

**Social and Health Status of Elderly Population in
Far-Western Region**

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**Submitted by
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Summary

Aging population means an increase in the share of the elderly in the total population. It is closely related with the dynamic process of demographic and socio-economic transformation. It is well known that the elderly is fragile age; they are both physically and psychologically weak, so they need proper physical as well as social care during this period. If the families are not able to provide proper care and support then they will have problems in their social relation as well as in their personal health. In Nepal elderly population has always been considered passive recipients of support. Their choices, their satisfaction and their subjective perception towards their quality of life, their psychosocial problems, etc have mostly been undermined.

Ageing is considered a problem in our society. Old people are even considered as burden for family. Ageing is not a problem if the caring of old people is developed as a social tradition. Family members must take proper care of the old people. Elderly people should be encouraged to do activities like moving around house or garden that provides glee and light exercise. Old people need regular interval of rest throughout the day between varied activities, which prevents tiredness. Old people must be provided nutritious food and proper facilities for their cleanliness, similarly there should be also safe and adaptable environments for old people.

The quality of life is not assessed for elderly peoples, which may be due to the negligence, lack of manpower and lack of resources. Healthy aging is not a contradiction terms, but due to the physical weakness it becomes mandatory to be very careful about their health and try to keep it in optimum condition with regular checkup, exercise, proper hygiene, prophylaxis, repairment of visual and auditory impairment, screening for chronic diseases and regular medicine on having such diseases. Similarly their social status is also deteriorating due to the isolation from their family as well as society.

In Nepal, the older population is increasing both in terms of absolute numbers and as a proportion of the total population, i.e. there were 1.6 million elderly inhabitants, which constitute 7.46% of the total population in 2001, which is estimated to be double by 2017. This population is also regarded to be vulnerable as they suffer from the cumulative effects of a lifetime of deprivation, poor health and nutrition, low social status, discrimination and restriction on mobility, lack of means to fulfill their basic needs such as food, clothes, shelter, health care, love and affection.

This study is designed to assess their social and health situation. This is a descriptive/cross-sectional study and includes both qualitative as well as quantitative data. Three districts of far-western development region were selected randomly having one each from terai, hilly and mountainous area. Kanchanpur was selected out of two districts of terai, Doti was selected out of four districts of hilly area and Darchula was selected out of three districts of mountainous district. From each district one VDC was randomly selected and out of the total ward of the VDC, one ward was randomly selected from where the all the population above the age of 60 years were taken for the study, if the total study subjects were not sufficient in that selected ward than again one of the adjoining ward was randomly selected to take the remaining respondents.

A total 325 subjects were interviewed using this pre-tested questionnaire by the health personnel who were trained by the investigators. The interview was carried out in the local language. The respondents were explained the purpose of the study and oral informed consent was obtained. Care was also taken to ensure privacy and confidentiality of the interview as part of the study. In order to avoid the interference and influence of other family members and neighbors, each respondent was called and interviewed privately where they could feel comfortable. The collected data was tabulated and analyzed using the statistical package SPSS, Version 11.5 for Windows. Findings were described using proportions and percentage.

The physiological decline in ageing refers to the physical changes due to which an individual experiences the decline in the normal functioning of the body resulting in poor mobility, vision, hearing, inability to eat and digest food properly, a decline in memory, inability to control certain physiological functions and various chronic conditions. Change in socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. A feeling of low self-worth may be felt due to the loss of earning power and social recognition.

From the findings it shows that the respondents were from all groups ranging from 60 years to 80 years and above. About 77% of the study respondents were from young elderly group (i.e. 60-74 years). Similarly 51% of the respondents were female and 49% were male. According to the caste, about 79% of the study respondents were from the upper caste, similarly 99% of the respondents were Hindu.

Finding on the marital status shows that about 33% of the respondents were at the state of not having any of one partner (death of their spouse). The study shows the significance association between the respondent being at the state of married and their involvement in the social organization ($p < 0.05$).

Study shows high child bearing practice among 23% of the respondents where they had more than five children. On their living status, about 77% of them were living in a joint family. On their present staying place, it shows that about 87% were living with their own family whereas 9% of the elderly populations were found to be staying alone.

It was observed that about 64% of the respondents' homes had a risk of indoor pollution and 25% respondent's homes had risk of dust pollution. Similarly only about 35% of the total respondents had facility of toilet at their home, remaining has to go for open field defecation. Data shows that about 63% of the respondents have facility of Safe and clean drinking water at their home. Similarly about 57% of the

respondents didn't have separate room at their home, so they have to share their room with some other family members. Finding also shows that only 45% of the respondents were satisfied with the status of their living home.

Agriculture was the main sources of family income for 67% of the respondents, similarly about 41% of the respondent's personal income was also dependent on the agriculture but 44% of the respondents told that they don't had any sources of income. For about 66% of the respondents, their personal expenses is supported by their family, where as 27% of them were self capable to manage their financial sources for their personal expenses. Majority of the elderly peoples above 70 years told that they get the elderly allowance that is being provided by the government, but they are not getting it regularly.

On their personal relation with their family members, it shows that only about 63% of the respondents were satisfied with their relation. Similarly it was found that only 18% of the respondents were involved in some organization or social groups.

Results shows that 56% of the respondents had the habit of addiction, regarding their major addictive substance that they use, about 62% of the respondents have addiction of cigarette, about 21% told of having addiction of chewing tobacco, about 15% told on having addiction of alcohol and about 2% had addiction of taking "guttka/pan".

According to the response, only about 65% of the respondent's told that they regularly do exercise. On the eating frequency majority i.e. 57% of the study respondents told that they take their food just twice a day, but still about 12% of the respondents told that take their food just once in a day. It shows that only about 48% of the respondents were found to be satisfied with the daily food that they take.

Regarding the place they visit for taking health services, it shows that about 68% of the respondents visit the health facility, similarly 15% visit the traditional healers and about 11% told that they don't go anywhere for taking the service. Similarly the study

shows that about 67% of the respondents' daily activities had been affected by their health status.

On the major health problems of the respondents that were identified among the respondents were eye problem (among 93%), dental problems (among 80%), digestive problem (54%), respiratory problems (among 45%), skeletal and muscular problems (among 46%), urinary problems (among 28%) and cardiovascular problem (among 19%). Although the existence of the problem was found to be at higher rate but it was found that only about 17% of respondents were having regular health checkup, which is considerably low, it may due to dependency of the respondents on their family members for managing the cost of the health expenses that they need for regular medical checkup.

Dental and Eye problems also develops with the process of normal aging, study shows that about 80% of the respondents have incomplete dentition. Similarly about 92% of the respondents have some sort of ocular problem, out of those about 36% of them had multiple problems in eye. Taking the reference of WHO classification, 26% eyes were found to have visual impairment (i.e. less than 6/18-6/60) in the presenting visual acuity, where as no severe visual impairment (having vision <6/60-3/60) and blind (having vision <3/60) were found.

Their quality of life was assessed by taking the indicators with reference to EQ-5D. Mainly their movement, self care taking state, doing daily activities, pain and discomfort, having anxiety and tension and their present day health status was rated as compared to the past 12 months. Study finding shows that 11% of the respondents were just confined to the bed due to the severity of problem. About 9% of them expressed that they were unable for washing, bathing and changing their cloths. Similarly 19% of the respondents expressed that they are unable to perform their usual activities and about 18% of the respondents expressed that they have extreme pain and discomfort.

Anxiety and depression are commonly seen among the elderly peoples as they are more susceptible due to the physical and hormonal changes and also due to their social and family relations. Study results shows that about 31% of the respondents were extremely anxious and depressed.

There are many concerns and problems of elderly population. They are concerned for their health, diminished social status and insecurities about their importance among other people, difficulty in adjusting to their change of daily routine. Insecurity brought about by feelings of inadequacy in meeting daily life situations, loss of ability to socialize. Due to these problems, it is important to improve their living stander.

Above findings shows that elderly peoples have considerable health and social problems. Since majority of them have to depend on their families for their personal expenses, so their accessibility toward the source and service is always limited, which ultimately result in low health and social status. In developing county like Nepal, it is necessary to develop senior citizen welfare program in such a way so that they can maintain their social and health status and develop the feeling of “senior” not “old and absolute”.

Abbreviations

DDC:	District Development Committee
DoHS:	Department of Health Service
DPHO:	District Public Health Office
EQ-5D:	European Quality five dimensions
HP:	Health Post
HF:	Health Facility
MoPE:	Ministry of Population and Environment
INGO:	International Non Governmental Organization
NFDIN:	National Foundation for Development of Indigenous Nationalities
NGO:	Non Governmental Organization
UN:	United Nation
VDC:	Village Development Committee
VHW:	Village Health Worker
WHO:	World Health Organization

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Chapter One: Introduction

1.1 Background of the study

Aging is a normal growth process, beginning from conception onwards. However, after childhood, the peak physiological functioning occurs in the twenties while peak psychological maturation takes place in the old age. During the lifetime, various changes related to aging occurs which alters the person's ability to function in his environment. A person doesn't simply get old, as this is a long process that depends on heredity, diet, mental attitude, environment and standard of living etc. For biomedical purpose aging is categorized based on physical and physiological capacity: young elderly (60-73), middle aged elderly (74 - 84 years) and late elderly (85 + years) living with three distinct generations (1).

Nepal government has defined the elderly population as people aged 60 years or above. However, the prevailing retirement age among employees of government jobholders is at 58 years of age (2), but this study is also mainly focusing on the group of peoples who are 60 years and above.

Nepal is undergoing transformation into an urban society. In our traditions, we usually had extended or joint families, where old people are regarded as eye person with a vision in the family. Presently due to the influences of modernization and emerging concepts of nuclear family the old peoples are being isolated and neglected in family. As a result, the social and health of old peoples is under vanity. They are purposefully separated from their family or sometimes they are separated with self-interest and spend the lonely life.

Due to urbanization and changes in demographic composition, family and household structures have been changed with an average family size of 4.1 in 2004, which were 5.6 in 1991. Persons of 60+ years are known as elderly people in Nepal, the index of ageing has increased from 11.7% in 1991 to 18.89% by 2001. For the aged 65+ years, the increment is from 6.28% in 1991 to 10.69% by 2001. The rate of increasing older

people is rapid from 1971 to 2001 (3). During the period 1991–2001, the annual elderly population growth rate was 3.39 % which was higher than the annual population growth rate of 2.1% (2).

Statistics from the United Nations reveal that the number of persons above 60 shall move from about 600 million to nearly two billion in 2025, representing nearly six per cent of the population of developing countries (4).

In Nepal, the older population is increasing both in terms of absolute numbers and as a proportion of the total population, i.e. there were 1.6 million elderly inhabitants, which constitute 7.46% of the total population in 2001, which is estimated to be double by 2017. Similarly this population is also regarded to be vulnerable and suffer from the cumulative effects of a lifetime of deprivation, poor health and nutrition, low social status, discrimination and restriction on mobility, lack of means to fulfill their basic needs such as food, clothes, shelter, health care, love and affection.

Therefore, this study is designed to assess the social and health situation of those elderly populations who are living in different districts of far-western region.

1.2 Statement of the Problem

Due to the increasing trend in growth of the elderly population i.e. annual elderly population growth rate is 3.39% (2), which is higher than the annual population growth rate, so from this we can find that the number of elderly population in our country are increasing. Similarly our family structure is also transforming from extended or joint to nuclear family, so these elderly populations are avoided by the family or they are left behind alone in their home. Due to these circumstances, old age peoples are facing various sorts of social and health problems.

In Nepal, the older population is increasing both in terms of absolute numbers and as a proportion of the total population. There were 1.6 million elderly inhabitants, which constitutes 7.46% of the total population in 2001, which will be double by 2017.

It is also a fragile period; where they are both physically and psychologically weak, so they need proper physical as well as social care. If the families are not able to provide such care, services or support then they will have problem in their social life as well as they will have various health problems. Their quality of life is also not assessed, which may be due to the negligence, lack of manpower and lack of resources. It is important to be careful on the health of the elderly peoples and try to keep it in optimum condition by doing regular health checkup, exercise, and proper hygiene, repairment of visual, dental and auditory impairments.

1.3 Rationale of the study

The aging of the community brings with it new and serious problems both nationally and internationally, with WHO describing it as an important developmental element requiring emergency action. The term 'old age' defines not only an individual's appearance, but also refers to a loss of power, role and position. Loss of full possession of the faculties and a proneness to physical diseases causes an individual to become more dependent on others, a fact that requires consideration when deciding on the manner in which the elderly are approached. In our context, the older population is increasing both in terms of absolute numbers and as a proportion of the total population; however, traditional family norms and values of supporting the elderly are eroding.

Individuals over 60 years of age are considered elderly. There were 1.6 million elderly inhabitants, which constitutes 7.46% of the total population in 2001, which will be double by 2017(7). Since their population mass is increasing and due to the changing social and economic status of our society, this group of population need to be focused by the nation for ensuring sufficient physical facilities and psychological and social support.

Far-western region of Nepal is considered to be comparatively deprived region of the country in the context of development, education, national services and other

facilities. Peoples are forced to spend their life in difficult circumstances due to the lack of resources and opportunities, which is reflected by the low HDI value. In such context it is important to know about the status of elderly population.

Therefore, this study is designed to assess the social and health situation of elderly population of this region, by taking representative study respondents from terai, hilly and mountainous region.

1.4 Objectives

General

- To assess social and health status of elderly peoples of Far-western region.

Specific

- To describe the socioeconomic status of elderly peoples.
- To describe the factors affecting the health status of elderly peoples.
- To assess the major health problems among elderly peoples.
- To describe the quality of life of the elderly peoples

Chapter Two: Literature Review

Ageing is a natural phenomenon and an inevitable process in life. Every living being born, develops, grows old and dies. Ageing is a process of gradual change in physical appearance and mental situation that cause a person to grow old. We also recognize the problem that arises in the family due to age and generation gap that goes up to national level. But, is it not justifiable to discard the old parents who offered their entire life to empower their children. We cannot disregard the labor-pain of the mother and hard work of the father who worked day-in-and-day-out to bring up their children and make them competent and capable for survival. But most of the time peoples of different place and culture take the old people as a troublesome part of their family. Nevertheless, we should not forget our duty towards them.

Most developed countries in the world have accepted the chronological age of 65 years as a definition of 'elderly' or older person, but like many westernized concepts, this does not adapt well to the situation in Asia. While this definition is somewhat arbitrary, it is many times associated with the age at which one can begin to receive pension benefits. The UN had agreed 60+ years to refer as the older population. This study has also taken population of 60 year and above as elderly population.

Although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. The common use of a calendar age to mark the threshold of old age assumes equivalence with biological age, yet at the same time, it is generally accepted that these two are not necessarily synonymous.

Study results published in 1980 provides a basis for a definition of old age in developing countries (Glascok, 1980). This international anthropological study was conducted in the late 1970's and included multiple areas in Africa. Definitions fell into three main categories;

1) Chronology; 2) Change in social role (i.e. change in work patterns, adult status of children and menopause); and 3) Change in capabilities (i.e. invalid status, senility

and change in physical characteristics). Results from this cultural analysis of old age suggested that change in social role is the predominant means of defining old age. When the preferred definition was chronological, it was most often accompanied by an additional definition.

The dream of the people all over the world to live long is now becoming a reality due to the advancement in socio economic development and sciences, particularly medical sciences. It is estimated that there are 416 million old people (aged 60 years and above) around the globe and by 2020 world's 11.9% of population will be above 60 years. In India also the trend is same, 7.5% of the total population is above 60 years and the life expectancy is increasing gradually.

Healthy ageing is not only related to the advances in medical technology but also related to the interaction of a wide range of social factors such as maintaining and enhancing physical and cognitive functions being fully involved in the society, leading a stimulating and productive life, living in a stable social environment and having meaningful personal relationships.

Most common geriatric problems can be taken as hypertension, cataract, osteoarthritis, COPD, Ischaemic heart disease (IHD), diabetes, benign prostatic hypertrophy (BPH), dyspepsia, constipation and depression. Old age people are generally susceptible to high BP, diabetes, bronchitis, arthritis, osteoporosis and heart disease and common risk factors are obesity, diabetes, hypertension and various cardiovascular disorders and other extraneous factors e.g. Smoking.

A community survey among total respondents of 726 (95% of those approached) of Asians aged 65 years were taken to describe: family structure and social contact; aspects of lifestyle; language and communication; capacity for self care; and knowledge about and use of services. The study shows that more than half of the respondents over 75s were not fully independent in basic activities of daily living similarly one fifth of them had occasionally or often incontinent of urine (14).

Similarly one of the descriptive study carried out in total 213 elderly patients of south India, who attended the outreach clinic shows that, out of the total respondents 48% of them felt that they were not happy in the life, similarly majority of the had health problems such as hypertension followed by arthritis, diabetes, asthma, cataract and anaemia and about 68% of them told that the attitude of the peoples toward the elderly was that of neglect. Approximately 40% of the respondents had felling of insecurity while around 56.3% were deprived of financial security. This study had also shown that 68.15% of the respondents had friends and social contact outside the home (15).

Elderly people also have to face economic and social difficulties. Nepalese society is also in a phase of modernization. The traditional joint family is slowly being replaced by nuclear family in urban areas. The caring of elderly population is a major problem. Because of this trend of nuclear family, the older members of family are being isolated. Old peoples expect for love, proper nourishment, happiness and relaxing conversations from other family members, but due to the system of nuclear family and busy lifestyle have secluded them from other family associates. There is modification in the cultural norms and traditional family support systems for elderly that have placed them under substantial strain (10).

The diminishing joint family system and the various other social factors have enforced the emergence of old age homes, especially in cities. Various surveys have confirmed that most of the elderly people consider home as a place where they can derive greatest emotional satisfaction. Elder abuse is one of the subjects of frequent discussion these days, whether it is institution based or community based. Elder abuse is not merely physical instead, but it has been categorized as- physical, emotional, financial, neglect and sexual.

Ageing population means an increase in the share of the elderly in the total population. It is closely related with the dynamic process of demographic and socioeconomic transformation. Whether a population is young or old, or getting older

or getting younger, it depends on the proportion of people at different age groups. In general, a population with more than 35 percent under age of 15 years is considered young and population with more than 10 percent aged 65 years and above is considered old. The population of Nepal is considered young as 39 percent of its total population is under 15 years of age and only 4.20 percent are above 65 years of age. However, the elderly population in Nepal is growing steadily at the rate of 3.39% per year (5).

The demographic transition among elderly population revealed that the world's population is growing at an annual rate of 1.7%, while the population of elderly over 65 years is increasing by 2.5%, reflecting the rapid demographic transformation, particularly in many developing countries. During 1993, in the developed countries 12.5 % of the populations were elderly compared to 4.63 % in the developing nations, and by the year 2000, the numbers of elderly reached to 14.3% and 7.7% respectively. It is further estimated that these numbers will be increased to 18.4 % and 9.9 % by 2015; and 23.6 % and 12.4 % respectively by 2025; and furthermore it is told that about 75 % of elderly will be living in developing world (6).

While in Nepal, the elderly population is growing very steadily; during early 1954 out of total population, 5 % belonged to Elderly above 60 years, which is increased to 6.4 % in 2001 (2).

Table 1: Trend of Elderly Population Growth (above 60 years) in Nepal

Year	Total Population	Annual growth rate	Above 60 years population	Percentage
1952-54	82,56,626	2.30	409761	5
1961	94,12,996	1.65	489346	5.2
1971	15022839	2.66	857061	5.7
1991	18491097	2.10	1072483	5.8
2001	23151423	2.24	1477379	6.4

The aging of the community brings with it new and serious problems both nationally and internationally, with WHO describing it as an important developmental element requiring emergency action. The term 'old age' defines not only an individual's appearance, but also refers to a loss of power, role and position. Loss of full possession of the faculties and a proneness to physical diseases causes an individual to become more dependent on others, a fact that requires consideration when deciding on the manner in which the elderly are approached.

In Nepal, the older population is increasing both in terms of absolute numbers and as a proportion of the total population; however, traditional family norms and values of supporting the elderly are eroding. Individuals over 60 years of age are considered elderly. There were 1.6 million elderly inhabitants, which constitute 7.46% of the total population in 2001, which will be double by 2017 (7).

About 85% of the elderly people in Nepal are living in rural areas, depending upon their agricultural profession and living under the poverty due to lack of access to resources and income generation activities. They suffer from the cumulative effects of a lifetime of deprivation, lack of education, poor health and nutrition, low social status, discrimination and restriction on mobility, entering old age in a poor state of health and without saving or material assets. They lack means to fulfill their basic needs such as food, clothes, shelter, health care, love and safe drinking water. Gender inequality and discrimination against women continue from before birth to death (NEPAN, 2002).

LSMS(Living stander Measurement Survey) conducted in 1996 shows that roughly one third of the Nepalese household have at least one elderly member (age of 60 or above). Similarly only about 3% of the elderly lived alone, while about 5% lived with their spouse and 93% of the elderly lived with their children (11).

For supporting the old age life, the government of Nepal had run one old age home for 235 family-ousted and homeless elderly people. There are other 5 old age homes

run by NGOs with government support and 14 other homes run by welfare agencies (MoPE, 2002). A total of about 1500 old aged persons have been benefited from such old age homes. More over there are also some day care centers for elderly persons, mostly in some urban areas of Nepal. Although such facilities are available which directly supports to sustain the livelihood of old age peoples who are deprived from the care and support of their family, but still in the far-western region there are no such old age homes providing support to the old peoples, so old age peoples have to spend more difficult life if they are deprived by their families.

In addition to government agencies, there are about 50 day care centers, 20 old age homes and more than 100 elderly clubs run by different 50 organizations who are directly involved in elderly issues. Few of them are Senior Citizen Network, Senior Citizen Service Center, Senior Citizen Honor Academy Jhapa, Vishranti Mandir Dhankuta, Senior Citizen Care Society Morang, Dev-Ghat Samaj Kalyan Kendra Devghat, Nepal Bhasa Women's Association, Senior Citizen's Welfare Association Dillibazar, Pokhara Aged Shelter, Child and Women Development Center Shankhamul, Buddhish Home for the Aged, Bheri Aged home, Senor Citizen's Society Nepal, Sankalpa Nepal etc. There are other 105 organizations that are also targeting elderly people as their target groups. Individual and family initiatives for distribution of cloths, fruits, and foods to senior citizens in the elderly homes on special occasions are a common charity approach in Nepal (8).

Government of Nepal has also internalized the ageing issues by incorporating the social security schemes with a monthly allowance to senior citizen in 1994/5. This was a part of the ninth five-year plan (1997-2002) and was considered in the tenth five-year plan (2002-2007) with an aim to guarantee capacity development, social security and a life of dignity for senior citizens. The three-year interim plan (2007-2010) has adopted the following policies on elderly issues:

- Develop legal and institutional mechanism to ensure welfare and rights of senior Citizens

- Expand old age homes, allowances and other economic social security programs with reviewing the programs and modalities followed by governmental and nongovernmental agencies
- Provide special facilities to elderly people in hospitals and public transports
- Formulate policies to respect and utilize the knowledge, skills and experiences of Senior Citizen in nation development and social transformation
- Inspire and motivate local government, private sectors and civil society organizations to provide appropriate services and facilities to senior citizens

Social and health problems of elderly peoples have been taken as a matter of concern by government and different agencies, and they have been putting their effort to promote their social and health status, so this study will also support to overview their status.

Cohabitation is the only guarantee that elderly parents will receive support from their adult children. However, several studies show that cohabitation may not provide sufficient support for all needs. In Nepal, one ethnographic study of elderly Sherpa suggests that more elderly individuals live alone as a consequences of recent changes in society. Younger generations are usually moving far from their homes and birthplace for higher education and better opportunities due to which elderly are left alone at their home (8).

However, there is evidence that older Nepalese individuals are dissatisfied when they live apart from their children. Many elderly Nepalese are lucky enough to continue living with their adult children. Social, economic and demographic developments have all caused changes at the individual, family and societal levels, all of which influence the lives of elderly people. The living arrangements of the elderly in Nepal are contingent on their level of support. In particular, the availability of care from a spouse or child may be essential to the well-being of the very old or frail elderly. The elderly depend on their children, particularly sons, for support and security in their old age.

One recent study by Chaudhary shows that more than 80% of elderly in Nepal are living with their children and more than 60% of the elderly are the heads of the household (8). Generally, in the male-dominated Nepalese society, the eldest male member of the household is regarded as head of the household. The head of the household has the authority on making decision of the family issues. The study further shows, unlike in the Western world where daughters, married or not, usually care for the elderly, only 2.7% of the elderly in Nepal are living with their daughters (7). This may be due to cultural taboos that prevent parents from living with married daughters.

Various physical and physiological changes occur during the old age, due to these reasons and various other lifestyle related factors, social and environmental factors; health of the elderly peoples is at problem. One of descriptive study conducted to assess the disease pattern among the elderly patients admitted at Trivhuwan University Teaching Hospital (TUTH) shows that majority of them were suffering from the disease related to respiratory, cardiac and digestive system, followed by cerebrovascular accidents and neoplastic disease. Regarding the ophthalmic diseases about 22.3% of the hospitalized elderly had problem related to corneal ulcer, followed by glaucoma among the 21% and complain of cataract among 13.4% of the respondents (9).

Chapter Three: Study Methods

3.1 Study Site: Three districts of Far-west development region were taken as a study Site. These districts were randomly selected, taking one each from terai, hilly and mountainous district.

3.2 Study population: Population of age 60 years and above years from Far-western region.

3.3 Study Design: It is a descriptive/cross-sectional study. Study includes both qualitative as well as quantitative data.

3.4 Sampling technique: Multistage random sampling method was used to select the study area and population, where three districts of far-western development region were selected randomly having one each from terai, hilly and mountainous area. Regarding this, Kanchanpur was selected out of two districts of terai, Doti was selected out of 4 district of hilly area and Darchula was selected out of three district of mountainous area. From each district one VDC was randomly selected out of the total VDCs of the district and from the total wards of the selected VDC one ward was also randomly selected. All the population of age 60 and above from that selected ward were taken for the study, if the subjects were not sufficient from the selected ward then one of the adjoining ward was randomly selected to take the remaining respondents.

3.5 Sample size: Total sample size was calculated as 378. It was calculated using the formula of $4PQ/L^2$. National data provided by CBS, 2001 shows that the physical disability rate among the elderly is 32%. Taking the reference on the prevalence rate sample size was calculated taking allowable error (value of L) as 15% of Prevalence.

As sample respondents were taken from the three different districts, so from each district total 126 respondents were taken. During the study, non-response rate (refused to response, not available and not able) was about 14%. So in total 325 respondents were participated in the study.

3.6 Instrumentation and data collection process: Semi-structured questionnaire was used for the data collection. Enumerators were oriented and information collection tools were pre-tested.

Table 2: Tools and techniques used for data collection

Sn	Source of information	Methods	Tools
1	Elderly population above 60 years from selected district	Semi-structured Interview	Semi-structured Questionnaire

3.7 Reliability and Validity:

- Data collecting tools were Pre-tested.
- Enumerators were oriented on administering the tools and about the content in depth before information collection.
- Expert’s opinions were taken.
- Researcher was self involved during information collection.
- Literature search and review of other such related study was done.

3.8 Data processing and analysis

Editing of data was done immediately after the data collection. Coding was done to simplify the process. For data analysis the data were entered into SPSS data software.

3.9 Exclusion Criteria:

Those participants who were eligible for the study but were not willing to participate in the interview were excluded from the study.

3.10 Ethical Consideration:

Verbal consent was taken from the respondents before taking information. Respondents were informed and explained the purpose of the study. Confidentiality was maintained regarding the information provided by the respondents.

Chapter Four: Study Findings

4.1 General information

Ageing Population means an increase in the sphere of the elderly in the total population. It is closely related with the dynamic process of demographic and socio-economic transformation. Study data classification shows that about 77% of the study respondents were from young elderly group (age group from 60 to 74 years); remaining 23% of the study populations were from the middle and late elderly group.

Among the study respondents about 51% were female and about 49% were male. While taking the caste system, it was taken with reference of caste divisions made by the National foundation for development of Indigenous Nationalities (NFDIN), where they were categorized into Upper caste, Janajaties, Dalits and Religious Minorities. The majorities, i.e. about 79% of the study respondents were from the upper caste, about 15% of the total respondents were from dalit group and about 5% were from Janjati group. Similarly majority i.e. 99% of the respondents were Hindu.

Finding on the marital status shows that about 64% of the elderly respondents were at the state of married, where as about 33% were at the state of not having any of one partner i.e. death of their spouse, similarly 2% of the respondents were still unmarried and about 1% were found to be separated.

It was found that about 38% of the respondents had children with in range of 1-3 in numbers, similarly considerable number i.e. about 33% told that they had children with in the range of 4-5 in numbers, about 23% of the respondents told that they had more than five children and about 6% of the respondents told that they didn't have any children.

4.2 Socioeconomic Status and its affecting factors

4.2.1 Family type and place of their living

Due to the modernization of our society, the family pattern and its types are also changing accordingly. As peoples are engaged in their busy life styles, so they more prefer to live in a nuclear family rather than joint or extended families. This may be the reason behind having more elderly peoples living either in the elderly homes or living alone as they are being left by their families. But from the study it is seen that about 77% of the elderly respondents were living in a joint family, where as only 18% were living in a nuclear family i.e. with their spouse and unmarried children.

Similarly study data also shows that about 87% were living with their own families, where as 9% of the elderly population were found to be staying alone and about 2% of the respondents were staying with their relatives. From the above information it shows that, in this region the elderly peoples are still adjusted in their families.

4.2.2 Facilities available and Surrounding Environment of home

Regarding the status of living homes of the respondents, it was observed that about 52% of the respondents were living in a “Paccka”, i.e concrete home, about 28% of the respondents had “Kaccha” i.e. made out of mud, wood and having thatch roof similarly about 20% of the respondents have “Kaccha-Paccka” i.e. having both characters as mentioned above.

While observing on the mosquito breeding site, near by the respondents living home, it was found that about 70% of the houses were free from it, but still about 30% of the respondents had the mosquito breeding site nearby their living home.

It was observed that about 64% of the respondents’ homes had a risk of indoor pollution, but 36% of the homes were free from it. Similarly on the risk for the dust pollution, it was found that about 75% of the respondents home were free

from the risk of dust pollution, but still about 25% homes had risk of having dust pollution.

Sufficient sunlight in and around the house is necessary it also helps to prevent from having accidents and injuries. Similarly having sufficient light in and around home also prevents the growth of harmful micro-organism, which will provide the natural protection to the family members from various sorts of infections. During the study it was observed that only about 15% of the respondent's homes had sufficient light in and around their home, but still majority i.e. 85% of the population doesn't have sufficient light in and around their home.

Elderly peoples must have toilet near by their residing place, which must be safe and easy for regular use. As the peoples of this age have problem of frequent micturation and fecal incontinence (loss of regular control of the bowels), so having toilet near by their home will make them easy for urination and defecation. During the study, it was observed that only about 35% of the total respondents had facility of toilet near by their home, where as majority i.e. about 65% of the respondents did not had any such facilities, so they go for open field defecation.

Safe and clean drinking water facility is necessary to remain healthy, especially for elderly peoples as they cannot walk a long distance to fetch water that they sufficiently require for cleaning and washing purpose, so it is necessary to have such facilities at their house. During the study it was found that only about 63% of the respondents have facility of drinking water at their homes, but among the 37% of the respondents' home, their was no facility of drinking water.

Sufficient rest and sound sleep is necessary for the old age peoples to remain healthy, so, it is necessary to have separate sleeping room for the elderly family members. Among the respondents it was found that only 43% of them have facility of separate sleeping room at their home, where as still majority i.e. 57% of the respondents did not had separate room, so they have to share their room with some other family members.

Respondents were asked about the satisfaction with the status of their home where they were presently living, in response it was found that the majority i.e. 45% of the respondents were satisfied with it, similarly about 29% did not showed any response toward the question and about 26% of the respondents were not satisfied with the status of their living home.

4.2.3 Occupation and Sources of Income

Regarding the main sources of family income of the respondents' majority i.e. 67% of the respondents told that agriculture as their main source of income, followed by labor having 9%, business having 9%, service having 9%, foreign employment having 5% and about 1% told about having other type of work.

On the past occupation of the respondents, about 73% of them told about agriculture as being their major past occupation, followed by service by 7%, labor by about 6%, business by about 6%, similarly about 4% told that they did not had any past occupation and 2% told about other occupations.

Regarding the present source of their income, majority i.e. about 41% of the respondents told agriculture as the main source of present income, 10% told business as a main source of a income, 4% told about service, 5% told about labor, 6% told on various others sources like seasonal work, where as about 34% of the respondents told that they don't have any such source of income.

4.2.4 Bearing personal expenses

Respondents were asked on bearing their personal expenses, where about 66% of the respondents told that their family are responsible for bearing their personal expenses, similarly about 27% of the respondents told that they are self capable to manage their personal expenses. Some of the respondents also told that their relatives and friends also support them to manage their personal expenses.

Similarly Government of Nepal has made a provision of providing the elderly

allowance to the old age peoples who are above 70 years. Majority of the elderly peoples of this age group responded that they are getting the elderly allowance but it is not provided regularly.

4.3 Family roles and relations

Respondents were asked, if they have any role in the family decision making process, and type of role that were playing. About 62% of the respondents told that they have major role in the family decision making process, where they were mainly involved for taking decision on the financial matters, household work, managing the family's internal issues etc. Still about 38% of the respondents told that they are not being involved in any of the decision making activities of the family.

Relation with the family determines the physical as well as psychological well being of the elderly peoples. On their personal relation with the family, about 63% of the respondents told that the relation with their family is satisfactory, but about 16% of them told that they are not satisfied with their family relation. Where as about 11% of them told that they have conflict relation with their family and about 9% of the respondents showed neutral response.

4.4 Social roles and relations

Old age peoples get pleasure from meeting with their family members, relatives, friends and social gatherings and enjoy sharing their past experiences of life. Such activities help to develop their positive attitude toward themselves and toward their old age. Regarding the trend of friends, relatives and other family members visiting to the respondents it shows that about 66% of the respondents were often visited by their friends, relatives or family members, where as about 18% of the respondents told that their friends, relatives or family members visit them regularly but still about 15% of the respondents told that they are not visited by their friends, relatives or any family members.

Regarding their involvement in any organizations or social groups, about 82% of the respondents told that they are not involved in any organizations or social groups, where as about 18% of the respondents told that they are being involved in such organizations and groups.

4.5 Health Problems and Factors affecting Health Status

Health of elderly peoples is affected by various internal and external factors. On this some of the internal and most of the external factors can be controlled by the individuals to keep them healthy. Some of such influencing factors that were included in the study are discussed below.

4.5.1 Addiction

During the study, it was found that about 56% of the respondents have the habit of addiction. Out of the total respondents who told that they have habit of addiction it was found that about 62% of the respondents have addiction of ciggeratte, about 21% told of having addiction of chewing tobacco, about 15% told on having addiction of alcohol and about 2% had addiction of taking “guttka/pan”.

4.5.2 Regular Exercise

Doing regular exercise is necessary for elderly population to keep them fit and healthy. Among the study respondents about 65% of them told that they regularly do exercise, but still about 35% of the respondents told that they don't do any sort of regularly exercises.

4.5.3 Eating Frequency

Old age peoples should take food regularly with short interval of time, so that easily digest it and get proper nutrition. Study respondents were also asked how often they eat in a day, about 57% of the respondents told that they eat twice a day, similarly about 29% of the respondents told that they take food three times in a day. Where as about 12% of the respondents told that they taken food just once in a day.

4.5.4 Food satisfaction

Respondents were asked on the status of satisfaction that they get from their daily food. About 48% of the respondents told that they are satisfied with the food that they take, similarly considerable number of the respondents i.e. about 30% of the respondents told that they were unsatisfied with their daily food and about 21% of the respondents did not like to show any response.

4.5.5 Utilization of the leisure time

Proper utilization of the leisure time will help the elderly peoples to strengthen their creativity and also help them to energize them and maintain their psychological status. Respondents were asked on the utilization of their leisure time, where about 50% of the respondents told that they do agriculture related activities like gardening, working in the farm, grazing cattle etc, like wise about 25% of the respondents told that they gossip with their friends and relatives during their leisure time, about 14% of the respondents told about listening radio, about 5% told about reading books and magazines, about 4% told about watching television and about 2% told on doing “Puja/Bhajan” i.e. religions activities.

4.5.6 Safety feeling with the surrounding

On feeling safety with their surrounding, about 78% of the respondents told that they feel safe with their surrounding environment, where as about 22% of the respondents told that they don't feel safe with their surrounding environment.

4.5.7 Old age satisfaction

Study data shows that only about 29% of the respondents were satisfied with their old age, where as about 56% of the respondents told that they were not satisfied with their old age and about 15% of the respondents showed the neutral response.

4.5.8 Place for taking treatment and trend of health checkup

Respondents were asked on the place where they usually visit when they become sick for taking the health service. Majority i.e. about 68% of the respondents told

that they visit the health facility, similarly 15% of the respondents told that they visit the traditional healer, about 11% told that they don't go anywhere for taking the treatment, about 3% told that they go to the Baidhaya .

Respondents were asked on their regular health check-up, about 79% of the respondents told that they don't go for it, where as about 17% of the respondents told that they go for the regular health checkup. Regarding the time interval for doing health checkup, respondents told that they go for the checkup whenever they get time to visit the health facility.

4.5.9 Health Center Accessibility

Respondents were asked where the health facility is accessible for them to take the health service, about 76% of the respondents told that it is accessible, where as about 24% of the respondents told that it is not assessable for them.

4.5.10 Bearing the Medical Cost

As in the old age, elderly population has less financial resources and their sources of income are also limited, so for bearing their personal expenses including their medical cost can be a challenge for them. Respondents were asked how they manage their medical cost. About 59% of the respondents told that their families bears their medical cost, whereas about 33% of the respondents told that they self bear their medical cost, about 5% respondents told that they get the service at free of cost, about 3% told that their friends, relatives and others afford it for them.

4.5.11 Health Status effecting daily activities

Respondents were asked whether their health status has affected their daily activities, about 67% of the respondents told that their daily activities has been affected by their health and about 33% of the respondents told that their daily activities has not been affected by their health status.

4.5.12 Major Health problems and trend of Medication

Regarding their health history on various diseases that are related with their old age, it was found that about 19% of the respondents had cardiovascular disease; out of them only 57% had used the drug for the disease.

Digestive system related disease was found among 54% of the respondents, out of them only 68% had used the drug for the treatment of disease. Similarly respiratory disease was found among 45% of the respondents, out of them only 66% had used the drug for the disease.

Muscular and skeleton related diseases, about 46% of the respondents had the problem with it, out of them only 60% had used the treatment drug. Urinary system related disease was found among 28% of the respondents, out of them only 62% had used the drug for the disease.

Reproductive health related disease was found among 16% of the respondents, out of them only 50% of the respondents had used the treatment drug. Similarly 7% of the respondents told on having blood related diseases, out of them about 73% of the respondents had used the treatment drug.

Nervous and mental health related problems were found among 9% of the respondent, out of them about 72% of the respondents were found to be using the drug for the problem. Similarly a hormonal and endocrine related disease was found only among 2% of the respondents, of them about 50% had used the drug for the related problem.

4.5.13 Dental Health

During the old age, it is seen that majority of the elderly population have the dental problems and incomplete set of teeth. Respondents were asked on having complete set of dentition, where about 80% of the respondents told that they don't have complete dentition.

On their daily brushing habit, only about 25% of the respondents told that they regularly brush their teeth, similarly about 25% of the respondents told that they brush irregularly, it is remarkable that about 50% of the respondents do not brush their teeth at all, which can be taken as the main cause behind having different dental problems and having incomplete dentition.

Regarding their dental problems, about 23% of the respondents told that they had problem of dental caries, about 27% of them had problem with dental plaque and stain, about 7% had problem of dental pain, similarly about 27% of the respondents were found of having multiple problem (i.e. dental caries, dental plaque and stains, dental pain) and about 6% of the respondents told that they don't have any dental problems.

Having dry mouth is also another important problem of elderly peoples. During the study the respondents were asked on having such problem, about 58% of the respondents complained on dry mouth problem. Those respondents were asked about the consequential problem related with it where 57% of the respondents told that they have problem during speaking and about 43% of them told that it is difficult during swallowing food.

4.5.14 Eye Health

Our eyesight changes as we get older, often resulting in a weakened ability to see things clearly. Poor night vision, sensitivity to glare, and a diminished sense of depth perception are all part of normal aging. Due to the poor vision, a chance of having accidents and injuries also increases during this period. So the elderly population should check their eye and vision regularly.

Study respondents were asked on the various eye health related problems that they had, from the data it shows that about 7% of the respondents don't have any ocular problems where as about 92% of the respondents had some sorts of ocular problems, out of them about 7% of the respondents told that they have difficulty

to see near objects; about 14% of them told that they have difficulty to see the distance objects, about 23% of the respondents told that they see things blurry, about 3% of the respondents told that they don't see any thing, where as about 36% of the respondents have the multiple eye problems.

Among those respondents who had problem with seeing the near objectives, were asked about the corrective measures that they had taken for improving their vision, about 66% of the respondents have not taken any measures to improve their vision, about 29% of the respondents told that, they have used glasses, about 1% of the respondents told that they have used the medicine and about 4% of them responded that they have used both i.e. medicine and the glasses.

Those respondents who had problem with seeing the distance objectives were also asked on the corrective measures that they have taken for improving their vision, it was found that about 70% of the respondents have not taken any measures to improve their vision, similarly about 22% of the respondents told that they have used glasses, about 1% told that they have used the medicine and about 6% told that they have used both measures i.e. used glasses and medicine.

Respondents, who had problem with the blurry vision, were also asked about the corrective measures that they have taken. About 61% of the respondents told that they haven't taken any measures to improve their vision, about 26% of the respondents told that they have used the glass about 9% told that they have used the medicine and about 4% told that they have done surgery.

They were asked on having any other ocular problem more than mentioned above, where about 71% of the respondents told that they don't have any problems, but still 29% of the respondents told that they also have other ocular problems, where the major problems that they had told were frequent pain in eye, frequent tearing, having double vision etc.

4.6 Quality of life:

For assessing the quality of life of elderly peoples, indicators were taken with reference of EQ-5D, the taken indicators had mainly focused on their movement, self care taking state, on doing daily activities, pain and discomfort, having anxiety and tension apart from those five indicators their present day's health status was also compared to the past 12 months.

On the indicator related with movement, about 35% of the respondents' doesn't have any problem in walking about, where as about 55% of the respondents have expressed that they have some problem in walking about and about 11% of the respondents told that they are just confined to the bed due to the severity of problem.

On the indicator related with self care taking, about 52% of the respondents told that they have no problem with self care, where as about 39% of the respondents told that they have some problem for washing, bathing and changing cloths, and about 9% of the respondents expressed that they are unable for washing, bathing and changing their cloths.

On the indicator related with usual activities (e.g. work, study, housework, family or leisure activities), about 23% of the respondents told that they do not have any problem on performing their usual activities, about 58% of the respondents told that they have some problems for conducting their usual activities and about 19% of the respondents expressed that they are unable to perform their usual activities.

On the indicator related with pain and discomfort, about 22% of the respondents told that they don't any such pain or discomfort, about 60% of the respondents told that have moderate pain and discomfort, where as about 18% of the respondents expressed that they have extreme pain and discomfort.

On the indicator related with anxiety and depression, about 21% of the respondents told that they are not anxious or depressed, about 49% of the respondents told that they are moderately anxious or depressed and about 31% of the respondents expressed that they are extremely anxious and depressed.

On the indicator relates with their general health status of today relative to past 12 months, about 19% of the respondents expressed that it is better than the rest of the year, about 52% of the respondents told that it is same as compared to past 12 months and about 30% of the respondents expressed that it is worse than as compared with the past 12 months.

Chapter Five: Discussion

Elderly stage is the natural phenomenon that occurs in the lifecycle of every human being, but the way of perceiving the elderly stage and their status, role and responsibilities differ according to the place and society. Elderly stage is a gradual process of shifting from middle stage. In many parts of the world, people are considered old because of certain changes in their activities or social roles, like when they become grandparents, or when they are less productive, or when they get the retirement. In Nepal, people are often considered old when they get retirement from the job i.e. usually after 58 years, similarly in social context when they become grand parents and biologically when they become physically fragile, with poor vision and incomplete dentations etc.

Old age has a dual definition. It is the last stage in the life processes of an individual, and it is an age group or generation comprising a segment of the oldest members of a population. The social aspects of old age are influenced by the relationship of the physiological effects of aging and the collective experiences and shared values of that generation to the particular organization of the society in which it exists.

Change in socio-economic status and various health problems adversely affect an individual's way of life during old age. There is different cut-off rate for age to consider as an elderly, but the United Nation agreed cutoff is 60+ years when referring to the elderly population. Statistics from the United Nations reveal that the number of persons above 60 shall move from about 600 million to nearly two billion in 2025, representing nearly six per cent of the population of developing countries (12).

As mentioned above, these groups of peoples are physically fragile and socially vulnerable from different aspects. Due to the physical weakness they are prone for different diseases and due to the process of aging they naturally suffer from various health problems, deformities in their body organs and social problems.

Similarly due to the change in their roles and responsibilities in their families and in society, it is seen that they are being deprived from family or social participation, from their decision making roles and from various family and social responsibilities. To visualize the actual scenario of all these different issues among the elderly population, this study was conducted in the three districts of the Far-western region to assess their social and health status.

This is a cross-sectional study, including both qualitative as well as quantitative data which was conducted in the three district of Far-western region, randomly selecting one district each from mountainous, hilly and terai districts. So the selected districts were Darchula from mountainous districts, Doti representing the hilly districts and Kanchanpur representing the terai districts.

Reason behind for selecting the Far western region, was due to the interest of the researcher. Similarly this region is politically, administratively deprived from various facilities that are necessary and basic for the survival of a human being. As the unemployment rate and poverty is also comparatively higher than the other regions of the country, so it is necessary to envision the circumstances including their health and social status.

General information

According to the age wise classification of the respondents, it shows that about 77% of the study respondents were from young elderly group (age group from 60 to 74 years); remaining 23% of the study populations were from the middle and late elderly group(above 75 years). According to the data provided by the CBS representing the national status, it shows that 80% out of the total elderly population is from young elderly group where as 20% of the elderly population were from above 75 years (2). In Nepal, the older population is increasing both in terms of absolute numbers and as a proportion of the total population. According to the census 2001, there were 1.6

million elderly inhabitants, this constitutes 7.46% of the total population and it is estimated to be double by 2017.

About 51% of the study respondents were female and about 49% were male, which is compatible with the 2001 census data. Their caste information was taken with reference of caste divisions made by the National foundation for development of Indigenous Nationalities (NFDIN) that were categorized into Upper caste, Janajaties, Dalits and Religious Minorities. From the study data it shows that this area is dominantly resided by the population from upper caste, which was about 79% of total study respondents, followed by Dalit and Janajaties. Considering their religious background, majority i.e. 99% of the respondents were the followers of Hinduism.

Study results showed that only about 64% of the elderly respondents were at the state of married, where as considerable number i.e. about 33% were at the state of not having any of one partner i.e. death of their spouse. It shows the significant relation between being at the state of married and involvement in the social organization ($p < 0.05$), which can interpreted as if their spouse is alive they are more socially active and healthy.

From the study findings, about 38% of the respondents have children with in range of 1-3 in numbers, about 33% told on having with in the range of 4-5 in numbers and 23% of the respondents told that they have more than 5 children. Presently total fertility rate of Nepal is 3.1, so from the study data it shows that about 56% of the respondents have more than 3 children. From above information we can say that majority of the respondents had more than 3 children so have a large family size.

Type of family with whom they are living also determines their social well being. Due to the modernization, and influence of western culture, the trend of Nuclear family has increased in Nepal. But in contrast the study findings show that about 77% of the respondents were still living in a joint family. Concerning their physical and mental and social wellbeing, joint family is better than the nuclear family because in

such families they can get family care and supports as well as they don't have to be lonely, as they can have their grandchildren and other members of the family, with whom they can talk and share. Similarly in most of the developed countries it is seen that during the old age elderly peoples are found to be living in the old age homes, but the study findings shows that about 87% of the respondents were living with their families. The Living Standard Measurement Survey conducted in 1996 shows that about 93% of the elderly (60 years and above) lived with their children i.e. with their family, which shows that the trend of living with family members is decreasing. But one of the study conducted among the peoples over the age of 75 years living in and around Melton Mowbray shows that about 46% of them were living alone (13). It shows that trend of elderly peoples living with the family is much more in our context. The reason behind on finding more elderly peoples living with their families might be due to the lack of elderly homes, although they may be willing to stay in such elderly homes which can be predicted by the response provided by the 26% of the respondents on not having satisfied with the status of their living home.

Environment in and around the home where the elderly peoples are living is also important for making their life easier and healthier. The study showed that about 52% of the respondents had "Pakka" i.e. home made out concrete, similarly in the majority of the respondents homes it was observed that the environmental condition in and around their home was seen safe and free from the mosquito breeding site and also free from air and dust pollution, but still facilities of toilet, drinking water and separate sleeping room was not sufficiently found in majority of respondent's home.

Similarly only 15% of the respondents' homes had sufficient sunlight in and around their homes, which increases the chances of getting injuries, falls and other sorts of accidents. Due to such insufficiency of proper sunlight their might be chances of growth of various sorts of micro-organism inside their home which may cause various infectious diseases.

Considering the 2001 census data 86% of total populations are living in the rural

areas where agriculture is taken as their main sources of subsistence. Regarding the personal and family's source of income of the respondents it was found that agriculture was their main source of their income for about 67% of the respondents, in addition to that considerable number of them were also involved in business, service, foreign employment, labor etc. On making their personal expenses majority of the respondents were supported by their families and about 27% of the respondents were self bearing their personal expenses. Elderly peoples must have control on the economic resources, so that they can self be capable for taking health services and fulfill their other necessities.

Elderly peoples are the head of family and their experiences should be respected, as they have matured experiences which are really supportive for the comprehensive development of the family. On this issue about 63% of the respondents had expressed that they were satisfied with their family relation, which can be taken as a positive indicator for our social development. It shows that elderly male populations are more satisfaction with their family relation than females. Where as still about 11% of the respondents had expressed that they had conflicted relation with their family, which is a matter of concern for our society as we don't have elderly homes for those population, so if they have to live with a family having conflicted relation, it can create psychological problems on these population.

Involvement in the social organization is also important for the elderly population to spend their retired life in productive way, and also makes them easy for sharing their experiences and views to the society; such involvement helps them to make proper utilization of their experience, knowledge and skill. Study shows that only 18% of the respondent's were involved in some organizations or social groups. It shows the significant relation between the elderly who were at the state of married and their involvement in some organization or in social groups ($p < 0.05$).

It is found that about 56% of the respondents had addiction behavior, which is actually not good for their personal health similarly as the old age peoples are taken as a role model by their family members especially their grandchildren, who may

copy their addiction behavior. The most common type of addiction was smoking and use of chewing tobacco which as found to be used by 62% and 21% respondents respectively. Especially in developing countries the rate of smoking and using chewing tobacco higher which shows more comparable results with the study.

Study shows that there is significant relation between the male sex elderly peoples and use of addiction, ($p < 0.05$), similarly relating the caste and addiction behavior, it shows that the elderly from Janjati and Dalits groups had more addictive behavior than the elderly from higher caste groups.

Regular exercise is important to remain healthy and fit, various research activities have indicates that staying physically active can help to prevent or delay certain diseases; including some cancers, heart disease and diabetes, and also relieve depression and improve mood. Where as inactivity often accompanies advancing age and also increases the chances of non-communicable disease. In developing countries including Nepal due to the other burden of work and lack of proper supportive environment elderly peoples are not involved in such activities, as shown by the study results only about 65% of the peoples are involved in regular exercise.

Like exercise, eating habits is also important for successful aging, for this old peoples need to eat foods rich in nutrients and avoid the junk food. For keeping the good health and maintaining the nutritional status of the elderly population they should also frequently take the food at the time interval, at least four times per day, but among the study respondents majority of them i.e. about 57% were found to be taking food only twice a day and considerable number of i.e. about 12% of the respondents were taking food just once a day.

It is important that the elderly peoples should be satisfied with their old age status, as it is necessary to maintain their proper physical and psychological status. Only about 34% of the respondents were satisfied with their old age. It shows the significant relation between the old age satisfaction and elderly peoples of Janjati and Dalit cast

($p < 0.05$), i.e. the elderly peoples from the Dalit and Janjati groups were more satisfied than those from the higher caste.

Health Problems

Elderly peoples have high chances of getting various communicable and non-communicable diseases, so for timely screening and getting proper treatment they should go for regular health checkup. During the study period, the major health problems that were identified among the respondents were eye problem (among 93%), dental problems (among 80%), digestive problem (54%), respiratory problems (among 45%), skeletal and muscular problems (among 46%), urinary problems (among 28%) and cardiovascular problem (among 19%). Although the existence of the problem was found to be at higher rate but it was found that about only 17% of respondents were having regular health checkup, which is considerably low, it may be due to dependency of the respondents on their family members for managing the cost of the health expenses that they need for regular medical checkup. Similarly it shows the significant relation between self bearing medical cost and regular health checkup ($p < 0.05$) i.e. those elderly peoples who were able to afford their medical expenses themselves, were the one who had regularly visited for the health checkup.

In Nepal apart from visiting the health facility peoples also visit different other places for getting the health services like traditional healers, herbiest, baidhyas etc, from the study it was seen that about 68% of the study respondents have a trend of visiting the health facility, but still remaining respondents told that they prefer visiting traditional healers and baidhyas for taking health service.

Presence of old age result into physical weakness as well as degeneration of various body organs including erosion of teeth. So incomplete dentition is also one of the important problem that exist among the elderly peoples, the study shows that about 80% of the respondents had a problem of incomplete dentition, one of the major reason behind having such problem may be due to irregular brushing. Study shows that only 25% of the respondents brush their teeth regularly, and it also shows the

significant relation between male sex and trend of regular brushing ($p < 0.05$).

Eyesight changes as we get older, often resulting in a weakened ability to see things clearly. Poor night vision, sensitivity to glare, and a diminished sense of depth perception are all part of normal aging. Elderly peoples should check their eyes regularly to get proper prescriptions for using glass and also to make sure on the disease conditions such as glaucoma, cataract, retinopathy etc. From the study data it shows that about 92% of the respondents have some sort of ocular problems, out of them about 36% of them had multiple problems in eye. Taking the reference of WHO classification, about 26% eyes were found to have visual impairment (i.e. less than 6/18-6/60) in the presenting visual acuity, where as no severe visual impairment (having vision $< 6/60-3/60$) and blind (having vision $< 3/60$) were found.

Quality of life:

It is the natural phenomena that during the old age quality of life get detoriate, so it is necessary to maintaining the quality of life. For assessing the quality of life, indicators were taken with reference of EQ-5D. It provides a simple descriptive profile and a single index value for health status. The main indicators included were related with their movement, self care taking state, on doing daily activities, pain and discomfort, having anxiety and tension and rating their present day's health status as compared to the past 12 months.

Proper movement is necessary to maintain the quality of life, having problem with the movement will reduce the physical as well social activities of an individuals. Among the respondents about 11% of them told that they are just confined to the bed due to the severity of problem.

Similarly for maintaining personal hygiene and taking self care on cleanliness individuals should be capable for washing, bathing and changing cloths, but incase of the respondents about 9% of them expressed that they are unable for washing, bathing and changing their cloths. Similarly about 19% of the respondents expressed that they

are unable to perform their usual activities and about 18% of the respondents expressed that they have extreme pain and discomfort.

Anxiety and depression are commonly seen among the elderly peoples as they are more susceptible due to the physical and hormonal changes and also due to their social and family relations. Among the study respondents about 31% of the respondents expressed that they are extremely anxious and depressed, which shows the large number of population were having such problem.

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Annexes:

Table 3: Demographic and Environmental Health Status

Description	Frequency	Percent
Age group		
60-64	113	34.77
65-69	92	28.31
70-74	46	14.15
75-79	41	12.62
80+	33	10.15
Total	325	100.00
Sex		
Female	165	50.77
Male	160	49.23
Total	325	100.00
Caste		
Upper caste	256	78.77
Janjati	21	6.46
Dalit	48	14.77
Total	325	100.00
Religion		
Hindu	323	99.38
Buddhist	2	0.62
Total	325	100.00
Marital status		
Married	208	64.00
Unmarried	6	1.85
Death of spouse	106	32.62
Separated	5	1.54
Total	325	100.00
Number of child		
1-3	123	37.84
>3	181	55.69
None	21	6.64
Total	325	100.00
Family type		
Nuclear	58	17.85
Joint	251	77.23
Extended	16	4.92
Total	325	100.00

Presently living with		
Single	31	9.54
With Family	283	87.08
With relatives	8	2.46
Others	3	0.92
Total	325	100.00
Type of home		
Kachchha	91	28.00
Pakka	170	52.31
Both	64	19.69
Total	325	100.00
Indoor air pollution		
Yes	208	64.00
No	117	36.00
Total	325	100.00
Toilet at home		
Yes	115	35.38
No	210	64.62
Total	325	100.00
Dust pollution		
Yes	81	24.92
No	244	75.08
Total	325	100.00
Mosquito breeding site		
Yes	96	29.54
No	229	70.46
Total	325	100.00
Drinking water facility at home		
Yes	203	62.46
No	122	37.54
Total	325	100.00
Separate sleeping room		
Yes	139	42.77
No	186	57.23
Total	325	100.00
Light in and around home		
Yes	49	15.08
No	276	84.92
Total	325	100.00

Table 4: Source of income and economic status

Source of family income		
Business	28	8.62
Agriculture	217	66.77
Service	29	8.92
Foreign employment	16	4.92
Labor	31	9.54
Others	4	1.23
Total	325	100.00
Past occupation of respondents		
Service	23	7.08
Business	20	6.15
Agriculture	239	73.54
Labor	21	6.46
None	13	4.00
Others	9	2.77
Total	325	100.00
Present Income source		
Service	14	4.31
Business	33	10.15
Agriculture	132	40.62
Labor	16	4.92
None	110	33.85
Others	20	6.15
Total	325	100.00
Bearing personal expenses		
Self	89	29.28
Family	215	70.72
Total	304	100.00
Elderly allowance		
Yes	96	30.57
No	218	69.43
Total	314	100.00

Table 4: Family and Social Status

Role in family decision		
Yes	202	62.15
No	123	37.85
Total	325	100.00
Family relation		
Satisfactory	204	62.77

others	121	37.23
Total	325	100.00
Visited by relatives		
Regular	60	18.46
Often	217	66.77
Do not visit	48	14.77
Total	325	100.00
Engaged in organization/social groups		
Yes	59	18.15
No	266	81.85
Total	325	100.00

Table 5: Health and its Influencing Factors

Addiction		
Yes	183	56.31
No	142	43.69
Total	325	100.00
Regular exercise		
Yes	210	64.62
No	115	35.38
Total	325	100.00
Eating frequency		
Once	39	12.00
Twice	185	56.92
Thrice	96	29.54
Four times a day	3	0.92
Others	2	0.62
Total	325	100.00
Food satisfaction		
Satisfied	156	48.00
Unsatisfied	97	29.85
Neutral	69	21.23
Others	3	0.92
Total	325	100.00
Personal Safety feeling		
Yes	253	77.85
No	72	22.15
Total	325	100.00
Old age satisfaction		
Satisfied	95	34.30
Unsatisfied	182	65.70

Total	277	100.00
Place for treatment		
Health facility	222	68.31
Baidhay	9	2.77
Traditional Healers	50	15.38
No where	35	10.77
Others	9	2.77
Total	325	100.00
Regular Health check up		
Yes	56	17.23
No	256	78.77
Others	13	4.00
Total	325	100.00
Health centre accessibility		
Yes	246	75.69
No	79	24.31
Total	325	100.00
Bearing Medical cost		
Self	108	33.23
Family	191	58.77
Get free of cost	15	4.62
Friends	5	1.54
Others	6	1.85
Total	325	100.00
Health status effecting daily activities		
Yes	218	67.08
No	107	32.92
Total	325	100.00

Diseases

Description	Frequency	Percent
Cardiovascular diseases		
Yes	61	18.77
No	264	81.23
Total	325	100.00
Respiratory diseases		
Yes	145	44.62
No	180	55.38
Total	325	100.00
Urinary diseases		
Yes	92	28.31
No	233	71.69

Total	325	100.00
Digestive diseases		
Yes	175	53.85
No	150	46.15
Total	325	100.00
Muscular diseases		
Yes	151	46.46
No	174	53.54
Total	325	100.00
Reproductive health diseases		
Yes	54	16.62
No	271	83.38
Total	325	100.00
Blood diseases		
Yes	22	6.77
No	303	93.23
Total	325	100.00
Mental and nervous diseases		
Yes	29	8.92
No	296	91.08
Total	325	100.00
Endocrine and hormonal diseases		
Yes	8	2.46
No	317	97.54
Total	325	100.00

Dental Health

Description	Frequency	Percent
Dental status		
Non complete	260	80.00
Complete	65	20.00
Total	325	100.00
Brushing status		
Regular brushing	80	24.62
Not brushing	164	50.46
Irregular brushing	81	24.92
Total	325	100.00

Eye Health

Description	Frequency	Percent
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Visual Acuity (Uncorrected)		
6/6-18	473	73.91
<6/18-6/60	167	26.09
<3/60	0	0.00
Total	640	100.00

Quality of life

Description	Frequency	Percent
Movement		
No problems	112	34.78
Some problems	176	54.66
Severe problems	34	10.56
Total	322	100.00
Self care taking		
Capable	167	51.86
Some problem in bathing and washing	125	38.82
Severe problem in bathing, washing and changing clothes	30	9.32
Total	322	100.00
Regular activities		
No problems	74	22.98
Some problems	187	58.07
Severe problems	61	18.94
Total	322	100.00
Pain and discomfort		
No problems	70	21.74
Some problems	193	59.94
Severe problems	59	18.32
Total	322	100.00
Anxiety and tension		
No problems	66	20.56
Some problems	156	48.60
Severe problems	99	30.84
Total	321	100.00

जेष्ठ नागरिक हरूको सामाजिक तथा स्वास्थ्य अवस्था मापन सम्बन्धि अनुसन्धानको प्रश्नावली

परिचय र मन्जुरीनामा

नमस्ते मेरो नाम हो । यो अनुसन्धान गर्न नेपाल स्वास्थ्य अनुसन्धान परिषद, रामसाह पथ, काठमाण्डौं वाट स्वीकृत लिईएको हो । यो अध्ययन सुदूर पश्चिमका विभिन्न क्षेत्रमा वसोवास गरेका बृध्वृधाहरुको सामाजिक तथा स्वास्थ्य अवस्था के कस्तो छ भनि मापन गर्नकालागि गरिएको हो । यसै अध्ययनको सिलसिलामा म तपाईंको वर्तमान स्वास्थ्य र सामाजिक अवस्थाका बारेमा छलफल गर्ने छु साथै त्यसै संग सम्बन्धित केहि प्रश्नहरु पनि सोध्ने छु ।

यस अनुसन्धानका सिलसिलामा तपाईं वाट लिएका जानकारीहरु गोप्य राखिनेछन् । यो अध्ययनमा तपाईंको सहभागिता स्वेच्छिक हुनेछ । यदि तपाईंलाई कुनै वा सबै प्रश्न व्यक्तिगत वा सम्बेदनशील लागेमा उत्तर नदिने पनि सक्नु हुनेछ । तर म यो आशा गर्दछु कि तपाईं यस अनुसन्धानमा सहभागी हुनु हुनेछ र तपाईंले दिनु भएका जानकारीहरु यो अनुसन्धानका लागि महत्वपूर्ण हुनेछन् । यदि तपाईं यस अध्ययनमा सहभागी हुन चाहानु हुन्छ भने म करिब ३० मिनेट जति कुराकानी गर्नेछु ।

के तपाईं यस अध्ययनमा सहभागी हुन इच्छुक हुनुहुन्छ ?

छु 1 —→ अन्तरवार्ता शुरु गर्ने

छैन 2 —→ अन्तरवार्ता यही टुंग्याउने, धन्यवाद दिने

डेमोग्राफी प्रश्नावली

१) नाम उमेर

२) लिंग :	क) महिला	ख) पुरुष	ग) अन्य		
३) जात	क) उपल्लो जात	ख) जनजाति	ग) दलित	घ) अल्प संख्यक धर्मावलम्बी	
४) धर्म	क) हिन्दु	ख) बौद्ध	ग) क्रिश्चियन	घ) मुस्लिम	ङ) अन्य
५) विवाहित स्थिति :	क) विवाहित	ख) अविवाहित	ग) विधुवा	घ) छुट्टेर बसेको	ङ) अविवाहित तर सगै बसेको
६) छोराछारीको संख्या	क) छैन	ख) १-३	ग) ४-५	घ) ५ भन्दा माथि	ङ) अन्य
७) पारिवारिक किसिम	क) एकल	ख) संयुक्त	ग) बृहत		
८) हाल कोसँग बसीरहनु भएको छ ?	क) एकै	ख) परिवारसँग	ग) नातेदारसँग	घ) साथीहरूसँग	ङ) बृद्धाश्रम च) अन्य

सामाजिक आर्थिक स्थिति प्रश्नावली :

९) बसिरहेको घरको अवस्था :(अवलोकन पत्र)

बसिरहेको घरको किसिम	क) कच्चा	ख) पक्का	ग) कच्चापक्का		
घर वरीपरि लामखुट्टे विकसित हुनेठाउँ	क) छ	ख) छैन			
घरभित्र हुने धुवा वा वायुको प्रदुषण	क) छ	ख) छैन			
घर नजिकै धुवाधुलोको प्रदुषण	क) छ	ख) छैन			
घरमा चर्पीको ब्यवस्था	क) छ	ख) छैन			
घरमा सफा खानेपानीको ब्यवस्था	क) छ	ख) छैन			
घरमा छुट्टै सुत्ने कोठाको ब्यवस्था	क) छ	ख) छैन			
घर वरीपरि घाम वा उज्यालो	क) छेक्छ	ख) छेक्दैन			

१०) तपाईं हाल बसिरहनु भएको घरको अवस्था प्रति सन्तुष्ट हुनुहुन्छ?	क) सन्तुष्ट	ख) तटस्थ	ग) असन्तुष्ट	घ) अन्य		
११) परिवारको मुख्य आयआर्जनको श्रोत	क) व्यापार	ख) खेतिपाति	ग) जागिर	घ) वैदेशिक रोजगार	ङ) ज्यालादारी	च) अन्य

१२) तपाईंको पारीवारिक निर्णायमा भुमिका हुन्छ ?	क) हुन्छ	ख) हुँदैन				
हुन्छ भने कस्तो						
१३) तपाईंको विगतको पेशा के थियो ?	क) जागिर	ख) ब्यापार	ग) खेतिपाती	घ) ज्यालादारी	ङ) थिएन	च) अन्य
१४) तपाईंको हालको आर्थिक श्रोत के हो ?	क) जागिर	ख) ब्यापार	ग) खेतिपाती	घ) ज्यालादारी	ङ) छैन	च) अन्य
१५) तपाईंको ब्यक्तिगत खर्च कसले ब्यहोर्छ ?	क) आफै	ख) परिवारले	ग) नातेदारले	घ) साथीभाईले	ङ) बृद्धाश्रम	च) अन्य
१६) के तपाईंले सरकारी वृद्ध भत्ता पाउनु भएको छ ?	क) छ	ख) छैन				
१७) यदि पाउनु भएको छ भने	क) नियमित	ख) अनियमित				
१८) यदि नियमित पाउनु भएको छ भने कति पाउनु भएको छ						
१९) तपाईंको परिवारसँग सम्बन्ध कस्तो छ ?	क) सन्तोषजनक	ख) असन्तोषजनक	ग) कुरा मिल्दैन	घ) तटस्थ	ङ) अन्य	
२०) तपाईंलाई भेट्न आफन्त वा नातेदार कतिको आउने गर्दछन ?	क) नियमित आइरहन्छन	ख) कहिलेकाहिँ आउछन	ग) आउदैनन	घ) अन्य		
२१) कुनै संघसंस्था वा सामाजिक समुहसँग आवद्ध हुनुहुन्छ ?	क) छु	ख) छैन				
२२) यदि आवद्ध हुनुहुन्छ भने संघसंस्था वा समुहकोनाम.....						

ब्यक्तिगत ब्यवहार प्रश्नावली

२३) तपाईंको कुनै अम्मल लिने वानी छ ?	क) छ	ख) छैन				
२४) यदि छ भने	क) रक्सी	ख) चुरोट	ग) सुर्ति	घ) गुटखा पान	ङ) अन्य	
२५) तपाईं दैनिक हिँडडुल तथा ब्यायाम गर्नुहुन्छ ?	क) गर्छु	ख) गर्दिन				
२६) तपाईं दिनको कति पटक खाना खानुहुन्छ ?	क) एक	ख) दुइपटक	ग) तीन पटक	घ) चार पटक	ङ)अन्य	
२७) तपाईं सधैं खाने खानाबाट सन्तुष्ट हुनुहुन्छ ?	क) सन्तुष्ट	ख) असन्तुष्ट	ग) तटस्थ	घ) अन्य		
२८) तपाईंको दिनचर्या कसरी बिच्छ ?	क)घरायसी / कृषि कामकाज	ख) रेडियो सुनेर / टि.भि. हेरेर	ग) साथीभाई वा छिमेकिसँग कुरागरेर	घ) पुजा वा भजनकिर्तन गरेर	ङ) किताब वा पत्रपत्रिका पढेर	च) अन्य
२९) तपाईंले आफु वरिपरिको वातावरण सुरक्षित महसुस गरिरहनु भएको छ ?	क) छ	ख) छैन				

३०) यदि छैन भने .के बाट असुरक्षित महसुस गर्नुहुन्छ ?					
.....					
३१) आफ्नो बृद्धा अवस्था प्रति तपाईं कतिको सन्तुष्ट हुनुहुन्छ ?	क) सन्तुष्ट	ख) असन्तुष्ट	ग) तटस्थ	घ) अन्य	
३२) बृद्धबृद्धाको हितको लागि सरकारलाई तपाईंको के सुझाव छ ?					
.....					

स्वास्थ्य सम्बन्धि प्रश्नावली

३३) तपाईं बिरामी पर्दा कहाँ जानुहुन्छ ?	क) स्वास्थ्य संस्था	ख) वैद्य	ग) धामीभाकी	घ) कतै पनि जाँदैन	ङ) अन्य
३४) तपाईं नियमित रूपमा स्वास्थ्य परिक्षण गरायनु हुन्छ ?	क) गराउँछु	ख) गराउँदैन	ग) अन्य		
३६) गराउनुहुन्छ भने कति समयको अन्तरमा गराउनुहुन्छ ?					
.....					
३६) के स्वास्थ्य सस्था तपाईंलाई पायक पछि ?	क) पछि	ख) पढैन			
३७) स्वास्थ्य उपचारको खर्च कहाँबाट जुटाउनु हुन्छ ?	क) आफै	ख) परिवारले बेहोर्छ	ग) निशुल्क पाइन्छ	घ) बृद्धाश्रमले व्यहोर्छ	ङ) माथीभाई
३८) तपाईंको स्वास्थ्य स्थितिले तपाईंका दैनिक क्रियाकलापमा असर पारेको छ ?	क) पारेकोछ	ख) पारेकोछैन			

सामान्य स्वास्थ्य प्रश्नावली १ ज्कतयचथ त्वपप्लन०

३९) तल उल्लेख गरिएका प्रणालिमा कुनै राग छ भनि सोध्ने ?

प्रणाली	रोग		यदि रोग छ भने औषधि प्रयोग		यदि औषधि प्रयोग गरेको छ भने मासिक खर्च कति लाग्छ
	छ	छैन	छ	छैन	
१) मुटु तथा रक्तप्रणाली					
२) श्वासप्रश्वास प्रणाली					
३) मृगौला तथा मुत्र प्रणाली					
४) पाचन प्रणाली					
५) हड्डी तथा माशपेशी प्रणाली					

६) प्रजनन प्रणाली					
७) रगत सम्बन्धि					
८) दिमाग र नशा सम्बन्धि					
९) ग्रन्थी तथा हर्मोन सम्बन्धि					

दाँत तथा मुखको स्वास्थ्य

४०) दाँतहरुको अबस्था	क) भर्रेका छन्	ख) भर्रेका छैनन्			
४१) तपाईं नियमित रूपले दात माँभ्नु हुन्छ ?	क) माँभ्छु	ख) माँभ्दिन	ग) कहिलेकाही माँभ्छु		
४२) तपाईं का दाँतमा कुनै समस्या छ ?	क) किरा लागेका	ख) पहेलो वा कालो भएका	ग) दुख्ने	घ) छैन	ड) अन्य
४३) तपाईंलाई मुख सुख्खा हुने या र्याल नआउने समस्या छ ?	क) छ	ख) छैन			
४४) यदि छ भने यस समस्याले तपाईंको कुन कुरालाई असर पुर्याएको छ ?	क) निल्ल	ख) बोल्न	ग) खानाको स्वाद लिन	घ) श्वास फेर्न	ड) अन्य

आखाँ सम्बन्धि प्रश्नावली

४५) तपाईंलाई आखाँको के समस्या छ ?	क) नजिकको हेर्न गाह्रो हुने	ख) टाढाको हेर्न गाह्रो हुने	ग) केहिपनि नदेखिने	घ) एउटै वस्तु दुइपटक देखिने	ड) धमिलो देख्ने	च) कुनैपनि छैन
यदि -क) भए ४६) नजिक दृष्टि सुधारका लागि तपाईंले के गर्नु भएको छ ?	क) औषधिको प्रयोग	ख) चश्माको प्रयोग	ग) दुवै	घ) केहिपनि गरेको छैन	ड) अन्य	
यदि -ख) भए ४७) दूर दृष्टि सुधारका लागि तपाईंले के गर्नु भएको छ ?	क) औषधिको प्रयोग	ख) चश्माको प्रयोग	ग) दुवै	घ) केहिपनि गरेको छैन	ड) अन्य	
यदि -ड) भए ४८) धमिलो देख्ने समस्या सुधारका लागि तपाईंले के गर्नु भएको छ ?	क) शल्यक्रिया	ख) औषधि खाएको छु	ग) चश्मा लगाएको छु	घ) केहि पनि गरेको छैन	ड) अन्य	
४९) तपाईंलाई आखा सम्बन्धी अन्य कुनै समस्या छन ?	क) छ	ख) छैन				
यदि छ भने <ul style="list-style-type: none"> • के हुन • सो सम्बन्धी उपचार गराउन कहा जानुहुन्छ 						

- यदि उपचार गराउनु हन्छ भने खर्च कहाबाट जुटाउनु हुन्छ

५०) दृष्टि जाँच	दाहिने	देब्रे
नजिक		
टाढा		

Operational Definitions:

प्रश्न नं. ३ का लागि: जात भन्नाले National Foundation for Development of Indigenous Nationalities (NFDIN) का अनुसार विभाजन गरिने छ ।

Upper Cast	Janajatis	Dalits	Religious Minorities
Bramhin (Hill), Chhetri, Thakuri, Sanyasi, Brahman, Rajput, Kayastha, Baniya, Marwadi, Jaine, Nurang, Bengali	Newar, Thakali, Gurung, Magar, Limbu, Tamang, Rai, Sherpa, Bhote, Walung, Byansi, Hyolomo, Gharti/Bhujul, Kumal, Sunar, Baramu, Pahari, Yakkah, Dura, Chhantel, Jirel, Darai, Majhi, Danuwar, Thami, Lepcha, Chepang, Bote, Raji, Hayu, Raute, Kusunda, Tharu, Dhanuk, Rajbanshi, Tajpuriya, Gangai, Dhimarl, Meche, Kisan, Munda, Santhal/Satar, Dhangad/Jhangad, Koche, Pattarkatta/Kusbadiay	Kami, Damai, Sarki, Gaine, Badi, Chamar, Mushar, Dhusadh/Paswan, Tamata, Khatway, Bantar, Dom, Chidimar, Dhobi, Halkhor, Yadav, Teli, Kalwar, Sudhi, Sonar, Lohar, Koiri, Kanu, Haluwai, Hajam/Thakur, Kurmi, Badhe, Bahae, Rajbar, Kewat, Mallah, Nuniya, Kumhar, Kahar, Lodhar, Bing/Banda, Bhediyar, Mali, Kamar, Dhunia,	Muslims, Churoute

प्रश्न नं. १०, ११, १२ र १९ का लागि: परिवार भन्नाले हाल वसिरहेको व्यक्ति समुह वा समुह बुझिने छ ।

प्रश्न नं. २८ का लागि: दिन चर्या भन्नाले दैनिक गरिने नित्य कृयाकलाप वाहेक बाँकि रहेको समयमा गर्ने कृयाकलाप बुझिने छ ।

प्रश्न नं. ४१ का लागि: नियमित रूपले दाँत माभ्नु भन्नाले दिनको एकपटक दाँत माभ्नेको बुझिने छ ।

प्रश्न नं. २० का लागि: आफन्त वा नातेदार भन्नाले आफुसंग नबसेका परिवारका सदस्य वा नातेदार बुझिने छ ।

प्रश्न नं. ३४ का लागि: नियमित स्वास्थ्य परिक्षण भन्नाले कम्तिमा पनि बर्षको एक पटक स्वास्थ्य परिक्षण गरेको बुझिने छ ।

प्रश्न नं ३९ का लागि:
१) मुटु तथा रक्तप्रणाली Hypertension, Chest pain, Heart attack, Heart failure
२) श्वासप्रश्वास प्रणाली TB, Infection, Bronchitis, Chronic Cough, Asthma, Cancer
३) मृगौला तथा मुत्र प्रणाली Urinary incontinence, Polyuria, Renal failure and dialysis, Urinary retention, Urinary infection
४) पाचन प्रणाली Constipation, Diarrhea, Oral problem, Piles, Ulcers, Poor nutrition, Liver disease
५) हड्डी तथा माशपेशी प्रणाली Bone pain, Joint pain, Muscle weakness, Arthritis, Gout
६) प्रजनन प्रणाली Male- prostate disease, Testicular disease Female- uterine problem, Breast problem, Ovarian problem
७) रगत सम्बन्धि Anemia, Coagulation disorder
८) दिमाग र नशा सम्बन्धि Headache, Acute confusion, Parkinsonism, Peripheral neuropathy, Epilepsy
९) ग्रन्थी तथा हर्मोन सम्बन्धि Diabetes, Goiter