

ELDERLY PEOPLE IN INDIA

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Introduction

Aging is an inevitable and natural process of life. A notable aspect of the global ageing process is the progressive demographic ageing of the older population itself. Our physiological and psychological functions optimizes in the adulthood and start to decline when age increases further. There are various physical and psychological problems which are more prone to develop in old age. The exact criteria for old age can not be fixed but 'National Policy of Older Person' defines old age as the age 60 years and above¹; it depends upon their socio-demographic factor and available health care facilities. So as the age increases they need special health care assistance for the normal functioning.

The elderly population is increasing with the years as it is 5.6% in 1961 which increased to 7.4% in 2001 census and expectedly cross 12.4% in 2026.² The sex ratio among elderly is subsequently dropped from 1028 in 1951, about 938 in 1971 and has finally reached to 972 in 2001³. The decadal percent increase in the elderly population for the period 2001-2011 is likely to be more than double the rate of increase of the general population⁴. In Uttarakhand state the population of elderly is about 7.7% of the total population of the state i.e. 6.54 lakh (50% male and 50% female) and old age dependency ratio in Uttarakhand is about 13.8⁵.

Quality of life

Quality of life refers to the general well being of an individual in physical, psychological, social and environmental aspects of health. It is different in different age group and community structure. Raising the quality of life, defined as the state of material well being of a community or an individual on account of availability of access to and consumption of the requisites of generally aspired conditions of living is ordinarily an important objective of almost all socio-economic and political endeavours. Quality of life of elderly is decreased as their dependency climbed from 10.9% in 1961 to 13.1% in 2001 for India as a whole.⁶ Elderly people are the most vulnerable group as their limited

regenerative abilities are more prone to disease, syndromes and sickness as compared to other adults. The medical study of the aging process is called gerontology and the study of diseases that affect the elderly is geriatrics. This is not only a national issue but affecting worldwide. The United Nations World Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations, which gives high priority to research related to developmental and humanitarian aspects of ageing (United Nations, 1987). They put main emphasis on "International exchange of research cooperation" especially in the field related to elderly and aging, in order to provide a rational basis for future social policies and action and promoted to conduct comparative

and cross sectional studies in aging.

In view of increasing need for interventions in the area of old age welfare, Ministry of Social Justice and Empowerment, Government of India, adopted '**National Policy on Older Persons**' in January, 1999. The policy provides broad guidelines to State Governments for taking action for welfare of older persons in a proactive manner by devising their own policies and plans of action. It strives to ensure well-being of senior citizens and improve quality of their lives through providing specific facilities, concessions, relief services etc. and helping them to cope with problems associated with old age. Ageing of population is affected due to downward trends in fertility and mortality. Low birth rates coupled with long life expectancies, push the population to an ageing humanity. It is observed that percentage of aged 60 or more is rapidly swelling and even the percentage of persons above age 80 is going up over the years. By 2026, North India population would be younger compared to the South. In India another paradoxical problem will arise in due course of time – by the year 2026. Kerala will have highest educated working people with average age above (median age) 35 years whereas, Uttar Pradesh will have uneducated and less educated working population with average age below 30 years. Although projections indicate that India's population above 60 years will be double in size between 2001 and 2026, the elders will account for 12.17 percent of overall population in 2026, and being a vast country India may face the

problems differently at rural and urban part.

Problems of elderly

Elderly is the age when all the aspects of health has started to decline and they face various problems because of inefficiency to adapt the changes of inner and external environment. The main problems are:-

1. Physiological insufficiency and weakness.
2. Social problems.
3. Economical problems.
4. Psychological problems.
5. Adjustmental problems.
6. Health related issues

Goals of geriatric care

Provide a safe and supportive environment.

Restore and maintain the highest possible level of functional capacity.

Preserve individual autonomy.

Maximize quality of life through sense of satisfaction.

Provide comfort and dignity for disabled and ill for their peaceful life.

Stabilize and delay the progression of chronic diseases.

Prevent acute medical illnesses, early detection and treatment.

Preventive measures:

As their physiological strength and immune system decrease with aging, the risk of developing various health problems increase. The main goal is to protect, promote and restore the health of elderly people through primary, secondary and tertiary prevention.

Primary Prevention:❖ **Health promotion:****1. Health Education:**

- Explaining the biological changes in ageing.
- Personal hygiene.
- Information through advertising by media.
- Availability & maximum utility of health services.
- Over the counter drugs and their regularity.
- Use of aids like visual, auditory, walking aids etc
- Information regarding elderly abuse.

1. Environmental Modification:

- Maintenance of clean housing conditions.
- Effective toilet and bathroom facility.
- Hand rails in bathrooms.
- Need for fresh air, light and ventilation.
- Avoidance of contrasting colors
- Adequate lighting in prevention of accidents both inside and outside the home.
- Slip resistant flooring.
- Smooth pathways.
- Stairs- landing at short intervals.

2. Nutritional intervention:

- Follow principles of balanced diet.
- Emphasis on vitamins and essential minerals.

- Food safety.
- Food which improve bowel movement.

3. Life style & behavioral changes:

- Perform physical exercises like yoga and relaxation.
- Avoid personal habits like alcohol, smoking and tobacco chewing.

❖ **Specific Protection:**

- Immunization.
- Avoidance of injuries and falls.
- Certain food rich with antioxidant property- protect against cancer and degenerative disorders

Secondary Prevention

Regular screening for monitoring the early and serious issues and action which halts the progress of the disease at its incipient stage and prevents complication are essential. It includes -

Early diagnosis & treatment.

Provision of free medical care.

Tertiary Prevention

All effective and available measures to reduce or limit impairments & disabilities and minimize suffering caused by existing disability through regular follow up. Such as,

Rehabilitation of elderly people with chronic diseases and care for terminal illness.

Rehabilitations are medical, vocational, social and psychosocial.

- Training to increase independence in self care.
- Educational and vocational measures

aimed at achieving economic independence.

- Social measures to ensure full integration and acceptance in community.

Medical rehabilitation

- Appropriate exercise therapy to maintain the range of motion of joints, improving power in weak muscles and strengthening them.
- Restoring function of affected extremity.
- Provision of external appliance, splint or caliper, crutches, wheel chair etc.,
- Relief of pain by means of physical modalities like heat, cold, electricity.
- Bowel/ bladder training to achieve continence.

Adjustmental problems:

The role and command in the family of elderly change as their children become independent and start to manage their families, their physical and cognitive capacity decrease. So it is very essential to understand the change for elderly people but many times they fail to do so. The main goal is to make them clear about changes and their roles in the family through-

1. Behavioral counseling.
2. Nutritional counseling.
3. Exercise counseling.
4. Other preventive therapy like Asprin therapy etc.
5. Screening
6. Co-morbidity, functional status and life expectancy.

Psychosocial rehabilitation

- Rehabilitation is never complete

unless the psychosocial aspects are duly taken care.

- The biggest problem among elderly is dementia and depression⁷, other problems include – loneliness, anxiety, depression, feeling of insecurity, behavioral disorders, affective disorders, personality disorders, suicidal tendencies, dependence, irritability, malingering, hysteria etc.,

The clinicians' duty is to—explain, reassure, remove problems of the disabled about their disabilities, their effect on work and its possible solutions.

Discussion:

According to the WHO report the population of elderly is increasing rapidly. The grey population which accounted for 6.7% of total population in 1991 has reached 8.2% in 2011 and is expected to increase about 10.7% by the year 2021. With the increase population their problems are raising from absence of ensured and sufficient income to support themselves and their dependents, to ill-health, absence of social security, loss of social role, recognition and the non-availability of opportunities for creative use of free time in their level. Being “down in the dumps” during ageing is not a normal part of life; but the problem in that period is common. So some manipulation is needed in their daily activities of normal life to overcome such problems.

In order to resolve elderly problems various governmental and non-governmental

organizations are formulating the standard policies or programs like “Integrated program for older person” provide financial assistance up to 90% of the project cost to establish and maintain old age homes, day care centers, mobile Medicare units and to provide non-institutional services to older persons⁸. The “Scheme of Assistance to Panchayati Raj Institutions” voluntary organizations and self help groups help in the construction of old age homes and multi service centers for older persons, The “National Mental Health Program” focuses on the needs of senior citizens who are affected with Alzheimer's and other dementias, Parkinson's disease, depression and psycho geriatric disorders⁹ NGOs are the first one to bring out the problems of elderly in India. Significant are-

- HelpAge India
- Action for Social Help Assistance
- Centre for the Welfare of Aged
- Geriatric Society of India
- Nightingale Medical Trust

Services:

- Provision of food
- Day care centre
- Old age homes
- Medical and psychiatric care
- Financial assistance-income generation & micro projects.
- Counseling

Conclusion

The percentage of elderly population is continuously increasing in India due to decline in overall death rate, decline in fertility and

sustained improvement in survival. There is also revolutionary change in health care delivery system in the country as a result of privatization and globalization. To evolve a comprehensive health care for elderly population we have to think in terms of all the elements of comprehensive health care such as:

1. Care at home
2. Health education.
3. Institutional care - facility planning for elderly population.
4. Human resource development for creation of medical and para-medical expertise.
5. Sensitization and involvement of NGOs and voluntary organization.
6. Health insurance program.

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