**Title: Analysis of Elderly people living in Briddha Ashram**

**Suresh Acharya**

**Lecturer in Rural Development**

Department of Rural Development

Padma Kanya Multiple Campus

Kathmandu, Nepal

[sureshrdpk@gmail.com](mailto:Sureshrdpk@gmail.com)

**Abstract**

Ageing is a natural phenomenon and an inevitable process. Population ageing is pervasive since it is creatinghumanitarian, social and economic problems in many countries of the world including Nepal. Nepalese societyis in a phase of modernization. There is modification in the cultural norms and traditional family support systemsfor elderly in Nepal which have placed substantial strain in caring elderly people. In Nepal, there were 1.5million in 2001 and 2.1 million in 2011, elderly inhabitants, which constitute 6.5 percent and 8.1 % of the totalpopulation in the country. During the years 1991-2001, the annual elderly population growth rate was 3.39percent, higher than the annual population growth rate of 2.3 percent. Growing numbers of elderly people aresuffering 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 regulationson ageing and the problems of elderly; however, this has not been operationalized because of limited resources.In this background of problems that elderly people are facing and government slow initiatives, this paper is illustratedwith the objective to explore the different dimensions of ageing and health and health related services for agingpeople 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.

1. **Introduction**

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

The ageing of populations alsoimplies an additional care burden to families and society. While someolder people experience declines in physical functioning at a normalrate as part of the natural degenerative process, the speed of ageing canbe negatively affected by increases in perceived social isolation,especially after retiring from paid work and/or being bereaved of closefriends 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 allolder people, both for their sake and that of society. A growingnumber of studies report the potential benefits of active ageing as aresult of formal volunteering programmes that allow older adults toparticipate 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 andhealth outcomes have been well documented, such as delayedmorbidities, lowered mortality, better cognitive health and enhancedlongevity (Harris &Thoresen, 2005).According to the theory by Erik Erikson, generativistswas defined as older people’s desire to expand their care beyondoneself, towards others in broader societal contexts by passing theirwisdom and knowledge accumulated over years to youngergenerations (Erikson, 1982). Based on the concept of generatively, intergenerationalactivities such as volunteering may help to promote better health (Morrow-Howell, 2010) .

Due to combined effect of declining fertility, mortalityand improvement in health interventions,population ageing has been a world-wide phenomenon.People today are living longer and generally healthierlives. Population ageing is pervasive since it is creatinghumanitarian, social and economic problems in manycountries of the world including Nepal.In Nepal, individuals over 60 years of age are consideredelderly (Senior Citizens Act, 2006).

According to the 2011 census of Nepal, therewere 2.1 million elderly inhabitants, which constitute 8.1percent of the total population in the country. Percent ofelderly inhabitants is during the years 1951 (5.0%), 1991(5.8%), 2001 (6.5%), and in 2011 (8.1%) which showsthat there has been a sharp increase in the number ofelderly persons between 2001 and 2011(CBS,2012). This indicatesthe starting of the ageing dynamics in Nepal, which willhave adverse effects on Nepalese social structure andeconomy in the long run.Modernization, increasing migration of young peoplefrom rural to urban areas and to big cities or foreigncountries due to the expectation of high income andbetter education resulting disaster problems for theelderly in developing countries like Nepal.

Over the past decades, Nepal's health program andpolicies have been focusing on issues like populationstabilization, maternal and child health, and diseasecontrol. However, current statistics for the elderly inNepal 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 programmanagers and policy makers. There is urgent need tohighlight the problems that are being faced by the elderlypeople and explored the strategies for bringing aboutan improvement in their quality of life. This study isan attempt to explore the different dimension of ageingand health and health related services for aging peoplein Nepal.

1. **Research Methodology**

This study was focused on three districts Kathmandu, Latipur and Bhaktpur. Five BriddhaAshram were taken from among about 200Briddha 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. AmakoGhar, NisahaSewaSadhan, and Devine Services Home were chosen from Kathmandu, Dev Corner Sewa Samiti chosen from Lalitpur and SidhiSewaSadan and Karma chosen from Bhaktpurprimary based on Simple random sampling. It hastaken from120 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 inBriddha 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. Figure1 is describes the marital status of the study population.

**Figure1: 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.

**Table2: Economic Status of Elderly People**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Economic Status** | **Odds ratio** | **95% CI for OR** | | **Significance** |
| **Lower** | **Upper** |
| **Income Sources** | | | | |
| Old age allowance | Ref |  |  |  |
| Pension from previous Job | 0.53 | 1.82 | 40.7 | 0.00 |
| Widow allowance | 0.57 | 0.62 | 41.4 | 0.142 |
| Others(relative gives) | 1.56 | 0.86 | 5.42 | 0.230 |
| **Properties** | | | | |
| Yes | Ref |  |  | 41.8 |
| No | 0.19 | 12.94 | 58.1 | 0.134 |
| **Bank Balance** |  |  |  |  |
| Yes | Ref |  |  |  |
| No | 0.36 | 8.5 | 30.12 | 0.123 |
| **Type of Properties** | | | | |
| No land | Ref1 |  |  |  |
| Land | 0.20 | 0.09 | 36 | 0.094 |
| House | 0.20 | 0.09 | 36 | 0.094 |
| Gold/ Silver | 0.31 | 0.12 | 21.2 | 0.151 |
| Others like cash | 0.78 | 0.26 | 3.308 | 0.231 |
| **Type of Charge Elderly People in Ashram** | | | | |
| Yes | Ref1 |  |  |  |
| No | 0.33 | 5.50 | 16.14 | 0.290 |
| **Currently Economic Support** | | | | |
| Yes | Ref1 |  |  |  |
| No | 2.87 | 4.62 | 14.69 | 0.321 |
| **Different Ways to Pays Fees** | | | | |
| Self | Ref1 |  |  |  |
| Sons | 0.6 | 0.26 | 1.36 | 0.213 |
| Daughters | 0.4 | 0.10 | 1.10 | 0.012 |

The most of these elderly depends upon old age allowance. The independent variables associated with Income sources for elderly people (P<0.05) were income resources, properties, bank balance, types of properties,typeof Charge Elderly People in Ashram,Currently Economic Supportand Different Ways to Pays Feesothers. The economic condition elderly was higher others groupthen compared with that of the old age allowances. Most of these elderly people have properties compare to who have not properties. Eighty percent of the elderly have not bank balance.Elderly peoplehave some properties. There are various types like land, house, gold, silver and others have not any properties. Not support the economic condition in support. According fees are not need of fee pays. The odd of having elderly peoples0.6 times that the self. Thechi squares values is 9.32 and estimate lower and upper limit for total 120 samples.

**Health Statusof Elderly**

Old people are not always a powerless minority. Older men have been kept in great esteem by warrior societies. Age differences were less important than those of sex and class. Important civic offices fell to middle-aged men, and while patronage lent lifelong support to the wealthy, to be old and poor was to have sunk into an abject dependency, From the beginning to the end of twentieth century, human life expectancy at birth has almost doubled in developed countries. There have been two separate but interrelated reasons for this. The first was the discovery of infectious pathogenic microorganisms in the nineteenth century, which resulted in the introduction of effective hygienic procedures; the second was the steady and successful development of medical science. The field of gerontology is associated with the biological sciences, medicine, nursing, psychology, sociology and social work. The phenomenon of ageing are examined in terms of biological theories of ageing, the health benefits of exercise, ways to live longer, and steps for the nation to take in preparing for the dramatic increase in the older population. The physiological and psychological effects of ageing are considered with maintaining intimate relationships, social roles for the elderly persons, the lifestyle of the elderly and the ways to live longer in good health. The declining health among the elderly persons is very common. There is a need to understand the older people, social perceptions of old age, including images of the elderly on television, stereotyping of the elderly by college students, and the ways of interactions with the elderly, Many older Americans return to college, return to workplace, and choose flexible retirement plans (Cox, 1994).

**Table3: Health Statusof Elderly people**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health Status** | **Odds ratio** | **95% CI for OR** | | **Significance** |
|  | **Lower** | **Upper** |  |
| **Health Problems** | | | | |
| Yes | Ref1 |  |  |  |
| No | 0.89 | 2.87 | 8.70 | 0.051 |
| **Situation Take Care** | | | | |
| Ashram’s Staff | Ref1 |  |  |  |
| Family members | 0.09 | 29.18 | 152.24 | 0.124 |
| Other | 0.06 | 38.98 | 245.38 | 0.553 |
| **Reason for when Health Needed Check up** | | | | |
| No knowledge | Ref1 |  |  |  |
| Not needed | 2.89 | 1.19 | 18.2 | 0.046 |
| Nobody help | 1.32 | 0.40 | 1.46 | 0.283 |
| **Situation chronic diseases** | | | | |
| Yes | Ref1 |  |  |  |
| No | 0.24 | 0.25 | 6.25 | 0.752 |

The most of these elderly people healthdepends uponthe health status. The independent variables associated with Health Statusfor elderly people (P<0.05) were Health Problems, Situation Take Care, Reason for when Health Needed Check upand Situation chronic diseases. The health status elderly was higher problems appearsthen compared with that not problems. Most of these elderly people have properties compare to who have not properties. Most of the elderly take care from Asharm staff.The elderly do not any no knowledge regarding about it compare to knowledge of health check up. The odd of having elderly peoples 0.24 times that the compare of Situation chronic diseases. The chi squares values is 5.94 and estimate lower and upper limit.

***Types of Health Problems/ Disability:***Physical disability, mental disability, poor eye shit, poor hearing power, toothache, short term memory and others various disease appears in elderly people are the main problems of the elderly. Figure 2 describes what types of diseases the elderly are suffering from some problems.

**Figure 2: Types of Health Problems/ Disability**

A majority 80 respondents (66.7%) of the elderly in Ashram are suffering from poor eye sight and 9 respondents (7.5%) physical disability and poor hearing power. Then 12 percent of the elderly are suffering from others disease like diabetes, vain related disease and so on. Five respondent (4.2%) percent has memory lost; poor dental health and only 2 respondents (1.7%) have mental disease.

***Type of Chronic Diseases:***Asthma, respiratory, diabetes, cardiovascular disease, rheumatism, mental diseases, kidney malfunctions, and memory are the main problems of the elderly. Figure 3 describes what types of diseases the elderly are suffering from there.

**Figure 3: Distribution of Chronic Diseases**

The 21 respondents (26.3 %) of the elderly in the study area are suffering from diabetes, 18 respondent (22.5%) of the elderly are suffering from blood pressure, 13 respondents (16.3%) are suffering back pain disease, 12 respondents (15%)are suffering from swelling muscles, 11 persons (13.8%) are suffering from gastric and only 5 persons(6.3%) affected by asthma.

***Type of Treatment in Sickness:***Either we have a practice of overall body well-being checkup, or we spend much more money for treatment of illness. Figure 4 describes distribution of health check up.

**Figure 4: Distribution of Treatment in Sickness**

A majority 69 respondents (57.5%) of the elderly in the study area are treatment from Government hospital, 23 respondents (19.2) in private hospitals, 9 respondent(7.5%) of the elderly are treatment by Dhami/ Jhaankari and Baidhya treatment by others way.

**4.Conclusions andRecommendations**

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.

**References**

Bisht, P. (2006). *The condition of the elderly people in Kathmandu City*, Central Department of Population Studies, Tribhuwan University, Kirtipur, Kathmandu, Nepal.

Cox, H. (1994). Ageing, American Association of Retired Persons, *Age line Data Base Section*, CT 9th Edition, Guilford: Dushkin Publishing Group.

Central Bureau of Statistics. (2012).*Population census 2011, National Report*. Kathmandu: Nepal.

Dury R. (2014). *Social isolation and loneliness in the elderly: an exploration of some of the issues*. Br J Community Nurs 19: 125-128.

Erikson EH (1982). *The life cycle completed: a review.* New York: WW Norton.

Harris AHS &Thoresen CE. (2005). *Volunteering is associated with delayed mortality in older people: analysis of the longitudinal study of aging.* J Health Psychol 10: 739-752.

Jenkinson CE, Dickens AP, Jones K, Thompson-Coon J, Taylor RS, et al. (2013*). Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers.* BMC Public Health 13: 773.

Mcdaid D. &Park A.L. (2011). *Investing in mental health and well-being: findings from the Data Prev project*. Health Prompt Int. 1: i108-139.

Morrow-Howell N. (2010). *Volunteering in later life: research frontiers*. J Gerontol B Psychol Sci Soc Sci. 65: 461-469.

Senior Citizens Act, 2063 (2006). [www.lawcommission](http://www.lawcommission). gov.np