

Observational Studies on Personal Hygiene and Sanitation Practices of Elderly Buddhists in Kathmandu Valley

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Abstract

The study Entitled “Observational studies on personal hygiene and sanitation practices of elderly Buddhists” was conducted in Kathmandu Valley. The main objective of this study was to analyze the personal hygiene and sanitation practices of elderly Buddhists. The study was based on descriptive design with qualitative and quantitative nature. Convenient sampling method was applied to collect the data and altogether 640 elderly Buddhists including of 320 male and 320 female were selected as a sample for study. Similarly, observation checklist with direct observation method was used for data collection. The three dimensions for hygiene and sanitation condition measurement such as satisfactory, good and poor were used. Out of total respondent, the most of the respondents (40.16%) were in age Group 60-64 years. The highest sex ratio (141.17) was found in 75-79 years age group and the lowest sex ratio (80.00) was found in 80 years and above age group. The mean age of male elders was 68 years and 67.36 years for female. Around 48% of elderly Buddhist had moderate condition of personal hygiene practices, nearly 40% respondents had satisfactory and around 12% elders had poor hygiene practices. Similarly, 39% elders had satisfactory sanitation practices, 42% respondents had moderate and 19% respondents had poor sanitation practices. As conclusion, most of the elders were practicing with moderate hygiene practices. The moderate condition negatively affects the health condition of Buddhists elders. Most of the elders were practicing with satisfactory sanitation practices the also affects the wellbeing of the Buddhists elders in Kathmandu Valley.

Keywords: *Elderly Buddhists, observation, personal hygiene, sanitation, health care.*

Introduction

Ageing is the process of changing physique and physical appearances with the speed of time or being old mentally and physically (Oxford Advanced Learner’s Dictionary, 2007). Aging which begins at conception and ends at death is a process of growing older regardless of chronological age (Subedi, 1999). Ageing is a global problem not confined to any specific society while the problem is globally there are no such things as global solution (UN, 2018). Ageing is the ultimate manifestation of biological and population related activities individual human being

and population at large until recently very few attentions has paid about the dynamic of ageing in human beings (CBS, 2014).

Demographic figure around the world shows that the population of older person is increasing or growing faster (UN, 2017). The percentage of elderly population of Nepal was 5.8 % in 1991 which has increased to 6.5% in 2001 and now it has increased up to 8.3% in 2011 (CBS, 2011). The total population of elderly people (aged 60 years and above) is 2154410 out of which 1044673 (48.49%) are male and 1109737 (51.51%) are female. Nepal is multi religious country and Hindu, Buddhist, Christian, Muslim, Kirat etc. are the major religious group in Nepal. Almost 80% are Hindu and 10% are Buddhist population in Nepal (CBS, 2014).

The word 'Hygiene' is derived from the Greek word 'Hegela' the Goddess of Health and it is directly related with fresh air, sunlight, diet, exercise, rest and relaxation, sleep, cleanliness, illumination, right attitude of mind, good habits and others (Sharma, 1983). There should be a Motto to guide everyone to follow and practice that 'Cleanliness is next to Godliness' (Park, 2007). Hygiene deals with practices that helps in the maintenance and promotion of individual health physically, mentally, emotionally, socially and spiritually (GTZ, 1992). Health and hygiene of every human being are vital in overall development of a country in large (Dixit, 1995). The problems of health and hygiene are more in the third countries, it faces many serious problems including health hygiene and sanitation (World Bank, 1980). Personal hygiene helps in maintaining a good and clean physique, good muscle strength and also to maintain clean mouth and teeth, free from carries etc. (Park, 2007).

Sanitation is the foundation of healthful living, which shows the status and living standard of human beings (Shakya, 2018). The term "environmental sanitation" has been define by WHO (1994) as the "control of all those factors in man's physical environment which exercise or may exercise a deleterious effect on his physical development, health and survival". Sanitation practice differs from community to community. Some community achieves good health from their practices and some community lose their health from their sanitation practices (GTZ, 1992). Community people cannot develop their every aspects of life without personal hygiene and healthy environment. Personal hygiene and sanitation is essential for all the human beings (ICDU, 1996).

Thus, the personal hygiene and sanitation are the major health indicators among the people as well as the elders. The total health status and quality of life is determined by personal hygiene and environmental sanitation. The elders with proper personal hygiene and sanitation can survive healthier rather than the elders with poor hygiene and sanitation behavior.

Ratanakul (2004) illustrated on his journal Buddhism, Health and Disease (BHD), a Buddhist believes that physical causes of disease and illness can be the effect of previous bad karma. Therefore, we need to take advantage of whatever means of curing and treatment are available. Such treatment, even if it cannot produce a cure, is still useful because appropriate physical and psychological conditions are needed for the karmic effect to take place. The present tendency of certain diseases suffered through the past karma and the physical condition will provide the

opportunity to produce the physical and mental diseases. Karma is created by choices we made in past lives. Health is to be gained by continuing personal efforts in this life.

Observation is a direct way of gathering qualitative information to observe events with reality (Young, 2000). Observation is the method of data collection where we use our eyes rather than of ears and voice (Kerlinger, 1980). Observation removes the difficulties of interview and helps to obtain a lot of real and natural information (Best, 2002).

Elderly people are similar and vulnerable to physical, social, emotional and socio-economic problems by their age, castes, religion and place of residence in Nepal (NEPAN, 2006). There are very few studies have conducted on health hygiene and sanitation practices of Buddhist elders. It is necessary to study their health status to promote and maintain their status and to make future health status better. In the context of Nepal, there are many kinds of health problem facing by elders (Khanal, 1998). So this study intends to find out the solution of following research questions. What are the existing hygiene and sanitation practices of the Buddhist elders? What extent the elders cared by self as health care management system?

Objective of the Study

The main objective of this study was to analyze the existing personal hygiene and sanitation practices of elderly Buddhists in Kathmandu Valley.

Methods and Procedures

The study was based on descriptive design as well as qualitative in nature. The elderly Buddhist population with in the Kathmandu Valley was the population of the study. There were altogether 640 elderly people including of 320 male and 320 female from Buddhist community selected by using convenient sampling method. Observation Checklist was used for data collection. I have tried to follow the structured guideline of observation checklist and then made the decision about the situation of personal hygiene and sanitation. The respondent pre-informed about the purpose of observation and their permission was taken before interaction and observation to maintain ethics. The observed data was analyzed by satisfactory, good and poor condition of hygiene and sanitation condition with structured guideline of measurement.

Results and Discussion

The study has conducted with a view to make this effective and meaningful analysis and interpretation of the obtained data were presented with the help of data table. Data were discussed here with practices of personal hygiene and sanitation related thoughts and theories.

Age and Sex structure of elderly people: Age and sex structure of population is an important part of demography (Singh, 2011). It helps the planners and policy makers in formulation effective plans and policies for the population of different age groups (Chaudhary, 2004). Age is the number that people live in the world. Similarly, sex is the biological structure of living being. In this study, both age and sex were included for the analysis of existing health condition of the elderly people. This study presents following age and sex structure of the respondents.

Table 1. Age and Sex Structure of the Respondents

Sex Age group	Buddhist elders						Sex Ratio (M/F x K)
	Male		Female		Total		
	No.	%	No.	%	No.	%	
60-64	124	38.75	133	41.56	257	40.16	093.23
65-69	086	26.88	079	24.69	165	25.78	108.86
70-74	063	19.69	068	21.25	131	20.47	092.65
75-79	024	07.50	017	05.31	041	06.41	141.17
80-84	015	04.68	013	04.06	028	04.37	115.38
85 & above	008	02.50	010	03.13	018	02.81	080.00
Total	320	100.0	320	100.0	640	100.0	100.00
Mean age: For male- 68.0 years. For female- 67.36 years							
Overall sex ratio: 100							

Table No. 1 reveals the age and sex structure of the respondents. Out of total respondents, the highest proportion of the respondents (40.16%) in age Group 60-64 years and the lowest proportion of the respondents (2.81%) in age group 85 and above age groups. In individual analysis, 38.75% male Buddhist elders were in 60-64 years age group and 41.56% in female Buddhist elders were at the same age group. Likewise, the mean age group for male elders was 68 years and 67.36 years was for female elders.

Similarly, the sex ratio analysis of male and female Buddhists elders were 100 as overall sex ratio but the highest sex ratio was found in 75-79 age group and that was 141.17 it means more male Buddhist elders rather than female elders in this group. Likewise, the lowest sex ratio was found in 85 years and above age group and that was 80, it means more female Buddhist elders rather than male elders in this age group. According to CBS, 2011 the overall sex ratio of elderly population was 94.13, which was slightly differ then this data.

General Physical Observation

General physical health observation condition consists of body posture, condition of teeth, with respect to fitting and chewing capacity, capacity of hearing and seeing, skin integrity, condition of hair, memory power, attraction and personal hygiene and sanitation. It shows that total human body condition is essential to do work or other purpose.

Observed Hygiene Practices of Elderly Buddhist Population

Personal hygiene is a daily health activities done by human beings. Better health practice of the individuals contributed for the promotion on their own health. Personal Hygiene includes all those personal factors, which influence the health and well-being of an individual. It comprises many daily activities such as care of body regarding bathing and washing care of feet and nails, habits regarding eating diet, exercise, sleep, smoking, drinking and mental attitudes towards life (Park: 1980). The observed personal hygiene condition of elderly Buddhist people is presented here.

Table 2. *Observation Analysis about Hygiene condition*

Condition Sex Practices	Satisfactory				Moderate				Poor			
	Male		Female		Male		Female		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Wearing clothes	133	41.6	145	45.3	153	47.8	157	49.1	034	10.6	018	05.6
Finger's nail	092	28.7	104	32.5	147	45.9	136	42.5	081	25.3	080	25.0
Hands condition	159	49.7	169	52.8	124	38.7	123	38.4	037	11.6	028	08.7
Cleanliness of teeth	089	27.8	092	28.7	182	56.9	186	58.1	049	15.3	042	13.1
Cleanliness of face	114	35.6	158	49.4	137	42.8	147	45.9	069	21.6	015	04.7
Hair condition	063	19.7	178	55.6	182	56.9	122	38.1	075	23.4	020	06.2
Cleanliness of legs	088	27.5	183	57.2	176	55.0	121	37.8	056	17.5	016	05.0
Cleanliness of eyes	092	28.7	134	41.9	154	48.1	143	44.7	074	23.1	043	13.4
Condition of skin	068	21.2	124	38.7	183	57.2	155	48.4	069	21.6	041	12.8
Body posture	087	27.2	137	42.8	162	50.6	146	45.6	071	22.2	037	11.6
Vision capacity	062	19.4	084	26.2	194	60.6	188	58.7	064	20.0	048	15.0
Hearing capacity	082	25.6	095	29.7	179	55.9	168	52.5	059	18.4	057	17.8

Condition of wearing clothes of the Respondents: Wearing clothe is defined as the clothes wearing properly and well maintained. In the present study, the researcher measured and classified the wearing clothes of the respondents by observing them directly. If the condition of wearing clothe was too rough, classified as 'poor' and generally in normal condition was 'moderate' and if well maintained then 'satisfactory' condition. In the study, average 7.5% respondents had poor condition, nearly 48% respondents were with moderate and nearly 45% respondents were with satisfactory condition of wearing clothes.

Those who had satisfactory wearing clothes condition were optimistic to the life and health had proper life style. Those who had one or more disease or problems had improper health habits and were less optimistic to the life. They had moderate wearing clothes condition. Similarly, those respondents, who were above 80 ages, had got two or more chronic diseases and other health problems, were practicing bad health habits and were ignored by the family, had poor wearing clothes condition.

Condition of Finger's Nail of the Respondents: Ageing affects the condition of finger's nail among the elders. In the present study, the researcher measured and classified the finger's nail of the respondents by observing over it. If the nail was found to be clean, sharp and shine according to the age, it was classified as 'satisfactory' condition of nail, when it was less shine and clean was classified as moderate and when it was found rough and dirt then it was classified as poor condition of finger's nail. In this study, nearly 31% respondents had satisfactory condition of nail followed by the 44% respondents with moderate and 25% respondents with poor condition of finger's nail.

Nail cutting is a major aspect of personal hygiene. If we cut nail regularly, we can minimize the suffering from the diseases. The nail directly contact with our mouth while having meals. So, we should take care about our nails and should clean our hand properly before having our meals. The main cause of poor nail condition was respondent's grown up age. In Nepalese context, it was found that the ageing was the main factors of poor nail condition.

Condition of Hands of the Respondents: The condition of hands was classified by observing the following condition. If the hands were straight, strong, physically fit and able to work properly and had no problems to do work were classified as 'satisfactory'. If they were less strong and mildly capable to do work with hands were classified as 'moderate' and those were weak and unable to do work were classified 'poor' condition of hands. In this study, nearly 51.5% respondents had good condition of hands, 38% respondents had moderate and nearly 10% respondents had poor condition of hands.

The main cause of weak hands was respondent's grown up age. The grown up age brings many health problems, weaknesses, deficiency of calcium, nerve related problems etc. In the context of Nepal, regular hard work and less consumption of nutritious food were the main causes of week bone, nerve and hands.

Cleanliness of Teeth of the Respondents: The condition of teeth was classified by observing the following condition. If the teeth were filled tightly and able to chew properly and had no dental problems such teeth were classified as 'satisfactory'. If they were mildly fitted and mildly capable to chewing with few teeth were classified as 'moderate' and those loosely fitted and unable to chew and teeth less were classified 'poor' condition of teeth. In this study, 28% respondents had satisfactory condition of teeth, 57.5% respondents had moderate and 14% respondents had poor condition of teeth.

The main cause of weak teeth was that most of respondents were teeth less and they had not been using toothpaste and toothbrush regularly due to their old age and daily life management. Still they had been using normal water and do not brush their teeth regularly.

Cleanliness of face of the Respondents: Ageing reflects on human face. Skin condition of face and wrinkles on the face are the symptoms of ageing. In the present study, the researcher measured and classified the cleanliness of face of the respondents by observing over it. If the face was found to be clean and glossy according to the age, it was classified as 'satisfactory' condition of face, when it was less clean and dry with few cracks was classified as moderate and when it was found dirt, dry and wrinkled then it was classified as poor condition of face. In this study it was found that 42% respondents had satisfactory condition of face followed by the 43.5% respondents with moderate and 14.5% respondents with poor condition of face.

The main cause of shine, glossy, smooth and clean face was respondent's good health, good nutrition and stress less life. Similarly, the poor condition of face indicates the grown up age and its symptoms. In Nepalese context, it was found out that the ageing, climate and nutritional status can play significant role in the condition of face in different ages.

Condition of Hair of the Respondents: Ageing and ripen hair are synonymous. In this study, the researcher measured and classified the hair of the respondents by observing over it. If the hair was found to be black, shine, clean and thick according to the age, it was classified as 'satisfactory' condition of hair, when it was thinner, less shine and less black was classified as moderate and when it was found more deteriorate then it was classified as poor condition of hair. In this study, it was found that 37.5% respondents had good condition of hair followed by the 12 47.5% respondents with moderate and 15% respondents with poor condition of hair. The main cause of ripen hair was respondent's grown up age. In Nepalese context, it was found out that the ageing was the main factors of ripen of the hair.

Cleanliness of legs of the Respondents: Ageing reflects on human body, face, hands and legs. Weak bones and legs are the symptoms of ageing and elderly health. In the present study, the researcher measured and classified the cleanliness of legs of the respondents by observing over it. If the legs was found to be clean, strong and less cracks according to the age, it was classified as 'satisfactory' condition of legs, when it was less clean with few cracks was classified as moderate and when it was found dirt, dry and more cracks then it was classified as poor condition of legs. In this study, it was found that 42.5% respondents had satisfactory condition of legs followed by the 46.5% respondents with moderate and 11% respondents with poor condition of legs.

The main cause of shine, strong smooth, clean and crackles legs was respondent's good health, good nutrition and good physical activities. Similarly, the poor condition of legs indicates the grown up age and its symptoms. In Nepalese context, it was found that the ageing, climate, nutritional status, health condition and family support can play significant role in the condition of legs in different ages.

Cleanliness of eyes of the Respondents: Ageing reflects on human eyes and vision. In the present study, the researcher measured and classified the cleanliness of eyes of the respondents by observing over it. If the eyes was found to be clean and clear according to the age, it was classified as 'satisfactory' condition of eyes, when it was less clean and dry with few health problems was classified as moderate and when it was found dirt, dry and less clear then it was classified as poor condition of eyes. In this study, it was found that 35.5% respondents had satisfactory condition of eyes followed by the 46.5% respondents with moderate and 18% respondents with poor condition of eyes.

The main cause of smooth, clear and clean eyes was respondent's good health, good nutrition and stress less life. Similarly, the poor condition of eyes indicates the grown up age and its symptoms. In Nepalese context, it was found out that the ageing, climate, nutritional status and health condition can play significant role in the condition of eyes in different ages.

Condition of skin of the Respondents: Ageing reflects on human skin condition, darkness, dryness and wrinkles on the skin are the symptoms of ageing. In the present study, the researcher measured and classified the condition of skin of the respondents by observing over it. If the skin was found to be clean, clear, healthy and shine according to the age, it was classified as 'satisfactory' condition of skin, when it was less clean, dirty and dry with few cracks was

classified as moderate and when it was found dirt, dry and wrinkled then it was classified as poor condition of skin. In this study, it was found that 30% respondents had satisfactory condition of skin followed by the 52.5% respondents with moderate and 17.5% respondents with poor condition of skin.

The main cause of shine, glossy, smooth and clean skin was respondent's good health, good nutrition and stress less life. Similarly, the poor condition of skin indicates the grown up age and its symptoms. In Nepalese context, it was found out that the ageing, climate, physical activities, work stress and nutritional status can play significant role in the condition of skin in different ages.

Condition of Body Posture of the Respondents: Body posture is defined as the position and condition of the body. In this study, the researcher measured and classified the body posture and structure of the respondents by observing their standing position. If the position of the body was too stooped and weak, it was classified as 'poor' and generally stooped 'moderate' and if not stooped 'satisfactory' posture of the body. In this study, 35% respondents had satisfactory posture, 48% respondents were with moderate and only 17% respondents were with poor body posture. Those who had good posture were optimistic to the life and had proper nutrition and exercise. Those who had one or more chronic disease and other health problems had improper health habits and were pessimistic to the life. They had moderate body posture. Similarly those respondents, who were above 80 ages, had got two or more chronic diseases, were practicing bad health habits and were ignored by the family, had poor body posture.

Vision Capacity of the Respondents: Eyes are one of the most important sense organs of our body. They help us to see the physical objects. They send the picture of things around to the brain getting the information and the brain conveys about those things to look properly. In the study, vision capacity of the respondents were measured by their capacity of counting fingers – 6 ft far from them and asking them to recognize the number of fingers. There performances were classified 'satisfactory' for saying easily; 'moderate' for saying with little difficulty and 'poor' for being almost unable to say correct numbers of fingers. In this study, nearly 22.5% respondents had 'satisfactory' vision, 60% respondents were with moderate vision capacity and 17.5% respondents had poor vision capacity.

Eyes give sense of vision. Vision capacity is also one of the important parts of physical health. Poor vision in the elders creates many problems for elderly themselves and for care provider also. Poor visionary need extra help. The elderly people with poor eyesight too need help to perform various activities.

Hearing capacity of the Respondents: Ears are also important sense organs. They help us hear different sounds. They convey those sounds to our brain that makes us know the direction of the sounds. Hearing capacity also plays an important role to make a physical status of a person good. In this study, hearing capacity of the respondents was examined by talking to them normally and receiving response from them. For example, if one could reply normally and listened sounds properly, he/she was categorized as 'satisfactory'. If it needs a bit louder sound than usual sound

to get response, it was termed as 'moderate'. Likewise, if it needed extra loud voice to the respondent, he/she was as classified 'poor' condition of hearing. In the study, 27.5% respondents had satisfactory hearing capacity, 54% respondents were with moderate and 12.5% respondents had poor hearing capacity.

Those who had poor hearing capacity were facing problems to understand. They said that they had been sound hearing capacity in the past but later on they lost their sound hearing capacity.

Observed Sanitation Practices of Elderly Buddhist Population

People must keep our body and our surrounding environment neat and clean. Here, I had categorized personal and domestic sanitation conditions of the respondents among the different criteria. It was categorized in three category good, normal and poor on their their kitchen, toilet, house and room, bed sheet already net and clean, and well managed and air passing from ventilation based condition. The different categories have been presenting below

Table: 3. *Observation Analysis about Sanitation practices*

Condition Sex Practices	Satisfactory				Moderate				Poor			
	Male		Female		Male		Female		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Bed room sanitation	135	42.2	179	55.9	167	52.2	124	38.7	018	05.6	017	05.3
Kitchen sanitation	178	55.6	188	58.7	113	35.3	124	38.7	029	09.1	008	02.5
Toilet sanitation	141	44.1	166	51.9	148	46.2	143	44.7	031	09.7	011	03.4
Garden sanitation	168	52.5	150	46.9	137	42.8	152	47.5	015	04.7	018	05.6
Home sanitation	154	48.1	187	58.4	142	44.4	098	30.6	024	07.5	035	10.9
Street sanitation	097	30.3	091	28.4	174	54.4	168	52.5	049	15.3	061	19.1
Water supply	076	23.7	072	22.5	168	52.5	177	55.3	076	23.7	071	22.2
Drainage facility	098	30.6	105	32.8	167	52.2	166	51.9	055	17.2	049	15.3
Light in the room	174	54.4	181	56.6	132	41.2	095	29.7	014	04.4	044	13.7
Ventilation system	159	49.7	178	55.6	144	45.0	089	27.8	017	05.3	053	16.6

Condition of bedroom sanitation: Practice of bedroom sanitation is the important aspect of good sanitation. Regular cleaning practice of bedroom helps to make healthy environment in the house. So the researcher attempted to find out the practice of bedroom cleaning in the respondents house. In this study, it was found that 49% respondents had satisfactory condition of bedroom sanitation followed by the 45.5% respondents with moderate and 5.5% respondents with poor condition of bedroom sanitation.

According to above data we can find that most of the respondents had cleaned bedroom daily. Only few bedrooms were less clean.

Condition of kitchen sanitation: Kitchen is considered as the main source of health as well as diseases. If we make our kitchen more safe, hygienic and comfortable then we can get good health condition. In this study, nearly 57.5% respondents had satisfactory condition of kitchen

followed by the 37% respondents with moderate and 6.5% respondents with poor condition of kitchen sanitation.

From the direct observation, the researcher found that most of the households had good kitchen sanitation. They are more conscious about their family health but few had less awareness about the proper kitchen sanitation practices.

Toilet sanitation practices: Clean toilet can play vital role to keep good sanitation condition and healthy environment in the households. The improper disposal of human excreta is a risk factor of transmitted communicable diseases. So every households should clean toilet regularly. In this study, nearly 48% respondents had satisfactory condition of toilet cleanliness followed by the 45% respondents with moderate and only 7% respondents with poor toilet sanitation practices.

Toilet sanitation made us healthy and unhealthy life. Wastage disposal is one of the causes of environmental pollution. So, the best way of safe disposal of human excreta is presence of toilet and its proper use. In this study, the households and toilets were observed directly and found good sanitation practices.

Garden sanitation: Garden refers to the greenery surrounding of the households. The garden area should be neat and clean for healthy living. Many kinds of vector may arouse in waste files, mosquitoes, rat living area is waste of environment, because they spread different kinds of communicable and non-communicable disease. Hence, the garden must be clean in appropriate time. If the surrounding is cleaned, people will be healthy. In this study, nearly 50% respondents had satisfactory garden sanitation followed by the 45% respondents with moderate and only 5% respondents had poor garden sanitation.

It can be concluded that from above data that they have had very good managed garden, because most of them are literate, aware and conscious about their health, daily activities in the garden and work for fresh fruits and vegetables.

Home Sanitation Practice: The first step of life starts from our own home. So, if the senior family members of the home are well aware about home sanitation, then the rest family members are automatically being aware about home sanitation. Clean houses make the clean society. So, sanitation practice should be done by each and every home of a community. Home sanitation is very essential for good health, good working environment which give everyone mental satisfaction. In the study area, nearly 53% respondents had satisfactory home sanitation followed by 37.5% respondents with moderate and only 9.5% respondents had poor home sanitation.

In my observation, most of the respondents were aware about cleaning daily, it seems that respondents had good knowledge about home sanitation. Respondents had been somehow educated about sanitation but if the awareness increased the maximum people would be alert about home sanitation practices.

Street sanitation condition: Cleanness of street and road is important for fresh environment. House sanitation makes only house clean but street and road sanitation make whole community clean. The clean and fresh street and road show the personality of society. So, cleanliness of our environment is essential factor to make our community developed. The practice of street and road sanitation in this study presents nearly 29% respondents had satisfactory condition followed by the 53% respondents had moderate and 18% respondents had poor street sanitation condition.

We can conclude that people promote their sanitation. People were aware about house as well as street and road sanitation. Some people are still unknown about the healthy environment. So, due to dirty surrounding people were sufferings from different kind of diseases which occurred by the unhealthy environment.

Water Supply: Water is the main causing factors of many diseases. So, clean water should be used for a healthy life. Due to growth of population, urbanization, industrialization many source of water is polluted. Many wastage products are thrown in the sources of water that makes water polluted. In this study, nearly 23% respondents had satisfactory water supply system followed by the 53.5% respondents had moderate and only 23.5% respondents had poor water supply system in their households.

From the direct observation, it is found that most of the households had adequate water supply available in the comparison to the public schools. Most of the households had used filter for storage the drinking water. They had used filtration method of water purification highly but some had direct pipe and tap water.

Drainage facility in the home: Every home should have the draining facility in the community. Water is used in the households for various purpose. i. e., for washing hands, bathing, washing clothes, drinking and cleaning toilet etc. so the used water should be drainage systematically. Otherwise, waste water pollute the environment of the home as well as community. Thus households should be managed waste water properly. The collected information about drainage facility in the home was about 32% respondents had satisfactory drainage facility followed by the 52% respondents had moderate and only 16% respondents had poor drainage facilities.

According to above data we can conclude that most of the homes had closed drainage facility. Similarly, some had used systematic drainage method and conscious about clean, safe and healthy environment.

Condition of light in the room: During the construction of house, this aspect of hygiene should be given proper attention. But in real practice, it seems to have got less attention. In my observation, nearly 55.5% respondents had satisfactory lighting condition on their home and bedrooms followed by the 35.5% respondents had moderate and only 9% respondents had poor lighting condition on their home and bedrooms as well.

Lighting system in a room in the study area is fair, most of the houses had proper lighting system. This should be increased as it is a very basic aspect of health and hygiene.

Ventilation system: During the construction of house, this aspect of hygiene should be given proper attention. But in real practice, it seems to have got less attention. In this study, nearly 53% respondents had satisfactory ventilation system and facilities on the house and bedrooms followed by the 36.5% respondents had moderate and 10.5% respondents had poor ventilation system.

Ventilation system in a room in the study area is fair and most of the houses had well ventilated rooms. This should be increased as it is a very basic aspect of health and hygienic life style.

Conclusion

As conclusion, male elders had satisfactory condition of wearing cloths and hand condition. Similarly, female elders had satisfactory condition of wearing clothes, hand condition, cleanliness of face, hair condition, clean legs, eyes and body posture in terms of personal hygiene. Rest hygiene conditions were moderate and poor. Similarly, both male and female Buddhist elders had satisfactory bedroom, kitchen, toilet, garden, house and ventilation sanitation. Rest sanitation conditions were moderate and poor. The satisfactory hygiene and sanitation condition positively affects the health condition of Buddhists elders and the condition with moderate and poor affects negatively the wellbeing of the Buddhists elders in Kathmandu Valley. The elderly Buddhists themselves, family members, community and the government policy should be careful on hygiene and sanitation practices and programs for promotion of elderly health and wellbeing longer.

References

- Adhikari, K. (2015). Sanitation in Nepal, past, present and future (2nd ed.). Kathmandu: Kunti Bhoomi Memorial Trust, Nepal.
- Best, J. W. & Kahn, J. V. (2004). *Research in Education*. New Delhi: Prentice Hall of India
- Bisht, P. S. (2003, 8-19 December). *Ageing and the Elderly Population in Nepal*. (A Paper Presented at Population and Development Training Programme). Kathmandu.
- C.B.S (2014). *Statistical pocket book*, department of printing, Singha Durbar, Kathmandu.
- Central Bureau of Statistics (2011). *Population Monograph of Nepal* (Vol. 1). Kathmandu: CBS.
- Choudhary, R. H. (2004). Ageing in Nepal. *Asia-Pacific Population Journal*. UN, ESCAP. 19, 61-80.
- Dixit, H. (1995). *The Quest for Health*. Kathmandu, Educational Enterprises P. Ltd. Nepal.
- Egbinola, C. N. & Amanambu, A. C. (2015). Water supply, sanitation and hygiene education in secondary school in Ibandan, Nigeria.
- Encarta library Reference (2004). Solid Waste Management and Sewage Disposal Process, Washington DC, USA.
- Encyclopedia Medical Dictionary (2007). Oxford University Press, London.
- GTZ (1992). *Manual for Proper Waste Handling Environmental Sanitation and Hygienic in Urban Areas*.
- Huttan, G. & Haller, L. (2004). Evaluation of the costs and benefits of water and sanitation improvements at the global level. World Health Organization.
- ICDU/NPC (1998). *Solid Wastage Management in Urban Nepal*. Kathmandu: ICDU Lalitpur.

- Kerlinger, F. N.(2000). *Foundation of Behavioral Research*. New Delhi; Surjeet Publication.
- Loughnan, L. C., Bain, R., Rop, R., Sommer, M. & Slaymarker, T. (2016). What can existing data on water and sanitation tell us about hygiene management?
- Maharjan, S. K. (2000). "Ageing".*Source Book of Population Education*. Kathmandu: Population Education Unit, Education Faculty, T.U.
- NEPAN (2006), *Madrid International Plan of Action on Ageing*, Kathmandu: Paru Offset Press, Dillibazar.
- Park, J. E. and Park, K. (2007). *Textbook: Preventive and Social Medicine*. (13thed.). Jabalpur: M/s Banarsidas Bhanot Publishers.
- Rajan, S.I. (2006). *Population ageing and health in India*. Mumbai: Centre for Enquiry into Health and Allied Themes.
- Ratanakul, Pinit. Buddhism, Health and Disease. *Eubios Journal of Asian and International Bioethics (2004): 162-164*
- Shakya, S. K. (2018). Water, sanitation and hygiene in Nepal. Kathmandu: ENPHO.
- Sharma, R. P. (1983). *Fundamental Principle of Hygiene and Public Health Pulchowk*. Sajha Prakashan, Lalitpur.
- Singh M. L. (2014). Population monograph of ageing in Nepal: Retrieved from cbs.gov.np/.../population/population_mono...
- Singh, M.L, (2011). *Ageing of the Population of Nepal*, Central Department of Statistics, TU, Kathmandu, Nepal.
- Subedi, B.P. (1999). *Demographic challenge for Nepal: caring of elderly population and Development in Nepal* vol. 6, Kathmandu: Central Department of Population Studies.
- The Kathmandu Post (Jan. 30, 2002). *Elderly People Living Miserable Life Study*, Kathmandu, Kantipur Publication.
- UN (2017). *Madrid International Plan of Action on Ageing*, Spain, United Nation, p. 27-28.
- UN. (2015). World population ageing. New York: United nation. Retrieved From www.un.org/en/development/desa/population/.../pdf/ageing/WPA2015_Report.pdf
- WHO (2000). *Community Health Care in Ageing Societies* Proceeding of a WHO International Meeting, Sanghai, China.
- WHO, (1994). *Ageing and Health, a Global Challenge for the 21st Century* Proceeding of WHO Symposium Koba 10-13 November.
- WHO. (2017). Guidelines for drinking water quality: Fourth edition incorporating the first addendum. Geneva: Authors.
- WHO/UNICEF (2017). Progress of drinking water, sanitation and hygiene (2017 updated and SDG Baseline report). Geneva: WHO. <http://doi.org/10.1111/tmi.12339>
- World Bank (1980). *Health problem and Policies in the Developing Countries*. World Bank Staff Working Paper No. 412.
- Young, P. V. (1998). *Scientific Social Survey and Research (4th ed.)*. New Delhi: Prentice Hall.