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Research Article
Health Status of Elderly living in Government and Private Old Age Home in Nepal

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Abstract

Background and Objective: Ageing is a global public health concern. With the increase in elderly population, the number of old age homes is also increasing in Nepal. The main objective of this study was to compare the health status of elderly living in two complexes of old age homes: private and government. **Materials and Methods:** This is a cross sectional descriptive study carried out in Kathmandu and total 7 old age homes were included in this study. The total sample size for this study was 188. Two in-depth studies were carried out. **Results:** The study found that the elderly people living in the private old age homes have the better health status than the government old age homes despite the minimum amenities available. The elderly in government old homes were suffered more to endemic diseases than private old age homes. Following the healthy habits and the clean dwelling surroundings of the private old home had led their health better in compared to government old age homes. **Conclusion:** Government should give priority to provide the quality of services to elderly living in old age home compared to private old age home.

Key words: Ageing, elderly, old age homes, government, private, health of elderly

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Competing Interest: The authors have declared that no competing interest exists.

Data Availability: All relevant data are within the paper and its supporting information files.

INTRODUCTION

Issues concerning older adults are recognized as a research priority in developed countries, evidenced by a growing body of research in the area of psychological, social and health needs of the aged. Despite attracting less attention, there is also a great need for research in the different aspects of elderly people in developing as well as the least developed countries so that it may help to know the well-being of elderly which is not examined in depth[1]. The rate of ageing is growing globally due to declining fertility and mortality and increasing in the life expectancy[2] . Answering when an old age begins is very difficult. Perceptions of the onset of old age varied widely according to the respondent's age. People under 30 believed that old age strikes before the average person turns 60, whereas middle-aged respondents said that old age begins at 70 and adults aged 65 or older put the threshold closer[3] to 74. However, the operational threshold of ageing varies from country to country and generally; it is considered 60 years in developing countries and 65 years in developed countries. Nepal considers 60 years and above to define old age population in Nepal[4] and very little is known about the quality of life of Nepalese elderly[5].

Health is defined as the state of complete physical, mental and social well-being not merely an absence of diseases or infirmity[6]. The immune system goes weak as one age. The loss in vision, hearing, memory power, motor coordination of nerves and other neural performances of the body starts to lose its importance with age. Majority of the vital organs will face the process of degeneration. Besides, ageing causes the degradation of intracellular matter[7]. Population ageing has important and far-reaching implications for all the aspects of society[8]. Hence, a healthy population is the requisite of society.

Elderly population 60 years and above constitute 8.13% of the total population of Nepal[9]. If it compared the growth trend of elderly population and total population, the growth rate of the elderly is higher than total population growth rate of Nepal since the last couple of decades[10]. So far, there has not been any National level study carried out focusing on the issues of the elderly. It shows Nepal government has not given more priority to this group of the population. About the age structure of population the proportion of elderly 65 years and above is around 5% and this is not a significant number to give priority when compared with children and other age group population[11].

In Nepal, traditionally old age home (OAH) is designed only for the elderly who do not have their children to take care of them by Nepal government and many of these Old Age Homes is located in the religious places. But recently with the effect of modernization, urbanization, nucleation of family, migration of youths to urban area and foreign countries those people who prefer to live in the OAH are increasing. But, due to limited capacity and limited number of such a home, community people have started to open OAH in the different parts of the country[12]. Recently, the numbers of private OAHs are increasing in Kathmandu and many elderly have also started to live in such a home[13,14]. A study showed that there are about 1,500 elderly living in about 70 organizations registered all over Nepal at present[15]. However, many of them are still deprived of proper care, support and basic need for comfortable survival[16]. The quality of the elderly home with respect to the facilities they provide are poor. Healthy ageing is the target of Nepal being the signatory to Madrid Convention in 2002. The ability of an elderly to stay healthy and independent is directly proportional to the provision of the supportive environment that includes well-designed living conditions, access to economic sources and an appropriate health care system[17].

There is an increasing number of elderly living both in private and government OAH. Very little is known about the health status of elderly living in government OAH and private OAH. The main objective of this paper was to compare the health status of elderly living in such an OAH.

MATERIALS AND METHODS

This was a cross-sectional study carried out in Kathmandu Valley. For the purpose of this study OAH that provides free residential and health services were chosen. Total seven OAHs were included for this study. Since government old age home in Kathmandu accepts elderly 65 years and above, this study has taken account elderly 65 years and above for the respondents. Further study excluded elderly who were physically weak, having the serious mental health problem, deaf and dumb. The study was approved by the research committee of the Department of Population Studies in Ratna Rajya Laxmi Campus and from Ageing Nepal. The purpose of this study was explained to the elderly homes management and upon their approval; each respondent was also explained about the study. Only after the approval from both, interview schedules were carried out. The study deployed census method but out of 372 elderly people living in the study areas, there are only 188 elderly respondents who met our inclusion criteria and the interview was completed with 188 respondents. Among them, 117 were from Government OAH and 71 were from Private OAH. Since the majority of elderly were illiterate, a face-to-face interview was carried out using questionnaire. Further, few qualitative studies were also carried out with elderly and officials of OAH. Data were analyzed using frequency table through SPSS software.

RESULTS

Socio-demographic situation of study population: Table 1 showed the socio-demographic characteristic of respondents living in government and private OAH which provided services free of cost. Age of the respondents ranged from 65-85 years. Mean age of respondents living in government OAH was slightly higher than private OAH. The proportion of women respondents (84.5%) was quite higher from private OAH than government OAH (49.6%). The further proportion of widow/widower living in OAH was 67.6% was higher than living in Government (58.1%). A significant number of never-married elderly were found living in both OAH. About 25.4% never married elderly were living in private it was 17.1% in government. Upper cast, as well as lower cast elderly, was living together in both old age homes.

Pull-push factor for elderly home: Data in Table 2 showed that among the elderly people who were living in government OAH 35% were living alone for several years prior to coming to living in the elderly for the reason that they had no family member (29.9%), self-will (4.3%) and others (0.9%). Similarly, the elderly people who were living alone for several years prior to coming to live in private elderly home was found to be 46.5% for the reason of having no family (21.1%), Self-will (5.6%) and other (19.7%). Among the other reasons reported in this study had been the verbal abuse.

The elderly from government OAH also reported that they came by themselves (36.8%), family/relatives (42.73%) and other medias like organization, neighbors (20.51%) while in private OAH, elderly people reported that they came by themselves (29.6%), family/relatives (39.43%) and other medias like neighbors/organization 30.98%. Private elderly home reported having a considerable number of elderlies brought by the organization.

Health status of the study population: Table 3 figured out the prevalence of elderly related diseases in both the elderly homes was basically the chronic diseases. However, the endemic diseases were concerned with the healthy habits and environment. Major health problems of elderly living in government OAH were joint ache (73.5), Backache (60.7%), Insomnia (39.3%), Loss of Appetite (36.8%), Cough (50.4%), Constipation (14.5%), Tiredness (24.8%), Stomach Ache (33.3%) and Allergy (18.8%). Similarly, major Health problem of elderly living in private OAH were Joint ache (69.0%), Backache (53.5%), Insomnia (18.3%), Loss of Appetite (18.3%), Cough (18.3%), Constipation (5.6%), Tiredness (4.2%), Stomach Ache (23.9%) and Allergy (9.9%).

Table 1: Socio-demographic characteristics

	Government		Private	
Feature	Frequency	%	Frequency	%
Age group (years)				
65-69	27	23.10	21	29.60
70-74	26	22.20	16	22.50
75-79	27	23.10	6	8.50
80-85	37	31.60	28	39.40
Sex				
Male	59	50.40	11	15.50
Female	58	49.60	60	84.50
Ethnicity				
Upper caste	72	61.50	35	49.30
Lower caste	45	38.46	36	50.70
Marital status				
Married	25	21.40	2	2.80
Widow	68	58.10	48	67.60
Separated	4	3.40	3	4.20
Unmarried	20	17.10	18	25.40
Religion				
Hindu	108	92.30	57	80.30
Buddhist	8	6.80	6	8.50
Christian	1	0.90	8	11.30

Table 2: Push-pull factor for elderly home

	Government		Private	
Feature	Frequency	%	Frequency	%
Living alone prior to the elderly home				
Yes	41	35.00	33	46.50
Reason to live alone				
No family	35	29.90	15	21.10
Self will	5	4.30	4	5.60
Others	1	0.90	14	19.70
Media of coming elderly home				
Self	43	36.80	21	29.60
Family/relative	50	42.73	28	39.43
Other	24	20.51	22	30.98

Table 4 showed the healthy behavior practice in the elderly homes. In the context of government OAH, 75.2% of the elderly had reported that they take care of themselves, 23.1% were still using a finger to brush their teeth, 76.1% used soap after using the toilet and 17.1% were still habitual of smoking. In contrast, in the private OAH, 63.4% elderly people had reported that the caretakers were the ones who take care of them, 11.3% were using fingers for brushing their teeth, 97.2% used soap to wash their hands after using the toilet and 7% were still found habitual of smoking.

Qualitative studies

Case 1-'will stay here till the end of life': Bhakta Kumari Shrestha (name changed), a 70 years old woman, is living in the government OAH. She is a widow and from a poor family background. She is not literate. Her original home is in Dhading. She was living alone after her daughters got married.

Table 3: Health status

	Government		Private	
Diseases	Frequency	%	Frequency	%
High blood pressure	29	24.8	19	26.8
Heart disease	6	5.1	4	5.6
Chest problem	20	17.1	11	15.5
Asthma	46	39.3	19	26.8
Sugar	7	6.0	11	15.5
Urine	8	6.8	5	7.0
Uric acid	9	7.7	11	15.5
Joint ache	86	73.5	49	69.0
Insomnia	46	39.3	13	18.3
Loss of appetite	43	36.8	13	18.3
Cough	59	50.4	13	18.3
Backache	71	60.7	38	53.5
Constipation	17	14.5	4	5.6
Diarrhoea	7	6.0	3	4.2
Tiredness	29	24.8	3	4.2
Stomach ache	39	33.3	17	23.9
Teeth problem	81	69.2	37	52.1
Eye problem	92	78.6	45	63.4
Ear problem	60	51.3	32	45.1
Gastric	59	50.4	42	59.2
Allergy	22	18.8	7	9.9

Table 4: Healthy behaviors applied at elderly home

	Government		Private	
Feature	Frequency	%	Frequency	%
Elderly care				
Elderly home's staffs	27	23.1	45	63.4
Self	88	75.2	26	36.6
Others/volunteers	2	1.7	-	-
Teeth hygiene				
Fluoride containing toothpaste	60	51.3	49	69.0
Coal	4	3.4	-	-
Finger	27	23.1	8	11.3
Wash				
Soap	89	76.1	69	97.2
Ash	1	0.9	-	-
Soil	23	19.7	-	-
Don't wash	4	3.4	2	2.8
Smoking habits				
Smokes currently	20	17.1	5	7.0

She informed that she had the house as the only thing in the name of her property which she legally should have been entitled but after the death of her husband it was cunningly taken away from her by her brothers in law and was later brought to the elderly home by her relatives seeing her pity condition. She said that the elderly home is her home now and will stay there till the end of her life. She said she has no complaint about the elderly home for she has got the roof to stay and food to eat. She said she cannot receive the old age allowance from the government for she has no citizenship.

She said her daughters come to visit her in every 3-4 months and there are many people coming in the elderly home for donations and other programs. She said she loves the environment of the elderly home. However, she said she does not like the toilets. She told that the toilets are clean only during the morning and not during other times. Her fellow elders do not care about the toilet after they use and even the caretakers scold them if they ask something. She even complained that one of the caretakers yelled at her out of her irritation saying "How many times do I have to give you medicine. I gave it to you yesterday." She said she has a joint problem, asthma, urine problem and eye problem but still she can manage to take her care and concern on cleanliness.

She said she is adjusting her life there and looking forward to her death. However, she exclaimed she would have loved it if the elderly home provides meat at least once a month and she is craving for meat. She said she does eat meat going out of the elderly home from the money that her daughters give her and from the donors.

Case 2-'happy and active aging': Kanchan Sapkota (name changed), 68 years, living in a private OAH was separated from her husband after 5 years of marriage. She has no children and she came to the elderly home on her own as she heard about it from her friends. It has been 5 years that she is living in the elderly home. There is no one coming to visit her besides the donors sometimes. She makes “batti” (threading from cotton) as the source of her income. She has no any form of property and illiterate.

She said she does not have other major issues except joint ache and eye problem which is evitable during old age. She said she brushes twice a day and use soap to wash her hands. The elderly home has no regular health check-up facility but upon being sick, the caretakers reach to the boss and bring medicines and/or taken to the hospital as per the severity of illness. She said the caretakers are very nice to them. They chat with them and take good care of them. When someone needs help for the toilet, he or she takes them and upon every use of the toilet, they make sure it is clean and they also clean their rooms properly.

DISCUSSION

Health and social care of senior citizens are an important part of welfare policy of developed nations around the world. The geriatric care and provisions are national issues. However, the context is improving recently in developing countries also where the elderly population was not a topic of concern in the past[18]. In Nepal, the government has made up some steps though it has not been adequate to reach to all the elderly population benefitting only of who are capacitated and aware.

The elderly homes are increasing in Nepal over the past decade but the amenities are limited. There are very few OAHs operated by the government but still, the staffing is sort. Likewise, the private OAH are increasing and mostly paid OAH are increasing. Comparing to the unpaid OAHs, paid ones are facilitated and elder-friendly. The study here compares the situation of residents of both unpaid government and private OAHs (which are run unpaid and run by donors).

Very little studies are carried out focusing on the health status of elderly living in OAH. A study carried out by Chalise[12] showed the depression is very high among the elderly living in OAH. In a study in India quality of life of elderly within family setup was better as compared to elderly in OAHs[19]. Similarly, another study by Khole and Soletti[20] found the high prevalence of malnutrition among the elderly living in OAHs. Among elderly living in OAHs about 46% suffered from malnutrition in the form of under and over nutrition, 11.5% were underweight and 26.2% were over-weight and rest of them belonged to Grade I and Grade II obesity[20].

This study found Major health problems of elderly living in government OAH were joint ache, teeth ache, Backache, Insomnia, Loss of Appetite, Cough, Constipation, Tiredness, Stomach Ache and Allergy. Elderly living in government OAH have high health problems compared to private OAHs. Further qualitative study and observations also show there is better care of elderly in private OAHs compared to government OAH.

This study has found that despite the lack of many resources, private OAH has provided better care, dwelling environment and prevalence of healthy habits than government OAH. This study concludes that the health facilities that are being provided by the government in Government run OAH is good but it is the cure, not the prevention. Prevention is directly proportional to the application of healthy behaviours and sanitation, which was found in the private OAH and lagging in government OAH. This study finding is also supported by the study of Shakya *et al.*[21]. Shakya *et al.*[21] in a study found the higher level of parasitic infection among the elderly living in government OAH.

CONCLUSION

Major health problems of elderly living in OAHs were joint ache, teeth ache, Backache, insomnia, Loss of Appetite, Cough, Constipation, Tiredness, Stomach Ache and Allergy. Elderly living in government OAH have high health problems compared to private OAHs. Although government run OAH has many amenities there is better care of elderly in private OAHs compared to government OAH. Increasing number of OAHs seeks the attention of government and concerned organizations for bringing the rules, policies and checklist for elderly homes on elderly facilities and welfare. The periodic inspection of the cleanliness and hygiene of the elderly homes by the state is the demand of this study.

SIGNIFICANCE STATEMENT

At present, the urbanization, modernization and children's out-migration has forced many elderly to live in old age homes in Nepal. However, very few studies have been carried out related to the health status of elderly living in an old age home. This comparative study gives an idea of the health status of elderly living in government-run old age home and private run old age home. This study is evidence for knowing the health status of elderly living in a government-run old age home is poor compared to the private. This study also supports the people concerned about the quality of life of the elderly at elderly homes, to approach the authority from government and private old age homes, to improve the services provided to them.

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