

LIVED EXPERIENCES OF HEALTH PROBLEMS OF ELDERLY RESIDING IN URBAN AREAS, KATHMANDU: PILOT STUDY

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ARTICLE INFO

Received: 4th June 2015

Revised: 14th July 2015

Accepted: 29th July 2015

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Keywords: *Elderly, Experiences, Health Problems, Hermeneutic Phenomenology*

ABSTRACT

Introduction: Globally, number of old age population is increasing with advancement of biomedical technology. Old age is the time associated with biological, psychological and social changes which situate elderly to acquire different health related problems. **Objectives:** To find out lived experiences of elderly regarding their health problems residing in homes of Kathmandu city. **Methods:** Qualitative hermeneutic phenomenology approach was adopted. Researcher selected purposively four elderly residing in an urban area of Kathmandu Valley as the study participants. In-depth interview was conducted by using in-depth interview guideline, as well as medical records, field notes and observation clues were recorded. Interview was conducted in Nepali Language and was audio taped. The recording was transcribed by the researcher herself, and the data were analyzed thematically. Finally, different sources of data were triangulated. **Results:** The four main themes identified were physical health problems, impaired functional abilities, psychological and social problems. Experienced physical health problems were joint pain, hearing and vision deficit, chronic obstructive pulmonary disease, diabetes, gastritis and fall injury. Impaired Functional abilities in performing activities of daily living was commonly experienced problems. Loneliness and decreased recent memory power were the psychological problems. Being neglected by family members, financial constraints for treatment and improper care during illness were the discerned social problems. **Conclusion:** Elderly are suffering from different physical health problems, impaired functional abilities, as well as various psycho-social problems. Thus, health promotional activities need to be promoted for decreasing morbidity of elderly. Family members need to be focused in the care of elderly through national policy.

INTRODUCTION

Globally, old age population is increasing at an unprecedented rate ^[1]. At present, 12 % of total population is of old age. It is projected that the proportion of the world population will be doubled by the year 2050 ^[2]. Further, this pace of ageing is faster in developing countries ^[3]. In Nepal, the ageing population above 60 years has been double from 4.6 % in the year 2001 to 9.1 % in the year 2011 ^[4]. Thus concern over the health of elderly is increasing in Nepal with this unprecedented growth rate of ageing population.

Old age is associated with increases in physical and mental health problems ^[5-7]. Studies revealed that non communicable diseases like cardiovascular diseases, chronic respiratory diseases, diabetes and musculoskeletal problems and cancer are common in old age people adding burden related to disease conditions ^[8-10]. With advancing age elderly usually faces decline in functional ability as a result of limited mobility, frailty or other health related problems ^[8]. Studies assessing functional disability among elderly revealed that elderly usually losses mobility in performing activities of daily living. Mostly advanced aged elderly losses their abilities of performing instrumental activities causing them dependent to others ^[11, 12].

Along with these physical health problems varying psychiatric morbidity have been identified among elderly. Studies demonstrated that depression and cognitive impairment are more common among elderly. Around 14% -20% of elderly living in home settings of developing countries had symptoms related to depression ^[13-15]. Cognitive impairment is also a common psychological problem among advanced age group negatively affecting their quality of life but very few related studies were available in developing countries like in Nepal^[16,17,18]. Along with these health conditions many elderly people have to faces social problems like isolation, negligence, physical and psychological abuse which further may deteriorate their health conditions and they are allowed to remain depressed and alone ^[19]. Some studies indicated that elder abuse is social problems which are mostly in hidden form affecting both the physical and mental health of the elderly ^[19, 29, 30]. Thus, this study was carried out to explore the lived experiences of elderly regarding their health problems.

MATERIALS AND METHODS

This is a pilot study report of a proposed mixed method research entitled "Health Problems and Lived Experiences of Elderly Living in Urban Areas of Lalitpur City". In this report qualitative hermeneutic phenomenological approach was applied to gain deep understanding about lived experience of elderly about their health problems and to interpret this phenomena in real life situation. Four female elderly of three different age groups (young age, very old and oldest old), living in their homes (ward no 4, Kalanki, Kathmandu, an urban city of Nepal) were selected as a study participants, purposively by the researcher. Elderly who were medically diagnosed with mental illnesses, and who have verbal impairment were excluded from the study.

Data Collection: Before data collection ethical approval was obtained from Institutional Review Board of Institute of Medicine, Tribhuvan University. Data were collected over a period of four months from June 2013 to September 2013. Before data collection, all the participants were informed about the process of research and ensure their voluntarily participation in the study.

Before the day of interview, interview was scheduled in the mutual convenient time of the participants and researcher. First author conducted interview that were audio taped. Three to four interview sessions were conducted with each participant lasting from 40 to 60 minutes. As interview was conducted in home setting, privacy was maintained by interviewing in a separate room. Each interview was started with grand tour questions followed by probe questions^[32] such as: Could you tell me about your overall health as getting old? Could you tell me your daily activity level? Would you tell me what that means to you? "Can you give me some examples of that what you said about this? In all cases, last open ended question asked was: Would you like to provide any additional information to explain these experiences? Participants were encouraged to provide detailed descriptions of their experiences through active listening, using probing questions, homing and sometimes repeating the last word of the participants. Before subsequent interviews, memory call was given to the participants and interview was stopped when data saturation was achieved by the interviewer. Similarly, data was also collected from different sources such as reviewed medical records, field notes and observation clues. To make the findings more credible and valid researcher gathered supportive information from key informants mainly with daughter in law and son.

The recorded information was downloaded to a password protected personnel computer that had only access to the researcher. To enhance the credibility of the findings information obtained from different sources were triangulated. Data were thematically analyzed by using Gibson's qualitative data analysis method in five stages^[22]. Initially, in first stage researcher read and read transcribed data to identify meaning. In second stage, researcher again read it several times then identified the codes by using key words. Thirdly, the codes were analyzed, compiled & compare to the context. In fourth stage codes were grouped to the context to develop super code (concept). Effort was made to get collective meaning

from those super codes. Fifth stage: Further analysis was done by combining related super code (concepts) to develop supra code (theme).

RESULTS

Results are illustrated in three parts. Socio-demography profile of the participants, experiences of health problems including theme development process.

(1) Socio demography characteristics are illustrated in (Table: 1).

Table 1: Profile of Elderly Residing at Home

*No	Age Yrs	Gender	Ethnicity	Religion	Marital Status	Living With
1	74	Female	Chhetri	Hindu	Widow	Son's Family
2	86	Female	Newar	Hindu	Widow	Son's family
3	91	Female	Brahmin	Hindu	Widow	Grands on's Family
4	94	Female	Newar	Hindu	Widow	Son's Family

*Number used to protect the identity of participants.

Table 1 shows that participants were from three different group young old (74yrs), very old (86yrs) and oldest old (91yrs & 94 years). All of them were female and were from homogenous religion. Regarding their marital status all were widow and among them three were living with their son's family and one with grandson's family.

(2) Experiences of Health Problems

1. Physical Health Problems

It is obtained that physical health problems increases with old age. In this study participants were experiencing different form of physical health problems such as musculoskeletal problems, vision problems, hearing problem, endocrine, respiratory problem, & accidental injury. And most of the participants were suffering from impaired functional activities in their daily living.

1.1. Musculoskeletal problems

Joint pain: Among the study group majority of the elderly (3/4 participants) were experiencing symptoms related to joint pain caused by increase of uric acid levels in the blood serum. For lessening the problem two of them were taking medicine & restricted diet also.

One Participant of (91 yrs) said that, my affected knee (left) gets swollen occasionally & I feel pain over there. I have to take rest at that time. I am taking medicine to treat uric acid problem for last few years. I am taking prescribed diet as advised by the doctor such as less pulses & tomato.

Likewise another participant of similar age (94 yrs) mentioned that, "I have swelling in knee (Right) occasionally. It is difficult for me to walk up and down due to my knee problem When I went for checkup doctor has prescribed medicine and told to take restricted diet. So, I am taking fewer amounts of pulses in my diet."

But sometimes it is found that affected person do not follow the prescribed diet because of many reasons among which difficult to change dietary pattern is a reason. One of the participants said that:

"Sometimes there is swelling in my knee joint particularly when I eat more pulses and tomato. Doctor has

suggested to take restricted diet such as taking very less amount of tomato, pulses and red meat but I am not following specific dietary pattern. I am eating everything that is cooked in my kitchen for the convenience of my family members" (74yrs).

1.2 Sensory problem: Among different sensory problem participants were suffering from hearing and vision problem. Here, 2/4 participants had problem related to vision and 1/4 had hearing problem. One participant delayed treatment of eye surgery because of financial constraints.

1.2.1 Vision problem: Difficulties in seeing things from affected eyes were experienced by two participants of oldest age. One 91yrs, expressed that:

"I am having problem in my left eye for many years. It is difficult to see by my left eye. I got fear of losing remaining vision in this eye. From four/ five months I am having difficulties in seeing things by my right eyes also. I cannot see clearly by this affected eye. Doctor has suggested for surgery".

1.2.2 Delayed treatment for surgery: Managing financial resources is of a problem to the elderly. Although doctor has advised for surgery same participant did not go for follow up because of financial constraints.

Same participant again shared that: "Getting eye surgery requires large amount of financial expenses. I am unable to go for surgery due to my financial constraint. I am financially dependent on my grandson. I do not want to add financial burden as I am living with him. I will definitely go for surgery if some health camps would be there for senior citizens in less cost."

Eye problem can be sometimes corrected through use of devices as spectacles. One participant said that: Although I do not have problem seeing things clearly that are near but it is difficult for me to see things which are far. I need to wear glasses while seeing things in which are far (94yrs).

1.2.2 Hearing Problem: Same participant further added that, I cannot hear clearly with my one ear 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.

1.3 Respiratory problem: Among study group (1/4) participants were suffering from respiratory problem which is chronic in nature.

Chronic Obstructive pulmonary disease (COPD).

It is the type of respiratory problem which is chronic in nature experienced by the participants. During the time of illness participant usually experienced symptoms such as difficulties respiration, fast breathing, and take rest in between talking. Here one participant said that

"I used to have fast breathing while walking ups and downs. While walking fast I used to have fast breathing & had to take long breathing in between. For getting relief of this problem, I am consulting physician and taking medicine twice in a day after food for many years" (74yrs). Sometimes fear of being dependent in medical remedies makes the client not compliance with medical regimens completely. She also added that "Doctor has given me a inhaler (puff) to use during the time of severe breathing problem but I am not taking it as I think that it will be

habitual on using it and it will make me dependent. I am ok with taking medicines only".

1.4 Endocrinal problem: Diabetes: Hormonal problem as elevated blood sugar level in blood serum causing chronic diseases conditions is identified in one participant. She was experiencing different symptoms during illness. One participant of (86yrs) said

"I am having symptoms of rise blood sugar since the last 8 years. Sometime when my sugar level increases I feel weak, burning sensation in palm and dry mouth.

For controlling blood sugar within normal range level same participant are taking regular medicine before food. Further she emphasized that

"As per the advice of the doctor I am taking medicines twice a day before my food. I am going for my routine follow up in every three to four month. And till date it is within control".

1.5 Gastro intestinal problem:

Gastritis: Gastrointestinal symptoms causing uneasiness and related problem are also the experienced problem as one participant said

"I am taking two tablet of enzyme regularly for my gastric problem. Gastric problem causes indigestion and recurrent diarrhea usually. I have this problem since many years after the surgery of gallbladder (91 yrs).

1.6 Accidental injuries

Fall injury: Risk of getting fall injuries increases with advancing age, here also one participant had this episode in a given time period as the participant stated that

I had an episode of fall injury by slipping in bathroom at night time. I was alone at that time but I got up by myself as there was no serious injury. I just had pain in left hand (86 yrs).

Considering the cause of fall injury she mentioned that less light during night time might be the cause

I don't have diagnosed medical problem in my eye. Till now I do not have problem in seeing things clearly. May be because of poor light during night time I fell in bathroom.

2. Functional Activities Impairment

Usually functional impairment in doing some basic activities is categorized in three different forms: Can perform basic activities without help (Independent). Can perform activities with some assistance (Partially dependent). Cannot perform activities at all. Here it has been found that one oldest old participant is partially dependent even in doing some of her basic activities of daily living where as other participant (3/4) need assistance in doing intermediate activities like going far place, walking outside house.

One participant of 91yrs she said "I can do all these activities such as eating, doing morning care, and wearing clothes (Saree), in local word but I need assistance while bathing. I can take bath slowly but it might cause water to split everywhere so my daughter in law helps me by putting water while bathing. Two of the participants were suffering from impairment in doing intermediate activity particularly while going far places independently. They said that although I can walk inside and outside the house, I cannot go far places since last year. I need help of some family members for going little far place (91yrs). Since last

two three year my strength of walking inside house has decreased. I live upstairs and it's been a long time I went down in garden. It is difficult for me to move up and down. My leg gets tiered easily so I just walk little in one floor (94yrs).

Sometimes diseases related condition such as swollen knee joint and pain in extremities also decrease the strength of mobility. Here one participant who had more than one chronic health problem added that

It's been two three years that I have less energy to go far paces. I cannot walk fast because of my breathing problem. So I just walk in near places nowadays (74yrs).

3. Experiences of Psychological problems

Here, loneliness and decreased memory power are the problems experienced by different participants.

3.1. Loneliness:

Among older people, loneliness is considered as a common psychological problem causing emotional distress associated with depression. Here one participant in spite of living with her son's family was expressing loneliness. She shared that

"I feel lonely most of the time. Although I am living with my sons family, most of the time I feel alone as there is no one to share my feelings. I have two daughters in laws but they are busy in doing household activities. And granddaughters are busy in their study. Sometimes I go to meet my elder sister of my own age who lives nearby and share my feeling with her " (86 yrs).

3.2. Cognitive impairment

Decreased Recent Memory: Alteration in ability to remember things of recent and remote activity are considered as cognitive impairment. It has been categorized as mild, moderate and severe depending upon its effect altering functional activities of daily living. Here, (2/4) participants sometimes were having problem with their recent memory with more or less no effect in their daily living. One said that: "I have problem in remembering some recent activities in daily living such as whether I picked flowers for worshipping God or not. In local language "Puja koo phul aaja tipee ki chhainaa (86 yrs)

Likewise 91yrs said that "I sometimes forget things for short time such as where I keep my key. In local language "Saanchho kahhaa rakhee hola ". But after sometime I can recall it automatically. Sometimes what happens is that when I see the things which I forget I automatically recall it".

4. Social problem (Elder abuse)_Elderly abuse is act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. We found that some Participants were facing problems related to maltreatment or abuse in their homes.

4.1 Improper care during sickness: When a sick person does not receive adequate assistance for his/her health check up the person feels sad for this. Here one elderly does not get companionship for her routine health check up as family members are functionally busy in their daily work at house which makes her distress sometimes as she shared

"In every regular blood check up for diabetes I go myself without having my family member. Even when I feel that my blood sugar has increased causing some physical illness, I go for blood sugar test alone. I do not call my family members to give me companionship as I know that nobody has time to come with me for health checkup. All of them are busy in their daily schedule (86yrs).

4.2 Neglected in family: If a person does not received adequate respect, dignity and feeling of belonging person feels neglected and isolated. In this study one participant said that: "My elder son's family doesn't talk with me nicely. They did not look after me even when I was sick. They do not come to meet me even once in a year. It has been a long time since my son called me by saying the word 'mother' In local language saying "Aamma to me" (91yrs).

She further added that financial reasons might be the cause of being abandoned. She shared that "I have noticed that loss of power over my own property seems to be the cause of being isolated. I distributed all my property that my spouse had left to me among my two sons. After getting the property my elder son and his family became in different to me. That's why I am living with my grandson of younger son. My younger son left house long time ago; we do not know where he went. His wife is living in next house which was made by us (me & my husband). She is also careless in nature and does not care about me. I sometimes feel very distress for all these situations and want to leave the place where I am living."

(3) Theme Development process: Above data were thematically analyzed by using Gibson's qualitative data analysis method in five stages. Initially, in first stage researcher read and read verbatim and transcribed. In second stage, researcher again reread it several times to identify meaning. Thirdly, by grouping those meaning and by giving keywords researcher identified codes (categories). 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 concepts to create Supra Code (theme). A different stage of analysis is presented in Table (2) **Table 2: Different Stages of Thematic Analysis**

Codes	Frequenc y	Super Codes	Supra code
Joint pain	3	Musculoskeletal problem	Physical Health Problems
Poor vision in eye.	2	Sensory impairment	
Loss of vision in one affected eye.	1		
Fear of losing in vision completely in affected another	1		
Delayed eye surgery	1		
Need to use assistance device (eye glasses	1		
Decreased hearing capacity in one ear	1		
Chronic Obstructive Pulmonary Diseases.	1	Respiratory problem	
Diabetes	1	Endocrine	

		problem	
Gastritis	1	Gastrointestinal problem	
Fall injury with less effect in one hand.	1	Accident and injury	
Cannot take bath independently	1	Basic Functional activity decreased	Functional Impairment
Decreases stamina to go outside	3	Intermediate functional activity decreased	
Decrease strength to walk vigorously	4		
Need assistance for going far places	4		
Fear of getting disability	3		
Forget some recent activities	2	Impaired Cognition	Psychological Problems
Loneliness	1	Depressed	
Not having assistance during illness	2	Family Mistreatment	Social problem
Ignored by sons family	1		

Table shows that 20 codes by analysis, comparing and matching were created in 12 super codes (sub theme) and those 11 super codes were further analysis and developed into 4 supra codes (theme).

DISCUSSION

Socio demography: The socio demography data revealed that all respondents were widow and were living with their families in joint family structure.

Meanings of physical health problems: In this study, the meanings of physical health problems were having non communicable diseases such as joint problems, chronic respiratory diseases, diabetes, vision & sensory problem and fall jury. This finding is consistent with other studies findings which revealed these chronic diseases such as hypertension, rheumatoid diseases, heart diseases, and diabetes was prevalent among elderly [20,23]. Similar study findings conducted in Kathmandu city which showed that prevalence of diabetes was high among elderly living in urban city [9].

Concerning the functional abilities this study found that 1/4 participants with advance age need assistance in doing some basic activities like while taking bath properly while 3 participants need assistance in doing some of the instrumental activity of daily activities such as going outside the house, walking vigorously, going far places causing them partially dependent to others. This finding is similar to other studies findings which revealed that that instrumental activities deficit were found in oldest old age group and elderly with this group more assistance in doing basic activities of daily living [24,25]. Concerning about having experiences of psychological problems (2/4) respondents had symptoms related to depression such as loneliness. This finding is compatible to study findings which showed that 14% -20 % of elderly had depressive symptoms depression in home settings [13, 26].

Here, loneliness is experienced by elderly who had been not cared by family members during illness. This finding is

consistent with studies which revealed that loneliness is common problem in widow female who experienced social isolation by their family members. In such situation elderly used to lessen their loneliness and boredom by engaging with their friends [27].

Elder maltreatment

Here, half of the respondents were dissatisfied with their family relationship and suffered from maltreatment by their family members. This finding is similar to the study in Nepal which revealed that 38.5% of abuse occurs mostly within home [19]. This might be as a result that majority of the elderly in Nepal are living in home setting. In this study emotional abuse such as being isolated from son's family after giving up of financial asset to them was commonly identified among. This study findings differs from other studies in developed countries which showed physical abuse like physical assault and restrain were common followed by financial abuse [29,30]. This findings might be a result of different life style and diseases patterns affecting health conditions of old age people in different regions. Further, in this study all the elderly were abused by their son and daughter in law. This finding is similar to study conducted in one country of South East Asia which showed that son and daughter in laws were the perpetrator of elder abuse [31].

Limitations: Since this was report of pilot study, to generalize findings of experiences of only four elderly need to be careful. Similarly, it was difficult to generalize findings to those elderly having mental illness and problem with communication.

CONCLUSION

Most of the elderly are suffering from chronic illnesses such as joint pain, chronic obstructive pulmonary disease, diabetes, sensory problem like vision and hearing deficit. Most of them need assistance in performing their intermediate activities of daily living. Some are also experiencing loneliness & recent memory power deficit. Also improper care during illness, neglected from by their family members, delay in getting treatment due to financial constraints are the experienced problems. Thus, health promotional activities need to be promoted for decreasing morbidity among elderly. Family members need to be focused in the care of elderly through national policy.

Acknowledgement: I would like to acknowledge my research advisor Prof. Dr. Sarala Joshi, Institutional Review Board (IOM) and all elderly who participated in the study.

Conflict of Interest: Nil

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