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

Mishra S* and Chalise HN1,2

1 Ratna Rajya Laxmi Campus, Tribhuvan University, Nepal
2 Central Department of Population Studies, Tribhuvan University, Kirtipur, Nepal

Introduction

Ageing is not only an issue of developed countries now but it is a serious issue of developing countries too [1]. Population ageing 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 Bridhaashram 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-wll (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 ageing 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-

*Corresponding author: Hom Nath Chalise, Vice President, Population Association of Nepal, Kathmandu, Nepal, Tel: +9779851012622; E-mail: chalisehp@gmail.com

Received January 08, 2019; Accepted January 18, 2019; Published January 26, 2019


Copyright: © 2019 Mishra S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
Discussion

At last, Briddashram 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


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

<table>
<thead>
<tr>
<th>Health Problems</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye</td>
<td>137</td>
<td>72.9</td>
</tr>
<tr>
<td>Joint Ache</td>
<td>135</td>
<td>71.8</td>
</tr>
<tr>
<td>Teeth</td>
<td>118</td>
<td>62.8</td>
</tr>
<tr>
<td>Backache</td>
<td>109</td>
<td>58</td>
</tr>
<tr>
<td>Hearing</td>
<td>92</td>
<td>48.9</td>
</tr>
<tr>
<td>Asthma</td>
<td>65</td>
<td>34.6</td>
</tr>
<tr>
<td>Insomnia</td>
<td>59</td>
<td>31.4</td>
</tr>
<tr>
<td>Stomach ache</td>
<td>56</td>
<td>29.8</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>48</td>
<td>25.5</td>
</tr>
<tr>
<td>Allergy</td>
<td>29</td>
<td>15.4</td>
</tr>
<tr>
<td>Constipation</td>
<td>21</td>
<td>11.2</td>
</tr>
<tr>
<td>Uric Acid</td>
<td>20</td>
<td>10.6</td>
</tr>
<tr>
<td>Diabetes</td>
<td>18</td>
<td>9.6</td>
</tr>
<tr>
<td>Heart disease</td>
<td>10</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Self-Perceived Health

- Excellent: 3 (1.6%)
- Good: 55 (29.3%)
- Okay: 108 (57.4%)
- Bad: 22 (11.7%)

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?