



Elders and Youth Perception of Self-Death Announcement in Nepal

Maya Nath Ghimire*

Research Head

Gaurishankar Campus, Nijgadh Bara, Nepal

mayanathghimire@gmail.com

<https://orcid.org/0009-0007-1671-5069>

Anjay Kumar Mishra

D.Litt(s)

Srinivas University, India

anjaymishra2000@gmail.com

<https://orcid.org/0000-0003-2803-4918>

Corresponding Author*

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Abstract

Background: Death perceptions in Nepal are deeply influenced by Hindu philosophical traditions, which view death as a transitional phase where the soul separates from the body and enters a cycle of rebirth. Despite cultural significance, comparative studies on how elders (≥ 60 years) and youth (14–24 years) perceive self-death announcements remain scarce. Existing literature highlights gaps in systematic documentation of suicide and death attitudes, particularly in low-resource settings like Nepal, where institutional reporting is fragmented and stigmatized. This study addresses these gaps by exploring generational differences in death assumptions, integrating socio-cultural, religious, and health-related factors. **Objective:** To compare elders' and youths' perceptions of self-death announcements in Nepal, focusing on attitudes toward mortality, afterlife beliefs, and contextual factors (e.g., health, family support, and environmental stressors). **Methods:** A mixed-methods meta-synthesis was conducted in Chitwan, Makawanpur, and Sunsari districts, combining qualitative interviews and quantitative surveys. Purposive sampling included 110 participants (55 elders, 55 youth). Qualitative data were thematically analyzed, while quantitative responses were tabulated for cross-generational comparisons. Questions covered life expectancy assumptions, desired death circumstances, afterlife beliefs, and health practices. **Findings:** Elders associated death with chronic illnesses (e.g., hypertension, diabetes) and expressed a desire to die in religious settings (e.g., Devghat)



to attain *Baikuntha* (Vishnu's abode). 81.8% (45/55) believed in rebirth, yet 67.3% (37/55) rejected reincarnation, seeking liberation (*Moksha*). Youth emphasized environmental stressors (e.g., pesticide-laden food, pollution) as mortality risks. Only 34.5% (19/55) feared death, contrasting with elders (7.3%, 4/55). Over 65% (36/55) youths desired rebirth, often linking it to familial bonds. Novel insights: Elders prioritized ritual purity for a "good death," while youth framed death as uncertain but inevitable, influenced by modernization and declining joint-family systems. **Conclusion:** Generational disparities reflect Nepal's socio-cultural shifts: elders adhere to Hindu eschatology, whereas youth integrate pragmatic concerns (e.g., environmental degradation). Findings underscore the need for culturally sensitive death education and policies addressing elder care and youth mental health. **Novelty:** This study is among the first to juxtapose elder-youth death perceptions in Nepal, blending indigenous Hindu cosmology with contemporary challenges like urbanization and environmental health risks. It highlights how legal myths (e.g., suicide criminalization) and institutional gaps shape death attitudes.

Keywords: Death perception, elders, youth, Hinduism, rebirth, Nepal, environmental health, suicide stigma

Introduction

Death rituals are specific to each culture, and this specificity can be comprehended through the liminal phase (Lipska & Zagórska, 2021). In Hinduism, the liminal phase involves rituals that reveal the landscape of the Hindu afterlife, attend to the unseen spiritual being known as the pret, and convey the sacred (purity and impurity) through lateral movements (Tripathi, 2022). The Hindu cosmogenic universe is split into physical and spiritual realms, and the rituals conducted during the liminal phase assist the pret in transitioning from the physical realm to the spiritual realm. Although recent studies have concentrated on grasping the sacred and the ways sacrality is permeating the secular sphere, relatively little focus has been directed toward comprehending the sacred outside the frameworks established by early religious scholars. Through the example of Maha Brahmins, the context-driven sacred discussed in this article illustrates how the sacred adapts with context, yet the sacrality of certain objects remains constant regardless of the context. While examining the change in sacrality with context (or lack thereof) is one aspect, there are situations (e. g., a natural disaster) in which the adaptable nature of the sacred can be explored to enhance the understanding of the sacred in Hinduism (Tripathi, 2022).

The confounding factors, minimum clinical standards and additional testing were made. A single operational definition of human death was developed: 'the permanent loss of capacity for consciousness and all brainstem functions, as a consequence of permanent cessation of circulation or catastrophic brain injury'. In order to complete the project, in the next phase, a broader group of international stakeholders will develop clinical practice guidelines, based on comprehensive reviews and grading of the existing evidence (Shemie, 2014).

Specific themes, organized under three overarching categories (past, present and future), were discovered. Early life experiences with death were a common and prominent feature, serving



as a major motivator in participants' career path of end-of-life care. Clinical exposure to death and dying taught participants to live in the present, cultivate a spiritual life, reflect on their own mortality and reflect deeply on the continuity of life (Sinclair, 2011).

The establishing a diagnosis of Brain Death in a comatose patient should proceed with certain principles in mind; (A) establish that coma is due to a condition which can cause irreversible brain damage, (B) exclude reversible factors, (C) demonstrate the loss of all cranial nerve and brainstem responses which can be tested in coma (Dwyer, 2018).

HM Government UK the death of any live-born baby where a death certificate has been issued. In the event that the birth is not attended by a healthcare professional, child death review partners may carry out initial enquiries to determine whether or not the baby was born alive. If these enquiries determine that the baby was born alive the death must be reviewed (UK, 2022).

Literature Review

According to Maya Warrier the language of the Aryans was Sanskrit. Insights into early Aryan beliefs and practices come from the Vedas, a collection of Sanskrit texts assembled over many years, which numerous Hindus today regard as the source of sacred knowledge and an essential aspect of Hindu identity. The earliest Vedas were ceremonial texts utilized in sacrificial rituals, the foundation of early Vedic society. These rituals were thought to promote the welfare of society. During the first millennium CE, devotion to gods and goddesses gained significant traction in India. The most revered deities were the major gods Vishnu and Shiva, whose adherents were known as Vaishnavas and Shaivas respectively. In some of the more prominent Hindu philosophical schools, Atman and Brahman are fundamentally one. The perceived distinction between the two is merely an illusion. As long as the Atman does not recognize this unity, it remains ensnared in the samsaric cycle. However, once it acknowledges this oneness, all duality vanishes, including the separation between the self and the other, between joy and sorrow, or between the human and the divine (Warrier, 2007).

Prior efforts to evaluate beliefs regarding postmortem continuation have faced challenges due to their unidimensional nature and limited theoretical support. We propose that fundamental differences in beliefs about what happens after death can be captured by examining consciousness (awareness), identity (memory, personality), and physicality (the body) in the context of the death experience. Using this theoretical framework, we developed the Afterdeath Belief Scale, which identifies five distinct belief variations: Annihilation, Disembodied Spirit, Spiritual Embodiment, Reincarnation, and Bodily Resurrection. Additionally, we explored how individuals perceive their beliefs and actions as influential in shaping their fate after death. These new measures were found to have significant correlations with self-identified religious affiliation, levels of religiosity, spirituality, concerns about death, mystical experiences, and views on physical existence (Burris, 2009).

We are born, what unites people of all cultures is the fact everyone eventually dies. However, cultures vary in how they conceptualize death and what happens when a person dies. In some cultures, death is conceived to involve different conditions, including sleep, illness, and reaching a certain age. In other cultures, death is said to occur only when there is a total



cessation of life. Similarly, certain cultural traditions view death as a transition to other forms of existence; others propose a continuous interaction between the dead and the living; some cultures conceive a circular pattern of multiple deaths and rebirths; and yet others view death as the final end, with nothing occurring after death. These different conceptions have a noticeable influence on their lifestyles, their readiness to die for a cause, the degree to which they fear death, their expressions of grief and mourning, and the nature of funeral rituals. Any reasonably broad conceptualization of death issues would necessarily have to incorporate these various cultural variations (Gaire, 2014).

The death of a close friend as a substantial experience, and to offer support and services to address this disenfranchised grief. Recognising bereaved friends as a group experiencing adverse outcomes can be used internationally to prompt health and psychological services to assist this specific group, noting that there may be substantial longevity to the negative squealed of the death of a friend. Facilitating bereaved people's support networks may be a fruitful approach to minimising these negative outcomes (LiuI, 2019)

WHO summarised the cause of death categories and their definitions in terms of the International Classification of Diseases, Tenth Revision (ICD-10).³ These estimates are available for years 2000, 2005, 2010, 2015 and 2019 for Member States and for selected regional groupings of countries, areas and territories (WHO, 2019).

The nurses' role at the end of life extends beyond death to provide care for the deceased person and support to their family and carers. The physical care given by nurses following death in hospitals has traditionally been referred to as 'last offices'. However, in this guidance we refer to 'care after death', a term more befitting of our multicultural society (Palliative Care group, 2014) [10].

Section 10 of the Coroners and Justice Act 2009 (the 2009 Act) requires the coroner (or the jury if there is one) to make a 'determination' of the matters to be ascertained by the investigation and make 'findings' for registration purposes. The matters to be ascertained by the investigation into a person's death are: who the deceased was; and how, when and where the deceased came by his or her death (section 5). The findings for registration purposes are the particulars required by the Births and Deaths Registration Act 1953. The requirement for both is emphasised by Rule 34 of the Coroners (Inquests) Rules 2013 (the 2013 Rules) (coroner, 2021).

ICRC Summarised Death is the irreversible cessation of all vital functions, including brain activity. Death is 'natural' when it is caused solely by disease and/or the aging process. It is 'unnatural' when its causes are external, such as intentional injury (homicide, suicide), negligence or unintentional injury (death by accident) (ICRC, 2013).

Academy of Medical Royal College the diagnosis and confirmation of death is required in a number of different situations, both as a result of a natural process and also in situations where artificial interventions are sustaining cardiorespiratory function in the absence of a patient's ability to breathe independently. This Code of Practice is designed to address the diagnosis and confirmation of death in all situations and to make practical recommendations, which are acceptable both to the relatives of the deceased, to society in general and also to the medical,



nursing and other professional staff involved. The Working Party has included some members of the group which drew up the 1998 Code of Practice and also new members to reflect the wider professional and lay interests that are now involved. We have drawn upon much of the comment received over the existing guidelines, together with documentation prepared in particular by the Intensive Care Society (Medical Royal College, 2008) .

According to Mahmood, Kaisher “Hindu” is a term initially utilized by others to denote the inhabitants of the subcontinent. For the concept of religion, the Sanskrit word Dharma has been applied. In English, it generally refers to principles that support human existence. Consequently, although beliefs, ceremonies, rituals, and dogmas are elements of Hinduism, its primary focus is on living righteously. A notable characteristic of Hinduism is the belief in the transmigration of souls; that is, the transition upon death of the soul from one body or being to another. In the Bhagavad – Gita, Krishna speaks to Arjuna.

From the Buddhist viewpoint, there are two types of death: Continuous and regular. Continuous death signifies the “passing show” of phenomenal experience, which continuously emerges and dissipates, moment after moment. Regular or corporeal death relates to the physical cessation of essential bodily functions at the conclusion of a lifetime.

Christianity is a faith centred on the person and mission of Christ, who is perceived as the liberator of humanity and the intermediary between God and mankind. Christianity is a single-deity religion. Monotheism signifies a belief in the presence of one God who reveals himself through the persona of Christ. Within this monotheistic belief, Christians hold three tenets: the Fatherhood of God, the Divine dignity of Christ, and the religious experiences of Christians. The immortality of the soul, the concept of the soul persisting without the necessity of any physical forms, is a belief originating from Greek philosophy that numerous Christians have adopted. Some early Christian authors considered the potential for the soul to be reincarnated in another human entity. However, these notions are often eclipsed by the majority belief in the resurrection of the body among Christians (Mahmood, 2007).

Hinduism clarifies that death is unavoidable but not the total destruction of a being. It serves as a pivotal moment that transitions into something new. It is stated that all life forms originate from a singular common source and possess a dual nature. Each being encompasses a physical form alongside an inner self (soul). Death represents a brief moment that disconnects the soul from the body. The physical form, merely a façade, is destroyed while the soul continues onward. It exists in a disembodied state for a period before being reborn in a new physical embodiment. This subsequent life also has a predetermined duration and is subject to death. Hence, the soul endures endless cycles of life and death. According to the Vedic Samhitas, at the dawn of the universe, there existed an infinite void, Hiranyagarbha (golden seed). At that time, death did not exist, nor was there anything immortal: no indication was present, the separator between day and night. That One Entity, devoid of breath, breathed by its innate nature: separate from it was nothing at all (Veenat, 2021).

Ali, Muhammad Mansur summarised the Prophet Muhammad is recorded to have stated that when the soul departs from the body, the eyes trail the soul. Death from this perspective is a metaphysical occurrence that cannot be empirically tested. Apart from this concise description,



there is nothing more significant in Islamic texts concerning the commencement of death or its signs. Muslim scholars must derive the specifics of this based on their interpretations of foundational texts, their personal experiences, and the medical knowledge of their time. The variations in the educational backgrounds of the members of the three organizations reflect their ontological perspectives regarding the human condition, life, and death.

In Sikhism, the soul undergoes an endless cycle of rebirth, while the physical body merely serves as a vessel in its extensive journey, abandoned each time and returned to the elements, as expressed in the Guru Granth Sahib in Asaa Mahal 5: "That time, which the mortal does not desire, eventually arrives, and without the eternal order, the comprehension of mortals remains elusive. The body is devoured by water, fire, and earth. However, the soul remains neither youthful nor aged. Therefore, it is the soul, not the body, which progresses along its path" (Ali MM, 2020).

Firth in the perfect death, as observed in the instances of saints or sannyasis, departed from the brahmarandra, the soft spot on the upper part of the head; also favourable was leaving through the mouth or eyes, indicated by a radiant face. An unfavourable death was marked by feces, urine, or vomit. What persists are "some svasas, (vayus, pranas, airs), which remain in the highest area of the head," which must be released to merge into the five elements (Shirley, 1994).

Indian philosophy views the human person as originating from and belonging to the divine, eternal, and possessing the capacity for cognition and experience. The aim of human existence is to unite with the ultimate Reality, the Divine, by living righteously in accordance with prescribed ways and by attaining detachment from the world's illusions. Death is an aspect of life rather than that which conclusively ends it. The moment of death presents an opportunity for the ultimate transformation, Moksha. Examining these philosophical foundations can offer the contextual framework for comprehending the spiritual needs of palliative care patients and their families, as well as the potential for creating culturally relevant strategies for delivering spiritual care at the end of life (Inbadas, 2018).

Regardless of the circumstances or location of our birth, what connects individuals from all cultures is the understanding that everyone ultimately dies. However, cultures differ in how they perceive death and the events that transpire when a person passes away. In certain cultures, death is thought to encompass various conditions, such as sleeping, being ill, or reaching a specific age. In other societies, death is considered to occur only when there is a complete halt of life. Likewise, some cultural practices interpret death as a transition to different states of existence; others suggest an ongoing interaction between the deceased and the living; some cultures envision a cyclical pattern of multiple deaths and resurrections; while others regard death as the absolute conclusion, with nothing following it. These diverse understandings significantly affect their lifestyles, their willingness to sacrifice for a cause, their level of fear regarding death, their ways of expressing grief and mourning, and the character of funeral practices. Any sufficiently comprehensive understanding of death issues must necessarily encompass these various cultural differences (Gire J. , 2018).



Sri, Swami Sivananda summarised comprise the Sanskrit literature—sacred and secular. The Sruti serves as the root; the Smritis, Itihasas, and Puranas form the trunk; the Agamas and Darsanas represent the branches; and the Subhashitas, Kavyas, Natakas, and Alankaras are the flowers of the tree of India's Culture. The Smritis, Itihasas, Puranas, Agamas, and Darsanas are merely extensions of the Veda. (Sivanand, Swami, 1947).

According to Vijayakumar, Lakshmi Hinduism teaches that to die properly, one must live properly. Upon death, an individual's soul, along with some lingering awareness, departs from the physical body and transitions to a different astral realm. Just as death is unavoidable for those who are born, so too is birth unavoidable for those who die. While the certainty of death is deeply ingrained in the Hindu mentality, there remains a significant focus on achieving a favorable death. A favorable death is believed to occur when all deeds are performed selflessly, without any consideration for their outcomes, and driven solely by love for any deity (Lakshmi, Vijayakumar, 2022).

According to Gautam T. P. & Mishra A. K. In Nepal, older adults have historically held a revered status within family dynamics, receiving care from relatives in a joint family system. However, recent societal changes towards nuclear family structures and individualism have left many seniors without traditional family support, prompting an increase in their migration to old age homes (OAHs), especially in urban areas like the Kathmandu Valley. The research sheds light on the shifting landscape of eldercare in Nepal and underscores the critical necessity for supportive policies to cater to the evolving needs of an aging population amid modernity. The study highlights the significance of nurturing family ties and community support for elderly individuals as they transition to OAHs (Gautam P T, 2024).

Ghimire, M. and friends summarized seniors discovered comfort in the tranquil surroundings, companionship, and dignified treatment offered at the elder home. The research indicated varying degrees of nourishment among residents, highlighting a notable occurrence of moderate thinness and cases of abuse and neglect prompting relocation. Elderly individuals in Nepal encounter difficulties such as mistreatment, neglect, and insufficient family support, which drive them to seek safe havens in elder homes for a serene and secure living environment. Recognizing the factors that lead elderly individuals to migrate to elder homes is essential for meeting the needs of this at-risk group (Ghimire M. S., 2024).

Chepong are more likely than other groups to return to health-seeking behaviors. Their 100% mother had informed them that they had given birth to their first child before she was 20 years old. However, the health of Chepong children was discovered to be superior to that of children in other communities (Ghimire M. , 2015).

Bananas are farmed commercially and in greater quantities in Nepal's Terai area. The more uniform and significant benefit between September and February. Nepal imports Indian goods at prices that are 60–70% lower throughout the winter. The banana growing area of Nifgadh uses insecticides and pesticides seven to twenty-four times daily. Banana cultivation has twice the advantages of sugarcane and grain crops. Soil with poor poison breakdown and low productivity following deterioration. It should be displayed only after a prolonged period of use and also after harm to human life. Unless farmers in the Nijgadh region are made aware in



time, they will face significant challenges. Need to make an effort to begin organic manufacturing and supply in Nepal's local, regional, and central marketplaces as soon as possible. It is possible for it to prevail against Indian imported bananas as well. The use of poison in banana cultivation was less than five times 46.9% (46), six to ten times 27.6% (27), eleven to fifteen times 12.2% (12), sixteen to twenty times 10.2% (10), and more than twenty-one times 3.1% (3). For banana production, 100% of farmers used insecticides and pesticides (Ghimire M., 2024).

Research problem

Karki, T B noted that the avoidance of death is a significant psychological phenomenon that influences how humans relate to and perceive the idea of death. This paper examines the attitudes towards death among young people in Nepal, highlighting the differences between genders as well as the sociocultural, religious, and demographic factors that contribute to death avoidance. Gaining insight into these factors will aid in addressing the stigma surrounding death and developing suitable interventions (Karki, 2025).

Every human ultimately dies; death is an inevitable part of life following birth. As reported by the Nepal Government Households in 2022, the average life expectancy in Nepal stands at 70.48 years. The government of Nepal provides social allowances to individuals once they reach the age of 70. Respondents indicated a desire to pass away after reaching 84 years old, influenced by Hindu beliefs that equate living to this age with divinity. Similar studies have been carried out in Europe, the UK, the USA, and Australia, but there seems to be a lack of comparative research on perceptions of death among the elderly and youth in Nepal. The Hindu scriptures, the Geeta and Mahabharat, explain the nature of human death. Following death, it is believed that a person enters either Heaven or Hell. When asked where they would prefer their soul to go post-death, all the Hindus indicated a preference for Heaven, as it is associated with the cycle of rebirth in living beings.

Objectives

To conduct a comparative study of elders and their thoughts on self-death assumption.

Methodology and Sampling

In order to address the presumption of self-death among the elderly and youth in the Chitwan, Makawanpur, and Sunsari regions of Nepal, this study employed the method of scientific review as Meta Synthesis. Although it is impossible to predict when someone will die, our social observations suggest that, on average, older people die before younger people everywhere. Through systematic literature, the researcher seeks to suggest a practical research approach in this review, at least for the time being. The review's primary method of reasoning was deductive logic. The equipment that was created, tested, and ultimately completed. Questions were asked about the quality of life, physical health, views of death, dying, and the future, as well as experiences with living circumstances and environments. A mixed-method strategy (combining qualitative and quantitative methods) was employed to learn more about the presumptions of self-death statements made by the elderly and young people. The target audience included young people as well as older people. Participants included individuals over the age of 60 for the elderly and adolescents between the ages of 14 and 24 from the Nepalese

districts of Chitwan, Makawan, and Sunsari, where youth data were collected in the elder home and surrounding community. The researcher used purposive sampling due to less numbers elders' age founded in village. The researcher visit and request to provided their perception about their death attitude.

For the sake of the rigor of objectivity, the researcher's qualitative experiences are arranged as inductive logical reasoning when drawing conclusions, which are limited to adductive logic in a single manner. The tactics used during the scientific evaluation process are represented by a thorough examination of the archives, along with a thorough analysis. Inquiries were made regarding lifestyle quality, physical well-being, attitudes toward death, dying, and the future, as well as experiences pertaining to living circumstances and the environment. To comprehend the presumptions underlying self-death announcements among the elderly and youth, a mixed-method approach (combining qualitative and quantitative methods) was employed. The intended audience included youth as well as the elderly. The participants were youth aged 14–24 and seniors over 60.

Results and Discussion

Table 1 Male and Female of participants

			Male or Female of participants		Total
			Male	Female	
Respondents	participants	Elder	19	36	55
		youth	40	15	55
Total			59	51	110

According to table 1, the total number of male and female participants was 110, with 55 of them being elderly (19 males and 36 females) and 55 of them being young (40 males and 25 females).

Table 2 Education of elder respondents

		Respondents Education				Total
		Above SLC	Literate (up to the 8)	Illiterate (less than 5 class)	Bachelor (BA & B.Ed).	
Respondents	Elder	5	13	37	0	55
	youth	16	37	1	1	55
Total		21	50	38	1	110

According to Table 2, the total number of respondents in education was 110, of whom 5 were elders over SLC, 13 were literate (up to the 8th grade), and 37 were illiterate (less than the 5th grade). In the same way, youth over SLC were 16, literate (up to the 8 grade), 37, illiterate (fewer than 5 grades), and one bachelor (BA & B.Ed.).

Table 3 Family yes or no (husband or wife, children)

		Your wife/Husband and children yes or no		Total
		yes	No	
Respondents elders or youth	Elder	32	23	55
	youth	38	17	55
Total		70	40	110

The 110 respondents listed in Table 3 include 32 older people who said yes to have a wife or children, and 23 who said no. Likewise, 38 young people have yes, and 17 have no.

Table 4 Family members or relative come for visit

		Family and relative come for visit		Total
		yes	No	
Respondents elder or youth	Elder	29	26	55
	youth	38	17	55
Total		67	43	110

According to table 5, the total number of respondents whose family and relatives visited them was 110, including 29 who said yes and 26 who said no. In the same manner, 38 young people responded yes, while 17 said no.

Table 5 Daily medicine use or not for long disease

		Daily any medicine used or not for long disease		Total
		yes	No	
Daily medicine used for long disease (chronic) elder or youth	Elder	21	34	55
	youth	6	49	55
Total		27	83	110

As seen in Table 5, there were 110 participants overall, including 21 who reported using daily medication for a chronic illness and 34 who said no. In a similar vein, 49 teenagers were told no, while 6 were told yes.

Table 6 could you say, your total living age of years (assumption)

	Total living age (assumption)			Total
	Elder	youth	Living age year (assumption)	
Respondents say own living age (assumption)	0	1	30	1
	0	1	48	1
	0	3	50	3
	0	2	65	2
	2	7	70	9
	0	1	71	1

	2	3	75	5
	1	0	76	1
	1	0	77	1
	14	10	80	24
	0	2	82	2
	1	0	83	1
	2	0	84	2
	6	6	85	12
	1	0	88	1
	11	2	90	13
	2	3	95	5
	11	11	100	22
	0	1	101	1
	0	2	108	2
	1	0	110	1
Total	55	55		110

In Table 6, own living age (assumption) assuming that there were 110 total respondents, including 24 respondents who said 80 years, 22 respondents who said 100 years, 13 respondents who said 90 years, and 9 respondents who said 70 years. One Elder said 110 years, while one young person said 30 years. The age range provided by respondents, from at least 30 to at least 110, represents the lowest and highest life expectancy. Due to polluted and chemically treated vegetables, fruits, and food, as well as daily respiratory air pollution, the minimum 30 years of life. Parents have the longest age of 110 since they live for more than 100 years before passing away. Because I also want to pass away and live for 110 years.

Table 7 Have you think about human death Cross tabulation

		Have you think about your death			Total
		Don't know	Long life age	Not think about death	
respondents youth or	Elder	30	24	1	55
Elder	youth	9	32	14	55
Total		39	56	15	110

According to Table 8, when asked to reflect on their own mortality, the total number of respondents was 110, with 30 saying they did not know, 24 saying they had a long life, and 1 saying they had given it no thought. In the same way, 14 teenagers said they didn't give a thought to dying, 32 said they lived a long life, and 9 said they weren't told.

Table 8 How you want your death

			How you want your death			Total
			Nobody Know	don't Death known all person	Don't know	
Respondents Elder or youth	Elder	Elder	38	14	3	55
		youth	30	23	2	55
Total			68	37	4	109

According to Table 8, the respondents' concepts of death were as follows: 38 said they don't know, 14 said everyone knows about death, and 3 said they don't know. Of the total number of participants, 110 were older adults. Additionally, nobody knew 30 young people, 23 had death-known people, and 2 were unknown.

Table 9 at the death time want you surrounding wife and children

			death time want you together wife and children			Total
			Yes	No	Don't know	
Respondents Elder or youth	Elder	Elder	27	26	2	55
		youth	42	12	1	55
Total			69	38	3	110

According to table 9, the time of death desired by the respondents was 110 among them, with the majority of the respondents wanting to be surrounded by their wife and children. Among the respondents, 27 said yes to elder care, 26 said no, and 2 said they don't know. Likewise, the responses from young people were 42 yes, 12 no, and 1 don't know.

Table 10: In your think where you want to death

			In your think where you want to your death				Total
			Home	Hospital	Religious place or elder home	Natural place	
Respondents Elder or youth	Elder	Elder	6	4	45	0	55
		youth	20	5	28	2	55
Total			26	9	73	2	110

According to Table 10, 45 of the 110 respondents in your think were from religious palaces or elder homes, 6 were from elder told in-home, and 4 were from hospitals. Likewise, youngsters reported home 20, hospital 5, religious site 28, and natural locations 2.

Table 11: Are you fear with death

			Have you fear with death?			Total
			yes	no	No trust	
Respondents Elder or youth	Elder	Elder	4	48	3	55
		youth	21	34	0	55
Total			25	82	3	110

As seen in Table 11, out of 110 total respondents who said they feared death, 4 said yes, 48 said no, and 3 said they did not trust them. Additionally, there were 21 youth who responded affirmatively and 34 who responded negatively.

Table 12: After death want you go in Heaven

		After death want you to go to in the Heaven			Total
		yes	no	not believe	
Respondent Elder or youth	Elder	45	8	2	55
	youth	36	14	5	55
Total		81	22	7	110

According to Table 12, a total of 110 respondents indicated their desired destination in Heaven following their passing of those respondents, 45 said yes, 8 said no, and 2 said they couldn't believe it. In a similar vein, 5 youths said they didn't believe, 14 said no, and 36 said yes.

Table 13: want you again birth in human life Cross tabulation

		want you again birth in human life			Total
		yes	No	Not trust in 3 rd life or rebirth	
Respondent Elder or youth	Elder	17	37	1	55
	youth	35	19	1	55
Total		52	56	2	110

As seen in Table 13, out of a total of 110 respondents who desired a second birth in human life, only one said they didn't believe in a third life or rebirth, 17 said they wanted one again, and 37 said they didn't. Additionally, young people responded yes 35 were, no 19 were, and only one elder and youth replied a lack of faith in a third life or rebirth.

Findings

The age at which elders and young respondents are assumed to live and die:

The following causes are more important for old and young people to live and die of:

Elders statements	Youth statements
<p>Perpetual texture deficiency in health.</p> <p>Pain caused by thyroid and asthma may not last for a long time.</p> <p>Assaulted daily medications used to treat issues with sugar, pressure, the heart, the kidneys, and other health issues brought on by old age.</p> <p>Foods with a high dose of poison and grains and vegetables with more chemical fertilizers, both of which are detrimental to human health, entered the kitchen.</p>	<p>Lactovegetarian and nutritious meals were prepared.</p> <p>Daily participation in the game contributes to maintaining good health.</p> <p>Junk food used on a daily basis, as well as meals made with chemicals and poisons.</p> <p>A lot of pesticides are used on the cereals, vegetables, and fruits sold in the market, which is a highly polluted environment and daily used untreated or normal water.</p> <p>High pollutant environment and not purified water used, huge pesticide used cereals, vegetable and fruits sold in market.</p>



Age of death based on hypothesis and reason:

- I will pass away and enter paradise after 84 years of worship.
- I wish to go to paradise (cowlok) for my rebirth and death after I die.
- I want to be born again, whether I'm a man or a woman, but I'm happy with either outcome.
- I am now in Devghat, Chitwan, an elder home, since my kids moved my land and home, then kicked me out of my house because I was in a worse financial position and destitute.
- Death is joyful because tears are constantly in one's eyes, indicating sorrow.
- The culture and religion of the Hindu are vanishing, with the exception of Hinduism and the divine language. Shaskriti is currently reading in order to promote Hindu culture worldwide.
- Nepal's grand pa age, 70, has arrived, so please join us for the funeral.
- He assisted me in becoming a house worker for wealthy families before I came here.
- I came here because I am single and want to pass away in my holy home town of Devgaht.
- I want to birth next life bird, but not human life.
- I want to go to Heaven or Baikunta (Bishanu's place) to avoid being born again and dying.
- I want to go to Heaven (Baikuntha). I have entered four religious dham for the purpose of meditating, worshipping God, and Jap.
- My life is in God's hands, and I always take it for granted with no other remarks.
- I want a male life if I have the chance to be reborn. It was a female declaration.
- Before I pass away, I pray to my God to bring my family and daughter together.
- I am alone because I have no food, clothing, or helpful hand.
- My son claims that I came here because he told me that you couldn't work at home or in an old folks' home.
- To preserve Sanskriti, to increase high knowledge I have read shankriti education, a youth claimed.
- I'm here to protect the Hindu religion as well as the Hindu deity, culture, and real worth of the globe. I've read Sashaskriti education.
- Unlike the Greek concept of immortality, the Christian belief in the resurrection is connected to a divine holistic process that implies salvation.
- • From a Buddhist perspective, there are two kinds of death: continuous and normal. The "passing show" of experiential events, which are constantly appearing and disappearing, moment by moment, is referred to as continuous death. The physical conclusion of vital biological processes at the end of a life is the focus of regular or bodily death.
- The transmigration of the soul, or the passage of the soul from one body or entity to another at the time of death, is a belief that is included in Hinduism. Krishna addresses Arjuna in the Bhagavad-Gita.

Daily used Medicine diseases:

- Tablet used to treat neuronal illness.
- Applications for medications used to treat thyroid-related illnesses include pressure and sugar.



Conclusion

The soul is separated from the body by the transient event of death. The soul carries on its journey as the physical form, which is only a façade, crumbles. Prior to being reborn into a new physical existence, it wanders about in a formless state for a while. Additionally, this following life is not very long and may end in death. The soul goes through an infinite number of life and death cycles as a result.

The only way to be free from death is to break one's ties to the physical world and escape the illusion that one is a single, separate entity with insatiable desires. A conditioned existence inevitably results to death. According to Hindu philosophy, it is essential to have a "good death" and to be forgiven of one's sins before dying, which requires spiritual preparedness as well as a voluntary and peaceful acceptance of death. Even if the body dies, the spirit is freed. Death offers a choice between living and dying, serving as a way to validate free will. In order to ascertain how these philosophical foundations continue to blend and influence the spirituality of individuals and communities as they encounter death and dying in Nepal and other places, additional research is necessary.

According to Hindu philosophy, living well is crucial for dying well. After someone dies, their soul departs their body and moves to another astral plane, along with any remaining consciousness.

When elders get to the age of 60 and older, they frequently experience illnesses that necessitate regular medication, such as diabetes, hypertension, asthma, thyroid issues, heart ailments, and kidney issues. The biggest problem facing young people is the intake of junk food, chemically processed food, and the consequences of a heavily contaminated environment, as well as the widespread use of pesticides on fruits, vegetables, and grains sold in markets.

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