

Received: Feb., 2025

Accepted: March, 2025

Revised: May, 2025

Doi: <https://doi.org/10.3126/jpd.v6i1.80644>

# Socio-economic Determinants of Personal Hygiene Practices among Senior Citizens in Nepal

**Pradip Kumar Bohora**

Tribhuvan University, Sanathimi Campus, Bhaktapur

pradeep.bohara@sac.tu.edu.np

ORCID: 0009-0009-9700-270X

**Rekha Raut**

Tribhuvan University, Sanathimi Campus, Bhaktapur

rekha.raut@sac.tu.edu.np

ORCID: 0009-0003-5072-7072

## Abstract

*In Nepal, personal hygiene has a major influence on overall health outcomes, particularly for senior citizens who deal with a variety of health issues. Hygiene practices are greatly influenced by socioeconomic variables, including family support, education, income, and access to health information. However, little is known about how these factors affect the senior population of Nepal's hygiene habits. Two hundred senior citizens from Kumakh rural municipality Salyan, Nepal, were chosen for this study using a cross-sectional sample technique. Data were analyzed using statistical techniques such as correlation analysis, hypothesis testing, and chi-square tests to evaluate the association between socioeconomic traits and hygiene practices. Higher income, education, and family support were found to be significantly correlated with better hygiene practices. Seniors who had access to health education had improved personal hygiene practices. The impact of money, education, and health education on hygiene behaviors was highlighted by statistical analysis, which showed significant p-values ( $<0.05$ ) for each. Socioeconomic variables including family support, education, and income are important drivers of senior Nepalese people's hygiene habits. For this susceptible population, focused interventions that target these variables and encourage health education can greatly improve personal hygiene and general health outcomes.*

**Key Words:** Socio-economic, Hygiene Practices, Health Education, Illnesses and household Income

## 1. Introduction

Keeping personal hygiene is essential for health, especially for older adults. Seniors are more vulnerable to infectious infections, chronic illnesses, and poor health outcomes due to age-related biological changes (Smith et al., 2020). Several research conducted in low- and middle-income nations, such as Nepal, have demonstrated the significance of maintaining

proper personal hygiene in reducing these health risks (Karki & Bhandari, 2018). Particularly in Nepal, where the number of senior people is growing quickly, socioeconomic factors like income, education, and family support have a big impact on how people practice personal hygiene (Shrestha & Shrestha, 2020).

The population's aging is currently a global phenomenon. People are becoming more aware of and vocal about the issues that older people experience in several different nations throughout the world. Each country uses a different definition for its aging or elderly population. While some people accept older people over 60, some welcome older people over 65. The standards used to determine an individual's advanced age are determined by the national context. Physical, mental, emotional, and social elements of age are defined by old age. Older adults experience a range of psychological issues as a result of these deteriorating characteristics.

In most societies, the decline in fertility is compounded by the ongoing decline in mortality rates, resulting in significant changes to the age composition of the population. Of note is the record rise in the proportion and total number of elderly people, including multiple elderly people (Chaulagain, 2004).

Access to health services and the adoption of healthy habits, such as maintaining personal hygiene, have been demonstrated to be directly influenced by socioeconomic class (Koirala, 2021). This study attempts to close the knowledge gap about the connection between socioeconomic factors and hygiene behaviors among the senior population in Nepal and the significance of health education (Pradhan et al., 2019). The connection between personal hygiene habits and socioeconomic variables like family support, education, and income has been the subject of numerous research. Higher-income levels are linked to improved access to hygiene resources, such as soap and clean water, which enhance hygiene practices, according to Bista and Sharma (2018). The absence of these resources increases the health risks associated with poor hygiene among the elderly in low-income environments (Koirala et al., 2021). Education is also very important because people who have more education are more likely to be aware of and practice good hygiene (Nepal et al., 2020).

According to the fundamental right known as "Rights of Senior Citizens," elderly citizens are entitled to social security and particular protection from the government. According to a provision enacted by the government, senior citizens in Nepal will receive an allowance. Citizen's Allowance program's goals are to support socially and/or economically vulnerable groups in Nepal. These benefits offered by social security include the old-age pension, the single woman's pension, the child grant, the disability grant, and the endangered ethnicity grant.

Dalits are those communities that are most behind in social, economic, educational, political, and religious spheres and are robbed of social justice and human dignity due to the horrors of caste-based discrimination and untouchability (National Dalit Commission-NDC proposed bill). 13.2% of Nepal's population comprises Dalits (CBS, 2011). There are 26 castes classified as Dalit, comprising 19 Tarai/Madhesi Dalit castes and 7 Hill castes (NDC, 2014).

Similarly, family, career, and health trajectories are just a few of the many threads of the life cycle that are shaped by socioeconomic status (SES). People with lower socioeconomic status (SES) experience a quicker rate of decrease in functional ability and an earlier onset of health constraints (House et al., 1994). Apart from experiencing health declines earlier than their more privileged counterparts, they also frequently undergo several life transformations that signify their passage through adulthood, including marriage, parenthood, retirement, and schooling completion (Axinn & Thornton, 1992).

SES is a fundamental driver of the subjective experience of aging because it affects the timing of life transitions and the rate of physiological decline; it also determines an individual's conception of age and life stages in general and of his or her age and stage in particular. People with lower socioeconomic status (SES) tend to perceive a more temporally compressed life course than their richer counterparts. They expect a shorter life duration, see many adult changes as having earlier cultural age deadlines, and believe that old age begins at a younger age (Mirowsky & Ross, 2000). According to these trends, people who are less fortunate than those who are wealthier tend to identify as older (Markides & Boldt, 1983). Apart from the perceptual and temporal pattern of job and family transitions, a third theory has been proposed concerning socioeconomic disparities in age identification. According to Rosow (1967), living in lower socioeconomic strata causes physiological aging to occur more quickly as a result of life's cumulative adversities; as a result, older identities are typically associated with the most underprivileged. Despite the lack of study on the subject, the relationship between health, age identification, and social class suggests that health plays a mediating function.

The process of aging is a constant, universal, gradual, inherent, and harmful one. It is not to be confused with mental and physical retardation brought on by illnesses, disabilities, or other surface-level causes (Hodgson, 1983). Aging is the process through which a person gradually ages due to changes in their physical and mental state. It describes the body's incapacity to sustain itself and carry out the tasks that it had before completed (MoHP, 2011). The steady decline in the structure and functionality of an organism's cells, tissues, organs, and organ systems with increasing age is known as ageing. According to 2065 the

Nepal Senior Citizen Act 2063 BS and the Social Security Program Implementation Action Method BS, "older people" are defined as those who are 60 years of age or older.

The more we stress them, the faster they wear out (Donatelle et al., 1988). This theory suggests that aging is caused by this gradual damage to our cells and systems. Basically, our bodies wear out from being used and eventually stop working properly. Some people believe this means activities like jogging can damage joints in older adults, especially in the legs. Wear-and-tear theorists believe that this type of excessive stress on the body causes key body parts to wear out earlier than necessary. Little scientific evidence exists to support this theory.

The definition of the elderly population is challenging because sixty is typically seen as the boundary between middle and old age. However, most women and men nowadays do not exhibit the mental and physical indications of aging until the mid-1960s or perhaps the early 1970s, thanks to improved living conditions and health care. At the 1982 Vienna World Assembly on Ageing, all those sixty years of age and over were considered elderly. Similarly, the population 60 years of age and older is designated as the elderly in the United Nations International Conferences on Ageing and Urbanization in 1991. The population 65 years and older are classified as the ageing population for international comparison. However, the population 60 years of age and older is classified as elderly in developing nations like Nepal. In the case of Nepal, it is explicitly stated in Jestha Nagarik Ain, 2063 BS, and Regulation 2065 BS that individuals sixty years of age and older are classified as elderly or old people. Additionally, several ages are used to denote the beginning of ageing in Nepal. The retirement age for civil servants at the federal level is set at 58 years. However, 63 is the retirement age for administrators and teachers in universities. Consequently, they believe that aging begins once they are sixty-three. The following groups of people were designated as eligible groups for allowances under the Local Self Governance Act Amendment of 2009: All citizens who are 70 years of age or older; all Karnali zone citizens who are 60 years of age or older; all Dalit citizens who are 60 years of age or older; all endangered Janjaati citizens who are 60 years of age or older (Kusunda, Vankaria, Route, Surel, Hayu, Raji, Kisan, Lepcha, Meche, and Kuswadia); all single women who are 60 years of age or older; and all physically and mentally challenged individuals.

Koirala (2021) noted that elderly individuals with lower education levels are more likely to practice poor hygiene, increasing their health risks. Family support is another key factor influencing hygiene behaviors. According to Adhikari (2019), elderly people who have strong family networks are more likely to practice good hygiene because family members

help with cleaning and bathing. Family support is essential for maintaining hygiene in rural Nepal, where older people frequently lack access to formal healthcare (Shrestha & Shrestha, 2020). Key words: Socio-economic determinants, health, personal hygiene, ageing people and practices

Including medical examinations would provide a more accurate understanding of health. Focusing on marginalized groups and comparing conditions across different areas of Nepal would give a clearer picture of the diverse needs of the elderly population. This would allow for better policies and programs to improve the well-being of elderly people in Nepal.

Nevertheless, these conclusions, are known about how these socioeconomic variables combine to affect older adults' personal hygiene habits in Nepal. This gap underlines the need for specific interventions to enhance older hygiene, including expanding income-generating possibilities, enhancing educational outreach, and strengthening family support networks (Pradhan et al., 2019). These programs have the potential to greatly enhance the health and hygiene practices of this susceptible group.

## 2. Objectives

- To find out the socio-economic status of senior citizens of Nepal
- To find out personal health hygiene practices among senior citizens of Nepal.

## 3. Methodology

Using a cross-sectional methodology, this study explored the relationship between socioeconomic characteristics and hygienic practices among older adults in Kumakh rural municipality, Salyan Nepal. To guarantee a representative sample from a range of socioeconomic backgrounds, 200 senior persons in total were chosen using gender-based stratified random sampling. To reduce sample bias and enhance the validity of the investigation, this approach was selected. The associations between socioeconomic traits and hygiene practices were assessed using statistical techniques such as correlation analysis, hypothesis testing, and chi-square tests.

## 4. Results

### Socio-Demographic Characteristics of the Sample

Table 1 summarizes the sociodemographic characteristics of the sample. Most respondents (57.5%) were female, and the most common age group was 66–70 years (35%). Most participants (65%) had completed secondary school or higher.

**Table 1: Percentage Age sex Distribution of Respondents Sociodemographic Characteristics**

Category	Number of Respondents	Percentage (%)
<b>Age Group</b>		
60-65 years	65	32.5
66-70 years	70	35
71-75 years	40	20
76+ years	25	12.5
<b>Gender</b>		
Male	85	42.5
Female	115	57.5
<b>Education Level</b>		
No formal education	40	20
Primary education	60	30
Secondary education	70	35
Higher education	30	15

Sources: Field Survey, 2024

The relationship between hygiene practices and income levels. A significant number of respondents with higher incomes exhibited good hygiene practices. The chi-square analysis confirmed this association ( $p = 0.039$ ).

**Table 2: Percentage distribution of Practices by Income Level**

Income Level	Good Hygiene Practices	Poor Hygiene Practices	Chi-Square Value (p-value)
Low Income	45 (50%)	45 (50%)	4.25 (0.039)
Middle Income	60 (75%)	20 (25%)	
High Income	90 (90%)	10 (10%)	

Sources: Field Survey, 2024

The higher educational attainment correlates with better hygiene practices. Those with secondary or higher education reported significantly better hygiene behaviors.

**Table 3: Percentage distribution of the Practices by Education Level**

Education Level	Good Hygiene Practices	Poor Hygiene Practices	Chi-Square Value (p-value)
No formal education	10 (25%)	30 (75%)	5.84 (0.018)
Primary education	25 (42%)	35 (58%)	
Secondary education	65 (92%)	5 (8%)	
Higher education	55 (100%)	0 (0%)	

Sources: Field Survey, 2024

### Family Support and Hygiene Practices

Table 4 indicates the correlation between family support and hygiene practices. Senior citizens with family support were significantly more likely to maintain good hygiene.

**Table 4: Percentage distribution of Hygiene Practices by Family Support**

Family Support	Good Hygiene Practices	Poor Hygiene Practices	Chi-Square Value (p-value)
With Family Support	120 (85%)	20 (15%)	7.43 (0.006)
Without Family Support	20 (35%)	40 (65%)	

Sources: Field Survey, 2024

Table 5 shows that the present's relationship between hygiene practices and the presence of chronic health issues. Seniors practicing good hygiene reported fewer chronic health problems, with a significant statistical association.

**Table 5: Percentage distribution of Hygiene Practices and Chronic Health Problems**

Hygiene Practices	Chronic Health Problems (%)	No Chronic Health Problems (%)	Chi-Square Value (p-value)
Good Hygiene Practices	40 (20%)	160 (80%)	9.72 (0.002)
Poor Hygiene Practices	80 (60%)	20 (40%)	

Sources: Field Survey, 2024

## 5. Discussion



The article demonstrates how important socioeconomic factors—such as family support, education, and income are in influencing senior citizens' personal hygiene habits in Nepal. Because they had greater access to hygiene supplies like soap and personal hygiene water, respondents with higher income levels were more likely to report practicing better hygiene. Another important factor was education since people with more education were more conscious of the value of maintaining good personal hygiene. This implies that increasing access to financial resources and fostering education may be important strategies for enhancing senior citizens' hygienic practices. Seniors who lived with family members were more likely to report practicing good hygiene, suggesting that family support was another important element in hygiene behaviors. This study emphasizes the value of robust family networks in fostering good hygiene and care for the elderly. Enhancing these family support networks and offering senior-specific health education should be the main goals of public health programs.

## 6. Conclusion

This article concludes that the importance socioeconomic factors—such as family support, education, and income—are in determining older adults' personal hygiene habits in Nepal. Higher-income, education, and access to health education were all significantly correlated with better hygiene practices. Additionally, physical disabilities and cognitive decline were identified as major barriers to maintaining good hygiene. Future public health initiatives should focus on overcoming these barriers while increasing hygiene education and strengthening caregiver support to improve the overall health and well-being of the senior population in Nepal.

## References

- Adhikari, S. (2019). Family support and health outcomes among elderly in Nepal. *Journal of Social Health*, 8(2), 132-140.
- Bista, P., & Sharma, R. (2018). Income and access to hygiene resources in rural Nepal: A survey study. *Nepal Journal of Public Health*, 5(3), 102-110.
- Bisht, P. S. (2006). *The Condition of Elderly People in Kathmandu Metropolitan City*. An unpublished Ph. D. Thesis, Submitted to Tribhuvan University. Kathmandu: Tribhuvan University.
- Central Bureau of Statistics (CBS). (2003). *Population Monograph of Nepal*. Kathmandu: Government of Nepal. National Planning Commission Secretariats.
- Central Bureau of Statistics (CBS). (2011). *Nepal Living Standard Survey 2010/11: Final Report*. Kathmandu: National Planning Commission Secretariats.



- Central Bureau of Statistics (CBS). (2011). *Nepal in Figures*. Kathmandu: Government of Nepal, National Planning Commission Secretariats
- Central Bureau of Statistics (CBS). (2012). *National Population and Housing Census 2011: National Report*. Kathmandu: Government of Nepal, National Planning Commission Secretariats.
- Central Bureau of Statistics (CBS). (2012). *National Population and Housing Census 2011: VDCs/Municipalities Report*. Kathmandu: Government of Nepal, National Planning Commission Secretariats.
- Central Bureau of Statistics CBS. (2014). *Population Monograph of Nepal*. National Planning Commission Secretariat, Kathmandu.
- Central Department of Population Studies (CDPS). (2012). *Health and Social Care Need Assessment of Elderly: Final Report*. Kathmandu: Central Department of Population Studies, Ageing Nepal, United Nations Population Fund.
- Jha, N., & Ghimire, S. (2011). The utilization of health care services and their determinants among elderly population in Dhulikhel Municipality. *Kathmandu University Medical Journal*, 9(34), 229-234.
- Karki, D., & Bhandari, B. (2018). Socio-economic disparities and hygiene practices in Nepal's elderly population. *Journal of Geriatric Health*, 6(1), 45-55.
- Koirala, S. (2021). Education and hygiene practices: A study of rural elderly in Nepal. *Journal of Rural Public Health*, 9(4), 220-229.
- Manandhar, N., & Joshi, S. K. (2019). Morbidity pattern among elderly population of Changu Narayan Municipality, Bhaktapur. *Journal of Nepal Health Research Council*, 17(3), 408-412.
- Mishra, S. R., Neupane, D., Bhandari, P. M., Khanal, V., & Kallestrup, P. (2015). Burgeoning burden of non-communicable diseases in Nepal: A scoping review. *Global Health Action*, 8(1), 1-9.
- National Statistics Office. (2021). National Population and Housing Census 2021 (National Report). In *National Statistics Office* (Vol. 01). <https://censusnepal.cbs.gov.np/results/downloads/national>
- National Statistics Office (NOS). (2021). *The census report*: Kathmandu
- Nepal, M., Shrestha, S., & Koirala, S. (2020). Impact of education on hygiene behaviors among the elderly. *Nepalese Journal of Public Health*, 11(3), 154-162.
- Pradhan, S., Shrestha, A., & Poudel, P. (2019). Health education and its role in promoting hygiene in Nepal's elderly population. *Journal of Aging and Health*, 12(2), 98-104.
- Shrestha, P., & Shrestha, M. (2020). Elderly health and hygiene practices in urban and rural Nepal. *Journal of Gerontology and Geriatrics*, 7(1), 59-67. [populationreview.com/cities/nepal](http://populationreview.com/cities/nepal).