



KMC Journal

[A Peer-Reviewed, Open-Access Multidisciplinary Journal]

ISSN 2961-1709 (Print)

Published by the Research Management Cell

Kailali Multiple Campus, Dhangadhi

Far Western University, Nepal

Being Old in Dalit Community: A Study from Bajhang Nepal

Dirgha Raj Pandit

Jaya Prithvi Multiple Campus, Bajhang, Far Western University, Nepal

Hom Nath Chalise (PhD)

Central Department of Population Studies, Tribhuvan University, Nepal

Corresponding Author: *Hom Nath Chalise*, Email: chalisehkpp@gmail.com

DOI: <https://doi.org/10.3126/kmcj.v5i1.52455>

Abstract

Dalit is a name for people belonging to the lowest stratum castes in Nepal and India, previously characterized as untouchable but now this discrimination is illegal. This study examines the socio-economic and health status of older Dalits living in the Jaya Prithvi Municipality of Bajhang district, Nepal. The source of data for this study is based on the 381 primary data collected from the face-to-face field survey carried out in 2021. This study found more than half of respondents were residing with their son/daughter-in-law (53.2%). Elderly living with a spouse only was quite high (37.4%) than in other studies from Nepal. It shows the emerging trend of living arrangements slightly different than previous other studies of the Nepalese elderly. Out of the total respondents, nearly 95 percent have at least one health problem. More than 90 percent of respondents have feelings of loneliness (92.1%) and depression (94.7%). Further, more than half of the respondents (59.4%) feel that they are not cared for by their family members and nearly two-thirds (65.7%) have feelings of insecurity. Local governments and stakeholders, including public health officials, should start health promotion programmes and awareness activities focusing on Dalits older people so that older people can live dignified lives in their later years.

Keywords: Dalit elderly, social security, living arrangements, health of elderly, loneliness of elderly

Introduction

Aging is a lifelong biological and sociological process that begins at conception and ends with death. Aging is related to growing up and growing old. So,

Copyright 2023 ©Author(s) This open access article is distributed under a *Creative Commons*



Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

we are all aging from the time of birth. Aging is usually concerned with the declining functional capacity of different organs of the body and fatigue due to physiological transformation (Chalise, 2019).

Population aging is quite an emerging issue in Nepalese societies (Chalise & Brightman, 2006). Due to increasing life expectancy, we are all aging day by day. The issues raised by population aging need to be understood in the proper demographic, social, and national context. A small increase in the size of older people poses a serious problem in a country like Nepal which is characterized by poverty, overused land resources, poor economy, high illiteracy, poor health status, many caste/ethnic groups, and greater spatial inequalities (Subedi, 1999).

The older population is difficult to define theoretically but chronologically age sixty or sixty-five is usually considered the dividing line between middle age and old age (Chalise, 2019). All persons aged 60 and above were taken as the elderly in the World Assembly on Ageing held in Vienna (Austria) in 1982. Similarly, in the United Nations International Conferences on Ageing and Urbanization in 1991, the term elderly is defined as the population aged 60 years and above (WHO, 2015). Western countries use 65 years and older and developing countries use 60 years and older to define older populations for practical purposes. But because of better living conditions and better health care, most people today do not show signs of aging until the mid-sixties or even the early seventies. In the case of Nepal, legally the person aged 60 years and above are placed under elderly or old person (Elderly Act, 2063, *Jestha Nagarik Ain*, 2063).

In Nepal, the number of older people aged 60 years and over has increased from 5.2% in 1961, 6.5% in 2001 to 8.1% in 2011 (CBS, 2014), and the 65 + population is expected to reach around 13% by 2050 (Chalise, 2018). Between 2001- 2011, the elderly population increased by 3.15 percent per annum compared to a 1.35 percent growth rate of the total population. The growth rate of the elderly population was faster than the growth rate of the total population in Nepal (Chalise, 2020). This indicates that the number of elderly populations will double in the coming 22 years (Chalise, 2021). Increasing life expectancy or increasing the older population can be seen as a success story for public health policies and socioeconomic development, but on the other hand, it also challenges society to provide the necessary care and maintain an optimal quality of life for an increasing number of the older population (Chalise & Rosenberg, 2019).

Dalit is a name for people belonging to the lowest stratum castes in Nepal. Dalits are those communities, who by atrocities of caste-based discrimination and untouchability, are most backward in social, economic, educational, political, and

religious fields and are deprived of human dignity and social justice (National Dalit Commission-2002). Previously characterized as “untouchable” the Nepali act has now removed this discrimination and it is also seen in behavior. Dalits comprised 13.2 percent of the total population of Nepal in 2011 (CBS, 2014). There are 26 castes under Dalit including 7 Hill castes and 19 Tarai/Madhesi Dalit castes (NDC, 2014). Hill Dalits include Gandarbha (Gaine), Pariyar (Damai, Darjee, Suchikar, Nagarchee, Dhole, Hudke), Badi, Bishowkarma (Kami, Lohar, Sunar, Od, Chunara, Parki, Tamata), Mijar (Sarki, Charmakar, Bhool), Pode (Deula, Pujari, Jalari) and Chyame (Kuchikar, Chyamkhale). Similarly, Tarai Dalits: Kalar, Kalkahia, Kori, Khatik, Khatwe (Mandal, Khang) Chamar (Ram, Mochi, Harijan, Ravidas), Chidimar, Dom (Marik), Tamta (Tandi, Das), Dushadh (Paswan, Hajara), Dhobi (Rajak, Hindu), Pasi, Bantat, Musahar, Mestar (Halkhor) Sarbhang (Sarbariya), Natuwa, Dhandi and Dharikar/Dhankar.

Aging research in Nepal is still in its infancy (Chalise & Brightman, 2006; Chalise, 2021). Elderly people are the nation's property and dignity. The Elderly spends their whole life contributing to family, society, and nation. They have rich experience that can be very useful to learn and adopt. Most of the research carried out on older people is focused on other caste and ethnic groups. The situation of Dalit older people is not well known. Further, the social security of older people is always an important topic to be considered while policy formulation. But we do not have sufficient research in this field and do not know about the Dalit older people of Nepal.

Further, there are very few studies carried out in Sudur Paschim Provinces (Joshi et al, 2018; Joshi & Chalise, 2021). No research has been conducted about the social and health care status of elderly people in Jaya Prithvi Municipality Bajhang district yet. So far, this may be the first study about the Dalit elderly. The present study attempts to analyze the social and healthcare status of elderly people in Jaya Prithvi Municipality of Bajhang district in Nepal.

Literature Review

Till now there is no official national survey carried out on the issues of older people in Nepal. Small research carried out either for academic purposes (thesis) or others are the major sources of information on the situation of older people. Different studies show older persons have low immune systems and are vulnerable to different types of diseases (Chalise, 2012; Chalise & Rosenberg, 2020; Mishra & Chalise, 2019a; Mishra & Chalise, 2019b). A study from rural Kathmandu shows 76.5% of the respondents had physical health problems. Similarly, 52.6% reported a mental health problem. The most commonly mentioned physical health problems

were physical pain (60.4%), respiratory problems (38.4%), gastritis (34.4%), eye problems (29.4%), blood pressure (21.8%), and dental problems (20.4%). About one in 10 (13.7%) reported some type of dementia that had not yet been clinically diagnosed. Less than 10% mentioned other health problems (Chalise & Rosenberg, 2020). Another study from the Urban area of Kathmandu shows three-fifths (60 %) of older people suffering from at least one chronic disease (Chalise, 2012). The major diseases of older people were high blood pressure, diabetes, respiratory disease, arthritis, and back pain.

This study further revealed that 17 percent of older people suffered from more than one chronic disease. Further studies show that depression is quite high among Nepalese older people (Chalise, 2014; Manandhar et al., 2019; Sharma et al., 2018). A study in a Rai elderly in Kathmandu found depression in community-dwelling older persons was 29.7% (Chalise & Rai, 2013). But, Manandhar et al. (2019) found it was nearly 50% and Sharma et al. (2018) found it was as high as 65%. Similarly, studies of the elderly living in Briddashram show depression ranged from 47.33% to 57.8% (Ranjan et al., 2014; Chalise, 2014). Further breakdown of depression shows 46.7% had mild, 8.9% had moderate and 2.2% had severe depression (Chalise, 2014).

The majority (more than 80%) of Nepali live with family members (Chalise & Shrestha, 2005; Chaudhury, 2004; CBS, 2014). But studies show two-thirds of Nepalese suffer from loneliness (Chalise, 2010; Chalise et al., 2007a). It shows that living with their children is not related to lowering loneliness. Loneliness might be due to the feeling of being neglected and very little communication with family members (Chalise et al., 2007b). Loneliness is thought to be the result of many factors, including health, social and psychological conditions (Chalise, 2021). These studies show a big societal burden of addressing the needs of the elderly who are suffering from loneliness.

Taking care of older people is considered the responsibility of children in Nepal (Chalise et al, 2022; Malakar & Chalise, 2019). *Matridevo Bhava* and *Pitridevo Bhava* were traditional norms and values systems prevailing in Nepali society (Chalise, 2006, Chalise, 2021, Chalise et al., 2022). A majority of older people in Nepal tend to work in informal sectors. They lack the provision of regular income after retirement. A study shows less than 7% of older people receive a pension (Chalise & Brightman, 2006). The Nepal government provides old age allowances under the social security scheme. Till last year, senior citizens above 70 years were entitled to receive Rs 4,000 in monthly social security allowance. But from this fiscal year elderly above 68 years and above; those aged 60 and above from the Karnali region and Dalit communities, helpless widows and single women,

people with disabilities, people from endangered communities and children from some specific regions and communities are entitled to social security allowances (Chalise et al, 2022).

Methods and Procedures

This study was carried out in Jaya Prithivi Municipality of Bajhang district in 2021. Jaya Prithivi Municipality is the headquarters of Bajhang district. This study area has been chosen because of the familiar community to the author. This is one of the remote areas of Nepal as well. It is also an inhabited area by numerous Dalits community. There are 11 wards. According to the preliminary census report in 2078, the total population of the municipality was 21,973 among them 11,413 female, and 10,560 male. Similarly, 4088 households are in the study area, and the annual population growth is about -0.13 percent (Preliminary census report, 2078). According to the Jaya Prithivi Municipality office record of Paush, 2078 BS, the number of population of elderly Dalits of Jaya Prithivi municipality was 383. Among them, 50 percent i.e., 190 elderly Dalits (100 females and 90 males) were selected purposively for the study for easy collection of data in the study area. Among five clusters in Jaya Prithivi Municipality, 45 Dalits elderly from Kailash and Hemanta Bada, 40 from Luyata, 43 from Subeda 18 from Rithapata, and 58 from Chainpur were selected. The face-to-face interview method was used for data collection.

Results

Demographic and Socio-economic Characteristics of the Study Population

Out of the total 190 respondents, the highest proportion of respondents was in the age groups 60-69 percentage of 50.4 and followed by the age group 70-79 which was 31.7 percent, and 18.9 percent of respondents in the age group 75-79 respectively (Table 1). In all age groups, female respondents are in a higher percentage than males. The above table shows that males and females are 38.8 percent and 53 percent in the age group 60-69, respectively. Males are 25.2 percent and females are 28 percent in the age group 70-79.

Among the total population, 68.4 percent elderly were currently married followed by 30.5 percent of widows/widowers. The percentage of widowed elderly was nearly half of that of currently married elderly people. Similarly, in the study area, only two respondents were found separated. Out of the total respondents, nearly 95 percent of respondents followed the Hindu religion, 3.1 percent of respondents followed the Christian religion, and 2.1 percent of respondents were following the Buddhist religion. Further, more than 68.4 percent of respondents were

illiterate and the rest i.e.31.6 percent were literate including 26.0 percent having informal education, and the remaining others 5.3 percent having primary level (1-5) education only.

Table 1

General Characteristics of the Respondents

Variables		Number	Percentage
Age	60-69	96	50.4
	70-79	56	31.7
	80+	38	18.9
Sex	Male	90	47.4
	Female	100	52.6
Marital Status	Currently Married	130	68.4
	Widow/ Widower	58	30.5
	Separated	2	1.1
Religion	Hindu	180	94.8
	Buddhist	4	2.1
	Christian	6	3.1
Education	Illiterate	130	68.4
	Informal Education	50	26.3
	Primary (1 to 5)	10	5.3
Living arrangements	Nuclear	88	46.3
	Joint	97	51.0
	Living alone	5	2.7

Category of the Dalit Castes

This study is completely based on the Dalit community of the Jaya Prithivi area of the Bajhang district. Dalit caste includes so many other sub-caste groups such as B.K. (Bishowkarma), Sunar, Kami, Luhar, Agri, Auji as one Dalit caste group Pariyar, Darji, Nepali, Damai, etc., another group Sharki, Chadara, Od, Okheda, Rashaili, Mijar, etc. In this study area, researcher categories include five sub-groups of Dalit community. The majority of the respondents (37.8 %) reported they are Sarki, 33.8 percent are B.K, Sunar, Luhar, Kami, Agri, Mijar sub-caste groups, 21.5 percent respondents reported that they are Pariyar and Darji and Nepali, 6.9 percent respondents' caste remaining others Chadara, Tiruwa, Rashaili, Auji etc.

Table 2*Percentage Distribution of Respondents by Category of the Sub-caste Group of Dalit*

Category of Dalit	Respondents	
	Number	Percent
Sarki, Bhul Auji, etc.	72	37.8
B.K., Sunar, Subarnakar, Luhar, Mijaretc	64	33.8
Nepali, Damai, Darjee, etc.	41	21.5
Chadara, Tiruwa, Rasaili, Snehi, Od, Okheda, etc	13	6.9
Total	190	100.0

Source: Field Survey, 2021

Living Arrangements

Living arrangement refers to the structure and composition of household members of one's household as well as their relationship with each other. The living arrangement information of the respondents was obtained by asking the question to whom they were residing. Table 3 shows the distribution of respondents by living arrangements. The highest proportion (53.6%) of respondents reported that they were residing with their son/daughter, nearly about 37.4 percent spouse only them, living alone (5.3%), with a daughter/son-in-law (3.7%) and 0.5 were living with their other relatives.

Table 3*Percentage Distribution of Respondents by Living Arrangement*

Living arrangement	Total	
	Number	Percent
Spouse only	71	37.4
Son/daughter in law	101	53.2
Daughter/son in law	7	3.7
Alone	10	5.3
Others Relatives*	1	0.5
Total	190	100.0

*Other relatives include Nephew/nice-in-law and brother-in-law/sister-in-law.

Feeling of not Taking Care of the Elderly by Family

The information about the feeling of not taking care of the elderly by the family was obtained by asking an opinion type of question (i.e., how do you feel about not taking care of yourself by family and society?). The information was obtained based on his/her responses. Most of the respondents (36.8%) reported that they feel very much about not taking their care of by family members, followed by 25.2 percent who did not feel taking care of them by family members, 22.6 percent respondents reported that they feel somewhat about it and 15.4 percent said that don't have an idea about it (table 4).

Table 4

Percentage Distribution of Respondents by the Feeling of not Caring by Family

The feeling of not taking care by the family	Number	Percent
Very much	70	36.8
Somewhat	43	22.6
No such feeling	48	25.2
Don't know	29	15.4
Total	190	100.0

Source: Field Survey, 2021

Health Status of the Elderly

Mental Health Problem

Table 5 shows the distribution of respondents who have mental health problems. Respondents reported that they were feeling different types of mental health problems.

The majority of the respondents (94.7 %) suffered from depression. Depression is a major psychological and mental problem for elderly people of the nation because of the flow of foreign migration, urbanization, and the nuclear family system which support the fragmentation of the family. Similarly, 92.1 percent of respondents feel loneliness/ anxiety, 65.7 percent suffered from insecurity/boredom, nearly 17 percent suffered from loss of memory power and around 12 percent of respondents had suffered from mental disorder (Table 5).

Table 5*Percentage Distribution of Respondents by a Mental Health Problem*

Feel Mental health problem	Number	Percent
Insecurity/boredom	125	65.7
Mental disorder	23	12.1
Depression	180	94.7
Loneliness/ Anxiety	175	92.1
Loss of memory power	31	16.3

Suffering from Major Physical Health Problems

The information about the physical health condition of the respondents was collected by asking a closed-ended question about a physical health condition, i.e., how is his/her health condition? The information was reported based on his/her responses as he or she feels about his/her physical health condition.

Table 6*Percentage Distribution of Respondents by Major Health Problems*

Major health problems	Yes	
	Number	Percent
Any Health problem	180	94.7
Physical pain (joints, knee, back, stomach, etc.)	70	36.8
Physical pain-Diagnosed	53	75.7
Respiratory-Problem	64	35.5
Respiratory-Diagnosed	48	75.0
Blood pressure-Problem	92	51.1
Blood pressure-Diagnosed	79	85.9
Sugar (Diabetes) Problem	4	2.2
Sugar (Diabetes) Diagnosed	4	100.0
Gastric-Problem	150	83.3
Gastric-Diagnosed	98	65.3
Asthma-Problem	91	50.5
Asthma-Diagnosed	52	57.1
Heart disease-Problem	38	21.1
Heart disease-Diagnosed	22	57.9
Teeth Problem	162	90.0
Kidney/urinary-	35	19.4
Uric acid	18	10.0

Cancer	6	3.3
Other diseases	7	3.8

Source: Field Survey, 2021

Out of the respondents, 94.7 percent have any health problems and 5.3 percent don't have any problems. Table 6 shows the percentage distribution of respondents by major health problems. One-third of the total (36.8) respondents reported that they have physical pain (joints, knee, back, stomach, etc.) and among them, 75.7 percent of respondents also diagnosed such types of problems. About 72 percent of respondents have gastric problems and among these suffering from gastric problems, 83.3 percent of respondents had also been diagnosed with it. Respiratory disease (35.5.0 %) and blood pressure (51.1%) are also among the diseases suffered by the respondents.

Similarly, 50.5 percent of respondents reported that they suffered from asthma and among them, 57.1 percent of respondents had also been diagnosed with the disease. About 90 percent were suffering from teeth problems, 19.4 percent from kidney/urinary problems, uric acid 10 percent, cancer 3.3 percent, and the remaining others. About 4 percent reported suffering from other diseases which include skin disease, ulcers, cough, leg swelling, headache, jaundice, stone, hernia, tuberculosis, polio, thyroids, deafness, bone decay, and uterus-related problems (Table 6).

Discussion

In Nepal, older populations are increasing rapidly (Chalise, 2020; Chalise & Brightman, 2006) and show a tendency that will further increase in the coming days as well (Chalise, 2018). Studies show older persons have a low immune system and are vulnerable to different types of diseases with increasing age (Chalise & Rosenberg, 2020). In the Nepali culture, children are considered insurance for old age, and norms of filial responsibility are an important factor behind inter generational relationships (Chalise et al., 2007; Chalise, 2010, Chalise, 2021, Chalise et al, 2022). This is a descriptive but first study that focuses on social and health issues of the Dalit elderly in Nepal.

This study found the majority of elderly living with their children. 53.2% were living with their son/daughter-in-law and 3.7% were living with their daughter/son-in-law. The elderly living with spouses only was 37.4%. Further, the number of elderly living alone was 5.3%. It shows the emerging trend of living arrangements slightly different from previous other studies in another caste/ethnic group population of Nepalese elderly (Singh et al., 2022). Singh et al. found 81.3% of the elderly were living with family members, 11.6 percent living with a spouse, and 6.2 percent

living alone. Another community study shows 83.7% living with children, 8.9% living alone, 5.7% spouse, and 1.6% with others (Chalise & Shrestha, 2005). Another study from Kathmandu shows 87.1 living with family members, 6.1% with spouses, 2.9% alone, and 3.7% with others (Chalise, 2012). A study of Rai ethnicity shows 73.3% living with children, 14.5% with a spouse, and 12.1% with others (Chalise & Rai, 2013). Similarly, another study from Kailali shows 88.9% living with family members, 7.9% spouses, and 2.7% alone (Joshi et al., 2018). But this study shows living with spouses only is quite high in this study. It shows the changing pattern of the traditional system of living arrangements with time (Chalise, 2021).

Culturally living with family members during the stage of old age is considered a Nepali tradition (Chalise, 2021). But, due to the migration of young children from remote areas to terai areas and urban areas older people are left behind. This study shows more than 37 percent elderly are living with their spouse. National and international literature has reported that older adults who live with their partners have better levels of physical and mental health (Kim & Fredriksen-Goldsen, 2016; Henning-Smith, 2016). It may be due to the spouse also experiencing the aging process, and having more empathy with their partner. It creates bonds of mutual support in daily life, overcoming the limitations imposed by old age. Social interaction in the home environment between the elderly can also avoid social isolation, as well as provide effective and material support and can favour better quality of life scores, due to the mediating roles (Bolina, et al, 2021; Chalise et al, 2007a).

This study shows quite a high (93%) of the elderly suffering from at least one health problem. This data is quite high when compared with other studies carried out in different parts of Nepal (Chalise & Shrestha, 2005; Bhatta, 2009; Chalise & Basnet, 2017). A community study from Kathmandu shows over three-quarters (76.5%) of the elderly with some physical health problem, over half (52.6%) with some mental health problem, and 14.6% with some physical disability (Chalise & Rosenberg, 2019).

This study shows the majority of the respondents (94.7%) suffered from depression and 92.1 percent respondents feel loneliness/anxiety. Around 66 percent of respondents reported that they felt insecurity and boredom. These data are also quite high compared to other studies from Nepal (Chalise, 2010; Chalise et al., 2007b). Having health problems both physical and mental health may have an impact on the quality of life of older people (Joshi & Chalise, 2021). It may also increase the care giving burden on the care providers (Khanal & Chalise, 2020; Chalise & Khanal, 2021). Local government should promote different types active for the better mental health of the elderly.

This study has also raised the issue of social security in old age as more than half of the respondents expressed the view that they have a feeling of not caring by their family members. Similarly, nearly two-thirds have feelings of insecurity in old age. This shows the traditional value system that children will care for their parents when they become old is deteriorating in Nepal (Chalise, 2021, Chalise et al, 2022). The actual reason why the elderly felt they are not cared for by their children needs to be further explored. It may be due to our migration of children, modernization, and cultural diffusion.

Conclusion

The study revealed that the social and health care status of elderly people is quite poor in Dalit elderly. The majority of the elderly feel they are not cared for by their children. The poor economic condition may be the main barrier to the healthcare status of the elderly. So, this study suggests to have more in-depth studies and to have more attention from policy makers on the social and health care and social security status of the Dalit elderly.

References

- Bhatta, R. (2009). *Social and health status of elderly population in Far-Western Region*. A Research Report Submitted to Nepal Health Research Council. <http://library.nhrc.gov.np:8080/nhrc/bitstream/handle/123456789/42/558.pdf?sequence=1>
- Bolina, A.F., Araújo, M.C., Hass, V.J., & Tavares, D.M.S. (2021). Association between Living Arrangement and Quality of Life for Older Adults in the Community. *Revista Latino-Americana de Enfermagem*, 29 (3401). <https://doi.org/10.1590/1518-8345.4051.3401>
- Center Bureau of Statistics (CBS) (2014). *Population monograph of Nepal*. Government of Nepal.
- Chalise, H. (2018). Demographic window of opportunity in Nepal. *Nepal Population Journal*, 18(17), 133-140. <https://doi.org/10.3126/npj.v18i17.26428>
- Chalise, H. N. (2006). Demographic situation of population ageing in Nepal. *Kathmandu University Medical Journal*, 4(3), 354–362.
- Chalise, H. N. (2020). Provincial situation of elderly population in Nepal. *Am J Aging Sci Res*, 1(1), 9-11. <https://doi.org/10.46439/aging.1.003>
- Chalise, H. N., & Rosenberg, E, (2019). Social and health status of community-dwelling older adults in Nepal. *Advances in Aging Research*, 8, 63-74. <https://doi.org/10.4236/aar.2019.84005>

- Chalise, H. N., & Rosenberg, E. (2020). COVID-19 and the elderly: Why does the immune system matter? *Journal of Infectious Diseases & Travel Medicine*, 4(S1), 000S1–003. <https://doi.org/10.23880/jidtm-16000S1-003>
- Chalise, H. N., Bohora, P.K., & Khanal, T.R. (2022). Older people and social security system in Nepal. *Gerontol Geriatr Res*, 8(2), 1075.
- Chalise, H. N., Ghimire-Risal, P.K. (2018). Does population ageing affect the least developed country like Nepal? *OAJ Gerontol Geriatr Med*, 3(4). 555618. 10.19080/OAJGGM.2018.03.555618002
- Chalise, H. N., & Brightman, J. (2006). Aging trend: Population aging in Nepal. *Geriatrics & Gerontology International*, 6, 199–204. <https://doi.org/10.1111/j.1447-0594.2006.00347.x>
- Chalise, H. N., Saito, T., Takahashi, M., & Kai, I. (2007b). Relationship specialization amongst sources and receivers of social support and its correlations with loneliness and subjective well-being: A cross-sectional study of Nepalese older adults. *Archives of Gerontology and Geriatrics*, 44(3), 299–314. <https://doi.org/10.1016/j.archger.2006.07.001>
- Chalise, H.N. (2010). Social support and its correlation to loneliness and subjective well-being of Nepalese older adults. *Asian Social Work and Policy Review*, 4(1), 1–25. <https://doi.org/10.1111/j.1753-1411.2009.00034.x>
- Chalise, H.N. (2012). Socio-demographic and health status of Nepalese elderly. *Indian Journal of Gerontology*, 26(2), 151–160.
- Chalise, H.N. (2012). Socio-demographic and health status of Nepalese elderly. *Indian Journal of Gerontology*, 26, 151-160
- Chalise, H.N. (2014). Situation of depression among elderly living in Briddashram in Nepal. *Advances in Aging Research*, 3(1), 6–11. <https://doi.org/10.4236/aar.2014.31002>
- Chalise, H.N. (2018). Demographic window of opportunity in Nepal. *Nepal Population Journal*, 18(17), 133–140. <https://doi.org/10.3126/npj.v18i17.26428>
- Chalise, H.N. (2021). Aging in Nepal. In Selin H. (eds), *Aging across cultures. science across cultures: The history of non-western science*, Vol. 10. Springer. https://doi.org/10.1007/978-3-030-76501-9_13
- Chalise, H.N., & Basnet, M. (2017). Abuse of older adults residing in the community of Nepal. *Journal of Gerontology and Geriatric Research*, 6, 415. <https://doi.org/10.4172/2167-7182.1000415>

- Chalise, H.N., & Khanal, B. (2020). Functional disability on instrumental/activities of daily livings among rural older people in Nepal. *Journal of Karnali Academy of Health Sciences*, 3(3). <http://jkahs.org.np/jkahs/index.php/jkahs/article/view/338/254>
- Chalise, H.N., & Paudel, B.R. (2020). Elderly abuse among community-living older adults of least developed country-Nepal. *Archives of Physical and Rehabilitative Medicine*, 1(1), 1–8.
- Chalise, H.N., & Rai, S.L. (2013). Prevalence and correlates of depression among Nepalese Rai older adults. *Journal of Gerontology and Geriatric Research*, 2, 1-5.
- Chalise, H.N., & Rosenberg, E. (2019). Social and health status of community-dwelling older adults in Nepal. *Advances in Aging Research*, 8(4), 63–74. <https://doi.org/10.4236/aar.2019.84005>
- Chalise, H.N., & Shrestha, S. (2005). Situation of the elderly in the Himalayan Kingdom of Nepal. *Indian Journal of Social Work*, 66(2), 136–143.
- Chalise, H.N., Saito, T., & Kai, I. (2007a). Correlates of loneliness among older Newar adults in Nepal. *Japanese Journal of Public Health*, 54(7), 427–433.
- Chaudhury, R. H. (2004). Ageing in Nepal. *Asia-Pacific Population Journal*, 19, 61–80.
- Dhital, S., Chalise, H.N., & Rupakheti, D.(2015). Migration, ageing and spousal separation: A review of current population trend in Nepal. *J JGeronto*, 1(1), 004.
- Fruzzetti, L. M. (1982). *The gift of a virgin: Women, marriage, and ritual in a Bengali society*. Rutgers University Press.
- Joshi, M., & Chalise, H.N. (2021). Elderly abuse and quality of life: A study of community living older people in Nepal. *Journal of Medical Evidence*, 2, 113-9. [10.4103/JME.JME_140_20](https://doi.org/10.4103/JME.JME_140_20)
- Joshi, M.R., Chalise, H.N., & Khatiwada, P.P. (2018). Quality of life of Nepalese elderly living in rural Nepal. *Journal of Gerontology and Geriatric Research*, 7, 484. <https://doi.org/10.4172/2167-7182.1000484>
- Khanal, B., & Chalise, H.N.(2020). Caregiver burden among informal caregivers of rural elderly in Nepal. *J Health Care and Research*, 1(3), 149-56. <https://doi.org/10.36502/2020/hcr.6173>
- Khanal, P., Rai, S., & Chalise, H.N. (2018). Children’s migration and its effect on elderly people: A study at old age homes in Kathmandu. *American Journal of Gerontology and Geriatrics*, 1(1), 1001.

- Malakar, I., & Chalise, H.N. (2019). Perception of elderly towards social security allowances in Nepal. *South Asian Journal of Social Studies and Economics*, 2(4), 1-9. <https://doi.org/10.9734/sajsse/2018/v2i430008>
- Manandhar, K., Risal, A., Shrestha, O., Manandhar, N., Kunwar, D., Koju, R., & Holen, A. (2019). Prevalence of geriatric depression in the Kavre district, Nepal: Findings from a cross sectional community survey. *BMC Psychiatry*, 19, 271. <https://doi.org/10.1186/s12888-019-2258-5>
- Miltiades, H. B. (2002). The social and psychological effect of an adult child's emigration on non-immigrant Asian Indian elderly parents. *Journal of Cross-Cultural Gerontology*, 17, 33-55.
- Mishra, S., & Chalise, H. N. (2019a). Health status of elderly living in Briddaashram (Old Age Home). *International Journal of Public Health and Safety*, 4, 172.
- Mishra, S., & Chalise, H. N. (2019b). Comparative study on health status of elderly living in government and private old age home in Nepal. *Asian Journal of Biological Sciences*, 11, 173–178. <https://doi.org/10.3923/ajbs.2018.173.178>
- Rai, S., Khanal, P., & Chalise, H. N. (2018). Elderly abuse experienced by older adults prior to living in old age homes in Kathmandu. *Journal of Gerontology and Geriatric Research*, 7, 460. <https://doi.org/10.4172/2167-7182.1000460>
- Sharma, K. R., Yadav, B. K., & Battachan, M. (2018). Correlates of depression among elderly population residing in a community in eastern Nepal. *Birat Journal of Health Sciences*, 3(1), 325–330. <https://doi.org/10.3126/bjhs.v3i1.19729>
- Singh, S.N., Upadhyay, A., & Chalise, H.N. (2021) Living arrangement of older People: A study of community living elderly from Nepal. *Advances in Aging Research*, 10, 133-142. <https://doi.org/10.4236/aar.2021.106008>
- Subedi, B.P. (1999). Population ageing in Nepal: Status, context and policy Responses. *Nepal Population Journal*, 8(7), 81-108.
- UN (1982). *Vienna international plan of action on ageing*. New York.
- WHO (2015). *World report on ageing and health*. World Health Organization. <https://apps.who.int/iris/handle/10665/186463>.