Socio-cultural Perspective of Senior Citizens' Health Status in Nepal

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Abstract

This study is an attempt to examine the elderly people's health status differentials according to selected background variables on the basis of Ageing Survey 2014. The general objective of the study was to identify the health status of elderly people from socio-cultural perspective. This study examined the associations of different twelve socio-cultural factors with combination of health outcome (Good or Bad) in older age by applying the cross tables, Chi squire test and binary logistic regression analysis. These variables were selected on the basis of theoretical and empirical studies sighted in the literature reviews. This research found out only three major socio-cultural factors that make variation determine the health status of elderly people in Nepal. General literacy status does not impact the elderly health situation in Nepal, so high level education need to elderly people to improve their health status. Highly appreciating and follow up elderly advices help to increase health status of elderly, so it should be utilized in most societies of Nepal. Kirat religion elderly people were found in good health condition than Hindus. So other religions of Nepal have not significant impact on health status of elderly people compare to Hindu religion.

Key words: Healthy Ageing, Population Ageing, Social Care, Social Security well-being and Senior Citizen.

Introduction

According to Irish writer Johnathan Swift (1667-1745) ageing is viewed as a total process that begins at conception and "everyman desires to live long, but no man would be old". Population ageing is one of the most significant trends of the 21st century. It has important and far-reaching implications for all aspects of society. Around the world, two persons celebrate their sixtieth birthday every second– an annual total of almost 58 million sixtieth birthdays. With one in nine persons in the world aged 60 years or over, projected to increase to one in five by 2050. Population ageing is a phenomenon that can no longer be ignored (UN 2013).

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A population is classified as ageing when older people become a proportionately larger share of the total population. Declining fertility rates and increasing survival at older ages have led to population ageing. Life expectancy at birth has risen substantially across the world. In 2010-2015, life expectancy was 78 years in developed countries and 68 years in developing regions. By 2045-2050, newborns can expect to live to 83 years in developed regions and 74 years in developing regions. In 1950, there were 205 million persons aged 60 years or over in the world.

By 2014, there were 868 million older people in the world, and by 2050 this number will have reached more than 2 billion which is 21 per cent of the world's population. Most will live in developing countries (Age International 2014).

The Nepali proverb, Aago Tapnu Mudako, Kura Sunnu Budhako, means "to receive heat from a burning log, and ideas from older people." It is an indication of the value Nepali society places on the knowledge and experience of older people and their contribution to the family, society and country.

Similar scenario has also been observed in Nepal, experiencing the demographic transition. The Census 2001 revealed the rising number of ageing populations both in absolute and relative terms (CBS, 2003) due to increase in life expectancy and decreasing birth rate (in last few decades (Uprety, 2006).

According to the censuses in Nepal, total elderly population aged 60 years and above consists of 9.1 percent (around 2.7 million) of total population in 2011 which increased from 4.6 percent (1.07 million) of the total population in 1991 to 6.5 percent (1.5 million) in 2001. During the period 1991 to 2001, the annual growth rate of elderly population was 3.39 percent which was higher than the annual growth rate of 2.25 percent. It shows that the number of the elderly population is increasing at more than double the rate of the total population growth (CBS, 2012).

The system of joint/extended family system has been transforming to the nuclear family (Kshetri et al., 2012) and traditional values of taking care and support the elderly parents in their old age by the grown up children particularly sons, are gradually changing (Chaudhary, 2006). So, these changes have profound implications for the support and care of the elderly.

Due to the social change and migration of adult children most of the elderly parents are compelled to live alone with low quality of care and support and with several forms of psychological problems in both rural and urban areas of Nepal. The study conducted in Bhaktapur district of Nepal showed that one fifth of elderly were living with their spouse alone (Kshetri et al., 2012).

Nepal has ratified several international conventions such as International Conference on Population and Development (ICPD, 1994), Fourth World Conference on Women (Beijing 1995), and Second World Assembly on Ageing (Madrid 2002) and so on. ICPD 1994 recommended that the government develops social security systems to ensure greater equity and solidarity between and within generations to provide support to elderly people through encouragement of multigenerational families. Additionally, the Second World Assembly on Ageing outlined an action plan at national and regional levels to develop and implement concrete plans of action to improve the living conditions of elderly people. Nepal has several provisions to ensure the social security scheme and welfare programs for the elderly people such as Local Development Act 1995-96 article 233(2), Elderly Population Act 2006 and Elderly Population Rules 2008, the constitution of Nepal 2015, but these efforts have not been effective so far.

The Decade of Healthy Ageing (2020-2030) is an opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live.

The 2030 Agenda (SDGs) recognize that development will only be achievable if it is inclusive of all ages. It pledges that no one will be left behind and that every human being will have the opportunity to fulfill their potential in dignity and equality. Populations around the world are rapidly ageing and this demographic transition has an impact on almost all aspects of society.

Moreover, with the influences of many developmental factors the traditional socio-cultural values and norms will more likely to deplete in the process of modernization and development from primitive to modern society. How the elderly is presently adapting to this new scenario of social change and what the conditions and the circumstances that the elderly is going through are the foremost important questions for the elderly themselves as well as government to formulate effective policies. In the context of Nepal, it is not clearly known about the feeling of health condition of the elderly and therefore it is necessary to conduct researches to know their in-depth feeling of health condition of elderly people who are living with respect to their socio-cultural aspects.

Context of the Study

The traditional practice of joint family system in Nepal still exists in the society where children are considered as a primary care giver especially the son during their old age. Elderly people are well respected by their families and societies as well as they are taken care and supported. But due to globalization, modernization, urbanization and various processes of social development as well as increasing migration result the solid change

in these social and cultural norms, values and attitudes. Of all the attributes, migration which is regarded as the most common phenomenon in developing countries, contributes additional influence in this social change. As a result, the traditional process of taking care of elderly parents during their old age has been changing and the norm of joint family system is converting to nuclear family system with the growing individualism among the adult children. Which in turn compelled the elderly parents to live away from their adult children and to perform their regular household and social activities by themselves despite the physical disability and lack of proper medical and health care with the possibilities of reducing more health problem.

With high rate of international migration in Nepal social infrastructures and policies supporting elderly people are nonexistent or at the minimum level. Therefore, it is high time to find answers to these questions.

Rapid increase in the proportion and absolute number of aged people among the total population will impact on socio-economic and health policies and the culture in future society of Nepal. Individuals over 60 years of age are considered elderly. The size of the population of elderly people have been increasing during last seven censuses, 1952/54-2011, both in absolute and relative terms mainly due to a clear decline in total fertility rate in recent sexes in years, declining in mortality and a significant increase in life expectancy for both the country. This indicates that the elderly population will continue to increase in future. Between 1991 and 2001, this growth of population increased by 3.5 percent per annum. During the same period the total population increased by 2.25 percent. According to the 2011 census, the percentage of elderly population has increased to 9.1 percent (MoHP, 2011).

In our society there is lack of elderly clubs or organizations and day care centers where they can interact with likeminded people, contribute their views and experiences, to talk and discuss their existing problems and to seek proper assistance. They are compelled to live within the limited boundary of home which further deteriorating their health physically and mentally in the absence of close substitution. There are limited studies completed to the health situation of ageing population with respect to socio-cultural aspects although they are based on very small areas and data. To identify the major issues of ageing with respect to socio-cultural prospect in national level is still lacking. It is hope that this study will cover this research gap in some extent.

To identify the certain socio-cultural variables, influence on health status of elderly people in Nepal is the main purpose of this study. The general objective of the study is to identify the health status of elderly people in socio-cultural perspective. The specific objectives of the study are as follows:

a) To examine the socio-cultural factors associated with health status of elderly people

b) To explore socio-cultural factors determining the health status of elderly people.

This study has concentrated only on health condition of elderly parents living in Nepal with respect to some limited socio-cultural variables. This study has based on to explain the empirical experience of health status of elderly people not by examine through medical persons.

So far as justifications of this study, the issue of the health condition of elderly people living in Nepal is significant due to the current trends of emigration, globalization and population ageing throughout the developing world. In the last two decades Nepal has been experiencing a gradual social change especially breakdown of joint families to nuclear families, changing lifestyle and dramatic growth in internal and international migration, especially from rural areas to semi urban and urban centers and foreign countries. Rural people migrate to semi urban areas or urban areas or to other countries and the urban people migrate to developed countries in search of better earning to support their families back home, for better education, security and better living standard. This trend has increased in recent years. It is also the right time for the younger generation people of today, who will be the future elderly, to be seriously aware, try to understand today's elderly and start immediately to save some money and immovable property for the future security. So that they would not face dependence like today's penniless and vulnerable elderly upon their children in the family. So, it is an urgent need to know and understand this scenario.

This study aims to take a first step at exploring this issue by asking how the different health situation of elderly parents in Nepal. In-depth examination of these issues will provide policy makers and program planners with needed information and will raise public attention to this public issue. The findings of this study will help to fill the gap in the literature and provide the understanding necessary for advocacy and for the design of appropriate interventions related to the health status of senior citizens in Nepal. The most influencing and consistent determinants factors that will be identified based on these findings will serve as priority intervention areas that the Government Organizations and others related policy makers can concentrate to improve the health situation of ageing people in Nepal.

Old age is a social construct, the meaning of which differs and changes through time and space. Since 1700, the perceived start of old age in Europe and North America has commonly fallen within 30-year range centered on age 65. Age 60 has recently become the threshold of old age in United Nations publications, evidently in recognition of the growth in the numbers of older people in the shorter-lived populations of developing countries. Using 60 as the start of old age greatly augments the numbers in the older population (Rowland, 2009).

There are different social theories on ageing: The role theory based on the belief that roles define us and our self-concept, and shape our behavior. Similarly, activity theory based on the hypothesis that active older people are more satisfied and better adjusted than those who are not active and an older person's self-concept is validated through participation in roles characteristic of middle age, and older people should therefore replace lost roles with new ones to maintain their place in society. The labeling theory is a theoretical perspective derived from symbolic interactionism, premised on the belief that people derive their self-concepts from interacting with others in their social milieu; in how others define us and react to us. Labeling theory has two parts; Age stratification theory is based on belief that societal age structure affects roles, self-concept, and life satisfaction. Social exchange theory based on the hypothesis that personal status is defined by the balance between people's contributions to society and the costs of supporting them. The another theory of ageing is Political economy of ageing which is based on the hypothesis that social class determines a person's access to resources; that dominant groups within society try to sustain their own interests by perpetuating class inequalities.

Education has been widely perceived as one of the most important socio- economic determinants of health and mortality. There is considerable evidence that low educational attainment is strongly correlated with diseases, health risks and mortality (Winkleby et al., 1992).

Due to the social change and migration of adult children, most of the elderly parents are compelled to live alone with low quality of care and support, and with several forms of psychological problems in both rural and urban areas of Nepal. The study conducted in Bhaktapur district of Nepal showed that one fifth of elderly were living with their spouse alone (Kshetri et al., 2012).

Data and Methods

This study is based on simple statistical analysis with simple tabulation of frequency, rate, ratio, and percentage to advanced statistical tools. In advanced statistical tools, a cross tabulation and binary logistic regression analysis are utilized. A cross tabulation displays the joint frequency of data values based on two or more categorical variables. The joint frequency data can be analyzed with the chi-square statistic to evaluate whether the variables are associated or independent. Cross-tabulation analysis, also known as contingency table analysis, is most often used to analyses categorical (nominal measurement scale) data. An important consideration when cross-tabulating our study's findings are verifying whether the cross-tab representation is true or false. To resolve the dilemma, crosstab is computed along with the Chi-square analysis, which helps identify if the variables of the study are independent or related to each other. If the two elements are independent, the tabulation is termed insignificant, and the study would be termed as a null hypothesis. Since the factors

are not related to each other, the outcome of the study is unreliable. On the contrary, if there is a relation between the two elements that would confirm that the tabulation results are significant and can be relied on to make strategic decisions. So bivariate analysis is used to analyze the relationship between two selected variables. In general, selected independent variables are cross tabulated with the dependent variables to analyze one to one association between these variables. A chi-square test is utilized in this study a chi squire test is used to compare observed results with expected results. It is hoped that the purpose of this test is to determine if a difference between observed data and expected data is due to chance, or if it is due to a relationship between the variables we are studying. Therefore, a chi-square test is an excellent choice to help us better understand and interpret the relationship between our two categorical variables; feeling of health status of ageing people and different socio-cultural variables.

The study is based on Nepal Ageing Survey 2014, which is a nationally representative survey. A socio-economic survey of 7200 households that include 8626 different elderly persons aged 60 and above was conducted through the structured questionnaires. The data were collected in to five scale of health status: very good, good, general, bad and very bad. But in this research study our dependent variable is health status: Good or Bad in dichotomous form. This category is converted into two categories in this study. For this, very good and good are converted into good and very bad and bad are converted into bad and general category is removed from the study because of having biasness. So our total respondents are becoming 4889. Our dependent variable is dichotomous in nature, so we use Binary logistic regression for determining the relationship between the dependent variable (health condition) with respect to our concerned socio-cultural variables.

The approved letter to use data of the Ageing Survey 2014 is preserved from authority of Government of Nepal, Ministry of Health and population. This type of large scale national representative data on ageing is still gap for analysis of feeling of health status of ageing people in Nepal with respect to socio-cultural aspects.

The main objective of this survey also was to provide in-depth and systematic information on ageing issues of Nepal and to fulfill the data gap of aged population.

Results

Under this part 12 socio-cultural variables are selected. Simple sociocultural background variables are discussed first and then these variable relationships with dichotomous variable is observed. Finally, binary logistic regression analysis has used to identify the factors differentiate health status of elderly people of Nepal.

The socio-cultural variables of this study are literacy status, completed education level, religion, marriage and similar ceremonies participation status, decision maker to spend money, status of raising senior citizen issues, evaluation of life, acceptance of advice by household members, knowledge about security allowance and voting status, which are our predictor variables. Our dependent variable is health condition which is represented by values - Good as 1 and Bad as 0.

Condition of Health by Literacy Status

Out of the total survey population, 63 percent are illiterate and 37 percent are literate. 67.3 percent of literate population has good health conditions, whereas only 55rcentep of illiterate have good health condition. Also, 59.8 percent of the total survey population has good health conditions. This suggests that Literate ageing people have good health status among the ageing people.

Table 4.1 Condition of Health by Literacy Status

Literacy Status	Good (%)	Bad (%)	Total	Total (%)
Literate	67.3	32.7	1812	37.0
Illiterate	55.4	44.6	3077	63.0
Total	59.8	40.2	4889	100.0
$\chi^2(1) = 66.407$, $p = 0.000$				

Source: Nepal Ageing Survey 2014

Pearson Chi-Square for the above table, $\chi2$ (1) = 66.407, $p = 0.000 < 0.05$ represents that we are able to reject the null hypothesis, suggesting that the test is statistically significant. Thus, there is some association/relationship between health condition and literacy status.

Condition of Health by Completed Education Level

Health conditions of ageing people among completed education levels are categorized into 7 groups - Pre-School / Kindergarten, Primary School, Middle School, High School, Bachelors' and Above, Literate but no formal education and Illiterate. Category with the least good health population appears among Illiterate population which is 55.4 percent which also resembles 63.0 percent of the total survey population. Ageing population who are literate but have no formal education has second low good health condition count (67.3 percent). All other categories who have at least some education status ranging from primary level to bachelors' and above have better good health populations with all of them being around and above 73.2 percent, 71.4 percent, 69.9 percent and 79.1 percent.

Pearson Chi-Square, $\chi2(6) = 82.901$, $p = 0.000 < 0.05$ represents that we are able to reject the null hypothesis, suggesting that the test is statistically significant. Thus, there is some association/relationship between health condition and completed education status.

Condition of Health by Religion

There are 84.4 percent Hindu, 6.4 percent Buddha, 4.0 percent Islam, 3.6 percent Kirat, 1.1 percent Cristian followed by Prakriti, Bon, Jain, Bahai, Sikh and other religion with a very low numbers among total survey population. Though the population of Kirat is low, the good health condition is the best 71.9 percent among them, with the following Buddha religion having 66.1percent. Hindu, Islam and Christian has comparatively less and similar good health condition percentage around 60 percent (58.9 percent, 57.6 percent and 60.0 percent respectively). Though Hindu are highest, only 58.9 percent are in good health condition, followed by Islam (57.6 percent) which is least in compare to Buddha, Islam and Others. This might be suggesting that the religious belief, devotion and lifestyle of Hindu have a greater impact on their health condition in comparison to other religions.

Table 4.2 Condition of Health by Religion

Religion	**Good (%)**	**Bad (%)**	**Total**
Hindu	58.9	41.1	4125
Buddha	66.1	33.9	313
Islam	57.6	42.4	198
Kirat	71.9	28.1	178
Christian	60.0	40.0	55
Prakriti	54.5	45.5	11
Bon	57.1	42.9	7
Jain	100.0	0.0	2
Total	59.8	40.2	4889
$\chi^2(7) = 19.274$, $p = 0.007$			

Source: Nepal Ageing Survey 2014

The table shows that among the different religion groups Kirati have highest good status compare to others. Buddha have second position having good health. Other religions have found little variation.

Condition of Health by Marriage and Other Ceremonies Participation Status

Engagement in Activities like Marriage and other ceremonies, functions are also seen as factors that bring joy, happiness, respect from the celebration, gathering to ageing people. As 85.1 percent of the total population are seen to be participating in these types of activities, among which a huge 67.5 percent are found to be in good health condition. Also,

66.9 percent of the ageing people who are not actively participating are found to have bad health conditions, which may or may not be significant due to low count. This shows that regular participation in these activities has a positive impact on the health of ageing people.

Pearson Chi-Square, $\chi2(1) = 270.276$, $p = 0.000 < 0.05$ represents that we are able to reject the null hypothesis, suggesting that the test is statistically significant. Thus, there is some association/relationship between health condition and Marriage and other ceremonies participation.

Condition of Health by Public Discussion Participation Status

Ageing people often feel alone as other active populations may be busy in their own schedules and own. Also, due to their age, they always seek someone whom they could share their experience and feelings with, often friends and relatives of the same age group. As 85.6 percent of the total population are seen to be participating in some types of public discussion, among which a huge 72.3 percent are found to be in good health condition. Also, 55.9 percent of those who are not involved in these activities seem to be in good health condition where remaining 44.1 percent seem to have bad health condition. This also suggests that activities like this, public discussions along with participation in ceremonies have good impact on health conditions of ageing people.

Pearson Chi-Square, $\chi2(1) = 23.170$, $p = 0.000 < 0.05$ represents that we are able to reject the null hypothesis, suggesting that the test is statistically significant. Thus, there is some association/relationship between health condition and public discussion participation status.

Condition of Health by Decision Maker in Family to Spend Money

Who makes the decision to spend money in a family for different purposes in a family may also have some relation with the condition of health in the ageing people. For this, the decision makers are categorized into - Myself, Jointly, Spouse, Son, Daughter-in-law, Daughter, Son-in-law and Other family members. 63.9 percent of total ageing population are found to be the main decision maker for spending money by themselves, followed by Jointly decision in family (13.1percent), Spouse or better half (11.0 percent), Son (9.5 percent) and very few were found to have Daughter-in-law, Daughter, Son-in-law, Other family members as decision maker for expenditure. It can be observed respectively 62.3 percent, 60.6 percent, 58.5 percent, 47.9 percent, 46.7 percent, 42.1 percent, 16.7 percent, 39.1 percent good health conditions are found while we move from decision making by the ageing people themselves to others making the decision. This suggests that when the decision is made by elderly people themselves or jointly by family or spouse, their health condition is better in comparison to other decision makers.

Pearson Chi-Square, $\chi2(7) = 53.720$, $p = 0.000 < 0.05$ represents that we are able to reject the null hypothesis, suggesting that the test is statistically significant. Thus, there is some association/relationship between health condition and decision maker to expend money.

Condition of Health by Status of Raising Senior Citizen Issues

Based on how often the elderly people raise the senior citizen issues by themselves, they are categorized into three groups: Never raised, little raised and More raised. 82.5 percent of the total survey population has never raised the issues whereas 13.4 percent have raised a little and 4.2 percent have raised more issues. The group who never raise senior citizen issues have the mostly bad health condition percentage (40.8 percent) among the 3 groups. While we look into the ones who raised a little or more senior citizens, issues have a higher percentage of good health conditions, 61.7 percent and 65.9 percent respectively. From this, it can be said that the ageing people who raise at least some of their issues have been responded by state government or central government with some good proper response i.e., increment in allowance, free medicines, providing proper shelters, elderly health care packages, etc. which may have impacted positively on their health.

Pearson Chi-Square, $\chi2(2) = 4.693$, $p = 0.096 > 0.05$ represents that we are not able to reject the null hypothesis, suggesting that the test is statistically non-significant, also frequency distribution not being uniform (Never raised category has 82.5 percent of total participants). Thus, it cannot be said that there is some association/relationship between health condition and Status of raising senior citizen issues by themselves.

Condition of Health by Evaluation of Life

How successful was the overall life of an ageing person based on what they said themselves, is categorized into five groups - Much Unsuccessful, Unsuccessful, Normal, Successful and Much Successful. It can be seen that most of the people have lived either normal and success lives with 46.8 percent and 38.0percent of the total survey population. Also, as we move from much unsuccessful to much successful, the percentage of the health condition is increasingly improving continuously with Much Unsuccessful (24.3 percent), Unsuccessful (34.3 percent), Normal (57.1 percent), Successful (70.8 percent) and Much Successful (78.7 percent) good health condition. This suggests that the health condition of the ageing people is good who evaluated their lives to be successful or much successful in comparison to others.

Table 4.3 Condition of Health by Evaluation of life

Evaluation of life	Good (%)	Bad (%)	Total
Much unsuccessful	24.3	75.7	136
Unsuccessful	34.3	65.7	472
Normal	57.1	42.9	2286
Success	70.8	29.2	1859
Much success	78.7	21.3	136
Total	59.8	40.2	4889
$\chi^2(4) = 320.227$, p = 0.000			

Source: Nepal Ageing Survey 2014

Pearson Chi-Square in table, $\chi2(4) = 320.227$, $p = 0.000 < 0.05$ represents that we are able to reject the null hypothesis, suggesting that the test is statistically significant. Thus, there is some association/relationship between health condition and ever raising senior citizen issues by themselves.

Condition of Health by Voting Status

Right to vote is a constitutional provision. Majority of the survey population (88.9 percent) has given the vote in major elections or some other sort of vote. Though voted or not voted, the status might not strongly be related with the health condition of the ageing as 62.5 percent of the people who have at least voted once have good health conditions. Also, 61.1 percent who have not voted once in their lifetime are in bad health. Thus those who caste vote has more good health compare to those who did not caste vote.

Pearson Chi-Square, $\chi2(1) = 111.789$, $p = 0.000 < 0.05$ represents that we are able to reject the null hypothesis, suggesting that the test is statistically significant. Thus, there is some relationship between health condition and voting status.

Condition of Health by Acceptance of Advice by Household Members

Elderly people have a lifetime of different types of experiences. They are a great source of advice for younger ones. Among the total survey population, 82.6 percent said that household members accept their advice. 63.8 percent of these are found to have a good health condition. While only 41.3 percent whose advice are not accepted by family members are in good health conditions. This may be suggesting that ageing people feel satisfaction, sense of respect, and happiness when their advice is accepted by household members, which leads to good health.

Table 4. 5 Condition of Health by Acceptance of advice by household members

Acceptance of advice by household members	Good (%)	Bad (%)	Total
No	41.3	58.7	853
Yes	63.8	36.2	4036
Total	59.8	40.2	4889
$\chi^2(1) = 148.130, p = 0.000$			

Source: Nepal Ageing Survey 201

Pearson Chi-Square, $\chi2(1) = 148.130$, $p = 0.000 < 0.05$ represents that we are able to reject the null hypothesis, suggesting that the test is statistically significant. Thus, there is some association/relationship between health condition and acceptance of advice by household members.

Condition of Health by Knowledge of Social Security Allowance

Several types of allowances and benefits are provided to ageing people. Social security allowance is one of the major. 96.4 percent of the total survey population seems to have some knowledge about this allowance whereas 3.6 percent don't have any knowledge about this. Among those who have some knowledge about this allowance, 59 percent are in good health condition and 40.4 percent in bad condition. As most of the people are aware about the allowance, they seem to be somehow benefitting from the allowance which may have contributed to good health.

Pearson Chi-Square for the above table, $\chi2\ (1) = 3.573$, $p = 0.059 > 0.05$ represents that we are not able to reject the null hypothesis, suggesting that the test is statistically non-significant, with 97 percent of survey population belonging to category of Knowledge of Social Security Allowance – Yes category. Thus, it cannot be said that there is some association/relationship between health condition and knowledge of social security allowance.

Condition of Health by Widowhood

There are two distinct categories of widowed people - Widow and Widower. 70.1 percent are Widows (Female) while only 29.9 percent are Widowers (Male) among the total survey population. Only 49.7 percent of Widows are in good health, whereas this percentage is higher, 56.5 percent in case of Widowers. This shows that, after the demise of the spouse, widows have much bad conditions compared to widowers. Society's response, religious beliefs, behavior towards these widowed ageing people might also be one of the key factors in this.

Table 4.7 Condition of Health by Widowhood

Widowhood	Good (%)	Bad (%)	Total
Widow	49.7	50.3	1256
Widower	56.5	43.5	536
Total	51.7	48.3	1792
$\chi^2(1) = 7.056$, p = 0.008			

Source: Nepal Ageing Survey 2014

Pearson Chi-Square for the table below, $\chi2$ (1) = 7.056, p = 0.008 < 0.05 represents that we are able to reject the null hypothesis, suggesting that the test is statistically significant. Thus, there is some association/relationship between health condition and widowhood.

Discussion

To determine the health status of ageing people of Nepal by differentiating socio-cultural factors can be utilized to assess the strength of the relationship between variables. Health status analysis using statistical methods for the estimation of relationship between a dependent variable and one or more independent variables. The socio-cultural variables of our concern are literacy status, completed education level, religion, marriage and similar ceremonies participation status, decision maker to spend money, status of raising senior citizen issues, evaluation of life, acceptance of advice by household members, knowledge about security allowance and voting status, which are our predictor variables. Among these socio-cultural variables, literacy status, marriage and similar ceremonies participation status, evaluation of life, voting status and acceptance of advice by household members are the most significant predictor variables. While taking Hindu religion as reference category, Buddha and Kirat are more likely to be in good health condition than Hindu religion elderly, while difference with other religions are found non-significant. Literacy among the elderly people is found to be not so differentially important aspect for good health condition among elderly, as literate elderly is just a little more likely to be in good health condition than illiterate ones. Elderly who are participating in different activities like marriage and other ceremonies are found to be very likely to be in good health condition in compare to those who don’t. Also, when decision maker in family to spend money is son, elderly is less likely to be in good health condition whereas other decision maker difference is not significant. Elderly who evaluate their life as successful are seen to be in good health condition than those who evaluate life as unsuccessful. The elderly who give vote & whose advice is heard in family are found to be more likely to be in good health condition. Detail analysis and explanation are mentioned in Appendix table 1 and 2.

Conclusions

Among socio-cultural variables, the literary status has distinct characteristics. Most of the elderly are illiterate while only 36.5 percent are literate. While literacy status is separated into complete education only 15.2 percent elderly are found primary and above education. There is 85.6 percent Hindu religion, Buddha have 6.64 percent, Islam 3.33 percent, 2.84 percent Kirat and 1.16 percent Christian and other are very few. There is 86 percent elderly who participate in marriage and other ceremony but only 29 percent have participated in public discussion. Nearly 64 percent elderly expend money by their own hand by their own interest, 14 percent jointly, 11 percent through spouse, 9 percent by son and remaining by others. There are 83 percent elderly who never raise senior citizen issues. Only 2 percent elderly have said they have much successful and 2 percent also have unsuccessful in their life. There are 89 percent elderly who caste vote. Similarly, there are 82.9 percent elderly who said their advice is acceptable in their family.

Similarly, among socio-cultural variables- literacy status, completed educational level, religion, marriage participation and other ceremonies participation status, public discussion participation status, decision maker to expend money, voting status, acceptance of advice by household members, and widowhood have significant relationship with health status. But again regarding to the health status of elderly people by differentiating with most significant socio-cultural variables the binary logistic regression analysis is used where literacy status, acceptance of advice by household members and religion are concluded in refined significant variables.

In family, where advice of elderly is heard, elderly is found to be more likely to be in good health condition. It helps to increase the self-esteem of elderly and lead it to live healthier life. Only Kirat religion elderly are found to be in good health condition than Hindu religion. So other religions of Nepal have not significant impact on health status of elderly compare to Hindu religion. Illiterate elderly is found more in good health condition than literate ones but just by small proportion increment means that among elderly in Nepal it is concluding that there is no role of literacy to contribute variation in health status. It is also being very small proportion of higher level literate education degree compare to illiterate among elderly. General literacy status does not impact the elderly health situation in Nepal so level of education of elderly is necessary to improve health status of future elderly.

Highly appreciating and follow up elderly advices help to increase health status of elderly, so it should be utilized mostly in the societies of Nepal.

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Appendix

Table .1 Socio-cultural variables with categorical predictor variables

Number	Parameter coding									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)			
Decision maker to expend money				Myself	2733	.000	.000	.000	.000	.000
	.000	.000								
	Jointly	570	1.000	.000	.000	.000	.000	.000	.000	
	Spouse	460	.000	1.000	.000	.000	.000	.000	.000	
	Son	353	.000	.000	1.000	.000	.000	.000	.000	
	Daughter-in-law		45	.000	.000	.000	1.000	.000	.000	.000
	Daughter	28	.000	.000	.000	.000	1.000	.000	.000	
	Son-in-law		5	.000	.000	.000	.000	.000	1.000	.000
	Other family member			14	.000	.000	.000	.000	.000	.000
1.000										
Evaluation of life		Much unsuccess		99	.000	.000	.000	.000		
	Unsuccess		384	1.000	.000	.000	.000			
	Normal	1981	.000	1.000	.000	.000				
	Success	1615	.000	.000	1.000	.000				
	Much success		129	.000	.000	.000	1.000			
Religion	Hindu	3549	.000	.000	.000	.000				
	Buddha	270	1.000	.000	.000	.000				
	Islam	169	.000	1.000	.000	.000				
	Kirat	166	.000	.000	1.000	.000				
	Others	54	.000	.000	.000	1.000				
Status of raising senior citizen issues				Never raised		3416	.000	.000		
	Little raised		600	1.000	.000					
	More raised		192	.000	1.000					

Table .2 Statistical significance of individual independent variables

	B	S.E.	Wald	Df	Sig.	Exp(B)	95 percent C.I.for EXP(B	
							Lower	Upper
LS	.169	.074	5.262	1	.022	1.185	1.025	1.369
Religion			16.221	4	.003			
Buddha and Hindu	.380	.148	6.582	1	.010	1.462	1.094	1.955
Islam and Hindu	-.141	.173	.664	1	.415	.869	.620	1.218
Kirat and Hindu	.589	.194	9.233	1	.002	1.803	1.233	2.636
Others and Hindu	.099	.312	.101	1	.751	1.104	.599	2.036
Marriage and similar ceremonies participation status	1.303	.097	178.822	1	.000	3.682	3.042	4.457
Decision maker to expend money has 8 categories –			9.326	7	.230			
Jointly and Myself	-.111	.103	1.163	1	.281	.895	.732	1.095
Spouse and Myself	-.087	.112	.603	1	.437	.917	.736	1.142
Son and Myself	-.298	.124	5.775	1	.016	.742	.582	.947
Daughter-in-law and Myself	-.279	.325	.740	1	.390	.756	.400	1.429
Daughter and Myself	-.492	.414	1.408	1	.235	.612	.272	1.377
Son-in-law and Myself	-1.295	1.189	1.186	1	.276	.274	.027	2.817
Other family member and Myself	-.338	.581	.338	1	.561	.713	.228	2.228
Status of raising senior citizen issues			.886	2	.642			
Little raised and Never raised	-.090	.100	.815	1	.367	.914	.751	1.112
More raised and Never raised	-.062	.170	.135	1	.714	.940	.674	1.310
Evaluation of life			155.246	4	.000			
Unsuccessful and Much unsuccessful	.429	.268	2.553	1	.110	1.535	.907	2.598
Normal and Much unsuccessful	1.211	.250	23.382	1	.000	3.356	2.055	5.483
Successful and Much unsuccessful	1.751	.253	47.895	1	.000	5.760	3.508	9.458
Much Successful and Much unsuccessful	1.886	.331	32.461	1	.000	6.593	3.446	12.614
Voting status	.505	.118	18.341	1	.000	1.658	1.315	2.089
No	.580	.095	37.138	1	.000	1.786	1.482	2.152
Yes	-.250	.197	1.623	1	.203	.779	.530	1.144
Constant	-2.644	.336	61.825	1	.000	.071		