Annual Report of Monthly Discussion Forum on Ageing (MDFA)

Prepared by

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Annual Report of Monthly Discussion Forum on Ageing (MDFA) 2018
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ABBREVIATIONS

ARDS: Alzheimer’s and Related Dementia
ARF: Ageing Research Fellowship
CSOs: Civil Society Organizations
FoST: Foundation for Sustainable Technologies
MDFA: Monthly Discussion Forum on Ageing
NEPAN: Nepal Participatory Action Network
NGOs: Non-government Organization
NSCF: National Senior Citizens Fund
NSGG: Nepalese society of Gerontology and Geriatrics
VDC: Village Development Committee
ACKNOWLEDGEMENT

Ageing Nepal is obliged to the Founder of Manchuka Memorial Fund, Mr. Lumin Kumar Shrestha for his initiation and support to start Monthly Discussion Forum on Ageing (MDFA)-the only common platform to share ageing issues of Nepal.

We would like to thank National Senior Citizens Fund; Ministry of Women, Children and Senior Citizens, for providing us space and continuous support and guidance to run the forum successfully.

We take this opportunity to record our thanks to resource persons/presenters from different concerned organizations and academicians for sharing their paper on cross cutting issues of ageing population.

Similarly we are very thankful to the participants for their valuable time and active participation.

Lastly, I would like to give my best wishes for Ms. Sanju T. Magar, Programme Office of Ageing Nepal who took responsibility of conducting MDFA and the whole team of Ageing Nepal for their support and dedication.

Krishna M. Gautam
Founder Chairperson
Ageing Nepal
Monthly Discussion Forum on Ageing (MDFA) is the first and only common platform in Nepal for regularly sharing research and experience based ageing issues. Ageing Nepal started MDFA in November 2017 in collaboration with Manchuka Memorial Fund and National Senior Citizens Fund under Ministry of Women, Children and Senior Citizens.

Declining birth rate and increasing life expectancy are bringing unprecedented growth in the number of ageing population (60+) across the globe and Nepal is no exception. In Nepal, about 9% of total population accounts for 60+ populations and the number are projected to be around 20% by 2050. This changing population structure is bringing both challenges and opportunities. However, developing countries like Nepal started to suffer due to lack of appropriate mechanism to deal with this changing population structure.

Evidence based information is the foremost need for formulating policy and programme to mainstream ageing population in national social and political discourse. Somehow, the issues of ageing population are less prioritized by academicians and researchers in Nepal. So, Ageing Nepal started MDFA to promote ageing issues and its emerging scope to new generation.

This report contains details on the forum and includes all papers presented in MDFA in the past one year (Oct.2017 – Oct. 2018). I believe that academics, policy makers, programmers as well as practitioners will find this helpful to their concerns. I feel honored to share this report with you all.
I am delighted to be a part of Monthly Discussion Forum on Ageing as a pioneering programme on population ageing. Advocacy and research on ageing issues are vital in our country as many people are still unaware about the changing population structure. Consequently, older people are often excluded in societal and national agendas in our country. MDFA has proved to be one of the much needed steps to bring the ageing issues in the forefront.

Older people contribute their whole life for welfare of their family, community and nation as a whole. But they are being deprived from dignity and care at their old age because of changing family pattern and cultural degradation. These days, older people are increasingly being taken as burden. Consequently, they are compelled to suffer from abuse, exploitation and violence. But this trend has to be changed.

I hope our efforts of MDFA will be a step forward for creating better environment for the older people.
About 2 years back I had a chance to meet Mr. Bihari Krishna Shrestha, well known personality and Founder of “BKS Elderly Empowerment Fund”. He informed the recognizable contribution of Ageing Nepal for the cause of elderly people in Nepal. Then I met Mr. Krishna M. Gautam, Founder Chairperson of Ageing Nepal. He informed me that conducting research and human resource development on ageing are some of the major activities of Ageing Nepal. At the same time I came to know that there was not any platform to share study/research findings among interested group such as academicians, policy makers, programmers, practitioners and youngsters. I put my view to initiate platform and immediately he proposed me to have joint venture in creating a kind of “Discussion Forum” for the purpose. This is how “Monthly Discussion Forum on Ageing (MDFA)” started. I am very pleased to be a part of this Forum. I am glad that “National Senior Citizen Fund” also joined the venture.

The Forum is slowly and smoothly taking the shape and gaining its momentum. I hope the Forum will be a step forward for creating better environment for the older people. I would like to thank “Ageing Nepal” team, “National Senior Citizen Fund” team, presenters and participants for contributing towards strengthening the “Discussion Forum”.

Lastly, I congratulate “Ageing Nepal” team for bringing this annual report on MDFA. Wish you all the best.
MONTHLY DISCUSSION FORUM ON AGEING

A common platform for sharing Ageing Issues

Bhrikuti Mandap, Kathmandu

Organized by: Ageing Nepal

Incoordination with National Senior Citizens Fund Manchuka Memorial Fund

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BACKGROUND

Population ageing is a global phenomenon that can no longer be ignored. World Population Prospects: the 2015 Revision (United Nations 2015) states that the number of older persons—aged 60 years or over—has increased substantially in recent years in most countries and regions, and that growth is projected to accelerate in the coming years.

Nepal is not an exception. With the improvement in living standards, educational status, and health facilities, the life expectancy of the Nepalese population has been increasing. According to the latest census data (2011), 8.14% of total population of Nepal accounts for the old people aged 60 and above. Similarly, the ageing index has been consistently increasing over decades. The index has increased from 7.78 in 1971 to 15.50 in 2014 (CBS 2014).

Considering the emerging importance of the ageing issues, Ageing Nepal proposed the concept of MDFA to Mr. Lumin Kumar Shrestha, Founder of Manchuka Memorial Fund, for funding support. After the final meeting of starting MDFA, Ageing Nepal requested National Senior Citizens Fund (NSCF) for space to conduct the programme. A hall for MDFA was confirmed at NSCF office at Bhrikuti Mandap, Kathmandu with support from Mr. Ram Krishna Karmacharya, Chairperson and Mr. Jaya Prakash Kerung, Member Secretary.

Similarly, Ms. Sanju Thapa Magar, Programme Officer of Ageing Nepal was designated to oversee the programme.

Since November 2017, a group of concerned government and non-government organizations representatives, academicians and researcher gather in Bhrikuti Mandap in last Friday of Nepali month for MDFA.

Within this one year, altogether 12 papers were presented on cross cutting issues of ageing population. Slides used for presentation are given in annex 1-24.

Gorkhapatra National daily repeatedly covered the news of MDFA during this one year. Cutting of the news is given in Annex 24.
OBJECTIVES
Following are the specific objectives of MDFA.
• To create a common platform for sharing knowledge, experience and ideas in addressing the issues of population ageing.
• To bring the issues of ageing population in the forefront of national social and political discourse.

VISION
We strongly believe that this first step of establishing a Discussion Form will ultimately lead to develop a national level Information Center that can be useful to academia, policy makers, programme implementers and stakeholders of population ageing.
INAUGURATION

Ageing Nepal in collaboration with National Senior Citizens Fund (NSCF) and Manchuka Memorial Fund inaugurated Monthly Discussion Forum on Ageing (MDFA) in the premises of Senior Citizens Fund at Bhrikuti Mandap, Kathmandu on 15th November 2017. Vice Chairperson of Social Welfare Council, Mr. Nilmani Baral, Chairperson of Senior Citizen Fund, Mr. Ramkrishna Karmacharya, Mr. Lumin Kumar Shrestha, Founder of Manchuka Memorial Fund with more than 25 academicians, researchers, and representatives of government and non-government organization were participated in the programme. Mr. Baral appreciated the objectives of forum and assured his support to make the forum successful. Glimpses of the day:
DISCUSSION SESSION

Session One
Session one of the discussion forum was organized during inauguration 15th November 2017. Mr. Krishna Murari Gautam, Chairperson of Ageing Nepal presented paper on Issues of Older Persons in Nepal. Mr. Guatam highlighted changing population structure and its challenges and opportunities. Following are the major topics discussed during the session.

a) Global and Nepal Population structure
b) Cross Cutting Issues of Older People
c) Data on Elder Abuse
d) Sustainable Development Goals and Older People
e) Introduction of Ageing Nepal

Mr. Puspa Kamal Subedi, Department Head, Central Department of Rural Development, T.U. shared about Ageing Survey, the first survey of Nepal on ageing population that was held on 2014 under his leadership. He also assured his participation as resource person in next session.

Slides of the session are given in Annex 1.
Session Two

Dr. Puspa Kamal Subedi, Department Head, Central Department of Rural Development, T.U. presented paper on Status of Older People in Nepal in the second session of MDFA on 15th December. Mr. Dahal highlighted the following issues of older people.

a) Ageing
b) Social and Economic Status of Older People
c) Social Protection
d) Health and Caring
e) Social Activities and Cohesion
f) Dispute, Abuse and Self Esteem
g) Quality Life

At the end of the presentation he gave recommendations for betterment of older people of Nepal. Some of the recommendations are as follows:

a) Lifelong learning and employment opportunities at old age should be promoted for betterment of older people.

b) Dignity and security, access to essential health, social services and social protection should be ensured.

c) Long-term care for needy older people should be ensured by promoting active and healthy ageing at the local level.

d) International and national efforts for comparative research on ageing should be promoted.

e) Inclusion of ageing issues in all national development policies and programmes should be ensured.

Similarly, Mr. Babu Kaji Thapa, PhD candidates shared how issues of older people taking shelter at old age home are being ignored. So, he recommended to incorporate their issues while conducting survey or research.

Slides of the session are given in Annex 2.
Session Three
Mr. Santosh Dahal, Master in Population Studies, T.U. presented his Master’s research paper on Wellbeing and Heath Situation of Elderly People between Migrant and Non-Migrant Households on 12th January 2018. Mr. Dahal did a Comparative Study of Lamidada Village Municipality ward no. 2, Kharpa of Khotang for the partial fulfill of his master’s degree. The research was conducted with support from Ageing Nepal under Ageing Research Fellowship (ARF) 2017. Some of the major findings of his research:

a) There are 208 elderly people residing in 119 households of the study area, Lamidada Village. Among them 57.2 percent elderly people’s households have migrant members.

b) More than half of the elderly people i.e. 62% are involving in income generating activities.

c) 57% of elderly people are head of their household who are receiving remittance.

d) Study shows that elderly people from non-migrant household are comparatively neglected by their family members than elderly from migrant household.

Slides of the session are given in Annex 3.

Mr. Dahal presenting paper
Session Four

Ms. Sunita Rai, Master’s in Sociology, presented her master’s thesis on **Socio-economic Correlates of Elder Abuse** in the fourth session of the forum on 9th February 2018. Older people living in old age home were the respondent of her study. The research was conducted with support from Ageing Nepal under Ageing Research Fellowship (ARF) 2016. Members of National Human Rights Commission and large number of students and researchers participated in the forum. Major findings of her research are given below.

a) About six in every ten respondents (58%) had experienced at least one form of elder abuse before they came to old age home.

b) Among the five major types of elder abuse considered, neglect was the most common one which was experienced by almost half (47%) of the respondents who became victim of abuse.


Mr. Khimananda Basyal, member of National Human Rights Commission appreciated the presentation. He shared the commission is also conducting survey of older people that to be released on the occasion of National Human Rights Day on 10th December 2018.

*Slides of the session are given in Annex 4.*
Session Five
Mr. Bhumidatta Poudel, Campus Chief, Kapan Multiple Campus presented paper on **Review of Senior Citizens policies and Practices in Nepal** in the fifth session of forum on 9th March 2018. Top down and bottom up methodology were practiced in his research. The paper highlighted challenges for successful implementation of existing policies and programmes for elderly. Some of the challenges and recommendations are:

a) Large number of older people is unaware about government provision and services that are entitled for them.

b) Local organizations can be mobilized to reach target people.

c) The government should collaborate with private organization to provide quality services to the older people like: coordination with transportation associations.

d) There should be an absolute right of Senior Citizens on the movable or immovable property to sell or transfer the ownership to anyone.

*Slides of the session are given in Annex 5.*
Session Six
Seventh session of the forum was organized marking World Health Day 2018 on 13th April 2018. On this occasion, Dr. Jagadish K. Chhetri, M.D Geriatrics presented a paper on **Proper Exercise and Nutrition**. Dr. Chhetri did his doctorate from Gérontopôle – Institute on Ageing, Toulouse University Hospital, France. He is President of Nepalese society of Gerontology and Geriatrics (NSGG). The paper covered:

a) General information of World Health Day and Universal Health Coverage Day
b) Introduction and importance of proper nutrition and exercise

*Slides of the session are given in Annex 6.*
Session Seven
Dr. Bharat P. Badal, Chairperson of Research Nepal presented a paper on **Old Age Home, Senior Citizens and Today’s Youth** in the seventh session of MDFA on 11 May 2018. Major highlight’s of the presentation:

a) General definition of older people and old age home on the basis of Hindu religion.

b) Categorization of human’s life according to Hindu religion.

c) Discussed importance of old age home for senior citizens.

*Slides of the session are given in Annex 7.*
Session Eight
Dr. Archana Pandey Bista, Maharajgunj Nursing Campus IOM, TU presented paper on Psycho-Social Problems among Elderly, Kathmandu Valley on 8th June 2018. Large number of researchers, academicians and representatives of CSOs/NGOs participated in the forum. The research was conducted to find the psychosocial problems among elderly. Major highlights:

a) Depression was identified among 18% in pilot study and 41.3% in final study. Among them, 58.8% are suffering from mild depression.

b) Social factors like living alone

c) Separation from family members

d) Less time from family members and physical health illnesses

e) As an effect of loneliness participants were worried regarding future care issues and fear of strangers

Slides of the session are given in Annex 8.
Session Nine
Mr. Chun B. Gurung, PhD Candidate, Central Department of Journalism and Mass Communication, TU, Independent Consultant (Media, Communication and Research) presented paper on Media Response to Older People during Disaster on 13th July 2018. The research was based on “How do media respond to rescue, relief and rehabilitation of older people during disaster?”

a) 62.20% of the sample respondents (130 respondents) confirmed that family, friends and neighbors are the key source of information during rescue phase of the disaster whereas 22.83% from local FM radio.

b) An analysis of the media contents from May to July 2015 reveals that older people are invisible in the press.

c) Only 37 news-items in relation to OP were recorded from Kantipur, Gorkhapatra, & The Himalayan Times. While Kantipur covered 59% of the total stories.

Slides of the session are given in Annex 9.
**Session Ten**

Mr. Suman Thapaliya, Master in Population Studies presented his master thesis on *Earthquake Induced Vulnerability among Elderly People in Nepal (A Case Study of Thanapati VDC of Nuwakot District)* on 10\(^{th}\) August 2018. The research was conducted with support from Ageing Nepal under Ageing Research Fellowship (ARF) 2016. Major findings of his research are given below.

a) Dependent populations are higher than economically active population.

b) The proportion of elderly people is higher than national average because of youth migration in urban areas and foreign countries for employment.

c) Many elderly people are living lonely or with only husband or wife.

d) More than 90 percent elderly do agriculture.

e) More than 70% elderly are illiterate.

f) More than 75% elderly suffer from physical health problems.

g) More than 70% elderly suffer from mental health problems.

h) 90% elderly live in temporary shelter after earthquake of 2015.

i) More than 20% injured in the earthquake of 2015.

*Slides of the session are given in Annex 10.*
Session Eleven
Mrs. Pabitra Adhikari, Programme Coordinator and Clinical Psychologist of Ageing Nepal presented her research paper on Perception of Elderly towards Religion on 12th October 2018. The study was conducted in Budhanilkantha Municipality, Word no.10 and 11 of Kathmandu district. Major findings of the study:

a) 30% elderly live alone.
b) 45% elderly are illiterate.
c) Among all, 68.3%, 20% and 11.7% elderly follow Hindu, Buddhist and Christian religion respectively.
d) It is revealed that 41% elderly take religion as a way to meet the god whereas 29% for old age support and 30% for self-satisfaction.
e) Largest portion, 33% of elderly spends their free time chatting with their friends whereas 17%, the least, visit temple.
f) Highest number of elderly, 36% involves in worshipping as a part of religious activity and 74% spend their 1 to 2 hours in religious activities.

Slides of the session are given in Annex 11.
Session Twelve

Dr. Narendra Singh Thagunn, PhD (Cross Cultural Psychology) presented paper on **Elderly Abuse and Mental Illness** on 16th November 2018. Dr. Thagunna is CEO at PSYCHDESK Foundation - an organization work for the growing need for community-based psychological training and healing. The topics of the presentation:

a) Background and types of elder abuse  
b) Mental health issue  
c) Substance Abuse  
d) Chronic illness Causes and Risk Factors for Senior Mental Illness  
e) Causes and Risk Factors for Senior Mental Illness  
f) Geropsychologists and its emerging scope  
g) Role of social organization

Slides of the session are given in Annex 12.
ANNEXES
Annex 1

Issues of Older Persons (60+) in Nepal

Presentation by:
Aging Nepal
2017

Population Composition of Nepal, Projection

According to 2011 Census

- Nepal's total population: 26,494,504
- 60+ population: 8.13%
- Total population growth rate: 1.35
- Growth rate of older persons: 3.5%

Media and Police Reported Elder Abuse Cases in Nepal 2016

Source: Year Book of Senior Citizens, 2017, Aging Nepal
SDG 1
End poverty in all its forms everywhere

Targets
• “By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty .......”

• “......ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance”

Goal 2
End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.2 “...and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons” (60+?)

Goal 3
Ensure healthy lives and promote well-being for all at all ages
Goal 4
Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill (60+)?

Goal 11
Make cities and human settlements inclusive, safe, resilient and sustainable

- 11.2 by 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
- 11.7 by 2030, provide universal access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities

Focus of Ageing Nepal

1. Promote Right Based Approach vs Charity (Giving vs Taking Advantage of)
2. Policy changes, Legal Instruments,
3. Develop National Capability
4. Private Public Partnership
5. Networking

Working on Since 2011

1. Awareness building
   - Monthly e-newsletter “Voice of Senior Citizens” in English
   - Bi-monthly 50+ print magazine in Nepali
   - Lecture in academic and social organizations
   - Mobilize media
   - Advocacy and campaigning on specific issues (IDOP, Intl. TB Day, May Day etc)

Contd...

2. National Capability Building
   - Scientific data generation through student scholarships
   - Training youths on ageing issues
   - Empowering ageing population (Literacy class, group formation)
   - Project implementation

3. Networking with National and Int’l Organizations (Nepal Govt. UN, HAI, INPEA, .....

Some Major Achievements

Our key role in...

- Inclusion of ageing issues in academic curricula.
- Increase in Old Age Allowance and health facilities
- Changing Govt. policies and programmes for older persons (Ministry of Health, and Ministry Women, Children and Social Welfare)
बुढौली (Ageing) -को हो?

मानसीक उमेर बढ्दै जानु बुढौली (Ageing) हो।

संसारमा प्रायः सकेकोण्डा दुई जनाहो एक बयामा नयाँ ५,० वर्ष बढ्दै जान्छ। ६० वर्ष ताल्लुकमा मनाउछ।

बर्जामल अवस्थामा कूता जनसङ्ख्यालाई प्रायः नै जनाहो एक र सन् २०५० सम्मा प्रत्येक पाँच जनाहो एक जना ५० वर्षको उमेरको व्यौहार हुन्छ।

बुढावस्था रहनु?

जनसङ्ख्यामा बुढावस्था बढ्दै भनेर क्यानि जनाहो प्रजनन र घट्ट, सिंहु मृत्यु दरमा को आउनु तथा आयुर्वेद आयुर्वेद चुङ्खुल्ने मुख्य हुने कारणहरू लिन्छ।

बिश्वम भन्न १९५०-५४ मा प्रजनन र बन्ध बन्धित रिपोर्ट निकै भने सन् २०५०-५४ मा बाधा पट्ट २५ वर्षधर २.५ वर्षधर बन्ध बन्धिएको छ र यो परिवार घट्टो खरो करिएको छ।

विश्व समयमा आयु उच्च विकर्षित देशहरू ५० वर्ष र विकर्षित देशहरू २० वर्ष हुन आएको छ। सन् २०२३-४० मा समय आयु उच्च विकर्षित देशहरू २० वर्ष र विकर्षित देशहरू ९४ वर्ष हुने अनुमान गरिएको छ।

कौनले बुढौली सुन हुन्छ?

मानसमा उमेर आउने बुढौली सुनु र बुढौली दुई १५ वर्षमा, २२ वर्षमा, ६० वर्षमा, ५० वर्षमा, ५५ वर्षमा?

बिश्वम भन्न १३४०-४४ मा बन्ध बन्धित रिपोर्ट निकै भने सन् २०५०-५४ मा बाधा पट्ट २५ वर्षधर बन्ध बन्धिएको छ र यो परिवार घट्टो खरो करिएको छ।

विश्वम भन्न १३४०-४४ मा बाधा पट्ट २५ वर्षधर बन्ध बन्धिएको छ। यो परिवार घट्टो खरो करिएको छ। २०५०-५४ मा बन्ध बन्धित रिपोर्ट निकै भने सन् २०५०-५४ मा बाधा पट्ट २५ वर्षधर बन्ध बन्धिएको छ। यो परिवार घट्टो खरो करिएको छ। तथा जनसङ्ख्या विकर्षित हुने अनुमान गरिएको छ।

जन्ममा अधिकरण आयु र विश्वस्तर विभाजन?

कोई पनि विविध माध्यमले जनममा उमेर (आयु) नै जन्ममा अधिकरण आयु (Life Expectancy at Birth) हो भने?

• सन् १९५० त्यस विकर्षित देशहरूमा अधिकरण आयु ६४ र ५० वर्षको विनिमय तिर्यो भने अधिक ५५ वर्ष पुरुषो छ।
• विकर्षित देशहरूमा जनसङ्ख्यालाई हाल अधिकरण आयु ६५ वर्ष पुरुषो छ। भने सन् २०५०-५४ मा तथा जनसङ्ख्यालाई हाल अधिकरण आयु ६५ वर्ष पुरुष अनुमान गरिएको छ।
जनसङ्ख्याको आयु र विद्यावय भित्र नहन्न र विद्याघरको निर्माण ?

कृपया पनि यस्तो सामग्री समायोग गर्नुहोस्।

- सन् १९५९ मा विद्यामार्ग समेत वरिः ७० वर्ष विद्यालय उभरे।

- सन् १९६० मा बालाधिकृत वर्ष १५ वर्ष र सन् १९६० मा वर्ष १५ वर्ष को प्रायोग दिन्त्रा।

- सन् १९६८ मा फैसल गरिएको नै २२२.४५ वर्षको प्रावीण प्रदेशमा मृत्यु धाराको झारूँ।

- यस दशकमा धेरै वर्ष वातावरणको स्थितिसम्झ वृद्धि दुरे गरेको र यस वैज्ञानिक निर्देश छ।

ज्ञेष्ठ नागरिकको आयुष्य र सामाजिक सम्पत्ति

HelpAge International र मित्र सङ्गठन ज्ञेष्ठ नागरिकको आयुष्य र सामाजिक सम्पत्ति आयोजना Global AgeWatch Index २०१३ प्रकाशित परिपाटी। यस दिनांक (Index) तीन दल (Domains) जस्तो इन्कम सुरक्षा, रुचि, लागायत र यसको भाग (income security) र जनावरील रुचि, र पारिपालन।

बस यसको आयुष्य विवरण मान्यता गर्ने तर ७० वर्ष चिन्ह राखिएको छ। ४ वर्ष विश्व क्षेत्रहरू तटस्थ गर्ना उन्नती तथा ज्ञेष्ठ आयुष्य सुरक्षा (income security) गर्ने प्रयास छ।

ज्ञेष्ठ नागरिकको वरिःकरण

ज्ञेष्ठ नागरिकको जनसङ्ख्यालाई उभरे अनुसार तिन भागमा वरिःकरण गरिएको छ।

- ६० वर्ष ६९ वर्ष वर्ष समेत उभर्दा ज्ञेष्ठ नागरिक (Younger old) भनिएको छ। यहाँ उन्नत क्षेत्र र आयुष्यको भागमा आयामित गरिएको छ।

- ७० वर्ष ७९ वर्ष वर्ष समेत उभर्दा सम्राज्य ज्ञेष्ठ नागरिक (Old) भनिएको छ। यो समुदायको अधिकृत वृद्ध नागरिक र मानसिक रुपमा निर्मित कमर्जी संदर्भमा उभर्दा।

- ८० र अधिक वर्षको उँचाईमा रहेको ज्ञेष्ठ नागरिक (Oldest old) भनिएको छ। यो उभर्दा आयुष्यको र मानसिक रुपमा सत्ताहरू रहेको हुनुहोस्। यो उभर्दा उन्नत बिश्ववर्कृत चाष्मा पाइँदा हुनुहोस्। यस विकस्तालाई पूर्ण विस्तारको गर्ने भएको छ।

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Social Protection Measures

- The present sample covers respondents of 60 to 112 years old with mean age of around 69 years.

- The distribution of widowhood across sex indicates that the widowhood dominates the status of women with about 53 per cent of women and only approximately 22 per cent of men having lost their spouse (5.2 %).

Social Protection Measures

- Out of total widow/ers (3202), 71 per cent of females were widow.

- Out of 8,626 respondents, 115 (or 1.3%) reported that they did not have citizenship paper which stops them from taking social allowances and other benefits.

Social Protection Measures

- Approximately two-third majority of elderly population (65.0%) reported that they are living with their sons/daughter-in-laws;

  - about 26 per cent reported they are living with wife and husband alone;

  - nearly 5 per cent reported that they are living with their relatives; and 4 per cent reported that they are living alone.

Social Protection Measures

- A total of 31,339 children were reported. On an average 3 in 4 children of 7260 elderly persons were out of home or migrated either temporarily or permanently due to various reasons - such as employment, education, marriage and family separation.

  - Among the out of home children, almost 1 in 5 was migrated to out of country.

Social Protection Measures

- A total of 9,328 children of widows and 3,881 children of widower are recorded which results to the average number of children per widow 4.1 and per widower 4.2.

  - Out of 2277 widows, around 3.0 per cent reported to have no children, followed by widows having no children (2.3 %).
Social Protection Measures

- Out of 9,328 adult children of widows 78.0 per cent are out of home: 13.2 per cent outside country and 64.8 per cent inside country.
- Likewise, out of 3,881 adult children of widowers 79.0 per cent are out of home: 13.3 per cent outside country and 65.7 per cent inside country.

Social Protection Measures

- Overwhelming majority (65.0 %) is not working because they are disabled,
- around 20.0 per cent are not working because they don’t want to work,
- 8.2 per cent are not working because they did not get job and 6.4 per cent are not working because family did not allow.

Social Protection Measures

- Out of 8626 elders, 5601 (64.9%) possessed assets.
- Among those who possessed assets, 5153 (or 92.0%) possessed land, 4610 (or 82.3%) possessed at least one home, and 1050 (or 18.7%) reported they possessed at least Rs 5,000 cash at hand/bank.

Social Protection Measures

- With respect to protection, approximately 60.0 per cent elder persons are protected due to having land,
- around 53.0 per cent protected by having at least one home, and
- around 12.0 per cent protected by having at least Rs 5,000 cash.

Social Protection Measures

- Nearly 55 per cent of Dalit are protected by having land but with very low mean amount of land possession (0.2 ha).
- Similarly, a very low percentage (around 7.0 %) of Dalit are protected by having cash with relatively low mean amount of cash possession (around Rs 40,000).

Social Protection Measures

- Out of 4003 assistance needy elderly persons, approximately 87.0 per cent needed assistance for medical treatment,
- followed by food and shelter (80.8%), health and sanitation (72.9 %), morale boost up (72.7 %) for and personal care (66.7 %).
Health and Caring

- Overall one-fourth of respondents (25.1%) rated their status as bad and worse. Among them, the proportion is noticed high (25.3%) among female elderly against counterpart male elderly (20.2%).
- Among the caste/ethnic category, older persons from Religious Minority were more suffered from health bad and worse health condition (24.9) while comparing with communities.
- Overall, illiterate, widow/wed, poor and living in rural, mountain MWDR comprise the high proportion of deteriorating health status in terms of bad and worse point of view.
- Out of 6626 respondents, only 3.9 per cent (335) were physically and mentally well during the survey suggesting elderly persons can perform at least vigorous-intensity activities as they desire.

Health and Caring

- Out of ever used, nearly three in every four respondents reported that they are currently drinking alcohol (72.5%), followed by chewing tobacco (67.7%).
- The proportion is found higher among male elderly who is currently stopped smoking (41.7%). There is negative correlation between level of literacy and in-take of tobacco chewing, smoking and alcohol.

Health and Caring

- Overall, four in every five elderly persons (83%) are eating fruits some times, which means the elderly is eating fruit on the typical days and not the average over the period of enquiry.
- Those elderly who are eating fruits regularly comprises 12 per cent only.
- The proportion of senior citizen who is eating vegetables (like potatoes, cauliflower, pulses, cucumbers, tomatoes etc.) regularly (49.4 %) is found as higher as 4 times of regular in-take of fruits (11.9%).
- One fourth of respondents (26.0%) reported drinking milk on the regular basis. Elderly persons from religious minority consists of the highest percentage (63.7%) of in-take of milk on the typical time but not regularly.

Health and Caring

- Two-third majority of male elderly (72.5%) for female elderly have been suffered from any one of 12 diseases. Among these diseases, male elderly suffered from arthritis (21.7%) is found higher as compared to the female elderly (31.3%).
- Elderly population (33.1% for male and 43.9 % for female) living in the Mountain are more prone to cause this disease while comparing with reasons. Asthma, hypertension, and neuro and back pain are found other three major diseases that cause diminishing the health of elderly.
- Approximately one in every four male elderly were suffered from inflammation of the joints. An overwhelming majority of female elderly (66.0%) suffered from any one of 12 diseases. A similar situation is found among male elderly.
- Female elderly from relatively advantaged Janajati (37.7%) were suffered from arthritis whereas male elderly were suffered from asthma.

Health and Caring

- More 1138 senior citizens reported they were suffered from kidney related health problem. Only one in 10 respondents (10.1%) received government subsidized amount for the treatment.
- Among them, poor (27.9%) were highly benefitted. The proportion of treatment recipients was found higher among MGNREGA (18.2%) as compared to other groups.
- Elderly living in urban (12.6%) and WDR (15.5%) were benefitted highly while comparing with others places of residence.
- For the treatment of women who are experienced uterine prolapse, government generally provides free service for operation including free transportation cost.
- However, only one in six respondents (16.6% out of 161) informed that they received the government subsidized facility. Among them 40 per cent elderly women were from WDR.
- Nearly half of the female elderly (46.5%) having uterus related problems (cyst collection, discharge of white water etc.) reported that they have not contacted any health professional followed by interviewers having uterine problem (56.6%). The major reason for both cases was social humiliation.

Social Activities and Social Cohesion

- Overwhelming majority of elderly (86.0%) was invited to participate in the local social activities.
- The average frequency of invitation was 5.5 times in a year. The proportion invited less than five times a year was 70 per cent and only less than 7 per cent were invited for 15 times or more.
- Of the total 7429 who reported to have been invited in the social activities 37 elderly reported to have obtained invitation up to 30 times.
- Out of 7429 elderly who reported to have been invited in the social activities in the locality 86 per cent participated. This participation level shows that among all surveyed elderly (i.e., 8626) 74 per cent participated.
- The average participation frequency was 4.2. Nearly one sixth participated only once while the participation frequency of almost 58 per cent was less than three times.
Social Activities and Social Cohesion

- Overall 19 per cent elderly were affiliated to one or more of the local social organizations including political parties.
- Of the five social organizations identified largest proportions were affiliated to local user groups such as forest, water supply, irrigations and so on.
- Participation in other local social organizations and political parties was 8 per cent and 7.2 per cent respectively.
- Among those aged 80 and above less than 10 per cent stated their affiliation in such organizations while the proportions affiliated to similar organizations among those aged between 60 - 69 years was 23 per cent.
- Among literates nearly 35 per cent reported their affiliation while among illiterates this proportion was less than 10 per cent.

Social Activities and Social Cohesion

- Of all the elderly about 51 per cent reported spouse as the most trusted person and 33 per cent reported son as the most trusted one. Daughter-in-law and daughter ranked distant third and fourth respectively. Among males 64 per cent reported spouse as their most trusted person followed by son with 26 per cent whereas among females son was the most trusted person (41 % closely followed by spouse (37 %). The proportion that trust their spouse was highest among Upper Caste. Likewise the proportion that trust son was highest among Disadvantaged Non-Dalit Terai Caste. Furthermore, among all the proportion that daughter was relatively high among Relatively Advantage Janajati. Among literates almost two-thirds trusted spouses but among illiterates this proportion was 42 per cent only.

Social Activities and Social Cohesion

- Son was the next in the category and 24 per cent elderly reported son as their main person to share so. For women, larger proportion reported son and/or daughter to share so.
- By age categories largest proportion of elderly aged 80 and above placed son in this category while those between 60 and 69 years placed spouse as the main person to share sorrows and happiness.
- Three out of four reported to have separate room for sleeping and 95 per cent reported getting adequate food. Likewise 92 per cent reported satisfaction on the food items provided to them and 78 per cent stated to have got desired or favorite food items in the family.
- With respect to provisions or purchase of personal daily necessities such as toothbrush/paste, bath soaps, clothes etc the proportion reporting positively was 71 per cent only.

Social Activities and Social Cohesion

- Overall 36 per cent elderly had radio in their houses and could listen. Similarly 42 per cent had access to TV and 57 per cent had telephone facilities.
- Nearly the two-third majority of respondents (63.6%) stated that they have control over their earnings, followed by joint decision (14.4%) and spouse (10.7%). By sex, women are more enthusiastic to get approval of spending own income from her spouse first and then son than husband.
- One in every three senior citizens (32.3%) appears to have made decision themselves on their own health care treatment. At least one-third of son (36.7%) themselves make decision about the elderly parents’ total cost of health care treatment. More male elderly are spending money themselves (32.6%) for own health treatment while comparing to spouse (14.5%).

Dispute, Abuse and Self-esteem

- Nearly one-fourth of the elderly (18.9%) have had somewhat disputes with their family members during the last 12 months. The highest percentage of elderly from Terai reported dispute (21.3%), followed by Mountains (20.7%), Hill(16.3%) and Kathmandu Valley (15.8%). The proportion of elderly reporting dispute with the family members ranges as low as about 15 percent in WDR to 18 per cent in EDR, to 21 per cent in FWR and to 22 per cent in CDR. The proportion of elderly reporting disputes with the family members is much higher in rural areas (21.2%) compared to urban areas (16.0 %) of Nepal.
- Overall, 1,354 disputed are reported in the survey. Among them, the highest proportion of elderly reported that it is the daughter-in-law to whom a dispute occurred (41.8%), followed by spouse (26.4%) and sons (24.7%). A few elderly also reported that they have had a dispute with the daughters, sons-in-law and other relatives. Relatively a higher proportion of elderly reported to have a dispute with their daughters-in-law from Terai zone (47.5%) against other zones.

Dispute, Abuse and Self-esteem

- The proportion of poor elderly having disputes with family members is higher by 10 per cent than of non-poor (24.9 %).
- More than one-fifth of the elderly tends to report a dispute with a family member while the corresponding figures are 18 and 13 per cent for the age groups 70-79 and 80 and above, respectively. Similarly, the proportion is slightly higher for females (20.1 %) against males (17.8%). A slightly higher proportion of divorce/separated elderly tends to report a dispute (28.2%) against unmarried (19.1%) and married (19.6%).
- The highest proportion of elderly comprising of religious minority group (32.6 %) had a dispute with a family member during the last 12 months.
- Among the cases of disrespecting it is the daughters-in-law (49.3%), sons (25.3%) and spouse (15.1 %) from whom the elderly are mainly disrespected in the family.
- The daughter-in-law and the son are accused of disrespecting or humiliating the elderly in the family. A half reported that it is by their daughter-in-law and another 25 per cent from their sons.
Dispute, Abuse and Self-esteem

- Three per cent reported that they were not secure while living alone at home while another 39 per cent reported that it is OK. More females over males (4% v. 2%) reported feeling of insecurity. This proportion increases as age of the elderly increases (2.8% for 60-69 years, 5.1% for 70-79 years and 4.3% for 80+ years).
- A considerable proportion of elderly (that is, 20.0%) reported that their families were directly affected by the conflict. This proportion is much higher in rural areas (28.4%) as against urban areas (13.6%).
- A number of 1755 family members were affected by armed conflict. Among them, about 66 per cent reported that they were threatened to kill, while approximately 13 per cent reported that their family members were injured and another 11 per cent reported that their family members were abducted. There are also notable proportions of elderly reporting displacement (7.8%) and death of the family members (5.0%).

Measuring Quality of Life

- Two-third majority of elderly (66.7%) had satisfaction with life during the survey. By sex, the proportion is found higher among male elderly as compared to female (62.3%). The proportion of one of the marginalized community i.e., Dalits (51.7%) is found lower while comparing with other caste/ethnic categories. One in every four unmarried older persons (25.5%) expressed their feeling of dissatisfaction with life. The proportion of elderly living in urban (69.4%) is more satisfied than in rural (64.6%).
- Overall, approximately three in every four elderly (74.8%) were suffered from four types of unhappiness, for example, sad (29.5%), anger (21.1%), stress (17.9%) and pain (6.8%) during the survey. Male older people are happier than that of female. Elderly persons living in Terai (29.3%) reported having happier than in Hills (22.5%) and Mountains (15.5%). The similar trend found in urban where the proportion of feeling happy is noticed seven per cent higher than in rural.

Measuring Quality of Life

- One third of total elderly persons (33.9%) ranked their health status as good. By sex, men elderly are more likely to have good health status than the counterpart women elderly. No differences are found between rural and urban.
- The elderly living in the MWDR are less likely to have good health as compared to elderly living in the other development regions. The proportion of Dalits who are vulnerable economically and socially is found to have the lowest health status while comparing to other caste/ethnic communities.
- Older persons from Kathmandu Valley (42.1 %), other Urban areas (32.9 %) and relatively advantaged groups (Upper Caste: 30.2%, Advantaged Janajatis: 32.4% Literate: 34.2%) ranked the health as a first priority to them.

Measuring Quality of Life

- At least seven in 10 older peoples (72.7%) are not keen interested in politics. Nine in every 10 respondents did have any say on the issues of elderly. Despite having uninterested in politics and raising own voice for ageing issues but nearly 90 per cent of total elderly did cast vote in the last CA election.
- About seven per cent of total elderly persons were not allowed to express their view. The higher number of such type of elderly people (11.7%) is noticed in the FWRD. Throughout the four categories of political wellbeing, the proportions of female elderly are found low proportion of wellbeing politically.

Recommendation

- Recognize the inevitability of population ageing and the need to adequately prepare all stakeholders (governments, civil society, private sector, communities, and families) for the growing numbers of older persons.
- Ensure that all older persons can live with dignity and security, enjoying access to essential health and social services and a minimum income through the implementation of national social protection floors and other social investments that extend the autonomy and independence of older people, prevent impoverishment in old age and contribute to a more healthy ageing.
- Support communities and families to develop support systems which ensure that frail older persons receive the long-term care they need and promote active and healthy ageing at the local level to facilitate ageing in place.

Recommendation

- Invest in young people today by promoting healthy habits, and ensuring education and employment opportunities, access to health services, and social security coverage for all workers as the best investment to improve the lives of future generations of older persons. Flexible employment, lifelong learning and retraining opportunities should be promoted to facilitate the integration in the labour market of current generations of older persons.
- Support international and national efforts to develop comparative research on ageing, and ensure that gender and culture-sensitive data and evidence from this research are available to inform policymaking.
- Mainstream ageing into all gender policies and gender into ageing policies, taking into account the specific requirements of older women and men.
Wellbeing and Health Situation of Elderly People between Migrant and Non-Migrant Households

(A Comparative Study of Lamidada Village Municipality ward no. 2, Kharpa of Khotang)

Shantosh Dahal
2017

Main Area of the Study

- Socio-demographic status of household population with elderly people
- Economic status of household population with elderly people
- Social status of elderly
  - Networks
  - Participation
  - Relationships
  - Education
  - Occupation
- Psychological factors of elderly
  - Perception
  - Expectation
  - Experiences
- Health status of elderly
  - Physical health problems and diseases
  - Health seeking behaviors and treatment

Data Processes and Objectives of the Study

- Data processing and analysis
  - Data collection from direct interview
  - Using structured questionnaire
  - 60-years and above population only includes as respondents
  - Census method applied for sample selection
  - Data processed by SPSS and analyzed descriptively
- Objectives
  - To see family wellbeing of elderly
  - To see health wellbeing of elderly

Limitations of the Study

- Comparative study between migrant and non-migrant households
  - Migrant population defined in the study is those of migrate of working age family members and who leave their home more than six months for any purposes.
  - Migrant households refer to those of out migration of working age family member aged 15-50 years from house.
- This study is limited to the case of Lamidada Village Municipality ward no. 2, Kharpa of Khotang District, hence limited on small population size and small area.
- The results of the study based on the responses of elderly population. Some terms and Words derived and used by the response in the study.
- The term ‘elderly wellbeing’ reveals the indicators economic, health, family environment, education, psychological thought, and social participation status of the elderly population.
- Generalization of the study may not be applicable for whole country.

Part 1: Socio-Demographic characteristics

- Household Population
  - Migrants
  - Elderly population

Household Population

A. Sex

# There are 51 percent female and 49 percent male population in the study area.
# The sex ratio of the working age population is 116 but 96 only of the total population.
# Total dependency ratio is 91.8, old dependency ratio 47.3 and child dependency is 44.5.

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<td>22.4</td>
<td>21.7</td>
<td>24.6</td>
<td>76.3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>430</td>
<td>414</td>
<td>844</td>
<td>96.3</td>
</tr>
</tbody>
</table>
B. Caste/Ethnicity

The caste ethnic composition of the study population makes up with highest proportion of Magar (32.5%) followed by Rai (18.5%), Dalits (16.4%) and Brahmin (13.6%).

C. Education Status

# Brahmin and Bххх have higher proportion of literacy than other caste/ethnicity (82%), Chhetri. Tamang and Dalits groups has high proportion of illiterate (52%, 50% and 47% respectively).

D. Occupation Status

E. Marital Status

Migrant population

- In previous section we discussed about socio-demographic characteristics of household population and this section shows about few characteristics of migrant population.

- There are 153 migrants aged 15 to 59 years from the study households, 68 percent male and 32 percent female among them.

- Most of the migrants are 15-64 years age groups. Specially 15-34 years migrants proportion is very high than other ages.

- Kathmandu valley is main destination of migrants (41%) followed by abroad (33%) and out of district except Kathmandu (27%).

- Nearly 31 percent migrants are migrating for the purpose of labour work followed by 30 percent for foreign employment, 16 percent for services and 10 percent for the purpose of study.

- Almost all are male migrants in the migration of the purpose of foreign employment.

Elderly population

- Only 60+ years older people included in the study for respondents and defined them to elderly population.

- There are 281 elderly people reported from the 117 households. Among them 97.3 percent elderly people's households have migrant members.

Cont..

In the study, nearly 85 percent elderly people's HHs major occupation is Agriculture followed by Labor (14%) and Services (12%).

Most of the elderly people are illiterate (84.4%).
Part 2: Migration of Adult Family Members and Wellbeing of Elderly Population

- Financial Wellbeing (Economic factors)
- Social Wellbeing (Having relationship and love in life, Engagement and roles with the community)
- Psychological Wellbeing (thought, perception and experience in getting old)
- Physical wellbeing (Health condition)

Cont...

- There are 153 migrants reported in the study households, among them nearly 46% migrants only sent remittance towards home. Specially age between 25-39 years migrants sent such remittance in high proportion.
- Nearly 57% elderly people's households (remittance receiver households) household head and nearly 32% elderly people's households (remittance receiver households) sons/daughter in law received and order to distribute such remittance money in home.
- Nearly 90% percent elderly people (among remittance receiver households sent by migrants) get some portion of the such remittance money for individual use and their related requirements.

Social Wellbeing

- Nearly 92.2% elderly people living with their sons/daughter in law which followed by husband and wife (32%) along with (31%) and living with other relatives (32).
- Nearly 86 percent elderly out of whom living alone have had family relation and caring behaviors, this followed by 70% elderly out of whom living with other relatives have also had family relation and caring behaviors.
- Study Shows the non-migrant household's elderly people are comparatively neglected in higher proportion by their family members.

Cont....

Financial Wellbeing

- 62 percent out of total elderly people have individual source of income. Among them 14.6 percent have different types of allowances and 5.4 percent have pensions.
- 69% of these elderly people spent such individual income in home activities, 27% spent individually and only 3.1% elderly people spent to their health.

Cont....

Level of Income and Income Sufficiency

<table>
<thead>
<tr>
<th>Level of income of Elderly's HHs</th>
<th>Migrant HH (%)</th>
<th>Non-Migrant HH (%)</th>
<th>Total Number</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3000</td>
<td>42</td>
<td>42.7</td>
<td>41</td>
<td>20.7</td>
</tr>
<tr>
<td>3001-10000</td>
<td>33.6</td>
<td>22.5</td>
<td>60</td>
<td>26.0</td>
</tr>
<tr>
<td>10001-20000</td>
<td>31.1</td>
<td>25.3</td>
<td>60</td>
<td>26.0</td>
</tr>
<tr>
<td>20001-30000</td>
<td>17.7</td>
<td>3.4</td>
<td>24</td>
<td>11.5</td>
</tr>
<tr>
<td>30001-40000</td>
<td>13.5</td>
<td>5.6</td>
<td>21</td>
<td>10.1</td>
</tr>
<tr>
<td>Monthly Family Income Sufficiency of Elderly's HHs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>78.1</td>
<td>74.2</td>
<td>153</td>
<td>64.9</td>
</tr>
<tr>
<td>No</td>
<td>21.9</td>
<td>25.8</td>
<td>73</td>
<td>35.1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>220</td>
<td>100</td>
</tr>
</tbody>
</table>

Cont....

Relationship and humiliation experience of elderly people

- Humiliation Experience of elderly people
- Person doing humiliation to elderly
- Humiliation Experience of elderly people
- Person doing humiliation to elderly

Care System and Relation of Elderly People with their Family Members

- Poor
- Moderate
- Good
- Gloomy
Almost all people want to live with safe and happy lives.

Most of the elderly people included in the study said good family relations and co-operation, and good health are the main factors of happiness during growing their old age which reported 42.8% and 44.2% respectively.

Most people based on their responses, good family relations and co-operation (71.2%) and good health (20.2%) provide them future security.

Some other factors such as good economy, emotional relation and prestige, love and affection, religious and spiritual activities etc. too become future safety factors and provide them happiness.

Expectation and perception of elderly people about health system

Most of the elderly people expect to good health facilities need to manage by government during health sickness and injuries.

The elderly people included in the study argued free health check and treatment system (57.7%), expand health facilities in all types hospitals (25.5%) and conduct old age health care related programmes in the community (16.8%) are the best elderly-friendly health system.
Health Wellbeing

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>53.6</td>
</tr>
<tr>
<td>Female</td>
<td>56.4</td>
</tr>
<tr>
<td>Male</td>
<td>50.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69 Years</td>
<td>51.8</td>
</tr>
<tr>
<td>70+ Years</td>
<td>55.4</td>
</tr>
</tbody>
</table>

Health Condition

Physical Health condition and diseases
- Nearly 38% out of total elderly people have physical health problems or suffered by diseases.
- The common physical health problems (diseases) are Asthma (22.8%), Uterine Prolapse (17.7%), Gastritis (15.5%), Arthritis (15.3%), Cancer (8.9%) and BP (7.6%).
- Nearly 51 percent of the elderly people suffered during under 5 years, 20 percent suffered during under 10 years and 29 percent suffered during more than 10 years by these diseases.
- Nearly 66 percent elderly had gone for treatment towards medical places.
- Among them, only 7.7 percent elderly people had been relieved or improved their problems.

Health condition of the elderly people

Physical-Mental Disabilities
- Nearly 9% out of total elderly people have physical-mental disabilities.
- The common physical-mental disabilities of the elderly people are Handicrafts (42.1%), Deaf and Dumb (31.6%), Mental Disorder (15.8%) and Blindness (10.5%).
- Among them, 25.3% elderly people disabled by In-birth and nearly 32% suffered during more than 10 years.
- Nearly 37% (out of total who suffered by disabilities) elderly people only had gone for treatment towards medical places and none of them had been improved.

Recommendation

- Most of the elderly people (84.6%) are illiterate in the study area, so old age education should provide to reduce the illiteracy rate of them.
- Nearly 38 percent elderly people suffered by different types of diseases. Nearly 45 percent elderly people among them never had been gone to treatment towards medical places by the cause of geographic, economic, transportation, and availability barriers. So free health treatment system and develop all types of health facilities in all hospitals as well as promote to other health related such problems to participate for treatment.
- Massive number of youth member of the family, are absent and migrated toward abroad for employment. This condition created “youth-less and tooth-less population” in the village. So government promote to income generating activities and engaged them in the own place.
- Common hypothesis is elderly people safe and secure if their youth member in the family, but the study found opposite results such as elderly people of non-migrant household are neglected and humiliated in high proportion than non-migrant household’s elderly people. So further researcher keep interest for the study of elderly people, it will be better to emphasis to include this also.
Annex 4

A paper on:
Socio-economic Correlates of Elder Abuse
By Sunita Rai

Monthly Discussion Forum on Ageing
Magh 20, 2014, Bhrikut Mandap, Kathmandu

Organized by: Ageing Nepal
With support from Senior Citizens Fund and Manohula Foundation

1
Introduction

56%
Projected growth of old people aged 60 years or over between 2015 and 2030

901 Million to 1.4 Billion
Elderly population by 2030

2.1 Billion (Nearly)
Elderly Population by 2050

Source: UNO, 2015

World Ageing

Declining Fertility
Globally, total fertility is expected to fall from 2.5 births per woman in 2010-2015 to 2.2 in 2045-2050 (UN, 2017).

Rising Life Expectancy
Globally, life expectancy at birth has risen from 69.1 years in 2005-2010 to 70.8 years in 2010-2015.

It’s projected to be 76.9 years in 2045-60 (UN, 2017).
Nepal: Increasingly Ageing

8.14%
Of total Population of Nepal (CBS, 2011)

7.78 to 15.50
Ageing Index increased from 1971 to 2014 (CBS, 2014)

Nepal: Life Expectancy at Birth

Fertility rate, total births per woman

Global Ageing

Opportunities and Challenges

Elder Abuse
Elder Abuse:

A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person (WHO, 2005)

Forms of Elder Abuse

- Neglect
- Physical Abuse
- Behavioral or Emotional Abuse
- Financial Abuse
- Sexual Abuse

Growing as Major Social Problem

But

Limited/ No Research

But only 4% of elder abuse is reported. Why?

Objectives
37

General Objective:

To explore socio-economic correlates of elder abuse.

Research Methodology

- **Study Population:** Elderly People living at 5 Old Age Homes in Kathmandu, (Aamalo Ghar Nepal, Himalaya Old Age Home, Nisahaya Sewa Sadan, The Hope Hermitage, and Social Welfare Centre Elderly Home)
- **Sampling:** Purposive
- **Sample size:** 70

Research Methodology (Contd.)

- **Data Collection Techniques:** Interview Schedule & Observation (Close & Open-ended questions)
- **Data Presentation & Analysis:** Using SPSS & MS Excel

Elder Abuse Experience of the Respondents

- Yes: 58%
- No: 42%
Forms of Abuse Experienced (%)

- Neglect: 47%
- Physical: 8%
- Financial: 32%
- Behavioral: 37%
- Sexual: 3%

Reasons of Abuse

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your disability to look after yourself</td>
<td>42</td>
</tr>
<tr>
<td>No caregiver and busy family members</td>
<td>20</td>
</tr>
<tr>
<td>You have no property</td>
<td>16</td>
</tr>
<tr>
<td>Absence of partner (husband/wife, no partner)</td>
<td>23</td>
</tr>
</tbody>
</table>

Socio-economic Characteristics Observed

- Sex
- Educational level
- Marital Status
- Economic Status
- Occupation
- Age
- Disability

Sex & Elder Abuse

Female: 58%
Male: 55%

Chi Square Value: 0.059  P Value: 0.808
(P > 0.05)

Educational Level & Elder Abuse

Educational Level
- Illiterate: 60%
- Literate & Primary: 60%
- Secondary: 57%
- Grade 12 & Above: 50%

Chi Square Value: 0.545  P Value: 0.909 (P > 0.05)

Marital Status & Elder Abuse

Marital Status
- Unmarried: 60%
- Married: 57%
- Divorced: 100%
- Widowed: 53%

Chi Square Value: 4.336  P Value: 0.227 (P > 0.05)
Economic Status & Elder Abuse

Poor: 55%
Middle Class: 63%
Rich: 60%

Chi Square Value: 0.313  P Value: 0.855
(P>0.05)

Occupation & Elder Abuse

Chi Square Value: 2.039  P Value: 0.729 (P>0.05)

Disability & Elderly Abuse

With Disability: 61%
No Disability: 56%

Chi Square Value: 0.248  P Value: 0.619
(P>0.05)

Age & Elder Abuse

Chi Square Value: 2.393  P Value: 0.495 (P>0.05)

Summary & Conclusion

1.

About six in every ten respondents (58%) had experienced at least one form of elder abuse before they came to old age home.
2. Among the five major types of elder abuse considered, neglect was the most common one which was experienced by almost half (47%) of the respondents who became victim of abuse.

3. Chi Square ($X^2$) analysis shows no significant association ($P>0.05$) between the seven investigated socioeconomic characteristics and elder abuse.

Thank You!
Any questions?

You can find me at:
→ Twitter: @HappySunitaR
→ Website: http://sunitalarai.com.np
Annex 4

Review of Senior Citizens policies and Practices in Nepal

Bhumidatta Poudel
Campus Chief
Kapan Multiple Campus

Outline

- Background
- Objectives
- Methodology
- Findings
- Conclusion and Recommendations

BACKGROUND

- International
  - Universal Declaration of Human Rights- UDHR (1948)
  - Convention on Elimination of All Forms of Discrimination against Women- CEDAW (1979),
  - Convention on the Rights of People with Disabilities (2008),
  - International Convention on Civil and Political Rights (1966),
  - Sustainable Development Goals- SGD 2016-2030 and
  - Sendai Framework 2015-2030

Cont....

National

Following int’l human rights instruments and framework, the GoN developed several policies for the protection of Senior Citizens in Nepal:

- The Constitution of Nepal
  - Article 18 (under fundamental rights and duties)-Right to equality sub-article (1) clearly states that “All citizens shall be equal before law. No person shall be denied the equal protection of law”
  - Article 41- “Senior Citizens shall have rights to special protection and social security from the state.”

Cont....

Existing national laws/policies for protection and promotion of rights of Senior Citizens in Nepal:

- Local Self Governance Act 1998,
- Local Governance Regulation 1999,
- Senior Citizens Act 2006,
- Senior Citizen Regulations 2008
- Social Security Programme (FY 1994-95)

OBJECTIVES

- Review and analyse existing Nepalese laws and policies
- Propose strong action-oriented recommendations on strengthening current/existing legal policies and frameworks
- Present policy gap
**METHODOLOGY**

- Desk Review,
- Focused Group Discussion and
- Key Informant Interviews

**FINDINGS**

**RETIRED AGE**
- No uniformity in compulsory retirement age from government service.

**SOCIAL SECURITY/PROTECTION**

**A.O.A Age Allowance**
- Qualifying age for OAA varies from Regions and Communities, but the respondents at ground are not fully aware of the variables.
- Formal registration for OAA is bit confusing for the respondents.
- Respondents lacks proper knowledge and information about OAA and procedure for receiving it in general.

**Recommendation:** need for effective information dissemination channel: governmental to coordinate and mobilise local NGOs and/or CBOs to reach the target population.
B. Health
- Respondents not fully aware of the existing government services
- Available Geniatric Wards are not adequate
- Lack of enough Geriatricians

Recommendations: need to make older persons aware regarding where the government supported health facilities are available and procedure on how to receive it, establish Geniatric Wards in at least all district hospitals, need for effective information dissemination channel.

C. Transportation
- Respondents (rural areas) are not aware of the facility
- Respondents (urban areas) are not satisfied that all public transportation provide 50% fare concession for Senior Citizens
- Lack of knowledge amongst transportation workers is seen as challenge

Recommendations: coordination between transportation associations and concerned government authorities to train vehicle staffs, need for effective information dissemination channel.

EMERGENCY & DISASTER RISK REDUCTION
- The apex body - MoHSA doesn't have Senior Citizens focused plans/programmes
- Its comprehensive plan prioritises most vulnerable segments of the society, including elderly persons during emergency or humanitarian crisis

Recommendations: formulation of strategic emergency and DRR plan specifically for older persons, or at least ensure basic needs of older persons - equal access to food, shelter and medicine in the existing legal measures; easy loan and other financial measures for rehabilitation such as reconstructions or repairing house of older person.

LIVELIHOOD
- MoWCSW: implementing livelihood programme in 10 districts
- MoF: 5% of investment on IG programme should target marginalised including Senior Citizens
- No other government programme
- Respondents at ground unaware of the provision

Recommendations: need for an effective information dissemination channel; research(s) on the possibility of involving older persons in IG activities; budget allocation for conducting skill development trainings and income generation activities at local level.

LEGISLATIVE MEASURE
- There should be an absolute right of Senior Citizens on the movable or immovable property to sell or transfer the ownership to anyone.

GENERAL
- Proper coordinating mechanism should be established among the Ministries and Department of the GoN
- Legislative measures developed and being implemented hasn't covered all the issues relating to the special need of senior citizens
- Infrastructures like cinema, theater, shopping mall and so on should be made older people friendly in the urbanised world
- Mechanism to transfer knowledge from retirees to new comers in the government service need to be established

OVERALL CONCLUSION AND RECOMMENDATION
- In general, laws and policies developed by the GoN is by not the worst and can presumably address most needs and concerns of its Senior citizens if implemented properly.
- Senior Citizens at the ground lack proper knowledge and information about existing government provisions to greater extent.

References:
Annex 5

Review of Senior Citizens policies and Practices in Nepal

Bhumidatta Poudel
Campus Chief
Kapan Multiple Campus

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✓ Objectives
✓ Methodology
✓ Findings
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- No uniformity in compulsory retirement age from government service.

SOCIAL SECURITY/PROTECTION

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LIVELIHOOD
- MoWCSW: implementing livelihood programme in 10 districts
- MoF: 3% of investment on IG programme should target marginalised including Senior Citizens.
- No other government programme
- Respondents at ground unaware of the provision

Recommendations: need for an effective information dissemination channel; research(s) on the possibility of involving older persons in IG activities; budget allocation for conducting skill development trainings and income generation activities at local level.

LEGISLATIVE MEASURE
- There should be an absolute right of Senior Citizens on the movable or immovable property to sell or transfer the ownership to anyone.

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References:

Thank You
Annex 6

AGEING IN NEPAL

#HealthForAll

HIGHLIGHTING THE IMPORTANCE OF PROPER EXERCISE AND NUTRITION WITH INCREASE IN AGE

-Dr. Jagdish K. Chhetri M.D Geriatrics
chhetri_jk@hotmail.com

World Health Day 7 April-2018

- Health for All
- half of the world’s people is currently unable to obtain essential health services.
- Almost 100 million people are being pushed into extreme poverty, because they have to pay for health services out of their own pockets.
- 800 million people (12%) worldwide, use 10 percent of their household budgets on health expenses, (including richer countries)

Universal Health Coverage (UHC)

UHC means that all people and communities receive the health services they need without suffering financial hardship. (but not free coverage for all possible health interventions)

UHC enables everyone to access the services that address the most important causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them.

Everyone can play a part in the path to UHC

Why proper Nutrition and Exercise matters?

- contribute the most to quality-of-life measures.
- Prevent many diseases and condition
  - cardiovascular conditions
  - muscular and skeletal fitness
  - reduce the risks of non-communicable diseases
  - reduce depression
  - reduce cognitive decline

Why proper nutrition and exercise matters?

- Moreover may avoid/delay/or reverse geriatric conditions such as FRAILTY and SARCOPENIA
- Frailty: ↓ gait speed, ↑ exhaustion, ↓ weight (4-5 kg/yr), ↓ physical activity, ↓ muscular strength
- Sarcopenia: loss of skeletal muscle mass and functions
  - Frailty, sarcopenia: ↑ dependency, ↑ disability, ↑ hospital stay, ↑ mortality
What is Proper nutrition?

- 3 meals a day and some snacks in the morning, afternoon or evening
- Drinking water regularly during the day without waiting to be thirsty
- Weigh yourself once a month, make sure the weight is stable and keep a note.
- A healthy diet includes intake of ample amount of fruits and vegetables, milk and dairy products, starches, meat, fish, egg and water; limited consumption of fat, sugar and salt.

What is Proper nutrition?

- Fruits and vegetables (excluding potato family): at least five portion per day (1 portion = approximately 80-100 grams; the size of a fist or two full tablespoon). Fruit juices cannot replace the whole fruit.
- Milk and dairy products (such as yogurt and cheese, but not butter and cream products): 3 portion per day for adults and 4 portion per day for older population (1 portion = 1 glass milk, 30g cheese, 125g or approx. a small bowl of yogurt).
- Starches: Intake with each meal, and according to the appetite. Include bread and all bread products, cereals and cereal products (e.g. rice, wheat, barley, oats, rye etc.), potatoes and legumes (e.g. lentils, beans, chick peas, etc.).

What is Proper nutrition?

- Meat, fish and eggs: 1-2 portion per day, (1 portion of meat or fish = approx. 100 g or size of center of palm of hand for meat and whole palm for a piece of fish, 2 eggs = 1 portion), they are excellent source of proteins and iron
- Water: Intake of about 2.5 liter per day is recommended, at will during and between meals.
- Fat, sugar and salt: To be limited.
- Unsaturated fat from vegetable oils such as olive and sunflower oil, fatty fish (e.g. mackerel, salmon, sardines) and from fruits (e.g. avocado, nuts, hazelnuts) are preferred. Food with more than 10% fat is considered to have more fat.
- Sweet products may be enjoyed from time to time (such as small amount of jam in bread for breakfast).
- Salt less than 5 g of salt per day for an adult.

What is proper exercise?

- Being physically active
- Perform physical exercises or be involved in physical work more than twice a week, lasting minimum of 20–30 min per time, leading to sweating and heavy breathing.
- (Be aware of their pre-existing medical conditions such as cardiovascular, respiratory and orthopedic complications)
- E.g. while performing group yoga

What is proper exercise?

- **Endurance exercises:** A moderate intensity aerobic exercise of at least 30 to 60 minute (150-300 minute per week).
- Or a vigorous intensity exercise 20 to 30 minute per day (75-150 minute per week).
  
  E.g., Walking is the most common example of aerobic exercise, with aquatic exercise and stationary cycling exercise as other forms of aerobic endurance exercises

- **Resistance exercise:** Minimum of 2 days per week, depending upon one’s muscular capacity. Exercise involving major muscle of both arms and legs
  
  E.g., progressive weight training and stair climbing.

- **Balance training:** For older adults, with poor mobility, physical activity to enhance balance and prevent falls on 3 or more days per week.
#HealthForAll

- 1st Step towards health for all, could be implementing proper lifestyle interventions such being physical exercise and healthy diet.

#inspire, #motivate, #guide

THANK YOU
Annex 7

Buddhism, Jests Nagraik and Ajaka Yuvata

By: Mr. B.K. Bhandari
Research Nepal
bp222@yahoo.com

Kē ho? Kin?

1. Age

Age is when a person is old and near or beyond the usual life expectancy. Old people are usually retired from work and spend their time in either ways like helping take care of small children who are left to them in some way. Often people at old age have wrinkles, skin. They will move slower, and become constantly cold.

2. Normal: the citizens with gray hairs and full of maturity over sixty plus are a senior citizen. People with lots of knowledge, experience, and compassion to teach younger generation are a senior citizen. Senior citizen is a formal word for old people.

3. Old age is when a person is old and near or beyond the usual life expectancy. Old people are usually retired from work and spend their time in either ways. Often people at old age have wrinkles, skin. They will move slower, and become constantly cold.

4. Normal: the citizens with gray hairs and full of maturity over sixty plus are a senior citizen. People with lots of knowledge, experience, and compassion to teach younger generation are a senior citizen. Senior citizen is a formal word for old people.

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वानप्रस्थ आश्रम

गुह्य पाठेका २५ वर्ष अवधिलाई वानप्रस्थ भनिएको छ।

वानप्रस्थ बदनाको अर्थ हो वनस्पति प्रस्मान गर्न लेखामा भएको अवस्था।

वासकामा वानप्रस्थ जीवन सन्यास जीवनका लागि अभ्यास हो।

वानप्रस्थ बुझ्नु काण्ड रूपमा भनिएको छ।

ब्रह्मचार्यबीमा समाय गृही भजेन गृही भूला नै भ्रेमिनी भूला

ब्रह्मचार्य पछि गुह्य, गृहको पछि वानप्रस्थ र लाग्न पछि सन्यास हिन्दु पछि।

लत्योले

५० वर्ष भावाप्रकी अनिवार्य गृह लामा गर्दू ४।

ज्ञान, विज्ञान, अध्ययन, अनुसरण, तीर्थसिन्धु आदि गर्दू ४।

जीवनमा गर्न नापाएका कामहरू पुरा गर्दू ४।

पुस्तकले पढ्नु पर्दू ४।

दर्शन अथवा ज्ञानको नजिक पुढू ४।

मुख्य कलाको दिखा लिङ्गु ४।

धामा, धोमा, ज्ञ, पुजा गर्दू ४।

भी कर्मबाहु भुज्यकृ हामी

लोभ

मौह

कृषि

दुःख

तेरे

मेरे

फ्रामांड

म

आदि भ्रममा बोजिङ्के छौ। भी भ्रम हुने दुःखका कारण हुन्।

अख के गर्नेछ?

निर्देशकत्व सबै जानेस गोटे मार्ग हो।

बानप्रस्थ लिङ्गु।

पारिसारिक दायित्वमा मुक्त

अश्रम व्यवस्था
अजजका युगा

- 25, 65 वर्ष
- अध्याम समापन
- तात्त्विक
- पैठ ज्ञान
- राज्य-प्रशासन
- श्रद्धा, वर, पुजा, पाठ
- किसान, संतान उपस्थि, हे, विचार, विश्लेषण
- धर्म हिंदू शास्त्रशास्त्र गुप्तु ज्ञानमात्र ज्ञानात्मक वहे अनुमानके अध्यादेश के रूप से भव्य धार्मिक भलिएको छा।

युवाको दायित्व

- पैठ व्यवसायमा बिश्व सत्तेन वन्नु २ ४ दिन थाइसल गर्नु २ 
- उत्तर ज्ञान हासिल गर्नु २ 
- प्रसत आर्थिक उपार्जन गर्नु २ 
- रीढीत, बालिका आदि को राणी व्यवस्था गर्नु २ 
- समाजमा इजमा प्रतिस्थाप तृक्को २ 

जेष्ठ नागरिकको दायित्व

- परिवारको भाग डुबू हुदैयन 
- माया उद्धे उठ्ठा आकाश सत्ताले माया गरेका भनेर गुणाहो गर्नु बेलाको कुरा हो। 
- सबै व्यक्तियाँ गर्नु, हितुदुल गर्नु, साहसिकी ब्रजस्त्र, 
- चोर चोरीकाई समाज को सबै सहयोग गर्नु, 
- मनुष्य तिर्चार जाने 
- सबै समाज छन् भने आफ्नो सहयोग रिके 
- बानप्रभर - प्रशासन गर्नेँ 

यसै तथ्यको सेरोफॉर्मा यो पुस्तक लेखिएको हो।

एके छिन अन्तर्क्रिया गर्नेँ।

- र अन्यमा
- हार्दिक हार्दिक धन्यबाद
Psycho-social Problems among Elderly, Kathmandu Valley

Dr. Archana Pandey Bista
Maharajgunj Nursing Campus
IOM, TU
2075/2/25

INTRODUCTION

- A continuous increase in old people and a decline in the population of young people all over the world are creating demographic imbalances and humanitarian, social and economic problems in many countries especially in developed countries.
- For the last two decades, social scientists and demographers all over the world, including Nepal, are trying to explore the dynamics of ageing.

- In addition, in Nepal the ageing index has increased from 6.28% in 1911 to 15.50% in 2011, and is expected to increase in future due to demographic transition.
- It is observed that the ageing index is associated with the economic well being of communities. Also the ageing index is higher in urban areas (16.05%) compared to rural areas (14.96%) and higher among females (15.46%) compared to (14.77%) males.

- In the year 2016, Nepal had 9.1% of its population of old age people.
- During the years 1991 to 2001, the annual elderly population growth rate was 3.39 percent which was higher than an annual population growth rate of 2.3 percent.
- Nepal's life expectancies, 54 in 1990, reached 71 years in the year. Thus concerns over the health of elderly are increasing in Nepal with this unprecedented growth of the population.

- Concerns are for maintaining their physical and psycho-social health of the elderly. Providing safe environment in the home environment for meeting daily life situations.
- After middle age (ages 35 to 59 years) many people face symptoms associated with ageing such as a deterioration in their physical and mental health, making them unable to perform one or more of the five basic activities of human beings such as eating, walking, going to outside the home etc.

- As the individual grows older, he may be cut off from the world physically as well as socially. For many old people the fear of illness is greater than the fear of death.
- Few persons reach an advanced age without having experienced some incapacity, illness or surgery that has left a residue of fear.
- Ageing people take their own lives because of social or psychological factors such as an awareness of their physical and mental decline, loneliness, forced idleness, inability to adapt to changes in life and incurable diseases.
- Elderly maltreatment in family setting is also increasing day by day in urban settings as a consequences of busy schedule of family members, nuclear family effects.
Objectives:

- **General Objective:**
  - To find out the psychosocial problems among elderly

- **Specific Objectives:**
  - To identify the psychosocial problems among elderly
  - To explore problems related to elder maltreatment among elderly

**Methods:**

- **Quantitative Design**
- **Study Design: MMR**
- **Qualitative Design**

**Setting:** Communities of Kathmandu Valley

**Study Population:** Elderly of 70 years and above

- Selected Purposively

**Survey:** 1178 participants interviewed by trained personnel

- In-depth: 12 participants were interviewed in depth by Researcher

**Data Analysis and Integration**

**Draw Conclusion**

**Integrated Results:**

- **Psychological problem**
  - Depression was identified among 18% (pilot study) to 41.3% in Final study
  - Loneliness

**TABLE 1 Depression Among Elderly**

<table>
<thead>
<tr>
<th>Descriptions</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having Depressive symptoms</td>
<td>486</td>
<td>41.3</td>
</tr>
<tr>
<td>Not having Depression</td>
<td>692</td>
<td>58.7</td>
</tr>
<tr>
<td>Among Having Depression(n=486)</td>
<td>286</td>
<td>58.8</td>
</tr>
<tr>
<td>Mild depression</td>
<td>154</td>
<td>31.7</td>
</tr>
<tr>
<td>Moderate depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe depression</td>
<td>46</td>
<td>9.5</td>
</tr>
</tbody>
</table>

**QUALITATIVE FINDINGS**

Loneliness, a psychological state in which a person feels apart from others. Here, these are commonly noticed predictors for loneliness:

- Social factors like living alone
- Separation from family members
- Less time from family members and physical health illnesses
- Disability
- As a effect of loneness participants were worried regarding future care issues and fear of strangers
Examples of Verbatim One participant living alone shared:

- "I am living alone. My two daughters come to stay with me according to their convenient time.
- I have two sons who have separated from house living in two separate places.
- It has been long time my elder son separated; my younger son has been away since 6 years.
- Everything changes when my younger son becomes different. In local words (Saathae harukoo sangat lee bigriyoo).
- I wonder if my elder son and his family would come here again or not. I feel quite sad while remaining alone it gives me pity feelings, so in order to get divert from loneliness I stay in balcony whole day talking with familiar people.....

- Another participant who could not walk independently as a result of weakness in extremities also expressed loneliness.

- "It is difficult for me to walk ups and downs. I mostly have pain in lower extremities which makes walking difficult also I feel scared of going up and down as there is risk of fall injury in doing so.
- I use to take support of right hands in walking but it also became weak nowadays.
- So, I use to walk by using the stick. I feel pity for my inability to move ups and down and to take remain alone at day and night time....."

- One participant in spite of living with her son’s family expressed loneliness. She shared that

- "I feel lonely most of the time. Although I am living with my son’s family, most of the time I feel alone as there is no one to share my feelings.
- I have two daughters in laws but they are busy in doing household activities.
- And grand daughters are busy in their study.
- Sometimes I use to go to meet my elder sister of my own age who lives near by and share my feeling with her.

- Again same participant focused that what will happen while getting older as living alone as she shared:

- "I have to live alone, having children does not have meaning to me. All of them had gone in separate places, no one was with me " ekla basnu parchha, einiehharu sabai chhrore chhree haru bhayee pani malai kee" chharachorri kohi kata, koi kata".
- Also, I have to keep people in rent for economic security but I feel scared of keeping strangers in rent.
- I get worries thinking who will look after me in my very old age days.
- There should be someone definite person to take of old age people in these days.

- Beside this the participant who did not received adequate time from family members had experienced loneliness.

- She shared that:

- "Although I am living in family I feel alone, no one to share and talk with me. I feel lonely and bore in day and night time remaining in same place and having no one to share my feelings with.
- I think elderly are left alone in old age like me (Koi saathii hudaimaa, yeessai ekla hunccha. Raat din ekla hunccha). Family members have to go for their job.
- They use to come when I call them (Chhroa buhari kana gornaa janccha. Maa sangeaa baseeraa mi harmlai hudaima, bolayoo bhane matra aamchaa )You know in old age we usually do not have none we are remain alone in day and night time (Hudaima koi hudaima, Yekla hunccha budeskaalmi)....."

Importance of Social engagement to reduce loneliness

Keeping in touch with other people makes the elderly feel cared about and make them less distress.

- In this study some elderly were lessening their loneliness by being with their friends. They shared: "I use to reduce my boredom or loneliness by talking with some close friends.
- Every evening we use to sit in one common place and ventilate feelings of each other it gives nice feeling "Saathi sanga kura gardaa ramroo laagecha"(76 yrs, female) "
- I use to go to my friends who live nearby and use to share my feelings with them."Sharing with friends help a lot to reduce own pity" (72 yrs female)
Elderly abuse

Elderly abuse is act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.

In this study some of the elderly were experiencing different form of maltreatment in their family such as

* inadequate care during illness
* lack of family assistance to go for health check up
* being neglected in family and financial exploitation

**Inadequate care during Sickness**

* When a sick person does not receive adequate assistance for his/her health check up the affected person feels distress. Here, few participants did not get opportunity to go for follow up checkup as they did not get time from their family members.
* "I have not got checked my sugar level for a long time. No one has time to go with me for this regular check up. I couldn't go by myself independently" (87 yrs, female).
* She further added
  "Although my granddaughter is health personnel, she does not take care of me. She always seems in a hurry (Sadhai haatarma huncha). I have to request her for checking my blood pressure. My daughter-in-law did not share the incident of my fall injury to anyone even with any health person. She did not care for me and for my sickness"

Similarly another 76 yrs, female elderly shared:

* "I have an eye problem. The doctor has advised me to have the eye surgery as it is cataract (Moteeebindu).
* I have to go for follow-up; but I am unable to meet the doctor. I have to give blood sample and have to collect blood test report.
* I need to get assistance from my daughters for this. But they are busy in family affairs and in their jobs (Chhorit haru loai affnoo kaam ra Ghar heerda thirkka chha) "so I am unable to go for follow-up yet ....."

* "During sickness also my daughter in law and son did not talk to me.
* They do not consider specific diet for me during sickness also. I have to take food which was cooked for all in kitchen" (72yrs, female).

**Lack of family assistance to go for health checkup**

**Unable to Go for Correcting Eye Problem**

* In some situations two participants were unable to go for follow up for correcting eye problem.
* Participants mentioned that associated factors for inability were not getting assistance from family members for follow up.
* One participant shared: "I am having eye problem cataract "Motti bindu" since one year. Doctor had advised for surgery but I could not go for follow-up as it is difficult to manage time with my daughters. And daughter had to look after their children and house ‘ghar’ and go to their job also.
* Also doctors tell to come with complete blood profile related to diabetes that makes it hard for me. I even need assistance of my daughter to go health clinic and to give my blood sample" (74 yrs, female).
Similarly another participant expressed:

- "It's been a long time I was unable to go for follow up checkup of my eye problem.
- I could not go outside alone without having someone with me and my family members are busy in their routine job.
- So, I remain without doing test of blood sugar and eye checkup. I will go when they will manage time for me (87 yrs, female).

Unable to go for regular blood Check up

- Many times I was unable to go for blood check up because of difficulties to manage time with my daughters.
- I could not go by myself, I need assistance from one of my daughter and usually both of them are mostly busy in their job and in looking after their families.
- I have to wait for their convince time what to do (Kee Garnee)” (74yrs female).
- "I am unable to do regular test for sugar as it is difficult to manage time with family members. I could not go by myself independently. I need their assistance to go for follow up. Both of my son and daughter in law are busy in looking after household job and doing agriculture work as we have our own farm” (87yrs female).

Here one elderly does not get companionship for her routine health checkup as family members are functionally busy in their daily work at house which makes her distress sometimes as she shared

- "In every regular blood check up for diabetes I go myself without having my family member.
- Even when I feel that my blood sugar has increased causing some physical illness, I go for blood sugar test alone. I do not call my family members to give me companionship as I know that nobody has time to come with me for health checkup. All of them are busy in their daily schedule (80yrs).

Neglected in family

- If a person does not received adequate respect, dignity and feeling of belonging person feels neglected and isolated.
- Here, 74yrs, female shared:
- "I have three sons. I am living with elder son's family. Middle son has been separated and lived in separate house.
- Youngest son is sick, I am looking after him.
- I use to care for youngest son as he has no job.
- For this reason my elder son does not talk with me.
- Also his wife does not talk with me. Further she added:

- "My daughter in law also did not pay attention for making tiffin for day time so I use to make tiffin mostly.
- Also I have to buy foodstuffs for tiffin "Khajakoo laagili aabasak parnee chimri ra chiyapatti meri paisa lee kiinee garokoochhu...." for midday tiffin.
- Usually after tiffin I use to visit to my friends house and pass time in evening".

In this study one participant said that:

- "My elder son's family doesn't talk with me nicely. They did not look after me even when I was sick.
- They do not come to meet me even once in a year.
- It has been a long time since my son called me by saying the word 'mother' In local language saying "AAnna to me"
- (91yrs).
- She further added that financial reasons might be thecause of being abandoned.
• She shared that "I have noticed that loss of power over my own property seems to be the cause of being isolated. I distributed all my property that my spouse had left to me among my two sons.
• After getting the property my elder son and his family became in different to me. That’s why I am living with my grandson of younger son.
• My younger son left house long time ago; we do not know where he went. His wife is living in next house which was made by us (me & my husband). She is also careless in nature and does not care about me.
• I sometimes feel very distress for all these situations and want to leave the place where I am living."

• Another participant said
• "Also both of my son and daughter in law use to watch where I go and what I share (chhorra buharee lee maa kahaa janchu, koo sangea kira garchhu yaad garchhiaa........).
If they saw me talking with you they might be angry with me ...... take paused during conversation and further added that if my daughter law will see me talking with you she scold me and asked what I talked with you so I came to my friend place to talk with you (Naami mero buharee lee dhekoo bhanee mailee tapaai sang kee kura garee holla bhaneera pheri resaanncha, tessalleee mero buharee nabeekoo thaymaa maa yahha najikaai saathikoo gharma aayeeraa tapaai sangga kuraa gareekoo). She remained quiet for about 5 seconds with watery eyes and later again start talking.

Verbal Mistreatment
Sometimes elderly have to suffer distress in family relationship related to dissatisfaction with distribution of financial property as a result elderly had to experience verbal coercions and emotional exploitation.
One respondent shared:
• "I had three sons, my husband had expired long ago. I had distributed all my property among my three sons" Mailee aafiooo Jee jatti sampatee tihwe toom janna chhorra kuraa maab badee’. But my elder sons were not satisfied related to property distribution. He frequently uses to say that, I am living with him and I did not give him much property. I should give him the money which comes from my spouse pension. Sometimes he uses to quarrel with me for this reason. I don’t like to mention the words he used to say to me.... She cried with tears in her eyes; her voice became low........

Conclusions
• Some elderly living alone, separated from family, less visited by family members are experiencing social loneliness.
• Most of them shared that their loneliness could be reduced through social engagement and also they need some defined person for their care in advanced age.
• Furthermore, along with this elderly are suffering different form of maltreatment such as inadequate care during illness, lack of family assistance for health check up neglected by family members in daily living, and verbal coercion and isolation after distribution of financial properties.

Recommendations:
• Psychological health of elderly people need to be promoted through promotion of social engagement opportunities to elder citizens
• Physical health screening programs need to be provided in home level through national policies organizations
• Also social networking programs needs to be focused through family support programme for reducing loneliness
• Organization which advocates for right of elderly need to be strenghten.

Population monograph focused that the two basic factors initiating problems at old age are retirement from regular work and the deterioration of the physical and mental health of a person.
Retirement may be compulsory after attaining a certain age or voluntary because of a person’s health problems or other social and economic conditions.
• When a person retires, he no longer works.
• Work is not only an occupation but is also a source of status and social interaction. When a man is not working, he is an alienated individual, compelled to face inactivity, loss of status as the family bread winner, loss of self esteem, loss of social interaction and a diminished income.
• For the ageing individual with poor familial and social relationships, retirement from work may be disastrous leading him to become withdrawn, and increasingly frustrated in his attempt to gain pleasure from his environment.
• He may develop psychotic symptoms that are an exaggeration of his lifelong emotional patterns, complaints may become hallucinations and paranoid trends may become delusions of persecution.
Annex 9

Media Response to Older People during Disaster

Chun B Gurung
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Independent Consultant (Media, Communication and Research)
Kathmandu, July 10, 2018

PRESENTATION OUTLINE
About the paper
Introducing the title and research question
Rationale of research question
Approach/Methodology
Finding
Conclusion

ABOUT THE PAPER
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4761 words
32 Reference
15 colleagues from TU, KU
Conference side:
Dr Rikke Bjerg Jensen
Royal Holloway University of London
Assistant Professor Eva-Karin Olsson
Swedish Defense University, Sweden

INTRODUCING ISSUE & RESEARCH QUESTION
The demographic landscape - 'World of the Older People'.

In 2011, 8.10% of Nepal’s population was aged 60 and over,
(National Census, 2011)

(Yadav, 2012) states that Nepal’s older population in 2011 was 1.22
million, 1.1 million in 2008 and 1 million in 2005.

The British medical journal, the Lancet (2015), Nepal had the
second highest life expectancy after Sri Lanka among South Asian
countries (Gurung, 2015).

INTRODUCING.....
The UN projected that the number in 2017 will be doubled by 2050.

A study of the Republic of Korea shows that in 2016, for the first time,
the number of OP surpassed that of those aged zero to 14, (The

‘AgeQuake’ a term originally coined by Paul Willis, a British
demographer - The Korea Herald (2017)

In 2050, 8 in 10 older persons will live in developing regions, Hertong
(2017). The US Census Bureau (2015) also underscores that, “from 2025 to 2050, the older population is projected to almost double to 1.6 billion globally.”

RESEARCH QUESTION
How do media respond to rescue, relief and rehabilitation of older people during disaster?
RATIONALE OF RESEARCH QUESTION

“Humanitarian actors are often not aware of distinct needs or abilities of older persons and not equipped to respond appropriately.”

The role of the media in Nepal has not previously been researched into the media’s treatment of disasters, The Conservation (2015)

Media are the key catalyst for human development. Media widely recognized as defenders of the defenseless and the voice of the voiceless.

Researchers have argued that the media, celebrates and promotes youth, and has a central role in perpetuating ageism (McConatha et al., 2004 as cited in Lyons, 2009).

METHODOLOGY

It has been framed using the Democratic Participants Theory, as it vehemently believes that the modern media are backed by a professional hegemony which is completely commercial.

Epistemological stance for the study lies in between the positivist and post-positivist (interpretive) approach.

The methodological base of this study therefore is derived from mixed method – qualitative and quantitative (descriptive), including a literature review, interviews, field observation, and key informants’ interviews and conventional content analysis.

FINDING

Family and friends-the key source of messages.

The sampled respondents responded get to know life saving information during rescue and relief phase from family and friends.

While 62.20% of the sample respondents (130 respondents) confirmed that family, friends and neighbours are the key source of information during rescue phase of the disaster, 22.83% - local FM radio.

This finding also challenges that the international media portrayal over the disaster-affected communities. While the int media tend to portray disaster-affected communities as helpless – saved only by outside aid, and many aid agencies and donors see them in a similar light – in real life, survivors of disaster have saved people with their bare hands, and pulled themselves through the crisis by supporting each other.

Seniors but invisible

An analysis of the media contents from May to July 2015 reveals that older people are invisible in the press.

Only 37 news-items in relation to OP were recorded from Kantipur, Gorkhapatra, & The Himalayan Times. While Kantipur covered 59% of the total stories, media run by the tax-payer’s money run only 37%.

An analysis of 261 articles by Regmi and Upadhyay (2017) from the 11 media outlets for the period of August 2015 to July 2016 finds no reference to the older peoples.

It is rare for elder abuse to get reported in the press unless it takes some form of a criminal case (Gautam, 2010). A total of 117 cases of elder abuse were reported in the period of two years by two leading newspapers.

Communication is…..?

(Table – II)

<table>
<thead>
<tr>
<th>Senior but invisible: Older peoples in the media from May-July 2015 after the earthquake in April-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kantipur Daily, Ghauri Nepal</td>
</tr>
<tr>
<td>Saptahik Samaj</td>
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Access to media and consumption

(Table – III)

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<td>Monthly News</td>
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Annex 10

EARTHQUAKE INDUCED VULNERABILITY AMONG ELDERLY PEOPLE IN NEPAL
(A Case Study of Thanapati VDC of Nuwakot District)

SUMAN THAPALIYA
2016

Objectives of the Study

The general objectives of this study are to analyze the status of elderly people in pre and post disaster periods. Some specific objectives are as follows:

- To examine the demographic characteristic of elderly people.
- To analyze the socio-economic problems created by earthquake on elderly people.
- To examine the disaster induced health problems of elderly people with reference to Nepal Earthquake 2015.

Limitations of the Study

- This study is conducted for the partial fulfillment of Master's degree of Arts in Population Studies.
- This study is limited to the case of Thanapati VDC of Nuwakot, hence limited on small sample size and small area.
- Generalization of results may not be reliable for whole country.

Research Design

- In this study descriptive and exploratory research design has been applied to analyze the collected information.
- Descriptive research design has been used to describe the collected information or data and exploratory research design have been used to find out the actual situation of elderly people.

Study Population

Thanapati VDC of Nuwakot district
(60 years and above populations)

Sample Size

- 194 elderly people,
- 50% of total older persons of Thanapati VDC.

Sample size determination:

\[ n = \frac{Z^2 \cdot p \cdot q}{e^2} \]

Where, \( e \) = sample size
\( Z \) = Z score (level of significance)
\( p \) = proportion of the total population
\( q \) = (1 - p)

For this study:
\( Z = 1.96 \) and \( e = 0.05 \)
\[ n = \frac{(1.96)^2 \cdot 0.5 \cdot 0.5}{0.05^2} = 263.16 \]

Sample size = 263
Data Collection Tools

- **Household schedule:**
- **Individual questionnaire:**
  - Demographic variables: Age, sex, marital status.
  - Socio-economic variables: Caste/ethnicity, religion, occupation, having agriculture land, having domestic animal and literacy status.
  - Health related variables: current health condition, physical health problems, mental health problems, condition of health check up, type of health institution and problems for health check up.
  - Other variables: place of elderly people during earthquake, physical injuries from earthquake, problems to sustain during disaster period, relief distribution condition, social security allowance and so on.
- **Checklist for Focus Group Discussion**

Data Collection and Analysis Processes

- Structured questionnaire
- Data collection from direct interview
- Focus Group Discussion
- Data processed by SPSS and analyzed descriptively

Demographic Characteristics of HH Population and Respondents

![Age-Sex composition of HH Population](image1)

![Age-Sex composition of Respondents](image2)

Demographic Characteristics of HH Population and Respondents

- Dependent populations were higher than economically active population.
- The proportion of elderly people was very higher than national average because of youth migration in urban areas and foreign countries for employment.
- Many elderly people were living lonely or with only husband or wife.

Socio-economic Status of Respondents

- Religion: Hindu -71.6 %, Buddhist -27.8%, Christian - 0.5%
- Marital status: Married-58.2%, widow-39.7 %, unmarried & separated- 1%
- Economically active: agriculture- 91.2% and non-agriculture- 8.8%
- Education: Literate (able to read general paragraph or religious book only)- 26.3% and illiterate- 73.7%

Socio-economic Status of Respondents

- 56.2 % manage money by themselves
- **Depends on**
  - husband or wife: 4.6 %
  - son or daughter in law: 36.6 %
  - daughter or son in law: 0.5%
  - grandson or grand daughter: 2.1%

Health Situation of Elderly

![Health Situation of Elderly](image3)

Physical Health Problems among Respondents

- Physical health problems: 77.8%
- No physical problem: 22.2%
- Physical problems before earthquake: 31.1%
- Physical problems after earthquake: 68.9%
**Mental Health Problems among Respondents**

- Mental problems - 72.7%
- No mental problems - 27.3%

Mental problems,
- a) Insecurity - 25.5%
- b) Boredom - 4.3%
- c) Loneliness - 30.5%
- d) Mental stress - 34%
- e) Neglected or depression - 5.7%

**Situation of Health Check up among Elderly**

Among all elderly who were suffering from mental and physical health problems, 30.1% checked up their health whereas 69.9% didn’t.

Elderly checked up their health in:
- Governmental health institution: 94.2%
- Non-governmental health institution: 5.8%

**Situation of Health Check up among Elderly**

Problems for Health Check up:
- = 21.9
- = 49.9
- = 11.1
- = 5.5
- = 5.5
- = 2.2
- = 1.1
- = 0.9

**Effect of Earthquake among Elderly**

- Physical injuries: 21.1%
- No physical injuries: 78.9%
- Living in temporary shelter: 90.2%
- Own house: 9.8%

**Conclusions**

- Elderly people of the study area were facing different kinds of physical and mental health problems after earthquake.
- Health checkup behavior was very poor due to various problems.
- More than 90% elderly were living in temporary shelter after the earthquake and compelled to face various problems.
- More than 50% are managing money by themselves.

**Thank You**
Annex 11

WELCOME TO RESEARCH PRESENTATION
PRESENTED BY: PABITRA ADHIKARI
AGEING NEPAL

CHAPTER 1: BACKGROUND OF STUDY

- Acc. to WHO and senior citizen act 2063, considered to be the years after 60 or above is old age (senior citizen).
- Ageing is a natural and universal phenomenon which all individual has to experience in their life time.
- It is considered a “dreaded age” because there is degeneration and deterioration of physical, mental, physiological and social abilities thus reducing physical and socioeconomic abilities.

CONT'D.

- The number of elderly people has been increasing in Nepal also.
- The percentage of elderly people during the years 1991 was 5.8%, 2001 was 6.5% & in 2011 was 8.1%(2.1million) of the total population. This shows the trend of sharp increase in the number of elderly people in Nepal (CBS, 2014).

CONT'D.

- The pace of ageing population is accelerating in developed and developing countries.
- Globally, there are an estimated 962 million of elderly people comprising 13% of global population in 2017.
- Projections indicate that the proportion aged 60 years and above will increase from 50 billion in 2050.

CONT'D.

- Religion is a collection of cultural system, believes system and worldviews that relate humanity to spirituality and sometimes to moral values.
- Many religions have narratives symbols tradition and sacred histories that are intended to give meaning of life or to explain the origin of life or the universe.
CONT'D.

However, evidence of high levels of religious involvement among many older persons suggests the need for inquiry about the origins, structures, functions, and outcomes of a wide variety of emotions, cognitive processes, and behaviors in later life.

STATEMENT OF THE PROBLEM

However, the documented studies related religious elderly are very rare in the context of Nepal.
So, we don’t have a proper research on the topic of perception of elderly towards religion, it is the gap found and a matter of enquiry that needs to be studied.

OBJECTIVES:

General Objective
To study the perception of elderly towards religion.

Specific Objective
To study the causes of elderly involve in religious activities.
To study the reason behind involvement of elderly people involve in religious activities.

RESEARCH QUESTION:

How religion is perceived by elderly?
What are the key factors behind involvement of old age people in religious activities?
By which factors elderly influence to involve more religiously.

LIMITATION OF THE STUDY

This study was limited on 60+ male and Female.
This was limited on two wards of Budanilkantha, Municipality of Kathmandu district.
This study was limited only on 50 sample size.

OPERATIONAL DEFINITION

Old-Age:
The last period of human life, now often considered to be the years after 60.

Perception: Mental image/concept

Religion:
Specific fundamental set of beliefs and practices generally agreed upon by a number of persons or sects.
(Monthly Discussion Forum on Aging (MDFA))

Elderly Abuse and Mental illness
16th November 2018
Dr. Narendra Singh Thagrunna
Psychologist/Trainer
President, TSOP Nepal
CEO, Psychodak Foundation
Lecturer, Department of Psychology
Tri-Chandra Campus, TU
www.dnmarendra@nepal.com
Email: mander@narendra@gmail.com

Memberships:
1. American Psychological Association (APA)
2. International Association for Cross-Cultural Psychology (IACCP)
3. International Association of Applied Psychology (IAAP)
4. Association of Psychologists in Nepal (APN): Founder Vij
5. National Academy of Psychology India (NAOP)

World Elder Abuse Awareness Day

The theme of the 2017 World Elder Abuse Awareness Day (WEAAD) is

- 928 million people are over 60
- Around 9% of Nepal’s population is 60 or over
- 62% of people over 60 live in developing countries; by 2050 this number will have risen to 80% [2]
- Only 1 in 4 older people in low-and-middle-income countries receive a pension.
- 80% of older people in developing countries have no regular income
- 5 to 10 per cent of older people globally may experience some kind of financial exploitation.
- One in five older people living in the community and two in five people living in care homes experience depression or poor mental health.

Elder abuse

- Elder abuse is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult. (An older adult is defined as someone age 60 or older.) Forms of elder abuse are below.
Physical Abuse

- **Physical Abuse** is the intentional use of physical force that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death.
- Physical abuse may include, but is not limited to, violent acts such as striking (with or without an object or weapon), hitting, beating, scratching, biting, choking, suffocation, pushing, shoving, shaking, slapping, kicking, stomping, pinching, and burning.

Sexual Abuse

- **Sexual Abuse** or Abusive Sexual Contact is forced or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult.
- This may include but is not limited to forced or unwanted completed or attempted contact between the penis and the vulva (external part of female genital organs) or the penis and the anus involving penetration, however slight.

Emotional or Psychological Abuse

- **Emotional or Psychological Abuse** is verbal or nonverbal behavior that results in the infliction of anguish, mental pain, fear, or distress.
- Examples of tactics that may demonstrate Emotional or Psychological Abuse include behaviors intended to humiliate (e.g., calling names or insults), threaten (e.g., expressing an intent to initiate nursing home placement), isolate (e.g., seclusion from family and friends), or control (e.g., prohibiting or limiting access to transportation, telephone, money or other resources) an older adult.

Neglect

- **Neglect** is failure by a caregiver or other responsible person to protect an older from harm, or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, which results in a serious risk of compromised health and safety.
- Examples include not providing adequate nutrition, hygiene, clothing, shelter, or access to necessary health care; or failure to prevent exposure to unsafe activities and environments.

Financial Abuse or Exploitation

- **Financial Abuse or Exploitation** is the illegal, unauthorized, or improper use of an older individual's resources by a caregiver or other person in a trusting relationship, for the benefit of someone other than the older individual.
- This includes, but is not limited to, depriving an older person of rightful access to, information about, or use of, personal benefits, resources, belongings, or assets.
- Examples include forgery, misuse or theft of money or properties; use of pressure or deception to surrender finances or property; or improper use of guardianship or power of attorney.

Mental health issues
Depression and Suicide

- 20% of older adults in the community and 37% of nursing home residents suffer from depression, a condition that may lead to suicide.
- Even though older Americans only make up 13% of the population, they account for 20% of the people who commit suicide. In fact, older Americans have the highest suicide rate of any age group.
- Three-fourths of older adults who commit suicide have seen their physician in the past month.

Dementia and Alzheimer's Disease

- The word ‘dementia’ describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language.
- It is estimated that the number of people living with dementia worldwide was 44 million, and this was predicted to double by 2030.
- Alzheimer’s disease is the most common cause of dementia, but not the only one.
- People with dementia often suffer from depression, paranoia, and anxiety.
- In fact, the number of Alzheimer’s disease cases doubles every five years from age 65 to 85.

Substance Abuse

- Alcohol abuse is a major problem for older Americans and is one of the eight leading causes of death for older persons.
- Five percent (5%) of older men and 1% of older women have alcohol abuse and dependency problems.
- It is estimated that 17% of older adults misuse and abuse alcohol and medications.
- Although the majority (87%) of older adults visit a physician regularly, about 40% of those who are at risk for substance abuse problems do not self-identify or seek services and are unlikely to be identified by their physicians.

Chronic Illnesses

- 85% of older adults have at least one chronic illness: Almost 50% have arthritis, 40% have hypertension, 30% have heart disease, 12% have diabetes, 30% have hearing loss, 15% cataracts and 10% have a stroke.
- Data show that approximately 70% of all primary care visits were driven by psychological factors (e.g. panic, generalized anxiety, major depression, somatization, stress, adjustment disorders). It has also been found that distressed patients utilize health care at a rate of two to three times higher than non-distressed patients (APA Public Policy Office, 2002).

Causes and Risk Factors for Senior Mental Illness

- Physical disability
- Long-term illness (e.g., heart disease or cancer)
- Dementia-causing illness (e.g. Alzheimer’s disease)
- Physical illnesses that can affect thought, memory, and emotion (e.g. thyroid or adrenal disease)
- Change of environment, like moving into assisted living
- Illness or loss of a loved one
- Medication interactions
- Alcohol or substance abuse
- Poor diet or malnutrition

Symptoms of Mental Illness

Caregivers should keep an eye out for the following warning signs, which could indicate a mental health concern:

1. Sad or depressed mood lasting longer than two weeks
2. Social withdrawal; loss of interest in things that used to be enjoyable
3. Unexplained fatigue, energy loss, or sleep changes
4. Confusion disorientation, problems with concentration or decision-making
5. Increase or decrease in appetite; changes in weight
Symptoms of Mental Illness

5. Memory loss, especially recent or short-term memory problems
6. Feelings of worthlessness, inappropriate guilt, helplessness; thoughts of suicide
7. Physical problems that can’t otherwise be explained: aches, constipation, etc.
8. Changes in appearance or dress, or problems maintaining the home or yard
9. Trouble handling finances or working with numbers

Key issues for Mental wellbeing of older people

Research shows that there are five key issues that can have an impact on the mental wellbeing of older people:

1. Discrimination
2. Participation in meaningful activities
3. Relationships
4. Physical health
5. Poverty

10 practical ways to help stay mentally well.

• 1. Be prepared for changes: Getting older and retirement both involve a change in lifestyle for most people.
• 2. Talk about problems and concerns: Managing problems, difficulties and worries becomes easier if we talk about our concerns.
• 3. Ask for help
• 4. Think ahead and have a plan: Allowing an issue to become a constant worry can be bad for our mental wellbeing. Having a plan to deal with it puts us back in charge and can help improve how we feel.

10 practical ways to help you stay mentally well.

• 5. Care for others: As we get older, we may find ourselves looking after grandchildren, elderly parents, partners, friends, or neighbours. Caring for others can keep relationships strong and people close.
• 6. Keep in touch
• 7. Be active and sleep well: Staying active\textsuperscript{[16]} and sleeping well\textsuperscript{[17]} are proven ways to look after our wellbeing.
• 8. Eat and drink sensibly: What we eat and drink affects how we feel.\textsuperscript{[19]} Sometimes there’s an immediate effect, for instance with alcohol. Other things we consume can have long-term impacts.

10 practical ways to help you stay mentally well.

• 9. Do things that you enjoy: Doing things that we enjoy makes us feel good about ourselves and about life; plus, it can keep our mind and body active. Whatever we call them, interests, hobbies and pastimes can provide a chance to socialise, or to find time for ourselves.
• 10. Relax and have a break: While being retired or semi-retired may appear to others to be a permanent holiday, the reality is different. There are still jobs that need doing, like cleaning, car repairs, financial paperwork, and shopping. Plus, we may have new responsibilities as a carer.

Need for Geropsychologists

• Out of 32,789 APA members who are practicing psychologists, 589 or about 2% say their major field is geropsychology. (APA Research Office, 2004)
• Nepal: No Geropsychologists
• Geropsychologists provide prevention, assessment, consultation and intervention services for psychological adaptations in later life (e.g., adapting to age-related changes, bereavement), psychopathology (e.g., dementia, depression), behavioral problems (e.g., medication compliance, incontinence) and problems in daily living (e.g., marital problems, family discord, financial stressors). (APA White Paper)
• Adult development and aging: normal aging-related biological, psychological, social change and sociocultural factors (e.g., gender, ethnicity)

• Behavioral and mental health in late life: medical illnesses, psychopathology, neuroscience and functional changes

• Foundations of geropsychological assessment: theory and research informing multiple assessment domains (e.g., mood, cognition, decision making and functional capacities)

• Foundations of intervention and consultation: theory and research evidence about geropsychological interventions, aging services, prevention and health promotion, and models and method of interdisciplinary collaboration

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**Problems Addressed**

• Biopsychosocial problems encountered by older adults and their families, including:

  - Mental disorders such as depression and anxiety
  - Dementia and related behavioral/lifestyle changes
  - Changes in decision making or everyday living abilities
  - Coping with and managing chronic illness
  - Behavioral health concerns such as insomnia, pain
  - Grief and loss
  - Family caregiving strains
  - Adjustment to aging-related stresses including marital/family conflict, changing roles
  - End-of-life care

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**What can Aging Nepal do?**

1. Awareness campaigns
2. Deeper understanding by Elderly Network Members
3. Training and capacity Development
4. Advocacy for policy change
5. Research, publications and disseminations
6. ????

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**References**

- [https://www.mentalhealth.org.uk/a-to-z/m/mental-health-later-life](https://www.mentalhealth.org.uk/a-to-z/m/mental-health-later-life)
- [http://www.apa.org/about/gr/issues/aging/growing-concerns.aspx](http://www.apa.org/about/gr/issues/aging/growing-concerns.aspx)
Annex 13

The participants from following organizations repeatedly participated in the forums who were invited by emails and direct phone call.

1. Academicians from Tribhuwan University
2. Bagha Bhairab Senior Citizens Society
3. Ageing Nepal Switzerland
4. Padma Kanya Campus
5. Hope Hermitage Nepal
6. Nepal Participatory Action Network (NEPAN)
7. Bhrikuti Mandalp Management Office
8. Gorkhapatra, National Newspaper
9. Online Media
10. Patan Hospital
11. Harmony Homecare
12. Barishta Nagarik Samaj
13. Foundation for Sustainable Technologies (FoST)
14. Saraswoti Raj Narayan Foundation
15. Red Cross Society Nepal
16. Pokhara Old Age Home
17. Shrijit Sahayogi Hath
18. Jagaran Women’s Organization
19. National Human Rights Commission
20. Sambridhi Nepal
21. Sabdha Chintan Sangha
22. Narayani Anchal Ayurvedic
23. Nawa Durga Senior Citizens Society
24. Senior Citizens District Office
25. Tri-Chandra Campus
26. Bihani Social Venture
27. National Power News.com
29. Freelancer
30. National Tourism Journalist Association
31. Local Organization
32. Pharmacist pharmacy
33. Agraj Srijansil Sangha
34. Swabhiman Nepal
35. Social Youth Network
36. Jyan Ganga Patrikatatha Praud Association
37. Bijeswori Jyestha Nagarik Association
38. MNC
39. Maharajgunj Nursing Campus
40. Sarjak Jamghat Sahitye
41. ASMI
42. Bir Hospital
43. NCDS
44. Lalitpur Nursing Campus
45. Training Center
46. Mountain Spirit
47. Santwona College
48. ARDS Nepal
49. Annapurna Media
50. City Media
51. Senior Citizens Society Nepal
52. The Hope Hermitage Nepal
53. Kantipur TV
54. Trichandra College
55. TSOP Nepal
56. Senior Citizens Day Care Center
57. Lalitpur NSG Campus
58. Public Administration Campus
Annex 14

MONTHLY DISCUSSION FORUM ON AGEING
A common platform for sharing Ageing Issues
Bhrikuti Mandap, Kathmandu
Each Last Friday of the Month at 1 PM

Speaker of the Month: Mr. Krishna M. Gautam
Founder Chairperson
Ageing Nepal

Issue: Issues of Older Persons in Nepal

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Munchuka Foundation

MONTHLY DISCUSSION FORUM ON AGEING
A common platform for sharing Ageing Issues
Bhrikuti Mandap, Kathmandu
Each Last Friday of the Month at 1 PM

Speaker of the Month: Dr. Pushpa Kamala Subedi
Department Head,
Central Department of Rural Development, T.U.

Issue: Status of Older People in Nepal

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Munchuka Foundation

MONTHLY DISCUSSION FORUM ON AGEING
A common platform for sharing Ageing Issues
Bhrikuti Mandap, Kathmandu
Each Last Friday of the Month at 1 PM

Speaker of the Month: Mr. Santosh Dahal
Master in Population Studies

Issue: Elderly People between Migrant and Non-Migrant Households

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Munchuka Foundation
MONTHLY DISCUSSION FORUM ON AGEING
A common platform for sharing Ageing Issues
Bhrikuti Mandap, Kathmandu
Each Last Friday of the Month at 1 PM

Speaker of the Month: Ms. Sunita Rai, M.A. in Sociology
Issue: Socio-Economic Correlates of Elder Abuse

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Munchuka Foundation

MONTHLY DISCUSSION FORUM ON AGEING
A common platform for sharing Ageing Issues
Bhrikuti Mandap, Kathmandu
Each Last Friday of the Month at 1 PM

Speaker of the Month: Mr. Bhumidatta Poudel, M. Phil in Population Studies Researcher
Issue: Review of National Senior Citizens Policy

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Manchuka Memorial Fund

MONTHLY DISCUSSION FORUM ON AGEING
A common platform for sharing Ageing Issues
Bhrikuti Mandap, Kathmandu
Each Last Friday of the Month at 1 PM

Speaker of the Month: Dr. Jagadish K. Chetri, M.D,
Nepalese Society of Gerontology and Geriatrics (NSGG)
Issue: Importance of Nutrition and Excerise in Old Age

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Munchuka Foundation
MONTHLY DISCUSSION FORUM ON AGEING
A common platform for sharing Ageing Issues
Bhrikuti Mandap, Kathmandu
Each Last Friday of the Month at 1 PM

Speaker of the Month: Dr. Bharat P. Badal, PhD
Founder Chairperson, Research Nepal
Issue: Old Age Home, Senior Citizens and Today's Youth

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Manchuka Memorial Fund

MONTHLY DISCUSSION FORUM ON AGEING (MDFA)
A common platform for sharing Ageing Issues
Bhrikuti Mandap, Kathmandu
Each Last Friday of a Month at 1 PM

Speaker of the Month: Dr. Archana Pandey Bista
Maharajgunj Nursing Campus
Issue: Psycho-social Problems among Elderly, Kathmandu Valley

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Manchuka Memorial Fund

MONTHLY DISCUSSION FORUM ON AGEING (MDFA)
A common platform for sharing Ageing Issues
Bhrikuti Mandap, Kathmandu
Each Last Friday of a Month at 1 PM

Speaker of the Month: Mr. Chun Gurung,
PhD Candidate (Communication and Research Consultant)
Issue: Media Response to Older People during Disaster

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Manchuka Memorial Fund
MONTHLY DISCUSSION FORUM ON AGEING (MDFA)

A common platform for sharing Ageing Issues

Bhrikuti Mandap, Kathmandu

Each Last Friday of a Month at 1 PM

Speaker of the Month: Mr. Suman Thapaliya,
Master in Population Studies

Issue: Earthquake Induced Vulnerability among Elderly People in Nepal

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Manchuka Memorial Fund

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MONTHLY DISCUSSION FORUM ON AGEING (MDFA)

A common platform for sharing Ageing Issues

Bhrikuti Mandap, Kathmandu

Each Last Friday of a Month at 1 PM

Speaker of the Month: Ms. Pabitra Adhikari,
Master in Clinical Psychology

Issue: Perception of Elderly towards Religion

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Manchuka Memorial Fund

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MONTHLY DISCUSSION FORUM ON AGEING (MDFA)

A common platform for sharing Ageing Issues

Bhrikuti Mandap, Kathmandu

Each Last Friday of a Month at 1 PM

Speaker of the Month: Dr. Narendra Singh Thaguna,
M.A. (Clinical Psychology), PhD (Cross-Cultural Psychology)
CEO, PSYCHDESK Foundation

Issue: Elderly Abuse and Mental Illness

Organized by: Ageing Nepal
Incooordination with: National Senior Citizens Fund & Manchuka Memorial Fund