

Socio-Economic and Health Status of Elderly People in Nepal

Bhanu Bhakta Paudel

Pokhara University

Email: namastebbp2@gmail.com

Abstract: Old age is the time associated with biological, psychological and social changes. This study aims to explore the socio-economic and health status among the elderly people. A cross sectional descriptive study was carried out among 136 elderly who were the received old age allowance of Kusma municipality, Parbat. Elderly of aged 60 years & above were selected for the study by cluster sampling method. The information was collected through interview scheduled by semi structured questionnaire with quantitative and qualitative methods. Focused group discussion and case study also carried out. The major part of the elderly population was in the age group of 70-75 (29.4%) and 75-80 (22.8%) years. Sixty-eight percent elderly were illiterate and majority (71.3%) has land ownership. There is no any income source of elderly except old age allowance (94.1%). The most health problem was gastric, sugar and pressure problem as found in 44.85%. Nearly two -fifth (37.5%) were suffering from physical; heart related and bone related problems. Types of family and health status of elderly are significance at 5% level of significance (Chi-square). The results of the study show that family support, and old age allowance schemes have a positive impact on the social and health status of the elderly. The government has to care for the elderly people with special provision to increase their quality of life and make their life healthy and productive.

Keywords: Ageing, elderly people, socioeconomic status, nepal

Introduction

Aging is a normal growth process, beginning from conception onwards. 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 (Wallace, 1997). Most people above 60 years of age are considered as 'old'. Those who are 60 years and above makeup the elderly section of any population (WHO, 2002). Worldwide population aging has been considered one of the most important demographic phenomena that the older people are increasing almost

the entire world. The combined effect of lowered fertility and improved health and longevity has generated growing numbers and the proportion of older population throughout the world. Both the developed and developing countries of the world are experiencing the population aging and there is growing concern about the population aging in the world (UNFPA,2012).

Old age is the age of long and wide world and life experience. However, the obvious physical and mental changes in the body brought by the old age are a big challenge for the elderly people making them unable to do their own necessary basic things. During this stage of life, the elderly people become weak both physically and mentally that

they entirely want to depend on their family for full support, love and care. An old age is also related to the baby stage due to the similarity in the behavior. That is why, the elderly people need the helping hands to take care of them in their daily lives. They are vulnerable at this state and are in high risk to diseases and disabilities. This is the most important period when the elderly people need the love and care from their family members due to incapability of taking care of themselves. At this age, family plays very important role to support their daily lives (Aacharya, 2008).

Globally, in the year 2012, elderly consisted of 12 percent people which are expected to be increase up to 22 percent by the year 2050. Further, this pace of ageing is faster in developing countries (PRB, 2013). The United Nations agreed on the cutoff of 60+ years as referring to the older population (UN, 2014) Worldwide, the number of people >60 years is increasing faster than ever before. Between 2000 and 2050, the proportion of the world's elderly population will double from about 11 percent to 22 percent. The absolute number of people aged 60 years and above is expected to increase from 605 million to 2 billion over the same period (WHO, 2012). In Nepal, the trend has been the same; there were 1.5 million elderly inhabitants in 2001 and 2.1 million elderly inhabitants in 2011 that constituted 6.5 percent and 8.14 percent, respectively, of the country's total population in these 2 years (Shrestha, 2012). During the year 1991-2001, the annual elderly population growth rate of Nepal was 3.39 percent which is higher than an annual population growth rate of 2.3 percent (CBS, 2011).

One of the important provisions for elderly is old age allowance which was introduced 1994 in Nepal. The main objective of this allowance is ensuring socio-economic development and social security for the elderly; increase dignity of elderly

within family and community (Babajanian, 2013). Old age allowance is another form of the acknowledgment for the older people in Nepal. The allowance provided by the state is helping the older people and their family by contributing them an assurance of minimum standard for living. This has changed the economic behavior of the poor families (GCN, 2010).

The older people are have limited income. Their opportunity to work is highly restricted, placing them at a very low level of socioeconomic status, which may increases their risk of mental health problems (Behanova et al, 2015). Older people with economic disadvantage may have poor cognitive function due to lower educational level (Wu et al, 2016). Low socioeconomic status is often associated with poor nutritional status, mental health problems, disability and even mortality. It is important to gear scientific research towards aging because older people comprise a considerably large vulnerable group of society (World Bank, 2005). They may be more likely to live in poor quality housing including worse-off neighborhoods; maybe more prone to acute illness and discrimination regarding the access to health care, and; are more financially dependent on social schemes or transfers from other people (Grundy, 2006).

Most 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 (NEPAN, 2010).

Elderly people also have to face economic and social difficulties. 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 (Poudel, 2005).

The overall objective of this article is to explore the situation of socio economic and status of old age population in Nepal.

Data and Methods

This study focuses about elderly people who are 60 years and above in Kusma

municipality, Parbat, Nepal. This paper follows descriptive and cross sectional method based on the primary data collected by semi-structured questionnaire interview, focus group discussion and case studies. Both qualitative and quantitative techniques are used. Among the 14 wards of municipalities; six wards (5, 7, 9, 11, 13 & 14) were selected by simple random method. There is total elderly population is 1391. From these populations, 136 elderly were sampled with 8% margin of error and 5 percent level of significance. Primary data were collected by cluster sampling method. Chi-square test was carried to find the associated factor of health status of elderly.

Results and Discussion

On the basis of the information collected from the elderly people the researchers explore the following results. The results are discussed under with socioeconomic and health status.

Table 1: Socio-demographic features of the elderly people

Variables	Categories	Gender				Total	
		Male		Female		No.	Percent
		No.	Percent	No.	Percent		
Age	60-65	7	5.1	7	5.1	14	10.3
	65-70	7	5.1	4	2.9	11	8.1
	70-75	17	12.5	23	16.9	40	29.4
	75-80	15		16	11.8	31	22.8
	80-85	11	8.1	12	8.8	23	16.9
	85 and Above	9	6.6	8	5.9	17	12.5
Caste/ Ethnicity	Brahman	19	14.0	35	25.7	54	39.7
	Chhetri	18	13.2	17	12.5	35	25.7
	Dalit	26	19.1	15	11.0	41	30.1
	Janajati	3	2.2	3	2.2	6	4.4
Educational Status	Illiterate	28	20.6	64	47.1	92	67.6
	Literate (Can Read and Write)	29	21.3	6	4.4	35	25.7
	Primary	8	5.9	0	0.0	8	5.9
	Secondary	1	0.7	0	0.0	1	0.7
Total		66	48.5	70	51.5	136	100.0

Source: Field Survey, 2019

Age of Elderly: Generally, elderly people are that people who are cross 60 years. In this study, about half of the elderly (48.5%) are male and more than half (51.5%) were females. The minimum age is 61 years, maximum age is 101 year and mean year age of the elderly is 76.70 year. There are less than one third (29.4%) elderly are age group 70-75, more than one fifth (22.8%) are age group 75-80 followed by 16.9% are in aged group 80-85 years.

Caste/Ethnicity: Similarly, about two fifth elderly (39.7%) elderly are Brahman caste group. This study also shows that one fourth (25.7%) elderly are Chhetri followed by about one third (30.1%) elderly are Dalit caste which are Nepali, Sarki, Pariyar and Kami. It is also found that few elderly (4.4%) are janajati group (Table 1).

Educational Status: It is shows that almost (67.6%) elderly are illiterate who are not read and write totally where about half of the total elderly (47.1%) are female and one fifth (20.6%) elderly are male. This result shows that the literacy level of male is greater than female literacy level. One fourth (25.7%) elderly are literate who can read and write their name. Only few elderly (5.9%) get primary level of education (Table 1).

Table 2: Number of Children's of Elderly

Income Sources	Frequency	Percent
No Children	7	5.1
One to Three	45	33.1
Four to Five	50	36.8
Above Five	34	25.0
Mean: son=2.34, daughter=1.9, Maximum: son=9, daughter=10.		
Total	136.00	100.00

Source: Field Survey, 2019

It is found that more than one third percent (36.8%) respondents have four

to five children, similarly nearly one third percent (33.1%) respondents have one two three children, one fourth (25.0%) respondents have above five children followed by only few (5.1%) respondents have no children because of the various causes. Similarly, the mean son of the elderly is 2.34 where daughter is 1.9 and maximum son are 9 as well as 10 daughter (Table 2).

Land Ownership: The right of the assets is equal right in human rights, but there is no real experience and practice in Nepal. All the assets are controlled by male in all the family. There is no controlled by female on household assets like land and house. In this study also shows the following result about the land ownership.

The result shows that nearly three of fourth (71.3%) of the respondents have land ownership on their own name. In this study about one third (28.7%) of the respondents reported that there is no land on their ownership. In Nepalese context; land transform after the death of father or mother to son. If the land ownership controlled by people they received good behave from their son and daughter. The people who are exclude from land ownership they could not get positive behave from their son and datughter. So it study also shows that elderly people get positive behave from their childrens.

The elderly peoples are not able to do hard work so they have not any other income sources. In this study it is found that, Most of the respondent's (94.1%) reported that their income source is old age allowance. In those respondents there are no any other sources of income than old age allowance. Similarly only few respondents (3.7%) has pension is the major sources of the income as well as they also received old age allowance because their pension is from Indian government. Followed by only 2.2 percent respondents have small income generating activities and small business for their income (Table 3).

Table 3: Income Sources of the Respondents

Income Sources	Frequency	Percent
Old Age Allowance	128	94.1
Pension (Indian)	5	3.7
Business	3	2.2
Total	136	100

Source: Field Survey, 2019

Economic Problems of Elderly: The elderly peoples are also facing different types of the economic problems because of the low level income in their family. It is found that more than one fourth (26.0%) respondents were face different types of economic problems.

It is found that, within the 36 respondents more than fifty percent (52.78%) respondents were face economic problems for their access to health. They could not get easy access to health check-up for hard diseases because of lack of enough money. Similarly one fourth (25.0%) respondents reported that they could not manage the nutritional foods because of the low level of cash money. Followed by more than one fifth (22.22%) respondents reported that they are facing other economic problem like to make better house, to maintain daily activities, to manage their medicine etc (Table 4).

Table 4: Types of the Economic Problems Faced by Respondents (N=36)

Types of Economic Problems	Frequency	Per cent
No Access to Health	19	52.78
Lack of Nutritional Foods	9	25.00
Others	8	22.22
Total	36	100.00

Source: Field Survey, 2019

Decision Making Status: The elderly people's knowledge is the substitute decision-making process and experiences of abuse. The study revealed that older people's knowledge of the substitute decision-making process is very limited, but abuse is not widespread. For some older people, current circumstances such as health problems or the stress of caring limited the emotional energy available to consider future planning. For one old man, the recent death of his wife meant that he did not feel that he had a future to plan for and the thought of such planning evoked a negative response. In this study also focused on level of the decision making power of the elderly people.

It is found that, almost (64.0 %) of the respondent were reported they were supreme on the decision making level. In household activities there were different types of planning have to make and have to decision. Around the level of decision making of the respondents, there were 23.5 percent female and 40.4 percent were male. And in this study more than one third (36.0%) respondents reported that they are not able to level of household decision making power. Around the 36 percent respondents, 27.9 percent respondents were female and only 8.1 percent respondents were male (Table 5).

Table 5: Decision Making Status of the Respondents by Gender

Decision Making Status	Gender		Total (%)
	Male (%)	Female (%)	
Yes	55 (40.4)	32 (23.5)	87 (64.0)
No	11 (8.1)	38 (27.9)	49 (36.0)
Total	66 (48.5)	70 (51.5)	136 (100)

Source: Field Survey, 2019

Health Status and Health Problems of Elderly

Most Nepalese enter old age after a lifetime of poverty and deprivation, poor access to health care and a diet that is usually inadequate in quality and quantity. The aging population is currently one of the main issues facing national health care systems. With the population ageing, care for chronically ill and geriatric patients has become the key issue for the policy development of the countries. Efforts are made to provide health care services to the needs of the elderly people so that they could lead healthy and productive lives. But in this study found there were some elderly people who are suffering from different types of disease.

It is found that, nearly half (44.1%) elderly lives with nuclear types of family, where more than half (55.9%) lives with joint family. In the result shows, about one-fifth (19.1%) elderly people's health status is very good it means there is no many health problems except seasonable diseases. Similarly nearly two-fifth (39.7%) elderly people are living with good health status. It is also found that more than two fifth (41.2%) elderly are satisfaction from their health status. The health status is betterment in joint family than nuclear types of family. The result is also statistically significance with 5% level of significance. It concludes that, types of family and health status of elderly are associated with each others (Table 6).

Table 6: Health Status and Types of Family (Chi Square)

Variable	Health Status of the Elderly				Sig. (2-sided)	
	Categories	Very Good	Good	Satisfaction		Total
Family Types	Nuclear	6 (4.4%)	28 (20.6%)	26 (19.1%)	60 (44.1%)	0.047*
	Joint	20 (14.7%)	26 (19.1%)	30 (22.1%)	76 (55.9%)	
	Total	26 (19.1%)	54 (39.7%)	56 (41.2%)	136 (100%)	

*significance at 5% level of significance
Source: Field Survey, 2019

It is found that more than one fifth (20.59%) respondents faced different types of physical problems like eye damage problems, could not walk, paralysis etc. Similarly 10.29 percent respondents faced heart related problems, 6.62 percent respondents faced bone related problems. Followed by 2.21 percent respondents faced mentally problems, blood related and cancer related problems. Also about half of the respondents (44.85%) faced different types others health problems like gastric, sugar, pressure, allergy, Intoxication related and Breathing. It is also shows that, 15.44 percent respondents have not any types of health related problems they are healthy and active because they are not suffering from disease and health problems (Table 7).

Table 7: Major Health Problems of the Elderly

Major Health Problems	Frequency	Percent
Others (Gastric, Sugar, Pressure)	61	44.85
Physical Problem	28	20.59
Heart Related Problem	14	10.29
Bone Related Problems	9	6.62
Mental, Blood & Cancer Related Problems	3	2.21
No Any Health Problems	21	15.44
Total	136	100.00

Source: Field Survey, 2019

This study shows that about fourth fifth (79.4%) elderly treatment their health problems in the government hospital. Similarly, about one fifth (19.1%) elderly people treatment in private medical. Only few respondents were used traditional treatment when they suffer from different types of health problems. It is also shows, two third (66.2%) elderly people's health expenses manage by their family member like son, daughter, daughter in law etc. About one third (31.6%) reported that their health expenses manage by themselves. Similarly few elderly people's health expenses manage by their relatives because of the no caring people their own (Table 8).

Table 8: Place of the Treatment and Expenses management

Variables	Characteristics	Frequency	Per cent
Place of Treatments	Government Hospital	108	79.4
	Private Medical	26	19.1
	Traditional Treatment	2	1.5
Health Expenses manage by	Self Manage	43	31.6
	Family	90	66.2
	Relatives	3	2.2
	Total	136.00	100.00

Source: Field Survey, 2019

Conclusion

Nepal is already in the process of population aging. The older population of the country is increasing both in terms of absolute number and as the proportion of total population which is growing faster than the annual population growth rate. The

elderly is the last stage of our life cycle and a reality. Everybody has to pass through this stage. The old age is not without problems. Increase in medical costs, pressure on social security and unemployment are main challenges of elderly facing in Nepal. This study found old age allowance is the main income source of Nepalese elderly people. It is concluded that family types and health status of elderly people are associated and significance. Population aging generates many challenges on social economic and health care system. Many of them were not free from health problems and their family members manage their health care needs. Elderly have knowledge, experience, and wisdom. Society can use these resources of elderly in the national reconstruction. They are the asset of the nation. It is the responsibility of everyone to take care of them. Measuring socioeconomic status in older age groups life presents particular difficulties, but is necessary for research and policy. Findings based on this cross sectional small study cannot be generalized to whole elderly in Nepal. A detailed in depth study with large and national representative sample size both in quantitative and qualitative is required to know the real status of elderly. Hence it is recommended to plan senior citizens promotional strategies for addressing these old age related socio-economic and health problems.

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