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Prevalence and Factor Associated with Elder Abuse among Older Adults in Madi Municipality, Chitwan, Nepal: A Community- based Cross Sectional Study

Sudipa Devkota[1] | Sabina Lamichhane[1]

[1]Nursing Program, School of Health and Allied Sciences
Pokhara University, Nepal

Corresponding Author
Sabina Lamichhane
Email: adhikarisabinalamichhane@gmail.com

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Abstract

Elder abuse is a growing public health and human right concern worldwide, particularly in low- and middle-income countries where population ageing is accelerating. Evidence from Nepal remains limited and context specific, especially in rural areas. This study aims to determine the prevalence of elder abuse and identify associated factors among older adults residing in a rural municipality of Chitwan District, Nepal. A community-based cross-sectional study was conducted among 156 older adults aged ≥60 years in Ward No. 7 of Madi Municipality, Chitwan, Nepal. Participants were selected using purposive sampling. Data were collected on5th May, 2025 to 20th May 2025 through face-to-face interviews using a structured questionnaire comprising socio-demographic characteristics, family and economic factors, health-related variables, and elder abuse domains (psychological, physical, financial, sexual abuse, and neglect). Elder abuse was defined as experiencing at least one abusive act in any domain. Descriptive statistics were used to estimate prevalence, and chi-square and Fisher's exact tests were applied to examine associations. A p-value <0.05 was considered statistically significant. The overall prevalence of elder abuse was 46.2% (72/156). Neglect (35.3%) and psychological abuse (34.6%) were the most commonly reported forms, followed by financial abuse (10.9%) and physical abuse (8.3%); no sexual abuse was reported. Elder abuse was significantly associated with age (p = 0.001), education status (p = 0.001), occupation (p = 0.001), number of children (p = 0.002), pension (p = 0.002), old-age allowance (p = 0.001), savings for future (p = 0.001), chronic illness (p = 0.024), and level of dependency in activities of daily living (p = 0.001). Nearly half of older adults in rural Madi Municipality experienced some form of abuse, predominantly neglect and psychological abuse. Socioeconomic vulnerability, poor health status, and functional dependency significantly increased the risk of abuse. The findings of this study imply a need for targeted community-based interventions, policy strengthening, and awareness programs to prevent elder abuse and address its associated risk factors among older adults in Madi Municipality, Chitwan, Nepal.

Keywords: elder abuse, prevalence, older adult, associated factor, violence, neglect

1. Introduction

Aging is a natural biological process characterized by progressive structural and functional decline across multiple systems. With advancing age, reductions in physical activities, increased dependency and declining biological resilience may compromise overall health and quality of life (Guo et al., 2022). As individuals grow older, maintaining both physical and mental well-being becomes increasingly important. Adopting a healthy lifestyle, along with access to appropriate support and care, plays a crucial role in enhancing comfort, independence, and quality of life among older adults. (*Healthy Aging at Any Age | Healthy Aging | CDC*, n.d.).

Caring for elderly family members by meeting their daily needs and providing social, economic, physical, and emotional support is a fundamental practice in Nepalese society(Kuikel et al., 2025). However, aging also increases vulnerability to various forms of harm, including elder abuse. Caregiver stress theory suggests that caregivers who lack adequate support may experience stress and frustration, which can increase the risk of abusive behavior towards older adults (Rai et al., 2018).Elder abuse is any act or neglect within a trusted relationship that causes harms an older person, and about 1 in 6 older adults worldwide experience it, affecting their health and quality of life (Acharya et al., 2021).

Defined as "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"(World Health Organization, 2024). National Center on Elder Abuse lists common forms such as physical, emotional, sexual abuse, neglect, abandonment, self-neglect, and financial exploitation (Rai et al., 2018).

Elder abuse is a significant public health issue worldwide. According to a recent global review, approximately 27.6% of older adults experience some form of abuse, with emotional and neglect-related forms being the most prevalent. Psychological abuse is reported as the most common type (20.9%), followed by neglect (19.3%), financial abuse (11.7%), physical abuse (7.9%), and sexual abuse (1.5%) (World Health Organization, 2024). This issue is expected to intensify as life expectancy increases, particularly in developing countries such as Nepal. In Nepal, police reports and newspapers documented 1068 cases of violent abuse against older adults (691 men and 377 women) between 2012 and 2017. Of these, 800 victims tragically lost their lives. This disproportionately high mortality rate indicates that many non-fatal cases of elder abuse likely remain unreported, highlighting the hidden and underrecognized nature of the problem (Sanju Thapa Magar, 2018).

In Nepal, the prevalence of elder abuse varies across regions, influenced by cultural, socioeconomic, and familial differences (Yadav et al., 2018). Studies have reported a prevalence of 41.3% Bharatpur, Chitwan, 54.4% in Syangja District, with psychological abuse and neglect being the most common forms. Research conducted in Kathmandu also indicates a substantial burden of elder abuse (Subba et al., 2023). Elder abuse has been linked to a number of variables, including senior age, female gender, reliance on caretakers, chronic disease, cognitive disability, and low socioeconomic level (Jandu et al., 2024).

Elder abuse is an emerging public health and social issue that affects the physical, psychological, and social well-being of older adults. Despite increasing aging populations in Nepal, elder abuse remains underreported and poorly addressed due to cultural norms, lack of awareness, and limited research evidence, particularly at the community level. In areas like Madi Municipality, Chitwan, older adults may be vulnerable to various forms of abuse such as physical, emotional, financial, and neglect, yet the actual magnitude and contributing factors are not well documented. Without adequate data, it is difficult to design effective prevention and intervention strategies. Therefore, this study aims to assess the prevalence of elder abuse and identify the factors associated with it among older adults in this community. Therefore, this study aims to assess the prevalence of elder abuse and identify its associated factors among the

elderly population in a rural municipality of Nepal using a community-based cross-sectional design. This study provides evidence-based insights to help policymakers, healthcare professionals, and community stakeholders develop effective interventions, raise awareness, and implement strategies to prevent elder abuse and improve the well-being and protection of older adults.

2. Materials and Methods

2.1 Aims, Design and setting of the study

The study aimed to assess the prevalence of elder abuse and its associated factors among older adults. A cross-sectional descriptive study was employed to collect data at a single point in time, which is appropriate for estimating prevalence and identifying associated factors in a cost-effective and time-efficient manner.

The study was conducted among elderly people in Ward No. 7 of Madi Municipality, located in Chitwan District in central Nepal. Madi Municipality is a rural area situated in the southern part of Chitwan and is bordered by forest areas, including the buffer zone of Chitwan National Park. The municipality covers an area of approximately 110.10 sq. km and is administratively divided into nine wards. According to the National Census 2021, Ward No. 7 had a total population of 4,634, including 2,167 males and 2,467 females.

This setting represents a typical rural Nepalese community, making it appropriate for examining public health issues such as elder abuse within socio-cultural and family contexts.

2.2 Characteristics of Participants

The study population was elderly individuals aged 60 years and above residing in Madi Municipality, Chitwan. Participants who were available during the data collection period and provided informed consent were included in the study. Elderly individuals diagnosed with mental illness or cognitive impairment were excluded from the study.

The sample size was calculated using the Cochran formula:

$n = \frac{Z^2 pq}{d^2}$ Where:

n = Required sample size

Z = Z-value corresponding to a 95% confidence level (1.96)

d = Margin of error (set at 5% or 0.05)

p = 11.4%~ 0.114 (Proportion of population)(Sathya & Premkumar, 2020)

q = (complement of p) q= 1 – p

q = 1 – 0.114 = 0.886

2.3 Sample Size Calculation

Substituting the given values into Cochran's formula:

$$n = \frac{z^2 pq}{e^2}$$

$$= \frac{1.96^2 \times 0.114 \times (0.886)}{0.05^2}$$

$$= 155.20$$

The calculated sample size is approximately

Total study population is (N =156sample),

The final required sample size for this study is =156.

A Non-Probability Purposive sampling technique was employed to recruit participants who meet the inclusion criteria. This method involves selecting individuals based on specific characteristics relevant to the study, allowing the researcher to focus on elderly participants aged 60 years and above who could provide meaningful information. Purposive sampling is practical, cost-effective, and ensures the inclusion of participants with the required attributes, although it may limit the generalizability of the findings.

2.4 Description of Materials

A structured questionnaire was developed based on the research objectives, study variables and an extensive review of the literature. The questionnaire was refined through peer review and external validation. To ensure clarity and comprehension among participants, the questions were kept simple, clear and translated into the Nepali language. The research instrument was divided into two parts:

Socio-demographic and related characteristics: including age, sex, ethnicity, religion, education, occupation, marital status, family type, number of children etc. family and economic variables include 4 items which consist of old age allowance, pension, saving for future, Living arrangement. Personal habit and physical health related variables that include 4 items which consist of Smoking habit, Alcohol habit, Chronic illness, Level of independence.

Elderly abuse assessment: There were a total of 51 items across five domains of elderly abuse, which included 9 items on psychological abuse, 12 items on physical abuse, 8 items on financial abuse, 14 items on neglect, and 8 items on sexual abuse.
Functional status was assessed using the Katz Index of Independence in Activities of Daily Living (Shelkey & Wallace, 1999).
The validity of the instrument was established by developing the instrument based on an extensive literature review, considering the opinion of subject experts and research advisors. The content validity of the instrument was established by seeking the opinion of five subject experts and yielding a Content Validity Index (CVI) of 0.92, which indicated strong content validity. Reliability testing showed good internal consistency with a Cronbach's alpha of 0.80. Pre-testing of the instrument was conducted on 10% of the total sample outside the study area, and necessary modifications were made accordingly.

2.5 Description of all Processes

The data were collected through face-to-face interviews conducted by the researcher after obtaining ethical approval was taken from Institutional Review Committee of Pokhara University Research Centre (Ref.No184/2081/82). Formal permission and approval letters were obtained from Madi Municipality, Chitwan (Ref. No 2339).

Prior to data collection, researcher introduced herself, explaining the study objectives and obtained written informed consent. Participants were assured that participation in the study was completely voluntary and that they had the right to refuse or withdraw at any stage without any consequences. Care was taken to respect the dignity, cultural values, and privacy of all participants.

In households where family members were present, participants were interviewed separately in a private setting to ensure honest responses. For example, a husband and wife were interviewed individually, and their data were recorded separately even though they belonged to the same family. The interviewer asked the questions one by one and marked the responses as given by the participants Confidentiality and autonomy were maintained by assuring the respondents that the collected information will be used only for study purposes and no name will be used. The interviewer only knows about the participants.

Each interview lasted approximately 20–25 minutes. Completed questionnaires were checked for accuracy and completeness and code numbers were assigned instead of name to maintain confidentiality. The entire data collection process was completed within two weeks.

3. Data Analysis

The collected data were checked daily for accuracy, completeness, and consistency before entry. The data were then coded and entered in EpiData version 3.1 and the Statistical Package for Social Sciences (SPSS) version 16 for analysis.

Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize the socio-demographic characteristics of respondents, along with family and economic related variables, personal habits, and health-related items. To measure the prevalence of elderly abuse, five domains were assessed**:** physical abuse, psychological abuse, sexual abuse, financial abuse, and neglect. Each domain comprised several questions with "Yes" and "No" response options. A response of "Yes" was assigned a score of one (1) mark, while a response of "No" received zero (0). For each domain, if a participant had at least one "Yes" response, the participant was categorized as having experienced abuse in that particular domain. The prevalence of each form of abuse was calculated domain-wise in terms of frequency and percentage. The overall prevalence of elderly abuse was derived by summing across all domains in which abuse was reported. The level of independency of the elderly was assessed using the Katz Index of Independence in Activities of Daily Living (ADL) based on literature The index ranks the adequacy of performance in the six functions of bathing, dressing, toileting, transferring, continence, and feeding. A score of 6 indicates full function, 4 indicate moderate impairment, and 2 or less indicates severe functional impairment.

For analysis, age was categorized into groups based on relevant literature, order to facilitate comparison and meaningful interpretation. The number of children was categorized using the median value. Inferential statistics were applied to determine the association between the prevalence of elderly abuse and selected socio-demographic, family and economic related, personal habit, and health-related variables. For this purpose, the Chi-square test and Fisher's exact test (where applicable) were used. A p-value less than 0.05 was considered statistically significant. The analyzed results were presented in the form of tables and narratives to facilitate.

4. Results

Table 1: *Socio Demographic Characteristics of the Respondents, (n=156)*

Variables	Frequency (f)	Percentage (%)
Age in years		
Young old (60-74)	90	57.7
Middle old (75-84)	49	31.4
Old old (>85)	17	10.9
Minimum:60, Maximum:95 mean±SD 73.31±8.505		
Sex		
Male	70	44.9
Female	86	55.1
Ethnicity		
Bramin /Chhetri	131	84.0
Dalit	7	4.5
Janjati	18	11.5
Religion		
Hindu	148	94.9
Buddhist	8	5.1
Marital status		
Married	120	76.9
Separated/Divorced	5	3.2
Widow	31	19.9
Education		

Illiterate	87	55.8
Can read and write	38	24.4
Basic education	14	9.0
Secondary education	17	10.9
Occupation		
Employed	1	0.6
Unemployed	3	1.9
Retired	26	16.7
Homemaker	126	80.8
Number of children		
0-4	94	60.3
5-9	62	39.7
Family type		
Nuclear	138	88.5
Joint	18	11.5
Old old (>85)	17	10.9

Table 1 the study was conducted among 156 older adults. The majority (58%) of the respondents were aged 60–74 years with a mean age of 73.31 ± 8.51 years. More than half (55%) of the respondents were female. Regarding ethnicity, the majority (84%) of respondents were Brahmin/ Chhetri. Almost all of the respondents (95%) were Hindu. With respect to marital status, the majority (77%) of respondents were married. More than half (56%) of the respondents were illiterate. In terms of occupation, the vast majority (81%) were homemakers. Likewise, the majority (89%) of respondents were living in nuclear families.

Table 2: *Respondents' Family and Economic Related Information (n=156)*

Variables	**Frequency(f)**	**Percentage (%)**
Pension		
Yes	26	16.6
No	130	83.3
Old age allowance		
Yes	80	51.3
No	76	48.7
Saving for future		
Yes	46	29.5
No	110	70.5
Living arrangement		
Son	77	49.4
Spouse	66	42.3
Daughter	6	3.9
Alone	7	4.5

Table 2 shows that the majority (83%) did not receive a pension. More than half (51%) received old age allowance. Most (71%) had no savings for the future. Nearly half (49%) lived with their sons, followed by a large proportion (42%) living with their spouses.

Table 3: *Respondents Personal Habit and Physical Health related Information (n=156)*

Variables	Frequency(f)	Percentage (%)
Chronic illness		
Yes	61	39.1
No	95	60.9
Smoking habit		
Yes	62	39.7
No	94	60.3
Alcohol Intake		
Yes	43	27.6
No	113	72.4
Level of Independence		
Dependence	27	17.3
Independence	129	82.7

Table 3 shows that just under two-fifths (39%) reported having a chronic condition. Slightly less than two-fifths (40%) smoked, and a little over one-quarter (28%) consumed alcohol. The vast majority (83%) were able to carry out daily activities independently.

Table 4: *Prevalence of Elderly Abuse (n=156)*

Prevalence	Frequency(f)	Percentage (%)
Abuse	72	46.2
No Abuse	84	53.8

Table 4 shows that nearly half (46.2%) reported experiencing some form of abuse, while a little more than half (53.8%) reported no abuse.

Figure 1: *Aspect of Domain Related to Types of Elderly Abuse (n=156*)

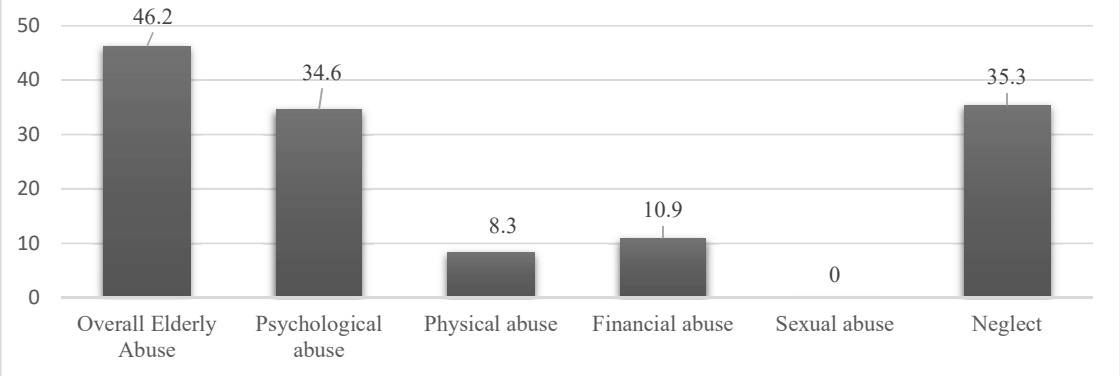

Figure 1 shows that the most common type of abuse was neglect (35.3%), followed closely by psychological abuse (34.6%). Financial abuse was reported by 10.9%, and physical abuse was reported by 8.3%, while no cases of sexual abuse were documented.

Table 5: *Association between Elderly Abuse and Socio Demographic Variables (n=156)*

Variables	Elderly Abuse		χ^2	df	p- value
	Yes	No			
Age in years					
60-74	31(34.4)	59(65.6)	11.736	1	0.001**
75-95	41(62.1)	25(37.9)			
Sex					
Male	31(44.3)	39(55.7)	0.178	1	0.673
Female	41(47.7)	45(52.3)			
Marital status					
Married	51(42.5)	69(57.5)	2.793	1	0.095
Others (Separated/Divorced/ Widow)	21(58.3)	15(41.7)			
Education					
Illiterate	53(60.9)	34(39.1)	17.256	1	0.001**
Literate	19(27.5)	50(72.5)			
Occupation					
Homemaker	66(54.4)	60(47.6)	10.223	1	0.001**
Others	6(20.0)	24(80.0)			
Family type					
Nuclear	66(47.8)	72(52.2)	1.346	1	0.246
Joint	6(33.3)	12(66.6)			
Number of children					
0-4	34(36.2)	60(63.8)	9.486	1	0.002**
5-9	38(61.3)	24(38.7)			
Pension					
Yes	5(18.5)	22(81.5)	10.034	1	0.002**
No	67(51.9)	62(48.1)			
Old age allowance					
Yes	50(62.5)	30(37.5)	17.655	1	0.001**
No	22(28.9)	54(71.1)			
Saving for future					
Yes	10(21.7)	36(78.3)	15.647	1	0.001**
No	62(56.4)	48(43.6)			
Living arrangement					
Son	32(41.6)	45(58.4)	2.037	2	0.361
Spouse	32(48.5)	34(51.5)			
Others	8(61.5)	5(38.5)			

#=Fisher's Exact **Highly significant** Statistically significant***

Table 5 shows a statistically significant association between the prevalence of elder abuse and selected socio-demographic variables, including age, educational status, occupation, number of children, pension status, old age allowance, and savings for the future ($p < 0.05$).

Table 6: *Association between Elderly Abuse with Personal Habit and Physical Health related Variables, (156)*

Variables	Elderly Abuse		χ^2	df	p- value
	Yes	No			
Chronic illness					
Yes	35(57.4)	26(42.6)	5.077	1	0.024*
No	37(38.9)	58(61.1)			
Smoking habit					
Yes	32(51.6)	30(48.4)	1.234	1	0.267
No	40(42.6)	54(57.4)			
Alcohol Intake					
Yes	20(46.5)	23(53.5)	0.003	1	0.956
No	52(46.0)	61(54.0)			
Level of Independence					
Dependence	23(85.2)	4(14.8)	20.015	1	0.001**
Independence	49(38.0)	80(62.0)			

Highly significant Statistically significant***

Table 6 shows a significant association between elderly abuse and chronic illness (p = 0.024) and a highly significant association with level of independence (p = 0.001), with higher abuse among dependent and chronically ill elders.

5. Discussion

Older adults' mistreatment is recognized globally as a major public health issue as well as a violation of human rights that affects all aspects of an elderly person's life. It is an unreported problem since it is typically associated with societal taboos, and people choose to remain silent about it. This study was conducted to find out prevalence and factors associated with elderly abuse among elderly in selected ward of Madi Municipality, Chitwan.

In the current study conducted in rural Madi, the prevalence of elder abuse was 46.2%. This finding is supported by studies conducted in similar rural and semi-urban settings, such as Butwal (49.1%) (Yadav & Paudel, 2016)and Bharatpur (41.3%)(Subba HK, Subba R, Thapa S, 2023) which reported comparable prevalence rates. The similarity may be due to shared socio-cultural factors and family dynamics typical of these settings. Higher prevalence was observed in other rural areas like Sindhuli (64.1%)(Subedi et al., 2025), and Pokhara old age homes (60.6%)(Baral et al., 2021), possibly reflecting greater challenges in elder care. In contrast, lower prevalence was found in urban Kathmandu (35%)(Adhikari & Shrestha, 2022), which may be attributed to better resources and awareness.

The current study found that 34.6% of participants experienced psychological abuse. This is comparable to findings from Kathmandu where 38.3% reported psychological abuse(Adhikari & Shrestha, 2022), Sindhuli with 42.5%(Subedi et al., 2025), and Kawasoti(Kafle et al., 2024) with a similar prevalence reported. These similarities may be due to shared rural or semi-urban socio-cultural contexts and comparable sampling techniques, which facilitate identification of psychological mistreatment. However, Bharatpur reported a considerably higher prevalence (74.2%)(Subba HK, Subba R, Thapa S, 2023), likely reflecting greater urbanization, higher awareness, and willingness to disclose abuse in more urban settings. On the other hand, Syangja's lower prevalence (20.6%)(Acharya et al., 2021), might indicate underreporting possibly due to stigma and lower literacy rates.

Physical abuse in this study was reported by 8.3% of participants, closely aligning with Syangja(Acharya et al., 2021) (6.5%), Kathmandu (5%)(Adhikari & Shrestha, 2022), and Sindhuli (4.8%)(Subedi et al., 2025). These comparable rates might reflect similar rural cultural norms and possibly lower acceptance or tolerance of physical abuse. Butwal reported a lower

prevalence (1.42%)(Yadav & Paudel, 2016), which could be due to differences in study methodology or social desirability bias leading to underreporting.

Neglect was reported by 35.3% of respondents in the current study, which is moderately higher than Syangja (23.1%)(Acharya et al., 2021), but lower than Bharatpur (59.1%)(Subba HK, Subba R, Thapa S, 2023), Sindhuli (46%)(Subedi et al., 2025), Butwal (47.2%)(Yadav & Paudel, 2016), and Pokhara old age homes (34.9%)(Baral et al., 2021), The relatively lower prevalence in Madi might be explained by stronger family cohesion and traditional caregiving practices in rural communities, while urbanization and family fragmentation in other areas contribute to higher neglect rates. Institutional settings like old age homes often show elevated neglect due to differing care dynamics and resource constraints.

Regarding financial abuse, 10.9% of participants in this study reported experiencing it. This is consistent with Butwal's (11.8%)(Yadav & Paudel, 2016), but considerably lower than Bharatpur (59.1%)(Subba HK, Subba R, Thapa S, 2023), Sindhuli (24.4%)(Subedi et al., 2025) , and Kathmandu (20%) (Adhikari & Shrestha, 2022). The lower prevalence in rural settings might be associated with less financial independence among elders and fewer complex financial transactions, while urban elders might face higher exploitation risks due to increased financial autonomy.

No sexual abuse cases were reported in this study, which aligns with findings from Kathmandu. While low rates were reported in Syangja (1.9%)(Acharya et al., 2021), Butwal (3.3%)(Yadav & Paudel, 2016), and Sindhuli (2.8%)(Subedi et al., 2025), sexual abuse remains largely underreported due to cultural stigma and fear of disclosure.

This study was confined to only one ward in the rural area of Madi, limiting the generalizability of the results to the broader population. The findings of this study will be valuable for other researchers seeking to understand the prevalence of elderly abuse. Additionally, the results highlight the urgent need for awareness programs and planned interventions to address elder mistreatment. Implementing such programs can help increase public awareness and protect vulnerable older adults. Furthermore, this study serves as an important resource for students and professionals aiming to gain research knowledge related to elder abuse and its prevention.

6. Conclusion

The current study reveals a high prevalence of elder abuse (46.2%) in rural Madi, Nepal, with neglect and psychological abuse as the most common forms. Significant associations were found between abuse and factors such as education level, chronic illness, dependency in daily activities, and economic insecurity (pension, old age allowance, savings). These results indicate that vulnerable subgroups particularly illiterate, chronically ill, and dependent elderly are at greater risk of mistreatment. There is a clear need for increased awareness, targeted social support programs, and stronger legal frameworks to protect older adults. Future research should focus on longitudinal studies and intervention effectiveness to reduce elder abuse in rural Nepal.

7. Declaration

Ethics approval and consent to participate: Ethical approval was taken from Institutional Review Committee of Pokhara University Research Centre (Ref.No184/2081/82). Formal permission and approval letters were obtained from Madi Municipality, Chitwan (Ref.No 2339). Written informed consent was obtained from all participants prior to data collection. Participation was voluntary, and participants were assured of confidentiality, anonymity, and the right to withdraw at any time without consequences.

Consent for publication: Not applicable. No individual-level personal data or identifiable information are presented in this manuscript.

Availability of data and materials: The datasets used and analyzed during the current study are available from the corresponding author upon reasonable request.

Competing interests: The authors declare that they have no competing interests.

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Authors' contributions: SD conceptualized the study, developed the methodology, collected data, and drafted the manuscript. SL supervised the study, provided critical revisions, and approved the final version. All authors read and approved of the final manuscript.

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