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Living Arrangements and Dependency Levels among Elderly People in Chandragiri Municipality, Nepal

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Abstract

Living arrangements of elderly people play a vital role in their welfare, with co-residence as well as independent living being the primary forms. As the global inhabitants of elderly rises, challenges in healthcare, standard of living, and social support become more pronounced. In the context of Nepal, migration and modernization are deteriorating traditional family-based caregiving, increasing the vulnerability of elderly. With minimal government intervention, co-residential living remains prevalent. This study aims to assess the living arrangements and dependency levels among elderly people in Chandragiri Municipality. A descriptive analytical cross-sectional study design was used. Out of 15 wards 10, 12 and 14 wards were selected through purposive sampling. Data were collected via face-to-face interviews using a pre-designed, pre-tested questionnaire; collected data was analyzed using Statistical Package for Social Science (SPSS) with descriptive statistics analysis and inferential tests. Out of 422 elderly people, almost (62.2%) were aged 60–70 years, and 55.7% were female. Living arrangements varied, with 51.7% living with a spouse and 70.4% were lived with their son/daughter-in-law. Elderly dependency on offspring was 59.0%, while 44.8% of elderly received good family care. Chi-square analysis showed significant associations between age group and living with a spouse ($p=0.001$) and offspring dependency ($p=0.001$). Elderly aged 60–70 years reported higher life satisfaction ($p=0.015$). The study highlights the impact of living arrangements and dependency on elderly well-being. The majority (90%) of elderly people reported higher life satisfaction and dependence on offspring. Strengthening family and social support is important for improving elderly care and quality of life.

Key Word: Elderly people, Living Arrangements, Dependency Levels

1. Introduction

The living arrangements of elderly people, often referred to co-residential arrangements, reflect the structure of household. Co-residence specifically refers to elderly people living with at least one child or their relative, while living unaccompanied denotes those residing independently with a spouse (Palloni, 2000). The global elderly population is rapidly increasing, posing significant of social and healthcare challenges. Between 2015 and 2050, the percentage of people aged 60 years and above is projected to nearly double from 12% to

22%, highlighting the need for comprehensive strategies to support the well fare of the elderly (Chayphong, 2022).

The changes of demography in Asia are particularly pronounced. By 2050, the elderly people aged 65 and above are expected to reach 937 million more than twice the present figure. Asian countries such as Thailand face financial instability, issues of social isolation, and rising healthcare demands due to urbanization and a decreasing workforce (Chayphong, 2022). Similarly, China's elderly population is projected to constitute almost 30% of its total population by 2050, exacerbated by declining the rate of fertility, changing family structures and social vulnerabilities, necessitating a well structure elderly care system (Wang, 2024). In neighboring countries India, home to the second-largest elderly people globally, conventional family-based support systems are weakening, increasing elderly susceptibility to social isolation and dependency (Kandapan, 2023).

In South Asia region, particularly in Nepal, elderly people care remains underdeveloped, with least government intervention. Migration for employment has left many elderly people in rural areas without adequate healthcare service and social support, exacerbating their economic problems and social difficulties (Shrestha, 2021). Conventionally, Nepali society has relied on family-based caregiving, particularly by sons. However, transformation and migration trends are reshaping family dynamics, leading to smaller households and deteriorating extended family ties (Singh, 2021).

2. Objective

The aim of the study is to assess the living arrangements and dependency levels among elderly people in Chandragiri Municipality.

3. Methodology

Study Design: An analytical cross-sectional study design was used to assess the dependency level and living arrangements among elderly people aged 60 and above in Chandragiri Municipality located in the southwestern part of Kathmandu valley.

Sample Size and Sampling Technique: Sample size calculation was based on Cochran formula: $n = \frac{Z^2 P Q}{d^2}$ (Cochran 1977) with 5% margin of error (d) as well as 95% confidence

level ($Z = 1.96$) and 50% prevalence, resulting in a required sample of 422 elderly people. Purposive sampling technique was used to select three wards (10, 12, and 14) out of fifteen in Chandragiri Municipality. Respondents were chosen through simple random sampling technique. If multiple eligible respondents resided in a household, one was randomly chosen through lottery system, with enhance representation and reduce selection bias.

Data collection tools and Techniques: Information was collected through face-to-face interviews using a structured questionnaire. The questionnaire was initially developed in English language and translated into Nepali for better understanding and consistency was pre-tested with 10% of the target population in a similar setting. The Nepal Health Research Council granted ethical approval for the study (Ref. No. 2240), and Chandragiri Municipality provided written permission. Participants were completely briefed on the study's procedure, purpose, and implications, with written informed consent obtained to ensure voluntary participation and respect for autonomy. Confidentiality was maintained by securely storing data. Participants had the right to skip any questions they found uncomfortable, respecting their dignity and autonomy.

Selection Criteria: The study included elderly people aged 60 years and above who resided in Chandragiri Municipality with consented to participate, while those with clinically diagnosed cognitive impairments or disabilities, severe health condition as well as the problems to communication, or who declined to participation, were excluded for the study.

Data Processing and Analysis: Collected data were entered into EpiData software and cleaned before being transferred and analyzed through the Statistical Package for Social Sciences (SPSS). Both descriptive and inferential statistics were used for further analysis.

4. Results and Discussions

Out of 422 participants, predominantly aged 60–70 years 62.2%, with the remaining 37.4% aged more than 71 years. Female participants were 55.7% outnumbered males 44.3%. Most participants identified as Hindu 69.2%, while 30.8% were non-Hindu. Regarding caste, 33.6% were Brahmins, 22.5% were Chhetris, and 43.8% participants belonged to other castes, reflecting a diverse demographic distribution in terms of age, sex, religion, and caste.

Table No. 1: Socio-demographic information of the respondents

Variables		Number	Percent (%)
Age Group	60-70	264	62.2
	> 71	158	37.4
Sex	Male	187	44.3
	Female	235	55.7
Religion	Hindu	292	69.2
	Non-Hindu	130	30.8
Cast	Bhramin	142	33.6
	Chhetri	95	22.5
	Other	185	43.8

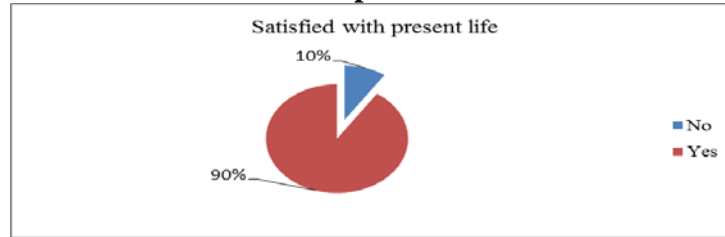
Source: Field Survey, 2024

Table 2: Elderly Living Arrangements and Dependency Level of the Respondents

Variables	Number	Percent (%)
Staying with spouse		
No	204	48.3
Yes	218	51.7
Staying with Son/ Daughter in law		
No	125	29.6
Yes	297	70.4
Staying with Daughter / son in law		
No	352	83.4
Yes	70	16.6
Staying with Brother /Sister in law		
No	405	96.0
Yes	17	4.0
Staying with other relatives		
No	385	91.2
Yes	37	8.8
Staying alone		
No	405	96.0
Yes	17	4.0
Staying with others		
No	418	99.1
Yes	4	0.9
Dependent on your offspring		
No	173	41.0
Yes	249	59.0
Level of care from your family		
Good	189	44.8
Medium	228	54.0
Less	5	1.2

Source: Field Survey, 2024

Out of 422 respondents the table presents the living arrangements and family support of elderly individuals. Among them, 51.7% stay with their spouse, 70.4% with their son/daughter-in-law, and 16.6% with their daughter/son-in-law. A majority (96.0%) does not stay with their siblings, and 91.2% do not live with other relatives. Additionally, 59.0% depend on their offspring, while 44.8% receive good family care, 54.0% medium care, and 1.2% less care.

Figure 1: Life Satisfaction Level of the respondents

Source: Field Survey, 2024

The figure presents the level of satisfaction with life among the respondents. It shows that 90% of participants are satisfied with their present life, while 10% are not.

Table no. 3: Comparison of Living Situations, Satisfaction, and Dependency by Age Group among Elderly

Variables	Age Group				Total		P-Value
	Number	Percent	Number	Percent	Number	Percent	
Staying with spouse							
No	102	51.3	97	48.7	199	100	0.001
Yes	162	72.6	61	27.4	223	100	
Staying with Son/ Daughter in law							
No	84	72.4	32	27.6	116	100	0.006
Yes	180	58.8	126	41.2	306	100	
Staying with Daughter / son in law							
No	219	61.2	139	38.8	358	100	0.104
Yes	45	70.3	19	29.7	64	100	
Staying with Brother /Sister in law							
No	257	63.0	151	37.0	408	100	0.237
Yes	7	50.0	7	50.0	14	100	
Staying with other relatives							
No	246	62.9	145	37.1	391	100	0.361
Yes	18	58.1	13	41.9	31	100	
Staying alone							
No	250	62.0	153	38.0	403	100	0.220
Yes	14	73.7	5	26.3	19	100	
Staying with others							
No	263	62.8	156	37.2	419	100	0.315
Yes	1	33.3	2	66.7	3	100	
Satisfied with present life							
No	31	79.5	8	20.5	39	100	0.015
Yes	233	60.8	150	39.2	383	100	
Dependent on your offspring							
No	136	71.6	54	28.4	190	100	0.001
Yes	128	55.2	104	44.8	232	100	

Source: Field Survey, 2024

The chi-square analysis showed significant relationship between age group and living arrangements of elderly. Those people aged group 60–70 years were more likely to stay with spouse ($p=0.001$) and less dependent on offspring ($p=0.001$) compared to aged group 70–90 years. Satisfaction with present life showed the significant relation ($p=0.015$), with age group. Other including living arrangements, staying with children, relatives, or staying alone, did not show statistically significant relation. These findings suggest that living arrangements and dependency levels are critical factors influencing the well-being of elderly in different age groups.

Discussions

The present study conducted in Chandragiri, Municipality aimed to assess the living arrangements and dependency levels among elderly people. Present study provides valuable insights into the socio-cultural and demographic factors influencing the life satisfaction, living arrangements, and dependency level among elderly people aged 60 and above residing in Chandragiri, Municipality. Present findings revealed that the majority of participants were aged **60–70 years (62.2%)**, while a significant proportion (**37.4%**) were aged over **71 years**, reflecting an elderly demographic profile. This composition is consistent with similar studies conducted in community setting in Nepal (Singh, 2021) and China (Wang, 2024), underscoring regional similarities in elderly trends. Compared to a previous study conducted in Chandragiri, which showed a more evenly distributed caste composition, present study observed a **lower proportion of Hindus (69.2% vs. 82.5%)**. Additionally, the previous study revealed that non-Hindus (Buddhists and Christians) had a higher proportion in the elderly age group, suggesting demographic shifts in elderly patterns (Parajuli, 2024).

The sex distribution in the present study **females (55.7%)** and **males (44.3%)**, aligning with findings from other studies (Saha, 2023; Chayphong, 2022). This trend suggests the higher longevity among females and also highlights the need for gender-specific approaches in elderly care initiatives. Most of the participants identified as **Hindu (69.2%)**, with only **30.8%** practicing other religions. This religious diversity reflects Nepali cultural landscape, which influences family and social structures (Singh, 2021). Caste-wise distribution showed a significant representation of **Brahmins were 33.6%** and **Chhetris were 22.5%**, while **43.8%** belonged to other castes, underscoring the complex social and cultural fabric shaping living arrangements of elderly and care giving dynamics (Singh, 2021).

Regarding living arrangements, almost elderly people (**70.4%**) co-resided among the family members, particularly sons or daughters-in-law, while **51.7%** lived with their spouses and only **8.8%** were resided with other relatives. These findings align with previously

conducted studies emphasizing the preference for familial support networks among elderly (Singh, 2021; Saha, 2023). A substantial proportion (**90.5%**) of participants reported satisfaction with life, indicating overall contentment with their current circumstances. However, dependency on offspring was notable, with **59.0%** relying on their children for financial or care giving support, consistent with findings from India and Thailand (Saha, 2023; Chayphong, 2022).

Disease prevalence and Health status significantly influenced elderly care preferences. Participants who reported good health **were 46.78%** had different care giving preferences compared to those with chronic diseases **were 66.09%**, highlighting the impact of health conditions on dependency and living arrangements (Wang, 2024).

The present study's strengths lie in its **robust sample size** as well as comprehensive assessment of demographic variables affecting the elderly care preferences. Though, limitations include its **cross-sectional design**, which prevents establishing causal relations, and the potential for self-reporting biases. Present study contributes to the growing literature on elderly care in Nepal, emphasize the role of **health, demographic, and socio-cultural factors** in shaping elderly living arrangements and life satisfaction. Further research should explore **longitudinal trends** and interventions to enhance elderly people's well-being within familial and community contexts.

5. Conclusions

The present study highlights significant differences in life satisfaction, living arrangements, and dependency among elderly people aged 60 and above. Most participants lived with family, with younger elderly people more likely to stay with a spouse, while older individuals showed more dependency on their offspring. Life satisfaction was generally high, but dependency increased with age. Findings highlight the need for programs to support elderly well-being, ensuring adequate care and self-determination.

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