

Original Research Article

Lived Experiences and Health Problems of Elderly Residing in Lalitpur Metropolitan City, Nepal

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ABSTRACT

Introduction: Multi-morbidities among old age people is increasing in all settings particularly in urban settings. Therefore, the objective of this study is to explore lived experiences of elderly regarding their health problems residing in their homes in Lalitpur metropolitan city.

Methodology: Experiences of elderly regarding their health problems were explored through hermeneutic phenomenology approach. Twelve elderly residing in their homes were selected purposively. Data collection was initiated from taking ethical approval from of Institute of Medicine. Researcher herself collected data through in-depth interviews. Collected data were audio taped, transcribed and analyzed based on Giorgi's data analysis method. Additional data collected from field notes, observation records were triangulated.

Results: Most of the participants were experiencing more than one physical health problems (multi morbidities conditions). Among different multi morbidities diabetes and hypertension were two most prevalent problems. Almost fifty percent of elderly (5/12) were experiencing diabetes and hypertension. One third (3/12) were experiencing vision problems followed by gastritis, cardiac problems, breathing problem, pain in extremities, paralytic attack resulting decreased functional abilities and very few had thyroid and fall injury. Further, few elderly with cardiac problems and thyroid were unaware about their diseases conditions. Some elderly were not seeking health treatment for their hearing problem considering it as a part of ageing process. Along with this loneliness was identified among one third of elderly. Concerning experiencing social problems, few elderly experienced inadequate care during sickness, neglected in family and verbal coercion by their family members.

Conclusion: Discerned three themes regarding health problems experienced by elderly were multi morbidities, loneliness and experiences of psychological maltreatment by their family members. Thus, it can be concluded that physical health of elderly people need to be promoted through promotion of health education and awareness programs for preventing and managing physical problems towards active ageing. Social networking programs needs to be focused through promotion of family support programme for reducing loneliness and elder maltreatment among elderly in urban areas of Nepal.

Keywords: Elderly, Health Problems, Hermeneutic phenomenology, Lived experiences.

INTRODUCTION

At present, elderly population constitutes 12 percent of a total global population and this number is expected to reach by 22 percent by the year 2050. ⁽¹⁾ Further, this pace of ageing is faster in

developing countries. ⁽²⁾ The world's population is ageing rapidly as a effect of declining fertility, decreasing mortality and increasing life expectancies. ⁽³⁾

Old age is a transition period of the life associated with increased in physical

and mental health problems. According to WHO, non communicable diseases (NCDs) accounts 60% of death worldwide among which three quarters of deaths occurs in people of 60 years. ⁽²⁾ NCDs will rise by 17 % in the next ten years. An estimated 85% of older adults have at least one chronic illness: approximately 50% arthritis, 40% hypertension, 30% heart disease, 12% diabetes, 15% cataracts and 10% stroke. ⁽⁵⁾ Studies have revealed that cardiovascular problems, respiratory problems, musculoskeletal problems are common among older age population. ^(6,7) And these health problems are usually observed in patterns of multi morbidities conditions challenging the health of older adults ⁽⁸⁻¹⁰⁾ which focuses for the need of identifying the types of physical health problems prevalent in of old age people. Concerning psychological health problems among older adults, American Psychological Association (2005) showed that approximately 20% of old age adult suffered from a mental disorders like anxiety disorders, depression and cognitive impairment. ⁽¹¹⁾ Studies have showed that 14 percent to 20 percent of the elderly residing in their homes in developed and developing countries have depression. ^(12,13) Ageing and depression are also associated with loneliness, disability and have adverse consequences for health among elderly people which emphasizes the need for health professionals to identify the mental health needs and problems of older adults. ^(14,15) Along with these health problems recent studies conducted in both the developed and developing countries discerned that experiences of being abuse in their own homes is the hidden health related problem negatively affecting the psychosocial health of the older adults which needs to be explored. ⁽¹⁶⁻²⁰⁾ As per National census, Nepal has 9.1 percent of older population. Further, the demographic trends show that during the year 2001 to 2011 growth rates of older adults was 3.4 percent which was higher than annual population growth rate

2.9 percent. ⁽²¹⁾ This trend focuses for the need to find out the health problems and experiences of older adults of Nepal. Some national level studies had identified different psychosocial challenges that older people experienced ^(22,23) and highlighted for the future research needs to explore different aspects of old age related problems and experiences. ^(24,25) Also some researchers have observed that elderly particularly living in urban areas of Nepal are nowadays experiencing more health related problems as a effect of urbanization, changing role of female in home from inside household role to role of employees, shifting family system from joint family to nuclear & migration of youth family members to other places. ⁽²⁶⁻²⁹⁾ Thus, this study focusing in exploring the health problems and lived experiences of elderly seems important for bringing some strategic information for improving health status of elderly particularly residing in urban areas in Nepal.

MATERIALS AND METHODS

Qualitative hermeneutic phenomenological approach was used in order to explore the lived experiences of elderly regarding health problems and to interpret the meaning in real life situation. ⁽³⁰⁾ Twelve elderly residents of Lalitpur sub metropolitan who were willing to participate were purposively selected. Elderly with diagnosed mental illnesses and who problem in communication were excluded. Data were collected over a period of four month from June to September 2014.

Data Collection: This study was initiated after obtaining written approval from Institutional Review Broad of Institute of Medicine, Tribhuvan University. All the selected participants were informed about types of participation, the purpose, importance and methods of the study particularly of interview recording process and of their role their right to with drawl at anytime. They were assured regarding

confidentiality of the information as their responses were coded.

Data was collected in the mutual convince time of the participants and researcher. Researcher herself collected data by using interview. The interview was initiated by grand tour questions in a local (Nepali) language which were followed by probed questions audio taped. In each subsequent interview memory call was given to the participant. One assistant was trained for note keeping and recording.

In general, three to four interview sessions were conducted with each participant until researcher ensure about data saturation. The duration of each session of the interview varied from 50 to 60 minutes. During interview, privacy was maintained by interviewing in a separate room. The interviews were recorded in audio tape recorder and labeled with date and place of interview which were stored in a locked computer of the researcher. Recorded verbatim was transcribed before taking next interview. Confidentiality of the data was maintained by not sharing the audio tape to anyone else than the advisor of the researcher.

Data were thematically analyzed by using Gibson's qualitative data analysis method in five stages. ⁽³¹⁾ Initially, in first stage researcher read and reread verbatim to identify meaning. In second stage, researcher reread it several times then by using key words identified the codes. Thirdly, the codes were analyzed, compiled & compare to the context. In fourth stage codes were grouped to the context to develop super code (concepts). Effort was made to get collective meaning from those super codes. Fifth stage: Further analysis was done by combining related super code (concepts) to create Supra Code (Theme). The entire interviews were observation clues. To enhance the credibility of the findings information obtained from different sources were triangulated.

RESULTS

Results are illustrated in three parts. Sociodemographic profile of the participants, experiences of different health problems and theme development process.

(1) Sociodemographic Characteristics

The socio-demographic characteristics show that age of the elderly range from 72 yrs to 94 yrs with the mean years of 76.5yrs. Majority of them (9/12) were from female. Majority of them belongs from Hindu religion. Concerning their marital status, majority of them (11/12) were single whose spouse were deceased or no more. In living arrangement, most of them (8/12) were living with son's family followed by their spouse and daughter respectively and very few (2/12) were living alone.

(2) Experiences of Health Problems

Experienced health problems by the elderly were multimorbidities, isolation loneliness, mild cognitive impairment and elder maltreatment.

Multi Morbidities

Most of the participants were experiencing more than one physical health problem which is grouped as multi morbidities. Among different multi morbidities diabetes and hypertension were two most prevalent health problems among the study participants. Almost fifty percent of elderly (5/12) were experiencing diabetes and hypertension. One third were experiencing vision problems followed by experiencing gastritis, experiencing cardiac problem, asthma, paralytic attack and pain in extremities and few thyroid and fall injury.

Diabetes (Fear of getting its complications and delay in check up)

A self reported symptoms expressed by the respondents with diabetes were as follows:

I am suffering from diabetes for last six seven years, sometimes sugar level raised when sugar rises I got dizziness"(87 yrs female)

"Once I had urine thick and whitish in color. Also I got paralytic attack in left

side of body. I assume that it was related to "sugar". At that time not so much practice of checking blood for disease. Some of my relatives supported that it might be of increased sugar and I started of taking Chinese herbal medicine for controlling blood sugar since then" (91 yrs female).

Fear of getting immobilized from diabetes

One participant stated that

"Last month one of my neighbors who had diabetes had paralytic attack from diabetes; he survived for about three months. I am scared thinking that what might had happened if that types of complication would have occurred to me" (74yrs female).

"I got scared of having risk of disability "pakkchhaghaat" related to diabetes and pressure so to prevent it I am daily doing exercise (87 yrs male).

Further, three participants having diabetes added that they were also suffering from problem of elevated blood pressure commonly called "pressure".

Hypertension

In this study, almost fifty percent (5/12) elderly suffered from this problem. Among them most of them were having problem from many years and were following medical regimen for controlling disease conditions. They shared that:

"I am having pressure for 5 years; I am regularly taking one medicine in night. Till now while examining my blood pressure is within normal limits" (Ujeelee, 94 yrs female).

"I have problem of blood pressure from long time from 15 yrs, I am taking medicine twice daily for controlling this problem. Also I am on low salt and low calorie. I did not have any known symptoms like headache, dizziness associated with increased blood pressure. As I am having this problem from many years my attending doctor has advised me to do medical checkup, recently I went to check up in one of the cardiac center named (Ganga Lal) for evaluating blood

test for cardiac conditions. According to Dr All my blood report came within normal range" (74 yrs female).

Gastritis

Gastrointestinal symptoms causing uneasiness in abdomen and stomach upset related problems were experienced by three participants.

"For last 10 years, I am having gastric problems taking medicines for these problems" (76 yrs, female).

"I have problem of recurrent diarrhea and burning pain in abdomen. I am taking medicine for its relief from long time" (86yrs, female).

"For one year, I am suffering from gastric problem. Sometimes it causes abdominal distension and sometimes constipation. I use to take medicine once in morning for this" (94yrs, female).

Having Cardiac problem but Unaware about Its Types

Two participants had cardiac problems. One male of 87yrs shared that

"I have heart problem, one of my cardiologist (Dr Man Bdr) is regularly checking me. I exactly did not know what the problem is about. I am taking medicine as prescribed by doctor. I don't have any difficulties as chest pain and other but I use to have difficulties in walking vigorously nowadays "Aru samasyya khasai chanaa: ukaloo hidnaa garoo hunccha

Another participant of 94yrs female shared

"I am suffering from heart problem (Mutu koo Samasyyaa chha). I don't know what the problem is about. One month ago, I had fainting attack at home and was taken to the hospital. All of my family members said that. There, I was admitted and treated for heart problem. As per doctor advised, I am taking one medicine for treating my cardiac problem. One of my grandson is also doctor he also had suggest me to take medicine daily and I am doing according to what they said".

Further, when asked about the type of cardiac problem.

Both of the participants said that were unknown about the types of the cardiac problem they had. They mentioned that they were taking medicine according to the advice of their attending doctor

"Doctor lee mutu koo samasya chha bhanuu bhayoo, kee samsyaa chha bhanerree soudhnaa panee sodhiyeenaa; doctor lee bhane pane malee kee bhujneethee holaa ra" (86 yrs male & 92 yrs female elderly) .

Unaware about thyroid problem

One participant had problem known as thyroid. But inspite of having illness the participant was unaware of the problem as she stated that

"I am taking medicine for treating my health related problem. Doctor said that it is called thyroid problem. I exactly don't know what this problem means..... Once when I did my blood checked up. Doctor started giving medicine to me. I could not eat as before. Can you tell me what it really means (86 yrs, female).

Pain in extremities

Weakness and pain in extremities were problems experienced by three participants. They shared:

"Occasionally I use to have swelling and pain in left leg. When I got my leg swollen, I have to take rest and elevate it. It is difficult for me to walk due to this reason" (74yrs, female).

"I mostly have pain in lower extremities. My leg got tiered easily which makes walking difficult" (87 yrs, female).

"I mostly use to have weakness over both extremities. I think it is because of my increased age and I use to have two cups of milk daily for this as I heard that milk is essential for health of older people" (94yrs , female)

Vision problem

Elderly of very old age experienced vision impairment cataract which is common in old age and impaired vision. They reported

"I had suffered from problem of cataract "Motiibindu" in both of my eyes. Got cataract treated by surgery of one eye

before 13 years and of another one 9 years before. After surgery my problem related to cataract was no more" (86 yrs, female).

"I suffered from problem related to seeing from my right eye in my past year, about 12 yrs before, I did surgery of cataract. Now I did not have such problem" (84 yrs, male)

Difficulty in Hearing and not seeking for its treatment

Difficulty in hearing was experienced by participant of very old and oldest age group and they were not following medical measures considering it as a part of ageing process. As they reported:

"I cannot hear clearly with my one (left ear) from about five six years. People have to talk in loud voice while talking with me. I think it is because of my advance age I got this problem" (84 yrs male).

"My hearing capacity have been decreased from last few years. All my family members use to talk in loud voice while talking with me " (91 yrs male).

"I have problem of listening from one ear. While talking with me my family members have to talk in loud voice. It is natural to get such problems related to ageing (94yrs female).

Paralytic attacks resulted in functional impairment

In this study, two participants were suffering from paralytic attack that resulted in functional impairment. One participant suffering from this problem shared:

"I had a paralytic attack twice. I didn't know its cause, for first time before 17 years, in evening I was lighting fire stove, but I could not gave forceful expiration "aagoo fukkna Sakinaa". Next morning, suddenly I found my face shifted to one side towards right side (Ekkasee Mukh Bangoo Bhayoo). That time I could not see completely by my eyes also (aakannkha lee ramaree dekhinaa) lots of tear came from my eyes (Dherri aasoo aayoo)., I am still suffering decreased vision in my left eye and weakness in

mouth, since then I could not hold full water in my mouth (Mukhmaa panii rakhnaa sakdinaa, panni pokhinnchhaa). And for second time. I had similar type of attack, 12 yrs before resulting weakness in my left hand(bayya haath kamjoor bhayoo tes pachhi) compare to right hand. But still I can do me self care activities slowly by affected hand (94 yrs, female)

"Many years ago, I had a paralysis attack resulting weakness of right side of whole body. And that time some people said that it is related to increased sugar and they gave me Chinese herbal medicine and that time I took medicine for few months. I am having weakness in whole right side of body since then (91 yrs female).

Breathing problem

Breathing problem which is chronic in nature is experienced by two of the participants. During the time of illness participants usually experienced symptoms such as difficulties in breathing, fast breathing, sometimes need to take oxygen. One participant expressed that "I am having problem of breathing, in local word 'daam' since the age of 53 yrs. I am now 86 years. Regularly taking one medicine for this. In previous days I need to take oxygen, but nowadays from two years I am not taking oxygen I am taking in haler "asthalin" in an alternate day "(85 yrs, Mottee).

Likewise another one participant stated

"I am suffering from breathing problem 'daam' in local word from last 15yrs. During breathing problem, I use to take inhalation "nebulizer". Sometimes I need to take oxygen if I had severe problems. Sometime breathing problem cause difficult for me even to talk. Have to take rest in between talking. In local word" Sakdianna sakdainna boulnaa pani sakdaina dheri kuraa garma pane sakdianna" (87 yrs, female).

Fall injury

Risk of getting fall injuries increases with advanced age. One participant of very old age of had the episode of fall as a effect of

decreased light during night as the participant stated:

"I got fall before one week by slipping in floor during night time and had a pain in right hand. It was a small injury and I could get up myself. I did not need help of others. I did not call my son and daughter in law at the time when accident occurs, it was night time I also did not want them to be disturb. I shared with them in next morning. But I feel sad that my daughter in law did not share about my fall injury with any one Maa ladeekoo kurra koi sange bhanechha najikakoo mero saathii laai pane bhanenchha yeestii hoo" My daughter in law does not share anything with me also". Further regarding the possible cause of accidents the participant said that less light during night time might be the cause for the accident".

Psychological problems

Among different psychological problems mild cognitive impairment and loneliness were the experienced by some of the participants.

Loneliness

Loneliness, a psychological state in which a person feels apart from others. Here, social factors like living alone, separation from family members, inadequate time from family members and physical health illnesses, disability are commonly noticed predictors for loneliness. As a effect of loneness participants were worried regading future care issues and fear of strangers.

One participant living alone shared:

"I am living alone. My two daughters come to stay with me according to their convenient time. I have two sons who have separated from house living in two separate places. It has been long time my elder son separated; my younger son has been away since 6 years. Everything changes when my younger son becomes different. In local words (Saathee harukoo sangat lee birsyoo). I wonder if my elder son and his family would come here again or not. I feel quite sad while remaining alone it gives me pity feelings, so in order

to get divert from loneliness I stay in balcony whole day talking with familiar people.....

Again same participant focused that what will happen while getting older as living alone as she shared:

"I have to live alone; having children does not have meaning to me, All of them had gone in separate places, no one was with me " eklai basnu parchha, einiehharu sabai chhorra choree haru bhayee pani malaai kee" chhorachorri kahi kata, koi kata". Also, I have to keep people in rent for economic security but I feel scared of keeping strangers in rent. I get worries thinking who will look after me in my very old age days. There should be someone definite person to take of old age people in these days. "(76yrs, female).

Another participant who could not walk independently as a result of weakness in extremities also expressed loneliness. She expressed as:

"It is difficult for me to walk ups and downs. I mostly have pain in lower extremities which makes walking difficult also I feel scared of going up and down as there is risk of fall injury in doing so. I use to take support of right hands in walking but it also became weak nowadays. So, I use to walk by using the stick. I feel pity for my inability to move ups and down and to take remain alone at day and night time....."

Beside this the participant who did not received adequate time from family members had experienced loneliness. She shared that:

"Although I am living in family I feel alone, no one to share and talk with me. I feel lonely and bore in day and night time remaining in same place and having no one to share my feelings with. I think elderly are left alone in old age like me (Koi saathii hudainaa, yessai yeklai hunccha. Raat din eklai hunccha). Family members have to go for their job. They use to come when I call them (Chhora buharri kama garnaa janccha. Maa sangeaa baseeraa uni harulai hudainna, bolayoo

bhane aauccha) You know in old age we usually do not have none we are remain alone in day and night time (Hudaina koi hudaina, Yeklai huunchha budeskaalmaa)

Importance of Social engagement to reduce loneliness

Keeping in touch with other people makes the elderly feel cared about and make them less distress. In this study some elderly were lessening their loneliness by being with their friends. They shared:

"I use to reduce my boredom or loneliness by talking with some close friends. Every evening we use to sit in one common place and ventilate feelings of each other it gives nice feeling "Saathi sanga kura gardaa ramroo laagccha"(76 yrs, female)

"I use to go to my friends who live nearby and use to share my feelings with them."Sharing with friends help a lot to reduce own pity" (72 yrs female)

In accordance to this, elderly living alone but who received adequate help from her relatives at the time when she need did not expressed feeling of having loneliness. She narrated that:

"As younger brother of my husband use to help me while going to the doctors and getting medicine. Also my sisters "dewraani' use to care during sickness. I do not have feeling of pityness for being alone. By living alone, I am able to give more time to my religious aspects such as reading religious books, doing spiritual meditations "Yesarii eklai basdda bhagwan koo dhayyan garna, Jaap path garnaa pauchha " Although I feel bore for not having someone to call me. I am habitual to it "(87 yrs, Chameelee).

Elder Maltreatment or Abuse

In this study some of the elderly were experiencing different form of maltreatment in their family such as inadequate care during illness, lack of family assistance to go for health check up being neglected in family and financial exploitation.

Inadequate care during sickness

When a sick person does not receive adequate assistance for his/her health check up the affected person feels distress. Here, few participants did not get opportunity to go for follow up checkup as they did not get time from their family members.

One participant shared that

"I have not checked sugar for long time. No one has time to go with me for check up and I could not go by myself independently"(87 yrs, female).

She further added:

"Although my granddaughter is a health personnel but she does not care for me. She seems always in a hurry ' Sadhaii haatarma huncha". Never check up my blood pressure "pressure without asking for".... I have to call her for checking my blood pressure. Also my daughter in law did not share the incident of my fall injury to anyone even with health person. She did not care for me and for my sickness"

Similarly another 76 yrs, female elderly shared:

"I have eye problem. Doctor said that I have cataract (Motiibindu) and need to do eye surgery. For this, I had to go for follow up; but I am unable to go for follow up in the time that doctor has given. I have to give blood sample and have to collect blood test report for follow up visit. I need to get assistance from my daughters for this. Daughter are busy in their job and looking after families" Chhorii haru laai affnoo kaam ra Ghar heerda thikka chha "so I am unable to go for follow up yet

Likewise another participant expressed

"During sickness also my daughter in law and son did not talk to me. They do not consider specific diet for me during sickness also. I have to take food which was cooked for all in kitchen (72yrs, female).

Lack of family assistance to go for health checkup

Unable to Go for Correcting Eye Problem

In some situations two participants were unable to go for follow up for correcting

eye problem. Participants mentioned that associated factors for inability were not getting assistance from family members for follow up.

One participant shared:

"I am having eye problem cataract "Motii bindu" since one year. Doctor had advised for surgery but I could not go for follow-up as it is difficult to manage time with my daughters. And daughter had to look after their children and house "ghar" and go to their job also. Also doctors tell to come with complete blood profile related to diabetes that makes it hard for me. I even need assistance of my daughter to go health clinic and to give my blood sample" (74 yrs, female).

Similarly another participant expressed:

"It's been a long time I was unable to go for follow up checkup of my eye problem. I could not go outside alone without having someone with me and my family members are busy in their routine job. So, I remain without doing test of blood sugar and eye checkup. I will go when they will manage time for me (87 yrs, female).

Unable to go for regular blood Check up

However, 2/5 elderly having diabetes were unable to do regular blood check up. The reasons behind this were related to lack of assistance to go for check up. These elderly narrated that:

"Many times I was unable to go for blood check up because of difficulties to manage time with my daughters. I could not go by myself, I need assistance from one of my daughter and usually both of them are mostly busy in their job and in looking after their families. I have to wait for their convenience time what to do (Kee Garnee)" (74yrs female).

"I am unable to do regular test for sugar as it is difficult to manage time with family members. I could not go by myself independently. I need their assistance to go for follow up. Both of my son and daughter in law are busy in looking after household job and doing agriculture work as we have our own farm" (87yrs female).

Neglected in family

If a person does not received adequate respect, dignity and feeling of belonging person feels neglected and isolated. Here, 74yrs, female shared:

"I have three sons. I am living with elder son's family. Middle son has been separated and lived in separate house. Youngest son is sick, I am looking after him. I use to care for youngest son as he has no job. For this reason my elder son does not talk with me. Also his wife does not talk with me.

Further she added:

"My daughter in law also did not pay attention for making tiffin for day time so I use to make tiffin mostly. Also I have to buy foodstuffs for tiffin "Khajjakoo laagiii aabasak parnee chinni ra chiyapatti meri paisa lee kiinee garekoochhu....." for midday tiffin. Usually after tiffin I use to visit to my friends house and pass time in eveining".

Verbal Mistreatment

Sometimes elderly have to suffer distress in family relationship related to dissatisfaction with distribution of financial property as a result elderly had to experience verbal coercions and emotional exploitation.

One respondent shared:

"I had three sons, my husband had expied long ago. I had distributed all my property among my three sons" Mailee aafnoo Jee jatii sampatee thiyoo teen janna chorra haru maa badee". But my elder sons were not satisfied related to property distribution. He frequently uses to say that, I am living with him and I did not give him much property. I should give him the money which comes from my spouse pension. Sometimes he uses to quarrel with me for this reason. I don't like to mention the words he used to say to me.... She cried with tears in her eyes; her voice became low.....

"Also both of my son and daughter in law use to watch where I go and what I share (chhorra buharee lee maa kahaa janchuu, koo sangea kura garchhu yaad

garchhaa.....). If they saw me talking with you they might be angry with me take paused during conversation and further added that if my daughter law will see me talking with you she scold me and asked what I talked with you so I came tomy friend place to talk with yopu (Naani mero buharee lee dhekoo bhane mailee tapaii sanga kee kura garee holla bhaneera pheri ressaunnchaa, tessailee mero buharee nabheekoo thaymaa maa yahha najikaaii saathiikoo gharma aayeeraa tapaii sangga kuraa garekoo). She remained quiet for about 5 seconds with watery eyes and later again start talking.

(3)Theme Development Process

Collected above data were thematically analysed based on Gibsons 5 stages of data analysis from which initially84 codes were identified that codes were compiled into 21 supercodes and those supercodes were analysed and transformed into 3 supra codes. Developed three codes are multimorbidities, loneliness and experiences of maltreatment in family.

DISCUSSION

Multi morbidities

In this study respondents were suffering from multiple health related problems mostly diabetes, and hypertension followed by gastritis, problem, pain in extremities, cardiac problem, hearing problem, thyroid & fall injury. This finding is consistent with these previous resulted that hypertension, diabetes, respiratory problems and chronic ischemic heart diseases are common. ^(32,33) A study conducted in urban Kathmandu showed that prevalence of diabetes was high with prevalent of 25% among elderly. ⁽⁷⁾ Further, in this study sensory deficit like difficulty in hearing was experienced by elderly of very old and oldest age group and these elderly reported that cause might be due to ageing process. Consistent with this study some previous researchers depicted that hearing problem was common. ⁽³⁴⁻³⁶⁾ Risk of getting fall injuries increases with advanced age. In this study

one elderly had fall injury by slipping in floor at night time. Consistent with this regarding fall in elder people & its risk factors and strategies for prevention revealed that elderly fall episodes range from 31% to 50% followed by gait/imbalance 17% and from other causes like vertigo, dizziness syncope. Among different causes of fall injury the major cause was accidental or environmental factor. ⁽³⁷⁾

Besides all these we found that fear of getting complications of diabetes as getting immobilized, delay in health check up for follow up of diabetes, having cardiac problem but unaware about its types, unawareness about thyroid problem, unable to go for follow-up for correcting eye problem, not getting treatment for hearing problem are explored health related problems.

(2) Psychological health problems

Loneliness

Regarding experiences of having psychological problems one fourth of the elderly female experienced problem of loneliness. Further, the results explained that being alone, separation from son's family, having few or no contacts from son's family and grand children's gave pity feelings to them and they suffer from social loneliness. Also the study discerned that psychological health was dependent on undesirable feeling of social isolation as feeling sad or worried. The respondents reported that their emotion was considered to be relationship oriented and their psychological health's were based on a social network where relationships were based on trust. Most of the respondents reported that having somebody like grand children, family members, friends, familiar person to talk on a regular basis reduced their loneliness. In this study one elderly although living alone after her two sons being separated from home did not expressed feeling pettiness about being alone as she was receiving support from relatives at the time she needs. Similarly to these related studies found that loneliness

was found to be a problem for women, widow and these physical symptoms like restlessness, insomnia and pettiness are associated factors. ⁽³⁸⁻⁴²⁾ In such situation elderly used to reduce their loneliness by engaging with their friends sharing their feelings with each other. Engagement with the closet family, children and friends were some key factors in the lives of the elderly which could improve the psychological health of elderly.

(3) Experiences of Maltreatment / Abuse in family

This study explained that one fourth of the elderly were being emotionally maltreated by their family members such as isolation in daily living, improper care during illness, verbal coercion due to dissatisfaction in property distribution. Similar to this study among 213 Indian elderly identified that 24 percent were experiencing emotional abuse in their home. ⁽⁴³⁾ Another study among 903 adults aged 60 years and above during a six month period demonstrated that 24.4 % respondents had psychological mistreatment followed by 23.0% financial exploitation. ⁽⁴⁴⁾ The finding differs from these previous studies conducted in some developed countries which revealed that physical abuse like physical assault and restrain were common to elderly followed by financial and emotional abuse. ^(45,46)

This discrepancies might be due to diverse in settings. Further, in this study elderly who was being neglected in family sometimes was verbally coerced by her family members related to dissatisfaction in property distribution. Further, in this study all the elderly who experienced abused were abused by their son and daughter in laws. This finding is similar studies which showed that son and daughter in laws were the perpetrator of elder abuse. ^(45,46)

CONCLUSION

Elderly are suffering from multi-morbidities commonly hypertension and diabetes followed by asthma, cardiac

problems, vision and hearing problems, thyroid, fall injury, paralytic attacks. Unawareness about cardiac and thyroid problem, not seeking treatment for hearing problem are discerned related problems affecting overall health of elderly. Concerning the psychological health problems some elderly living alone, separated from family, less visited by family members are experiencing social loneliness. Most of them shared that their loneliness could be reduced through social engagement and also they need some defined person for their care in advanced age. Furthermore, along with this elderly are suffering different form of maltreatment such as inadequate care during illness, lack of family assistance for health check up neglected by family members in daily living, and verbal coercion after distribution of financial properties. Thus, it can be concluded that physical health of elderly people need to be promoted through promotion of health education and awareness programs for preventing and managing physical problems towards active ageing. Also social networking programs needs to be focused through family support programme for reducing loneliness and elder maltreatment particularly among elderly in urban areas.

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REFERENCES

1. World Health Organization. Ageing and Life Course. Report of Global population Ageing. 2012. www.intageing/event/idop-rational/en/index (Accessed on 4 Dec 2014).

2. Population Reference Bureau. World. Population Sheet. 2013. www.prb.org/pdf/13/2013-world-population-data-sheet (Accessed on 4 Dec 2014).
3. UNFPA. Ageing in the Twenty First Century: Report. A Celebration and Challenges. 2012.. available from www.unfpa.org/publication/ageing-twenty-first-century (Accessed on 4Dec2014)
4. WHO. Implementing Global Strategy on Diet, Physical Activity and Health in the South East Asia Region: Report of WHO Meeting (2006). Yangon, Myanmar,16-20 October
5. Bloom DE, Supan A, Gee Seike A. Population Ageing: Facts, and Responses. Program on the Global Demography of Ageing (2011). Working Paper No.71. www.hsph.harvard.edu/pgda/working (Accessed on 15 Jan2014).
6. Siddhik S, Rampal L, Afifi M. Physical and Mental Health problems of the Elderly in a Rural Community of Sepangor. *Malasian Journal of Medical Sciences* (2004); 11(1):52-59.
7. Chhetri M R, Chapman R S. Prevalence and Determinants of Diabetes among the Elderly Population in Kathmandu Valley of Nepal. *Journal of Nepal Med Coll* (2009); (1): 34-38.
8. Bussche V D H., Koller D., Kolonko T, Hansen, H, Wegcheider,K., Glaeske,G, Letner E Schafer I. & SchonG. Which chronic disease and disease combinations are specific to multi morbidity in the elderly? Results of a claims data based cross-sectional study in Germany. *Journal of biomed Central Public Health* (2011); 1 (1):101- 109.
9. Sinnige J., BraspenningJ, Schellevis F., Wagner I., WestertG, & Korevvar J. The Prevalence of Diseases Clusters in Older Adults with Multiple Chronic Disease_ A Systematic Literature Review. *Journal of PLOS ONE* (2013); 8 (11): 1-12.
10. Campbell-Schere D. (Multi morbidity a challenge for evidence based medicine. *Evid Based Med* (2010); 15 (6):165-166.
11. American Psychological Association. Mental and Behavior Health and Older Americans (2005). Available from <http://www.apa.org/about/gr/issues/aging/mental-health.aspx>.Retrieved on 26/11/2013

12. Kim, J., Choe, M., Chae, Y. Prevalence and predictors of geriatric depression in community-dwelling Elderly. *Elsevier. Asian Nursing Research* (2009); 13, 3: 121-129.
13. Karla S, Jamb R, Ruchi R. Profile of Medical and Psychological Disorders in Elderly attending Tertiary care Hospitals in Delhi. *Journal of Indian Academy of Clinical Medicine* (2011); 22 (1):21-26.
14. Subedi S. Tausig, Subedi M., J, Broughton CL & Wikkaims-BlangeroS. Mental Illness and disability among elders in developing countries: the case of Nepal. Sage publication. *Journal of Aging and Health*; 2004) 16 (1):71-87.
15. Gautam R., & HoudeS C. Geriatric Depression scale for Community – dwelling older adults in Nepal. *Asian Journal of gerontology & Geriatrics* (2011); 6 (2): 93-99.
16. Naughton C, Drennan J, Treacy, M.P, Lafferty L, Lyons I, Phelan A, Quins S, Louhlin A & Delaney L. Abuse and Neglect of Older People in Ireland Report on the national study of elder abuse and neglect (2010) ; Report Summary. University College Dublin.
17. Beach SR, Schulz R, Castle N & Rosen J. Financial Exploitation and psychological mistreatment among older adults: Differences between Africans and non Africans in a population –Based Survey. *Journal of the gerontological Society of America* (2010). 50 (6), 744-757. doi: 10.1093/ geront/gnqo53
18. Laumann E, Leitsch S, Waite J L. Elder Mistreatment in the United States: Prevalence Estimates from a nationally representative study. *The Journal of Gerontological Psychology Science* (2008);63(4): S248-S254.
19. Geriatric Center Nepal. Baseline Study on Reported Cases of Elder Abuse in Nepali press: (2011); United Graphic Printers.
20. Bista A & Joshi S. (2015). Lived experiences and health problems of elderly residing in Lalitpur City, Nepal. *International Journal of Medical research and health science*.4 (4) 27-29.
21. Central Bureau of Statistics. CBS: Nepal in Figures (2012). Population GON, National Planning Commission Secretariat, Ramsahapath, Kathmandu, Nepal
22. Dahal B.P, & Shrestha, I. Elderly People in Nepal. What Happened After MIPPA, Report of Regional Review of the Madrid International Plan of Action on Ageing; (2002): 9-11 October 2007. Macao, China: NEPAN.
23. Chaise HN. & Rai S. Prevalence and Correlates of Depression among Nepalese Rai Older Adults. *Journal of Gerontology & Geriatric Research* (2014); 2 (4): 25-32. doi:10.41172/2167-76-71821000130. ISSN: 2167-7182.
24. Parker S. & Pant B. Longevity Nepal: Health, Policy and Service Provision challenges. University of Liverpool (2012). England.
25. Uprety C. (2006).Social Security System of Nepal Government of Nepal. Report of Network of Asia Pacific School & Institution of public Administration & Government.
26. Nepal Population Report. Government of Nepal. Ministry of health and population division, Ramsahapath, Kathmandu, Nepal (2011) ; 91-100.
27. Chalise H.N. Socio Economic and Health Status of Nepalese Elderly. *Indian Journal of Gerontology* (2012); 26 (2): 151-160.
28. Chaise H N., & Rai S L. Prevalence and Correlate of Depression among Nepalese Rai Older Adults. *Journal of Gerontology & Geriatric Research* 2013: 2 (4); 1-5.doi: 10.4172/2167-7182.1000130.
29. Chalise H.N. Demographic Situation of Population Ageing in Nepal. *Journal of Kathmandu Medical College* (2006); 4(3):354-362.
30. Creswell J., Klassen A, C., Klar, V & Smith K.C. Best practices for Mixed Methods research in the Health Sciences. (2011). Office of Social Sciences Research: OBSSR.
31. Joshi S. Qualitative Research Approaches for Health Personnel. (2008). Makalu publication house. Kathmandu. Dilli Bazar.
32. BhattR, Gadhiv M, Sonaliya KN, Nayak. An epidemiological study of the morbidity pattern among the elderly population in Ahamebad, Gujrat. *National Journal of Community medicine*. (2011); 2(2); 233-236.
33. Sahukaiah S, Shenoy A, Vijaakumar BC. An epidemiological study of

- prevalence of morbidity patterns among geriatric age group in a urban slum of Mumbai. *International Journal of Medical Science and public health* (2015); 4(7):883-887.
34. Benova L, Grundy E, George BP. Socioeconomic position and health seeking behavior for hearing loss among older adults in England.(2011). *Journal of Gerontology science* (2014). doi:10.1093/geronb/gbu024.
 35. Shradha K, Prasannta B & Prakash B. Study on morbidity among elderly in urban population of Mysore, Karnataka, India. *International Journal of medicine and Biomedical Reseach.* (2012); 1(3): 215-223.
 36. Lin FR, Thrope R, Salant SG & Rerrucci L. Hearing Loss prevalence and risk factors among older adults in the United States. *Journal of gerontology* (2011); 66A (5):582-590.
 37. Rubenstein L. Falls in older people: Epidemiology, risk factors and strategies for prevention. *Age and Ageing* (2006); 35(S2): ii37-ii47.
 38. Singh R., Simnigh B, Lali B & Jain V. Psychosocial problem an issue among elderly in Kathmandu Valley, Nepal. *International Journal of Health Science* (2013); 3(6): 48-53
 39. Grundberg A, Ebbeskof B, Dahlgren A M, & Religa D. How community - dwelling seniors with multi morbidity conceive the concept of mental health and factors that may influence it: A phenomenographic study. *International Journal Qualitative Studies Health Well-being* (2012); (7): 1-14. doi.org?10.3402/ qhw.vio. 191716.
 40. Soderhamm U, Dale B, & Soderhamm O. Narrated lived experiences of self care and health among rural-living older person with a strong sense of coherence. *Psychology Research and Behavior Management* (2011); (4):151-158.
 41. Bikerland A, & Natvig G. Coping with Ageing and Failing Health: A qualitative study among Living Alone. *International journal in Nursing* (2009). 15:257-264,
 42. Elo S., Saarnio R., & Isola A. The physical, social and symbolic environment supporting the wellbeing of home - dwelling elderly people. *International Journal of Circumpolar Health* (2010); 70 (1): 90-99.
 43. Beach SR, Schulz R, Castle, N & Rosen, J. Financial Exploitation and psychological mistreatment among older adults: Differences between Africans and non Africans in a population –Based Survey. *Journal of the gerontological Society of America* (2010); 50 (6):744-757. doi: 10.1093/ geront/gnqo53.
 44. Acierro R, Hernandez M, Amstadter B, Resnick H, Steve K, Muzzy W & Kilppsterick D. Prevalence and correlates of emotional, physical, sexual and finance abuse and potential neglect in the United States: The national elder abuse mistreatment study. *American Journal of Public Health* (2010). 100 (2):292-297.doi: 10.2105/AJPH.2009.163089.
 45. Fisher S B, & Regan S. The extent and frequency of abuse in the lives of older women and their relationship with health outcome. *Journal of Gerontological Society of America.* (2006); 4(4): 35-37.
 46. Kataria V, Patel S. Elderly Abuse and Health Status of Ageing Population in West Delhi, India. *The Journal of Public Health* (2013); (15): 19-23.

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