

Socio-Demographic Profile, Morbidity Pattern and Reason for Elderly People Living in an Old Age Homes: A Community Based Study From Banke District

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ABSTRACT

Background: Various aspects of socio-demographic conditions effect individual's life at the time of an old age which ultimately make their life vulnerable and dependent on other people. Old age home is one of the important place for those elderly people whose spouse are not alive, have nuclear family background and no one at home to take care of them. **Aims and objectives:** To study socio-demographic profile, disease morbidity and factors effecting elderly people to live in an old age homes. **Material and method:** A community based cross sectional qualitative study was conducted among geriatric age group 65 and above, without any physical and mental severity, and living in old age homes in community field area of department of community medicine of Nepalgunj medical college from 14th April 2019 to 16th September 2019. The total sample size was 84. **Results:** Majority of female occupants (63.1%) belonged to age group 65 to 75 years old. Half of them were illiterate and their spouses were not alive (71.4%). Family member's migration (63.1%) and nuclear family (67.9%) were the contributory factors for living in an old age homes. **Conclusion:** The result of the study showed that there is need of geriatric social services and health facilities for making elderly people financially and emotionally strong.

Key words: *Elderly people, Migration, Nuclear family, Old age homes, Spouse*

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INTRODUCTION

The natural cycle of human life from birth till an old age are very familiar and a universal phenomenon¹. Ageing is process of gradual change in state of physical, mental state as well as perspective of society towards old people. Population ageing is a relatively new concern for every country which has raised significantly large in number and proportion of aged persons in the society due to decline fertility rate (currently 1.9 % in Nepal), remarkable improvement in mortality and increased life expectancy at birth (currently 71.1 year for both Male and female in Nepal)².

WHO defines Healthy Ageing "as the process of developing and maintaining the functional ability that enables wellbeing in older age". Functional ability is about having the capabilities to fulfill their basic needs, to make decisions, to make mobile, to maintain relationships and to contribute to society³. Population ageing is expanding through the world that estimates the people age over sixty years and older comprises 12% of world wide population. The expected population of elderly people is to be doubled (22%) by 2050. In 2050, 80% of older people will be living in low-and middle-income countries⁴. In Nepal, individuals over 60 years of age are considered elderly. There were 2.1 million elderly inhabitants, which constitute 8.1 percent of the total population in the country⁵. According to

demographic census of Nepal 2011, banke district comprises⁴, 91,313 of total population. Out of which 7% are belonged to elder people aged 60 or above which is 80% of the rate in Nepal (8%)⁶.

No matter, many scientific discoveries and medical interventions regarding diseases and life span to make people healthier and limit disability, the problem of ambiguity of old age is still with us since the stage of primitive society. The aged population has specific health problems that are basically different from those of adults or young persons. Most diseases in the aged are chronic cardiovascular disease, arthritis, stroke, cataract, deafness, chronic infections, cancer⁷. The older one gets, the more health care he or she needs. A growing aspects of being nuclear family and a large number of population in developing country like Nepal is facing migration of young generation for economic stability which eventually in turn bring poor consideration towards medical attention and health seeking behavior of elderly people.

Elderly people are so far preferred or being forced to live in an old age home either in government or private based. The first old age home run by the Ministry of Women, Children and Social Welfare, in 1975 residing 230 elders. A study showed that there are about 1,500 elderly living in about seventy different organizations registered all over Nepal at present⁸.

However, many of them still deprived of comfortable life and are less recognized by the nation. As a result, many conditions remain unreported and untreated till they become complicated. The present study measures perspective of socio-demographic aspect and morbidity profile of elderly people residing in old age homes of Banke district.

Since there is no such data or very little is known about health status and demographic profile of elderly people residing in old age home in Banke district of Nepal, it emphasizes the need for strengthening of geriatric health care homes and provision of quality of life for elderly population where government has given very little concern in peripheral part of Nepal.

Objectives of study

1. To study socio-demographic background and morbidity pattern of elderly people living in an old age homes of Banke district.
2. To explore factors effecting elderly people to go to old age homes.

MATERIALS AND METHODS

A community based cross sectional qualitative study was conducted at field practice area of department of community medicine, Nepalgunj medical college in four old age homes registered under government and private sector. Among those four old age home, the functional private old age home were three in number, namely, "Nilsagar old age home for hopeless and elderly people" in Kohalpur and Nepalgunj, "Swawlambi old age day care centre" and one government registered "Bheri Bridhashram" in Nepalgunj. Older people age sixty five years or above residing in old age homes were selected by using total enumerative sampling technique. Based on estimated proportion (46.5%) of elderly people living in an old age home in Kathmandu valley⁹, considering an precision of error 10% and confidence interval at type 1 error 1.96%, the study sample was recruited to 84 elderly people who met inclusion criteria of the study. The inclusion criteria were being sixty five years old or above, being able to answer the questionnaire items. Elderly people who were seriously ill, bed ridden, audio-visually impaired and mentally unstable were excluded from participation. Data collection was taken from 14th April 2019 to 16th September 2019. Ethical approval was obtained from institutional review committee of Nepalgunj medical college and management of concerned old age home. Informed verbal and written consent were taken prior to interview after self introducing and explaining the objectives of the study. None of the participants were forced to participate and confidentiality of the information gathered was assured. The data was collected using standardized pretested questionnaire consisting two study tools. First tool was used to gather information on socio demographic status of total study population and factors influencing their life to choose old age home for their rest of the life. Second tool was applied by testing random glucose test (BSR), followed by oral glucose tolerance test (OGTT) for those who had high fasting blood sugar level. Three consecutive measurement of

blood pressure was performed to note any alteration in blood pressure according to American heart association scoring¹⁰. The data collected then entered into an excel sheet and descriptive analysis was performed by using SPSS version 16 with statistical significance at $p \leq 0.05$. Bivariate relationships were shown by chi square test.

RESULT

Table 1: Shows enumerative data of old age homes in Banke district with their bed occupancy and charitable funds.

Name of old age homes	Address	Carrying capacity	Total occupant	Male	Female	Fund provided by
Nilsagar old age home for hopeless and elderly people	Nepalgunj	70 people	60	7	53	Donation by Private sectors, interested
Nilsagar old age home for hopeless and elderly people	Kohalpur	25 people	22	22	0	Donation by person, old age home themselves
Bheri Bridhashram	Nepalgunj	10 people	6	4	2	Run by government
Swawlambi old age day care centre	Nepalgunj	15 people	12	9	3	Run by private sector

Table 1: Old age home and its background in Banke district

The present study showed maximum occupants were females (63.1%) than male occupants (36.9%). Among the study population, (35.7%) and (32.1%) belonged to farmer and unskilled worker respectively by their past occupation. Most of their spouse were not alive (71.4%) and also had no any grandchildren (75%) at present. Though some of them had joint family, most of their family members were migrated outside (63.1%) for earnings.

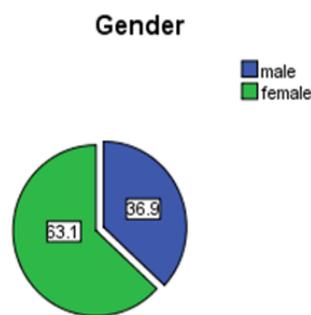


Figure 1: Distribution of elderly people by gender wise

Variables		Frequency(n)	Percent (%)
Age	65-75 yrs	54	64.3
	Above 75	30	35.7
Gender	Male	32	36.9
	Female	52	63.1
Education	Literate	32	38.1
	Illiterate	52	61.9
Past occupation	Farmer	30	37.5
	Business	15	17.9
	Govt. job	12	14.3
	Unskilled job	27	32.1
Marital status	Married with spouse	24	28.6
	Spouse not alive	60	71.4
Type of family	Nuclear	57	67.9
	Joint	27	32.1
Outside migration of family members	Yes	53	63.1
	No	31	36.9
Presence of grand children	Yes	21	25
	No	63	75

Table II: Distribution of socio-demographic status of elderly people (n=84)

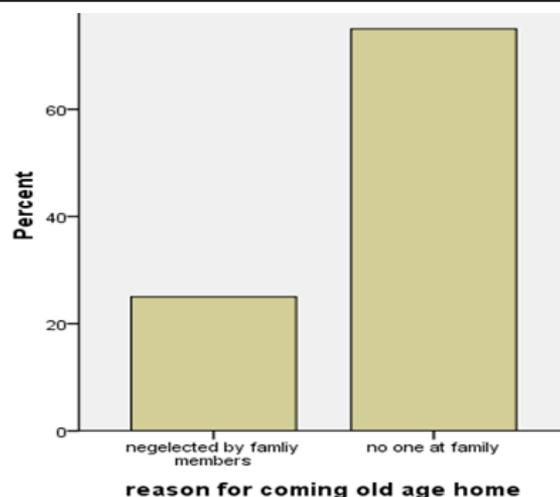
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Majority of elderly people (63.1%) had not received senior citizen allowance as per government rule of Nepal. Bivariate regression analysis shows (71.0%) literate elder people received senior allowance while 43(81.1%) of illiterate elder people did not receive senior allowance. Therefore, education seemed to be statistically significant association between these two groups ($p \leq 0.05$).

Senior citizen allowance	(n)	(%)	Literate	Illiterate	P value
Received	31	36.9	22(71.0%)	9(29.0%)	0.000
Not received	53	63.1	10(18.9%)	43(81.1%)	

$\chi^2 = 22.51$ df=1

Table II: Distribution of senior citizen allowance in relation to education in elderly people (n=84)



Seventy five percent of elderly people had no one in family in which was the major factor for going to old age home while (25%) of them were neglected by family members so they preferred to stay in old age home by their own interest. Nuclear family (71.4%) was found to be the contributory factor for elderly people coming to the old age home.

Type of family	reason for coming old age home	
	neglected by family members	no one at family
nuclear	13	45
	61.9%	71.4%
joint	8	18
	38.1%	28.6%

$\chi^2 = .66$ $p = 0.0014$

Table III

Marital status	reason for coming old age home	
	neglected by family members	no one at family
married with spouse	6	18
	28.6%	28.6%
spouse not alive	15	45
	71.4%	71.4%

$\chi^2 = .11$ $p = 0.001$

Table IV
Relation between staying in an old age home and their contributing factors

Health Status									
Gender	Hypertension	diabetes	Chronic bronchitis	Joint pain	cataract	Hearing problem	Skin disease	Dental problem	Dementia
Male	8	6	9	0	4	1	0	0	12
Female	2	7	5	16	0	0	3	1	10

$X = 29.87$ $df = 8$ $p = .002$

Table V: shows most of the occupants fall under the morbid condition like dementia in both gender although it seemed to had majority of female occupants suffered from joint pain which was statistically significant too

DISCUSSION

In the present study, four old age homes in banke district were studied. The purpose of study was to find out socio-demographic variation and disease effecting elderly people and causes of living in old age home. Sixty three and four percent belonged between 65 to 75 years of age and females (63.1%) were predominant. This finding was similar to the study done by Acharya¹¹.

In present study, illiteracy was (61.9%), most of them were farmer (35.7%) and unskilled worker (32.1%) and were now totally dependent citizen. Due to age constraint and disability, they are unable and unfit for agricultural or other unskilled work which leads them to live in an old age homes for basic needs and social support. Study conducted in Lena et al, found that old home occupants were still performing skilled or unskilled work (78%)¹².

Almost all elderly people living in an old age home had found different morbid health conditions in this study. Dementia (26.2%), joint pain (19%), bronchitis (16.7%), alteration in blood glucose level (15.5%) and hypertension (11.9%) were observed. Study in Tripura medical college had showed that most of the occupants had respiratory disease (31.2%) and some of them had non-communicable disease (13.7%)¹³.

In present study, (67.9%) belonged to nuclear family who were without spouse (71.4%) showed significant reason for living in an old age home. This findings reflect similar to the study done by Singh et al¹⁴, reported (42.1%) of occupants had no family to look after them at home.

Fifty three occupants out of (n=84), complained that their family had problem of migration. Hence there was absence of able bodied person who could look after them. Khanalet al¹⁵, showed (67.7%) occupants had similar problem of family migration.

CONCLUSION

Elderly people, today, are one of the most challenging and new concern around the world. Due to various social factors making these people live alone and old age homes are the best option to live their rest of the life. The result of this study showed that the major proportion of elderly occupying the old age home were without spouses, belonged to nuclear family, had history of family members migrating out of city or country and illiterate. So, all these contributory factors made them to get shelter in old age homes.

Most of the old age homes are run by private personal charitable funds and very minimal responses have been given by the government sector. Therefore, a social and government support is needed in old age homes of banke district for provision of social geriatric and health services to them.

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