

Health Status of Elder People Living in Old Age Home of Kathmandu district, Nepal

Ms. Kalpana Khadka

Research Expert, Nepal Philosophical Research Centre (NPRC), Kathmandu, Nepal

Dr. Tej Bahadur Karki

Research Expert, Nepal Philosophical Research Centre (NPRC), Kathmandu, Nepal

Dr. Lekhanath Khanal

Superintendent of Armed Police Force, Nepal Government

Corresponding Author

Kalpana Khadka

Email: kalpu.khadka25@gmail.com

Received: August 17, 2021; Revised & Accepted: November 23, 2021

© Copyright: Khadka (2021).



This work is licensed under a [Creative Commons Attribution-Non Commercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

Abstract

Ageing is a process of gradual change in physical appearance and mental situation that causes a person to grow old. To be an old age is one natural process which cannot be controlled but to be alone in old age and need to take support of old age home is one social problem. The study aims to identify the health status of elder people living in the old age home of Kathmandu district. The study collected the data from 72 individuals, aged 60 years and above. The purposive sampling technique was used to select the respondents. The structured survey questionnaire was used for data collection. the result shows that in total majority (88.9%) of the elder people had some types of health problem. Basically, blood pressure, Gastric, and joint pain were the major health problem of elder people. Only 50% of the total respondents had visited the health post when they were ill. Statistically, there was no significant association between the male and female regarding their health problem because the p value was .182 which is greater than .05 significant level. Government should provide free health check-up facilities for such elder people living in the old age home.

Keywords: Elder people, Health status, Old-age-home

1. Introduction

Ageing is a normal biological phenomenon. Change in the biological aspect results from the impact of the accumulation of a variety of molecular and cellular damage. This leads to a gradual decrease in physical and mental activity, and can increase the risk of disease and ultimately death. In 2015, 60 years and above were 900 million in the world population and it is expected to a total of 2 billion by 2050 (World Health Organization, 2015). In Nepal, individuals over 60 years of age are considered elderly. According to the 2011 census of Nepal, there were 2.1 million elderly inhabitants, which constitute 8.1 percent of the total population in the country (Central Bureau of Statistics, 2012).

Ageing is a process of gradual change in physical appearance and mental situation that causes a person to grow old. With the rise of life expectancy, the problem of ageing amplifies. Although the population is growing younger, elderly people are also facing many troubles. There are various factors that make a person old. The decrease in physical strength, increase in mental tension, decrease in immunity power and getting sick to a large extent are the major features that make a person aged. Elderly people also experience many physical changes. There are gradual drying and wrinkling of the skin, decrease in touch feeling and taste sensation, extensive food indigestion, decrease in range of colour and intensity of vision, failure of ability to distinguish colour, loss of hearing power and weakening the immune system. With the increase in age, people lose their creativity level, problem-solving ability and learning skills as well as short-term memory (Poudel, 2005, pp. 1-2). Depression, weak health, digestion problem, short temper and childish behaviour, etc are the exercises which found in the senior native character. As per Srivani, older individuals generally go up against a higher threat of making psychosocial issues due to nonappearance of excited assistance to help and bear the disasters which consolidate loss of work, companion, companions, alongside the deficiency in motor limits and academic procedure that prompts distinctive psychosocial issues. This leaves the older helpless against various mental issues nearby unremitting physical issue and material shortcoming which transforms into mind-boggling psychosocial issues for an incredible duration(Srivani, 2007).

To be an old age is one natural process which cannot be controlled but to be alone in old age and need to take support of old age home is one social problem. Many elder people have to take shelter in old age home due to removal by family members. The many previous authors argued that advanced age reduces the quality of life (Pinquart, 2001; Durgawala, Shinde, & Godwin, 2014). Gee (1999) found that living alone significantly reduces quality of life among Chinese-Canadian elder people. More specifically, Chinese elderly widows who live alone at risk of low wellbeing. Similar type of finding was reported by Mckillop (2016) that quality of life in those who live with family is statistically significantly greater than among those who live alone. There is very little study carried out on the issues of elderly in Nepal. A previous study conducted among the elder people living in the rural area found 45.9% elderly reported their QOL neutral (neither good nor bad), 35.1% reported good and 19.0% reported

poor (Joshi, Chalise, & Khatiwada, 2018). From the review of previous literatures, there is still need of in-depth study of health status of elder people living in the old age home so considering this gap, this study has been conducted among elderly people living in old age home of Kathmandu District Nepal.

2. Materials & Methods

This study was based on the descriptive research design. It was cross-sectional study; data was collected from the one time visit of field. The study was conducted in the one old age home located in the area of Pashupati temple; called Pashupati Bridda Ashram have. Pashupati Bridda Ashram taken care of the needs of the elderly citizens. The data was collected at the time of severe challenging time of Covid -19 so it was very sensitive to go near by the senior citizen. The researcher took the permission of Management of old age home and collected the data following the social distance policy and health safety and security measure. The study had set the following inclusive criteria at the time of selection of respondents in order to make the study more effective and reliable.

1. The respondent who was able to see, listen and can make two-way communications with the researcher.
2. Those who were willing to participate in the interview.
3. Those who had no major health problems at the time of interview.

A total of 72 individuals, aged 60 years and above, were included in the study considering the above criterial form the total universe. It had included around 30-35% senior citizen from the available people at the time of data collection. The respondents were selected following the purposive sampling design because it had set the selection criteria. The structured survey questionnaire was adopted for the data collection. Cross-tabulation and Chi-square test was used to analyze the data.

3. Result & Discussion

Health status is one of the important aspects of measuring the quality of life of elder people living in the elder home. The study had asked each individual respondent about their current health status.

3.1 Do you have any health problem?

The study had asked the health status of elder people living in the old age home. The researcher asked that whether the elder people had any health problem or not at the time of data collection. The data presented in the Table 1 shows that in total majority (88.9%) of the elder people had some types of health problem.

Table 1: Health Problem

	Gender		Caste					Total
	Male	Female	Chhetri	Brahamin	Janjati	Dalit	Others	
Yes	94.1%	84.2%	92.9%	83.3%	100.0%	100.0%		88.9%
No	5.9%	15.8%	7.1%	16.7%			100.0%	11.1%
Total	100.0%	100.0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pearson Chi-Square			NA					
Value	Df	Asymp. Sig. (2-sided)						
1.783 ^a	1	.182						

Source: Field Survey, 2021

The gender wise distribution of response shows that comparatively higher number (94.1%) males were suffering from health problem and 84.2% females were also suffering. Statistically, there was no significant association between the male and female regarding their health problem because the p value was .182 which is greater than .05 significant level. it shows that there were no differences in between male and female in their health problem.

Similarly, caste wise data shows that all people from Janjati and Dalit were suffering from the health problem. In case of Chhetri (92.9%), and Brahamin (83.3%) were also suffering from the health problem.

3.2 If yes, what are the health problems

In relation to the above Table 2, the study also asked that if the elder people had health problem, then what were these health problems. The response of elder people is presented in the Table 2 shows that comparatively higher number (37.5%) people had problem of blood pressure followed by 37.5% had Gastric problem, and 28.1% had Joint pains. Similarly, 18.8% also reported about the Diabetes and same number (18.8%) elder people also reported the problem of Asthma.

Table 2: If yes, what are the health problems

			Gender		Total
			Male	Female	
Health disease	Blood pressure	Count	14	10	24
		%	43.8%	31.2%	37.5%
	Diabetes	Count	6	6	12
		%	18.8%	18.8%	18.8%
	Asthma	Count	10	2	12
		%	31.2%	6.2%	18.8%
	Joint pains	Count	6	12	18
		%	18.8%	37.5%	28.1%

	Gastric	Count	8	16	24
		%	25.0%	50.0%	37.5%
	Others	Count	6	0	6
		%	18.8%	0.0%	9.4%
Total		Count	32	32	64

Source: Field Survey, 2021

From the gender perspective, problem of Gastric was comparatively higher (50%) among the females than the 25% males reported the same problem. The top three health problem faced by the female elder people were Gastric (50%), Joint pains (37.5%) and third major one was blood pressure reported by 31.2%. Similarly, major three problems faced by the male elder people were Blood pressure (43.8%), 31.2% reported Asthma and third highest number (25%) reported the Gastric problem. The result shows that both male and female were suffering from some types of health problem but prevalence and severity was slightly different.

3.3 Have you visited health post/hospital for the treatment of your health problem?

It is the general practice to visit the hospital at the time of health problem so the study had also asked about their practice of visiting the health post at the time of health problem. The response of elder people presented in Table 3 shows that half (50%) of the total respondents had visited the health post when they were ill.

Table 3: you visited health post/hospital for the treatment of your health problem

		Gender		Caste					Total
		Male	Female	Chhetri	Brahamin	Janjati	Dalit	Others	
Have you visited health post/hospital for the treatment of your health problem?	Yes	58.8%	42.1%	64.3%	58.3%	25.0%			50.0%
	No	41.2%	57.9%	35.7%	41.7%	75.0%	100.0%	100.0%	50.0%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pearson Chi-Square				NA					
Value	Df	Asymp. Sig. (2-sided)							
2.006 ^a	1	.157							

Source: Field Survey, 2021

From the gender wise analysis, it shows that comparatively higher (58.8%) male elder people visited to health post during their illness whereas only 42.1% female visited health post. There was no significant association between the male and female regarding the visit of elder people to the health post because the p value = .157 which is greater than .05 significant level.

Similarly, from the caste perspective, the data shows that all the elder people from Dalit and Others caste group had not visited the health post even in their health illness. Whereas, comparatively higher number (64.3%) Chhetri followed by 58.3% Brahamin and 25% Janjati had visited the health post.

3.4 If yes, then, who took you to health post/hospital

The study found that all the elder people living in the elder home were more than 61 years so it indicates that they need the support in the outdoor movement. The elder people were in need of supporter to visit the health post. The data presented in Table 4 shows that majority (61.1%) of elder people were taken to hospital by the elder home whereas 22.2% were taken by their friends and other kind-hearted people. Very few people visited hospital by themselves and some of them were taken by their children and relatives.

Table 4: If yes, then, who took you to health post/hospital

		Gender		Caste			Total
		Male	Female	Chhetri	Brahamin	Janjati	
If yes, then, who took you to health post/hospital	Myself	10.0%		11.1%			5.6%
	Elder home	40.0%	87.5%	55.6%	57.1%	100.0%	61.1%
	My children	10.0%			14.3%		5.6%
	Relatives	10.0%			14.3%		5.6%
	Others	30.0%	12.5%	33.3%	14.3%		22.2%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Field Survey, 2021

The study had also analyzed the data from the gender perspective also. The above table shows that significantly higher number (87.5%) of elder female were taken to the hospital by the elder home followed by 12.5% were taken by other people. In the case of male, comparatively higher number (40%) were taken by elder home followed by 30% were taken by others and rest were visited by themselves (10%), their children (10%) and relatives (10%).

The study also discussed based on the caste of elder people. The data shows that all elder people from Janjati were taken to hospital by elder home. Similarly, among the Brahmin caste also higher number (57.1%) were supported by elder home to visit the hospital and almost similar number (55.6%) of Chhetri caste were also supported by elder home whereas only 11.1% Chhetri were visited hospital by themselves.

3.5 Who bears the expenditure of health checkup and treatment?

Treatment cost of hospital visit was one economic challenge of elder people shared at the time of field visit. The data presented in the Table 5 shows that in total, 72.2% reported that the cost of health treatment was supported by elder home whereas rest (27.8%) had got support from the other persons and organization.

Table 5: Who bears the expenditure of health checkup and treatment

		Gender		Caste				Total	
		Male	Female	Chhetri	Brahmin	Janjati	Dalit		Others
Who bears the expenditure of health checkup and treatment?	Elder home	52.9%	89.5%	64.3%	75.0%	87.5%		100.0%	72.2%
	Others	47.1%	10.5%	35.7%	25.0%	12.5%	100.0%		27.8%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Field Survey, 2021

The study had analyzed the data from the demographic perspective also like gender wise and caste wise analysis was done to check the association between the variables. From the gender perspective, comparatively higher number (89.5%) of females reported that their total cost of health treatment was managed by the elder home whereas in the case of male, 52.9% got economic support of elder home to manage the cost of health treatment. The result indicates that higher number of females had received economic support than the male.

Similarly, the caste wise data shows that all elder people from other caste had got support in health checkup whereas all elder people from Dalit caste were supported by others to manage the cost of health treatment.

3.6 Current Health problem

The researcher had also asked about the current health problem of elder people. There was multiple problem shared by the elder people. The data presented in the Table 6 shows that

majority (59.3%) of elder people reported various types of pain like joint pain, chest pain, stomach pain etc.

Table 61: Current Health problem

		Gender		Total	
		Male	Female		
Health problem	Vision (eye sight) was impaired	Count	4	6	10
		%	14.3%	23.1%	18.5
	My hearing power was diminished	Count	4	8	12
		%	14.3%	30.8%	22.2
	My memory power was diminished	Count	0	2	2
		%	0.0%	7.7%	3.7
	I felt difficulty while eating due to fall of teeth	Count	0	4	4
		%	0.0%	15.4%	7.4
	Physical appearance was not as nice as before	Count	0	2	2
		%	0.0%	7.7%	3.7
	I could not have sound sleep	Count	0	6	6
		%	0.0%	23.1%	11.1
	Others (joint pain, chest, stomach etc.)	Count	22	10	32
		%	78.6%	38.5%	59.3
Total		Count	28	26	54

Source: Field Survey, 2021

The study had compared the health problem of male and female also. Higher number of both male (76.6%) and females (38.5%) reported that they were suffering from the various types of health problem like joint pain, chest, stomach etc. Comparatively, second higher number (30.8%) female had hearing problem followed by 23.1% had eye problem, 23.1% had sound sleep, 15.4% had teeth problem and rest had memory loss and physical appearance problem.

3.7 Are you taking any medicine of long-term diseases?

The study asked the elder people whether they were taking any medicine of long-term diseases. In response to this question, in total 94.4% reported that they were taking medicine of long-term diseases whereas rest were not taking any medicine.

Table 7: Are you taking any medicine of long-term diseases

	Gender		Caste					Total
	Male	Female	Chhetri	Brahamin	Janjati	Dalit	Others	
Yes	100.0%	89.5%	92.9%	100.0%	100.0%	100.0%		94.4%
No		10.5%	7.1%				100.0%	5.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Field Survey, 2021

From the gender perspective, 100% male elder people were taking medicine and 89.9% female reported the same. Similarly, cast wise analysis shows that 92.9% Chhetri, 100.0% Brahamin, 100.0% Janjati and 100% Dalit reported that they were taking medicine due to long-term disease.

3.8 Medicine taken by elder people

The study asked elder people about the types of medicine taking by the them. They data presented in Table 8 shows that in total majority (76.5%) of elder people were taking the medicine of Gastric, followed 32.4% elder people had problem of blood pressure, 20.6% had joint pains, 17.6% had problem of Diabetes, and 17.6% had Asthma problem.

Table 8: Medicine taken by elder people

			Gender		Total
			Male	Female	
Medicine	Blood pressure	Count	12	10	22
		%	35.3%	29.4%	32.4%
	Diabetes	Count	8	4	12
		%	23.5%	11.8%	17.6%
	Asthma	Count	8	4	12
		%	23.5%	11.8%	17.6%
	Joint pains	Count	8	6	14
		%	23.5%	17.6%	20.6%
	Gastric	Count	28	24	52
		%	82.4%	70.6%	76.5%
Total	Count	34	34	68	

Source: Field Survey, 2021

In the case of gender perspective, 82.4% male respondent reported that they were taking medicine of Gastric problem, followed by 35.3% shared taken medicine of Diabetes, 23.5% shared taken medicinal of Asthma, 23.5% shared taken medicinal of joint pains, 29.4% shared taken medicine of blood pressure. Similarly, female respondent reported that they were taking medicine of Gastric problem followed by 70.6% shared taken medicine, 29.4% shared taken medicine of blood pressure, 17.6% shared taken medicine of joint pains, 11.8% shared taken medicine of Asthma, same present 11.8% shared taken medicine of Diabetes.

4 Conclusion and Recommendation

Majority of the elder people had some types of health problem. Basically, blood pressure, Gastric, and joint pain were the major health problem of elder people. They were brought to hospital by the old age home and total health expenditure was also managed by the old age home. Majority of elder people had not got support from their family, relatives and other organizations for their caring and treatment. Very few elder people had only got support from

other organization and by their own family members. Almost all elder people were taking medicine of long- term diseases.

Majority of elder people living in the old age home had some types of health problem and they were taking regular medicine also so Government should provide free health check-up facilities for such elder people living in the old age home.

References

- Central Bureau of Statistics. (2012). *National Population and Housing Census 2011 (Village Development Committee/Municipality)*. Kathmandu: Government of Nepal National Planning Commission Secretariat Central Bureau of Statistics.
- Durgawala, P., Shinde, M., & Godwin, V. (2014). Study of assessment of quality of life in elderly residing in rural area. *International Journal of Science and Research*, 3, 1291-1294.
- Gee, E. (1999). Living arrangement and quality of life among Chinese Canadian elders. *Social Indicators Research*, 51, 309-329.
- Joshi, M., Chalise, H., & Khatiwada, P. (2018). Quality of Life of Nepalese Elderly Living in Rural Nepal. *Journal of Gerontol Geriatr Research*, 7(484). doi:doi:10.4172/2167-7182.1000484
- McKillop, M. (2016). *Household living arrangement and quality of life in adults with mental illness*. The University of Western Ontario, Canada.
- Pinquart, M. (2001). Age differences in perceived positive effect, negative effect, and affect balance in middle and old age. *Journal of Happiness Studies*, 2, 375-405.
- Poudel, N. (2005, July 08). Problems of Elderly Population.
- Srivani. (2007). *Aguide to mental health and Psychiatric Nursing*. NewDelhi: Jaypee Brothers.
- World Health Organization. (2015). *Ageing and Health-Fact sheet*. Geneva : WHO.