

CHAPTER: ONE

INTRODUCTION

1.1. Background of Study

A sound mind in a sound body is the motto of a happy life. It is true that only a person with a sound mind and a sound body can think and act rationally. Health is regarded one of the most important and essential needs of human life. Life has no meaning without a good health. An unhealthy person is just burden and obstacles in the path of the development of the county. Healthy people are regarded as the foundation to develop the nation. Only the healthy human power can lead the country to the path of development and success by utilizing their power of knowledge and creativity.

Every country requires health human resources. Health of the people depends upon the availability of health service, regular activities and exercises well nutritious balance diet and mainly due to the age of every individual is they grow old human growth and development involve many complex changes throughout the life span. The process of growth and development begin with conception and continues until death. It is difficult to define when middle age ceases and old age begin Usually an individual may feel older when they are unable to do any task they used to do. As people grow old their health starts declining gradually and naturally.

Process of declining stage of human life is regarded as ageing. Ageing is the last stage of all development stage and a biological cause as well as it is also regarded as retirement phase.

Ageing is an important part of all human societies reflecting the biological changes that occur but also reflecting the cultural and societal convention. Most people do not like to accept the fact that they are old. Old age may start as early in 60's. Individual differences must be considered because even a 70-year old person may play an important role or a productive life. According to the national census 2001 the total population of Nepal was 23151423. Among them the population elderly (60 above) was 1477379. Male elder was 744840 (6.66%) and female elder was 732539 (6.44 Percent).

According to the National census 2011 population of Nepal is 26494504 where there are 12849041 males and 13645463 females. In same way there are 1877694 elderly people who are above 60 years of age. The distribution of elderly people as per their broad age group is shown on the following table.

Table No: 1 Age Structure of Elderly People by Broad Age Group

S.N.	Age Group	Male	Female	Total
1	60-64	368451	388376	756827
2	65-69	27782	276667	554449
3	70-74	199610	195543	395153
4	75-79	117358	117777	235135
5	80-84	62787	65990	128777
6	85-89	25810	26716	52526
7	90-94	8940	11395	20335
8	95 above	4201	7007	11208
	Total	814939	1062755	1877694

Source: CBS, 2011

With comparison to the census taken on 2001 the population of elderly people has increased. This is a cause for celebration older people make important contribution to society as family members volunteers, and as a active participants in the workforce the wisdom they have gained through life experiences makes them a vital social source.

The government fixed 58 years for retirement in general administration cadre, and two years more for the health services. It is 63 years for the judiciary and university services, and 65 years for the Chief Justice and other members of constitutional bodies. However, in the agricultural and political sectors such a distinction for retirement age is not evident. Demographically, the age of senior citizens can be classified into two clusters (a) active life (b) care life. Active life is productive age recognized up to 75 years and care life is 75 and beyond. There is no retirement age for members of political parties, social workers and consultants. Thus,

many retired persons are practicing as consultants to maintain their capacity and health. Generally in Nepal, individuals over 60 years are considered elderly.

For demographic ageing is an increase in the proportion of the elderly population but the development planners take ageing as a challenge arising from the rapid increase in the absolute size of the old age population. Population ageing is a phenomenon that occurs when the median age of a country or region rises due to rising life expectancy and/ or declining birth rates. There has been, initially in the more economically developed countries (MEDC) but also more recently in LEDCs (Less Economically Developed Countries), an increase in the life expectancy which causes ageing population. The ageing of the world's population is developing and a developed country is an indicator of improving global health.

However along with these benefits there may be special health challenges for the 21st century. It is important to prepare health providers and societies to meet the specific need of older population. This includes training for health professionals on old-age care, preventing and managing age- associated chronic disease, designing sustainable policies and long term care and developing age friendly services and setting.

Acts and regulations: social security, policy, strategy and programme for ageing

The Directive Principles of the Interim Constitution of Nepal 2006 (2063 Nepali fiscal year) state that the State shall pursue the policy of making a special provision for education, health and social security and for the protection and progress of children, the helpless, women and the old, disabled and weak. Moreover, the Civil Code has provisions for the elderly people in its section on property rights. The Local-Self Governance Act 1999, carries the provision for protection and development of orphans, the helpless, women, older people and the disabled. Regional Health Forum – Volume 16, Number 1, 2012 13 A separate sectoral policy for the elderly was first developed in the ninth five-year plan. The current three-year interim plan (2011-2013) has adopted the following vision, mission, strategy and interventions for senior citizens. Vision: To provide an opportunity for comfortable, secured and satisfactory lifestyle of senior citizens by ensuring their fundamental rights. Mission: Expansion of

the advocacy programme to create an appropriate environment for healthy, secured, honourable and comfortable life of senior citizens. Strategy: Several strategies have been developed like: utilize experience, skills and knowledge; establishment of geriatrics ward in all zonal-level hospitals; old age homes in every developmental region for the elderly with support of NGOs and private organizations; income generation programme for the elderly according to their wish and skills; and utilizing the experience of the elderly in different development programmes. Recently, emerging issues of senior citizens were recognized by the Second Long Term Health Plan (SLHP, 1997- 2017). In Nepal senior citizens are assets of the nation because they carry social values, tradition and culture. The Senior Citizens Policy and Working Policy-2058 (2002), the Health Care Implementation Guidelines for older people, (2005), the National Action Plan for Senior citizens (2006), and the Senior Citizens Act (2007) have been formulated. Various programmes have been launched for the welfare of the elderly. For the first time, the government provided an old age allowance of Nepali Rupees (Rs) 100 per month to senior citizens aged 75 years and above in 1995 as social security in the eighth national plan. Since then this old age allowance programme has continued. In 2006-2007 the amount was raised to Rs 200 per month and in fiscal years 2008-2009 the government increased the amount to Rs 500 per month for senior citizens and reduced the age to 70 years and above. A special subsidiary policy has been formulated for the Karnali area (the remote area of Nepal) that provides 500 Nepali rupees each to those above 60 years. The government has adopted the Jyeshtha Nagarik Swasthya Upachar Nirdeshika (Senior Citizens Treatment Guidelines) 2061 to deliver health care services to the elderly. Recently, the Ministry of Health and Population (MoHP) conceptualized an ageing survey to explore the various issues for evidence-based planning for the elderly. Moreover, the MoHP has also conceptualized specialized geriatric programmes and home visits for the welfare of the elderly and expanded the advocacy programme all over the country through local-level population management programmes.

Better medical care is preserving life at both ends of the age spectrum: infant mortality has fallen rapidly and more people are living longer. Combined with lower fertility, the effect is to increase the proportion of older. This is what meant by an

“ageing” population. In a word, ageing means an increase in the elderly share of the total population. It is closely interrelated with the dynamic process of demographic and socio-economic change. With rapid growth fertility declines and reduction in mortality as a result of improvement in health services, ageing will assume greater importance in the days to come.

Once mortality reaches relatively low levels, the biggest growth contribution to increase in life expectancy comes from improvements in older years of life. It is natural that after having completed the certain limit, living and non- living beings tend to be old with the speed of time in keeping with this, ageing is no matter whether human being or other living beings come to the ageing after a course of time. It is in this light that ageing can be defined as progress of changing in physical appearance with the speed of time or being old with mentally and physically work. Ageing has become a global issue of demographic studies now a day. It is a natural process assisted by a medical and technological advancement of human being. Ageing is among the largest known risk factor for most human disease.

As the change of time, the necessity of people are also increasing which has given birth to thousands of schools, colleges and also we can notice the number of elderly home are also increasing. Many elderly people stay here and may have many social, economical and health problem. In this context the study will concentrate on the health status of elderly people and the topic of the study is identified as "Health status of Elderly people staying at Briddaashram at Chatara."

This Briddaashram is at religious place Barakshetra -1 Chatara sunsari. The famous holy river koshi flows by this place. It has been established by Nepal's first Jagat Guru Ananta Shree Bibhushit Jagat Guru Shree Baalsant Mohansharan Dewacharya at 2056 by the name Shree Radhakrishana Bhakti Sadhana Aadhyatmik Pratisthan.

At present time only 35 elderly people stay in this Briddhaashram. The study has tried to find the demographic and socio-economic characteristics and health status management of this Briddhaashram.

1.2. Statement of the Problem

Ageing is an universal problem. Every country has been facing this problem more or less. The problem is serious in developed countries as well as in developing countries too. Naturally old age is not only the age of decreasing strength but it is also the age of decreasing strength but it is also the age of decreasing economic capacity and growth of mental tension. The elderly people feel lonely and neglected from their children. So, their life becomes tiresome and a life of burden for themselves.

Different communities have different tradition and customs with regard to the condition and status of elderly people in the society and most particularly within their own family.

Ageing is the last stage of all developmental stage and a biological cause as well as it is regarded as a retirement phase as they are mostly free from all sorts of responsibilities. In this period their body cannot resist much with inner and outer infection. Therefore elderly people are facing various sorts of health problem.

In Nepal most of the people think that changes that occur while being elder with or without diseases are normal and they need not more attention or care. Culturally this concept is being built on every individual of today they leave the older people alone, take them as a burden, give no proper love, care and attention, and also do not give time to them. Generally most of the elderly people are neglected today in the society.

As with the modernization, globalization and development is being taken place the world is being narrowed. The concept of family has been just nuclear or single family. There is no place for elderly people neither at home no at their heart So, most of the elderly people are taken out from home and are taken to the "Briddaashram ". There are many Briddashram running and many elderly people are staying here. The elderly people may have different problem like health problem, mental social and economic problem. In the basis of all these reason the topic for this study" Health status of elderly people", seems suitable for this context.

1.3. Rationale of the Study

The study of this subject is more important in today's context where elderly people are facing various sort of social, economical and health problem. As our society is being rapid change with modernization and as development of time. This study is finding out the health status of elderly people at Chatara Briddaashram , Sunsari. Therefore this study helps the concerned people in following ways:

- a. It is also useful to suggest different sort of programmers' that should be held in support of elderly people to fulfill their desire and needs.
- b. It also helpful to know ways or ideas which are to be offered for elderly people as their need and requirement.
- c. This study is supportive or helpful to both the GOs and NGOs to know the current situation and problem of the elderly people.

1.4. Objectives of the Study

The main objective of the study was to find out the health status of elderly people staying at Chatara Bridhaasharm. The specific objectives are as follows:

- a. To find out the demographic and socio economic characteristics of elderly people of Chatara Bridhaasharm.
- b. To find out the health status of elderly people of Chatara Bridhaasharm.
- c. To find out the existing health management system in elderly health of Chatara Bridhaasharm.

1.5. Research Questions

The study seeks to get answer mainly to the following questions:

- a. What are the socio-economic and demographic characteristics of elderly people?
- b. What types of health problems are being faced by the elderly people?
- c. How are elderly people living with support of this Briddaashram ?
- d. What is their health condition?
- e. What steps should be taken after identifying their problem?

1.6. Delimitation of the study

- a. The study was delimited to the health status of elderly people
- b. The study was delimited only above the elderly people who were above 60 years old.
- c. The research was done in Shree Radhakrishna Bhakti Sadhan Aadhyatmik Pratisthan Chatara Briddaashram .

1.7. Operation Definition of key term

- Ageing : The process of growing old
- Briddaashram : Old age home.
- Demographic : A characteristics used to classify people for statistical purposes such as age, gender etc.
- Edentulous : Having no teeth
- Elderly : A person aged 60 years or above.
- Management : The facilities especially related here with ageing problem.
- Nuclear family : A family with father, mother and their children.
- Qualitative : A description based on some quality rather than quantity.

CHAPTER- TWO

REVIEW OF RELATED LITERATURE

The review of literature is an important aspect in the development of any research. The review of literature provides the researcher deeper knowledge about the problem. The following review of literature is related to ageing population and common health problems.

2.1 Review of Related Literature

The review of literature is an important aspect in the development of any research the review of literature problem.

According to Wikipedia “ Ageing is accumulation of changes in a person overtime ageing in human refers to multidimensional process of physical, psychological and expand over time, while other decline. Reaction time may be slow with and but knowledge of world, event and wisdom may expand ageing is an important part of all human society reflecting the biological changes that occur but also reflecting cultural and societal convection ([www. wikipedia.com](http://www.wikipedia.com)).

According to china population today (2002) Aged population in the world has totaled 629 million which means there is one person out of every ten who is aged 60 or over. It is called an aged society if the proportion of people aged 65 and over account for over 10% of its total population. Currently about 60 of the world over 190 countries and region have become a aged society. China is among them with 132 million people aged 60 and over this group continues to increase by 3.2% annually furthermore, this magazine mention" population ageing has become an outstanding social problem for most countries. Increased retirees prolonged life expectancy and down sized family have resulted in severe shortage of labour force and increased the burden on the working population and the whole society (China population today, 2002).

According to WHO (2003) the disease of ageing will characterized the future increase in the expectation of life over the next two decades, years will in” a crisis of suffering” by bring with it ” global epidemics” of cancer, heart diseases and other

chronic diseases. WHO forecast in its world health report chronic diseases are responsible for more than 24 million deaths annually a figure which accounts for almost half the total of 52 millions but as population ageing increases that promotion deaths but as population ageing increases that proportion will rise further WHO-Director General, Dr. Hiroshi Nakajima stated in the foreword to the report “Increased longevity without quality of life is an empty prize”. The report entitled “Conquering suffering, Enriching humanity”, points out that with age chronic disease have more time to progress to destabilizing stage (WHO, 2003).

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well being and not merely absence of any disease and infirmity. To reach old age in good health and well-being requires individual efforts throughout life and an environment within which such efforts can succeed. The responsibility of individual is to maintain a healthy lifestyle the responsibility of government is to create a supportive environment that enables the advancement of health and well-being into old age. For both humanitarian and economic reasons, it is necessary to provide older person with the same access to preventive and curative care and rehabilitation as other groups. At the same time health services designed to meet the special needs of the older population must be availed, taking into account the introduction of geriatric medicines in relevant university curricula and health care systems as appropriate, in addition to governments, there are other important actors in particular non-governmental organization and families which provide support for individuals in maintaining a healthy lifestyle while co-operating closely with governments in creating a supportive environment (MIPAA, 2002: 27-28).

“Life is becoming less like a short print and more like a marathon”. This is the statement by Secretary-General of the United Nation Kofi Annan which he made at function of declaring at the UN International year of older person (IYOP) 1999 on 1st October 1999. The statement indicates that life expectancy of human being has increased unlike the past. The analysis of human civilization shows that such an increment in life expectancy is found concentrated especially over the last 200 years. Besides the last half of the 20th century has also brought a new trend in demography and that is population ageing. Now the trend of ageing is really fast and wide spread.

It's consequences do not appear fearful to the global hazards such as, proliferation of nuclear, biological and chemical weapons, world war and region wars based on ethnic rarely high tech terrorism. AIDS and other total diseases extreme climate changes and economic and financial affairs lock etc (U.N., 2000).

The UN Journal (28:2001) building a society for all ages writes that in disability and the double burden of disease as nations grow older and as living and working condition changes, pattern and types of diseases also shift will hit developing countries the hardest even as these countries continue to struggle with malnutrition complication from birth and infectious disease such as HIV/ AIDS malaria and tuberculosis they will also have to face the rapid growth of non- communicable diseases. This “double burden of disease” will strain already scarce source to the limit(U.N., 2000).

2.2 Empirical Review

Kantipur Nepali National Daily (2014, August, 21) “We all should respect the elderly people. We must teach the younger generation today to respect the elderly people, so that next generation also knows to respect the elderly people. The child learns whatever he/she is taught at home. Everyone will be old one day. In developed countries all the responsibilities of elderly people is taken by a government, but sad to say his situation is not found in our country. Though the government is taking tax but regarding with it what is it providing to the elderly people. The elderly allowance of one or two thousand is too less in this expensive day what will the elderly people do with that small amount? One day everyone will be old and unable to work when they were young they use earn their life being a porter also, But as they grow old they start to feel themselves as a burden. In this time their son and daughter too don't care them. Everyone loves and cares till the time they could earn but when they become old and unable to work they just become burden to everyone”.

Udghosh National Daily (UND) “After the birth of a child every father and mother becomes happy hoping that their child will look after them in their old age, but when they grow old their children instead of loving them take out the home”.

The same thing happened with 78years Sarawati Dhakal of Letang Morang. She was taken out from home by her son and daughter in laws in her old days she had now here to go, So she earned her life selling fruits, but later being weak she was compelled to stay on Briddaashram . In same way 73 years Laxmi Nepal of Kathmandu though she had three child she is living in Birdda Ashram. She was left alone by her son and daughter in law. This a true story old this modern society though having child the elderly people are compelled to stay at Briddaashram . The founder of Birateshwor Briddaashram Says “The behavior of today’s children is being change and they are no more responsible towards their old parents. The increasing number of elderly home is a sign of it. He suggests that a government should legally be strict and punish such cruel and dishearted children.”

Bhattarai (2005) states on his report that "Headache and stomach problems were seen as the major physical health problem, 73 percent of respondent had mental health problem. In mental problem most of the respondent (32%) had a difficulty to think, Similarly, increasing excitement were 23.23 percent, memory loss where 24.65 percent were suffering from social problem out of which 39.41 percent where hated by friends 10.59 percent were hated by family, 37.35 percent were hated by society and 2.67 percent where having difficulty to take leadership.

Rajdhani Nepali National Daily (2014, April, 29) from the past five decades the world's fertility Rate per woman has decreased from 5 to 2.7 and it is projected to make less up to 2.1 on coming years. In same way from the past 50 years the life expectancy of people was 46.5 years whereas it has reached 66 years at this time. This revolutionary change are due to the development o health facilities which has lead to decrease in mortality rate, decrease in fertility rate and increase in life expectancy of people. As a result the population of elderly people is gradually increasing. At the present time there are about 7 percent i.e. about 19 lakh elderly people among the total population of Nepal. About 5.04 percent are staying being neglected and helpless from their family. Among them only 1.54 percent are only staying at ashram and the rest 3.49 percent are still facing many family problems and spending a very painful life.

Aryal (2004) states on his research study taken on Pasupati Briddhashram that the elderly people were facing different health problem i.e. 21.42 percent elderly

people were suffering from arthritis or joint pain, 10.72 were suffering from rheumatism and gastric respectively 7.14 percent elderly were suffering from Asthma and eye problem, 3.58 percent elderly people were suffering from heart disease and from blood pressured 30.35 percent had problem of constipation. On his report he recommended that the ageing problem of the people should be taken into account in the national development planning and that needs of the elderly should be given the attention and elderly also should be fully integrated into society. Media should play a vital role by informing the mass about the elder generation, their problem and solution as well.

It is high time for the youngest generation, who will be the future elderly to be aware and to understand the challenge facing the elderly. They should start immediately to some for future security develop a positive attitude in children towards the elderly, so that they may not have to face the same situation as today's destitute and vulnerable elderly who need to depend on other. The elderly have long and rich experience and are an inseparable part of society. Therefore their needs problems and prospects require a holistic solution (www.secaro.who.int/publication).

Bista (2006) A study on health problem of elderly people in Kailashthan VDC Accham reveals on his study that "The total of the respondents were found to be suffering from different kinds of diseases or problems. Many elders were suffered from more than one health most problem of elderly people 84.1 were suffered from partial and full eyesight problem, other major health problem 43.2% had backbone problem, 31.0 percent had asthma, 13.6 percent had gastric problem, 22.7 percent had ear defect, 38.6 percent had urinary problem and 38.6 percent have other health problem like headache, chest pain, mental problem and heart problem.

G.R. (2001) studies "The health problem of elderly people in Pashupati Briddashram" Found that almost all of respondent 97.1% were found to be suffering from some kind of health problems. The major health problem which were found in more than 10.0% of the total people were complete partial lost of hearing, blindness, poor eye sight, cough, asthma, chest pain mental problem, gastric, backache. There is a provision for regular health checkup of the ashram clinic with senior nursing staff

and visiting doctor of the clinic provide service on a month and free cost and provide referral services at the higher centers if needed.

Sharma(2003) recommended on his research to the community that in spite of the poor economic condition majority of the elderly had good health. Most of them were playing leading role in conducting the daily activities of their home or even in the society. They were functionally active. Therefore, income generation opportunities should be extended which would be fit for the elderly people. It would ultimately help to extend the proportion of elderly having better health plus it would reduce the load of the active age group. Experience and knowledge gained by the elderly must be shared to younger generation. For the purpose, counseling centers or co-operatives or self-help group can be established where elderly people can pass/utilize their time, earn some money, entertain and rejoice. So they can feel self-respect and contribute in human resource development. Community should create educational opportunities to the elders about health and ageing.

Gautam (2000) states that 11.6 percent, 5.6 percent elderly females and males respectively stayed alone in Kathmandu Metropolitan City. Similar a survey conducted by the central department of sociology/ Anthropology T.U. reveals a sorry state of elderly health in Nepal. It unveils that 57.4 percent of the female and 42.6 percent of male elderly population of Kathmandu, valley are seriously ill. The survey noted that the capacity of the older individuals cope with disabilities common of older persons depending upon his educational level lifelong styles of behaviour and supportive level of his present environment, further he concluded with a fact that ageing is jointly a psychological, biological and social problem that position of the aged is thus dependent on a very complex combination in a given situation but all of them have to be considered. It is a need of time to make a legal provision that not only gives right to sons to inherit their parent property but prescribes their duty to look after and provide help for their parents with proper respect and love. The survey recommended that the young generation should be taught to respect the elderly, as time will lead them to be old. At that stage they will again need help from younger generation. It is a chain and an inevitable process. The best solution would be to create familiar support mechanism for elderly.

CHAPTER: THREE

METHODOLOGY

The different methodology is used to collect required data for this study. The main topic discussed in this chapter such as research design, source of data, sampling procedure, tools/ instrument and data collection procedure etc.

3.1. Research Design

The study is especially based on descriptive research design. Here data is collected on the basis of qualitative and quantitative information of research going through the depth study of it. The study is basically of descriptive nature.

3.2. Population of the study

The study is based on primary data which is collected directly at the study site. All the 35 elderly people of Chatara Briddaashram of Sunsari district were selected as study population for research.

3.3. Sampling size and sampling procedure

It is not possible to do research at large population. So, samples are taken or choose for the representation of population. A sample must be sufficient in size so as it can measure characteristics and confidence of the whole selected population of Chatara Briddaashram of Sunsari district. Here all the elderly people i.e. who are staying at this Birdda Ashram are taken as the sampling size. Here all the population is selected using census method.

3.4. Sources of Data

The study is based on both primary and secondary data. The primary data was collected through interview schedule etc. The secondary data was collected from related books, previous researches, thesis in relevant areas, internet and reports of international conference and other official reports.

3.5. Data collection tools

In order to collect the needed information from the elderly people the interview schedule were prepared to collect the first hand information. The interview schedule was designed in such a way that could fully evaluate the status of demographic, socio-economic and health condition of elderly people of “Chatara Birddaashram” of Sunsari District.

3.6. Data collection Procedure

For the data collection purpose the investigator visited Chatara Briddaashram took necessary information by introducing own self and describing about the objectives and purposes of the study. After than data was collect from each elderly people of Briddaashram.

3.7. Data Analysis Procedure

After the completion of questionnaire they were checked, coded, classified and tabulated to make facts more clear and scientific. The data were analyzed in term of frequency percent and the data was presented in table.

CHAPTER: FOUR

ANALYSIS AND INTERPRETATION OF DATA

4.1 Demographic Characteristics

A demographic characteristic is considered as the very important part of research work. It is broadly divided into different sections and it describes the socio-economic characteristics of the study. Analysis and interpretation of data is done with reference of their age, marital status, economic situation occupation etc

4.1.1 Respondent's age and sex structure

For the purpose of defining or describing 'Ageing' only that person above 60 years of age were selected in the study. The age and sex-wise distribution of elderly people in "Chatara Briddaashram" of Sunsari district is shown by the table below:

Table No 2 : Age and Sex Structure

Age Group	Male		Female		Total	
	Number	Percent %	Number	Percent %	Number	Division
60-64	2	15.38	8	36.36	10	28.57
65-69	1	7.69	1	4.54	2	5.71
70-74	2	15.38	5	22.72	7	20.00
75-79	2	15.38	3	13.63	5	14.28
80-84	5	38.46	4	18.18	9	25.71
85- above year	1	7.69	1	4.54	2	5.71
Total	13	100.00	22	100.00	35	100.00

The above table shows that the respondents between 60-64 years old were the highest in number i.e. 28.57 percent, and the respondents between 65-69 years and above 85 years were the lowest in number i.e. 5.71 percent.

Among the 35 respondents, the table shows that there were 22 (62.85) percent females and there were 13 (37.14) percent male. According to census of 2011 there are 8.30 percent elderly people among the total population (CBS, 2011).

4.1.2 Family size

The family is one of the most important basic unit of society where people share all their joys and sorrow lives under same roof and use the same kitchen. But presently all the respondents were living either alone or with spouses in this Briddaashram .

Table No 3: Family Size

S.N.	People Living	Number	Percentage (%)
1	Single	19	54.28
2	One +above (i.e. With spouse)	16	45.71
	Total	35	100.00

There are 54.28 % elderly people living alone without any family members. These are people who are mostly deprived of love and care and they need much social, economic and psychological support and there are 45.71 % elderly people living with their spouse. Though they are also deprived of love and support, but they have each other in their hard time. They too need social, economic and psychological support.

4.1.3 Marital status

Marriage is one of the most important aspects to describe the demographic characteristics of people. Marriage is the legal union between male and female. The following table shows the marital status of the respondents which is presented below:

Table No 4: Marital Status

S.N.	Marital Status	Number of People	Percentage
1	Married	16	45.71
2	Unmarried	5	14.28
3	Widow	10	28.57
4	Widower	4	11.42
	Total	35	100.00

The table shows that the 45.71 percent elderly people are married 14.28 percent are unmarried, 28.57 percent are widow and 4 percent elderly people are widower.

The percent of married elderly people are highest of the total population i.e. 45.71 percent. And secondly it was found the number of widows were more in numbers i.e. 28.57 percent. They have remained widows since their husband's death and as remarriage was not mostly found among females but males are found to have married after the death of their wives. Culturally, this number of widows is the reflection of restriction on widow marriage in Hindu law. However this kind of restriction is not applied for males' remarriage after the death of their spouse is normal and accepted in Nepalese society.

4.1.4. Religion

A religion is an organized collection of beliefs, cultural systems, and world views that relate humanity to an order of existence. Many religions have narratives, symbols and sacred histories that aim to explain the meaning of life or to explain the origin of life on the Universe. There are many religion likes Hinduism, Buddhism, Christianity, Jainism etc. Hinduism is the major religion of Nepal. In the 2011 census approximately 81.3 percent of Nepalese people identified themselves as Hindus.

Here regarding the research all the 35 respondents responded that they follow Hinduism religion and are Hindus. They worship Hindu god and goddesses.

4.2 Socio- Economic Aspect

Social Economic Aspect measure the socio-economic condition i.e. Source of income of the people, occupation, education etc. In my research following aspect are taken to measure the socio-economic aspect of elderly people.

4.2.1 Source of Income

An economic resource is most important factor that supports elderly people to run their life since the elderly people are inactive now, and unable to earn so they don't have proper source of income. There is different attitude between the elder people who have income or not. If they would have good source of income, they would not be the burden to their family and compelled to live on the "Briddha Ashram" In this research most of the elderly people were engaged in agriculture, doing farming. They mostly have sufficient land earlier, but as the size of family grows, due to the partition of land they had very low piece of land, which is hard to earn their livelihood so elderly people tend to lose status, which makes them depend on government donation. The only source of income is elderly allowance and pension. The government is doing a good job but allowance is really hard to meet the need of elderly people. Their source of income is shown on the table below:

Table No 5: Source of Income

S.N.	Source of Income	Number	Percentage (%)
1	Elderly Allowance	33	94.28
2	Pension	2	5.71
	Total	35	100.00

The above table shows that since all the elderly people 94.28 were getting elderly allowance and only 5.71 percent get pension.

4.2.2 Occupational Status (Previous)

Occupation is one of the important factors that determine the economic status of the people. It is a key to improve the quality of life of the people. Regarding the

research the following table shows the major occupation of elderly people at previous or before coming to Ashram.

Table No. 6: Occupational Status

S.N.	Occupation	Male		Female		Total	
		Number	Percent %	Number	Percent %	Number	Division
1	Agriculture	7	53.46	19	86.36	26	74.28
2	Government Service	2	15.38	-	-	2	5.71
3	Labour	3	23.07	2	9.09	5	14.28
4	Business	1	7.69	1	4.54	2	5.71
	Total	13	100.00	22	100.00	35	100.00

The data shown in the table above shows that most of the elderly people, about (74.28) percent engaged in agricultural works. Among them 7 respondent are male and 19 respondent are female. Similarly (14.28) percent were engaged in labour work and (5.71) percent elderly people were at Government Service and Business. This data too shows that most of Nepalese depend on agriculture.

4.2.3 Educational Status

Education is the light of knowledge and it is the backbone of society. Only and education human can lead a society to success and they are conscious about their health and aware of different health problem. Thus education is regards as a basic human right. The educational status of respondents is shown in the table below:

Table No. 7: Educational Status

Educational Status	Male		Female		Total	
	Number	Percent %	Number	Percent %	Number	Division
Illiterate	6	46.15	18	81.81	24	68.57
0-5 (Primary Level)	4	30.76	2	9.09	6	17.14
6-10 (Secondary Level)	2	15.38	2	9.09	4	11.42
Above S.L.C.	1	7.69	0	0.00	1	2.85
Total	13	100.00	22	100.00	35	100.00

The above table shown that most of elderly female i.e. 81.81 percent were illiterate, where the illiterate male was 46.15 percent. And only few percent femal i.e. only 9.09 percent had studied primary and secondary level and there were no single elderly female who had attain education above SLC. But in case of elderly male 30.76 percent had attain education up to primary level, 15.38 percent had attain education up secondary level and 7.69 percent had studied above SLC too. This data shows that female were deprived of education those days. The census of 2011 shows that literacy rate of male was 75.9 percent and literacy rate of female was 57.7 percent. This recent data also resembles the same thing that still today literacy rate of female is lower than male (CBS, 2011).

4.3 Health Status

Health is the most important valuable property of human beings. But with an increment of age an elderly person becomes physically mentally weak and decreases their resistant power against disease day by day so their body cannot resist even to the minor infections. There are several problems which are being faced by elderly people of the Briddaashram at present time. Their health status is measured on various aspects which is described below:

4.3.1 Status of Physical Health

When medical science and improved social condition increased the life span of mean and standard of living there was an increase number of elders and born new health problems in them. There are many physical problems seen in elderly people in these present times which are shown in table below:

Table No. 8: Status of Physical Health

S.N.	Physical problem	Male	Percent	Female	Percent	Total	Percent
1	No Disease	1	7.69	2	9.09	3	8.57
2	Heart Disease	0	0.0	1	4.54	1	2.85
3	Blood pressure	2	15.38	2	9.09	4	11.42
4	Arthritis	2	15.35	4	18.18	6	17.14
5	Ulcer	1	7.69	1	4.54	2	5.71
6	Gastric	2	15.35	4	18.18	6	17.14
7	Head pain	1	7.69	1	4.54	2	5.71
8	Diarrohea	1	7.69	1	4.54	2	5.71
9	Constipation	0	0.0	1	4.54	1	2.85
10	Diabetes	1	7.69	2	9.09	3	8.57
11	Urinary tract infection	1	7.69	0	0.0	1	2.85
12	Asthma	1	7.69	2	9.09	3	8.57
13	Allergy	0	0.0	1	4.54	1	2.85
	Grand total	13	100.00	22	100.00	35	100.00

The above table shows that most of the elderly people i.e 91.43 percent were suffering from some kind of disease most. Only the 8.57 percent of elderly people were not suffered with any diseases but the rest of the respondents were suffering from many kind of disease. Since their age is at declining stage, they have less resistant and immunity system and are chronic disease followed with old age like blood pressure, arthritis, gastric, diabetes, asthma etc.

4.3.2. Condition of Visibility

Vision is considered to be a person's most highly value sense. The ability to see enables the person to carry out his daily activities safely and independently. But with an increment of age the visibility power starts being less. The elderly people were asked about their visibility, the following table shows the condition of visibility. The following table shows the condition of visibility:

Table No 9: Condition of Visibility

S.N.	Condition of Visibility	Male		Female		Total	
		Number	Percent %	Number	Percent %	Number	Division
1	Normal	6	46.15	9	40.90	15	42.85
2	Blind	0	00.00	1	4.54	1	2.85
3	Partial Blindness	7	53.84	12	54.54	19	54.28
	Grand Total	13	100.00	22	100.00	35	100.00

The above table shows that 54.28 percent elderly people had partial blindness which means they had low visibility 42.85 percent had normal visibility and 2.85 percent elderly people had no visibility. i.e. they couldn't see anything.

4.3.3 Condition of Hearing

Many health problems many physical disabilities are seen during old age, they suffer from different problem among them problem related to hearing is shown on the following table:

Table No 10: Condition of Hearing

S.N.	Condition of hearing	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Normal	5	38.46	8	36.36	13	37.14
2	Very Clear	2	15.38	8	36.36	10	28.57
3	Not Clear	6	46.15	6	27.27	12	34.28
	Grand Total	13	100.00	22	100.00	35	100.00

The above table shows that 37.14 percent could hear normally only 34.28 percent could not hear clearly and 28.57 percent used to hear very clearly.

4.3.4 Dental Condition

Another problem of elderly people is fall down the teeth. As the ageing process continues, their teeth may be lost or gums may develop disease. The condition of teeth of elderly people in my research is shown in following table.

Table No. 11: Dental Condition

S.N.	Dental Condition	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Have all teeth	5	38.46	8	36.36	13	37.14
2	Have few teeth	6	46.15	12	54.54	18	51.42
3	Edentulous	2	15.38	2	9.09	4	11.42
	Grand Total	13	100.00	22	100.00	35	100.00

The above table shows that 51.42 percent of elderly people had few teeth, and the few teeth indicates that they have only jaws, molars or premolars only, 37.14 percent of elderly people had all teeth and 11.42 percent of elderly people had edentulous (Having no teeth).

4.3.5. Condition of Walking

Walking is an activity common to everyone but within increment of age, their immunity powers begin to decline, so they take less part in most of the physical activity. Walking makes physically fit and it is a ideal low-impact exercise. Walking reduces health risk and heart disease too. The table below shows the condition of walking of elderly people.

Table No. 12: Condition of Walking

S.N.	Condition of Walking	Number	Percent
1.	Can't walk	3	8.57
2.	Can walk	32	91.42
	Grand total	35	100.00

Among 35 respondents only 3 i.e. 8.57 percent elderly people cannot walk and the rest 33 i.e. 91.42 percent elderly people could walk. Though they get tired after a little walk they like walking rather than staying idle.

4.3.6. Places they visit

Elderly people though they are weak and get tired soon after a short walk they enjoy walking. They are unable to walk a long distance but in case of a short distance they go by walking. The place they visit or can visit is given below:

Table No. 13: Places they Visit

S.N.	Places they visit	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Inside Ashram only	2	16.66	4	20	6	18.73
2	Market	7	25.00	10	50	17	53.12
3	Other places too	3	58.33	6	30	9	28.12
	Grand Total	12	100.00	20	100.00	32	100.00

From the above table it shows that most of the elderly people i.e. 53.12 percent elderly people can visit to market, 28.12 percent could visit to other places too, and only few i.e.18.73 percent elderly people were able to visit just only inside the Ashram only.

4.3.7. Backache or Stoop Walking

Walking is an activity common to everyone except the seriously disabled people. But during the walking the problem of backache is never a good sign. It might be due to osteoporosis and position during walking. Stoop walking is walking by bending down the backbone. The condition of backache and stoop walking is shown below on the following table.

Table No. 14: Backache or Stoop walking

S.N.	Backache or stoop walking	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Backache	1	7.69	2	9.09	3	8.57
2	Stoop walking	1	7.69	2	9.09	3	8.57
3	Both	2	15.38	1	4.54	3	8.57
4.	No	9	69.23	17	77.27	26	74.28
	Grand Total	13	100.00	22	100.00	35	100.00

The above table shows that most of the elderly people i.e. 74.28 percent had no stoop walking and backache problem and the rest of the elderly people had either only backache, stoop walking or both problems.

4.3.8. Sleeping Habit

Sleep is the best form of relaxation close to meditation. Those who sleep well always feel well. Sleep is considered to be the greatest remedy to overcome tiredness. Healthful soothing slumber that reactivates the muscles, nerves and brain cells is one of nature's greatest rejuvenators; therefore it is absolutely essential to life like air, water and delicious food. But with and old age elderly people face many problems. During their old age as they have different health problems. The sleeping habit of elderly people if shown on the following table:

Table No. 15: Sleeping Habit

S.N.	Sleeping Habit	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Could sleep Properly	6	46.13	8	36.36	14	40
2	Couldn't sleep Properly	7	53.84	14	63.63	21	60
	Grand Total	13	100.00	22	100.00	35	100.00

Regarding the sleeping habit few percent female i.e. 36.36 could sleep properly, where as 46.15 percent male slept properly. Similarly most of the elderly female i.e. 63.63 percent could not sleep properly; where as 53.84 percent elderly male only couldn't sleep properly. A good sleep is a sign of good health. Their health problem and mental stress is the barrier of their proper sleep.

4.4 Personal Hygiene

Personal Hygiene refers to the practices that lead to cleanliness and health preservation. Good personal hygiene is one of the most effective ways to protect ourselves and other from being ill. It also may be described as the principle of maintaining cleanliness and grooming of the external body like brushing teeth, bathing, washing hand etc. The personal hygiene of elderly people is shown below.

4.4.1. Frequency of brushing teeth

Brushing teeth helps to remove food debris and bacteria from teeth and prevent many dental problems. Brushing teeth prevents tooth decay. It makes teeth attractive keeps mouth fresh and healthy.

Table No. 16: Frequency of brushing teeth

S.N.	Frequency of brushing teeth	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Once a day	8	61.53	15	68.18	23	65.71
2	Twice a day	0	0.0	0	0.0	0	0.0
3	Thrice a week	2	15.38	1	4.54	3	8.57
4	Twice a week	0	0.0	1	4.54	1	2.85
5	Once a week	1	7.69	2	9.09	3	8.57
6	Never	2	15.38	3	13.63	5	14.28
		13	100.00	22	100.00	35	100.00

Here the elderly people were asked about the habit of brushing teeth. Among the 35 respondents 14.28 percent i.e. 5 elderly people were not brushing teeth daily because they don't have teeth or have few teeth. The most of the elderly people i.e. 65.71 percent elderly people were brushing teeth daily and very few elderly people i.e. 2.85 percent elderly people were brushing teeth twice a week. Teeth should be clean regularly to prevent it from decay and to keep healthy teeth.

4.4.2. Bathing Habit

The cleanliness of our body is the most essential for maintaining good health. Bathing removes dirt's and germs of body and helps us to stay healthy. We should take a bath daily as for as possible but regarding health in case of sickness, or regarding the weather can be minimized if possible two or three times a week. The habit of bathing helps to keep the body fresh and healthy. The distribution of respondents of bathing habit is shown in following table.

Table No. 17: Bathing Habit

S.N.	Bathing Habit	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Daily	3	23.07	6	27.27	9	25.71
2	Once a week	6	46.15	10	45.45	16	45.71
3	Twice a week	4	30.76	6	27.27	10	28.57
	Grand Total	13	100.00	22	100.00	35	100.00

The above table shows that most of the elderly people i.e. 46.15 percent elderly male took bath once a week and 45.45 percent elderly woman bath once a week, Similarly 30.76 percent male and 27.27 percent female took bath twice a week and 27.27 percent elderly female and 23.07 percent male bath daily.

4.4.3. Habit of trimming Nails

Fingernails as well as toes nail should be trimmed regularly. As dirty nails may be the main source of communicable diseases so it should be short clean and timely

trimmed. Long and dirty nails may carry germs and make us ill. Here the respondents were asked about the habit of cutting nails which is shown on the following table:

Table No 18: Habit of trimming Nails

S.N.	Duration of trimming Nails	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Weekly	6	46.15	8	36.36	14	40.00
2	As it grows	2	15.38	11	50.00	13	37.14
3	Every for night	5	38.46	3	13.63	8	22.85
	Grand Total	13	100.00	22	100.00	35	100.00

The above table shows that 40 percent of the respondents cut their nails weekly, 37.14 percent cut their nails as it grows long and 22.85 percent of the elderly people cut their nails every fortnight. Hence the habit of cutting nails too helps to prevent from different germs.

4.4.4. Washing Hands

Keeping hands clean is one of the best ways of preventing the spread of infection and illness. It is the best way to stop germs from spreading. It helps to physically remove germ. In order to stay healthy, hand should be washed before and after eating, after using toilet handling animals etc.

Here the elderly people were asked about their washing hands habit. Among the 35 respondent all the respondent had the habit of washing hand. This shows that the elderly people were concerned about their hygiene.

4.4.5 Washing clothes

In order to maintain personal hygiene wearing clean clothes is also necessary. So it is necessary to wash the dirty clothes regularly. The elderly people of Birdda Ashram were asked about the practice of washing clothes. The practice of washing clothes is shows in the following table:

Table No 19: Washing clothes

S.N.	Washing Clothes	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Daily	2	15.38	6	27.27	8	22.85
2	Weekly	9	69.23	9	40.90	18	51.42
3	As it gets dirty	2	15.38	7	31.81	9	25.71
	Grand Total	13	100.00	22	100.00	35	100.00

The above table shows that 51.42 percent of the respondents wash their clothes weekly, 25.71 percent washes as it gets dirty and 22.85 percent washes clothes daily. So the above table reveals that the elderly people had worn almost clean clothes. This shows they were concerned about their health and hygiene.

4.5 Mental Health of the Elderly People

Mental health is a sense of well being confidence and self-esteem. It enables us to fully enjoy and appreciate other people, day-to-day life and our environment. But as we grow old may have different problem like frustration, stress, tension, forgetfulness and memory loss etc.

4.5.1. Feeling to be on Briddaashram

Due to rapid globalization and modernization the number of nuclear family is increasing. The elder people are being the burden to their family so they are either compelled to come to Briddaashram or are brought by their children's. The elderly people who are staying in this Briddaashram were asked about their feeling to be here which is presented in the data below:

Table No 20: Feeling to be on Briddaashram

S.N.	Feeling	Male		Female		Total	
		Number	Percent	Number	Percent	Number	Division
1	Happy	8	61.53	12	54.54	20	57.14
2	Sad	3	23.07	7	31.81	10	28.57
3	other	2	15.38	3	13.63	5	14.28
	Grand Total	13	100.00	22	100.00	35	100.00

The above table shows that most of the elderly i.e. 57.14 percent of elderly people were happy to be here, they feel so because they can spend their life at their choice without and suppression of other. Similarly only few of the elderly people i.e. 28.57 percent elderly people were sad because they had to live at Briddaashram having their own family also, and 14.28 percent were somehow happy and sad too.

Though they are happy here they would be happier if they could be with their own family.

4.5.2 Feeling of staying with family

No people in this world likes to stay alone, everyone prefers to live in their family sharing each other's pain, happiness with each other. Mostly as people grow old they feel the need and more support of their family. As they are being old each single day, but due to modernization people have become self centered they are just busy into their own world and do not care about their elder people mostly. The elderly people were asked about their feeling of staying with family. Their response is shown on following table.

Table No 21: Feeling of staying with family

S.N.	Feeling to staying with family	Number	Percent
1	Loves staying alone	23	65.71
2	Loves staying with family	12	34.28
	Grand Total	35	100.00

Here the elderly people who are staying on Chatara Briddaashram were asked they like to stay alone so here most of the elderly i.e. 65.71 percent elderly people do love staying alone and the rest 34.28 percent i.e. 12 elderly people likes to live with family rather than living alone in Briddaashram .

4.5.3. Reason to be on Briddaashram

Briddaashram or elderly home is the home for the elderly people who are left by the children or who do not have anyone to look after them. Here the respondents were asked the reason to be here, which is shown on the table below:

Table No 22: Reason to be on Briddaashram

S.N.	Reason to be on Briddaashram	Number	Percent
1	Left by children	19	54.98
2	Have no one	16	45.71
	Grand Total	35	100.00

Here the respondents were asked reason to be on Briddaashram where they responded that most of the elderly people i.e. 54.98 percent elderly people were left by the children, either their children has moved to abroad and never came back or push away from home. And 45.71 percent elders i.e. 16 had no one in their life to look after them, either their children had die or few of them have no any family members. These were the reasons that compelled elderly people to stay at Briddhaashram.

4.5.4. Approach to Briddaashram

Every elderly people having children had a dream that their children will be like a supporting stick at their old age. As they become weak in their old age they may suffer from many diseases and will be unable to work, they need more love, support and care. But when they lack all this in their life, they are compelled come to Bridda Ashram or brought by someone. The elderly people of this Briddhaashram were here by the following ways.

Table No 23: Approach to Briddaashram

S.N.	Approach to Briddaashram	Number	Percent
1	Brought by relatives	14	40
2	Brought by neighbor s	9	25.71
3	Came own self	12	34.28
	Grand Total	35	100.00

Here most of the elderly people i.e. 40 percent were brought by relatives when the elderly had no one to look after them. Similarly 25.71 percent elderly people were brought by neighbor s and 34.28 elderly people came own self when they realize had no one to look after them.

4.5.5. Visiting of family and relatives

Here the elderly people were asked if anyone comes to visit them. The elderly people's response or answer is shown on the following table:

Table No 24: Visiting of family and relatives

S.N.	People who visit	Respondent	
		Number	Percents
1	Neighbor	6	17.14
2	Relatives	8	22.85
3	Children	2	5.71
4	No one comes	19	54.28
	Grand Total	35	100.00

This table shows that most of the elderly people i.e. 54.28 percent elderly had no one to visit them, 22.85 percent relatives comes to visit them, 17.14 percent neighbor comes to visit and only very few 5.71 percent children comes to visit them.

4.5.6. Good and services provided by visitors

During the research study the elderly people were asked whether the people who comes to visit them brings something's or not. Among the 35 respondent 19 had no one so among the rest 16 elderly people brings something's for them at the time of visit only. The elderly people get so happy if anyone comes to visit them even with empty hand. The list of the things is shown on the table below:

Table No 25: Good and services provided by visitors

S.N.	Good and services provided by visitors	Respondent	
		Number	Percents
1	Food	9	56.25
2	Money	2	12.05
3	Clothes	3	18.75
4	Medicines	2	12.05
	Grand Total	16	100.00

The above table shows that 56.25 percent visitors bring food, 18.75 percent visitors bring clothes and 12.05 percent bring money and clothes. The elderly people seemed happy getting such things from visitors. The elderly people become happy in small things too. They have somehow characteristics like of child. They got happier when the person who comes to visit them brings even small things for them. The elderly people were asked about the things brought by the visitors.

4.6. Existing Management in the Briddaashram

This Birddaashram is at religious place Barakshetra -1 Chatara sunsari. It has been established by Nepal's first Jagat Guru Ananta Shree Bibhushit Jagat Guru Shree Baalsant Mohansharan Dewacharya at 2056 by the name Shree Radhakrishana Bhakti Sadhana Aadhyatmik Pratisthan.

4.6.1. Preparing Food

Here most of the respondents cook their food themselves and other take the food from cafeteria. They cook food either in firewood or use cylinder gas. The table below shows the ways of preparing food:

Table No 26: Preparing Food

S.N.	Preparing Food	Respondent	
		Number	Percents
1	Eat food from cafeteria	16	45.71
2	Cooks own self	19	54.28
	Grand Total	35	100.00

Here among the 35 respondents only 45.71 percent i.e. 16 elderly people eat food from cafeteria and 54.28 percent i.e. 19 elderly people cook their food own self. Here some cook their food by own self because they are swayampaki (one doesn't eat made by others).

4.6.2. Frequency of food consumption in a day

In order to stay healthy one should take right amount of food at right time. Since elderly people are weak by nature they need food in different interval of time. The information of their interval of taking food is shown below on the following table:

Table No27: Frequency of food consumption in a day

S.N.	Time of taking Food	Male		Female		Grand Total	
		No	%	No	%	No	%
1	Twice a day	3	23.07	5	22.72	8	22.85
2	Thrice a day	6	46.15	11	50.00	17	48.57
3	More	4	30.76	6	27.27	10	28.57
Total		13	100.00	22	100.00	35	100.00

The above table shows that most of the elderly people i.e. 48.57 percent respondents have food thrice a day whereas 8.57 percent respondent ate more times and 22.85 respondents ate twice a day.

4.6.3. Nutritious Food

Eating is one of the most basic of human needs. Seniors can have different challenges a loss of appetite and unhealthy weight loss, problem of chewing and swallowing or need to reduce fat and sugar with certain chronic condition. The elderly people staying at this Briddashram responded that they get nutritious food. They were provided with nutritious food like breakfast, good balance diet, seasonal fruits, milk etc.

4.6.4. Satisfied with the food

Since this Briddaashram is not a profit based organization it is established for the welfare of elderly people. The Ashram is concerned about the health of the elderly people and they provide good food to the elderly people. Here the elderly people were provided with good nutritious food, so they responded that they were satisfied with the food provided at the Briddashram.

4.6.5. Facilities of Lodging

As per our basic need we need not only a good nutritious food but proper lodging too. Similarly the elderly people were asked about the lodging facilities the respondents responded that they were provided with good lodging facilities, they were satisfied with good lodging facilities provided by the Briddashram.

4.6.6. Ways of Spending Day

Since the elderly people are weak by nature, they can't get engaged themselves doing any hard work and they are here on Briddashram they don't have any other work. They try to spend their time by involving in different activities. The table below shows how they spend their day:

Table No28: Ways of Spending Day

S.N.	Activities	Male		Female		Total	
		No	%	No	%	No	%
1	Reading	6	46.15	7	31.81	13	37.14
2	Involving Hymn	5	38.46	10	45.45	15	42.85
3	Other	2	15.38	5	22.72	7	20.00
Total		13	100.00	22	100.00	35	100.00

The above table shows that 42.85 the percent elderly people involved on Hymn and the 37.14 percent spend by reading and 20.00 percent spend some by looking after animals some by sleeping. Elderly people don't like to stay idle they like to get engage on something and spend their day.

4.6.7. Medical Facilities

The management system of this Briddashram also provides the Medical facilities to the elderly people. Here as per taking in consideration about the health of elders the medical facilities is provided sometime different organization held's campaign program like oral checkup which was held on 2069B.S. Here all the respondents responded that they get medical facilities and are really satisfied with it. But they respond it would be more grateful if the different organization organizes the medical facilities often.

4.6.8. Duration of Getting Medicinal Facilities

In the Chatara Briddashram most of the elderly people were suffering from the different kind of diseases. According to the respondents they get medicinal facilities as shown on the following table:-

Table No. 29: Duration of Getting Medical Facilities

S.N.	Duration	Male		Female		Total	
		No	%	No	%	No	%
1	Once a week	1	7.69	2	9.09	3	8.57
2	Once a month	3	23.07	6	27.27	9	25.71
3	Every six month	4	30.76	6	27.27	10	28.57
4	Only in case of ill	5	38.46	8	36.36	13	37.14
Total		13	100.00	22	100.00	35	100.00

The above table shows that 37.14 percent elderly people responded that they get medical facilities only in case of any illness 28.57 percent responded they get medical facilities every six month 25.71 percent respondent once a month and 8.57 person responded they get medical facilities once a week.

CHAPTER- FIVE

SUMMARY, FINDING, CONCLUSION AND RECOMMENDATION

5.1 Summary

The research has been conducted at Barachettra Chatara Briddaashram with a main objective to find the health status of the elderly people and to analyze their demographic and socio-economic condition similarly it also aims to find out the existing management system of the Birddashram.

Elderly people face many health problems at their old age. They also face physical social emotional and socio-economic problems.

Various research methodologies are to be applied in the study. Basically the descriptive research design and is of descriptive nature study was based on the here all the 35 elderly people above 60 years old were taken in the study on the basis of census Method. Interview schedule was used for collecting the data in order to meet the objectives of the study. Primary data were collected through the field survey by the investigator whereas the secondary data were derived from various books journals articles and different published and unpublished source.

After the completion of the data collection the researcher coded the data. Another important part of research is the analysis and interpretation of data. Demographic variables such as age sex caste family type marital status and health status of elderly people like the kinds of health problem they suffer.

Elderly people of this Briddashram are here because of disability poverty negligence by family members some came own self some were brought by family members and some by neighbor.

The management of the Briddashram provides good nutritious food to the elderly people the environment they are living is really clean the all seemed satisfied and happy staying on Briddashram. They may have pain inside to live alone in Briddashram but were happy saying that they no more have to face and domination negligence of other. They are living in Briddashram sharing each other's joy and sadness they have completely devoted their life to god and were too grateful to Jagat

Guru Ananta Shree Bibhushit Jagat Guru Shree Baalsant Mohansharan Dewacharya for providing a place to stay.

5.2 Finding

The following are the major finding of the study

- Among the 35 respondents 28.57 percent elderly people were 60-64 years old
- 25.71 percent were 80-84 years old and 5.71 percent elderly people were 65-69 years and above 85 years.
- The study shows that only the few elderly people i.e. 8.57 percent respondents were not suffering from any kind of disease whereas 91.14 percent were suffering from disease like diabetes, blood pressure, arthritis, gastric and asthma.
- The study shows 54.28 percent elderly people were living alone and 45.71 percent elderly people were living with their spouse.
- The study shows 45.71 percent elderly people were married 28.57 elderly people were widow 14.28 percent elderly people were unmarried and 11.42 were widower.
- The study reveals that most of the elderly people's i.e. 94.28percent only one source of income was elderly allowance and only 5.71 percent get pension.
- Here 74.28 percent elderly people were engaged in agriculture 14.28 percent were labour 5.71 percent engaged on Government service and business.
- Among the 35 respondents 68.57 percent elderly people were illiterate 17.14 had studied up to primary level, 11.42 percent had studied up to secondary level and 2.85 had read further too.
- It was found that 42.85 percent elderly people could see things normally 54.28 percent could not see clearly as they had partial blindness and 2.85 percent had no visibility i.e. they were blind.
- About 37.14 percent elderly could hear normally only 34.28 could not hear clearly and 28.57 percent could hear clearly.
- The study shows that 51.42 percent had few teeth 37.14 percent had all teeth 14.42 percent were edentulous i.e. they had no any teeth.

- Among the 35 respondents 91.42 percent elderly people could walk properly and 8.57 percent elderly people were not able to walk, they just stay inside ashram most of the time.
- The study reveals a fact that 53.12 percent elderly people can visit to market 28.12 percent could visit other places too and 18.73 visit or walk only inside Ashram.
- Here the study shows that 74.28 percent elderly people have no stoop walking and backache problems and the rest of the elderly people have either stoop walking problem, backache problem or both problem.
- It was found that 40 percent elderly people could have proper sleep and the remaining 60 percent elderly people were not able sleep properly at night.
- Here 14.28 percent elderly people were not brushing teeth and 65.71 percent were brushing teeth daily.
- The data shows that most of the elderly people i.e. 46.15 percent elderly male took bath once a week and 45.45 percent elderly woman bath once a week, Similarly 30.76 percent male and 27.27 percent female took bath twice a week and 27.27 percent elderly female and 23.07 percent male bath daily.
- The study shows that 40 percent elderly people cut their nails weekly 37.14 percent used to cut often as it grows and 22.85 percent used to cut their nail every fortnight.
- The entire respondent had the habit of washing hands before and after eating and after using toilet etc.
- The study shows that 51.42 percent used to wash their clothes weekly 25.71 percent used to wash as it gets dirty and 22.85 percent used to wash daily.
- Here the 57.14 percent elderly people were happy to stay at Ashram and 28.57 percent elderly people were sad and 14.28 percent were sad in some context and happy too.
- Here 65.71 percent elderly people liked or enjoyed staying alone 34.28 percent doesn't like to stay alone in Briddashram, they like staying with their family.
- Here 54.98 percent elderly people were left alone by children 45.71 percent had no one in life.

- The study shows that 34.28 percent had approach to Ashram by themselves and 40.00 percent were brought by their children or relatives and 25.71 percent were brought by neighbors.
- About 54.28 percent elderly people had no one to visit 17.14 percent neighbor used to visit 22.85 percent relatives and 5.71 percent children used to visit.
- Among the 35 respondent 19 elderly people had no one and among the rest 16 respondents all brings something like food, money and clothes for them during visit.
- The study shows that 56.25 percent visitor used to bring food or fruits 18.75 percent visitor used to bring clothes and 12.05 percent used to bring either money or clothes.
- The study shows 45.71 percent elderly people ate food from cafeteria and 54.28 percent cooked food themselves.
- Here the study shows 48.57 percent elderly people used to eat food thrice a day 28.57 percent used to eat more than three times and 22.85 percent used to eat food twice a day.
- The study reveals that the entire respondents were satisfied with the fooding and lodging facilities of Briddashram.
- The data shows 42 percent elderly people spent their day involving on hymn 37.14 percent by reading and 20 percent by doing something else's.
- The data shows that the entire respondents were provided with medical facilities and were satisfied too.
- The study shows 37.14 percent elderly people respondent they get medical facilities during the time of illness 25.71 percent responded once a month 28.57 percent every six month and 8.57 percent once a week.

5.3 Conclusion

Elderly people are the assets of our society. They should be loved care and praised. They are the true personnel to import heritage moral values and conserve our culture and tradition. Till now the care of elderly people is still regarded as a family responsibility but that seem more a myth than a reality these days as with the

development society it has led to the growth of individualism where the elder people are taken as burden of society change is for certain, but to what extent and level is a matter of concern. The wisdom of the aged population should be used and be benefited by younger generation. They should never feel as if they are awaiting death. They should treat as trainer's educators and a source of inspiration.

Following conclusion are drawn from the survey

- a. Due to poverty landless domination and exclusion by family members and some of the elderly people do not have anyone to look after them. So they came to shelter at Briddhashram.
- b. Most of the elderly people are suffering from gastritis, arthritis blood pressure and diabetes.
- c. Among the respondents the proportion of the one having their spouse was higher. They seemed happier than those of widow/ widower and unmarried elders.
- d. Disrespect, illness, dislodged lack of love and care by their family member are the main problem faced by the elderly people of this study area. Since they are here they seemed to be happy but the pain to be apart from their families is always in their heart.
- e. It should be taken in consideration that the capacities of older people depend upon their any illness, life styles and the supportive environment at present situation. This research can be concluded with a fact that elderly people only do not have a physical problem but they also have psychological biological and a social problem.
- f. The government also should make a legal provision that the sons only could not inherit the parent's property but they should fulfill the duty towards their parent looking after them with proper love, care and respect. And also the elderly allowance provided by government is less, which is hard to fulfill their needs. It would be better it is increase to meet their daily needs.

5.4 Recommendation

Elderly people are the assets of the society nation and even the world. They rely meant a lot to the society. In order to promote the elderly people's status following recommendation can be given on the basis of research study to the different level:

5.4.1 Recommendation for policy level

5.4.1.1 To Government

The government should make some more strategies regarding elderly people. The government should provide free health service to the elder and check it oftenly if they are provided with those services or not. The allowance also should be increased so as the elderly people could meet their necessities. The Briddaashram s should be established by the government and also provided with different funds so as more good service could be provided to the elderly people staying there.

5.4.1.2 To the different Organization

Since this Briddaashram is quite far from the city area, so the different GO's, NGOs and INGOs should be organized different programs regarding the elderly people. More research could be done to know elderly people from different aspects and necessary step could be carried out in order to solve them.

5.4.2 Recommendation for practice level

5.4.2.1 To the Family

Every family member should have positive attitude and respect for the elders. They should care, love elders and support them. They should create a good environment at home which is favourable for elders. All their necessities their health problems, social mental economic problem should be taken into consideration and minimize.

5.4.2.2 To the Briddaashram

The Ashram is really providing a good service to the elderly people. But it would far better if they were provided health facilities more often. They also should provide a health awareness campaign or health education session so as they will be more concerned about their health problem and take necessary steps for preventing from different diseases.

5.4.2.3 To Society

Every society plays an important role at the life of elderly people. Every society should have proper respect for the elderly people. The young generation of today should be taught to take good care of elderly people. Every young people should know that they will be old one day and go through the same problem one day, so they should take care of elderly people with more love, care and affections.

5.4.3 Recommendation for Researcher level

5.4.3.1 To the Researcher

Many studies and researches has been taken on different topic but the further researcher can be done in field of elderly people especially who are staying on Briddhaashram in order to find their health, social economic condition. This study of elderly people of this Chatara Bridhaashram will enhance to carry out the studies on further Briddashram like Briddashram of Mulghat, Biratnagar etc.

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APPENDIX-A

Health Status of Elderly people Staying on Briddashram

Socio Economic Characteristics:

Name:

Age:

Sex:

Marital Status:

Main Source of income:

Previous Occupation:

Education:

Religion:

Physical Problem

1. What type of physical problem are you facing?

- a. About head b. About chest c. About joint d. Others

2. What about your visibility?

- a. Blind b. Normal c. Partial Blindness

3. What about your hearing?

- a. Not clear b. Clear c. Normal

4. What about your teeth?

- a. Edentulous b. Few only c. All teeth

5. Can you walk?

- a. Yes b. No

6. If yes where do you go normally?

- a. Around ashram only b. Market c. Others place

7. Do you have backache stoop during walking?

- a. Yes b. No

8. Can you sleep properly at night?

- a. Yes b. No

Personal Hygiene

- 9. How often do you brush your teeth?**
- a. Once a day b. Twice a day c. Thrice a week
 d. Twice a week e. Once a week f. Never
- 10. How often do you take bath?**
- a. Daily b. Once a week c. Twice a week
- 11. How often do you cut nail?**
- a. Weekly b. As it grows c. Every fortnight
- 12. Do you wash your hands before and after eating?**
- a. Yes b. No
- 13. How often do you wash your clothes?**
- a. Daily b. Weekly c. As they get dirty

Mental Health

- 14. How do you feel to be here?**
- a. Happy b. Sad c. Other
- 15. Do you like to stay alone without your family?**
- a. Yes b. No
- 16. If yes why do you like to stay alone?**
-
- 17. Why are you here?**
-
- 18. How are you here?**
- a. Came own self b. Brought by nieghbour c. Brought by relative
- 19. Does anybody come to visit you?**
- a. Yes b. No
- 20. Who comes to visit you?**
- a. My family b. My relatives c. Neighbor
- 21. Why do they come to visit you?**
-

