

Health Status of Ageing People A Case Study of Bisharanti Old Aged Home, Mulghat, Dhankuta

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Abstract

Health is a prime concern for the elderly people who reside in old age homes. Against this backdrop, this research has explored the condition of old aged people regarding their social and health-related issues in an old aged home. The research was carried out among the old-aged people residing at Bishranti Old Aged Home. Among the 40 participants of Bishranti Old Aged Home, 21 participants were selected purposively including 12 females and 9 males. The study concluded that the societal condition including racial, religious, familial and social-economic components were the prime reasons behind their residence in Bishranti Old Aged Home. Due to poor health of the ageing people living in the old aged home, they have been suffered from various physical, mental and social problems. More specifically, the research also indicated that the majority of the participants were victim of hypertension and severe joint pain. Moreover, many of the participants were the victims of diabetes, gastritis, depression, asthma, heart-diseases, chest pain, eye and ear problems etc.

Keywords: elderly people/aging, old aged home, health status

Introduction

Health is a condition of complete physical, mental, and social well-being (WHO, 1948). The immune system steadily deteriorates with age. Furthermore, the aged will experience vision, hearing, memory, motor coordination, and neurological performance impairments. The bulk of essential organs will experience degeneration; even intraocular matter begins to deteriorate as people age (United Nations, 2011). The aging population has a huge impact on society's various facets (UNFPA & Kai, 2012). As the population ages, the proportion of elderly people in the population grows. It is inextricably linked to the dynamic process of demographic and socioeconomic change. It is commonly known that the elderly is vulnerable at this age; they are physically and psychologically frail, and they require both physical and social care throughout this time.

Health is not merely a personal choice or a biological issue. It is more about patterns of well-being. Human illness and well-being are embedded in a way the society is situated. It is because a socio-cultural component impacts people's health, and it is a socio-culturally produced phenomenon. Thus, health is not merely a question of personal preference or corporate concerns. Despite that pattern of well-being and illness are anchored in societal order. Health is a social concern, because personal well-being is dependent on a society's level of technology and resource distribution (Macionis, 2008). The welfare policy of the developed nations considers the health and care of elderly citizens is crucial. The geriatric provisions and care are the national issues for developed countries. Moreover, this was not the scenario in developing countries. The elderly population was not a matter of discussion in these countries. However, the context is in gradual improvement. In Nepal, the government has made up some steps, but, it has not been adequate to reach all the elderly population: benefitting only those who are capacitated and aware of the policies.

The aging of the individual has been investigated as a socio-cultural phenomenon; as it is regarded and treated by the society (Chalise, 2010). Aging is the gradual ongoing changes in the body. But how we experience life, the transition, and whether we welcome our maturity or complain about physical decline depend largely on how our cultural system defines the various stages of life (Macionis, 2008). Although the physical decline in old age is less serious than the younger people think. The elderly people still have to endure pain, limit their activities, increase their dependency on others, lose dear friends and relatives, and face up to their mortality.

Ageing has been a buzzword in contemporary Nepalese society as it has been continuously growing in Nepal. There is a clear picture of aging dynamism in the pattern of Nepalese population structure (CBS, 2014). Conceptualization of old age marked by chronic illness, disabilities and problems has been a serious concern for us in our country. Tischler (2011) stated that men and women are both susceptible to mental disorders, but emotionally disturbed men are more likely to act out through drugs, alcohol, and antisocial conduct, whereas women exhibit behaviors such as depression or phobias that reflect an internalization of their problems.

Sociological Aspects of Aging

Structural-functional analysis of aging and disengagement draws on the ideas of Talcott Parsons, (an architect of the structural-functional approach), Elaine Cumming and William Henry (1961) who explain that the physical decline and death that accompany aging can disrupt society. In response, society disengages the elderly, gradually transferring statuses and roles from the old to the young so that tasks are performed with minimal interruption. Disengagement theory provokes the idea that society functions in an orderly way by removing people from positions of responsibility as they reach old age. Disengagement ensures the

orderly operation of society by removing aging people from productive roles before they are no longer able to perform those (Macionis, 2008).

Symbolic-interaction from a theoretical standpoint, the activity theory proposes that active participation in high levels of activity promotes personal fulfillment in old age. Because everyone bases their social identity on the roles of people, disengagement from activities is bound to undermine satisfaction and purpose in older people's lives. Rather than being driven out of their positions, what the elderly need is a variety of productive or enjoyable options (Macionis, 2008).

The social-conflict perspective is founded on the premise that persons of different ages have diverse access to opportunities and social resources. As a result, age is a social stratification criterion (Macionis, 2008).

Ageing is not yet understood as a demographic as well as socio-economic problem in Nepal with adequate reflection in the policy and plan documents. However, gradual decline in fertility, rapidly increasing technological diffusion along with considerable control in mortality increasing ageing have challenged its prior management. Internal conflicts, poor socio-economic, unemployment among adults, and inadequate resource base of the country have difficulties in coping with the problems of aging. Transitions in social status, economic motive and family attitude, norms and values and transformation from joint to nuclear family structure have also challenged its prior rearing and caring. Coherent and aggressive policy and programmed measures are required to combat the issues of elderly as well as welfare for all in Nepal (Yadav, 2012). It has found that the strong percentage of the ageing population in Nepal has been experiencing loneliness (Saito, Kai, & Chalise, 2010) because of the flow of working migration inside and outside of the country.

Aging, a process of being old, is a natural phenomenon; however, the aging population is increasing globally -especially in developing countries as compared to developed ones -as a result of decrement in the fertility rate and increment in life expectancy. This is a major matter of concern in developing countries (Subedi, 1999). Nepal is no more unaffected by this problem. As per the government's declaration, people above 60 years of age are considered elderly citizens in Nepal. The result of demographic studies reveals higher rate of aging than that of the total population growth rate in the country. The observation shows that the proportion of the elderly population is high in the Mountain and Hilly regions as compared to the Terai. The female elderly population is the highest in the three ecological regions. Experiences gained during a long course of lifespan make these elderly citizens a hoard of valuable knowledge and ideas. These abilities, acquaintance, and conscience, if used properly, can be the most valuable assets to our society for national development and prosperity. The socio-economic and demographic impacts of aging people pose a huge opportunity in the societies; however, they come with a cost of great challenges to every society (Aryal, 2019).

Elderly individuals, especially those living in the poorest areas and facing financial hardship or discrimination, do not have access to health and social care programs and thus they can be supported by implementing community-based programs. First and foremost, there is a need to increase access to proper medical care specifically among elderly people in the rural and remote areas. For this, local community support groups (e.g., mothers' groups, clubs, religious groups) in collaboration with local health authorities should be able to organize outreach medical care services. Furthermore, there is a need to plan and implement community-based programs fostering an active involvement of older people, which would also subsequently improve social capital and communication. While situations such as the family's significant role in determining the well-being of older family members and the migration of the younger generation abroad are unavoidable, the role of existing community structures and groups would be more important in the implementation of community-based programs and activities (Shrestha, Aro, Shrestha, & Thapa, 2021).

Aging has always been a global issue and the government of Nepal has given this a top priority. Despite being a priority issue, the speed is expected to be unexpectedly fast in Nepal as the fertility and mortality rate are gradually decreasing in recent years, as opposed to continuously increasing life expectancy for both sexes. Thus, it is crucial to explore the aging issue in the proper demographic and national context. When the country is already epitomized by greater spatial inequalities, poverty, overly used land resources, a stagnant economy, high illiteracy, and poor health status, a marginal increase in the aging population has become a likely problem in Nepal (Subedi, 1999). The health status of elderly citizens living in old-aged homes was miserable since most of the elderly suffered from chronic physical health problems. Females are more vulnerable to such health issues than males. (Dhungana & Dhungana, 2020). According to the study, despite the minimum facilities in private old age homes than in governmental ones, the health status of elderly living in private old age homes is comparatively better. Incidence of endemic diseases is more common among elderly living in governmental old-age homes. Clean dwelling environment and follow of the healthy habits had led the private old-age-homes to be able to improve the health status of elderly living there than the health of elderly living in governmental old-age-homes (Mishra & Chalise, 2018). Health and social care of ageing peoples are an important part of welfare policy of developed nations around the world (Chalise, 2010).

A study shows that more than 80 percent of older people were living with their family members. Older people in Nepal prefer to live with their children. However, the traditional support system is changing in the 21st century due to globalization and the increase in the mobility of younger generations. The government of Nepal should adopt the social security and traditional living arrangement of older people in a promotive manner by making it more reliable as many people are going to live either in the spouse or alone in upcoming days. The

local and national governments in Nepal should come up with integrated legal frameworks to strengthen the social security of the elderly such as awareness programs and rights protection initiatives for improved care and decreased vulnerability (Singh, Upadhyay & Chalise, 2021). Nepal's elderly population aged 60 and above, accounts for 8.13 percent of the country's overall population (CBS, 2014). According to the survey, 85 percent of older people live with their children, 6 percent live with their spouse only, and only 3 percent live alone. The reports showed that Blood pressure (23.4%), diabetes (13.2%), lung disease (12.8%), arthritis (9.4%), back pain (8.4%), and heart disease (8.4%), etc. were the top chronic health problems among the elderly (4.9). Furthermore, among the population 60 years and older, functional difficulties with at least one ADL were found to be 8.1 percent and at least one IADL were 32.8 percent (Chalise, 2012).

Old-aged homes are the places that provide food and shelter for elderly people. Some of these elderly people are abandoned by their sons only because they are very old and need to be taken care of, while, some elderly are there because they don't have any children or relatives to live with. In Nepal, there are a lot many old-age-homes where the elderly people are spending their remaining life. Health is a serious matter of concern for the elderly citizens, especially for those living in old age homes. So, there is an urgent need to explore the health condition of those people. In this context, this study was conducted to explore the health status of ageing people living in old age homes. This study has been carried out to answer the following research questions:

- What is the social condition of ageing people living in old aged home?
- What is the health status of aging people living in old aged home?

Research Methods and Materials

This study is based on Bisharanti Old Aged Home, which is located in Mulghat, Dhankuta District. Bisharanti Mandir has established in the year 2040 BS. It is the first NGO for the elderly and other needy people and is situated at the confluence of Dovan of Tamor River, a holy and religious site of eastern Nepal. From this organization various operational activities have been carried out such as cleanliness and the operation of the temple, protecting its surrounding for its development. The Bisharanti Temple has constructed the Old Aged Home within the temple premises in order to provide shelter to elderly people. In Bisharanti Old Aged Home, there were 40 elderly people living. Out of them, I selected the 21 elderly people by using the purposive sampling method. The elderly people, who were unable to speak, hear, complete the interview process, and there were a few who had a psychiatric disorder. I did not include that due to the lack of verbal consent among them.

This study entertained both primary as well as secondary data. The primary data were collected from the field through face-to-face interview based on interview checklist, participant observation and case study methods. The researcher collected the in-depth information of 5 elderly people through case study tools. The interview was focused on their current social and health condition. The data were analyzed in mix method approach. Collected data was processed and tabulated during the completion of the study. Both qualitative and quantitative data were presented and interpreted descriptively.

Results and Discussion

Social status of Aging People Living in Old Aged Home

This study explored that the societal condition including racial, religious, familial and social-economic components were the prime reasons behind their residence in Bisharanti Old Aged Home. Caste groups are closed social groups: one may only marry within one's caste (Quigley, 1999) also called endogamous marriage. As Dumont (1980) explains, endogamy is essential to the caste system and to caste identity because of the caste system, regulation of hierarchy through ritual pollution and purity. In other words, caste hierarchy is maintained through endogamous marriage or the marriage within (Sub-caste) groups in this system (Kansakar & Ghimire, 2008). Out of 21 respondents, majority of the respondents were Brahmins (52.4%), followed by Chhertri (23%) and Vaishya (23%) but there were no elderly people from untouchable caste group. Majority of the respondents followed Hindu religion, and only 2 respondents followed Kirat religion.

Table 1*Respondents by Caste/Ethnic Background*

Caste/ethnic group	No. of respondents	Percentage (%)
Brahmins	11	52.4
Chhetri	5	23.8
Vaishya	5	23.8
Shudra	0	0.0
Total	21	100.0

Note. Data are based on field study, 2022.

Case 1

An anonymous, 70-year-old women who is living in old age home since 2067 B.S. Her permanent home address is Morang, Tadi. She got married when she was 14. Her husband along with her 3 children was dead, so with the help of her relatives, she decided to live in this old age home. Occasionally, her brother from her birth place visit to her especially on the occasion of Tihar. She spends her monthly allowance on food, clothes and medicine. She was suffered from headache, hip pain and mentally illness. For health checkup, she goes to health post near to Old Aged Home and sometimes health service is even provided inside old age home. She was very happy to live her life in this old age care.

Respondents by age Group

The government of Nepal has defined the elderly population as people aged 60 years or above. However, the prevailing retirement age among employees of government jobholders is at 58 years of age (2), but this study is also mainly focusing on the group of peoples who are 60 years and above. The age ranged from 60 to 80 year. Among them majority of the respondents age group 75-79, represent 33.3 percent. Among them 12 females and 9 males.

Table 2*Respondents by Age Group*

Age group	No. of respondents	Percentage (%)
60-64	4	19.0
65-69	4	19.0
70-74	2	9.5
75-79	7	33.3
80-85	4	19.0
Total	21	100.0

Note. Data are based on field study, 2022.

Respondents by Duration of Staying

Majority (47.6 %) of the respondents had been staying in old aged homes since more than 5 years followed by above 1-5 years (42.9 %) and up to one year (9.5%). Minimum duration of stay was 9 months and maximum were 20 years. All of the respondents who were in this old aged home from more than 5 years are comfortable with the life in old aged home, as most of them do not even want to recall the family. It means majority of the respondents are staying very happily there.

Table 3

Respondents by Duration of Staying

Duration	No. of respondents	Percentage (%)
Up to 1 year	2	9.5
1-5 years	9	42.9
Above 5 years	10	47.6
Total	21	100.0

Note. Data are based on field study, 2022.

Case 2

An anonymous, a 61-year-old man, who is living in this old age home since 2076 B.S. His permanent home address is Dhankuta. He is suffering from paralysis. His wife was dead and only two sons are left in his family. Among them, one son is in jail and another one is gone for foreign employment. Due to his physical disability other member of the family abandoned him. So, he came this old age home. None of his family member ever visited him ever since. Even in old age care, he has problem in eating food, bathing and doing other daily activities. He uses his monthly allowance in buying some medicine, radio and in recharging mobile.

The Senior Citizen Allowance Recipient

The social Security Act, 2075 (2019) mentions the Senior Citizen allowance: The Dalit and single women senior citizens, after completing the age of sixty years, and other senior citizens, after completing the age of seventy years, shall get the senior citizen allowance as prescribed by the Government of Nepal, as the social security allowance. The Government of Nepal has introduced the universal old aged allowances program since 1994/95 as non-contributing social assistance to all Nepalese elderly citizens at and above 70 years of age. It started with Rs. 100 each and had increased to Rs. 500, Rs. 1000, Rs. 2000, and Rs. 3000 and now it is Rs. 4000 each. Out of the 21 respondents 16 (76.2%) respondents are receiving allowance in regular basis but 5 (23.8%) respondents did not receive it due to lack of citizenship certificate. So, they became very worried about not getting allowance.

Table 4*Allowance Recipient Respondents*

Description	No. of respondents	Percentage (%)
Allowance receiver	16	76.2
Allowance-less	5	23.8
Total	21	100.0

Note. Data are based on field study, 2022.

Case 3

An anonymous, a 84 year old man who is living in this old age home since 2077 B.S. His permanent address is Udaypur, Gaighat. In his family, he had a wife, one son and two daughters. But unfortunately, his wife was dead and his one son and two daughters went on missing during Maoist Rebellion. His economic condition was not good so his only daughter goes for foreign employment (India) and settled there. With the help of his daughter`s friends he ended up in this old age home. Her daughter called her on phone and also provides some economic help to him time to time. Since his citizenship is lost and there occurred a problem in issuing new citizenship. So, he is deprived of getting any kind of Old Age Living Allowance. His health status is very poor. He has been suffering from high blood pressure, asthma and diabetes. But there is also a problem in treatment because he is deprived of getting allowance. He shared he used to remember his lost children from time to time but this old age home gave him more helping hands and courage to live his life happily.

Marital Status of Respondents

Marriage is a socially acknowledged, legitimized, and supported union of individuals of opposite sexes that occurs in all communities (Tischler, 2011). Out of 21 respondents, 12 were widowed, 4 married, 4 unmarried and 1 separated. It shows that the main cause behind staying at old aged home is death of life partner and others family members.

Table 5*Marital Status of Respondents*

Marital Status	No. of respondents	Percentage (%)
Married	4	19.0
Unmarried	4	19.0
Widowed	12	57.1
Separated	1	4.8
Total	21	100.0

Note. Data are based on field study, 2022.

Reasons to Stay at Old Age Home

Aging is a lifelong process of growing up and growing old. It begins at conception and ends with death. So, in this sense, we are all aging from the time of birth. The reason for stay at old aged home majority of the respondents 20 (95.2%) was no family and only 1(4.8%) was self-wish.

Table 6

Reasons to Stay at Old Age Home

Reasons	No. of respondents	Percentage (%)
No family	20	95.2
Self will	1	4.8
Total	21	100.0

Note. Data are based on field study, 2022.

Case 4

An anonymous is 72-year-old unmarried women who follow Kirat religion. Her permanent address is Bhojpur. She has been living in this old age home for 9 years. Her parents and siblings all died so she feels lonely at home. After getting news about this old age home, she came happily here. She previously had held a government job and retired from the post of Kharidar. Her health status is bad as she has been suffering from diabetes, hypertension, gastritis, and tuberculosis for a long period of time. She uses her old age allowance to pay for medical treatment and buying food. She is happy to be here at this old age home.

Health Status of the Study Population

Aging population means an increase in the share of the elderly in the total population. It is closely related with the dynamic process of demographic and socio-economic transformation. It is well known that the elderly is fragile age; they are both physically and psychologically weak, so they need proper physical as well as social care during this period.

For the elderly, especially those who live in old age homes, health is a major concern. As a result, it is necessary to investigate these people's health. In this context, the goal of this research was to learn more about the health of the old individuals who live in these facilities. Chronic diseases dominated the prevalence of elderly-related diseases in nursing facilities. The endemic diseases, on the other hand, were concerned with healthy practices and the environment.

Men and women are equally vulnerable to psychiatric problems, but emotionally disturbed men are likely to act out through drugs, liquor, and antisocial acts, whereas women display behaviors such as depression or phobias that indicate an internalization of their problems (Tischler, 2011). This study shows that majority of the respondents are suffering from

various disease. Majority of the respondents had different types of physical and mental health problem like Joint pain and Hypertension (Out of 21 elderly people 8 were suffering from hypertension and 8 were suffering from Joint pain) from both as major followed by other diseases such as Diabetes mellitus (7), gastrointestinal disease (6), Depression/Mental problem (5), Hearing loss(4),Asthma (3), heart disease(2) and other physical health problems like eyes problems(2), Chest problem(2), Uric Acid (2), and Cholesterol(1).

Table 7*Major Health Problems of Respondent*

Health problems	No. of respondents
Hypertension	8
Diabetes mellitus	7
Gastritis	6
Joint pain	8
Depression/Mental problem	5
Heart disease	2
Chest problem	2
Asthma	3
Uric acid	2
Eye problem	2
Hearing loss	4
Cholesterol	1

Note. Data are based on Field Study, 2022.

Almost all the participants had a health issue and the condition of their health was poor. The research also concluded that some of the participants were affected by physical and mental illness. The research also indicated that the majority of the participants were the victim of hypertension and severe joint pain. Moreover, many of the participants were the victims of diabetes, gastritis, depression, asthma, heart-diseases, chest pain, eye and ear problems etc. The study also pinpointed that majority of the participants consulted the doctors in their local hospital. Some of them consulted with the doctors when they would have hosted the health camp in their living residence. A few of them only would go to hospital at Dharan (B. P. Koirala Institute of Health and Science) in case of an emergency. In overall, they had a very poor health.

Case 5

An anonymous is a 83 year old man. His permanent address is Dhankuta. It has been 2 years since he started living in Bishranti old age home. He has 2 sons and 2 daughters in his family. His daughters were married. He was insulted by his own son saying that they couldn't

take care of him. So, with the help of his niece, he came in this old age home. Although his daughters pay visit to him from time to time but his sons are out of contact with him. He utilized his old age allowance by buying favorite foods and paying bills for his medicines when he becomes sick. His health condition is normal and he doesn't have any chronic illness.

Conclusion

Aging as most crucial phenomenon and process of undergoing profound change. Elderly homes for the welfare of senior citizen depends on a socio-cultural institution with economic, psychological and spiritual dimension. This study has explored the social and health condition of old aged people, who are living in old aged home. The research was carried out among the old-aged people residing at Bisharanti Old Aged Home. Among the 40 participants of Bisharanti Old Aged Home, 21 participants were selected purposively where 12 were females and 9 were males. The study concluded that the societal condition including racial, religious, familial and social-economic components were the prime reasons behind their residence in Bisharanti hermit's dwelling. In terms of racial condition, Brahamin, Chhetri and Vaisya were the most and in terms of religion, the Hindu was dominant among those people. The study concludes that the major reason for their living in Bisharanti Old Aged Home is familial cause. More specifically, this research concluded that almost all the participants join Bisharanti Bisharanti hermit's dwelling when they lost their life-partners and the loved family members. However, some of the other participants also confess the reason of joining Bisharanti as if it was their self-decision. The study also concluded that the majority of the participants joined Bisharanti hermit's dwelling by the support of their family members. Almost all the participants had a health issue and the condition of their health was poor. The research also concluded that some of the participants were affected by physical and mental illness.

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