

Health Status and Life Satisfaction among Aging People in Kathmandu

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SMC Journal of Sociology 2024, Vol. 1(1) 25-50

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Article Details

Received: July 31, 2023; Reviewed: Aug. 27, 2023; Reviewed: Oct. 2, 2023

Revised: Oct. 29, 2023; Accepted: Dec. 20, 2023

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Abstract

Aging is a complex social process. It brings more complications and illnesses in human lives. Because of odds of getting ill rise in old age, chances of becoming disabled and of dying come close. However, healthy aging can also be enhanced via living an active life. Everyone desires for a happy and healthy life, and thus, there is reciprocal relationship in role, healthiness and happiness. Society also waits for healthy people, who can play active roles effectively in society. Performing social roles help people to remain healthy, and activeness help improve healthiness in their life. In this article, I discuss the situation of health and life-satisfaction among aging people in Kathmandu. This paper is prepared on fresh-handed data collected from 45 respondents by using random sampling method. It describes the interrelationship between people's role and their health. Peoples' health deteriorates once their age rise, but those people who had performed their assigned role were found to be happier and healthier than the idle people of the same age.

Keywords

aging, disease, health, satisfaction, well-being

Aging is associated with a lot of complexities. It is greatly connected with health and wellbeing. Health care together with medicine serves as an important social institution in society. World Health Organization

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(WHO 1946) defines health as a state of complete physical, mental and social well-being, not just the absence of illness or diseases. Humans are social animals; their health and well-being also cannot be separated from society. Human health extends to the areas of how individual or group of people living in a society could satisfy their needs and apprehend their ends. This shows the sturdy interrelationship between people, society and health. In addition, people's health is an outcome of social structure and how people interact in it through various social institutions. Society influence diseases, disability and death, and vice versa. For instance, People in some localities think a competitive way of life is healthy and in others not or think cooperative way of life is much healthier than the another one. Experience of healthiness of a person in aging is not same for all people and social groups. Personal health matters with many social factors, like sexual orientation, ethnicity, cultural patterns, types of job, economic situation, technological advancement, social relationships and so on. Some researchers have documented that social placement (sex, race, ethnic traditions, class, etc.), socioeconomic status of individuals (Ashley 2020) and social groups are vigorously related to the risk of physical and mental illness (George 1993).

People's age is considered as the most powerful predictor of the state of health and the prevailing risks of morbidity, mortality, and disability. When people slowly transit to aging their functional capacity and healthiness decline gradually (Saito, Kai, and Chalise 2010; Lowsky et al. 2014; UN 2015). However, as a result of substantial advancement in medical technology, the prevalence of chronic disabilities and diseases has been reasonably declined in recent years (Giddens et al. 2017).

Diseases and illness are compared and examined differently based on traditional medicine, culture, religion and economic status that is specific from region to region. The pattern of health and illness is also varied across societies vertically and horizontally. For example, according to country's economic and technological advancement mortality rate and life expectancy is different. For example, among underdeveloped and developed countries, developed countries have low mortality rate and higher life expectancy compared to

underdeveloped counterparts. Japan, one among many industrialized countries which has high life expectancy at birth with 29.1 percent of aging population, and Lesotho among countries with low life expectancy, which have 84 years and 54 years respectively. This reveals the fact that there is significant gap in life expectancy between the countries.

Aging has been a foremost population characteristic in contemporary Nepal. In past, the issue was a concern of only industrialized countries, however, they have already settled-down the issue. This aging of population is accelerating in developing and least-developed countries, which themselves are facing socio-economic constrain and couldn't even settle the issue of youth. Thus, the rushing aging population has been puzzling the entire state system of Nepal. The social security system of Nepal is not much strong. Immediate family members, particularly sons are taken as eminent social security in aging, considering as budheshkalko Sahara here. However, the changing trends of Nepalese society, especially in terms of work and international migration, such a system is being threatened. In such scenario, they are forced to live alone in aging. In this regard, this article accounts the health status and well-being in addition with life satisfaction of older adults in Nepalese context. The study also unveiled that the changes in social roles, as people advance into aged, and loss of close relationship with other family members and their friend circle as a result of joblessness and economic inactivity, which also poses threats to older persons' health, well-being and life-content.

METHODS AND MATERIALS

This paper stands on fresh-handed primary data collected from the field by the author of this article himself. The author of this paper has visited 45 people aged 70 and over personally, receiving old age non-contributory allowance. Most of the research respondents were found to be migrants, who migrated to Kathmandu from different parts of the country, and currently living in Budhanilakantha Municipality, ward 10. Data has been carefully collected by employing interview method based on semi-structured interview guidelines. Additional data was taken and collected from key informants (family

members and close relatives) interview, where additional data was felt necessary. In addition, random sampling is used in the selection of required sample from the population universe, so that wide range of socio-economic and ethno-caste groups would be covered. Random sampling is a method where each member or item has equal chance of being selected. All samples used in this research were drawn from the listed population randomly that covers 14.20 percent of the population with 70.31 percent of response rate. Samples were chosen through lottery method, so that each sample included in titled population parameter could possibly be picked as a selected sample. Coverage of data reports diverse socio-economic groups are made in the research.

DATA ANALYSIS

Non-Communicable Diseases and Disabilities

As people’s age breeds to aging, the prevalence of non-communicable diseases gets ride (Shrestha 2012), and experience of a sudden and rapid decline in functioning in a person will increase (UN 2015). Biotic age is considered as a significant associated factor with deterioration in healthiness, however, it is equally true that healthy aging is significantly different from person to person (Lowsky et al. 2014; Higgs and Jones 2009), bounded with various socio-economic factors.

The field study shows that 17.8 percent elderly people have no strong symptoms of noncommunicable diseases despite of their high age. However, about 82.2 percent of them admitted that they

Table 1: Non-communicable Diseases in Respondents

	Frequency	Percent (%)	Valid (%)	Cumulative (%)
No diseases	8	17.8	17.8	17.8
(disease)	(37)	(82.2)		(82.2)
Single diseases	21	46.7	46.7	64.7
Multiple diseases	16	35.5	35.5	100
Total	45	100.0	100.0	

Source: Field Study 2020.

are affected by non-communicable diseases, single or multiple. 35.5 percent of respondents have confirmed multiple noncontagious diseases and approximately 46.6 percent of them have observed single non-communicable disease that include high blood pressure, asthma, ulcer, uric acid, diabetes, thyroid, cardiovascular disease, bath, Alzheimer, kidney failure, nervous related disease, and others.

It was found that 50% population aged over seventy have the problem of high blood pressure and 27% respondents have admitted that they are facing the problem of high blood pressure with other multiple health complications like diabetes, heart diseases, asthma, uric acid, defect in nervous system, etc. Research respondents confirmed that 24.44% research participants are affected from diabetes, 13.2% asthma, 4.4% nervous system problems, 2.2% Alzheimer, thyroid 2.2%, Kidney damage 2.2%, Uric acid 4.4%, Parkinson's 2.2%, etc.

Table 2: Chi-Square Tests on Age and Health Status of Respondents

	Value	DF	Asymptotic Significance (2-sided)
Pearson Chi-Square	.882a	4	.927
Likelihood Ratio	.874	4	.928
N of Valid Cases	45		

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is 1.07.

Source: Field Study 2020.

The given chart-1 describes the fact that there is huge link between person's age and health. According to the table above, Chi-square value is 0.883 and asymptotic signification is 0.927. Age has been found as an important factor for deterioration of healthiness and wellbeing in a person of old age. The field study illustrates the strong correlation between age and prevalence of non-communicable diseases. There is 0.771 asymptotic significance between age of respondents and prevalence of noninfectious diseases. However, personal habits and

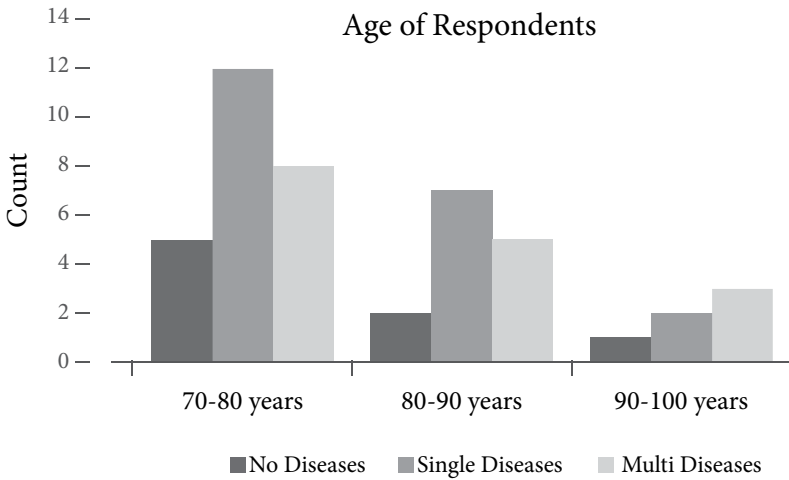


Chart 1: Health-status in Aging People

lifestyle have also been found crucial in people’s health situation in aging. At the same time, there is a correlation between activeness and prevalence of diseases with 0.536 asymptotic significance.

Everyone wants to be healthy and happy. This is true for every one of every age group. At the same time, they rigorously attempt to avoid vile situation that occurs incidentally or in natural settings. According to Talcott Parsons, becoming healthy is also a functional necessity to fulfill his role in society (Cockerham 2013). Society demands healthy individuals who are capable enough to contribute in society by fulfilling their social roles. Among respondents we discovered, some aging people are consciously living an active lifestyle. Health is solely the outcome of social roles and busy life too. People who are living active life in their aging are found healthier than those who are barely active. Most of the women research participants regularly engage in household activities, which keep them busy all the time compared to men counterparts. This can be the reason behind the high life expectancy at birth of women despite the fact that women have many factors that put them in the risk of mortality, morbidity, and disability. Aged women are always busy not only in preparing meal for husband and children, but also in household activities from dusk to

dawn. The social institution of medicine has been playing crucial roles in restoring sick people back to their original health and increasing people's life expectancy in society.

People believed that diabetes and high blood pressure have genetic root. But they also have strong association with food habits and lifestyle based on the socio-cultural pattern of society they are living, which is not only in aging but also throughout people's life. Around 35.6% of aged people were found with effects of multiple diseases, mostly high blood pressure, diabetes, asthma, heart diseases, cholesterol, uric acid, thyroid, gastric and Alzheimer as mentioned earlier.

There are number of research participants who have encountered with many diseases with the decrease of a functional capacity (Saito, Kai, and Chalise 2010). This research approves that aged people have a high rate of medicine consumption, seems that they have this life because of the medicine. Data collected by the author presents the overall medical expenses of the research participants that shows that the maximum number of research participants have been consuming a high amount of medicine. Some of them by following doctor's prescription and others are not. It also proves that high-level medical expense in old age is quite normal. Even The government provided non-contributory pension of NRS. 4,000.00 has not been sufficient to cover their mere medical expenses. Each research participant's average medical expense stands at 2326.83 NRS; the highest amount goes above 20,000 NRS every month for single person. In such a situation, it is very hard to manage general medical expenses by general people, given their living condition which is slightly above the poverty line.

Through history, we have learned that human beings had to fight with many kinds of life-threatening communicable diseases. Even after making it to the twenty-first century and despite of the development of biomedicine and the means or instruments to fight with terrible diseases, life taking communicable diseases are still threatening human lives in different parts of the world. Some previous researchers have shown that poverty is bad for health (Marmot 2005), especially, associated with material deprivation, scarcity of clean drinking water, malnutrition, lack of quality medical care, pandemics like, COVID-19, etc., however, other researchers have found that new types

of communicable diseases are emerging because of men's activities against biosphere and different chemical tests. It was earlier believed that people's age has been taken as the most powerful predictor of the state of health and wellbeing as well as risk factors of death and diseases. However, data from the field has given a different result. We have found that 97.8% of respondent aged over seventy have reported no any chronic epidemiological or contagious diseases.

Communicable diseases are basically associated with poverty-material deprivation and the causes of viruses. It was hard to find communicable diseases among research participants. However, one noteworthy thing is that this research was conducted in growing urban/ semi-urban areas, where people have enough awareness about keeping themselves healthy. They have adequate knowledge about living a healthy life, they are not facing material deprivation, they have means of safe drinking water, etc. Through this field study, it is discovered that only 2.2% people over the age of seventy have been found with the effects of communicable diseases, most with skin-related diseases.

It is reported that disability is also related to health which is higher in aging people, primarily, non-communicable diseases like, cardiovascular diseases, mental disorder, cancer, diabetes, hypertension, respiratory diseases, accidents, etc. disability was specifically observed among high aged people who are in or above their sixties. According to the population monograph of Nepal (2014), about 25% of the aging population, aged over 60 or over are disabled. The number of women is estimated to be higher than the number of men in disability observation (Khanal 2020). According

Table 3: Sexual Orientation & Disabilities Cross-tabulation

Biological sex	Disabled	Non-disabled	Total
Male	17	4	21
Female	33	12	45
Total	17	4	21

Source: Field Study 2020.

to the report, the asymptotic significance of sex disability correlation is 0.280 with likelihood ratio 0.275 and continuity correction 0.457. Over 45% population over sixty has been reported to have disability, the prevalence is higher in higher ages.

A growing number of statistical evidences presents the complexities of risk factors for disability prevalence in any kind of socio-economic and status groups. A person's health conditions are believed to be associated with health factors that cause disability (WHO 2011). From the study, we have learned that 73.7% of research participants have different kinds of disabilities (small or bigger and single or multiple), only 26.7% of research participants reported free from all types of disability. The fact proves that aging is, more or less, associated with disabilities- as age increases prevalence of disability also increases. Secondly, aging is associated with lots of hitches, which is normal according to the ages.

Access to Health Institutions and Health Seeking Behavior among Aging People

In the world, public health has been drastically improved with the advancement of biomedicine and the development of medical science in the twentieth and twenty-first centuries. Backed by the invention of medicine, both birth and death rates has been dramatically decreasing and life expectancy at birth is significantly increasing by the time. As a result, the number of aging populations has been growing in all the countries of the world, particularly in the countries of intermediate economic development. For example, aging population in Japan has reached over 29% of the total population; which means that number of aging populations has become 3 in every 10 people. People's lifespan has increased as they are coping over environmental as well as the external and internal situations of life with the help of growing medical knowledge, health awareness and practices in addition with the advancement and use of medical technology (Saito, Kai, and Chalise 2010). People's life expectancy in Nepal has dramatically increased from 37.47 years in 1961 to 71 years in 2019. According to people's socio-economic and cultural circumstances, health-seeking behaviors are found intensely different, in all kinds of age as well as

socio-economic group, which is equally true to aging people.

People can choose different ways and practices to remain healthy and enhance their health. Here, most of the research participants have been particularly found to have relied on allopathic practices to remain healthy and cure diseases. Thus, access to allopathic health institutions and people’s health-seeking behavior are crucial for living longer, healthier and happier. Aging people have diverse types of health-seeking behaviors in the research area. Empirically, we have disclosed the fact that approximately 20 percent of research participants have been living ill, with totally non-treatable diseases, despite of all genera of medical facilities what they can afford. However, other 80 percent respondents have been found with no such problems; which probably signals that their problems have been either solved or are being subsided by the means of allopathic medicine and medication.

People are taking advantages of allopathic medicine and medical facilities to live a longer life; they are the types of specialized medical facilities which are available in their area of the city of Kathmandu. So, their life-satisfaction has been gradually increasing. Some subjects of the research area are not able to receive available medical facilities because of the lack of social security, resources and necessary funds with them. In other cases, some of them even think about their problems as obvious or brought about by their fate for their age or

Table 4: Implications in Health-Seeking Behavior in Respondents

Valid	Frequency	Percent (%)	Valid (%)	Cumulative (%)
Hospital	24	53.3	53.3	53.3
Family Doctor	2	4.4	4.4	57.8
Pharmacy	16	35.6	35.6	93.3
Home	2	4.4	4.4	97.8
In old age home	1	2.2	2.2	100.0
Total	45	100.0	100.0	

Source: Field Study 2020.

by gods. The Empirical study also discovered that most of the people who live in Kathmandu (it also matters by the economic class which they belong), just buy medicines without having referred medical prescription by the professional medical practitioners. Initially, patients or their family members visit privately run pharmacies, which are basically opened and run from the profit motives, and buy medicine without a prescription from medical professionals (Beine 2012). It was discovered that more than 35.6 percent of research participants just visit a pharmacy (medicine shop, most of the time without doctor's prescription) and ask required medicine, and use them very easily. Pharmacists also don't ask prescription from their patients before selling medicine to them. It is one of the harsh side effects of wealth over health brought as a result of privatization of health sector- trusting private sectors, who basically motivated by the extended amount of profit over service.

Despite of the highest medical facilities in Kathmandu, only about 53.3 percent of research participants have responded that they visit hospitals or certified medical professionals when they simple or complex health problems or simply they have to deal with the matter of regular health checkup. Other, some of the 4.4 percent of research participants have found to have doctor in their own home, either their own children, grandchildren or in laws, 4.4 percent research participants have found to have family doctor when it is needed, they call or invite him or her to their abode get advice and treatments, and person in old age home will have such checkup, when it is needed. Sometimes it causes blunder side effects in them.

Food Habits and Nutritional Supply

People generally have overeating and under eating food habits depending on the society, largely influence by socio-economic background of the respondents; both practices are not good in terms of healthy life. Overeating causes obesity and less eating causes many diseases like anorexia (Giddens 2009). Poor quality food and food habits have been identified as a risk factor for major diseases (Link and Phelan 1995). It causes lack of nutrition that weakens immune system in the body. People in aging require adequate food supplements

that help them in developing a proper immune system, physical and mental health. Moreover, psychological changes coming with the aging can result in calorie reduction and lessen food consumption that can lead to undernourishment in aging people. Depression caused by dependency, social isolation and less appealing for ideal intake may increase with age.

Senior Citizen Act of Nepal (2006) has set provisions of food in addition with clothing, shelter, and housing to the senior citizens as their rights, and which has been defined as the duties and obligations of other citizens or members to respect and care for senior citizens. Traditionally, the family members are supposed to play a supportive role and should not go against their wishes. However, with the establishment and advancement of formal state, the role of state organizations has become crucial, which is over family, to rare, care and management of adequate food, shelter, clothing and other basic needs to aging people for their physical and psychological well-being, grounded on the rights of aging people. Thus, state organizations have to facilitate aging people through family or by themselves if their family members are not taking responsibility for elderly member of their family.

Empirically, diversification in food habits has been found among respondents, in the study area. Food habit is crucial for the supplement of nutrition, and to increase both physical and mental stamina, which is decisive for the daily functioning, health and well-being. It has found that the number of aging people is not getting enough nutritional food

Table 5: Food Supplements of Respondents

Food Supplements	Frequency	Percent (%)	Valid (%)	Cumulative (%)
Normal/ Regular	28	62.3	62.3	62.3
Poor Food	2	4.4	4.4	66.7
Vegetarian	15	33.3	33.3	100.0
Total	45	100.0	100.0	

Source: Field Study 2020.

required for their healthiness. Among research participants, aged over seventy, around 33.33 percent or one in three respondents are found vegetarian. About 20 percent of them have chances of lower than regular food, which they require and demand by their age. In addition, approximately 5 percent of research participants have very poor food habits, whereas 42 percent of them are in the prevalence of risk of poor nutritional food supplements. This shows that over 80 percent of aging people over seventy are not taking food as a way of healthiness and wellbeing in aging. Research recommends dietary fiber into the diet as people's age increases. However, a greater number of research participants are relying on poor nutritional noodles (chouchou) and biscuits every day for their morning breakfast as well as afternoon snacks. This scenario presents the higher possibilities of sickness and diseases in older aged people with the loss of the immune system in their body. Older people who are living in poverty has less consumptions of food, health care, and others comparatively in "well off" situation and the victim of malnutrition and vitamin supplements that is required for the old age.

Yoga, Exercise and Activeness for Healthiness and Happiness

It is said that "busy bodies are happy and healthy bodies". But different studies conducted on aging have established the notion that social and physical activities (daily activities of personal interest, physical movement or social participations) are complaisant to cope with illness, loneliness, and disability in aging (Katz 2000). However, Physical exercises have been identified as a risk factor and proximal causes of diseases as Link and Phelan (1995) insisted. Lack of exercise can be the cause of major diseases that can be controlled or improved by the lifestyles of individuals; however, as identified through this research, it is determined by the level of education, job status, socio-economic status, and so forth.

The study discovered that only about 42.2 percent of research participants are doing their daily exercises to keep themselves active and healthy. Some of them, even though less in number, are running their independent business and bearing social responsibilities very actively despite of their over age and are healthier than others too.

Table 6: Habits of Exercise among Respondents

Valid	Frequency	Percent (%)	Valid (%)	Cumulative (%)
Hospital	24	53.3	53.3	53.3
Normal/ Regular	28	62.3	62.3	62.3
Yes, I am doing	19	42.2	42.2	42.2
No (Have many Reasons)	11	24.4	24.4	66.7
Bed Exercise	1	2.2	2.2	68.9
I Can't Do	13	28.9	28.9	97.8
Therapy	1	2.2	2.2	100.0
Total	45	100.0	100.0	

Source: Field Study 2020.

Some of them, 28.9 percent respondents responded that they know the importance and benefits of doing daily exercises, but have many excuses that stop them from doing this. It means they are motivated but not following the directives of their mind. Moreover, about 25 percent respondents responded that despite of the awareness about it, they are not doing their daily exercise, other 2.2 percent respondents have responded that they are only doing bed exercise- it means they do some soft exercise on bed, and other 2.2 percent of them are practicing physical therapy instead of doing regular exercises.

The large number of aging people are out of daily physical exercises, which have already begun to show symptoms of physical problems and diseases. According to the responses gathered from the field, only few aging people are doing their daily exercises (most of them are exercising as walking), but large number of aging people have found that they have neglected in doing such activities. Nepalese aging people are found very poor in daily exercise. Only about 22 percent of research participants have been doing their daily exercises for an hour. On average, aging people are found doing daily exercise less than half an hour.

As becoming healthy is also functional necessity to fulfill his

role in society (Cockerham 2013), engaging in daily activities is also crucial for healthiness and wellbeing in aging. People who are busy in leading and fulfilling the productive lives not only the functional necessity for society (Giddens et al. 2017) but also the foundation for happiness. Relaxation activities and social activities are helpful in maintaining self-esteem in over-aged women (Katz 2000). An active individual is likely much healthier, alert and socially useful. That is why people should remain engaged in their work and social roles as long as they are capable of doing so (Giddens et al. 2017). It is also believed that satisfaction and identities are associated with the role of a person or group. Aging people, who maintain high-level activity are most satisfied, happy and enjoy healthy living (Macionis 2018). They also can maintain their adjustment in old age (Hooyman, Kawamoto, and Kiyak 2015).

Engagement in various activities is criterion for happy, healthy and satisfactory aging. More importantly, satisfaction is strongly associated with the roles and responsibilities of a person in society. Fulfillment of objective or purpose and personal and social achievement can lead a person towards happy life. The person who maintains the highest activities level are found to be the most satisfied during their aging (Macionis 2018). Activities give people more credibility and enhance self-content and adaptation in aging (Hooyman, Kawamoto, and Kiyak 2015). People who are active in old age are now becoming more influential in today's world.

In addition, activities add the value in personal lives. Happiness and joy considered as the fruit of activities; without activities a way of happiness closes for all eternity. People have recreational feelings in productive roles. As a result, people produce by their roles and responsibilities return meaning of life to them. The older people who are active in daily life found more consistent with their personalities and preferences (Giddens et al. 2017).

It is found that about 37.8 percent of research participants spend time for sunbath during the day. These people are seen as inactive people, only 22.2 percent of them are found involved on daily walking, especially for an hour in the morning. In the same way 11.1 percent of them are meeting and chatting with others in daily basis, 4.4

percent are involved on raising and caring of household, children, sick husband, etc., and they have no time for daily exercises; some like 11.1 percent of research participants found involved in religious activities, and about 6.7 percent of them are found to have involved in household activities, whereas 4.4 percent of research participants are found to have studying religious scriptures and books as daily activities, that is helping to adjust in their old age and society too. Despite the great efforts made by researchers in the field of active aging from more than half decade, the real practices in the field found very poor. Because of that, the movement of healthy aging could not have realized. In an old age, not all roles are easy to do or they are too difficult; then they need to find which is easy for them, which not only keep them active and engaged but also can keep themselves physically and mentally fit and fine.

Positive Result of Entertainment and Interaction

Entertainment is a need of people of all ages. Entertainment is understood as the enjoyment of something. Reading books, listening music, watching television programs, chatting with friends can be some of the means of entertainment. Entertainment can give people, especially those who are over aged, highest of level of freedom, happiness and quality of life.

Entertainment is the great appeal for the people of all types of age groups, including aging people. Researchers have discovered that proper entertainment enhances people's quality of living, healthiness, and well-being. Entertainment is inseparable from human life. However, from the field studies, it has been discovered that old age people are not aware of entertainment and its need for healthy and good life.

Nepalese people, especially people of aging in Nepal, don't know the proper way and importance of entertainment in their daily life. Based on the field statistics, it can be stated that more than one-fifth (22.2%) of research participants have no means of entertainment, some about 11.1 percent of research participants reported that they just attend religious chanting services (bhajan) that are basically organized in temple premises. this researcher has found group of aging people

participating in religious chanting service in the late afternoon and early evening in the compound of newly established Halesi Mahadev temple in Baluakhani. Such practices are rampant to all localities in the area.

Among all research participants, about 37.8 percent of them watch Television shows. This happens only in the evening before sleep and middle of the day for some time; they basically have tendencies and habits of watching news on the Television. In Nepal, news and views are comparatively negative, can bring the wave of frustration not only for old age people, but also to the young and adult citizens of the society. Other, about 11.1 percent of respondents are having entertainment from reading books, basically the religious one, and 11.1 percent of them are still relying on radio programs. From this, it can be stated that aging people are strongly lacking the means of a joyful life. They lack organized way of entertainment. Aging people with difficulties and having problems in personal life as well as in family think about only problems and bare tension in their mind. They are found stressful that affect the index of their happiness.

It can be stated that two third of research participants are happy in their life; it means they are happy with children, despite of the difficulties and problems they are facing. However, other one-third of the respondents, deliberately, responded that they are not happy. They are found below the level of happiness. Another 17.8 percent of respondents do not like to say, they are unhappy, but about 11.1 percent respondents have reported that they are very unhappy for the situation they are facing. Level of happiness is measured according to their satisfaction with children (especially sons and daughters-in-law) who are considered as symbols of family security during Aging), social satisfaction, economic satisfaction, etc. Some of them, though, are separated from children, but satisfied with them. Some of the aging people are left by their children and forced to live in old age home; some other respondents are left by their sons and forced to stay with their son in laws and daughters.

Settlement Assessment, Structure and Facilities

Settlement structure is crucial for healthy living and blissfulness for the people of age group. It is more necessary to the people with the higher age or aging, as they have lots of challenges and difficulties in physical mobility. Settlement is highly favored by socio-economic status of the person, family as well as a country (Link and Phelan 1995). Some of the aging people have some good settlement facilities, build environment and structure, but others have below the prerequisite line. Some aging people are facing terrible circumstances because they are obliged to spend their entire day and night in the cold room during winter season that does not have heating facilities and the problems recur in the summer season, too. More terrible situation exists for some respondents as there is no access of direct sunlight to their room even during the day as well. Younger family members are not even present at the daytime and older member (s) in the family have to spend that their entire time alone at home. Due to their higher age some of them are not capable to make hot water and necessary fresh snacks during the entire day. Important of good facilities and settlement structure is crucial, because, so that they can spend their entire time without any difficulties. Such things are important requirement in aging, because of strong prevalence of disease and disabilities.

According to the data, it can be understood that most of the respondents have been living in their own home. It is a good sign that large number of respondents (93.3%) have their own home, self-owned or owned by other family members, whereas about 6.7 percent of respondents are living in rented house. Among 93.3 percent, 53.3 percent respondents have reported that they are living in the home which has been owned by their son or daughter in law, whereas 15.6 percent of them live in the house owned by their daughter. At the same time, 24.2 percent of aging people live in the house they own themselves, either husband or wife. This shows that the maximum number of aging people live in their own house, but some of the house as well as build environment and surrounding facilities are not aging friendly. In terms of required facilities, rented houses have less facilities compared to self-owned and family-owned house.

Table 7: Ownership Over Household and Property

Valid	Frequency	Percent (%)	Valid (%)	Cumulative (%)
Yes, I am doing	19	42.2	42.2	42.2
Rented House	3	6.7	6.7	6.7
Self-owned	10	22.2	22.2	28.9
Owned by son	23	51.1	51.1	80.0
Owned by Daughter	7	15.6	15.6	95.6
Owned by Husband	1	2.2	2.2	97.8
Owned by Daughter-in-Law	1	2.2	2.2	100.0
Total	45	100.0	100.0	

Source: Field Study 2020.

Kathmandu city, its neighborhood, and valley itself, is still on the way of its construction and reconstruction process. The environment is fully polluted and dusty, even around the areas of settlement. This situation of society is leading their life to becoming uncomfortable and uncertain. They cannot go for vacation, and do not imagine vacation, leisureliness and retreat, because, what they think, their socio-economic status does not favor and support them for this kind of activities. This field study reports that about 20 percent aging people have extremely terrible settlement structure, which is not even human friendly to the people if not a family and its members. The state organizations have pledged to support to meet their basic needs that are required for healthiness of mind and body.

Housing and other “build environment” should be built up effectively, especially for people with disability and aging, these two mostly occur together. It is preferred that facilities should be less accidental and protective (Zola 1989); however, such policy has not been implemented to build houses and other human build environment. The “build facilities” that the aging people are using are below the required norms. Some aging people with disabilities spent their entire time in room (when other family members go to office and

work) and cannot see a glimpse of sun light for whole day and entire cycle. Some even have to crawl in the basement to get into the rest room and to get back.

Old age has higher prevalence of disability. Their age demands appropriate in-built structures, roads, lanes, footpath with enough spaces, appropriate public transportations, facilities in public places, etc., but we have not seen such an in-built facility even in the capital city. Roads are constructed, but there are no lanes for people. One or two seats are given to aging people in addition with people with disabilities in each means of public transportation, but that is not enough. Public conveyance is very crucial in city, but it is very hard to get in and out of these vehicles even to the youngsters and adult people, let alone the comfort of old age people!

Aging and Stress

Aging is not only a biological process, but also social and psychological journey (Parker et al. 2014). One's entire life-process come to cumulate and accumulate together, especially in aging. Stress on the old age is believed to be related with social location, events of life transitions, state of illness and companionship (George 1993) in whole and entire life transitions. As far as concerned about diseases, some of them are proximal, as individual can manage and maintain it. But it has social risk factors as well, thus stress is caused by multiple socio-economic and environmental factors. People have tendency to compare each-other's situation, particularly, socio-economic and material content with their acquaintances. Physical and mental disorder vary with many things that includes material and social status of people and stressful life events which result to major heart diseases, diabetes, cancers, and stroke. This shows the direct association between social conditions and diseases. The level of stress is believed to be high in societies with diversified socio-economic state.

Stress is obvious in old age which is accumulated through entire life process. It is reported that age and stress are positively correlated to each other. Many things can lead people's life to becoming stressful, especially in higher age. From the field studies, though responses of respondents were "I am ok", the emotions reflected in their face

show something other. There were many challenges for them to face every day, especially lessening of relationship with family and children, separating from them for short and long course and weak socio-economic status. Some of the aging people are alienated from property ownership and handling resources that have become causes of their life more stressful. The field survey accounts that 48.9 percent of respondents have randomly responded that they have stress in their life. However, old age people have adjustment problem, personal and social, and it is observed that old age people have more stressful life. the Study gives us some hints that aging people have multiple causes of stress- forfeiture of children, stress of staying with daughters, losing entire property after husband's death, death of their own children, grandchildren living away from home, physical pain, lack of care takers, and diseases, etc.

Stress can be elaborated as dependent variable, which has connection with many other independent variables. From the field study, we can understand that 28.29 percent of research participants have their spouses healthy, 31.11 percent of research participants have their spouses sick, 37.78 percent of them have been experiencing widowhood, (proportion of widow women is 1:4, number of women are four times higher than men who experience widowhood), and 2.2 percent of research participants have experienced separated from spouse, especially male one. Situation of spouse and children also reflects its stressful effects in aging people.

Table 8: Status of Stress in Research Participants

Valid	Frequency	Percent (%)	Valid (%)	Cumulative (%)
Normal/ Regular	28	62.3	62.3	62.3
Poor Food	2	4.4	4.4	66.7
Stress	22	48.9	48.9	48.9
Stress free [less stress]	23	51.1	51.1	100.0
Total	45	100.0	100.0	

Source: Field Study 2020.

Some of the widow women also have been experiencing the unfortunate death of their sons and are living with widow daughter in law and small grandchildren. Approximately 5 percent of ageing people are having broken heart with the death of their only son in foreign land, where they went for foreign employment. This can be considered as social cause of stress as social factors, particularly social inequality, has served as social force, which gave birth to these conditions. Therefore, accumulation of stress is obvious with the accumulation of age. Such situations lead them towards stressful life.

Everyone inclines to be happy in life. It can be stated that the objective of life can be measured by the realization of happiness. When people meet their wishes, they cannot stop themselves from being happy. In one sense happiness is the result of healthiness, fulfillment of needs and good environment.

From the above table we can understand that above 71 percent of respondents are happy and 22.2 percent respondents are reportedly very happy. Among the total respondent's 18.8 percent rated average in happiness. Only about 11.1 percent of respondents marked negative in happiness rating. This fact reveals that despite of tremendous problems in over age, like disease, loneliness, disabilities, etc. aging people in Nepal are comparatively happy.

Table 9: Level of Happiness in Research Participants

Valid	Frequency	Percent (%)	Valid (%)	Cumulative (%)
Very happy	10	22.2	22.2	22.2
Happy	22	48.9	48.9	71.1
Average	8	17.8	17.8	88.9
Unhappy	4	8.9	8.9	97.8
Very unhappy	1	2.2	2.2	100.0
Total	45	100.0	100.0	

Source: Field Study 2020.

CONCLUSION

Aging includes risks and life-threatening conditions in human life. But healthy aging can be boosted by increasing the level of activities. This article discusses about situation of health in aging people and their life-satisfaction, keeping in view the variables relating to health. Everyone wants to be happy and healthy throughout their life. Society also demands healthy people who can play active role and contribute in social functioning. Healthiness and activeness are intertwined concepts. Health and medicine are imperative institutions of a society, which help people to remain healthy and sound. Medicine helps people with ill-health to return back to their original condition. As a result of advancement of medicine, people's life-expectancy and active life have increased significantly and adverse effects on body system has been prevented.

Aging is still a powerful predictor of people's health and well-being because of odds of becoming ill gets higher in aging. As people age, people's health gets deteriorate; mind and body get weak, which hampers the interrelationship and communication between them. With the strong influence of genetic and social influences, aging is a prevailing factor for deterioration of functional capacity, risk of diseases, disability and death. A significant segment of aging people confirmed of having physical or health problems, which have not been cured over time. In this paper health, wellbeing and happiness of aging people have been measured as dependent variables in the study. Health status of a person is highly determined by one's access to health institutions, one's readiness to health seeking behavior, and socio-economic status of a person, family and a country itself. Moreover, this is also influenced by people's life-style as well as socio-economic capacity to deal with the required nutrition that the body demands in aging, readiness to keep themselves active and busy, pleasure and recreational capacity and enthusiasm, settlement structure, as well as the management of stresses that accumulates throughout a person's entire life transitions.

More importantly, there is interrelationship between role and health. When a person comes to an age, society removes him or her from public engagement, all social roles, responsibilities and

authorities that comes with it, and transfers it the younger members or generations of a society. It is observed that the state of “role” and “role less” affects people’s health and wellbeing. There is a famous saying that states “busy bodies are happy and healthy bodies”. Social roles and activities not only make people busy, but also help maintaining healthiness in aging. People with role in aging are healthier comparing to idle counterparts of the same age. People who maintain a high-level activity with roles are found healthy and happy. Role increases personal satisfaction, self-content and adjustment in life. Becoming healthy is also a functional prerequisite to fulfilled role in society. This shows the two-way relationship between role and health. On the other way, roles provide opportunity to a person that gives him / her name, face, status, prestige, honor, income, joy, satisfaction, happiness and healthiness, that put society in order, harmony and well-functioning. Role provides an opportunity to be active, which makes life productive on one hand and healthy and happy on the other. Concept of “role” and “role less” is considered as important components in capitalist society, because it honors roles, income and productivity. Aging makes people “role-less”, which adversely affects their health.

Acknowledgements

I would like to express my sincere gratitude to the Department of Sociology, Saraswati Multiple Campus, for regularly following me up to write this paper. I would like to acknowledge the critical comments provided by two anonymous reviewers to make this paper acceptable.

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