

Health Status of Elderly Living in Briddaashram (Old Age Home)

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Introduction

Ageing is not only an issue of developed countries now but it is a serious issue of developing countries too [1]. Population aging has implications for health and other areas of social policy [2]. However, these issues remain relatively under-researched, particularly in poorer countries, where there is a dearth of specific initiatives at the international level [3]. So, population ageing is a public health issue of global concern.

In Nepal, people 60 years and older are considered elderly [4]. According to 2011 Population census of Nepal, elderly population constitute 8.13% of the total population of Nepal [5]. If we compare the growth trend of elderly population and total population, the growth rate of the elderly is higher than total population growth rate of Nepal since the last couple of decades [6]. So far, there has not been any National level study carried out focusing on the issues of the elderly. It shows Nepal government has not given more priority to this group of the population. When we talk about the age structure of population the proportion of elderly 65 years and above is around 5 percent and this is not a significant number to give priority when compared with children and other age group population [7]. Further, life expectancy of Nepalese which was 54 years in 1991 [8] is now 71 years [9], showing life expectancy is increasing more than one year (1.3 yrs.) in every two years.

Previous studies show that majority of elderly live with their children [6,10]. Generally in the Nepali culture parents prefer to live with their son [11]. But due to recent trend of adult children's migration in foreign countries and urbanization effect, elderly living alone are also increasing. In one study in Kathmandu, Chalise and Shreshta found 5.6 percent male and 11.6 percent woman living alone [2]. All of these factors may have demanded the elderly to find alternative place to live and number of Briddaashram is increasing in Kathmandu [12,13]. We know very little about the quality of life of Nepalese elderly as very little studies are carried out focusing these populations [14].

In Nepal, traditionally Briddaashram is developed only for the elderly who do not have their children to take care of them by Nepal government and most of these Old Age Home is located in the religious places [15]. There are about 70 organizations registered all over Nepal with about 1,500 elders living in these old-age homes at present [16]. Main causes coming to Briddaashram are being a burden in family and having no family members [17] living alone due to children's outmigration and conflict with family members [15] were some reasons of institutionalized elderly people. There are very little studies carried out focusing on the health status of elderly living in Briddaashram. The main objective of this study is to explore the health status of elderly living in Kathmandu valley.

Data for this cross sectional study was carried out from one survey research of Briddaashram in Kathmandu in 2017 [15]. This paper presents the data of 188 elderly respondents living in Briddaashram aged 65 years and above. The study was approved by the research committee of the Department of Population Studies in Ratna Rajya Laxmi

Campus, Tribhuvan University. Data were analyzed using frequency and percentage table through SPSS software. Health status of elderly was measured using pre-coded questionnaire, "Do you have ...health problems?" and response was dichotomized 'yes or no'.

Age of the respondents ranged from 65 years to 85 years. Mean age of respondents was 75.5 years with standard deviation of 5.44 years. The proportion of women respondents was 62.8%, quite high number were widow/widower (61.7%), illiterate (86.1%) and unmarried (20.2%). Living arrangement of the elderly shows 39.4% elderly were living alone before they join the Briddaashram. Main reason of living alone was no family member (67.6%), family abuse (18.9%), self-will (12.2%) and other (0.5%).

Table 1 shows the health status participants living in Briddaashram. Major health problems of elderly living in Briddaashram were Eye problems (72.9%), joint ache (71.8%), teeth problems (62.8%), Backache (58.0%), hearing (48.9%), Asthma (34.6%), Insomnia (31.4%), stomach ache (29.8%), blood pressure (25.5%), allergy (15.4%), constipation (11.2%), diabetes (9.6%), and heart disease (5.3%). This study further found more than 90% elderly have multiple health problems. Besides all these problems 31% respondents reported their perceived health either good or excellent, 57.4% okay and only 11.7% reported bad health.

The geriatric care and provisions are global public health issues. However, the context is improving recently in developing countries also where the elderly population was not a topic of concern in the past [11]. Population ageing is not only an issue of developed countries now but it is a serious issue of developing countries too [2] Population aging has implications for health and other areas of social policy [6]. Living longer does not always mean we will also have better or a good quality of life in later years [18]. Nepal government has introduced social security for elderly in 1995/1996 but very few studies were carried out focusing on this issue [19]. One recent study shows that Nepali elderly are not very happy from the current Nepal government policy of distributing cash to them as it is insufficient for the poor elderly [19].

Traditionally many Nepali elderly live in joint family. A study shows that more than 80% of elderly in Nepal are living with their children [6]. As in other Asian countries, the responsibility of welfare for the elderly lies with their own children and the government has little obligation to provide care for the elderly in Nepal [2]. However, due to recent socio-

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Health Problems	Frequency	Percentage (%)
Eye	137	72.9
Joint Ache	135	71.8
Teeth	118	62.8
Backache	109	58
Hearing	92	48.9
Asthma	65	34.6
Insomnia	59	31.4
Stomach ache	56	29.8
Blood Pressure	48	25.5
Allergy	29	15.4
Constipation	21	11.2
Uric Acid	20	10.6
Diabetes	18	9.6
Heart disease	10	5.3
Self-Perceived Health		
Excellent	3	1.6
Good	55	29.3
Okay	108	57.4
Bad	22	11.7

Table 1: Self-reported health problems of elderly living in Briddashram

economic changes, aging of the population, out migration of children in Nepal is emerging as a problem that demands consideration before it destroys that society. Recently, increasing number of elderly living in old age home may also be a result of all of these factors.

According to one estimate there are around 1500 elderly are living in different briddaashram [20] and number of elderly living in such a home is increasing day by day. Very little studies are carried out focusing on the health status of elderly living in Briddashram. A study carried out by Chalise [21] shows the depression is very high among the elderly living in Briddashram. Shakya et al. [22] found the higher level of parasitic infection among the elderly living in government Briddashram. This study shows, nearly all elderly living in Briddaashram has some health problems. More than 90% elderly have reported multiple health problems. Major health problems were Eye problems (72.9%), joint ache (71.8%), teeth problems (62.8%), Backache (58.0%), hearing (48.9%), Asthma (34.6%), Insomnia (31.4%), stomach ache (29.8%), blood pressure (25.5%), allergy (15.4%), constipation (11.2%), diabetes (9.6%), and heart disease (5.3%). It has raised a serious question about the living conditions of elderly in Briddashram. Do they get quality foods? Do they get proper treatment on time? Whether Government makes regular supervision of Briddashram?

Discussion

At last, Briddaashram should be an alternative place for some needy elderly and not for all. Government should also promote elderly living together with family member making some provisions of incentives

to family members taking care of their parents and provisions of punishments as well in some cases of elderly abuse or mistreatment.

References

- Chalise HN (2012) Socio-demographic and health status of Nepalese elderly. *J Gerontol Geriatr* 26: 151-160.
- Chalise HN, Shrestha S (2005) Situation of the elderly in the Himalayan kingdom of Nepal. *IJSW* 66: 136-143.
- Lloyd-Sherlock P (2000) Population ageing in developed and developing regions: Implications for health policy. *Soc Sci Med* 51: 887-895.
- Senior citizen Act (2006) Nepal Law Commission, Government of Nepal.
- CBS (2014) Population monograph of Nepal Vol. I. Kathmandu, national planning commission secretariat, Government of Nepal.
- Chalise H (2006) Demographic situation of population ageing in Nepal. Kathmandu University, Nepal.
- Chalise H, Ghimire-Risal P (2018) Does population ageing affect the least developed country like Nepal? *OAJ Gerontol & Geriatric Med* 3: 555618.
- Chalise H, Brightman J (2006) Aging trend: Population aging in Nepal. *Geriatr Gerontol Int* 6: 199-204.
- World Population data Sheet (2018) Population Reference Bureau, USA.
- Chalise H, Saito T, Takahashi M, Kai I (2007) Relationship specialization amongst sources and receivers of social support and its correlations with loneliness and subjective well-being: A cross-sectional study of Nepalese older adults. *Arch Gerontol Geriatr* 44: 299-314.
- Chalise H (2010) Social support and its correlation to loneliness and subjective well-being of Nepalese older adults. *Soc Work Poli Rev* 4: 1-25.
- Khanal P, Rai S, Chalise H (2018) Children's migration and its effect on elderly people: A study at old age homes in Kathmandu. *Am J Gerontol Geriatr* 1: 1001.
- Rai S, Khanal P, Chalise H (2018) Elderly abuse experienced by older adults prior to living in old age homes in Kathmandu. *J Gerontol Geriatr Res* 7: 460.
- Joshi MR, Chalise HN, Khatiwada PP (2018) Quality of life of nepalese elderly living in rural Nepal. *J Gerontol Geriatr Res* 7: 484.
- Mishra S, Chalise HN (2019) Comparative study on health status of elderly living in government and private old age home in Nepal, *Asian Journal of Biological Sciences* (Press)
- Geriatric Center Nepal (2010) A baseline study on reported cases of elder abuse in Nepali press. Geriatric center Nepal. Kathmandu: Nepal.
- Sankalpa Nepal. Situational Analysis of Ageing in Nepal, n.d.. Sankalpa Nepal. Kathmandu: Nepal
- Chalise HN (2019) Aging: Basic Concept. *Am J Biomed Sci & Res*. 1: 503.
- Malakar I, Chalise HN (2019) Perception of elderly towards social security allowances in Nepal. *J Soc Stud Econo* (in Press).
- Dhital S, Chalise H, Rupakheti D (2015) Migration, ageing and spousal separation: a review of current population trend in Nepal. *J J Geronto*, 1: 4.
- Chalise H (2014) Depression among elderly living in Briddashram (old age home). *Adv Aging Res* 3: 6-11.
- Shakya B, Rai S, Singh A, Shrestha A (2006) Intestinal parasitosis among the elderly people in Kathmandu Valley. *Nepal Med Coll J* 8: 243-247.