessive focus on relativism is a danger as it is likely to avoid the issues of elderly persons as an independent entity. Elderly rights are fundamental, and neglect of elderly rights to nutrition, health and care can have irreversible effects on elderly persons' lives and there is a vicious cycle of poverty.

Findings suggest that elderly social and health care needs must be seen from a **gender perspective**. Data reveals that females are more vulnerable than that of males. Proportionally, there are more females than males with increasing age the elderly – and thus requiring much attention to females. More females remain without marital union (widower, separated, divorced or never married) compared to males (61% vs. 36%). Having husband and wife together is taken as one of the advantages for elderly live for their emotional satisfaction, caring each other. It is also found that more females are living alone than males (7.5% vs. 4.6%). Further, as females are far beyond than males in terms of literacy,

ownership of properties and their exposure to outer world through paid employment or involvement in social/political work in the past and/or present. Involvement in paid work in the past is also one of the social security measures for elderly if they are entitled to receive pension from their past work. This study found that 41 per cent male elderly were involved in paid employment in the past in the Government and private sector and some of them are entitled to receive pension. In case of females, only 4 per cent were involved in paid employment in the past and only one female was receiving pension.

Family is the key loci for elderly care in rural Nepal. Almost 95 per cent elderly reside with their family members or relatives. Main caregivers in the family are daughter-in-law, son, daughter and spouse. However, elderly care largely depends upon the resources they command, whether from their own earnings or from transfers from children or the state. Further, awareness on elderly care among family members and their feeling of respect and love towards them are also important determinates of elderly care in the family. With the increase migration of youth (15% households have migrants) to urban areas and abroad and relatively few contacts with the elderly, the traditional role of family as the main caregivers for elderly appears to be weakening as a social security institution.

Barriers to well social care and health care of elderly are structural as well as immediate and intermediate. Structural barriers include poverty, poor human resources of the family (education, skills of the adult family members), discrimination and exclusion (caste and gender) and personal lifestyle factors. Lack of health awareness in the community, excessive use of alcohol, poor sanitation, negligence for health check-up and lack of awareness on Government special health support schemes are the immediate barriers for health care. On the supply side barriers, physical distance to health facility, no required medicine in the health facility, no elderly specialist in the health facilities and elderly desk are the supply side barriers for health care needs of elderly. Intervention program must address these barriers.

It is also important to recognize the socio-economic differentials at risk of health. Disadvantaged social groups (Dalit, Tamang and Magar in this study) are much risk of worsening health condition as age increases. These groups have increasingly adopted lifestyles and behaviors (cigarette, smoking, heavy alcohol drinking) that have been identified by medical sciences as the major risk factors for morbidity, disability and mortality.

8.2 Recommendations

Based on the findings of the study and conclusions, the following recommendations are drawn:

Individual Level

Introduction of Income Generating Activities: A majority of ageing population is of 60-70 years age group and most of them are active in income generating activities such as agriculture. With rising average life expectancy, they can be expected to remain active and healthy. Population of this age cohort can be expected to grow faster and remain so, compared to 70+ age group. They live in food deficit farming families, suffer loneliness though living in joint family and fall short of income to meet their own needs. Therefore, 60-70 age group is best suited for income generating activities that they need the most. It is recommended to run micro-credit program with group lending approach. For this, these elders should be organized and linked to the micro-financing agencies working in the area. However performance of the micro financing for group of older persons (60-70) should be closely monitored so that lessons

learned from this area could later be recommended for wider application in the country. They can be engaged in less labor intensive economic activities such as bee farming, poultry farming, vegetable farming, running a small grocery and such other income generating activities.

Integrate Elderly Social Care Programs with Other Programs: Elderly rights programs needs to be integrated with other demand rights programs such as Poverty Alleviation, Women Empowerment, Disabled, Dalit and Marginalized group empowerment programs. The National Planning Commission should lead such initiation.

Family Level

Support to Families Providing Elderly Care: Most vulnerable families with at least one elderly 70 years and above should be supported by provision of scholarship to their children up to grade 10 and providing rebating in tax if any member of the family is employed, by provision of basic needs items in discount rate. Government of Nepal should make such policies in the relevant social and economic policies.

Initiate Training on Caring Elders at Home: Family members are the main care givers. Giving proper care to an elderly at home requires special knowledge and skills. Therefore, a short training on "Caring Elders at Home" should be given to the family members. The health centers and health practitioners working in the area should be given Trainers' Training (TOT) who in turn could train the family members of elderly in the village. Ministry of Health and Population has recently designed a training manual for the purpose which could be tested in the project area and developed further for wider use in the country.

Community Level

Increase Facility for Distribution of Allowance: Evidence suggests that some 15% to 20% elderly are not covered by the Senior Citizen Allowance/Single Woman Allowance due to lack of citizenship certificate, differences in documented age and biological age, physical distance to the VDC office from the house to collect the allowance. Currently, allowances are being distributed through VDC office. It is recommended that continuity to distribute the allowances from the VDC office should be given, but VDC should also arrange distribution of allowance from ward, especially in those wards which are very far from the VDC office. In the long term, allowances should be distributed through Banks especially for those who are disabled and physically weak. Bank personnel should visit the ward and distribute the allowance. This provision will ensure the efficiency of distribution of the allowance. This study also found that in some of the cases, elderly did not receive allowance due to not appearing on time to receive the allowance due to physical disability, lack of information and short-term migration. In this case, it is recommended that budget should be transferred to the next quarter and distribute the allowance.

Conduct Health Awareness Program: Health awareness programs focusing on elderly persons' health needs should be conducted in the community. Such programs should also address the life style factors affecting on health such as excessive use of alcohol, smoking, sanitation, nutrition and physical exercise. Awareness raising among traditional healers, Lamas and presets are important to address the health care needs of elderly as they are the key informal health service providers in the community. NGOs in partnership with donor community should be the key implementation agency for such programs.

Establish Mobile Health Clinics and Geriatric Ward: There is a need to conduct regular (at least 2 to 3 times in a year) mobile clinics in each VDC. Such mobile clinics should focus on the health needs of

elderly and should be supported by the health personnel working in Geriatric Ward of Government and Private Hospitals. Government of Nepal should expand Geriatric Ward to the District Hospital and to the PHC level. The health personnel should be trained for caring of elderly persons.

Support to Old Age Homes: Findings of this study indicate that Old Age Homes have been opened by private sector or community people to provide rehabilitation services for the abandoned elderly. However, such Homes require support in terms of financial and technical aspects. A Guideline for Operation of Old Age Homes should be developed and there is also need to monitor them regularly so that the Old Age Homes meet the minimum requirement for rehabilitation services.

Monitor Allocation of Budget by the Local Government Bodies: In addition to the senior citizen allowance, single woman allowance and disabled person allowance, the MoLD allocates block grants to local bodies (DDC, VDC/Municipality). According to the Guideline of MoLD, some 15% of the capital budget of the local body is to be distributed for the welfare and rights activities of marginalized group, women, children and elderly. There is a need to monitor this allocation in order to ensure that the budget has been allocated for enhancing the life of individual elderly.

Make Mandatory Provision for Elderly Representation in Health Facility: Access to health care for the elderly can be increased by representation of elderly in the Management Committees of Sub-Health Posts/Health Posts. It is expected that elderly persons would raise their interests and needs as representatives. This will lead to the health facilities as more elderly friendly.

Form and Mobilize Elderly Clubs: It is recommended to organize Elders Club, particularly focusing the 70+ elderly. The ongoing Three Year Plan of National Planning Commission has also envisioned Senior Citizens Club, but such policy has not been implemented yet and this could be the beginning. This club should be engaged in Socio-cultural and health related activities of the community or Village. It should also work as Self-help Group of Elders where they monitor the status of elders in the village, keep updated record, help each other in need, manage community disputes, address cases of elder abuse and neglect, and work as a focal point of the village on the issues of elderly. In addition of playing important role in preservation of tradition and culture, this club could also be a partner of the government for distribution of Old Age Allowance in the village and for extension of health services and facilities.

Make Provision of Complaint Handling: It is pleasing to find that most elderly are household heads and have major say in family decisions of importance such as marriage and property dealings. However, the age old tradition or culture of filial piety is being degenerated fast across communities. Increasing incidences of elder abuse and neglect are the indicators observed. There exists no organization or place where such incidences could be reported and appropriate action taken at the community level. Therefore, it is recommended to designate the Senior Citizen Club as the focal point for receiving complaints and taking appropriate action on cases of elder abuse and neglect.

Observe Elderly Related Program to Increase Awareness Among Community People: It is also important to initiate activities that would develop positive attitude among community members towards elderly. Programs such as felicitation of the "the best care giving family for senior at home", the "best senior citizens" should be implemented. Senior Citizens Club and Senior Citizens Production Group should be involved in observance of international days of importance such as UN International Day of Older persons.

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Annex I: Questionnaire

Tribhuvan University

Central Department of Population Studies (CDPS)

Kirtipur, Kathmandu

Household Survey on Health and Social Care Needs Assessment of Elderly

The Context of Piloting Service Developments and Care of Elderly (60 Years and Above) in Pharping Area, Kathmandu, Nepal

April – July 2012 (2069 B.S.)

Greeting! My name is ..... I am working as a Field Researcher for Central Department of Population Studies (CDPS), Tribhuvan University (TU), Kirtipur, Kathmandu. CDPS, TU has been carrying out a survey on health and social care needs among elderly (persons 60 years and above) in 6 VDCs of Pharping area. The main aim of the survey is to examine the socio-economic and health status of elderly. So I am visiting to your house to ask some questions in this relation. The findings of the study will help develop health and social care needs of elderly in this area. Your information will be valuable to this effort, so I would like to request to help for this study by providing true information. Your information will be kept confidential under "Statistics Act 2015" and no individual information will be published. This interview takes about 45 minutes to one-hour. You are fully entitled to give us interview or not. Would you please give us time for interview?

PART 1: HOUSEHOLD SCHEDULE

Household Schedule Number ☐☐☐☐

HOUSEHOLD IDENTITY *(Note: Write Numbers in English Numerical Digits)*

01	Name and Code of VDC Chalnakhel ..... 1 Seti Devi ..... 2 Sheshnarayan ..... 3 Dakshinkali ..... 4 Talku Devi ..... 5 Chhaimale 6	_____ ☐
02	Ward Number	☐
03	Tole	_____
04	Selected household number (copy from sampling frame)	☐☐
05	Total number of **eligible respondents** of the survey (60 years of age and above) residing in this household	☐
06	Date of interview (MM/DD/YY) (in Bikram Sambat)	Month ☐☐ Date ☐☐ 2069
07	Enumerator's Name and Code	_____ ☐☐
08	Field Supervisor's Name and Code	_____ ☐☐

SECTION I: HOUSEHOLD INFORMATION

QN	Questions and Filters	Coding Categories	Skip
101	Caste/ethnic group of respondent	Brahmin ..... 1 Chhetri ..... 2 Newar ..... 3 Tamang ..... 4 Magar ..... 5 Dalit ..... 6 Other (specify)	
102	Is this the nuclear or joint family? *(Definition: Nuclear family consists of pair of adults and children; joint family consist of family with parents and their children's families)*	Nuclear, couple only ..... 1 Nuclear, couple with unmarried son/daughter ..... 2 Joint ..... 3 Alone 4	
103	Who is the head of the household?	Male ..... 1 Female ..... 2 Third sex 3	
104	What is the total number of your family members? *(Definition: Family members include all persons who reside under the same roof and eat together)*	Total number ☐☐	

Age group	Male	Female	Third sex	
< 10				
10-14				
15-24				
25-59				
60-64				
65-69				
70-79				
80+				

105	Is this your own family's house?	Yes ..... 1 No 2		
106	Does your family own land?	Yes ..... 1 No 2		→ **111**
107	If yes, how much land this family possesses? (4 *Paisa*=1 *Aana*; 16 *Aana*=1 *Ropani*) *(Instruction: if not stated write 998)*	*Ropani* ☐☐ *Aana* ☐☐ *Paisa* ☐ Not stated ☐☐☐		
108	Do all members of family have food sufficiency around the year from the production of own land?	Yes ..... 1 No 2		→ **111**
109	If no, how many months, there is food deficiency in a year?	Months food deficiency ☐☐		
110	How does the family fulfill this deficiency? ***(Instruction: Multiple answers possible)***	Borrowing ..... 1 Business ..... 2 Wage labour ..... 3 Salary work ..... 4 Remittance ..... 5 Pension ..... 6 Other (specify)		

QN	Questions and Filters	Coding Categories			Skip
111	What is your main family occupation? *(Definition: Main occupation refers to occupation in which the family's survival mainly depends on)*	Agriculture ..... 1 Business ..... 2 Service ..... 3 Industry ..... 4 Labour ..... 5 Other (specify)			
112	What is your average monthly family income? **(Note: Cross check with Q208 later)** *(Instruction: Please ask all income sources of family including pensions, old age allowance and others)*	Up to Rs. 1,000 ..... 1 Rs. 1,001 - Rs. 2,500 ..... 2 Rs. 2,501 - Rs. 5,000 ..... 3 Rs. 5,001 - Rs. 7,500 ..... 4 Rs. 7,501 - Rs. 10,000 ..... 5 More than Rs. 10,000 6			
113	Does your household posses following utilities/amenities?	**Type**	**Yes**	**No**	
		Toilet facility	1	2	
		Piped drinking water	1	2	
		Electricity	1	2	
		Television	1	2	
		Phone/Mobile	1	2	
		Radio	1	2	
		Computer	1	2	
		Internet	1	2	
		Other (specify)	1	2	

SECTION II: MIGRATION STATUS OF FAMILY MEMBERS

QN	Questions and Filters	Coding Categories	Skip
201	Do any of your family members have migrated elsewhere?	Yes ..... 1 No 2	→**Part 2**

Please give the details of migration.

SN	Name	Sex of migrant Male.....1 Female..2	Age of migrant at the time of migration?	Your relationship with the migrant? Spouse..... 1 Son..... 2 Daughter-in-law..3 Daughter.....4 Grand children.... 5 Other family members..... 6	Where did he/she migrate? Kath. Valley.... 1 Within Nepal elsewhere..... 2 India..... 3 Other country. 4	Occupation of migrant? Agriculture.1 Business.....2 Service..... 3 Industry..... 4 Labour.....5 Other (specify)....	Did he/she send cash or kinds to you or your family in last 1 year? Yes..... 1 No..... 2 ↓ Go to **next**	If yes, how much? (write in Rupees) **Cross check with Q112**	How much of your necessity fulfilled by the sent remittance? Very much..... 1 Average..... 2 A few..... 3 Minimal..... 4
		202	203	204	205	206	207	208	209
1									
2									
3									
4									
5									

Tribhuvan University
Central Department of Population Studies (CDPS)
Kirtipur, Kathmandu

Household Survey on Health and Social Care Needs Assessment of Elderly

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PART 2: INDIVIDUAL SCHEDULE

Individual Schedule Number ☐☐☐☐

HOUSEHOLD IDENTITY *(Note: Write Numbers in English Numerical Digits)*

01	Name and Code for VDC Chalnakhel ..... 1 Seti Devi ..... 2 Sheshnarayan ..... 3 Dakshinkali ..... 4 Talku Devi ..... 5 Chhaimale 6	_____ ☐
02	Ward Number	☐
03	Tole	_____
04	Selected household number (copy from sampling frame)	☐☐
05	Serial number of **enumerated respondent** in the household who are eligible for the survey (60 years of age and above)	☐
06	Date of interview (MM/DD/YY) (in Bikram Sambat)	Month ☐☐ Date ☐☐ 2069
07	Time of starting the interview (in 24 hours clock)	Hour ☐☐ Minute ☐☐
08	Time at end of the interview (in 24 hours clock)	Hour ☐☐ Minute ☐☐
09	Enumerator's Name and Code	_____ ☐☐
10	Field Supervisor's Name and Code	_____ ☐☐
11	Result of the interview No. of visit to complete the interview _____ ☐ *(Circle the code of appropriate answer. If answer is 3 to 5, end the interview)*	Completed ..... 1 Not completed ..... 2 Respondent not at home even at 3rd attempt .... 3 Not willing to give interview ..... 4 Not able to give interview 5
12	Name of respondent	_____

13	Sex of respondent	Male ..... 1 Female ..... 2 Third sex 3
14	Person interviewed (interviewee)	Respondent him/herself ..... 1 Spouse ..... 2 Son/Daughter (Son/Daughter-in-laws) ..... 3 Grand children ..... 4 Other (specify) .....

SECTION III: SOCIO-ECONOMIC STATUS OF ELDERLY

3.1 Personal Information

QN	Questions and Filters	Coding Categories	Skip
301	How old are you? *(write completed age)* **Probe: If age is not known, try to collect information based on date of birth, Janku, Chaurasi, etc.**	Years (in completed age) ____ ☐☐	
302	Relationship with head of the household?	Head of household him/herself ..... 1 Spouse ..... 2 Son ..... 3 Daughter ..... 4 Other (specify)	
303	What is your marital status?	Married ..... 1 → **305** Widowed/widower ..... 2 → **306** Divorced ..... 3 → **305** Separated ..... 4 Unmarried ..... 5 → **307**	
304	Is your spouse alive?	Yes ..... 1 No ..... 2 → **306**	
305	What is the age of your spouse? *(write completed age)*	Years (in completed age) ____ ☐☐	
306	How many children do you have still alive? *(Instruction: Please include all alive children including married daughters and sons separated)*	Total children _____ ☐☐ Son(s) _____ ☐ Daughter(s) _____ ☐	
307	Can you read and write in any language?	Yes ..... 1 No ..... 2 → **Sec. 3.2**	
308	If yes, did you attend any formal school?	Yes ..... 1 No ..... 2 → **310**	
309	Highest education level you have completed? Code Exact grades 1 to 10 ..... 1 to 10 Intermediate ..... 11 Bachelor ..... 12 Master ..... 13 PhD 14	Highest level completed ____ ☐☐	
310	Can you read now-a-days?	Yes ..... 1 No ..... 2 → **Sec. 3.2**	
311	What do you often read? (write only one mainly read material)	Religious book ..... 1 Astrology book ..... 2 Newspapers ..... 3 Grand children's book ..... 4 Story book, novel ..... 5 Poster, pamphlets ..... 6 Other (specify)	

3.2 Living Arrangements and Caregivers

QN	Questions and Filters	Coding Categories	Skip
312	With whom, you are living now?	Spouse ..... 1 Son/Daughter-in-law ..... 2 Daughter/Son-in-law ..... 3 Grand children ..... 4 Other family members ..... 5 Alone ..... 6 Other (specify)	
313	To what extent you are satisfied with the living arrangement where you are living now?	Satisfied very much ..... 1 Satisfied ..... 2 Cannot say ..... 3 Not satisfied ..... 4 Not satisfied very much 5	
Ask Q314 and Q315 only for those who are living alone			
314	If living alone, how long have you been staying alone?	Less than 1 year ..... 1 1-5 years ..... 2 6-10 years ..... 3 11-15 years ..... 4 16 years and more 5	
315	Could you please tell us, why are you living alone? (Write only one main reason)	Due to health problem ..... 1 No support from children ..... 2 Children live in other area ..... 3 No own children ..... 4 Other (specify)	
316	Would you prefer to change your current living arrangement in future?	Yes ..... 1 No ..... 2 Not sure 3	 → **319** → **319**
317	If yes, with whom would you prefer to live in future?	Alone ..... 1 Spouse ..... 2 Another son ..... 3 Another daughter ..... 4 Religious institution ..... 5 Social institution ..... 6 Old age home ..... 7 Other (specify)	
318	Why do you prefer to change the current living arrangement?	_____ _____	
319	Who is your **main** caregiver? *(Note: Main caregiver is one who is directly supporting the elder person in cooking, bathing, washing of cloth and serving medicine)*	Spouse ..... 1 Son ..... 2 Daughter ..... 3 Daughter-in-law ..... 4 Grand children ..... 5 Relative ..... 6 Neighbour ..... 7 Paid domestic caregiver ..... 8 Religious organization ..... 9 Social organization ..... 10 Nobody ..... 95 Not required 96	 → **322** → **322** → **322** → **322**

QN	Questions and Filters	Coding Categories	Skip
320	What is the age of main caregiver?	Years (in completed age) ____ ☐☐	
321	Has the main caregiver received any training related to elderly care?	Yes ..... 1 No ..... 2 Do not know 3	
322	Do you think that this village is in need of Old Age Home?	Yes ..... 1 No ..... 2 Do not know 3	

323. Who is the main caregiver in performing activities mentioned below? *(Please tick √ mark in the main caregiver in the relevant column)*

Who does the following activities	Self	Spouse	Son	Daughter -in-law	Daughter	Grand son	Grand daughter	Other (specify)
1. Cooking/serving your food?								
2. Making house clean and safe (from chemicals, fire, rain, etc.)								
3. Washing your clothes?								
4. Bathing and maintain personal hygiene *(nail cutting, combing, shaving, walking inside house, toilet)*?								
5. Shopping for your requirements?								
6. Fetching water?								

QN	Questions and Filters	Coding Categories	Skip
324	How many times do you often take food in a day?	4 times ..... 1 3 times ..... 2 2 times ..... 3 1 time 4	
325	To what extent are you satisfied with food you are getting now?	Satisfied very much ..... 1 Satisfied ..... 2 Cannot say ..... 3 Not satisfied ..... 4 Not satisfied very much 5	

3.3 Housing Condition

QN	Questions and Filters	Coding Categories	Skip
326	To what extent are you satisfied with the physical structure of your house for your living? *(Definition: Elderly friendly house refers to a house in which an elder person can comfortably climb-up/ down ladder of house, warm rooms, lighting and widows and ventilation)*	Satisfied very much ..... 1 Satisfied ..... 2 Cannot say ..... 3 Not satisfied ..... 4 Not satisfied very much 5	
327	Do you have separate room for yourself?	Yes ..... 1 No 2	→ **329**
328	If no, with whom do you share?	Spouse ..... 1 Son ..... 2 Daughter ..... 3 Daughter-in-law ..... 4 Grand children ..... 5 Relative ..... 6 Neighbour ..... 7 Other (specify)	

QN	Questions and Filters	Coding Categories	Skip
329	Is your sleeping room in ground floor or upstair?	Ground floor ..... 1 Upstair 2	
330	Do you have bed for sleeping?	Yes ..... 1 No 2	
331	Do you have comfortable bed (including clothes) for sleeping?	Yes ..... 1 No 2	
332	Does this house have a latrine?	Yes ..... 1 No 2	 → **Sec. 3.4**
333	If yes, is it inside the house or outside of it?	Inside the house ..... 1 Outside the house 2	

3.4 Employment, Income and Family Support

QN	Questions and Filters	Coding Categories	Skip
334	Are you currently working? *(Definition: Work refers to any economic activities done at least one-hour for the last 7 days in paid and unpaid work either at home or outside it)*	Yes ..... 1 No 2	→ **336**
335	If no, reasons for not working?	Physical inability ..... 1 Not necessary to work ..... 2 Other (specify)	Go to **Q337** for all answers
336	What is your current occupational status?	Employer ..... 1 Employee ..... 2 Own account worker ..... 3 Household work 4	
337	Did you hold service in the past?	Yes ..... 1 Continuing at the work ..... 2 No 3	 → **340**
338	What type of job/service is (was) it?	Government ..... 1 Non-government ..... 2 Private/company ..... 3 Labour abroad ..... 4 Other (specify)	
339	Are you getting any pension or other benefits? *(Instruction: pension refers to cash provided by the employee organization)*	Yes ..... 1 No 2	
340	What are your personal income sources? ***(Instruction: Multiple answers possible)***	Agricultural production ..... 1 Business ..... 2 Share/investment ..... 3 Financial support from family members ... 4 Donation ..... 5 Old age allowance ..... 6 Widowhood allowance ..... 7 Other (specify)	
341	Are these income sources adequate to fulfill your basic needs? *(Definition: Basic needs refer to food, health expenditure, transport costs including pocket money in need of)*	Less adequate ..... 1 Just adequate ..... 2 More than adequate 3	

QN	Questions and Filters	Coding Categories	Skip
342	Who does bear your special expenditures? *(Definition: Special expenditure includes all expenses in time of crisis)*	Son/Daughter-in-law ..... 1 Daughter/Son-in-law ..... 2 Grand children ..... 3 Other relatives ..... 4 Organizations ..... 5 Other (specify)	
343	What are the assets **belonging to you**? ***(Instruction: Multiple answers possible)***	House ..... 1 Land ..... 2 Some cash ..... 3 Bank balance ..... 4 Gold and jewellary ..... 5 Share/investment ..... 6 Other (specify)	→ **345**
344	Do you own any land in **your own name**?	Yes ..... 1 No 2	→ **346**
345	If yes, how much land do you possess? (4 *Paisa*=1 *Aana*; 16 *Aana*=1 *Ropani*) *(Instruction: if not stated write 998)*	*Ropani* ☐☐ *Aana* ☐☐ *Paisa* ☐ Not stated ☐☐☐	
346	What type of assistance do you provide in your family profession/occupation? ***(Instruction: Multiple answers possible)***	Advice ..... 1 Skill/technical knowledge ..... 2 Money ..... 3 Physical labour ..... 4 Household work ..... 5 Cannot help/support at all due to health problem 6	→ **348** → **348** → **348** → **348**
347	How many hours per day do you provide help/support to your family profession/ occupation?	1-2 Hours ..... 1 3-4 Hours ..... 2 5-8 Hours ..... 3 According to my wish/need 4	

348. Who makes final decision on the following events in your household? *(Please tick √ mark in the relevant column, only as a final decision-maker)*

Events	Self	Spouse	Son/ Daughter-in-law	Daughter/ Son-in-law	Grand Son/ Daughter	Other (specify)	Not applicable
1. Education of grand children							
2. Marriage of son/daughter							
3. Marriage of grand son/daughter							
4. Buying and selling of valuable assets							
5. Major household functions like festival celebration, holy place visits and cultural and religious rituals							

SECTION IV: PHYSICAL AND MENTAL HEALTH STATUS

4.1 Physical Health Status

QN	Questions and Filters	Coding Categories				Skip
401	How is your health?	Very good ..... 1 Good ..... 2 Average ..... 3 Poor ..... 4 Very poor 5				
402	How do you evaluate your health condition in comparison with the persons of the same age in your neighbourhood?	Better	Similar	Poor	No idea	
	1. Walking efficiency	1	2	3	4	
	2. Muscular motion	1	2	3	4	
	3. Eye sight/vision	1	2	3	4	
	4. Ear power/efficiency	1	2	3	4	
	5. Memory power	1	2	3	4	
	6. Smelling capacity	1	2	3	4	
	7. Teeth/chewing power	1	2	3	4	
	8. Sleeping	1	2	3	4	
403	Do you have any physical health problem now?	Yes ..... 1 No ..... 2 →				**408**

	If yes, types of diseases	Do you feel you have (type of) diseases? Yes ..... 1 No ..... 2 ↓ (Go to next disease)	If yes, has it been diagnosed by doctor or other health worker? Yes ..... 1 No 2	Since how long are you having this health problem? Less than 1 year .... 1 1-5 years ..... 2 6-10 years ..... 3 11 years or more .. 4	Are you taking any medicine or materials for it? Regularly ..... 1 Whenever required ... 2 No 3
		404	405	406	407
1	Physical pain (joints, knee, back, stomach pain etc)				
2	Respiratory diseases				
3	Blood pressure				
4	Sugar/Diabetes				
5	Gastric				
6	Asthma/bath				
7	Heart diseases				
8	Teeth problem				
9	Eye problem				
10	Kidney/urinary				
11	Uric acid				
12	Cholesterol				
13	Delivery/pregnancy related **(Ask only for women)**				
14	HIV/AIDS				
15	Cancer				
16	Prostate gland problem **(Ask only for men)**				
17	Dementia (recent memory loss) and Alzheimer				
18	Others (specify)				

QN	Questions and Filters	Coding Categories	Skip
408	What is your time for going to bed, sleeping and wake up? (in **24 hours** clock)	Going to bed at ____ ☐☐ Sleeping time ____ ☐☐ Wake up at ____ ☐☐	
409	Are you taking any vitamin (tablets/syrup) at present?	Yes ..... 1 No 2	

4.2 Physical Disability

QN	Questions and Filters	Coding Categories	Skip
410	Are you suffering from any sort of disability? ***(Multiple answers possible)***	Hearing disability ..... 1 Visual disability ..... 2 Physical disability ..... 3 Psychiatric disability ..... 4 No disability ..... 95 → **Sec. 4.3**	
411	Since how long are you having this (these) sort(s) of disability(ies)? *(Instruction: If multiple disability reported in Q410, please write code of Q410)*	Use codes from **Q410** Less than 1 year ☐☐☐ 1-5 years ☐☐☐ 6-10 years ☐☐☐ 11 years or more ☐☐☐	
412	Do you need the help of other persons for personal care due to health problem? *(Definition: Personal care refers to eating, bathing, dressing, getting around the house)*	Yes, always ..... 1 Yes, sometimes ..... 2 Not at all ..... 3 Cannot say 4	

4.3 Mental Health Status

413	Do you have any mental health problem? *(Definition: mental health problems refers to feeling of insecurity, boredom, loneliness, stress, neglect and depression)*		Yes ..... 1 No ..... 2 → **Sec. V**		
	If yes (feelings about following mental health problem)	Do you feel about (mental health problem)? Yes ..... 1 No ..... 2 ↓ (Go to **next** problem)	If yes, how often it happens? Occasionally ..... 1 Regularly ..... 2 Daily/always 3	Since how long are you having this problem? Less than 1 year ..... 1 1-5 years ..... 2 6-10 years ..... 3 11 years or more 4	
		414	415	416	
	1. Insecurity				
	2. Boredom				
	3. Loneliness				
	4. Anxiety/stress				
	5. Neglect				
	6. Sadness/depression				
	7. Others (specify)				

SECTION V: HEALTH CARE SEEKING BEHAVOR AND NEEDS

QN	Questions and Filters	Coding Categories	Skip
501	Did you visit a health worker in the last 1 year?	Yes ..... 1 No 2	▶**503**
502	If no, why did not you visit a health worker in the last 1 year?	Not needed ..... 1 Lack of knowledge for check up ..... 2 Lack of money ..... 3 Nobody helped for visiting ..... 4 Other (specify)	Go to **Q507** for all answers
503	Was it regular check-up or only when you were sick?	Regular check up ..... 1 Because of becoming sick 2	
504	Where did you go for treatment/medication?	Government health institution ..... 1 Private hospital/nursing home ..... 2 Community hospital ..... 3 Traditional healer ..... 4 Ayurbedic treatment ..... 5 Homeopathy ..... 6 Home (because of general sickness) ... 7 Other (specify)	
505	How much money have you spent on medical care in the last one year? *(Instruction: Please include all expenditures related to check up, diagnosis, medicine and surgery)*	Rs. _____	
506	How did you manage treatment expenses? ***(Instruction: Multiple responses possible)***	From pension ..... 1 Own/spouse's income ..... 2 Son/Daughter-in-law managed ..... 3 Daughter/Son-in-law managed ..... 4 Other family members managed ..... 5 Donation ..... 6 Community health institution ..... 7 Received free medical treatment ..... 8 Subsidy in medical support ..... 9 Other (specify)	
507	When you are sick and feel the need for professional advice, for what type of health services do you go first?	Traditional healer ..... 1 Ayurbedic ..... 2 Homeopathy ..... 3 Allopathic ..... 4 Other (specify)	
508	Why do you prefer that one (health worker)?	Because of knowing him/her ..... 1 For better treatment ..... 2 Less side effects ..... 3 Lack of knowledge for check up ..... 4 Low cost treatment ..... 5 Health worker gives more time ..... 6 No facility of modern medicine ..... 7 Elderly friendly health worker ..... 8 Other (specify)	
509	What time would it take to reach the nearest health facility from your house?	_____ Minutes	
510	What is your usual mode of transport?	Walking ..... 1 Using vehicle 2	

QN	Questions and Filters	Coding Categories	Skip
511	Who decides and takes you to health worker when you are sick?	Self ..... 1 Spouse ..... 2 Son ..... 3 Daughter-in-law ..... 4 Daughter ..... 5 Grand children ..... 6 Other relative ..... 7 Neighbour ..... 8 Other (specify)	
512	Who help you mainly during treatment/take care? Who do you rely on for care when sick?	Spouse ..... 1 Son ..... 2 Daughter-in-law ..... 3 Daughter ..... 4 Son-in-law ..... 5 Grand children ..... 6 Grand daughter-in-law ..... 7 Other relative ..... 8 Neighbour ..... 9 Holly person (donor) ..... 10 No body ..... 95 Other (specify)	
513	Do health workers behave friendly to you? *(Note: 'friendly' refers to polite, informative, well taking care, loving, talkative not aggressive, hating, impolite, bad treatment)*	Yes, very much ..... 1 Yes ..... 2 Cannot say ..... 3 No ..... 4 Not friendly at all 5	
514	Did you get free medical treatment? *(If it is a government/community health facility)*	Yes ..... 1 No ..... 2 Do not know 3	
515	Did you get any subsidy in medical treatment? *(If it is private hospital and nursing homes)*	Yes ..... 1 No ..... 2 Do not know 3	
516	Are you aware that the Government of Nepal provides special financial support of up to Rs. 4,000 annually (with two instalment base) for health treatment facility for the elderly?	Yes ..... 1 No 2	→ **519**
517	If yes, have you ever attempted to receive it?	Yes ..... 1 No 2	
518	Have you ever received such special financial health support?	Yes ..... 1 No 2	
519	Are you aware that the Government of Nepal provides financial support of up to Rs. 5,000 for the elderly 75 years of age and over for treatment of diseases like kidney, heart, uterine prolapse and cancer?	Yes ..... 1 No 2	

QN	Questions and Filters	Coding Categories	Rank	Skip
520	In your opinion, what are the three most important services that the government should do to deliver healthcare to you and other senior citizens like you in this area? **Instruction: Rank 1, 2 and 3 in the corresponding options.** **Don't read options.**	1. Establish community hospital		
		2. Mobile health care unit		
		3. Free medical treatment		
		4. Arrangement of concessional medical treatment in private hospitals and nursing homes		
		5. Access and availability of medicine in the closest health facility		
		6. Create more awareness among the elderly people about their rights		
		7. Establishing a separate desk for the elderly in all hospitals		
		8. Establishing Geriatric Ward in Government hospitals		
		9. Other (specify)		

5.2 Life Style Factors Affecting Health

QN	Questions and Filters	Coding Categories			Skip
521	In the last one-month, have you done any physical exercise? *(Definition: Physical exercise refers to any physical activities of walking, meditation, and gymnastics)*		Yes	No	If answers are **2** for all, go to **Q523**
		Walking	1	2	
		Meditation	1	2	
		Exercise	1	2	
522	If yes, how long do you do physical exercise like walking, meditation and exercise in a day?	_____ Minutes			
523	How often do you consume the following food items?		Daily ..... 1 Once/twice in a week.. 2 Occasionally ..... 3 Never 4		
		Milk/Curd			
		Pulses/Beans			
		Green leafy vegetables			
		Fruits			
		Eggs			
		Meat/Fish			
		Butter/Ghee			

Please provide the details of your smoking, tobacco chewing and alcohol taking habit.

Substance	Have you ever taken the following? Yes ..... 1 No ..... 2 (Go to next substance)	Are you currently taking it? Yes ..... 1 No ..... 2 (Go to **Q527**)	How frequently do you take? (**Go to next for all**) Daily ..... 1 3-5 times a week ..... 2 2-4 times a month ..... 3 Less than once a month 4	If taken earlier but currently not taking, how old were you when you were taking it? (Age in years)
	524	525	526	527
1. Smoking				
2. Khaini				
3. Alcohol				

5.3 Psycho-Social Needs

QN	Questions and Filters	Coding Categories	Skip
528	When (at what age) did you feel of elderly?	40-49 ..... 1 50-59 ..... 2 60-69 ..... 3 70-79 ..... 4 80+ 5	
529	How do you feel about your relationship with family when you becoming elderly?	Better than earlier ..... 1 Not different ..... 2 Worse than earlier 3	
530	**(Ask only for currently married)** How do you feel about your relationship with spouse when you becoming elderly	Better than earlier ..... 1 Not different ..... 2 Worse than earlier 3	
531	How do you feel about **not taking care** of yourself by family and society?	Not taking care, very much ..... 1 Not taking care, in some extent ..... 2 No feeling about not taking care ..... 3 Do not know ..... 4 Not stated 9	
532	In the past 12 months, have you experienced disrespectful behavior?	Yes ..... 1 No ..... 2 Not stated 9	 **534** **534**
533	Who did the disrespectful behavior? ***(Instruction: Multiple answers possible)***	Son/Daughter ..... 1 Spouse ..... 2 Friends ..... 3 Unknown person ..... 4 Office staff ..... 5 Health workers ..... 6 Community/neighbour ..... 7 Other (specify)	
534	Have you heard of any senior citizen in the area who is often physically abused?	Yes ..... 1 No 2	
535	Are you physically abused at times?	Yes ..... 1 No 2	
536	In your opinion, what gives you pleasure, happiness and joy in old age? ***(Instruction: Multiple answers possible)***	Family support ..... 1 Financial support ..... 2 Spiritual feelings ..... 3 Better personal health ..... 4 Own property ..... 5 Respect/honour ..... 6 Other (specify)	
537	In your own opinion, what cause sadness at old age? ***(Instruction: Multiple answers possible)***	Physical disability ..... 1 Financial crisis ..... 2 Loneliness ..... 3 Neglected ..... 4 Isolated ..... 5 Hatred ..... 6 Other (specify)	
538	What according to you is your main security concern?	Physical security ..... 1 Health concers ..... 2 Family security ..... 3 Financial security ..... 4 Psycho-social security 5	

SECTION VI: ACCESS TO ECONOMIC AND SOCIAL SECURITY SCHEMES

6.1 Involvement in Social and Religious Organizations

QN	Questions and Filters	Coding Categories	Skip
601	Are you involved in any social/religious institutions?	Yes ..... 1 No 2	
602	Do you visit to temple, monastery, church or *masjid* normally?	Yes ..... 1 No 2	
603	What is the main purpose of religious activities in old age?	Mental peace ..... 1 To get *Punya* ..... 2 To save tradition ..... 3 For better next life ..... 4 Confession ..... 5 Other (specify)	
604	In your locality, is there any senior citizens' club? *(Instruction: club provides services of speech, delivery, entertainment and study for the elderly)*	Yes ..... 1 No 2	→ **Sec. 6.2**
605	If yes, have you been ever participated in it?	Yes ..... 1 No 2	

6.2 Access to Social Security Scheme

(Note: For Dalit, Engendered Janajati and single women, 60 years and above and for others 70 years and above)

QN	Questions and Filters	Coding Categories				Skip
606	Do you know that some organizations provide concession to elderly in transportation, entertainment and health service?		Yes	No		
		Transportation	1	2		
		Entertainment	1	2		
		Health service	1	2		
607	Do you know that government provides allowances for senior citizen, single women, disabled, endanger ethnic group and *Dalit*?		Yes	No	If yes, at what age	
		senior citizen	1	2		
		single women	1	2		
		disabled	1	2		
		endanger ethnic group	1	2		
		Dalit	1	2		
608	Have you received any allowance of senior citizen, widowhood, disabled, endanger ethnic group or *Dalit* in the last 12 months?	Yes ..... 1 No 2				→ **617**
609	Which allowance are you receiving now?	Senior citizen ..... 1 Single women ..... 2 Disabled ..... 3 Endangered ethnic group ..... 4 *Dalit* ..... 5 Other (specify)				
610	Who often brings/collects allowance for you?	Self ..... 1 Spouse ..... 2 Other family member ..... 3 VDC Secretary ..... 4 Other (specify)				

QN	Questions and Filters	Coding Categories	Skip
611	Where do you collect the allowance from?	Bank ..... 1 Cooperative ..... 2 VDC Office ..... 3 Other (specify)	
612	How much do you collect allowance per month?	Rs. 300 ..... 1 Rs. 500 ..... 2 Rs. 1,000 3	
613	How easy do you feel to receive allowance?	Its easy ..... 1 Moderate ..... 2 Its difficult 3	→ **615** → **615**
614	If difficult, what do you suggest for improvements in making the process easier?	Receive at door ..... 1 From bank ..... 2 From cooperative ..... 3 From VDC Office ..... 4 Other (specify)	
615	What do you do from the allowance? Or, for what purpose you use the allowance? ***(Instruction: Multiple answers possible)***	Pocket money for myself ..... 1 Medical treatment for myself ..... 2 Buying food ..... 3 Buying clothes ..... 4 Grandchildren's education ..... 5 Household expenditure ..... 6 Other (specify)	
616	In your opinion, to what extent the senior citizen/ widowhood allowance has changed your value in the family?	Very much ..... 1 Little ..... 2 Neutral ..... 3 No change at all 4	Go to **Q618** for all answers
617	If no, why did not you receive the allowance?	No citizenship certificate ..... 1 No cooperation from others ..... 2 No knowledge about it ..... 3 Not necessary ..... 4 No concerned VDC officials ..... 5 Other (specify)	
618	In the last 12 months, have you also received any social security support except the government allowances?	Yes ..... 1 No 2	 → **Sec. 7.1**
619	If yes, what kinds of social security support did you receive? ***(Instruction: Multiple answers possible)***	Health treatment ..... 1 Foods ..... 2 Clothes ..... 3 Some cash ..... 4 Other (specify)	
620	Can you tell us who (name of organizations/ individuals) provided support to you?	_____	

SECTION VII: FAMILY/COMMUNITY SUPPORT SYSTEM AND ELDERLY CARE

7.1 Family/Community Support System

QN	Questions and Filters	Coding Categories	Skip
701	Who helps you in your daily routine activities in case of your inability?	Spouse ..... 1 Son/Daughter-in-law ..... 2 Daughter ..... 3 Grand children ..... 4 Paid domestic worker ..... 5 Other relatives ..... 6 Neighbour ..... 7 Nobody 8	
702	In your opinion, who should take the responsibility for elderly-care?	Self ..... 1 Family members ..... 2 Community ..... 3 Religious organization ..... 4 Social organization ..... 5 Government ..... 6 Other (specify)	
703	Did any relatives or community people visit you in the past 12 months?	Yes ..... 1 No 2	 → **706**
704	Why they visited (what was purpose of their visit)?	Normal visit ..... 1 Enquiry about health situation ..... 2 Love and sympathy ..... 3 Family activities ..... 4 Other (specify)	
705	How happy/enjoy did you feel?	Very much ..... 1 A little ..... 2 Not at all 3	
706	In your experience how does the society treat elderly people now?	Better than earlier ..... 1 Same as before ..... 2 Worse than before 3	
707	What do you expect from the family in old age? ***(Instruction: Multiple answers possible)***	Protection ..... 1 Respect/honour ..... 2 Financial support ..... 3 Delicious food ..... 4 Travelling to holy places ..... 5 Other (specify)	
708	How do you evaluate your family members' behaviour towards you?	Well taken care ..... 1 Moderate ..... 2 Hatred/Neglected ..... 3 Reluctant ..... 4 Other (specify)	
709	Do you have time to visit to relatives?	Yes ..... 1 No ..... 2 Cannot visit because of inability ..... 3 Do not have relatives 9	 → **712**
710	In the past 1 month, how many people you have met?	Many more ..... 1 Some ..... 2 A few ..... 3 None 4	 → **712**

QN	Questions and Filters	Coding Categories	Skip
711	What was the main purpose of visit/meeting?	_____	
712	Do you have friends/peers to share your says/chattings?	Yes ..... 1 No 2	
713	Who do you stay with mostly at your leisure time?	Spouse ..... 1 Son ..... 2 Daughter ..... 3 Grand children ..... 4 Relatives ..... 5 Neighbour ..... 6 Other (specify)	
714	In your opinion, who can be the best **care taker/ supporter** of the elderly people? ***(Instruction: Multiple answers possible)***	Own family ..... 1 Social/religious organizations ..... 2 Government ..... 3 Other (specify)	
715	In your opinion, how can community/society manage for adequate care of the elderly? ***(Instruction: Multiple answers possible)***	Establish of clubs ..... 1 Establish of day care centre ..... 2 Provision of entertainment ..... 3 *Bhajan/Mandali* ..... 4 Establish of medication centre ..... 5 Establish of community health centre. 6 Establish of legal advocacy center ..... 7 Geriatric ward ..... 8 Free clinic ..... 9 Mobile health camp ..... 10 Family health insurance system ..... 11 Other (specify)	

7.2 Elderly Knowledge, Experiences, Skill and Responsibility

QN	Questions and Filters	Coding Categories	Skip
716	Do you possess any special experience, knowledge or skill?	Yes ..... 1 No 2	→ **720**
717	If yes, what kind of special experience, knowledge or skill do you possess? ***(Instruction: Multiple answers possible)***	Literature/art/music ..... 1 Sculpture ..... 2 Making candles/incense/*Duna-Tapari/Dhup Batti* ..... 3 Pottery ..... 4 Traditional healer ..... 5 Astronomy ..... 6 *Baiddhya, Gubhaju* ..... 7 Making materials from bamboo, thatch and related ..... 8 Making materials from metal, leather, wood and health technician ..... 9 Other (specify)	
718	How does **your family** utilize your experience, knowledge or skill?	Giving continuity ..... 1 As a means of earning ..... 2 As a means of social pride ..... 3 Hatred ..... 4 Other (specify)	

QN	Questions and Filters	Coding Categories	Skip
719	How does **your community** utilize your experience, knowledge or skill?	As a means of social pride ..... 1 As a skilful/knowledgeable person .... 2 Other (specify)	
720	What is your contribution in the family?	As a main breadwinner ..... 1 Support as household care ..... 2 Taking care of grandchildren ..... 3 Cooking ..... 4 Taking care of livestock ..... 5 Support for collection of firewood ..... 6 Support for fetching water ..... 7 Support in the farm ..... 8 Support in the business/trade ..... 9 Other (specify)	

*Instruction (check for): Ask the following **Section 7.3** only if answer of **Q201** in Questionnaire Part 1 is **1**.*

7.3 Migration of Youth Family Members and Elderly Care

QN	Questions and Filters	Coding Categories	Skip
721	How often the migrant(s) from this household visited to you in the past one year?	3-4 times a year ..... 1 At the last festival ..... 2 Never 3	
722	Do you think that your care has been affected by the migration of your family members?	Affected very much ..... 1 Affected ..... 2 Cannot say ..... 3 Not affected ..... 4 Not affected at all 5	 → **Sec. VIII** → **Sec. VIII** → **Sec. VIII**
723	If 'affected very much' and 'affected', why do you think so?	_____	

SECTION VIII: FIELD SURVEYOR'S IMPRESSION ON ELDERLY PROBLEMS

801. Do you (Interviewer) feel elderly have following problems?

SN	Problems	Yes	No	Don't know	Specify the problems clearly
1	Financial	1	2	8	
2	Residential/lodging	1	2	8	
3	Food	1	2	8	
4	Clothing	1	2	8	
5	Health	1	2	8	
6	Social (respect, response and participation)	1	2	8	
7	Security	1	2	8	
8	Transportation	1	2	8	
9	Other (specify) _____	1	2	8	

Thank You for Cooperation

Annex II: FGD Guidelines and List of FGDs

FGD Guiding Matrix (Discussion with Elderly Persons and Supporting Generation)

SN	Broad areas	Broad research questions
1	Demographic and socio-economic status of the elderly	Vulnerable elderly Who are the most vulnerable elderly in this area? How many? Who? Why are they in vulnerable situation? Social condition With whom elderly reside in this area? Alone? With family? If alone, how many and why? Who are main caregivers? has the migration of main caregivers affected live of elderly? Economic condition What elderly do? Do they own land, house or other properties in the household? How do elderly cope with the vulnerable situation? Housing condition How friendly are the housing conditions of elderly? Rooms? Toilet facility? Sleeping arrangement?
2	Physical and mental health status of elderly	Physical and mental health status What are the most prevalent health problems of elderly in this area? How do elderly cope with disability/chronic illness? How do you think about your health status? What are your health problems? From how long? Abuse, violence and uncared of Do you know that any elderly face abuse or violence in your locality? What types of abuses – physical, emotional, neglect, sexual, economic and fraud or deception? Who are the main perpetrators? Where does abuse or violence take place mostly? How do you think to minimize such abuse or violence against elderly?
3	Health Seeking Behaviors and Needs	How often elderly in this area visit health care services? List and rank Whether regular health checks-up? If no, reasons for it? Preferred place of health treatment? Reasons for it? Whether received any free or concessional medical treatment? Expenditure on health care? Management of treatment expenses?
4	Current economic and social security schemes of the elderly	Knowledge on social and health security scheme? Do you know about Government social security scheme for elderly? – Old age allowance, single women? Are you regularly receiving it? Knowledge on Government providing health support (kidney, uterine prolapse, and heart diseases)? From where? How much? Anybody received? Knowledge on provision of discount on public transportation – 50% discount and seat quota, recreation facilities (cinema, drama etc.) Knowledge on access to *baisakhi*, wheel chair etc. Does the social security change the value of older people in the family and in the community? Does the allowance have equal impact on all age groups of older people? How? Give example.
5	Participation and priority needs	Participation Have you participated in religious, social organizations? Name of institutions – schools, health post, irrigation, forest management committee; Old Age Home and others Priority needs In your opinion, what are the priority needs of women in this area? List the concerns and rank and reasons for providing priority.

FGDs with Elderly Males and Females

1. FGD with elderly males, Seti Devi VDC-2, Bhanjyang

SN	Name of participants	Caste	Age	Ward
1	Prem Singh Thapa	Chhetri	75	3
2	Yagyanath Timalsina	Brahmin	68	7
3	Arjun Bahadur KC	Chhetri	69	2
4	Bishnu Bahadur Khatri	Chhetri	65	2
5	Mangal Shrestha	Newar	61	2
6	Hari Bahadur KC	Chhetri	76	2
7	Ganesh Mahat	Chhetri	74	2
8	Bishnu Bahadur Shrestha	Newar	79	2
9	Joglal Shrestha	Newar	88	1
10	Sanubhai Khatri	Chhetri	69	2
11	Krishna Bahadur Karki	Chhetri	60	2
12	Ram Bahadur Khatri	Chhetri	83	2
13	Shyam Bahadur Khatri	Chhetri	65	2

2. FGD with elderly males, Talku VDC

SN	Name of participants	Caste	Age	Ward
1	Santa Bahadur Tamang	Tamang	69	3
2	Hari Das Balami	Newar	66	5
3	Sunjit Tamang	Tamang	63	6
4	Dirgha Singh Tamang	Tamang	64	6
5	Prem Bahadur Tamang	Tamang	68	6
6	Dhan Bahadur Tamang	Tamang	60	6

3. FGD with elderly female, Chalnakhel VDC-9, Nursary

SN	Name of participants	Caste	Age	Ward
1	Thuli Nagarkoti	Newar	75	9
2	Dhana KC	Chhetri	64	9
3	Durga Kumari Kunwar	Chhetri	82	9
4	Thulinani Nagarkoti	Newar	60	9
5	Sherpanna Nagarkoti	Newar	75	9
6	Mathura KC	Chhetri	70	9
7	Maili Giri	Giri	65	9
8	Durga Bahadur Kunwar	Chhetri	84	9
9	Ram Bahadur Khatri	Chhetri	79	8
10	Bina Kunwar	Chhetri	62	9

4. FGD with elderly female, Chhaimale VDC

SN	Name of participants	Caste	Age	Ward
1	Suntali Ghursani	Dalit	73	
2	Kanchi Yonjan	Tamang	75	
3	Rati Maiya Yonjan	Tamang	60	
4	Chanamati Sunar	Dalit	70	
5	Kanchi Waiba	Tamang	65	
6	Sanu Kanchi Yonjan	Tamang	65	
7	Kanchi Bajju	Dalit	52	
8	Ama Mahesh Pudasaini	Brahmin	70	
9	Sita Bidari	Brahmin	77	

5. FGD with elderly males and females, Sheshnarayan VDC-4, Sheshnarayan Mandir

SN	Name of participants	Caste	Age	Ward
1	Harsha Bahadur Lama	Janjati	85	3
2	Saili Lama	Janjati	68	3
3	Maili Tamang	Janjati	79	3
4	Aasmaya Maharjan	Newar	85	4
5	Nandamaya Maharjan	Newar	79	4
6	Nyuchchhemaya Amatya	Newar	79	4
7	Shiva Narayan Maharjan	Newar	71	5
8	Shyam Maharjan	Newar	65	3
9	Ganesh Bahadur Shrestha	Newar	82	3
10	Mohan Narayan Balami	Newar	83	3
11	Suryaman Maharjan	Newar	65	3
12	Ganeshman Maharjan	Newar	61	3
13	Bhimsen Maharjan	Newar	64	4
14	Shankarman Udash	Newar	61	4
15	Chandramaya Balami	Newar	76	4
16	Jagat Bahadur Baniya	Chhetri	61	4
17	Maniklal Maharjan	Newar	63	4
18	Kulbir Balami	Newar	60	4
19	Ram Devi Maharjan	Newar	62	3
20	Ratnaman Balami	Newar	79	3
21	Hiramaya Maharjan	Newar	84	3

FGDs with Supporting Generation Males and Females

1. FGD with supporting generation males, Chalnakhel VDC-4, Nagarkoti Tole

SN	Name of participants	Caste	Age	Ward
1	Thule Bahadur Nagarkoti	Newar	58	4
2	Balkrishna Nagarkoti	Newar	56	4
3	Ram Bahadur Nagarkoti	Newar	36	4
4	Purushottam Nagarkoti	Newar	29	4
5	Binod Nagarkoti	Newar	32	4
6	Shiva Ram Nagarkoti	Newar	31	4
7	Ram Kumar Nagarkoti	Newar	30	4
8	Bishnu Nagarkoti	Newar	37	4

2. FGD with supporting generation males, Chhaimale VDC

SN	Name of participants	Caste	Age	Ward
1	Sudarshan Acharya	Brahmin		3
2	Mangal Bahadur Tamang	Tamang		4
3	Raj Kumar Pudasaini	Brahmin		9
4	Mahesh Pudasaini	Brahmin		9
5	Hari Prasad Acharya	Brahmin		6
6	Sudama Acharya	Brahmin		8
7	Ram Chandra KC	Chhetri		9
8	Aale Yonjan	Tamang		7
9	Mangal Bahadur Tamang	Tamang		6
10	Basanta Bahadur Yonjan	Tamang		7

3. FGD with supporting generation females, Seti Devi VDC-7, Bansbari

SN	Name of participants	Caste	Age	Ward
1	Bina Rai	Janjati	32	7
2	Srijana Shrestha	Newar	28	7
3	Kamala Maharjan	Newar	22	7
4	Nani Maiya KC	Chhetri	59	7
5	Kamala Bisht	Chhetri	43	7
6	Sabita Shrestha	Newar	35	7
7	Gita Mijar	Dalit	37	7
8	Sannani Tamang	Janjati	41	7

4. FGD with supporting generation females, Talku VDC

SN	Name of participants	Caste	Age	Ward
1	Shyam Maya Balami	Newar	40	
2	Mana Kumar Tamang	Tamang	35	
3	Parbati Balami	Newar	25	
4	Ramila Balami	Newar	33	
5	Anita Thapa	Chhetri	23	
6	Gayatri Bhandari	Brahmin	38	
7	Parbati Thapa	Chhetri	27	
8	Krishna Maya Balami	Newar	42	

5. FGD with supporting generation males and females, Sheshnarayan VDC-4, Sheshnarayan Mandir

SN	Name of participants	Caste	Age	Ward
1	Sudip Acharya	Chhetri	21	4
2	Sanumaiya Basnet	Chhetri	43	4
3	Indira KC	Chhetri	24	1
4	Kishna Kumari Shahi	Chhetri	27	4
5	Pushpa Giri	Giri	39	1
6	Laxmi Prasad Shrestha	Newar	32	1
7	Ram man Shrestha	Newar	36	3
8	Sahadev Balami	Newar	33	3

Annex III: Key Informant's Interviews Guideline and List

Guideline for Key Informant Interview

1. VDC Secretary

- Who do you think the most vulnerable elderly persons in your catchment area? Why are they in such situation (determinants of vulnerable situation)? How do elderly cope with the situation? Give example.
- Could you provide us the list of elderly persons getting monthly allowance?
- Do you think that all persons 70 years and above or all single women aged 60 years and above, Dalit and engandered ethnic groups in your catchment are covered by the monthly allowance scheme? Who might have been left out? If left out, reasons for it?
- How do you provide monthly allowance? Is the provision adequate? Do you think the provision to be revised? If so how?
- Are there other social security schemes in the VDC carried out by NGOs/Religious organizations? Give all details. In your opinion, what is the impact of social security system? Give example.
- In your opinion, who should be the prime caretaker of the elderly? Why do you think so?
- Do you think that the role of family as the caregiver of the elderly has been declining in your catchment area? How and to what extent? (Youth migration etc.). Give example.
- In your opinion, what are the priority needs of elderly? Financial support? Health care? Emotional support? Others? Why?
- How do you think to provide the comprehensive health care services to the elderly in the village?
- Requirement of coordination between GOs, NGOs, cooperatives, community and private sector and Local Government to implement the targeted programs? What types of coordination can be possible?
- Whether VDC has allocated budget for elderly from its development budget (15% of development budget of VDC has to be spent for directly related programs for Dalit, senior citizens, children and women)? If allocated, for what? How long? If no, whether the VDC is planning to allocate for elderly related programs?

2. Health Facility (Sub-health Post/Health Post, Community Hospital, Private Clinic)

- Who do you think the most vulnerable elderly persons in your catchment area? Why are they in such situation (determinants of vulnerable situation)? How do elderly cope with the situation? Give example.
- To what extent the elderly visit for health check-up in the SHP/HP? Who often comes? Who do not come? Reasons for not coming? What types of health problems elderly diagnosed?
- Is there special provision for health treatment for elderly person? If yes, types of provision? Separate desk, special priority in check-up etc?
- Are there other health care schemes in the VDC provided by NGOs/Religious organizations? Any mobile camps – when and for what camp was conducted?
- In your opinion who should be the prime caretaker of the elderly? Why do you think so?
- Do you think that the role of family as the caregiver of the elderly has been declining in your catchment area? How and to what extent?
- What are the key challenges in providing comprehensive health care services for the elderly persons in your catchment area?
- Do you want to bring programs related to elderly in near future? Types of programs, coverage?

3. Old Age Home, NGOs, Dalit Organization, Janjati, Local Party Leaders

- Who do you think the most vulnerable elderly persons in your catchment area? Why are they in such situation (determinants of vulnerable situation)? How do elderly cope with the situation? Give example.

- Do you think that all persons 70 years and above or all single women aged 60 years and above, Dalit and engandered ethnic groups in your catchment are covered by the scheme? Who might have been left out? If left out, reasons for it?
- How does VDC provide monthly allowance? Is the provision adequate? Do you think the provision to be revised? If so how?
- Are there other social security schemes in the VDC carried out by your organization? If yes, give detail about the program – duration of initiation, coverage, nature of program, coordination etc.
- In your opinion who should be the prime caretaker of the elderly? Why do you think so
- Do you think that the role of family as the caregiver of the elderly has been declining in your catchment area? How and to what extent?
- How do you think to provide the comprehensive health care services to the elderly in the village?
- What are the key areas of work of your organization – awareness raising, cash support, rehabilitation center?
- Do you want to bring programs related to elderly in near future? Types of programs, coverage?

Case Development Guideline

Develop case by asking the life history in time line

- Background information – age, sex, caste/ethnic group, education
- Living arrangement – living with whom
- Family background – living arrangement, housing condition, landholding and property, occupation
- Housing condition – elderly friendly house, storey of house, where do elderly reside in the house, availability of toilet facility inside or outside the household, sleeping arrangement – *Khaat*, sharing of rooms
- Physical and mental health status – illness, disability, mental health problem – types of problem, duration, treatment status
- Health seeking behavior – prevention, visit of health facility, reasons for low visits of health facility
- Social scheme – Government allowance, whether getting on time, process, whether process adequate, perceived/realized impact of the allowance, whether getting any more social scheme?
- Family support system – who are the prime caregivers, preference caregivers?
- Vulnerability situation – what are the key vulnerable situations? How do elderly live in such situations? What are the coping strategies of the elderly?
- Psy-social needs – Feeling of loneliness, stress, depression – reasons for it
- What are the key concerns of the elderly in vulnerable situation?

List of Key Informants' Interview

SN	Name	Description
1	Suraj Maharjan	In-charge, Sub-Health Post, Chhaimale-3
2	Dil Bahadur Bogati	VDC Secretary, Chhaimale VDC
3	Shreeram Acharya	Ex-VDC Chairperson, Chhaimale VDC
4	Bharat Balami	Social Activist, Dakshinkali VDC- 4
5	Dr. Samir Mainali	Manmohan Memorial Hospital, Pharping
6	Radha Krishna Shrestha	VDC Secretary, Dakshinkali VDC
7	Narahari Balami	Social and Political Activist, Dakshinkali VDC-4
8	Narayan Bahadur Khatri	Traditional healer, Talku Dudechaur-9
9	Shekhar Nidhi Poudel	VDC Secretary, Talku VDC
10	Amrika Balami	Social and Political Activist, Talku VDC-6
11	Siva Kumar Thapa	In-charge, Sub-Health Post, Talku VDC
12	Sahadev Balami	President and Treasurer, Pharping Jeshtha Nagarik
13	Ram Man Shrestha	Samrakshak Sangh
14	Shreedhar Bhusal	VDC Secretary, Seti Devi VDC
15	Taparaj Phulara	AHW, Sub-Health Post, Seti Devi VDC
16	Prem Bahadur Bisht	President, Jeshtha Nagarik Sewa Samaj, Seti Devi- 7
17	Jaya Ram Giri and Shree Krishna Bisht	VDC office staff, Chalnakhel VDC
18	Ganesh Basnet	Senior AHW, Primary Health Care Centre, Chalnakhel VDC
19	Ram Thapa and Juna Thapa	Owners of Nijananda Old Age Home, Chalnakhel
20	Lekhnath Adhikari	VDC Secretary, Sheshnarayan VDC

Annex IV: Approval Letter from NHRC

Nepal Health Research Council

Estd. 1991

NHRC

Ref. No. 211

26 August 2012

Prof. Dr. Ram Sharan Pathak
Principal Investigator
Central Department of Population Studies,
TU, Kritipur

Ref: **Approval of Research Proposal** entitled **Health and social care needs assessment of elderly: Pharping Area, Kathmandu, Nepal**

Dear Prof. Dr. Pathak,

It is my pleasure to inform you that the above-mentioned proposal submitted on 4 June 2012 (**Reg. no. 66 /2012** please use this Reg. No. during further correspondence) has been approved by NHRC Ethical Review Board on 17 August 2012 (2069-05-01).

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol.

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission.

Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their research proposal and submit progress report and full or summary report upon completion.

As per your research proposal, total research amount is NRs. 13, 85,329.00and NHRC processing fee is NRs. 41,559.87.

If you have any questions, please contact the research section of NHRC

Thanking you.
Sincerely Yours,

Dr. Shanker Pratap Singh
Member Secretary

Tel.+977-1-4254220, 4227460, Fax: +977-1-4262469, RamShah Path, P.O. Box 7626, Kathmandu, Nepal.
Website: http://www.nhrc.org.np, Email : nhrc@nhrc.org.np

Annex V: Research/Survey Team

Core Research Team

Prof. Dr. Prem Singh Bisht	Project Director
Prof. Dr. Ram Sharan Pathak	Principal Investigator
Dr. Govind Subedi	Co-Principal Investigator
Mr. Dhanendra Veer Shakya	Research Team Member and Quantitative Data Management Expert
Mr. Krishna Murari Gautam	Advisor, Chair of Ageing Nepal

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