



# Perception of and attitude towards Death, dying and Finitude of Life- A Study Among Old-age people residing in *OM Bridha Aashram Hetauda*.

<sup>1</sup>Sunil Chimariya, <sup>2</sup>Krishna Thapa, <sup>3</sup>Rakcscha Chettri

<sup>1</sup>Lecturer, <sup>2</sup>Head of Department, <sup>3</sup>Lecturer

<sup>1</sup>Bachelor in Social work Department,

<sup>1</sup>St.Xavier's College Maitighar, Kathmandu, Nepal

**Abstract:** Ageing population is rapidly increasing in Nepal due to the decrement in fertility rate and increment in life expectancy. Alongside this, due to modernization and industrialization, people in this competitive economy are living individualistic lives, and elderly care has been considered a burden and unproductive field, which forces many senior citizens to end their later lives in care centers and old age homes. The main objective of the study is to explore the religious, cultural, and social perceptions of older adults living in old age homes towards death and dying and also to study the role of the care centers and caregivers in shaping the image of death and dying. This research used primary and secondary sources of information, and interviews were conducted using the qualitative data collection method. This paper explored the perception of the elderly towards life and death, images of death and dying, frequency of thinking about death, paths, and motivation to improve the factors affecting the attitude towards death and dying, and the role of care centers and caregivers in shaping the attitude of the elderly towards death and dying. From this paper, it is hoped that policymakers, researchers, and caregivers will take attitudes towards death and dying into consideration while providing services and facilities to the elderly and the hope is to promote more active and fruitful ageing.

*Key words: Ageing, Death, dying, attitude, care givers, old age homes*

## INTRODUCTION

Ageing can be understood as the process of becoming older. Ageing now has been a global issue and an inevitable process. Every living being born, develops, grows old, and dies. Ageing has been defined as a process of gradual change in physical appearance and mental situation that cause a person to grow old (Acharya, 2008). As birth is an event and pregnancy is the process of it, old age is an event, and ageing is the process. Ageing starts as soon as the person is born, and the process continues every moment, second, day, week, month, and year. The increase in the number of older people in the population causes other issues, such as healthcare and its relationship with economic growth. Different countries consider men as old after crossing a certain age depending upon existing social and cultural norms and values. In most developed countries, the age of 65 years is accepted as the definition. However, the Senior Citizen Act of 2063 has defined senior citizens as citizens of Nepal having completed the age of 60.

Nepal is a landlocked country with three geographically distinct areas: the highest mountain range in the North, the Hills and mountains in the middle, and the plain land of the Terai in the south. According to the latest census of 2011, Population of Nepal was approximately 26 million with 125 ethnic/caste group, 123 languages and 10 religions with the Hinduism being the dominant religion (81.3%) (CBS, 2012).

According to Knoema Corporation, in 2020, Life expectancy at birth for Nepal was 71.07 years. Life expectancy at birth of Nepal increased from 41.46 years in 1971 to 71.07 years in 2020 growing at an average annual rate of 1.11%. Many factors, such as improvements in health care facilities, elderly care, and governmental policies, have helped improve life expectancy in Nepal. With the increment in life expectancy, the population of older adults has increased in Nepal. In 2019, there were over 2 million 'senior citizen' in Nepal, which is almost 9% of the total population of Nepal, and this is expected to double to 18.6% by 2050, with 36 million people aged over 60 (Help Age Global Network, 2021) which shows that Nepal is already in the process of population ageing. The data mentioned above shows that the older population is increasing both in terms of absolute number and as the proportion of the total population, which seems to be growing faster than annual population growth rates.

## STATEMENT OF PROBLEM

Nepal is a developing country with an ageing population because of a decrement in fertility rate and an increment in life expectancy. The elderly population is increasing at an alarming rate in Nepal, bringing several opportunities and challenges. This shows that special policies, guidelines, and blueprints need to be developed to provide special elderly care, respect and safeguard the worth and dignity of the elderly people.

The elderly people are the most vulnerable population group regarding physical health, mental health, and the economy. The concept of family and society is changing with modernization, globalization, and industrialization. Elderly people are considered

as dead weight in the modern profit-making capital system, and elderly care has been a burden to family members due to the competitive economy, resulting outnumbered amount of ageing population forced to take shelter in elderly care homes. Several types of research have been conducted on ageing and elderly care; it has covered a wide range of areas such as ageing evolution, issues, problems, psychology, perspectives, challenges, and opportunities of aging throughout the globe. However, very few studies have focused on the attitude of the ageing population toward death and dying in the context of senior citizens throughout the globe. There hasn't been any research conducted in the field of understanding the attitude of the elderly population residing in old age homes toward death and death and dying in the context of Nepal.

## OBJECTIVES OF THE STUDY

1. To explore the perception of elderly towards death and dying process.
2. To study the role of care centre and care givers in shaping the image of death and dying among the resident in old age homes.

## METHODOLOGY

### AREA OF THE STUDY

The area of study for this Research is Om Bridha Aashram Hetauda. It is one of the oldest old-age homes in Hetauda, the capital city of Bagmati province, and it has been sheltering 40 old people for more than 10 years now. Also, the easy accessibility of the respondents in terms of the location is more suitable for the researcher. Thus, the area of study would be Om Bridha Aashram Hetauda.

## RESEARCH DESIGN

The study is based on a qualitative study. Both primary and secondary sources of data were used in the study. The major instruments used for primary data collection are in-depth interviews and Key Informant interviews (KII). Primary data has been collected through interviews and observations to explore the religious, social, and cultural perceptions of senior citizens towards Death and dying and the role of care centers and caregivers in shaping the image of Death and dying. While secondary data are collected from books, journal articles, and several websites, multiple case studies are carried out based on convenient sampling.

The universe population of this research is seniors aged 60 years and above who reside in *Om Bridha Aashram*. The sample size consisted of 10 participants (5 Male, 5 Female) aged 60 years and above, selected based on convenient sampling. The participants have been chosen from diverse ethnic communities, genders, and socioeconomic backgrounds. The researcher has analyzed the data collected through primary and secondary sources after the transcription of audio data obtained from the interview. The collected information has been transcribed, coded, and tabulated, and a theme has been generated from the tabulation. The themes were analyzed based on the responses of the participants and the literature reviews.

## LITERATURE REVIEW:

### Understanding Death and Dying

Death is a state of the total disappearance of life. Dying is a process of decay of the vital system. Furthermore, Death is the permanent, irreversible cessation of all biological functioning that sustains living organisms. Death is an inevitable, universal process that occurs in all living organisms. Failure to discuss death as a part of normal life leads to several results, including fear of the process of dying, lack of openness between close family members, and lack of knowledge about how to request and provide services when a person is dying. Death is not a new phenomenon in the history of humanity; however, what matters is the perception of it among every population and their attitude towards the socioeconomic, environmental, and health factors surrounding it (Okechi, 2017). Understanding death better, accepting and preparing for it with a mature attitude is necessary. Attitudes toward death are, to some extent, based on people's faith, ethnicity, education, and other socioeconomic and religious characteristics. Sadness, anger, happiness, fear, surprise, hope, contentment, and peacefulness are a few examples of adjectives used to describe how we view death in the circumstances of death. Those nearing the end of their lives deserve optimum care, attention, compassion, and consideration (Dobson, 2017). Similarly, Dying is a process which starts as gradual psychological withdrawal triggered by the biological system because of illness, sudden deformation of the entire system or vital part of the system, or, natural termination of the life span of the human body because of old age; and ends in death (Lee et al., 2013)

### Perspectives on Death and Dying

Until the end of the nineteenth century, death and dying stimulated philosophers, religious leaders, and physicians' curiosity. Sigmund Freud, a psychoanalyst and sociologist Emile Durkheim, pioneered social science studies on death and dying. However, publications and studies on the societal reaction to death and the interactions of dying people with the environment sparked the first wave of scientific interest in nonmedical elements of death in the 1960s (Fabis & Klimczuk, 2017). There are now several methods to death and dying research: clinical, humanistic, psychological, anthropological, and sociological perspectives (Copp, 1998).

The clinical approach is centered on providing care for a dying patient. The patient-clinician interaction, discussion with the caregiver team, and the creation of a plan are all part of this perspective. These actions have a variety of effects on the clinician's work (Cassel, 2004)

Whereas, the humanistic perspective includes at least three different ideas of death: essentialism, existentialism, and culturalism (Pihlstrom 2007). Death also occupies a key position in philosophical theories and notions. There is even a conventional belief that philosophizing entails contemplating and meditating on death, as death serves as a focal point for debating the most essential questions concerning life's meaning.

Similarly, the philosophical viewpoint focuses on themes such as the definition of death, immortality, death's harm, and moral and ethical concerns (Feldman 1992). Death was also studied by modern thinkers such as Vladimir Jankelevitch (1966). Death is an inevitable and irreversible process for Jankelevitch, who sees existence as a transition between nothingness before life and emptiness in the afterlife. Death is a part of life that gives it significance. There would be no life if death did not exist. Realizing life's finiteness gives it purpose as a struggle and task. Meanwhile, mortality is a reality with which everyone must come to terms because it is an unavoidable fact of life..



The psychological perspective discusses the meaning of death, individual and social responses to death, individual differences in loss responses, contextual influences on grief and bereavement, and developmental aspects of death at various stages of life (children, adolescents, adulthood, and later life) (Corr, Nabe, and Corr 2009).

Moreover, various concepts and subjects are included in the sociological focus on death and dying. Death as a measure of life; differences between societies and their views of death; death as a social control mechanism; institutional influences on cultural death systems; demoralization, collective immortality, and symbolic immortality; the social status and experiences of those who die or are dying; the stigma associated with dealing with death; grief, bereavement, and the social status of those who survive; and legacy work are just a few of the topics covered (Parson, 1963).

### **Old age homes in Nepal**

Aging is a major public health issue around the world. The number of old-age homes in Nepal is growing with the country's aging population. In Nepal, old-age homes (OAH) are historically constructed only for the senior citizens who do not have children to care for them, and many of these Old Age Homes are placed in religious areas. However, the effects of modernity, urbanization, family nucleation, and young migration to metropolitan areas and other nations have changed recently. The number of people who prefer to reside in the OAH is growing. However, due to the limited capacity and quantity of such homes, community members have begun to open OAH in various parts of the country. (Dhital, Rupakheti, 2015)

In Kathmandu, the number of private OAHs has recently increased, and many senior citizens have begun residing there. According to a survey, approximately 1,500 senior citizens are living in Nepal's 70 registered organizations. However, many of them continue to be denied sufficient care, assistance, and basic necessities for a pleasant existence. 16. The elderly home is of poor quality in terms of its services. Nepal became a signatory to the Madrid Convention in 2002 to promote healthy aging. The elderly ability to remain healthy and independent is directly proportionate to the provision of a supportive environment, which includes well-designed living arrangements, access to economic resources, and a proper healthcare system. (Mishra &Chalise 2019)

### **DATA ANALYSIS AND INTERPRETATION**

The Section of this paper deals with the qualitative analysis of the data collected from the participants through the procedure of interview. A total of 10 participants were interviewed by the researcher among which five participants were male and other five participants were female. The collected data was transcribed, coded, tabulated and then, a number of themes related to attitude of ageing people towards death and dying, emerged from the interviews. The themes and subthemes were generated based on the response and their commonality and contrast between each other. The major themes generated from the data collection were a) Satisfaction from life b) perception towards death c) image of death d) thinking about death e) paths and motivations f) role of care centre g) lesson to coming generation

#### **Satisfaction from life**

All the participants have arrived in old age home being helpless and vulnerable. They are in miserable condition and are exploited and expelled from homes by their own relatives and children. They are forceful to spend their ageing in isolation, misery and sorrow. All the participants claimed that they have regrets only from the family members but they aren't dissatisfied from the life. One of the participant mentioned, "Nothing is permanent son, God is seeing everything, almighty god is the creator and the destroyer, we are just the doer. So I am thankful towards life and have no complained." Similarly, other participants also claimed to have no complain towards life and situation life has created and claimed to have greater belief in god.

Almost all of the participants have great faith on god and since, they are end of life situation so, it can be analyzed that they have displaced their sorrow, anger and fear of life and death towards god and has been counting their days to death.

#### **Perception towards death**

Most of the participants in the research are staying in old age home for more than 4 years, 8 of 10 participants has been able to administered death as an inevitable truth and is obvious and near and claimed they have no fear rather are eagerly waiting for the death. Whereas, two of the participant claimed that they have fear of death and want to reunite with the family and play with their grand children before they die.

One of the 100 year old participant claimed, "To die is to achieve *Moksh* from the vicious circle of life and go in the shelter of almighty lord and I am very eagerly waiting for death". Thus, from this it can be analyzed that all the participants has created their own perception towards death and an inevitable truth relating it with *Moksh* and a gift of god.

This shows the greater influence of religion, culture, family system, belief towards god on shaping the attitude towards death and desire to life is stronger than fear of death.

#### **Image of death**

7 out of 10 participant mentioned that due to their stay in old age home they frequently see the difficulties and pain of the friends residing in old age homes during their end of life period and are also involved in providing care and support which has been able to gain more knowledge regarding end of life care and has also helped in shaping good image of death.

One of the participant mentioned, "I want a peaceful death without any sorrow and pain. I don't want anyone to get suffered due to me." Whereas, another participant mentioned, "there is only one thing that bothers me here in old age home is I am fragile and weak. Even my son didn't look after me in need. How could I expect others to do me better in my last moment?"

Furthermore, another participant claimed to have never been able to form any death image as he never considered death with himself and said "*I haven't formed any image of death in my mind because I never considered death with myself and never ever have thought about it ever in my life due to my condition.*"

From this It can be analyzed that prior experience to encounter to death and death of nearest ones in Old age homes influence in shaping the image of death in ageing people residing in old age homes.

#### **Thinking about death**

All of the participants said to have frequently thought about death. One of the participant mentioned that "We ageing people in old age homes are most destitute ones who doesn't have anyone to look after. We have no work and are having passive life and are burden to everyone. In this circumstance it is obvious that we always think about death."

Similarly another participant said “Now I am very old, I always think and pray to god for my easy death.”

From this it can be analyzed that for most of the participant thinking about death and dying is a common phenomena as they have already administered death as an inevitable process they frequently thinks about process of dying and an easy death with less pain and burden to others.

#### **Paths and motivation**

To understand the path and motivations to improve the attitude of old age people residing in old age homes a question “*What can be the paths and motivations to improve the attitude towards death and dying?*” was asked to every participants. For which one of the participant mentioned, “Rehabilitation with family member is my only wish and desire before I die. No matter what if my family members back in home are happy then I don’t need any other thing in life I could die peacefully.”

Whereas, another participant mentioned, “*I want to spend rest of my life in the name of lord. It will be easier for me to die if I could do religious programs such as Kuti Homes, Daas Daan, Chaurasi puja.*” Furthermore another female participant repeated to have no desire to live where own family member for whom she spent her entire life and happiness mistreated her.

Thus, from this it can be analyzed that pull factor to increase motivation to improve the attitude towards death and dying can be better treatment and love from family members, caregivers, society and the participation in several religious, cultural and recreational activities. Whereas, push factors to increase negative attitude to death and dying are mistreatment from caregiver, incurable disease and passive life with no acknowledgement of worth and dignity.

#### **Role of care centers**

The entire participant agreed to a point that role of care centers and care giver is very vital in shaping the attitude of ageing people towards death and dying. Participants were found to be disappointed with the management of the Care centers as the care center was even lacking the cleaning staff. In such circumstances to imagine palliative care and end of life cares to the participants were beyond imagination. All of the participant complaint about the management system of Old age house. One of the participant mentioned “*We old age resident here are the care givers and care receivers our self in this care centre, we care each other in need and there is less role being played from the side of management.*”

Similarly, another participant mentioned, “*I have been staying here for & year now. I have seen so many deaths of our inmates and friends inside the center, they were taken to Hetauda hospital on their later days for treatment and they never returned and we are even unaware about their funerals. I don’t want to die like that.*”

This shows the importance of better care facilities and palliative care services to the inmates of care centers to improve the attitude towards death and dying.

#### **Lesson to coming generations**

New generation is the generation of new hope. Due to the advancement in technology and modernization, a huge generation gap is seen between younger and elder generation. Love and respect to the senior citizens are decreasing day by day and are considered as burden then boon. Every participants with a common question, “*What are the lesson you would like to give to younger generations?*” to which most common answer were ageing and death are inevitable truth, one day everyone needs to be old and always love and respect your parents. One of the participants mentioned, “You don’t need to go to temple and worship any god and goddess if you treat your parents nicely unlike our children.”

Similarly another participant mentioned, “Our life is full of uncertainties, we all need to die one day and no one knows when is the end day, So I request you all to always be good, do good and be more and live a life with love happiness and prosperity.”

#### **FINDINGS**

Around 1,500 senior citizens live in 70 different organizations registered all over Nepal. However, many still need proper care, support, and basic survival necessities. The quality of the elderly homes concerning the facilities they provide is poor. Om Bridha Aashram, Located in Hetauda-2 capital, is a pioneer aging care center managed by a non-governmental organization with the help and support of the Hetauda municipality and community people. There are altogether 32 senior citizens taking shelter in Om Bridha Aashram. Among them, 18 are male, and 14 are female. Male and female senior citizens are kept in a separate block, whereas for four different couples, four separate rooms are separated in a separate block. The major findings are discussed below:

#### **Life satisfaction among Elderly people residing in Om Bridha Aashram**

One of the major findings of the research is that almost all of the participants are in very fragile situations. They have low self-esteem and are less satisfied with themselves. This serves as one of the strong factors of de-motivation for the participants towards life. The social situation they are forced to live in away from their family in an isolated form is one of the major reasons for the participants to lose hope in life. Participants have displaced their sorrow, anger, and fear of life and death towards god and have been counting their days to death.

#### **Perception towards death and dying**

Most of the participants have administered death as an inevitable truth and have taken death and dying as a natural process. They perceive death as a way to Freedom and *Moksha* from the vicious circle of life, but interestingly, fear of death is seen among the participants, and they want death with less pain and proper palliative care. Participants were found to have been strongly influenced by religion and have strong faith in god, and religion and belief in god have a strong influence on shaping perception toward death.

#### **Image of death**

In the previous study conducted in Italy among the general public, seventy claimed to have rarely thought about death, and only thirty percent said that they had believed and created an image of death. However, in this study, almost all the participants claimed to have been frequently thinking and even waiting for death. Thus, one of the major findings of the research is that the prior experience encountering death and the death nearest ones in Old age homes influence shaping the image of death in ageing people residing in old age homes.

#### **Paths and motivation towards improving attitude towards death and dying**

It was found that both pull factors and push factors of motivation do exist in shaping attitudes towards death and dying amongst the senior citizens residing in old age homes. Full factors to increase motivation to improve the attitude towards death and dying can be better treatment and love from family members, caregivers, society, and participation in several religious, cultural, and

recreational activities. Whereas push factors to increase negative attitudes to death and dying are mistreatment from caregivers, incurable disease, and passive life with no acknowledgement of worth and dignity.

### **Roles of Old-age homes in shaping attitude of Oldage people towards death and dying**

One of the major findings of the research is that old age homes have a significant role in shaping the attitude of ageing people towards death and time. Om Bridha Ashram lacks proper care takers and has very poor knowledge regarding end of life care due to the lack of gerontologist and experts; which have forced the old age people to be in more miserable conditions. This has developed fear and anxiety in ageing people towards the process of death and also developed a negative attitude towards the process of dying. Thus, Old-age homes should make arrangements for better care facilities and end-of-life care facilities to improve the attitude of ageing people towards life and death.

### **CONCLUSION**

Following the interviews and thematic analysis, the researcher came to the conclusion that aging is a continuous process that ends with death. A positive attitude towards death and dying helps in active and productive ageing, whereas a negative attitude affects self-esteem, worth, and dignity. Senior citizens living in old age homes are more vulnerable and fragile in comparison to other senior citizens residing with family. The elderly in care centers are deprived of the love and affection of family members, which ignites a loss of motivation toward life and increases their desire to die. The social situation they are forced to live in away from their family in an isolated form is one of the major reasons for the participants to lose hope in life. Similarly, in the case of ageing people, they perceive death as a way to Freedom and *Moksha* from the vicious circle of life, but interestingly, fear of death is seen among the participants, and they want death with less pain and proper palliative care.

Furthermore, prior experience of encountering death and the death of the nearest ones in Old age homes influence shaping the image of death in aging people residing in old age homes. Pull factors to increase motivation to improve the attitude towards death and dying can be better treatment and love from family members, caregivers, society, and participation in several religious, cultural, and recreational activities. Whereas push factors that increase negative attitudes toward death and dying are mistreatment from caregivers, incurable disease, and passive life with no acknowledgment of worth and dignity.

Similarly, care centers should be more serious about providing care to elderly people. Provision for end-of-life care, counseling services, Palliative care with better medical aid and medical care services needs to be provided to elderly people in old age homes to establish a positive attitude towards death and dying among the elderly people residing in old age homes.

Thus, the set of objectives at the beginning of the research was fulfilled as the researchers were able to analyze the social, cultural, and religious factors in shaping the attitude and image of death and dying amongst elderly people residing in old age homes. Furthermore, the elderly participants were from different ethnic backgrounds and genders, so the researcher could not analyze the situation of elderly people from various diverse perspectives. Very limited research has been conducted on the same or similar topic and context in this community and Nepal, so gathering literature in the Nepalese context took a lot of work. The need for further research is seen to have more detailed studies from different perspectives on the same topic. This research will help gerontologists, researchers, policymakers, social workers, the Nepal government, and further researchers by providing an overview of the attitudes of old.

### **REFERENCES**

- Acharya, P. (2008). Senior citizens and the elderly homes: A survey from Kathmandu. *Dhaulagiri Journal of sociology and Anthropology* Vol.2, 211-226.
- Cassel, E. J. (2004). *The Nature of Suffering and the Goals of Medicine*. New York: Oxford.
- CBS (2012) National Population and Housing Census. National Report. Central Bureau of Statistics, Kathmandu.
- Copp, G. (1998). A Review of Current Theories of Death and Dying. *Journal of Advanced* , 382-390.
- Corr, C. A., Clyde, N., & Corr, D. M. (2009). *Death and Dying, Life and Living*.. Belmont: CA: Wadsworth/Cengage Learning.
- Dobson, J. (2017). Providing high-quality care at the end of life: The role of education and guidance. *British Journal of Nursing*, Vol 26 , 1116-1120.
- FABIŚ, A., & KLIMCZUK, A. (2017). Theories of Death and Dying. *Munich Personal RePEc Archive* , 1-7.
- Feldman, F. (1992). *Confrontations with the Reaper: A Philosophical Study of the Nature*. New York: Oxford University Press.
- Jankelevitch, V. (1966). *La mort* . Paris: Flammarion.
- Kafle, K. k. (2019). A Questionnaire Study on the Attitude towards Death of the Nursing Interns in Eight Teaching Hospitals in Jiangsu, China. *Biomed Research international* .
- Lee, S. A., Piotrowski, J., Różycka, J., & Żemojtel-Piotrowska, M. (2013). Associations Between Death Fascination, Death Anxiety and Religion among Polish College Students. *Polish Psychological Bulletin*, 44(4), 439-448. <https://doi.org/10.2478/ppb-2013-0047>
- Mishra, S., & Chalise, H. N. (2019). Health Status of Elderly living in Government and Private Old Age Home in Nepal. *Asian Journal of Biological Sciences* , 173-178.



Nepal Life expectancy at birth, 1960-2023 - knoema.com. (2024, Feb 2).  
Knoema. <https://knoema.com/atlas/Nepal/topics/Demographics/Age/Life-expectancy-at-birth>

Okechi, O. S. (2017). Culture, Perception/Belief about Death and their Implication to the Awareness and Control of the Socio-Economic, Environmental and Health Factors Surrounding Lower Life Expectancy in Nigeria. *Acta Psychopathologica* .

Parsons, T. (1963). Death in American Society - a Brief Working Paper. *American Behavioral* , 61-65.

Pihlstrom, S. (2007). Mortality as a Philosophical-Anthropological Issue: Thanatology, Normativity, and "Human Nature". *Human Affairs* , 54-70.

