

## **Assessment of Health Problems and Social Needs of Elderly in old age Homes of Biratnagar Metropolitan**

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### **Abstract**

Nepal is also witnessing the expansion of life span and hence an enhancement in the population of the elderly. 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. Pashupati Bridrashram the only one shelter for elderly people run by the government which was established in 1976 as the first residential facility for elders. This study was conducted to assess the health and social needs of elderly residing at Birateshwor Briddhashram and Mahila Jagriti Briddhashram Biratnagar. Descriptive cross sectional research design has been used to describe characteristics of a population. There are four registered old age home in Biratnagar Metropolitan City, among them only two were selected purposively. Non random sampling technique has been used in which Purposive Sampling method has been adopted. Both health and social needs were assessed using semi-structured interview schedule which consisted of multiple response questionnaire. There were fifty-seven elders, only forty were selected purposively who can give their information, twenty-four females and sixteen males were selected for interview. Most of the elders came to old age home because of lack of own shelter, sixty percent elders have no any children, mostly they were widow or widower. Majority of them had vision (60 %), walking (46%), hearing problems (33 %) and minority (10 %) have inability problems in moving extremities, difficulty in talking. Only a few elders came there because of maltreatment by their family members. The study has suggested for establishment of health post or health care center, provision of ambulance to meet their health needs and importance of care taker to make their life easier, provision of television, kitchen garden, temple to meet their social and spiritual needs.

*Keywords:* elderly, health problems, old age home, social needs

## Introduction

### Background

Ageing is the natural process and inevitable phenomenon. Along with aging, there is a number of emerging health, nursing, caring, psychological and social problems. Complexity of these problems results from overlapping and advancing various changes, multi-illness, decreased functional efficiency and other factors (Muszalik et al., 2012).

Central Bureau of statistics (CBS, 2000) and Nepal National Population and Housing Census (NNPHC, 2011) have stated that Nepal has been facing an increased need of health and social care for the elderly people because of increase in the absolute number and proportion of elderly population in the country and because of the equity principle. 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. Percentage of elderly inhabitants during the years 1951 (5.0%), 1991 (5.8%), 2001 (6.5%), and in 2011 was (8.1%) which shows that there has been a sharp increase in the number of elderly persons between 2001 and 2011.

Majority of the elderly homes in Nepal are concentrated around urban centers mostly in the capital city of Kathmandu. Presently, about 1500 seniors are being catered in different elderly homes covering less than 1 % of the actual need. Old Age Homes in Nepal are meant for seniors who are unable to stay with their family or are destitute. These people are one of the most vulnerable groups suffering from geriatric diseases. Nepal is a developing country experiencing a rapid increase in the elderly population. The percentage of the elders is estimated to double by 2017 in USAID, 2009 (Khanal & Gautam, 2011).

A study conducted in jammu, India by Dubey et al. (2011) showed that talking about the family members seemed to be a favorite pass time for the residents of both the settings, especially for those living in the institution. Remembering the old happy memories and sharing these with their inmates gives nostalgia about feeling of accomplishment. It acts as a catharsis for the elderly. As few as 3.3 percent were resorting to meditation to keep themselves relaxed, tension free and refreshed.

A study conducted in Social and Health Status of Elderly Population in Far-Western Region of Nepal by Bhatta (2009) has revealed that Old age peoples get pleasure from meeting with their family members, relatives, friends and social gatherings and enjoy sharing their past experiences of life. Such activities help to develop their positive attitude toward themselves and toward their old age. Regarding the trend of friends, relatives and other family members visiting to the respondents it shows that about 66% of the respondents were often visited by their friends, relatives or family members, whereas about 18% of the respondents told that their friends, relatives or family members visit them regularly.

### **Research Problem**

There were 1.6 million elderly inhabitants, which constitutes 7.46% of the total population in 2001, which will be double by 2017(Singh, 2004). Since their population mass is increasing and due to the changing social and economic status of our society, this group of population need to be focused by the nation for ensuring sufficient physical facilities and psychological and social support.

Healthy ageing is not only related to the advances in medical technology but also related to the interaction of a wide range of social factors such as maintaining and enhancing physical and cognitive functions being fully involved in the society, leading a stimulating and productive life, living in a stable social environment and having meaningful personal relationships.

Elderly is the topic of concern of today's society. Nurses need to know the health problems and social needs of elderly so that it will be easier to provide adequate care for elderly and create awareness to individual, family, society and country through the assessment, communication and dissemination of the findings. With regard to research problem statement, following are the research questions:

- What are the major health problems of elderly residing at Old Age Home?
- What are the social needs of elderly at Old Age Home?

### **Research Objective**

The specific objectives of this study were the following;

- To explore the socio-demographic characteristics of elders residing at OLD Age Home.
- To identify the major diagnosed and undiagnosed health problems of elders.
- To find out the social needs of elderly in Old Age Home.

### **Rationale for the Study**

Old age is the most difficult part of the life 's journey. It is our duty to make this part of the life of the old as comfortable as we can. Besides the physical care, the old people need our company. Adjustment has been conceived as a problem for elderly living in old age home. In the Nepalese context, the older population is increasing both in terms of absolute numbers and as a proportion of the total population; however, traditional family norms and values of supporting the elderly are eroding.

Every living being born, develops, grows old and dies. Ageing is a process of gradual change in physical appearance and mental situation that cause a person to grow old. We also recognize the problem that arises in the family due to age and generation gap that goes up to national level. But, is it not justifiable to discard the old parents who offered their entire life to

empower their children. We cannot disregard the labor-pain of the mother and hard work of the father who worked day-in-and-day-out to bring up their children and make them competent and capable for survival. But most of the time peoples of different place and culture take the old people as a troublesome part of their family. Nevertheless, we should not forget our duty towards them.

The diminishing joint family system and the various other social factors have enforced the emergence of old age homes, especially in cities. Various surveys have confirmed that most of the elderly people consider home as a place where they can derive greatest emotional satisfaction. Elder abuse is one of the subjects of frequent discussion these days, whether it is institution based or community based. Elder abuse is not merely physical instead, but it has been categorized as- physical, emotional, financial, neglect and sexual

### **Literature Review**

In this study, literature review mainly focused on the socio- demographic characteristics of elderly, health problems and social needs residing at Old Age Home mainly in Nepal, India and developing countries. There is an Old Age Home in the premises of temple Pashupati Nath (Pashupati Bridrashram) for the destitute elders. Ministry of Women, Children and Social Welfare operates the old-age home that has the capacity for only 230 elderly people. The study showed that Majority of the general public still don't have a positive attitude towards elderly and their housings. Most, including their own family, despise them as passive recipients of support. This, together with the ongoing Maoist Revolution that is leaving many aged helpless, homeless and terrified as their family either gets killed, leave the country or joins the Maoist (Dhungana et al., 2005).

A cross sectional study on Health Problems among elderly inmates of Old Age Homes India has revealed that the prevalence of arthritis in their study was present in 37.23% males and 40.94% females, an overall prevalence of 37.56% hypertension, Cataract was present in 36.17% males and 27.56% females, Impaired hearing in 17.19%, bronchial asthma in 14.03%, diabetes mellitus was found in 12.67% inmates. The study also revealed that majority elderly was dependent economically, neglected, living alone and suffering from various health problems. Morbidity profile of inmates of old age home showed anemia, arthritis, hypertension, cataract, impaired hearing, asthma and diabetes in hierarchical order (Dawale et al., 2010).

A Swedish cross-sectional study on Participation in Needs Assessment in Older People Prior to Public Home Help stated that six categories of health complaints were identified, with communication (80.9%), mobility (66.6%), psychosocial (61%) being as most prevalent and thereafter elimination (42.5%), respiratory-circulatory (38.2%) and digestion-related problems (36.4). Age, socioeconomic status and female gender most strongly predicted low physical quality of life and psychosocial problems, age, socioeconomic status and female gender most

strongly predicted low mental quality of life. From the findings it was concluded that not only mobility but also psychosocial aspects need to be assessed and addressed in daily practice to a greater extent (Janlöv, 2006).

A cross sectional study conducted at Social Welfare Centre Elderly's Home, Pashupatinath" at Gaushala, Kathmandu has revealed that out of total population, 53.33% were from rural area, 30% were from urban area and 16.66% from semi urban area. Majority of them (78%) were uneducated. Regarding marital status, 52% were widow/widower, 26.66% were separated, 15.33% were single, 5.33% were married and 0.006% was divorced. Majority of them (54.67%) got psychological support where as 45.33% of total population had not got any psychological support from either family member or friends. Higher part (58.67%) of the respondents had got financial support whereas 41.33% had not. The subjects were admitted in the old age home in lack of caregiver (64%), 10.67% because of family conflict, 9.33% because of loss of spouse, 6% due to low economy and 1% on their own will (Ranjan, Bhattraï & Dutta , 2013).

## **Method and Materials**

### **Study Design**

Descriptive cross-sectional research design was used to conduct this study. The study was conducted in registered old age home of Biratnagar Metropolitan City. There were four registered old age home at Biratnagar Municipality, but only two of them selected purposively. The study population was all elderly residing at old age home i.e. fifty-seven. Each male and female over the age sixty was considered as the sampling frame. There was fifty-seven elder people altogether in selected old age home. But only forty elders were taken for the study, those who couldn't speak at all or couldn't hear were excluded in the study. The study was approved by Biratnagar Metropolitan City.

### **Data Collection**

The data was collected from selected old age home after getting formal permission from the authority from Biratnagar Metropolitan, Charter President of both Old Age Home as well as verbal consent from each respondent. The respondents were explained about the objectives of the study. Interview schedule was used for data collection. Individual interview was conducted using semi-structured multiple response questionnaire, in simple Nepali language after getting verbal permission, about 45minutes was taken for one interview completion.

### **Assessment Methods**

Interview schedule was used to assess the elder individual. The tool has contained three parts; Part I: Semi- structured socio- demographic profile with selected variables, Part II:

Questionnaires related to overall health needs and Part III: Questionnaires related to sociological needs. It was developed based on the thorough literature review, consulting the experts for content validity.

### Statistics

The analysis was done using SPSS software version 16. The descriptive analysis was conducted as mean for age, sex, literacy, type of family before, health problems and sociological needs were also described in frequency and percentage. Some data were presented in tabular form and some were in graph and chart.

### Results and Discussion

**Table 1**

*Socio-demographic Characteristics of Respondents* *n = 40*

Age	Frequency	Percentage
60-80	29	72.5
80+	11	27.5
Sex		
Male	16	40
Female	24	60
Marital status		
Married (Male)	9	22.5
Unmarried (Male)	7	17.5
Married (Female)	20	50
Unmarried (Female)	4	10
Ethnic Group		
Brahmin	15	37.5
Chhetri	10	25
Newar	3	7.5
Madhesi	2	5
Others	10	25
Educational status		
Literate	9	22.5
Illiterate	31	77.5
Type of Family		
Nuclear	15	37.5
Joint	14	35
Single	11	27.5
Previous Economic Status		
Very poor	12	30
Poor	20	50
Medium class	8	20

*Note.* Descriptive Study report, 2016, (Biratshwor Briddhashram and Mahila Jagriti Briddhashram Biratnagar).

Table 1 shows some socio-demographic characteristics of respondents. Most of the respondents belong to age between 60-80 years i.e. 72.5%. Half of female were married i.e. 50%, large of respondents were Brahmin i.e. 37.5%, most of the respondents were Illiterate i.e. 77.5%, 37.5 respondents were from nuclear family, majority of the respondents' previous economic status was poor and very poor i.e.80%.

**Table 2**

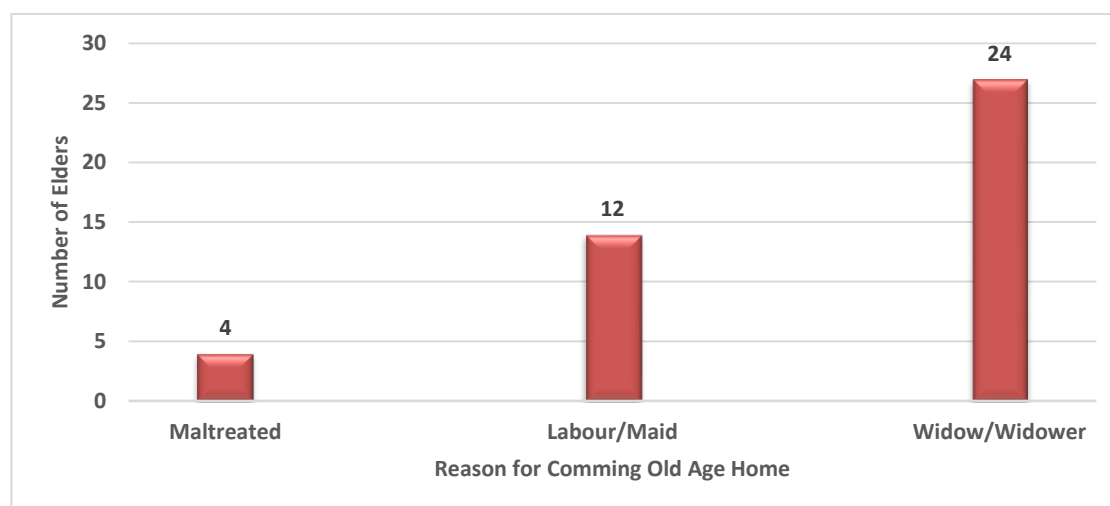
<i>Number of Children of Respondents</i>		N = 40
Variables	Frequency	Percentage (%)
Number of children		
More than 5 children	2	5%
Less than 5 children	14	35%
No children	24	60%

*Notes.* Descriptive Study report, 2016.

Table 2 shows that 60% respondents didn't have any children in their family, about 35% respondents had less than five children and only 5% had more than 5 children. This indicates that the majority of elders or dependent age group do not have their children for economic, social and health support.

**Figure 1**

*Distribution of Respondents According to Reason for Staying old age Home*



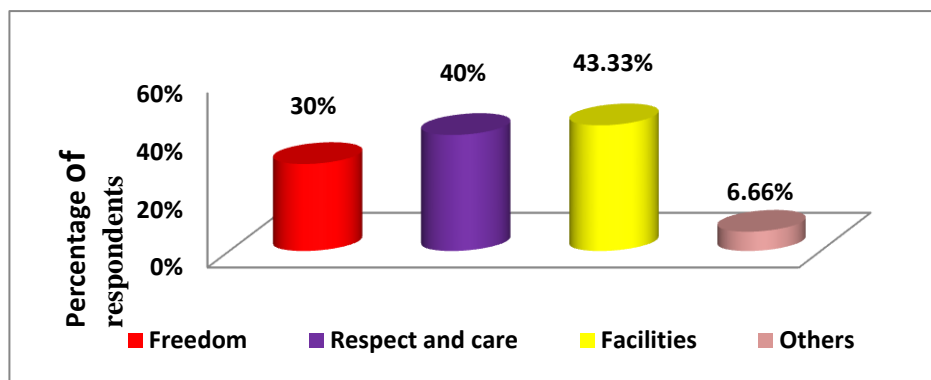
*Note.* Descriptive Study report, 2016.

Figure 1 shows that majority of respondents i.e.60 % came to Old Age Home because they were widow/widower and many of them have no children & didn't have home, 30% were

worked as labor/maid in others family before coming there and few of respondents i.e. 10% stated that they were mistreated at home by their son and daughter in law so forced to OLD Age Home.

**Figure 2**

*Feeling Towards the Services of old age Home*

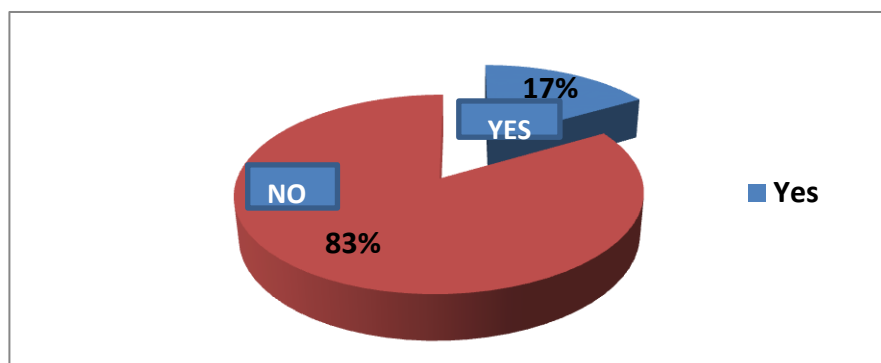


*Note.* Descriptive Study report, 2016.

Figure 2 shows that more number of respondents i.e. 43.33% like facilities provided in that OAH i.e. safe housing, diet, eating and drinking facilities, recreation facilities, 40% liked the respect & care provided by OAH personnel and from each other, 30% respondents like freedom in the OAH i.e. sharing of each other's feeling, engaging in activity of their own interests and others respondents i.e. 6.66% stated that they like food provided by OAH.

**Figure 3**

*Feeling of Regret for Coming old age Home*



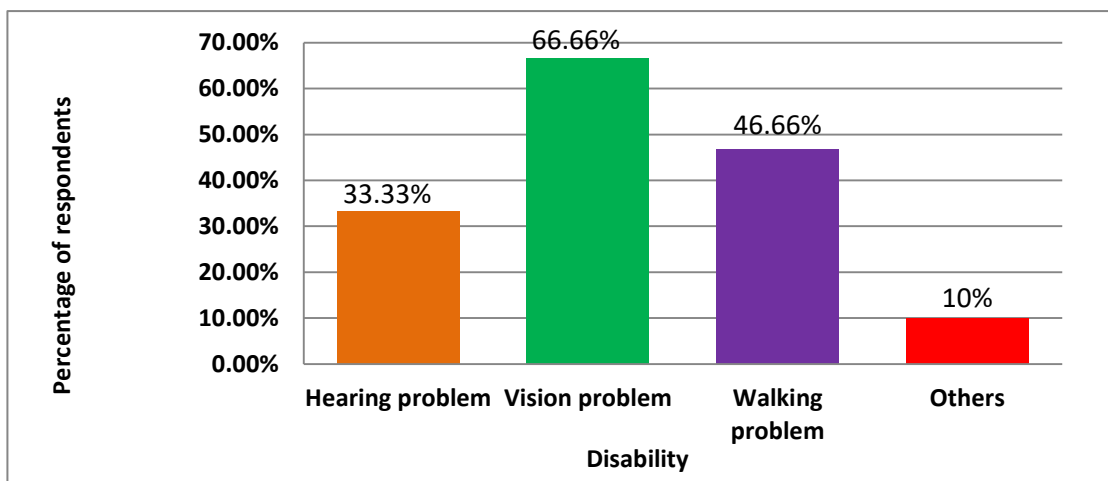
*Note.* Descriptive Study report, 2016.



Figure 3 shows that maximum respondents i.e. 83% stated that they do not have any feeling of regret for coming in old age home, minority of respondents i.e. 17% feel regret of coming in old age home.

**Figure 4**

*Distribution of Respondents according to their Disability*



*Note.* Descriptive Study report, 2016.

Figure 4 shows that majority of respondents i.e. 66.66% stated that they have vision problem, 46.66% have walking problems, 33.33% respondents have hearing problems and other 10% stated that they have inability in moving extremities, difficulty in talking.

**Table 3**

*Distribution of Respondents According to Chronic Disease*

Chronic Diseases	Percentage
Diabetes	33.32
Hypertension	13.38
Bone & Joint Problems	23.32
Respiratory problems	6.63
Prostate problem	3.35
Seizure Disorder	3.33
Cholelithiasis	6.66
Dementia	6.63

*Note.* Descriptive Study report, 2016.

Table 3 shows that the higher number of the respondents of Old Age Home are being suffering from diabetes mellitus and taking medication i.e. 33.32%, 13.38% had hypertension and under medication, 23.32% have bone and joint problems i.e. fracture healing, use of walker, 6.63% have respiratory problems like COPD, asthma, some male have prostate problems, some elders have seizure disorder, gall stones and some have dementia. Most of the chronic problems are based on the medical diagnosis of respondents.

**Table 4**

*Distribution of Respondents According to Sleep Disorders*

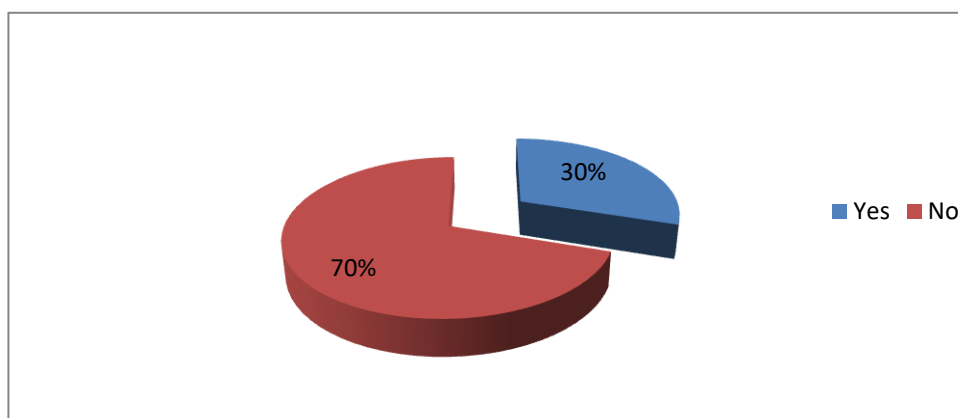
Variables	Frequency	Percentage (%)
Type of sleep disorders		
Sleep apnea	5	15
Sleep paralysis	3	10
Insomnia	17	55
Others	17	55

*Note.* Descriptive Study report, 2016

Table 4 shows that 55% respondents have sleeping problems, i.e. insomnia (lack of adequate sleep) and minority respondents i.e. 10% have sleep paralysis and other respondents i.e. 15% have different sleep apnea and 55% have others problems related to sleep.

**Figure 5**

*Visiting of Family Members When Respondents Fall ill*

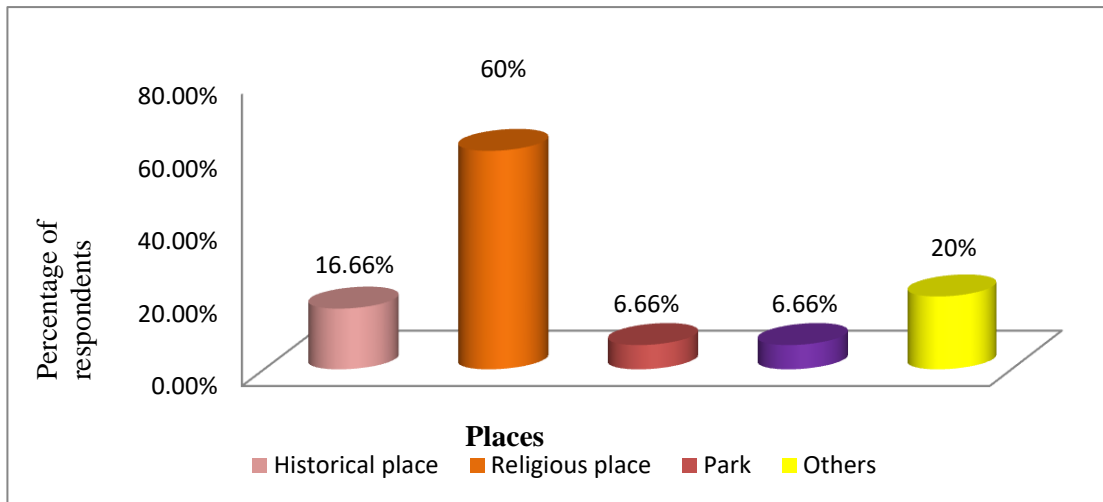


*Note.* Descriptive Study report, 2016

Figure 5 shows that most of respondents i.e. 70% stated that their family members didn't visit them whenever they fall ill whereas few respondents i.e. 30% stated that their family members visit them whenever they fall ill.

**Figure 6**

*Distribution of Respondents According to Preferable Place for Outing*

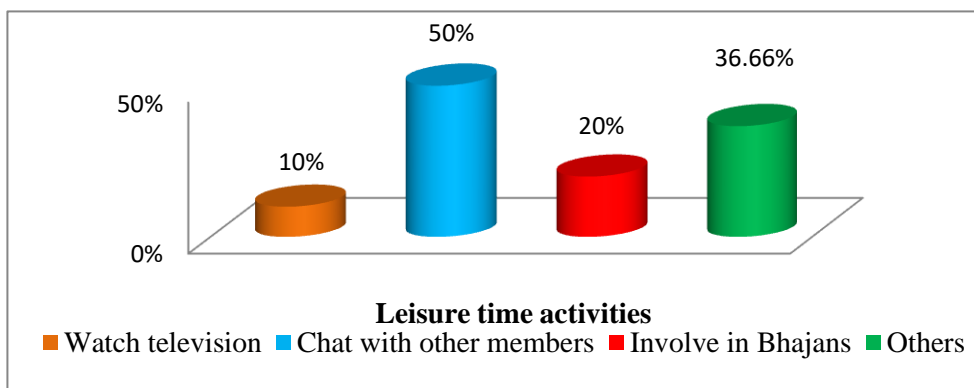


*Note.* Descriptive Study report, 2016.

Figure 6 has revealed that majority of respondents i.e. 60% prefer religious place for outing inside the country, 16.66% like the historical places for outing, some are interested for park visiting as outing.

**Figure 7**

*Leisure Time Activities*

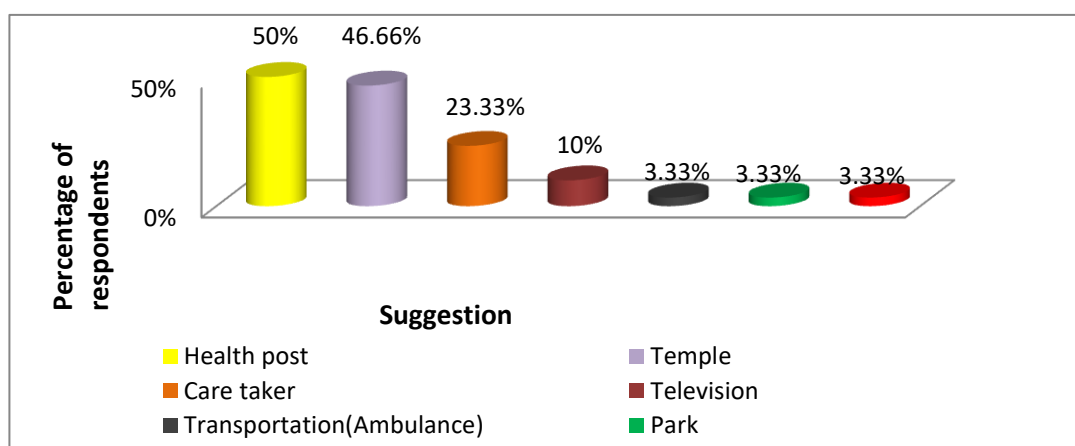


*Note.* Descriptive Study report, 2016

Figure 7 shows that majority of respondents i.e. 50% used to spend their time to chat with other members in the old age home and 20% more interested in Bhajan/kirtan, few numbers of respondents are more interested in watching television.

### Figure 8

*Distribution of Respondents According to Suggestions to Meet Needs of Elderly in old age at Home*



*Note.* Descriptive Study report, 2016.

Figure 8 shows that half of the respondents i.e. 50% suggested about importance of health post nearby, 46.66% respondents suggested about temple nearby, 23.33% respondents suggested importance of care taker to make their life easier, and others respondents suggested about ambulance, provision of television, kitchen garden which is 3.33%, 3.33% and 3.33% respectively.

### Discussion

Most of the elderly were of age group 60-80 years. The overall representation of Brahmin i.e. 37.5% and more were from nuclear family and majority of the respondents' previous economic status was very poor. The present study found that 37.75% respondents were from nuclear family and 35% were from joint family and 22.5% respondents were literate and 37.5%, 60% female, 40% male 62.5% were khas ethnicity similar study conducted in a Briddhashram of Nepal found 50.6% were male, 94.4% were Khas ethnicity, 30.6% were from nuclear family, 25.0% were married, thirty-two 17.8% were literate (Chalise, 2014).

The present study found that 73% elder people had chronic diseases; among them diabetes (33.32) and hypertension (13.38) were most common. The current study has shown that majority of respondents i.e. 66.66% stated that they have vision problem, 46.66% have walking problems, 33.33% respondents have hearing problems and other 10% stated that they

have inability in moving extremities, difficulty in talking. This finding was comparable with a Cross sectional study on Health Problems among Elderly inmates of Old Age Homes in Urban areas of Chennai, India conducted by Jaiganesh (2013) showed that the prevalence of individual health problems was Visual problems 67% followed by Hypertension 54%, Depression 45%, Arthritis 43%, Diabetes mellitus 32% and Hearing problems 24%.

The present study found that 50% respondents suggested provision of health post and establishment of temple nearby for their physical and spiritual needs. The study conducted in Kathmandu Concluded that around 40% elderly demanded establishment of clubs. A cross-sectional study on Health and Social Care Needs in Pharping, Kathmandu, found that Elderly perceive their priority needs as love and care, own health, good earning, delicious food, clothes, rest, and security and family support. They demand provisions such establishing clubs (40%); management of entertainment (Bista et al., 2012).

Majority of respondents i.e. 60 % came to Old Age Home because they were widow/widower & didn't have home, 15% came themselves and another 15% were brought by their far relatives when their love one died, and minority of respondents i.e. 10% stated that they were mistreated at home, the study has also shown that 60% elders have no any children and 27.5% elders were unmarried. A cross-sectional study on Need to Support Old Age Residents in India by Kumar et al. (2008) has shown reasons given by these 68 residents, which comprise neglected and living alone (36.9%); physical insecurity (16.5%); neglect after decreased income contribution (10.7%); lower medical care expenses and living costs in old-age homes as compared to living alone independently (9.7%); physical and verbal abuse and insults by daughter-in-law and son (8.7%); neglect by family due to high treatment costs and care (6.8%); poverty (5.8%); peaceful and spiritual life (1.9%); drug addict or abusive son (1%); schizophrenic son (1%) and belongings lost in the recent floods (1%).

The study has shown that 55% respondents have sleep disorders, i.e. insomnia and minority respondents i.e. 10% have sleep paralysis and other respondents i.e. 15% have sleep apnea. A Prospective, observational cohort study in the Los Angeles area showed 33.6% sample used a nighttime sedating medication and 32.5% participants were high-risk for sleep apnea (Constance et al., 2012).

## **Conclusion**

We found that there are various physical, psychological, social needs along with health problems and chronic diseases of elders in this study. Most of the elder people were from very poor socioeconomic background and singlehood i.e. widow or widower. Majority of elders were from farming and labor background, no one from permanent and prestigious job. Majority of the elders have any kind of chronic health problems, most of them have no any child. Almost elder didn't regret of coming Briddhashram because of the facilities, belongingness and dietary

support. They suggested about importance of health post nearby for their health checkup and establishment of temple nearby for their religions needs fulfillment.

### **Implications**

- The study might provide a foundation a foundation for further research related to health problems and social needs of elderly in Old Age Home.
- This study could also help to concern authority about major chronic disease as well as disability and proper intervention in Old Age Home.
- This study might help to concern authority about respondent's social needs and solutions for the improvement of the Old Age Home.
- These study findings might sensitize the owner of OAH as well as elders and draw the attention of authority i.e. Biratnagar Metropolitan, Social Organization, Ministry of Social Development Province 1 to provide facilities according to their needs in Old Age Home.

### **Limitations**

- This study was conducted in only two setting of Old Age Home at Biratnagar so the generalization of findings may be restricted.
- Data collection was done only by interview schedule using multiple response questionnaire, it would be better if this study conducted as qualitative study using in-depth interview and focus group discussion.

### **Research Gap**

Various research study has shown that many elderly people maltreated by their family members, their son and daughter-in-law have forced to take shelter in the elderly care home but in this study most of the elders have no any children, some of them were unmarried too and very poor socio-economic background. Research studies has shown the depressive problems among Old Age Home elders are common because of feeling of isolation but in this study majority of elders didn't feel regret of coming there and they are satisfied with the services of Old Age Home. There should be provision of minimum medical staff, including apparatus and sterile procedure for simple medical procedure, Screening services and counseling.

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