ELDERLY CARE IN INDIA-CHANGING PERSPECTIVES

Mr.VinayKumar G
Asst. Lecturer, JSS College of Nursing

Introduction

• Ageing is a natural process that begins at birth, or to be more precise, at conception, a process that progresses throughout one’s life and ends at death. Ageing is a constant, predictable process that involves growth and development of living organisms. Aging can't be avoided, but how fast we age varies from one person to another. How we age depends upon our genes, environmental influences, and life style.

Elderly Population-Facts!

Aging of population is an end product of demographic transition. The number of elderly people in developing countries is almost 3–4 times of that of developed countries. The developed countries have already experienced the consequences of this transition.

Elderly in India -Facts!

• 2nd largest elderly (60+) population in the world (2011)
• 70 and above projected to increase from 29 million in 2001 to 132 million in 2051.
• 80+ would be fastest to grow – 8 million in 2001 to 32 million in 2051.
• Life expectancy 31.7 years in 1941 increased to 66 years in 2011.
• 55% of the women of 60 years and above are widows.
• Older women most vulnerable.
• Elderly poverty is a major risk of ageing in developing countries.
• There has been a sharp increase in the number of elderly persons between 1991 and 2001 India has thus acquired the label of "an ageing nation" with 9.9% of its population being more than 60 years old.

➢ The demographic transition is attributed to the decreasing fertility and mortality rates due to the availability of better health care services.

It has been observed that the reduction in mortality is higher as compared with fertility. There has been a sharp decline in the crude death rate from 28.5 during 1951-1961 to 7.2 in 2006; while the crude birth rate for the same time period fell from 47.3 to 20.8 in 2006.
Over the past decades, India's health program and policies have been focusing on issues like population stabilization, maternal and child health, and disease control. However, current statistics for the elderly in India gives a prelude to a new set of medical, social, and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers.

Medical and Socio-economic Problems Faced by the Elderly in India

- In India, the elderly people suffer from dual medical problems, i.e., both communicable as well as non-communicable diseases. This is further compounded by impairment of special sensory functions like vision and hearing. A decline in immunity as well as age-related physiologic changes leads to an increased burden of communicable diseases in the elderly.

- According to Government of India statistics, cardiovascular disorders account for one-third of elderly mortality. Respiratory disorders account for 10% mortality while infections including tuberculosis account for another 10%. Neoplasm accounts for 6% and accidents, poisoning, and violence constitute less than 4% of elderly mortality with more or less similar rates for nutritional, metabolic, gastrointestinal, and genitourinary infections.

- An Indian Council of Medical Research (ICMR) report on the chronic morbidity profile in the elderly states that hearing impairment is the most common morbidity followed by visual impairment.

- The most prevalent morbidity was anemia, followed by dental problems, hypertension, chronic obstructive airway disease (COAD), cataract, and osteoarthritis. Elderly people who belong to middle and higher income groups are prone to develop obesity and its related complications due to a sedentary lifestyle and decreased physical activity.

- Elderly people are highly prone to mental morbidities due to ageing of the brain, problems associated with physical health, cerebral pathology, socio-economic factors such as breakdown of the family support systems, and decrease in economic independence. The mental disorders that are frequently encountered include dementia and mood disorders. Other disorders include neurotic and personality disorders, drug and alcohol abuse, delirium, and mental psychosis.

- The rapid urbanization and societal modernization has brought in its wake a breakdown in family values and the framework of family support, economic insecurity, social isolation, and elderly abuse leading to a host of psychological illnesses. In addition, widows are prone to face social stigma and ostracism.
• The socio-economic problems of the elderly are aggravated by factors such as the lack of social security and inadequate facilities for health care, rehabilitation, and recreation. Also, in most of the developing countries, pension and social security is restricted to those who have worked in the public sector or the organized sector of industry.

However in conclusion, the aged population in India is accompanied by a series of problems in their day-to-day life. The major areas of problems, faced by the aged individuals are:

• **Income generation, Health, Use of free time, Social security, Social participation, Dignity and respect and so on.**

These problems are because of the following reasons namely,

- **Geographical and cultural differences,**

- **Disproportionate socio-economic facilities to urban and rural areas in terms of education, sanitation, health and housing.**

**Strategies to Improve the Quality-of-Life of the Elderly in India**

• At present, most of the geriatric outpatient department (OPD) services are available at tertiary care hospitals. Also, most of the government facilities such as day care centers, old age residential homes, and counseling and recreational facilities are urban based.

• Since 75% of the elderly reside in rural areas, it is mandatory that geriatric health care services be made a part of the **primary health care services.** This calls for specialized training of Medical Officers in geriatric medicine. Also, factors such as a lack of transport facilities and dependency on somebody to accompany an elderly person to the health care facility impede them from accessing the available health services. Thus, **peripheral health workers and community health volunteers** should also be trained to identify and refer elderly patients for timely and proper treatment. In difficult to access areas, screening camps for cataract and non-communicable diseases and mobile clinics playing a significant role in reaching out to the elderly population.

• Advocacy with non-governmental organizations (NGOs), charitable organizations, and faith-based organizations plays an important role in this aspect. Ensuring good quality geriatric health care services at the primary level would greatly help in improving the utilization rates of the available health services. Health care services should be based on the "felt needs" of the elderly population.

This would involve a comprehensive baseline morbidity survey and functional assessment in health areas that are perceived to be important to them. This should be transformed into a community database that would help to prioritize interventions and allocate finances accordingly.
The felt needs may vary depending upon gender; socio-economic status as well as differences would exist in the rural and urban areas.

- Until now, secondary prevention strategies in the form of screening and early management and tertiary care in the form of rehabilitation have been given more importance as compared with primary prevention by the geriatric health care services.

- Projections made by the World Health Organization (WHO) suggest that by 2015 deaths from chronic diseases such as cancer, hypertension, cardiovascular diseases, and diabetes will increase by 17 percent, from 35 million to 41 million. This calls for a multi-prolonged intervention program that should be viable and easily monitored.

- An ideal preventive health package should include various components such as knowledge and awareness about disease conditions and steps for their prevention and management, good nutrition and balanced diet, and physical exercise. For the promotion of a positive mindset and to create a feeling of well being, meditation, prayer, and strategies for motivation should also be included.

- Capacity building may be done for different groups of health personnel. Training of Medical Officers and peripheral health workers has been discussed above. Besides this, an entirely distinct team of health providers known as "Community Geriatric Health Workers" may be trained to provide home care to the disabled elderly population.

- This strategy has been demonstrated to be successful in a community based project in Cochin, known as "Urban Community Dementia Services" wherein these health workers provide home-based care as well as care in day care centers.

- Among the secondary level health facilities, which mainly include the district hospitals, sub-district, and medium-size private hospitals, it is seen that India has about 12,000 hospitals with 7 lakh beds. Most of these beds are under the public sector. The need of the hour is to set up geriatric wards that would fulfill the specific needs of the geriatric population by provision of distinct OPD services. Providing screening services as well as curative and rehabilitative services and convalescent homes to provide long-term care, which may be a part of designated hospitals, is also a priority.

- At the tertiary care level, which comprises of super specialty and medical college hospitals, there needs to be provision of geriatric wards and separate OPDs. A "multi-disciplinary team" specifically trained to meet the needs of the geriatric population has created. Elderly patients from poor and low income facilities should be supplied with free or reasonably priced treatment through public-private partnership.

- Research in Geriatrics and Gerontology needs to be further encouraged. An ICMR Workshop on "Research and Health Care Priorities in Geriatric Medicine and Ageing"
recommended that research be conducted in areas such as the evaluation of the nutritional and functional status of the elderly, common chronic and neuro-degenerative disorders like Alzheimer's disease, cardiovascular disorders, depression, etc., basic sciences, dealing with the process of ageing, pharmacokinetics and pharmacodynamics of drugs, health system research and research in alternative medicine.

- Also, the **Government of India has undertaken some legislative and policy measures for the welfare of the aged.**

### EXISTING PROGRAMMES ON AGEING

- **Constitutional Provisions:**
  
The item 9 of the State list. The items 20, 23 and 24 of the Concurrent List

  **Speak of the provisions of age pension, social security, social insurance, economic and social planning, and relief to the disabled and the unemployed.**

- **Legislative Measures :**
  
  - The retirement benefits (GPF & PPF) are provided to those who served the Government and the public undertakings.
  
  - The **Employees Provident Funds** and Miscellaneous **Provisions Act, 1952** (amended in 1996) provide for economic security to persons or their families in the event of retirement or even death before retirement.

- **Policy Measures**
  
  - The emergence of **National Policy on Older Persons, 1999**, a collaborative pursuit of both public and private agencies along with the ‘Third Sector’,

- **Other welfare measures:**

  **Taxation:** Income Tax Rebate (Section 88B of Finance Act, 1992) , **Deduction in respect of medical treatment (Sec. 80DDB)** Insurance schemes : **Jeevan Dhara, Jeevan Akshay, Jeevan Suraksha, Bima Nivesh** . Travel : **By Road, By Train, By Air**. Old age homes, Health care Sunday Clinics in Delhi, Magazines for the elderly

### THE NGO’S COMMITMENT TO THE ELDERLY IN INDIA

**HELP AGE INDIA:** It is a secular, a political, nonprofit, nongovernmental organisation and is registered under the Societies’ Registration Act, 1960, in 1978. HelpAge India was formed in 1978 with the active help from Mr Cecil Jackson Cole, founder member of Help the Aged, United Kingdom.
**AGE CARE INDIA** on the other hand, believes in helping the aged above the age of 50 years and above through residential and institutional services, providing them educational recreational, social, cultural and spiritual services; arranging for medical check ups, part time employment to supplement their income.

**ROTARY INTERNATIONAL** is another funding organization that has done a lot to help improve the services for the elderly in India especially in providing aids to the existing governmental services at the primary health care centre’s or at the government hospital.

In conclusion, current trends in demographics coupled with rapid urbanization and lifestyle changes have led to an emergence of a host of problems faced by the elderly in India. Although this paper has mainly focused on the medical problems of the elderly and strategies for improving health care services, it must be remembered that improving the quality-of-life of the elderly calls for a holistic approach and concerted efforts by the health and health-related sectors.