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Geriatric health in India: Concerns and Solutions

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Abstract
India is going through the demographic transition. According to 1991 census, the population of the elderly in India was 57 million as compared with 20 million in 1951. The sudden increment in the population of elderly persons between 1991 and 2001 has been noticed and it has been predicted that by the year 2050, the number of elderly people would rise to about 324 million. The country will acquired the label of "an ageing nation" with 7.7% of its population being more than 60 years old. The demographic transition is attributed to the decreasing fertility and mortality rates. These reasons may be due to the availability of better health care services. It has been noticed 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 8.4 in 1996. Over the past decades, India's health program and policies have been focusing on population stabilization, maternal and child health, and disease control. However, the recent researches on 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. There is a need to focus on the medical and socio-economic problems that are being experienced by the elderly people in India, and strategies for bringing about an improvement in their quality of life also need to be explored.

Keywords: elderly people, fertility, quality of life, mortality rate etc.

Introduction
According to recent data related to elderly people in India, in the year 2001, it was observed that as many as 75% of elderly persons were living in rural areas. About 48.2% of elderly persons were women, out of whom 55% were widows. A total of 73% of elderly persons were illiterate and dependent on physical labor. One-third was reported to be living below the poverty line, i.e., 66% of older persons were in a vulnerable situation without adequate food, clothing, or shelter. About 90% of the elderly were from the unorganized sector, i.e., they have no regular source of income. The number of centenarians in India is about 2,00,000. India is one of the few countries in the world in which the sex ratio of the aged favors males.

Medical and Socio-economic Problems Faced by the Elderly
In India, the elderly people suffer from both communicable as well as non–communicable diseases. This is further results in the impairment of special sensory functions like vision and hearing. A decline in immunity as well as age-related physiologic changes results in increased load of communicable diseases in the elderly. The prevalence of tuberculosis is higher among the elderly than younger individuals. A study of 100 elderly people in Himachal Pradesh found that most of the patients came from a rural background. They were also involve in smoking and alcohol intake. It is shown that among the population over 60 years of age, 10% suffer from impaired physical mobility and 10% are hospitalized at any given time, both proportions rising with increasing age. In the population over 70 years of age, more than 50% suffer from various chronic conditions ie; hypertension, coronary heart disease, and cancer. According to Government of India statistics, cardiovascular disorders account for one-third of elderly mortality. Respiratory disorders results in 10% mortality while infections including tuberculosis results in another 10%. Neoplasm results 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 genito-urinary infections.

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

The high rate of urbanization and societal modernization has results in breakdown in family values and family support, economic insecurity, social isolation, and elderly abuse that results in depressions, stress and psychological illnesses. At the same time widows are prone to face social stigma and ostracism. The socio-economic problems of the elderly increases due to lack of social security and inadequate facilities for health care, rehabilitation, and recreation.

The Central and State governments are making efforts to deal with the problem of economic insecurity by launching policies such as the National Policy on Older Persons, National Old Age Pension Program, Annapurna Program, etc. However, the implementations and benefits of these programs have been analysed in terms of the meager budget, inappropriate identification of beneficiaries, lengthy procedures, and

irregular payment.

Strategies to Improve the Quality-Of-Life of the Elderly: The Role of the Health Care System

According to present scenario the health and socio-economic challenges that are being accounted by the elderly population in India, the following strategies may be explored by the program managers of the public health care system to bring about improvement in the quality-of-life of the elderly population.

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 compulsory that geriatric health care services be made a part of the primary health care services. Thus, peripheral health workers and community health volunteers should also be trained to identify and refer elderly patients for timely and proper treatment. An ICMR task force project, which was known as "Health Care of the Rural Aged", conducted in the Primary Health Center area near Madurai found this strategy to be beneficial.

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.

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 wellbeing, meditation, prayer, and strategies for motivation should also be included.

According to the findings of the 60th NSSO Round, the proportion of aged persons who cannot move and are confined to their bed or home ranges from 77 per 1000 in urban areas to 84 per 1000 in rural areas. Strengthening the elderly in the process of self-help can be done by means of physical, psychosocial, and vocational rehabilitation. Rehabilitation includes (i) provision of visual aids/mobility aids at geriatric health facilities, (ii) the availability of physiotherapy services, and (iii) imparting health education about staying mobile and providing practical tips. (National Open Survey, 2006) [5].

Day care hospitals could play an important role in providing close supervision and follow-up of patients with chronic diseases. Moreover, the cost of a day care centre is comparatively less than that of a nursing home. India has very few hospices that can provide terminal patient care. Hospices should be set up at the district level. NGOs, charitable organizations, and faith-based organizations could play an important role in this area. (P.C Chaubey, 2005)

Professional training in Geriatrics and Gerontology needs to be promoted. Few universities, for example, the Indira Gandhi National Open University, offer a Post-graduate diploma in Geriatric Medicine. There is a need to give emphasis to geriatric medicine in undergraduate medical as well as paramedical courses. Geriatric dentistry should also be developed as a separate, independent specialty at the post-graduate level. (N. Shah, 2005) [7]

Research in Geriatrics and Gerontology needs to be encouraged. The area of focus should be 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. Few drawbacks in the field of research on gerontology have been identified, such as the lack of attention given towards the aged in rural India, failure to view elderly people as active participants in the economy, the perception of older persons as being mere recipients of social welfare services, and a lack of focus on policy recommendations. (F. Chakraborty, 2001)

Conclusion

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.

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