

Health Status of Elderly People Living in Old Aged Homes in Pokhara

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ABSTRACT



Background: Health is serious matter for the elderly people especially living in old aged homes. In this context, this study has tried to explore the health status of elderly people living in old aged homes.

Methods: Information were collected from fifty seven elderly people living in purposively selected three major old aged homes of Pokhara by using structured questionnaire through interview techniques. The elderly people, who were unable to speak, hear, complete the interview process, have severe psychiatric disorder, did not have verbal consent to participate were excluded from the study. Descriptive analysis was carried out for this research.

Results: Majority (87.7%) of the respondents had chronic physical health problem like back pain problem as major followed by other musculoskeletal problems, gastrointestinal disease, hypertension, respiratory problem, diabetes mellitus, heart disease, eyes and ears problem. The proportion of female was higher than male regarding their chronic physical health problem. Majority went to hospital when they were sick. Half of the respondents were worried about economic insecurity followed by lack of social relation, lack of treatment during illness, fear of future, lack of recreational activities, food management of old age homes, environment of elderly official, sitting and sleeping environment of elderly home and others respectively. All the respondents prayed god to cope with these stress followed by listening to religious hymns, go to religious places, solitary living, crying alone, and take cigarettes/alcohols.

Conclusions: Health status of elderly people living in old aged home was not good since most of the elderly were suffered from chronic physical health problem. Females are more vulnerable.

Keywords: Elderly People, health condition, old aged home, religious, stress

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INTRODUCTION

Old aged homes are the places which provide food and shelter for the elderly people. Some of those elders are discarded by their sons because they are very old to be taken care of and some of those elders may not have children or relatives to live with¹. There are many old aged homes in Nepal where the elderly people of ages 60 and above live the remaining days of their lives.¹ According to the 2001 census of Nepal², its elderly population constituted 6.5% of the total population of the country. During the years 1991-2001, the annual elderly population growth rate was 3.39% as against the national population growth rate of 2.3%.^{3,4} According to the 2011 census⁵, the percentage of elderly population has increased to 8.13 percent.

Ageing is a normal process, which is associated with physical, social and psychological changes. The number of older population of both developed and developing countries has considerably increased in the 20th century. Previous studies conducted in Nepal reveal that the tradition of Nepalese peoples respecting their parents and elder is gradually declining. There is an obligation among young generation to leave their home for searching employment and opportunities of good education. This process is continuing in all parts of the country due to which huge number of senior citizens are compelled to live alone in their usual place of residence. Thus the elderly populations are highly susceptible to mental, psychological and several physical problems.⁶

Due to the demands of the modern cash economies, most children and grandchildren do not stay with their older members of the family and as such the family members are unavailable to assist such older persons. Consequently, many older people are lonely and have limited opportunities for interaction. This is exacerbated by the lack of facilities, such as day care centers and recreational facilities.⁷

The importance of care that has to be given to the geriatric population is big issues emphasized by many studies in Nepal and abroad. The comparative study concluded that depression was the most common psychiatric disorder in the general population (21.7%) and also in those living in old age homes (25%), followed by anxiety disorders (5.8%).⁸

Age, gender, living arrangement, marital status, education, occupation, family type and economy dependency, living condition were found associated with the depression of elderly people.⁹

Elderly who died of suicide and had a past history of suicidal behavior were more likely to suffer from depression.¹⁰

Similarly, the different studies in Ludhiana, India and Iran revealed that economic status, social relations, unhappiness with old age, absence of friendly activities within the households, behavior of family members, loneliness and feelings of neglect were found to be statistically significant factors for anxiety, depression and allied health problems.^{11,12}

Overall, depression was found in 51.1 percent among study population. Depression was more among non-religious (60.61%) and among those who were not involved in any extrinsic or intrinsic religious activity.¹³

There is direct or indirect effect of the physical health status of elderly people, their mind diversional activities, their worries and coping strategies to the depression of the elderly. So, there is need of doing such research to know the status of elderly people regarding these factors. In this context, this study has tried to explore the health status of elderly people living in old aged homes of Pokhara.

MATERIALS AND METHODS

Cross-sectional research design was adopted for this study. At first, three major old aged homes in Pokhara i.e. Pokhara Aged Shelter having 50 elderly people located at Pokhara-17, Sitapaila, Batsyayan Aged Shelter having 15 elderly people located at Pokhara-18, Batchchibuduwa, and Radha Krishna Senior Citizen Residence having 45 elderly people located at Pokhara-32, Tallo Gagangauda were selected purposively. So, there were altogether 110 elderly people with age 60 years and above in these old aged homes. At second stage, the elderly people, who were unable to speak, hear, complete the interview process, have severe psychiatric disorder, did not have verbal consent to participate in this study were excluded from the study. Finally, data was collected from all the fifty seven respondents i.e. 22 respondents from Pokhara Aged Shelter, 24 respondents of Radha Krishna Senior Citizen Residence, and 11 respondents of Batsyayan

Aged Shelter who met the criteria of the respondents by using structured questionnaire through interview techniques. The data was collected during March and April of 2019 A. D. Descriptive analysis was carried out for this research.

RESULTS

Majority (43.9%) of the respondents had been staying in old aged homes since more than 1 to 5 years followed by above 5 years (40.4%) and upto one year (15.8%). Minimum duration of stay was 6 months and maximum was 16 years. Average duration of stay was 5.8 years with standard deviation 4.6 years (Figure 1).

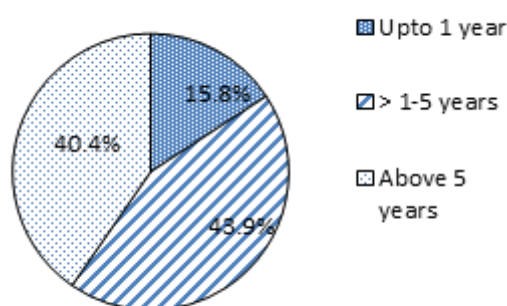


Figure 1: Duration of Stay

Most (87.7%) of the respondents had CPHP. Further, out of 50 respondents having CPHP, more than four fifth (82%) of the respondents were suffering from back pain problem followed by other musculoskeletal problem (74%), gastrointestinal disease (74%), hypertension (46%), respiratory problem (36%), diabetes mellitus (36%), heart disease (26%) and other physical health problems (8%) like eyes problems and ears problem. More than three fourth (77.2%) of the respondents responded that they visited hospital when they were sick. Almost three fifth (59.6%) of the respondents were involved in the regular checkup in elderly home when they were sick whereas very few (7%) of the respondents responded that they bought medicine from drug house when they were sick (Table 1).

Table 1: Chronic Physical Health Problems (CPHP) of Respondents

Variables	Number	Percent (%)
CPHP		
Yes	50	87.7
No	7	12.3
Types of Physical Health Problem (N = 50)*		
Back pain	41	82.0
Other musculoskeletal problem	37	74.0
Gastrointestinal disease	37	74.0
Hypertension	23	46.0
Respiratory problem	18	36.0
Diabetes mellitus	18	36.0
Heart disease	13	26.0
Others	4	8.0
Way of Treatment while ill (N = 50)*		
Regular checkup in elderly home	34	59.6
Bringing medicine from drug house when ill	4	7.0
Going Hospital	44	77.2

*Based on Multiple Responses

The proportion of female was higher regarding the chronic physical health problem than the male. Further the proportion of female was also higher than male in case of all the types of chron-

ic physical health problem like back pain, other musculoskeletal problems, gastrointestinal disease, hypertension, respiratory problem, diabetes mellitus and heart disease (Table 2).

Table 2: Chronic Physical Health Problem by Sex

Variables	Sex				Total	
	Male		Female		Number	Percent
	Number	Percent	Number	Percent		
Chronic Physical Health Problem						
No	4	7.0	3	5.3	7	12.3
Yes	16	28.1	34	59.6	50	87.7
Back pain						
No	8	14.0	8	14.0	16	28.1
Yes	12	21.1	29	50.9	41	71.9
Other musculoskeletal Problems						
No	9	15.8	11	19.3	20	35.1
Yes	11	19.3	26	45.6	37	64.9
Gastrointestinal disease						
No	10	17.5	10	17.5	20	35.1
Yes	10	17.5	27	47.4	37	64.9
Heart Disease						
No	17	29.8	27	47.4	44	77.2
Yes	3	5.3	10	17.5	13	22.8
Hypertension						
No	10	17.5	24	42.1	34	59.6
Yes	10	17.5	13	22.8	23	40.4
Respiratory Problem						
No	14	24.6	25	43.9	39	68.4
Yes	6	10.5	12	21.1	18	31.6
Diabetes Mellitus						
No	15	26.3	24	42.1	39	68.4
Yes	5	8.8	13	22.8	18	31.6

Almost two fifth (38.6%) of the respondents took bath daily in elderly home followed by once a week (31.6%), twice a month (14%), twice a week (8.8%) and once a month (7%) respectively. More than two thirds (69.6%) of the respondents drank water directly from tap followed by boiled (36.4%), euro guard (23.6%), mineral/jar (23.6%) and filtered water (16.4%). More than four fifth (82.5%) of the respondents washed their clothes themselves where as 14 percent respondents'

clothes were washed by the staff of elderly home followed by their family members (3.5%). More than four fifth (82.5%) of the respondents responded that there was availability of the caregivers. The types of caregiver were the staff of the elderly home. More than three fifth (61.7%) of the respondents were feeling the need of caregivers to look after them (Table 3).

Table 3: Drinking Water, Bathing, Cloth Washing and Caregivers (N=57)

Variables	Number	Percent
Bathing Status		
Daily	22	38.6
Once a week	18	31.6
Twice a week	5	8.8
Twice of month	8	14.0
Once a month	4	7.0
Types of Water*		
Directly from tap	39	69.6
Filtered water	9	16.4
Euro guard	13	23.6
Mineral/Jar	13	23.6
Boiled	20	36.4
Persons for Washing Clothes		
Self	47	82.5
Family members	2	3.5
Staff of elderly home	8	14.0
Availability of Caregivers		
No	10	17.5
Yes	47	82.5
Feeling the Need of Care Givers (N=47)		
No	18	38.3
Yes	29	61.7

*** Based on Multiple Response**

Majority (59.6%) of the respondents were worried regarding old aged homes. Out of 34 respondents who were worried about old aged homes, half (50%) of respondents were worried regarding economic insecurity followed by distance of social network (47.1%), treatment during illness (44.1%), anxiety of

future life (23.5%), recreational activities (23.5%), food management of elderly homes (5.9%), the environment of elderly official (5.9%), sitting and sleeping environment of old aged homes (2.9%) and others (2.9%) respectively (Table 4).

Table 4: Worries in Old Aged Home

Variables	Number	Percent
Worries		
Yes	34	59.6
No	23	40.4
Kinds of Worries(N=34)*		
Anxiety of future life	8	23.5

Food management of elderly homes	2	5.9
Lack of entertainment	8	23.5
Economic insecurity	17	50
Distance of Social network	16	47.1
Sitting and sleeping Environment of old aged home	1	2.9
Environment of elderly home official	2	5.9
Treatment during illness	15	44.1
Others	1	2.9

*** Based on Multiple Responses**

More than two fifth (43.9%) of the respondents were feeling stress while staying in old aged home. Out of 25 respondents who were feeling stress, all of them said that they often prayed god to cope with these stress followed by listening to religious hymns (88%), listening religious speech (80%), visit to religious places (68%), solitary living (44%), shares the feelings with mates (40%), crying alone (32%), and take cigarettes/alcohols (24%) respectively (Table 5).

Table 5: Feeling of Stress and Coping Strategies

Characteristics	Frequency	%
Feeling of Stress		
No	32	56.1
Yes	25	43.9
Coping Strategies (N=25)*		
Visit to religious places	17	68.0
Listening to religious hymns	22	88.0
Solitary living	11	44.0
Pray to god	25	100.0
Listening religious speech	20	80.0
Shares the feelings with mates	10	40.0
Crying alone	8	32.0
Take cigarettes/alcohols	6	24.0

*** Based on Multiple Responses**

More than four fifth (80.7%) of the respondents responded that they had different types of mind diversional activities launched by the elderly home. These activities involved religious activities like

Bhajan Kirtan and religious storytelling and the elderly homes arranged the different types of activities like visit to religious places, celebration of festivals, celebration of birthday ceremony of different people coming to the elderly home which helped to divert their mind (Figure 2).

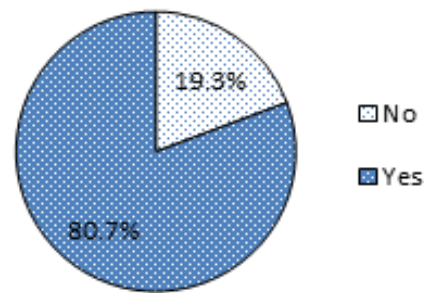


Figure 2: Mind Diversional Activities (N=57)

DISCUSSION

Health is serious matter for the elderly people especially living in old aged homes. So there is need to explore the health condition of these people. In this context, this study has tried to explore the health condition of elderly people living in these homes. Majority of the respondents had chronic physical health problem like back pain problem as major followed by other musculoskeletal problems, gastrointestinal disease, hypertension, respiratory problem, diabetes mellitus, heart disease and other physical health problems like eyes problems and ears problem. This result is similar to the study done by Dhungana and Kleisiaris et al.^{14,15}. The study in Bangladesh shows that 87.7% of the elderly were suffering from one or more diseases which is similar to the result of this study.¹⁶

The proportion of female was higher regarding the chronic physical health problem than the male. Further the proportion of female was also higher than male in case of all the types of chronic physical health problem like back pain, other musculoskeletal problem, gastrointestinal disease, hypertension, respiratory problem, diabetes mellitus and heart disease. So, female are more vulnerable than male regarding their health. This study is similar to the study of Chronic Non-Communicable Diseases among the Elderly in Bangladesh Old Age Homes¹⁶. Most of the respondents had to go to hospital when they were sick. So, there is lack of separate clinic room in most of the old aged homes. Further there is also lack of residential or full time health workers in all the old aged homes since most of the elderly people have at least some diseases. Regarding the drinking water, most of the elderly were getting water directly from tap, so there is lack of regular availability of hot waters at least for drinking purpose. It may cause water-borne diseases to the elderly. Most of the respondents were feeling the need of care givers for them. So, the elderly homes should have more care givers so that elderly people whenever needed may get the care from them. More than two fifth of the respondents were feeling stress in old aged homes. All the respondents prayed god to cope with the stress followed by listening to religious hymns, go to religious places, solitary living, shares the feelings to mates, crying alone, and take cigarettes/alcohols. The elderly homes should have strict rules that no one is allowed to consume alcohols and smoke cigarettes. Otherwise, it may harm the health of the elderly people and make the environment of elderly home unhealthy. They must explore some awareness program regarding the effects of smoking cigarettes and consuming alcohols. More than four fifth of the respondents responded that they had different types of mind diversional activities launched by the elderly home like religious hymns and the elderly homes arranged the different types of activities like visit to religious places, celebration of festivals, celebration of birthday ceremony of different people visiting elderly home which helped to divert their mind from feeling of stress. This

result is also similar to the study of Dhungana in Pokhara Briddhashram, Pokhara.¹⁴

LIMITATION OF THE STUDY

This study is limited only on the chronic physical health problems of the elderly people. Other demographic and economic factors such as income, family status, place of origin, reasons behind choosing elderly homes are excluded in this article.

CONCLUSION

The elderly people were suffered from at least one chronic physical health problems. Hence, the health status of the elderly people living in old aged homes was not good. Female were more vulnerable than male regarding the chronic physical health status.

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