



## Dental and Eye Problem of Nepali Older Adults Living in Old Age Home

Chalise HN<sup>1,2\*</sup>, Paudel BR<sup>3</sup>, Mishra S<sup>4</sup>

<sup>1</sup>Faculty Member, Department of Public Health, Novel College affiliated to Pokhara University, Sinamangal Kathmandu, Nepal

<sup>2</sup>Vice President, [Population Association of Nepal](#)

<sup>3</sup>Medical Officer, [Kaski Sewa Hospital](#), Pokhara, Kaski, Nepal

<sup>4</sup>Ratna Rajya Laxmi Campus, [Tribhuvan University](#), Nepal

Corresponding Author: **Dr. Hom Nath Chalise**

**Address:** Department of Public Health, Novel College affiliated to Pokhara University, Sinamangal Kathmandu, Nepal;

Email: [chalisehkpp@gmail.com](mailto:chalisehkpp@gmail.com)

**Received date:** 13 February 2020; **Accepted date:** 16 March 2020; **Published date:** 24 March 2020

**Citation:** Chalise HN, Paudel BR, Mishra S. Dental and Eye Problem of Nepali Older Adults Living in Old Age Home. *J Health Care and Research*. 2020 Mar 24;1(1):16-19.

**Copyright** © 2020 Chalise HN, Paudel BR, Mishra S. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### Background

Aging is a lifelong process of growing up and growing old which begins at conception and ends with death [1]. Globally, an elderly subgroup of the population is the fastest growing population than any other age group [2,3]. Ageing has direct and indirect implications for families, health and economics at both micro and macro levels [4]. However, such issues remain relatively under-researched, particularly in poorer and developing countries [5,6]. So, much research in this field from different countries and cultures will help for the possible policy formation for the quality of life of older adults [7].

There is very little research carried out focusing on issues of older adults in Nepal [2,3,6,8-11]. Most of the aging research carried out in Nepal is in small sample size [2,3,9,12] and there is no publicly available National research carried out in this field. Consequently, there is a dearth of specific initiatives in such nations for developing programs and services to enhance the well-being and quality of life of the older population [13].

Recently, the number of OAHs is increasing in

Nepal and many elderly have also started to live in such a home [14,15]. A study shows that there are about 1,500 elderly living in about 70 organizations registered all over Nepal at present [16]. However, many of them are still deprived of proper care, support and basic need for comfortable survival [17]. The quality of the elderly home concerning the facilities they provide is poor [18,19,20].

Very few studies are carried out focusing on the health status of elderly living in old age homes (OAH). A study carried out by Chalise (2014) shows that depression is very high among the elderly living in OAH [8]. Another study shows major health problems of elderly living in Briddaashram were eye problems (72.9%), joint ache (71.8%), teeth problems (62.8%), Backache (58.0%), hearing (48.9%), asthma (34.6%), Insomnia (31.4%), stomach ache (29.8%), hypertension (25.5%), allergy (15.4%), constipation (11.2%), diabetes (9.6%), and heart disease (5.3%) [20].

Poor oral health among older people is manifested as tooth loss, dental caries, periodontal diseases and oral cancer [21]. Oral health status affects individuals'

Short Communication

physical and psychological aspect of life as well as their appearance, speech, chewing ability, the taste of food and socialization [22]. Very few oral health related study carried out in Nepal shows the majority of participants had a low perception of oral health which indicated the poor quality of life due to oral health problems [23,24]. Similarly, a study carried out in the old age home shows 4% of the elderly had eye problems [25]. A community based study shows 12.5% elderly had eye problems in Kathmandu [26] and the latest study shows 72.9% of residents of old age home had some problems related to eye [20].

This study is trying to get some information about the oral and eye health status of older adults living in an old age home of Kathmandu.

**Methodology**

Data for this cross sectional study was carried out from one survey research of Briddashram in Kathmandu in 2017 [19,20]. This paper presents the data of 188 elderly respondents living in Briddashram aged 65 years and above. The study was approved by the research committee of the Department of Population Studies in Ratna Rajya Laxmi Campus, Tribhuvan University. Data were analyzed using

frequency and percentage table through SPSS software.

**Results**

The age of the respondents ranged from 65 years to 85 years. The mean age of respondents was 75.5 years with a standard deviation of 5.44 years. The proportion of women respondents was 62.8%, quite high numbers were widow/widower (61.7%), illiterate (86.1%) and unmarried (20.2%). The living arrangement of the elderly shows 39.4% elderly were living alone before they join the Briddashram. The main reason for living alone was no family member (67.6%), family abuse (18.9%), self will (12.2%) and other (0.5%) [19].

**Table-1** shows the dental and eye problem of Nepali older persons living in old age homes in Kathmandu. More than three fourth (79.3%) elderly have teeth, slightly less than two-thirds (64.4%) brush teeth once a day, the majority (68.1%) of the respondents were not worried due to teeth problem and the majority of elderly use fluoride toothpaste (73.6%) to brush their teeth. Interestingly elderly who use a finger to brush their teeth is also 23.6%. Similarly, 54.9% of the elderly have eye

Variable		Number	Percentage
Having teeth	Yes	149	79.3
	No	39	20.7
Teeth Brushing	Once	96	64.4
	Twice	26	17.4
	Thrice and more	27	18.1
Material used to brush teeth	Fluoride tooth paste	109	73.6
	Coal	4	2.7
	Finger	35	23.6
Worried due to teeth problem	Yes	60	31.9
	No	128	68.1
Eye Irritation/ itchiness	Yes	122	64.9
	No	66	35.1
Use eye drops	Yes	83	44.4
	No	104	55.6
Worried due to eye problems	Yes	44	23.4
	No	144	76.6

irritation/itchiness problems. The elderly using eye drops are 44.4% and 23.4% elderly were found worried due to eye problems.

### Discussion and conclusion

Nepal is in a stage of demographic transition [27] and a decline in fertility and improvement in mortality in older ages in the past decade has made the proportion of elderly to increase rapidly [28]. Since fertility is further declining in this decade [27], the elderly population is expected to increase rapidly in the coming days also. Moreover, with continuing advancements in medical science, longevity continues to increase and the population of the oldest old (that is those aged 80 years or more is projected to increase at even faster rates.

This study older persons living in old age have oral and dental problems. 31.9% of older persons were worried due to dental problem and 64.9% older have eye problems. A community study of older adults from Nepal shows that 29.4% had eye problems and 20.4% had some dental problems [3]. A study from an old age home shows that older adults reporting some eye-related problems range from 4% [25] to 72.9% [20] in Nepal. In a study of elderly living in old age homes, Khanal et al., found poor oral health and unfilled treatment need was high [24]. Almost all the elderly (97%) required some sort of oral treatment [24].

This study shows quite a high number of older persons living in old age homes have eye problems but there seems that they are not aware of the problem. Similarly, many elderly are also not aware of dental problems and still, nearly 24% of the elderly use their finger to brush teeth. So Nepal needs more public health related dental and eye problem awareness programs to the elderly so that we can make our policy and it will imply for the healthy and happy longevity. Future, research needs to do more in-depth research focusing on the eye and oral health problem as well.

### Contribution

SM collected the data, HNC developed the

framework for the article, HNC & BRP analyzed the data, BRP developed the draft manuscript, HNC & SM supported to finalize it.

### Acknowledgments

The authors would like to thank the respondents for participating in this study, and an anonymous reviewer for their valuable comments and suggestions.

### Reference

- [1] Chalise HN. Aging: Basic Concept. *Am J Biomed Sci & Res*. 2019 Jan 02;1(1):8-10.
- [2] Chalise HN, Basnet M. Abuse of older adults residing in the community of Nepal. *J Gerontol Geriatr Res*. 2017;6(2):415.
- [3] Chalise HN, Rosenberg E. Social and Health Status of Community-Dwelling Older Adults in Nepal. *Advances in Aging Research*. 2019 Jul 31;8(4):63-74.
- [4] The Lancet. Global elderly care in crisis. *Lancet*. 2014 Mar 15;383(9921):927. [PMID: 24629279]
- [5] Kudo S, Mutisya E, Nagao M. Population aging: An emerging research agenda for sustainable development. *Social sciences*. 2015 Dec;4(4):940-66.
- [6] Chalise HN, Saito T, Takahashi M, Kai I. Relationship specialization amongst sources and receivers of social support and its correlations with loneliness and subjective well-being: a cross sectional study of Nepalese older adults. *Arch Gerontol Geriatr*. 2007 May-Jun;44(3):299-314. [PMID: 16935363]
- [7] Chalise HN, Paudel BR. Elderly Abuse among Community-Living Older Adults of Least Developed Country-Nepal. *Arch Phys Rehabil Med*. 2020;1(1):1-8.
- [8] Chalise HN. Depression among elderly living in Briddashram (old age home). *Advances in Aging Research*. 2014 Feb 6;2014.
- [9] Chalise HN, Brightman JD. Aging trends: Population aging in Nepal. *Geriatrics & Gerontology International*. 2006 Sep;6(3):199-204.
- [10] Chalise HN, Lamsal U. Walking and sleep quality of Nepalese older adults residing in an old age home. *J Gerontol Geriatr Med*. 2017;3(1):016.
- [11] Maharjan B, Chalise HN, Thapa M. Tuberculosis and Diabetes Mellitus Comorbidity among the Ageing Population: A Threat to the Public Health System of Nepal. *J Nepal Health Res Counc*. 2018 Jul 3;16(2):110-17. [PMID: 29983421]

Short Communication

- [12] Joshi MR, Chalise HN, Khatiwada PP. Quality of life of Nepalese elderly living in rural Nepal. J Gerontol Geriatr Res. 2018;7(2):484.
- [13] Lloyd-Sherlock P. Population ageing in developed and developing regions: implications for health policy. Soc Sci Med. 2000 Sep;51(6):887-95. [PMID: 10972432]
- [14] Rai S, Khanal P, Chalise HN. Elderly abuse experienced by older adults prior to living in old age homes in Kathmandu. J Gerontol Geriatr Res. 2018;7(1).
- [15] Khanal P, Rai S, Chalise H. Children's migration and its effect on elderly people: A study at old age homes in Kathmandu. Am J Gerontol Geriatr. 2018;1(1):1001.
- [16] Dhital S, Chalise HN, Rupakheti D. Migration, ageing and spousal separation: A review of current population trend in Nepal. JJ Geronto. 2015;1(1):004.
- [17] Acharya P. Senior citizens and the elderly homes: A survey from Kathmandu. Dhaulagiri Journal of Sociology and Anthropology. 2008;2:211-26.
- [18] Dhakal, S. The Health Status of Elderly People Living in Nepal: An Analysis of Elderly People Living in Pashupati. An unpublished Master's Thesis Dissertation. CDPS, TU, Kirtipur, Kathmandu, Nepal. 2009.
- [19] Mishra S, Chalise HN. Health Status of Elderly living in Government and Private Old Age Home in Nepal. Asian Journal of Biological Sciences. 2018;11(4):173-78.
- [20] Mishra S, Chalise HN. Health Status of Elderly Living in Briddaashram (Old Age Home). Int J Pub Health Safe. 2019;4:172.
- [21] Petersen PE, Kandelman D, Arpin S, Ogawa H. Global oral health of older people--call for public health action. Community Dent Health. 2010 Dec;27(4 Suppl 2):257-67. [PMID: 21313969]
- [22] Sheiham A, Steele JG, Marcenes W, Tsakos G, Finch S, Walls AW. Prevalence of impacts of dental and oral disorders and their effects on eating among older people; a national survey in Great Britain. Community Dent Oral Epidemiol. 2001 Jun;29(3):195-203. [PMID: 11409678]
- [23] Khapung A, Rao GN, Shrestha S, Dhama B. Periodontal Status and Oral Health-Related Quality of Life among Elderly attending Kantipur Dental College, Kathmandu, Nepal. J Nepal Soc Perio Oral Implantol. 2017 Dec 4;1(2):46-50.
- [24] Khanal S, Bhattarai R, Rao GN, Shrestha S. Institutionalized elderly people oral health status and treatment needs assessment in Kathmandu district. J Dent Allied Sci. 2018 Jan 1;7(1):8-12.
- [25] Ageing Nepal. Prevalence and Management of Geriatric Diseases in Elderly Homes: A Case Study in Kathmandu. Accessed through <http://ageingnepal.org/wp-content/uploads/2015/05/OAH-Study-Final.pdf>. 2011. Visited at 2/8/2020.
- [26] Chalise HN, Shrestha SA. Situation of the elderly in the Himalayan kingdom of Nepal. Indian Journal of Social Work. 2005 Apr 1;66(2):136-43
- [27] Chalise HN. Demographic Window of Opportunity in Nepal. Nepal Population Journal. 2018 Dec 31;18(17):133-40.
- [28] Chalise HN. Demographic situation of population ageing in Nepal. Kathmandu University Medical Journal. 2006 Jul 8;4(3):354-62.

