

2021 Analysis of Elderly people living in Briddha Ashram

Bed Kumari Subedi

Department of Rural Development
Padma Kanya Multiple Campus, Kathmandu, Nepal
srijana.subediacharya@gmail.com

Abstract

Ageing is a natural phenomenon and an inevitable process. Population ageing is pervasive since it is creating humanitarian, social and economic problems in many countries of the world including Nepal. Nepalese society is in a phase of modernization. There is modification in the cultural norms and traditional family support systems for elderly in Nepal which have placed substantial strain in caring elderly people. In Nepal, there were 1.5 million in 2001 and 2.1 million in 2011, elderly inhabitants, which constitute 6.5 percent and 8.1 % of the total population in the country. During the years 1991-2001, the annual elderly population growth rate was 3.39 percent, higher than the annual population growth rate of 2.3 percent. Growing numbers of elderly people are suffering problems in different aspect, but there are limited studies in relation to general morbidities as well as specific in this group of people. The government of Nepal has formulated a National policy, act and regulations on ageing and the problems of elderly; however, this has not been operationalised because of limited resources. In this background of problems that elderly people are facing and government slow initiatives, this paper is illustrated with the objective to explore the different dimensions of ageing and health and health related services for aging people in Nepal using different information for the purpose of further concrete steps in the benefits for elders.

Keywords: Ageing, Elderly Population, Health, Economic, Nepal Country.

Introduction

The ageing population is growing across the world and the dependency ratio is rising. Frail older adults can be heavy users of health and social care services, making it imperative to help older people maintain independent living (Mcdaid & Park, 2011).

The ageing of populations also implies an additional care burden to families and society. While some older people experience declines in physical functioning at a normal rate as part of the natural degenerative process, the speed of ageing can be negatively affected by increases in perceived social isolation, especially after retiring from paid work and/or being bereaved of close friends and relatives (Dury, 2016).

A support network is a set of persons surrounding a reference person who receives support. A support network helping capacity refers to the type and quantity of assistance that the informal support network provides to reference person; there is no minimum or maximum level of need. The primary potential support group is usually individuals that

are family or close friends. Capacity for assistance is dependent on the demographic composition, socioeconomic status, and spatial distribution and mobility of the members of the support network. Other factors included the intensity of commitment, the level of know how the style of work and time use. In identifying supports, the initial search involves looking at household. These persons may be parents, children, siblings, grandchildren, other relatives, or close friends of the reference person who do not share their home with the reference person. The actual numbers are relevant (Bisht, 2006).

An understanding of the characteristics of the elderly population brings about case in adopting policies in establishing economic efficiency and effectiveness. Therefore, priority is placed on defining the age classification of senior citizens, in most of the developed western countries, a person after age 65 tied with retirement age is a senior citizen, and Malaysia uses the 55 years as the retirement age, while Thailand, Singapore and the Philippines apply 60 years for retirement

Specifically, elderly people can be divided into three groups;

- The young old who includes those between 60 and 69 years of age.
- The old old who includes those between 70 and 79 years of age.
- The very old which comprises those above 80 years of age (Bisht, 2006).

It is therefore vital to encourage active and healthy aging for all older people, both for their sake and that of society. A growing number of studies report the potential benefits of active ageing as a result of formal volunteering programmes that allow older adults to participate in various forms of civic engagement and religious activity (Jenkinson, Dickens, Jones , Thompson & Taylor et al, 2013) .The positive links between such community-based activities and health outcomes have been well documented, such as delayed morbidities, lowered mortality, better cognitive health and enhanced longevity (Harris & Thoresen, 2005). According to the theory by Erik Erikson, generativists was defined as older people's desire to expand their care beyond oneself, towards others in broader societal contexts by passing their wisdom and knowledge accumulated over years to younger generations (Erikson, 1982). Based on the concept of generatively, intergenerational activities such as volunteering may help to promote better health (Morrow-Howell, 2010) .

Due to combined effect of declining fertility, mortality and improvement in health interventions, population ageing has been a world-wide phenomenon. People today are living longer and generally healthier lives. Population ageing is pervasive since it is creating humanitarian, social and economic problems in many countries of the world including Nepal. In Nepal, individuals over 60 years of age are considered elderly (Senior Citizens Act, 2006).

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. Percent of elderly inhabitants is during the years 1951 (5.0%), 1991 (5.8%), 2001 (6.5%), and in 2011 (8.1%) which shows that there has been a sharp increase in the number of elderly persons between 2001 and 2011(CBS, 2012). This indicates the starting of the ageing dynamics in Nepal, which will have adverse effects on Nepalese social structure and economy in the long

run. Modernization, increasing migration of young people from rural to urban areas and to big cities or foreign countries due to the expectation of high income and better education resulting disaster problems for the elderly in developing countries like Nepal.

Over the past decades, Nepal's health program and policies have been focusing on issues like population stabilization, maternal and child health, and disease control. However, current statistics for the elderly in Nepal gives a prelude to a new set of medical, social, and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers. There is urgent need to highlight the problems that are being faced by the elderly people and explored the strategies for bringing about an improvement in their quality of life. This study is an attempt to explore the different dimension of ageing and health and health related services for aging people in Nepal.

Research Methodology

This study was focused on three districts Kathmandu, Lalitpur and Bhaktapur. Five Briddha Ashram were taken from among about 200 Briddha Ashram. The study was found the elderly people aged 60 years and above age group from available all caste/ethnic groups who were lived in Briddha Ashram. Amako Ghar, Nisaha Sewa Sadhan, and Devine Services Home were chosen from Kathmandu, Dev Corner Sewa Samiti chosen from Lalitpur and Sidhi Sewa Sadan and Karma chosen from Bhaktapur primary based on Simple random sampling. It has taken from 120 samples Simple random technique. The total elderly people aged 60 and above years were taken from Bridhha Ashram of Kathmandu Valley. Data were collected in December 2016. The obtained data were analyzed with the help of SPSS.

1. Discussion and Results

Demographic Status

Age and Sex Distribution: The information about the age and sex of household population is presented in Table 1 Out of 120 populations, the proportions of male and female are 25.8 percent and 74.2 percent respectively.

Table 1: Elderly Population by Age and Sex

Age	Male	Female	Total	Sex ratio
60-64	2.5	6.7	9.2	37.3
65-69	5.8	17.5	23.3	33.1
70-74	3.3	14.2	17.5	23.2
75-79	5.8	7.5	13.3	77.3
80-84	4.2	15.8	19.2	26.6
85-89	2.5	7.5	10	33.3
90+	1.7	5.0	7.5	34.0
Total percentage	25.8	74.2	100.0	34.8
Total Number	31	89	120	34.8

The elderly people have been destined and forced to live in the Briddha Ashram due to the many reasons behind. Most of the elders crossing their 60 years are forced to live in the Ashrams. The following table shows the maximum people aged above 70 have lived in Ashram. The age group 65-69 years old population i.e., elderly has represented 23.3 percent of the total population. Only 7.5 percent oldest is found in the study. The proportion of female is higher than that of male. It was found 34.8 percent sex ratio. It shows higher number of female live in Briddha Ashram than male.

Marital Status: Marital status is one of the crucial social issues and which determines the lifestyle of the people. Happily married life is one of the components of quality of life. Almost 85.8 people are married with age. In Nepalese society people enter a sexual life after they get married. Figure 1 is describes the marital status of the study population.

Figure 1: Distribution of Marital Status

Almost 85.8 percent of respondents are married. Among them 64.2 percent of the elderly are widow/widower, 14.2 percent are never married, 15.8 percent are separated and only 0.8 are divorced.

Economic Status of Elderly

For many years a large fraction of the elderly in the United States was poor. Encouraged by growing national income after great depression, society established programs such as social security supplementary security income, Medicare and medic aided which transferred resources to the elderly and increased their incomes. The elderly are particularly vulnerability to uncertainly. For example many elderly could not recover form an income loss by working or from a large medical expense by browning against future labour earning. The programs reduced uncertainly by stabilizing large part of incomes. No others groups has been protected against uncertainty to the same event. The family is the primary care giver for the elderly. They expect economic and other logistical support from their family members, but who live in Ashram difficult to manage the logistic support. Our rich social culture of paying respect to our elders and the aged is being broken in the changing context of desire to a small family, poverty, status of women, modernization, urbanization, and industrialization process, Senior citizens are the source of traditional knowledge, experience, skills, expertise, pride, and living history for the family, community and nation but even then they are often neglected, isolated and ignored, Elderly people are living longer, with diminishing their overall care. The elderly people of Nepal have a great desire that their old age be easier and secured with family members. The existing socio-economic structure of Nepal, even a small proportion of elderly added may pose a serious population problem in the face of awfully discouraging economy in the near future.

4. Conclusions and Recommendations

Socio-religion is deliberately very high especially, elderly people of social deprived because of poverty lacking of basic needs. There is no one door policy system of poverty eradication program because so many national and international organizations are working in the name elderly people in Briddha Ashram and which is making negative impact in socio- cultural settings rather health and economic status. The joint family system is gradually decreasing collapsing and increasing the nuclear family system because of neo-socialism concept and diverting an occupational role of the people so elderly problem is will be have one of biggest social problems in near future in Nepal. This study describes about status of Socio-economic, health condition and utilization status of Elderly people in Briddha Ashram in Kathmandu valley. There is to study about social, religion and cultural values affect aged population. It required to be formulated the family influence policy program so elderly can get adequate family support. The amount of old age allowance which elderly are receiving is not enough for monthly expenses so elderly are expecting to be increased necessary Therefore, it required to be amendment the existing old age allowance policy program.

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