

IMPACT ON HEALTH SITUATION OF SENIOR CITIZENS IN INDIA *(Challenges and opportunities of the senior citizens on the issue of health in India)*

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INTRODUCTION

Health of senior citizens is different from other segment / age groups of the people in the society. As health is a combination of physical, mental and social wellbeing, the health of the elderly linked with all those aspects.

It is funny how everyone wants to live long but no one wants to grow old. Old age is viewed as an unavoidable, undesirable, problem-ridden phase of life that we all are compelled to live, marking time until our final exit from life itself. Perceiving old age with fear is not a traditional or historic phenomenon. As world become more complex and less comprehensible, it increases in the mind of the people. Earlier, when life was simpler and values counted for more, those who reached a ripe old age held an enviable place in society. They could really relax and enjoy their twilight years. Secure in the knowledge that they still commanded attention, respect and affection. They had the self dignity and worshiped in families, societies and Nation.

Who are the senior citizens

There is no United Nations standard numerical criterion on define old age, but the UN agreed cut-off is 60+ years when referring to the elderly population or the senior citizen.

Ageing is a relative term. Health influences the age of a person and on the other hand age also influences the health. As people above sixty years of age are accounted as senior citizens; the 'grand parents' or the 'elderly people' are synonymously used with the 'senior citizens'. Traditionally, in India, it has been a part of culture, for society and the family to take care of older persons. Senior citizens are held in high esteem and are given priority and respect in all matters.

With rapid urbanization and the compulsions of modern working conditions, have lead to a breakdown of the traditional joint family system, resulting in the growth of nuclear families. Better medical facilities have lead to increased longevity of life. As per 2001 Census, India had around 81 million elderly out of one billion people. The number of Senior Citizens in the country has been steadily increasing. According to the 52nd round of National Sample Survey

63 per cent of the Indian elderly were found illiterate. Out of the 81 million elderly in 2001 census, almost 51 million elderly are below poverty line.

Population of senior citizens in India and their trend of growth

Demographic ageing, a global phenomenon has hit Indian shores as well. With modern technologies and better health facilities people are living longer. Expectation of life at birth for males has shown a steady rise from 42 years in 1951-60 to 58 years in 1986-90, it is projected to be 67 years in 2011-16, an increase of about 9 years in a twenty five year period (1986-90 to 2011-16).

Improved life expectancy has contributed to an increase in the number of persons and also of the elderly. In 1901 only 12 million persons above sixty years were living in India. The number crossed 20 million in 1951 and 57 million in 1991. Population projections for 1996-2016 made by the Technical Group on Population Projections (1996) indicate that the 100 million mark is expected to be reached in 2013. Projections beyond 2016 made by the United Nations (1996 Revision) has indicated that India will have 198 million persons 60+ in 2030 and 326 million in 2050. The percentage of persons 60+ in the total population has seen a steady rise from 5.1 percent in 1901 to 6.8 percent in 1991. It is expected to reach 8.9 percent in 2016. Projections beyond 2016 made by United Nations (1996 Revision) has indicated that 21 percent of the Indian population will be 60+ by 2050, (*Internet access*).

It is true that family affiliations in India are very strong and an overwhelming majority lives with their sons or is supported by them. Also, working couples find the presence of old parents emotionally bonding and of great help in managing the household and caring for children. However, due to the operation of several forces, the position of a large number of older persons has become vulnerable due to which they cannot take for granted that their children will be able to look after them when they need care in old age, especially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs.

HEALTH AND SENIOR CITIZENS

With advancing age, old persons have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, especially when

accompanied by impaired functional capacity; require long term management of illness at time, and of nursing care.

As life expectancy increases in India, the problem of elderly will increase. Problems of elderly include loss of income due to old age plus health problems that are associated with old age. India's elderly problem is compounded by the fact that there is no social security or adequate health care for elderly or everybody.

Elderly people have several problems like absence of Income, lack of healthcare, problems of housing and toilets, abuse by family members, loneliness and so forth. There are several challenges in lives of elderly such as:

- Apathy towards the problems of elderly
- Lack of political or social discussion on issue of elderly
- Lack of social security regime
- Absence of adequate Primary Health care facilities
- Decline of joint family and absence of children and care takers around.

Trend of health services in India

Since the British rule, allopathic medicine has governed the Indian market of medicine. Indian systems of medicine (AYUSH) has de-popularize slowly with the use of the modern medicines. It is because of the exclusive use and easy process of treatment with the allopathic medicine. Initially the British government started the treatment for the Army and officials only; slowly it became the part of the government to serve the general people afterward the independent India. Indian Constitution gives important in its citizen's health. After the declaration of 'Alma Ata' (health for all), each and every country started giving importance in health of their citizen's. By the way, health is a state's subject / responsibility in Indian constitution. Every state has freedom to plan themselves for their health initiations at state level. There are primary, secondary and Tertiary care are designed in the health service system in every states. It is made on the bases of population coverage and norms are categories with the urban and rural area. Health service System was government's concern since the International declarations on Health. Elderly people are given a certain facilities and relaxations in accessing health services.

Privatization, liberalization and elderly health

During 1990s, this country experienced certain changes slowly. Government has allowed the related institutions to have share in certain services and process of the government. Health sector was the biggest area where private or non-governmental sectors owned the share. In the name of Liberalization and Globalization health sector has controlled by the private sectors. Profits are directly gone to the private agencies. Latter on in the name of Public-Private-Partnership the same procedure followed by the government.

Health insurance provided by the private agencies instead of the government. Still now the government does not take initiates in this way. People of older age are suffering more in this context. The private insurance companies directly won the profits.

Health impact to the senior citizens

It does not view age sixty as the cut off point for beginning a life of dependency. It considers 60+ as a phase when the individual should have the choices and the opportunities to lead an active, creative, productive and satisfying life. An important thrust is therefore, on active and productive involvement of older persons.

Post 60 phase of life is an integral part. It is the sign of full of knowledge and maturity in life. In this age group a person just had experienced all the things in his / her life. It is the time for them to think and contribute innovative to their inheritances, to the society and to the Nation. It is the time to lead the leaders in governing the country.

With the physiological process a human being has to experienced child hood, youth, adult hood and old age in his / her life. Every phases of life has its importance and certainty. Health condition in every phase of life differs from each other. The health of male is differing from that of the female. And the health in old age is critical as compare to the others.

PHYSICAL HEALTH

During old age the metabolism processes slow down. Older person became weak in physically as well as mentally. Elderly have limited regenerative capabilities and are more prone to disease, syndromes, and sickness than other age groups. The immune system became weak. With the weaknesses many diseases get it easy to attack the body. There is often a common physical decline, and people become less active. Some of the common diseases prevailing during old age are: Obesity and diabetes, Hair loss, Change of hair colour to gray or white, wrinkles and liver spots on the skin, agility and slower reaction times and reduced

ability to clear thinking, lessened hearing, diminished eyesight, difficulty recalling memories, lessening or termination of sex and sexual behaviour, greater weakness to bone diseases such as osteoarthritis. Any disease can affect easily in the age group of 60+ years. Few of those as follows:

Joint Pain: - One of the most familiar problems faced by elderly people is joint pain. There are of course several types of problems that cause normal joint pain in 'old' people and 'normal' people alike. Bursitis, tendinitis, various types of arthritis, and other complaints, can be the cause of a person's aching joints. Excess of body weight places added pressure into these joints causing pain and lessens overall mobility and flexibility of the joints.

Constipation: - When a person reach the age of 60 to 65 years, his habits are thoroughly deep-rooted in him and this is especially so with his dietary patterns. As a person ages and illnesses set in, it becomes compulsory for the elderly to change their dietary habits.

Here it is the question of having digestion. After we ingest food, the peristaltic movement of the intestine pushes it forward to facilitate digestion and absorption. Finally the leftovers are excreted outside the body as faeces. Peristalsis of the intestine in the elderly is usually weakened; hence they are more prone to constipation. Normally the causes of constipation are as follows:

- Inadequate water or lack of fibre in food, leading to hard faeces
- Psychological factors, e.g. using bedpan or commode chair without privacy, a dirty toilet, depression, etc.
- Drugs such as morphine group pain killers, calcium tablets etc.
- Diseases, e.g. diabetic, hypothyroidism etc.

Problem in eye sight: - The most common is age related (degenerative), affecting most of the elders. Other causes include inborn or congenital, injuries to the lens, and effects of drugs. Systemic illnesses like diabetes mellitus may lead to earlier onset of cataract.

Symptoms: Symptoms vary among patients and depend on the degree and site of opacity of the lens. The most common are: Gradual impairment of vision, Faded or dimmed vision, Glare or dazzle (particularly in bright sunlight, driving at night), Change in colour of objects seen, Double vision.

As with other parts of the body, the eyes commence to undergo alters as they age. In fact, vision problems are one of the initial signs of ageing. Along with those other problems like Cataracts, Floaters (Small spots that move across the visual plain) and Dry Eye Syndrome are common during old age.

Chronic Obstructive Airway Disease (Shortness of breath):- Mild shortness of breath is common in elderly, especially after performing exercise. Although this may be due to deterioration in lung function, it could also be the symptom of serious disease, such as chronic bronchitis, emphysema, heart failure, renal failure and severe anaemia.

Low Back Pain: - Low back pain (LBP) is a very common medical problem among elderly. There are many causes of LBP including injuries, diseases and degeneration. Poor posture accelerates degenerative changes of the spine hence proper posture is very important. Good posture helps to prevent injuries and unnecessary fatigue that can occur when the body is not in proper alignment. Uses of self-medication for extended periods of time have the adverse side effects, especially among the elderly who may get bleeding of the stomach from pain-killers. For the long time practised of improper Posture and care like standing, sitting, lying, lifting, daily activities and exercise have the effect on back bone and spinal cord. The structure of the spine is very complicated and back pain can be difficult to cure.

Osteoporosis: - Osteoporosis is a metabolic disease of bone which leads to a reduction in bone density. The affected bones become thinner, and are more likely to break (fractures) which may result in pain and other complications, including loss of independence. Osteoporosis has no symptoms on its own. If osteoporosis-related fracture occurs, there may have pain over the fracture sites. Common sites of osteoporotic fracture include thigh bone near the hip joint, spine (vertebrae) and forearm near the wrist. While hip fracture may occur after minor fall, spine can fracture without any trauma. Vertebral fracture can result in a hunched-back and a decrease in body height. It is very difficult to get cure or re-joint the fracture in old age because re generation of bones is almost stopped in this age group.

Heart Disease: - Heart disease is the main cause of death accounting for geriatric death. It accounts for approximately over one-third of deaths in the elderly, mainly from coronary disease, stroke and congestive heart failure. Following conditions are associated with the heart diseases, as follows:

- Coronary heart disease (heart attacks and angina)
- Hypertension
- Stroke
- Arrhythmias requiring pacemakers or drug treatment
- Congestive heart failure

Problems of the Prostate Gland: - Prostate gland is part of the male reproductive system. It surrounds the urethra and lies in the pelvic cavity. Ejaculatory ducts pass through the prostate gland and open into the urethra. Enlargement of the prostate gland resulted in compression of the urethra and causes obstruction to the flow of urine. Symptoms of the problem are urinary hesitancy and difficulty in passing urine, weak stream and dripping of urine, increasing frequency of urine, higher risk of bacterial infection of the urinary tract (including bladder, urethra or kidney), in some cases, it may cause bladder stone formation or renal failure. There are possibilities of prostate cancer with increase of age.

Urinary Incontinence: - It refers to the condition where a person passes urine involuntarily. It is a common problem in the elderly, especially in females. Weakened pelvic floor muscles may lead to leakage of urine when the pressure inside the abdomen is raised e.g. when coughing, sneezing, laughing and lifting heavy objects. It is more common in obese women past middle age, especially those who have had childbirths. Over-excitement or irritation of bladder muscles in situations like urinary tract infection (UTI). Stroke, dementia or other diseases of the nervous system also may affect the control of urination. Severe constipation, drug therapy, environmental and psychological factors are also linked to the situation.

Cancers: - As increases of age there are more vulnerability of cancers occurs. Among the elders over 65 years old, the three commonest cancers affecting male elders were cancer of lung, liver and large intestine, for female elders they were cancer of large intestine, lung and breast.

Diabetes: - Diabetes is commonly seen among the people living luxurious life without care. But it is found more as the age increases of those who are in risk of diabetes. So, elderly people have in risk of getting diabetes in more as compare to other age groups. Painless heart attacks are more ordinary in the older people, especially among the diabetics.

MENTAL HEALTH

With the experiencing of old age, mental changes take place. Old men / women have behaved like children and not like the matured persons as they had during their adulthood. Generally they expect extra care as the young child need in the family. The older persons often tend to put down their symptoms, so they should be given a very patient hearing and due importance to even petty complaints.

Disease, disability or death of the spouse or a close friend habitually result in serious disturbances and imbalance in the psychological behaviour of the elderly and this in turn worsens or initiates serious cardiac malfunction in the elderly.

Copping with anxiety: - Anxiety is a natural reaction in the face of crisis. It serves to heighten awareness, to speed up action taken to avoid the danger or to handle the difficulty faced, so as to go through the crisis safely. Therefore, anxiety of short-term nature and moderate amount is natural and beneficial. However, if the anxious emotion becomes chronic and is not managed properly, it could lead to anxiety disorder. In that case, not only does one's daily life become unmanageable, one's well-being is also at risk.

Anxiety in older persons is quite common. Overseas research found that anxiety symptoms were present in 20 per cent of community dwelling elders. In general, the nature of anxiety among older persons focuses on three main areas as health, finance and life stressors.

As symptoms of anxiety, physical aspects like rapid breathing / breathing difficulty, palpitations, headache, and muscle tension / pain, dry mouth, abdominal discomfort, insomnia, lack of appetite; Emotional aspects like Anxious thoughts, irritability, helplessness, guilt feelings and panic; Cognitive aspects like over-alertness/ hypersensitivity, confusion, difficulty in objective thinking and in concentrating and Behavioural aspects like restlessness, avoidance behaviour, using unhealthy stress relieving methods like smoking and drinking were common. Because of the loneliness of the elderly these are the possibilities to adopt in their early phase of old age.

Depression: - It is normal to experience emotional changes. However, unduly severe pessimism or sadness may be an indication of illness. Causes of depressions during old age are the life stress / work stress, Interpersonal problems, Maladaptive stress coping strategies (e.g. refusing to face problem, being pessimistic, etc.) and lack of social support. With the loneliness of the elderly depression comes. Diminishing of the importance of elderly in the

family increases the depression. Common signs and symptoms of depression are counted with emotional, behavioural, physical and cognitive.

Emotional: Sad and depressed mood, loss of interest in ordinary activities or hobbies, negative / pessimistic thinking, and feelings of helplessness, hopelessness, guilt, nervousness, irritability and anxieties are accounted as the emotional symptoms.

Behavioural: Withdrawal from social activities, psychomotor agitation and / or retardation, untidy or dishevelled physical appearance, low in energy, inability to enjoy life, failure to fulfil duties and so on.

Physical: Fatigue / loss of energy, significant change in appetite, significant weight gain or loss, sleep disturbances, reduced sex drive, vague somatic complaints without medical cause (e.g. headache, stomach ache, chronic ache and pain).

Cognitive: Forgetfulness, difficulty in concentrating, diminished ability to think, loss of self-esteem, indecisiveness, inappropriate self-blame and guilt, suicidal thought are accounted as the cognitive symptoms.

Hypertension: - Blood pressure is the pressure produced on blood vessels during contraction and relaxation of the heart. This pressure is usually described in terms of millimetre Mercury (mmHg). The pressure recorded during contraction of heart is called 'systolic blood pressure' (sBP), and the pressure recorded during relaxation of heart is called 'diastolic blood pressure' (dBP). Systolic blood pressure (sBP) is usually around 120 mmHg and dBP around 80 mmHg, it is commonly recorded as 120 / 80. Normal blood pressure is not static; it fluctuates throughout the day, and varies with different levels of exercise and emotions.

Hypertension is persistent elevation of blood pressure above the normal range. Hypertension is defined as sBP 140 mmHg or above, and/or dBP 90 mmHg or above. This standard is applicable to all adults 18 years old and above. It is more risks to the elderly because the physiological processes are slow down in that age group.

SOCIAL HEALTH

Social health is associates to a person with its society or surroundings. It is the combination of mental, physical and economic aspects to count the social health of a person. The concept of family comes first, when we discuss on health of senior citizens or the elderly in India. The

health of elderly is very much instinct with their respective families. Family is the most cherished social institution in India and the most vital non-formal social security for the old. Older persons stay with one or more of their children, particularly when independent living is no longer feasible. It is for them the most preferred living arrangement and also emotionally satisfying. It is important that the familial support system continues to be functional and the ability of the family to discharge its caring responsibilities is strengthened through support services.

But with highly educated and the horse race of life now most of the people like to live in nuclear families. They have no time to share the existing problems with their family members in joint families. In this condition the health of the older person in the family became miserable; it given less priority. People have their own business; no one is ready to give attention on the emotion the senior most people in the family, who need support from the family members. And as the senior musts in the family will be sufferer at their end episode of life.

Trend in Indian social system and its impact on elderly health

India has a peculiar kind of social system. Here caste plays the pivotal role; economic condition or the class system comes after that. Worldwide women are accounted as the secondary member in the family. There are already discriminations within the families, within the society. And in the result senior musts in the households and in the society have accounted for. Women are expected to work more as the household works are supposed to be easy to do. And till the late old age they are expected to help in household work. In rural area such conditions are found more. Overall it seems to be equal in treating the senior citizens but if one go into the deeper area in the households of any caste group and compare it with others then it realized that there are differences in treating the elderly in different castes.

Families have better economic condition are given more priority in caring the senior must persons in their families as compare to the poor families. Those are the joint families where the senior must people are treated in a better way. In nuclear families the husband and wife both may or may not working outside but it become difficult for them in caring the elderly. In these families the husband and the wife expect more from the elderly if they have in their houses. They may utilize the elderly in caring the younger children in the family, doing the household works and so on.

In the context of migration of the household members, old age has experienced worse in lives. As their children settled down in other cities, many parents, who had conventionally enjoyed a place of pride in the family, found themselves living alone. Children, being busy with their new lives, are unable to visit regularly to their parents or the elderly left behind.

On the result, old age homes are found full of elderly people. It is increasing day by day as with increasing of the nuclear families as well as migrations. Elderly or the senior citizens are just sent to the old age home. In old age homes health of the residents must taken care-off. But as we accept the health includes the social well being, it must not provide the social aspects of health. Only physical health did not make a person healthy. It needs the mental peace and social attachment for total well being especially for the senior must in the society.

Those elderly people in this country at least contribute to their families, care and make grow their own family members. And in return they are kept outside their homes during their incapable period. It is really decline the value of the society as a whole.

Rural urban dichotomy and health differences among elderly

There are differences in social practices in rural area and urban area. In rural area more of the elderly people engaged in physical work. It has found that during the early old age (age between 60 to 70 years) people worked normally. In many cases up to 70 years people manage their own family detached from their children. Women of the same age group having the experience of cooking and managing their houses. These were why their children preferring to stay in nuclear families. People in these age groups in rural area control their all emotions and live normally in the society as the 'elderly nuclear family'. In this time economically it became difficult to manage their lives. With the economic crisis and emotional detachment worsen the physical health as a whole. During the late old age (after 70 years), when they are unable to manage themselves, expect help from their children or the grand children. Health of the elderly has given no priority in these situations. In extreme situations (worsen in health) elderly taken to the hospitals for medical checkup. It has seen that a person of 80 or above 80 years old managing his / her life without help of others. It is true in many a cases in rural India.

In urban area, people at least save money for their future / old age. It helps them in managing themselves till the early old age. Here the elderly can't access the social relations as the elderly have in rural area. It is because in urban people do not have time to share feelings

with others. Even the family members of the same household have no time to talk to the senior most member of the family. Finally they sent to the old age homes. It is because they thought better care has provided in those homes and it will not affect the business of the family members.

The poor families in urban areas have experienced differently in their lives. Elderly people have to work till he she may able to work. Health problems are avoided knowingly to retain from medical expenses.

OPPORTUNITIES

The concept of joint family has ever lasting and multi-relevance in the society. It is said that the moral education of a child started from it family. In joint families a child normally taught about the behaviors and manners to deal with others. A child taught about what to do and what not to do. All these informal education in the home is given by the grandparents, those we named as the senior citizens or the elderly people. But now a day no one is caring about the moral education of children at their own homes. They tried to replace the original teachers (Grand Parents) by the tutors to teach the children. And as the outcome of it now the society has a large segment of population with lack of moral education. Anti-socials and the criminals are the extreme conditions of those; (Other causes are also there).

With caring the elderly people at own homes we must control so many social problems in future. As the senior most person in the family, had spent his / her life to build our career and future we must care them in the days of their end episode. In return our next generation has must pay attention towards us during our old age.

The art within the senior citizens must be utilized inside the households and within the society. They have gained knowledge throughout their lives. We must extract those for our future, at least for our next generations.

CONCLUSION

Throughout one's adult years he / she is busy in thinking of others, caring for others, working for others, earning for others. Whether or not he / she marries, has children, lives in a family; he / she lives amongst people. But after a life time of it he / she suddenly faces days and years of isolation.

While journeying through life one has to make endless adjustments with many unexpected, perplexing, difficult situations. In childhood and youth one has other adults around to guide the way. As adults, the feeling that one is in-charge helps in tackling such situations. But the elderly have no one to guide and at every step of the way they are made to realize themselves, realize their deeds.

It is true that old age as we know it presents frightening challenges to individuals and societies. Simply, much of what we hear about old age is not correct, that it is all and only about loneliness, depression, inter-generational wars. Like every phase in life, old age does have its problems in fact, we must agree with the accepted contention that there are more problems linked with old age than earlier life stages. Taking all these in mind we must give attention towards the elderly in our homes, own families. At least if we aware on taking care of the elders in our own then it will ensure of caring the senior citizens of the country.

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