

A Study on Elderly Care Practice of Kathmandu Metropolitan City, Nepal

Pushkar Singh Raikhola, PhD.
Lecturer, Mahendra Ratna Campus, Tahachal Kathmandu, Nepal

Abstract:

Introduction: Aging is an emerging social issue for Nepal because fertility has started going down in recent years, the mortality is declining fast and the life expectancy is continuing to increase for both sexes in Nepal. It is important to understand the aging issue in the proper demographic and national context. In Nepal traditional systems of care, living arrangements, and familial responsibilities that once centered around or within the family network are changing to look more like Western, individualistic systems. The traditional joint family is slowly being replaced by nuclear family in urban areas. The caring of elderly population is a major problem.

Objective: The research was carried out to find out the elderly care practice of Kathmandu Metropolitan City (KMC). It focuses attention on the socio-demographic, health status, caring practice as well as living conditions of the elderly.

Materials and Method: A quantitative descriptive study was conducted during September to October 2008 in Kathmandu Metropolitan City (KMC). A total one hundred elderly people aged 65 and over of both sexes were purposefully selected from all 35 wards of KMC. A carefully prepared, pre-tested and modified structured interview schedule was used for data collection. Verbal informed consent was taken from each respondent before starting the study. All interviews with elderly people were conducted by home to home visit. Data analysis and processing were done in Ms-excel datasheet.

Results: The result of this study shows the mean age was found to be 76.9 years with the age range 65 years to 98 years. Thirty one percent elderly were married and 2% were unmarried. One third (33%) of the elderly were widowed while 21 % were widower. And the rest of the elderly were either divorced or separated. Around 30 percent elderly were illiterate. The elderly females are more illiterate than their counterparts. More than half (55%) of the elderly were living in joint families whereas 45% were living in nuclear families. It was found that only 9 percent elderly had no any chronic physical illness or impairments where as vast majority (90%) of the respondent had history of chronic physical illness/impairments like respiratory problems, heart diseases, high blood pressure, gastritics, diabetes, missing or non-functional limbs, partial paralysis, mental problems. This study shows that 45 percent of main care givers of dependant elderly were daughters-in-law. Daughters and their adult sons also were care givers of dependent elderly. In Nepalese tradition, sons and daughters- in law are morally obligated to provide care and support to their parents. This study shows that more than half (55%) elderly people were favor of long term care should be done in the family, supported by the government. Twenty two percent elderly expressed their views about community based care practice. Likewise, 21% elderly stressed that care should be done in family settings by informal support networks. The study revealed that more than half (55%) of elderly living with sons and daughters-in law. Sixteen percent

of elderly were living with their daughter and 14% were living with their spouse.

Conclusion and Discussion: The study highlighted the elderly care practice of Kathmandu Metropolitan City (KMC). It also explored the socio-demographic, health status, caring practice as well as living conditions of the elderly. The care of the elderly is concerned with every aspect of the aging process, including the importance of family support and role reversal when the adult child takes on the responsibility of making the choices for an aging parent. It is recommended that the formal support system should be strengthening for to take care of the elderly people within the family/home and also in the community. It is not just a familial responsibility but also a supportive role of the state as a whole.

Keywords: Aging, elderly care, health status, living condition, Kathmandu Metropolitan City, Nepal.

I. INTRODUCTION

Aging is a natural phenomenon and an inevitable process in life. It is a universal experience for everyone, with diversity in meaning and interpretation. Every living being born, develops, grows old and dies. Aging is a process of gradual change in physical appearance and mental situation that cause a person to grow old. We also recognize the problem that arises in the family due to age and generation gap goes up to national level. Aging population means an increase in the share of the elderly in the total population. It is closely related with the dynamic process of demographic and socioeconomic transformation. Whether a population is young or old, or getting older or getting younger, it depends on the proportion of people at different age groups (Shrestha & Dahal, 2007). The global phenomenon of population aging also afflicts Nepal. Historical systems of care, living arrangements, and familial responsibilities that once centered around or within the family network are changing to look more like Western, individualistic systems (Eckerman and Sarah, 2007). Though the process of aging of Nepal's population is still in its early phase, it is expected to gain momentum in the 21century and pose a major problem to the country.

The elderly population is gradually increasing in Nepal. The population aged 65+ was 3.17 percent in 1971 and reached 4.12 percent in 2001. The total population of elderly aged 65+ of Kathmandu Metropolitan City (KMC) was 3.37 percent in 2001. It is believed that due to expansion of education and health care facilities, average longevity and percent of aged persons in the Nepalese population is increasing over time (Central Bureau of Statistics, 2003). The older population is not a homogeneous group and that its characteristics tend to vary sharply within the band 65 years of age and over. However, for convenience and simplicity, the single broad group 65 and over is often selected for detailed consideration (Beaver, 1983). The rapid increase in the proportion and absolute number of elderly people among the total population will impact on socio-economic and health policies and the

culture in future society of Nepal.

Nepal is experiencing declining fertility and mortality with increasing longevity, resulting in both the number and proportion of the elderly people. The growing life expectancy of the Nepalese means that there will be more aged persons in coming years. Aging is an emerging social issue for Nepal because fertility has started going down in recent years, the mortality is declining fast and the life expectancy is continuing to increase for both sexes in Nepal. It is important to understand the aging issue in the proper demographic and national context. Nepalese parents are now realizing that smaller families equate to fewer children to depend on in their old age. Moreover, with the rise of modernization, urbanization, the influence of western culture, increased participation of women in outside work and growth of individualism, many young adults migrate far from their parents to bigger cities and greater opportunity (Subedi, 1998). The study of an elderly population is in initial phase in Nepal. No single nation-wide survey has been conducted on elderly issues so far and most of the studies done in the past are based on the limited information available from census and surveys conducted for other purposes.

II. OBJECTIVE

The research was carried out to find out the elderly care practice of Kathmandu Metropolitan City (KMC). It focuses attention on the socio-demographic, health status, caring practice as well as living conditions of the elderly.

III. METHODOLOGY

A quantitative descriptive study was conducted during August to September 2008. A purposive sampling technique was used in this research. A total one hundred elderly people aged 65 and over were consulted for a personal interview. Purpose of data collection was explained to the respondents before interviewing. Verbal informed consent was also taken from each respondent before starting the study. All interviews with elderly people were conducted by home to home visit. Similarly, the secondary data was obtained from different published and unpublished information sources. A carefully prepared, pre-tested and modified structured interview schedule for the elderly was used for data collection tool. The schedule contained socio-demographic characteristics, health status, caring practice as well as living conditions of the elderly. Information on the expressions and gestures of the respondents and also other salient points were written as field notes. Data analysis and processing were done in Ms-excel datasheet.

IV. RESULTS

Socio-demographic characteristics of Elderly

To the extent that population aging in its narrowest sense is a demographic phenomenon, which is inevitable that consideration would be given to the possibility of demographic responses that would alleviate the situation. A total one hundred elderly people aged 65 and over of both sexes were purposefully selected from all 35 wards of Kathmandu Metropolitan City (KMC). The mean age was found to be 76.9 years with the age range 65 years to 98 years. More than one third (i.e. 35%) of elderly were in the age group of 65-74 years. Forty five percent were of the age group 75-84 years, and rests of (20%) the respondents were belonged to the age group 85 years and over. More than two third (77%) of elderly were Hindu while 16 percent were Buddhist. The Christian and Muslims were 4 percent and 3 percent respectively. Thirty one

percent elderly were married and 2 percent were unmarried. Thirty three percent of the elderly were widowed while 21 percent were widower and the rest of the elderly were either divorced or separated. Thirty percent of the elderly had no formal schooling. The elderly females are more illiterate than their counterparts. Twenty five percent elderly were passed the elementary level, 20 percent elderly were passed senior high school and 13 percent of the elderly passed higher education. Low level of education and illiteracy are associated with increased risks for disability and death among people as they age, as well as with higher rates of unemployment. More than half (i.e. 55) of the elderly were living in joint families whereas 45 percent were living in nuclear families. Joint family living arrangements were found to be the dominant arrangement for elderly people. Concerning their physical and mental and social wellbeing, joint family is better than the nuclear family because in such families they can get family care and supports as well as they don't have to be lonely, as they can have their grandchildren and other members of the family, with whom they can talk and share.

Health Status of Elderly

Good health is undeniably an important factor in feeling happy and satisfied with life. To a limited extent, discomfort and disease in old age can be combatted with medical treatment, but attention to preventive health measures before and during old age is a more effective defense. The truth of the proverbs that "an ounce of prevention worth a pound of cure" is particularly evident with respect to health in old age (Aiken, 1995: 83). The self reported health impairment of the elderly people of KMC as shown in Figure 1.

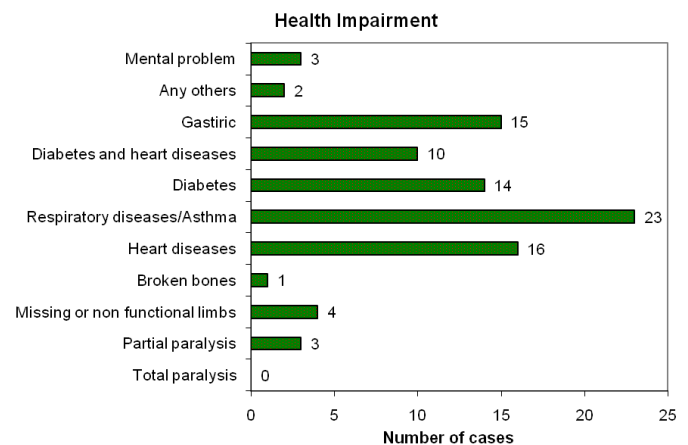


Figure 1 Health Impairment of the Elderly

A chronic or acute health problem such that the physiological capacity to function is significantly limited or impaired. The term shall include health impairments due to asthma, attention deficit disorder or attention deficit with hyperactivity disorder, diabetes, paralysis, a heart condition, cognitive impairment if such health impairment adversely affects an elderly people's daily living. Older people are undeniable less healthy than younger adults. Most have one or more chronic conditions. The biological decline in the functioning of organs makes older people more vulnerable to illness.

Regarding health status of the respondents, only nine percent were having no any health impairments. Ninety one percent of the respondent had history of chronic physical illness/impairments like respiratory problems (asthma) (23 %), heart diseases including high blood pressure (16 %), gastritics (15%), diabetes (14%), diabetes and heart diseases (10%), missing or non-functional limbs (4%), partial paralysis (3%),

mental problems (Alzheimer's, dementia) (3%), broken bones (1%) and other impairments (2%) such as sensory, arthrites and digestive system related problems. A physical illness or impairment that interferes with one's functioning makes it difficult to continue one's normal activities and makes it difficult to maintain social ties to the society. The loss of functional capacity is also a reminder that one is approaching the end of one's life.

Main care giver of Elderly

Adequate health and functional ability are necessary for maintaining independence in later life because these characteristics relate to capacity to meet the needs of daily living. It is important that the elderly people should be satisfied with their old age status, as it is necessary to maintain their proper physical and psychological status.

The positive attitudes and good behavior of care givers toward elderly is one of the important aspects for the psychological well-being of elderly. The main care givers of dependent elderly are shown in the following Table 2.

Table: 2 Main care givers of Dependent Elderly

Care giver	Number	Percentage
Spouse	2	5
Daughter	8	20
Daughter in law	18	45
Son	4	10
Relatives	2	5
Grandchild	2	5
Helper/Servant	4	10
Total	40	100

Out of 100 elderly people 40 were dependent who need to care and 60 were able to do activities of daily livings (ADLs) and instrumental activities of daily livings (IADLs). ADLs which included bathing, dress and undress, transferring to/from bed mat, eating and using toilet and IADLs included light household chores, shopping, meal preparation and taking medicine. About 45 percent of main care givers were daughters-in-law, followed by daughters 20 percent. Equal percentage (i.e.10%) of the care givers were sons and other helpers/servants. Likewise, the same percentages (5%) were spouse, relatives and grandchild as main care givers of dependent elderly respectively.

Opinions of Elderly about Long-Term Care

Long-term care is basically a social service directed at persons with severe chronic health problems. As such, these people are also likely to require active medical care, which should be closely coordinated with their supportive care. Everyone may, at some point in life, be called upon to provide long-term care for someone in their circle of relatives and friends. When this happens, the offer of help is usually spontaneous. Changing demography, epidemiology, and social realities such as urbanization, growing poverty, migration, changes in family structures and growing participation of women in the labor force must all be taken into account when planning human resources for growing long-term care needs. The opinion of the elderly about long-term care is shown in Figure 2.

Opinions of the Elderly about long term care

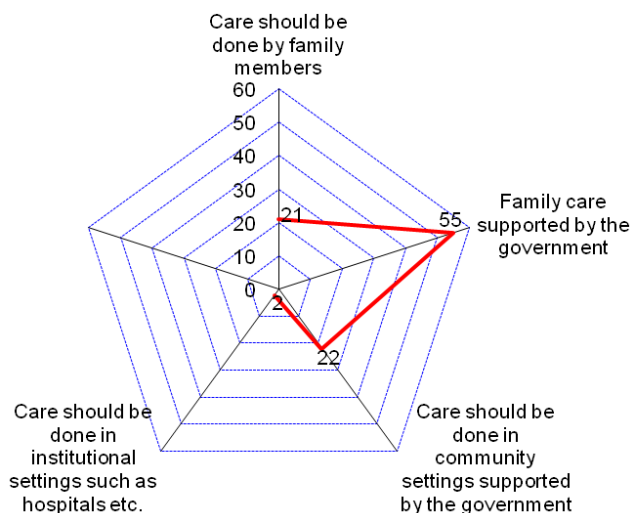


Figure 2 Opinions of Elderly about Long-Term Care

Majority of the elderly feels that they are well cared in the family. The above figure shows that more than half (55%) of the elderly people were favor of long term care should be done in the family supported by the government. Twenty two percent elderly were expressed their views about community based elderly homes supported by the government. Likewise, 21 percent elderly stressed that care should be done in family by informal support networks and the rest of the elderly are in favor of institutional care settings such as hospitals etc. The formal care of elderly people includes care provided in the home and care away from the home (community). A change in household size may provide a rough induction of living arrangement of elderly thereby concern.

Living Conditions of Elderly

Social, economic and demographic developments have all caused changes at the individual, family and societal levels, all of which influence the lives of elderly people. The living arrangements of the elderly in Nepal are contingent on their level of support. In particular, the availability of care from a spouse or adult child may be essential to the well-being of the very old or frail elderly. The living arrangements for the aged persons are often considered as the basic indicator of the care and support provided by the family (Martin, 1989). However, it must be noted that this practice is more culturally based rather than development dependent. The living arrangement of the elderly person is shown in Table 3.

Table 3: Living Conditions of Elderly

Elderly living with	Number	Percentage
Spouse	14	14
Son/Daughter-in-law	55	55
Daughter	16	16
Relatives	6	6
Total	100	100

The study revealed that more than half of the respondents (i.e. 55%) were living with their sons and daughters-in-law with grandchildren. Sixteen percent of elderly were living with their daughter and 14 percent were living with their spouse. Further 6 percent elderly were living with their relatives and 9 percent elderly were living alone. In particular, the availability of care from a spouse or child may be essential to the well-being of the very old or frail elderly. The elderly depend on their

children, particularly sons, for support and security in their old age.

CONCLUSION AND DISCUSSIONS

The study highlighted the elderly care practice of Kathmandu Metropolitan City (KMC). It also explored the socio-demographic, health status, caring practice as well as living conditions of the elderly. Male elderly comparatively enjoy a better status from female but nevertheless they also face suffering being not provided with support and care. The present study revealed that out of 100 elderly respondents about 35 percent were in the age group of 65-74 years. Forty five percent (45%) were of the age group 75-84 years, and rests of (20%) the respondents were belonged to the age group 85 years and over. The result of this study shows the mean age was found to be 76.9 years with the age range 65 years to 98 years. Thirty one percent elderly were married and 2 percent were unmarried. Thirty three percent of the elderly were widowed while 21 percent were widower and the rest of the elderly were either divorced or separated. Special needs of women, who outnumber men in older age, need to be taken into account, as well as the situation of the disabled and the poor elderly. The demographics of aging need to be situated in society and the family (WHO, 2004).

Around 30 percent of the elderly had no formal schooling. The elderly females are more illiterate than their counterparts. Low level of education and illiteracy are associated with increased risks for disability and death among people as they age, as well as with higher rates of unemployment. More than half (i.e. 55%) of the elderly were living in joint families whereas 45 percent were living in nuclear families. Joint family living arrangements were found to be the dominant arrangement for elderly people.

The health status of older people vary and it is influenced by many factors such as living conditions, lifestyle and supporting factors of family community and health care delivery system. It was found that only nine percent elderly had no any chronic physical illness or impairments where as a ninety one percent of the respondent had history of chronic physical illness/impairments like respiratory problems, heart diseases, high blood pressure, gastritics, diabetes, missing or non-functional limbs, partial paralysis, mental problems and so on. This study shows that about 45 percent of main care givers of dependant elderly were daughters-in-law. Daughters and their adult sons also were care givers of dependent elderly. In Nepalese tradition, sons and daughters- in law are morally obligated to provide care and support to their parents. Several studies in Nepal show that the long established culture and traditions of respecting elders are eroding day by day. Younger generations move away from their birthplace for employment opportunities elsewhere. Consequently, more elderly today are living alone and are vulnerable to mental problems like loneliness, depressions and many other physical diseases.

This study shows that more than half (55%) elderly people were favor of long term care should be done in the family, supported by the government. However, 22 percent elderly expressed their views about community based care practice. They also stressed that community based care for the elderly should be supported by the government. Likewise, 21 percent elderly stressed that care should be done in family settings by informal support networks.

The study revealed more than half (i.e. 55%) of elderly living with sons and daughters-in law. Sixteen percent of elderly were living with their daughter and 14 percent were living with their spouse. Further 6 percent elderly were living with their relatives and 9 percent elderly were living alone. It is estimated that more than 80 percent of elderly in Nepal live with their children (Bhatta, 2009). A study by Chalise & Shrestha (2005) showed that the negative influence of social aspects like decreasing trend of joint families, lack of family support, feeling of loneliness, economic dependence, lack of cultural values etc on health related conditions of elderly.

The challenge for public policy is to assess the viability of family support systems and to devise programs that will be supportive or complementary. Several governments have adopted such policies (WHO, 2004). The care of the elderly involves a holistic combination of health care, socio-economic care and the provision of suitable environment. It is concerned with every aspect of the aging process, including the importance of family support and role reversal when the adult child takes on the responsibility of making the choices for an aging parent. It is not just a familial responsibility but also a supportive role of the state as a whole. It is recommended that the formal support system should be strengthening for to take care of the elderly people within the family/home and also in community based practice. It is not just a familial responsibility but also a supportive role of the state as a whole.

References

- [1] Aiken, Lewis R. (1995) *Aging: An Introduction of Gerontology*. Sage Publication, Inc., p.83.
- [2] Beaver, Marion L. (1983) *Human Service Practice with the Elderly*. Prentice Hall, Inc., Englewood Cliffs, New Jersey 07632, USA.
- [3] Bhatta Ramesh (2009) *Social and Health Status of Elderly Population in Far-Western Region, Kathmandu*, Nepal Health Research Council.
- [4] Central Bureau of Statistics (2003) *Population Monograph, Vol. 1 & 2 National Planning Commission, Kathmandu, Nepal*.
- [5] Chalise H.N. & Shrestha S. (2005). *Situation of the elderly in the Himalayan Kingdom of Nepal*. *Indian Journal of Social Work*, 66(2):136-143.
- [6] Eckerman, Jennifer and Brauner, Sarah (2007) *Social and Economic Context, Gender, and Care for the Elderly in Nepal*.
- [7] Martin, Linda (1989) *Living Arrangements of the Elderly in Fiji, Korea, Malaysia and the Philippines*, *Demography*, 26(4).
- [8] Regmi, Rishi Keshav Raj (1993) *Socio-economic and Cultural aspects of Aging in Nepal*.
- [9] Shrestha, Indira and Dahal, Bhola Pd. (2007) *Elderly People in Nepal; What happened after MIPPA, 2002? Economic and Social Commission For Asia and the Pacific, High-level Meeting on the Regional Review of the Madrid International Plan of Action on Aging (MIPAA) 9-11 October, Macao, China*.
- [10] Subedi, Bhim Prasad (1998) *Population Aging in Nepal*, *Population Journal*, Vol. 8, No. 7.
- [11] United Nations (2002) *The Second World Assembly on Aging*, Madrid from 8-12 April, Population Division, DESA.
- [12] World Health Organization (2004) *Health of the Elderly in South East Asia, A Profile*, New Delhi: WHO Regional Office for South East Asia