

HEALTH STATUS OF THE AGED POPULATION: AN OVERVIEW OF INDIAN LITERATURE

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Abstract

This paper reviews the health status of aged population in India. Aged Persons will be one of the major policy concerns of the twenty-first century. Health care of the aged is a major concern of a society as old people are more prone to morbidity than young age groups. Most primary surveys have reported that the aged in developed countries in general and the aged population in India in particular have serious health problems. The review analysed health status of the aged persons based on their various short and long term morbidities, psychological problems, social problems, activities of daily living, low intake of nutritional food, family background and financial dependence of the aged persons in India. Around 6 per cent of the aged in India are immobile due to various disabling conditions. Approximately 50 per cent of the elderly suffer from chronic diseases. Visual and hearing impairments are highly prevalent. At the same time, the availability of health services for the elderly was lacking. Knowledge among health workers on the specific needs of the elderly is also minimal. Little attention is paid to the enormous needs of the elderly population. However, this trend clearly reveals that health status of aged persons will be a very big issue to the future society and vast resources need to be directed towards the support and health care of the aged population. Thus, the present paper suggests the researchers to bring various researches in the field of aged population for improving their health status.

Keywords: Aged population, Ageing, elderly, health problem and health status.

Introduction

Ageing is a universal process and it affects each human being in the world. It is a by-product of demographic transition, i.e.; the change from high fertility and mortality rates to low fertility and mortality rates. This phenomenon is more evident in developed countries but recently it is increasing more rapidly in developing countries. One of the major features of demographic transition in the world has been the considerable increase in the absolute and relative numbers of elderly people. This has been especially true in the case of developing countries like India.

The biggest achievement of the last century was greater longevity that has resulted in an increasing aging population worldwide. Population ageing is unprecedented, a process without parallel in the history of humanity. The term "old" is always related to physical incapacity, biological deterioration and disabilities and psychological failures. A healthy lifestyle is also required during old age. With prolonged human life, reduced mortality and fertility rates, ageing has become a global phenomenon in the 21st century. World Health Organization (WHO) views ageing as a privilege and a societal achievement. This process started in developed countries and slowly shifting to developing countries like India with systematically increased in number of greying population and hence, their proportion in the total population.

A population ages when increases in the proportion of older persons (aged 60 years or over) are accompanied by reductions in the proportion of children (persons under age 15 years) and then by declines in the proportions of persons in the working ages (15 to 59 years). At the world level, the proportion of older persons has been raising steadily, passing from 8 per cent in 1950 to 11 per cent in 2009, and is expected to reach 22 per cent in 2050. As long as old-age mortality continues to decline and fertility remains low, the proportion of older persons will continue to increase. Aged has become a challenge for many developing countries. The population growth trend of aged in India is somewhat similar to the world's trend.

In ancient India, aged persons had a vital role to play in the family and in society. Gradually, Indian society is moving away from the joint family to the nuclear family system. These changes have pro-found implications for the support and care of the elderly. Among several indicators of the status of the elderly in a society, the health status of the elderly occupies an important place.

Health Status of the Aged Population

Health care of the elderly is a major concern of a society as old people are more prone to morbidity than young age groups. It is often claimed that aging is accompanied by multiple illnesses and physical ailments. Besides physical illnesses, the aged are more likely to be victims of poor mental health, which arises from senility, neurosis and the extent of life satisfaction. The health status of the aged therefore should occupy a central place in any study of the elderly population. Most primary surveys have reported that the elderly in India in general and the aged population in the rural areas in particular have serious health problems.

Around 6 per cent of the aged in India are immobile due to various disabling conditions. Approximately 50 per cent of the elderly suffer from chronic diseases. Visual and hearing impairments are highly prevalent. At the same time, the availability of health services for the elderly was lacking. Knowledge among health workers on the specific needs of the elderly is also minimal. National health services are still preoccupied with the centuries-old scourge of communicable diseases, maternal and child care, etc. Little attention is paid to the enormous needs of the elderly population. Over the years, WHO has been taking action to improve the health care of the elderly. The principal focus of WHO's actions has been on community participation and family care. Promotion of traditional family ties has, therefore, been emphasized instead of institutional care.

In collaboration with its Member States, the WHO Regional Office for South-East Asia has been concentrating its efforts in several areas of elderly care. These include: Identification of special needs of the elderly; Creation of awareness among policy makers and the general population; Supporting the formulation of appropriate national policies, strategies and programmes, and Establishment of institutions of excellence for health care of the elderly.

As a top priority, training of health workers and studies on the determinants of healthy ageing has been receiving continued support under the WHO programme. Health security is one of the basic prerequisites of an enjoyable life for elderly people. But health in old age depends on people's lifestyle and behaviour during their life-span. Tomorrow's elderly are today's adults and yesterday's children. In traditional and culture bound societies like India, family takes care of the ageing during their old age, especially when they are not earning and in the state of frail and ill-health. One of the main factors which determine well-being at old age is the absence of chronic Non-Communicable Disease (NCD) like diabetes and heart disease. Given this, the paper analyses the existing research in the field of aged population and their health status in India.

Literature Review

The literature in the field of aged population and their health status is very large at national and international level. The present study makes a review of the important works at national level to understand the issues and thereby to suggest new research avenue for addressing the issues.

Amarjit (1988) study reported that to prevent osteoporosis or loss of bone mass, which is generally, experienced by the older persons, intake of calcium is recommended. However research has found that consumption of about 100 grams of vegetables like cabbage, lettuce, green turnips, tomato that contain about 70 to 100 grams of Vitamin K could help strengthen the weakening bones among the old.

Anantharaman (1990) study explore the factors, which are associate with optimism in one's physical health, 88 older males were interviewed in Madras City. 43 of them rated their health as good, whereas 45 considered their health to be poor. The senior citizens who evaluated their health to be good were found to be active, had professional and post- graduate education, and belonged to professional occupations. They also belonged to upper social class than others who consider their health to be poor.

Chakrabarti (1993) obtaining data from 61 respondents of 10 villages in Nadia, West Bengal by in – depth enquiry method, and this paper traces the views of realities on ageing process and examines the health, living arrangement and problems of adjustment of the rural elderly. The ageing seems to have two dimensions; natural and social. The villagers perceive the process through certain social events which take place in a person's life. The elderly mostly suffer from one ailment or another. Poverty and under – nutrition have compelled them to suffer from illness helplessly.

Anthropological study carried out on the older women living in three homes for the elderly in Pune included data on socio- cultural dimensions health status of 87 Maharashtra Brahmin women and anthropometric changes in the body of women as they age. Analysis of the health status of the elderly Maharashtra women revealed that their most common complaint is of blood pressure variation (52.23) followed by digestive disorders (43.2) and arthritis (43.3). The total frequency of arthritis over 13 subjects reported fractures with 5 experiencing repeated fractures. The main conclusion of this paper is talking of lifestyle and dietary habits. It seems that regular consumption of coconut by the Brahmin families in Maharashtra seems to have contributed to decreased frequency of bone fractures especially in young- old as compared to the North – Indian population (*Bagga, 1994*).

According to U N's reported statistics the number of persons in the world who are 60 or older will double during the 35 years span between 1970 and 2005. Because of the rapidly increasing population of older person, ageing has become an important public issue. With the ageing population comes a higher incidence of degenerative diseases which in turn adds to the burden of health care and to other socio economic problems. The paper highlights the benefits and importance of regular physical activity or sports participation for the aged and emphasizes the need for special fitness and health care for the ageing population (*Anil et al., 1995*).

Liu et al., (1998) while investigating the quality of life in 1008 cases of aged people showed that arthritis and chronic headache appeared to take the first and second place, respectively. The author suggested more medical care for the aged living in the countryside to improve their quality of life.

Dharmalingam and Murugan (2001) noted that the atmosphere in terms of friendliness, cordiality, affection, sharing of meals, eating together, preparation of food are liked by the elders. Keeping regular meal timings and serving of food by family members have all been found to affect the food consumption and satisfaction. Meals when shared with family members were more enjoyable which also kept them in a happy frame of mind and satisfaction. Physical exercise, social interaction and better family care for the ailments, prevention from falling can promote better health during old age.

Studies of *Dilip (2001) and Mao (2001)* reveal that gender differentials were observed with males having higher levels of morbidity than females in the context of hearing and locomotor disability. The morbidity rate was 246 per thousand populations in rural areas while it was only 190 per thousand persons in urban areas. It is clear that monthly per capita consumer expenditure with morbidity reported are much higher among aged in households. The morbidity level was slightly higher among the fully dependent category. The annual hospitalization rate was 185 per thousand for aged males and 130 for aged females. The prevalence of visual disability was higher in persons from households with monthly per capita consumer expenditure than their counterparts.

Audinarayana et al., (2002) have found that there are gender differentials in the demographic and socio-economic profile of the rural aged persons based on an empirical study of 558 aged persons in Coimbatore District. Familial status of the aged women is not in better position as compared to their male counterparts. All the findings lead to the result that aged females are, the most deprived among the deprived aged persons.

Packiam (2002) observed that caring for the old is a difficult task. This is because old age is characterized by physical decline, gradual loss of eyesight and hearing power, loss of appetite, chronic illnesses and pains, all of which demand special medical and personal care. The study suggests that economic support be mobilized both from government and non-governmental agencies and general public. Efforts are to be taken up to instill in the minds of the young people to respect and concern for the old and motivate them to visit old age homes.

Sandhya Rani and Suguna (2002) have highlighted the status of the aged women in modern India and also tried to highlight that health is an important factor during ageing. Physical changes occur with ageing are usually in the direction of deterioration of overall health status. After age of 60 years sleep is reduced by an hour or two. Majority of women suffer from insomnia which leads to loss of enthusiasm in performing regular duties and develops a kind of passiveness which leads to mental depression.

In lower middle-income countries, like India, population aged will play a more important role than population growth due to increasing deaths from Non-Communicable Diseases (*Population Reference Bureau, 2004*). However, empirical evidences suggest that the disability and adverse consequences of Non-Communicable Diseases can be prevented or postponed by investment in health and fitness promotion throughout life. Among the aged, the share of the young-old (60-69 years) is slowly decreasing and that of old-old (80 years and above) groups is increasing fast. In this process, the worst affected are the older people living in cities, since, there are only few children or siblings to take care of the aged population and even among these few members, majority would be dual working and earning families. In fact, there are situations where older people have to work and support the younger ones and older women to take care of family chores.

The health problems of the aged persons vary not only based on their economic conditions but also due to their different lifestyles, such as food habits, chewing tobacco, betel, smoking, etc. The men and women differ in many health problems in terms of the level of suffering due to diseases and the subsequent morbidity. Poverty condition and poor hospital facilities affect the health of the aged to a greater extent. Studies by *Haaga (2004)* and *Mutharayappa (2004)* reveal that lifestyle adversely affected health and increased morbidity conditions among the aged. This study is an attempt to highlight the factors affecting health conditions among the aged population. The health condition of the aged people is mostly influenced by the place of residence and availability of medical facilities.

Joshi (2006) has broadly divided the problems of the aged in three categories, as health problems, economic problems and socio-psychological problems. The common health problems are blood pressure, pulmonary disorders, diabetes, mental problems like depression, anxiety, etc. Except the few aged, who retire from organized sectors and get some retirement benefits, the plight of the aged in the unorganized sectors is worse, because they practically do not get anything to fall back. Some of the socio-psychological problems faced by an aged person are isolation, alienation, loneliness, powerlessness and dependence.

Balasubramanian and Sundari (2008) in their study on 'Gender and social determinants of health of older population in Tamil Nadu' clearly brought out an inequality in health status of older population by caste, gender and family type. Older women in nuclear family are the most affected group because of the lack of social support from the family. There is an urgent need to develop geriatric health care services with support groups which provide moral and physical support in unsupported environment.

This cross sectional and community based study was conducted to assess the health profile and morbidity profile of 382 rural elderly aged 60 and above of both the sexes, belonging to Udairamsar village, Rajasthan. It was found that the commonest reported complaints were dental problems (48.83%), diminished visual acuity (29.05%), arthritis and disorders of muscles and joints (24.60%), hypertension (23.82%), hearing impairment (19.63%), gastrointestinal complaints (14.65%), diabetes (12.82%). A significant statistical difference between males and females was found out in the number of diseases. Arthritis, skin problems and miscellaneous eye disorders (excluding vision) were more commonly found in females with highly significant difference (*Sitaram et al., 2009*).

Sithara and Devi (2010) paper explains that the health of the elderly in general is found to be an average level (58.4 per cent), of which 59.25 per cent are women and 57.5 per cent are men. Women elderly are experiencing poorer health (21 per cent) when compared to the male counterparts (13 per cent). The paper reveals that about 33.37 per cent of the elderly suffer from hyper tension, which is high among women elderly (39.75 per cent) when compared to male elderly (27 per cent). It was also found that women elderly are having more chronic morbidities than male elderly and only 54.8 per cent of the female elderly were having normal vision, when compared to the male elderly (67.8 per cent). Majority of the respondents prefer allopathy system of medicine (91.62 per cent), which was followed by Ayurveda (12.5 per cent). The paper also noted that majority of the respondents prefer private practitioners (52 per cent), than Government doctors or hospitals (33.6 Per cent).

Wason and Jain (2010) study aims to assess the nutritional status, dietary intake and health problems of institutionalized elderly in Jodhpur. Data used in this study were collected from an old age home with sample of 56 respondents aged 60 or older. The present study reveals that more elderly females (28.0%) were underweight than males (16.1%) whereas, majority of the respondents had normal nutritional status. Higher number of females (52.5%) had abdominal adiposity than males (9.5%). The disease profile of institutionalized elderly showed higher prevalence of dental diseases, diabetes, arthritis, hypertension, asthma and gastric disturbances. 90% of the elderly were suffering from depression and negative thoughts. With respect to dietary intake, reduction in consumption of foods like milk, curd, raw vegetables and sweets was observed in some male and female subjects mainly because of health reasons. The study observes better nutritional status and dietary intake in majority of institutionalized elderly and suggests counselling to safeguard them from age related diseases and psychological problems.

Seema and Ravi (2011) study was conducted on randomly selected 300 aged living in Agra city. Cornell Medical Index was used to assess the health status and the questionnaires for assessment of subjective well-being were prepared by the investigator. The results show that senescent enjoy better health than senile aged ($t=18.711$), male have better health than female aged ($t=4.437$). Obtained results of subjective well-being show that senescent aged have better purpose of life than senile aged ($t=4.698$) whereas senile aged have scored significantly higher on the remaining components as well as total subjective well-being as compared to their counterparts. Results also show that the female population have better subjective well-being as compared to male population ($t=3.142$). Poor physical, emotional and total health of aged is significantly and negatively correlated to total subjective well-being.

Most of the elderly widows have multiple health problems, reduced vision (81.2 per cent), hypertension and diabetes (65 per cent each). Majority of the respondents (70 per cent) are not being involved in their family affairs. 75.6 per cent of the respondents feel completely in secured due to widowhood. Almost all the respondents feel that pension should be given to poor widows; they should be made aware of the facilities provided by the Government to the widows. Society and people in general should treat them well (*Tanuja, 2011*).

Rajee and Audinarayana (2016) paper to examine the prevalence of elderly suffering from selected morbidities, duration of years they suffered and treatment taken or not for one or the other morbidity under consideration from any health facility across their gender background. For this purpose, data from 778 elderly persons (364 men and 414 women) who

are residing in Coimbatore city, Tamil Nadu, was collected and analysed with the help of cross-tabulations/means and Chi-square/ANOVA tests. The findings revealed that the percentages of elderly suffering from Arthritis and Cataract and related closely followed by Blood Pressure, Diabetes, Back pain and Asthma are higher among women than among men. On the other hand, while the duration of years suffering from Cataract and related, Arthritis, Blood Pressure Asthma and Ulcer problem is significantly higher among men than their women counterparts, the reverse pattern is noticed in the case of Diabetes. By and large, men tend to avail medical treatment for majority of the chronic morbidities under consideration to a large extent than their women counterparts. Based on the findings suitable policy implications have been proposed and discussed.

Bhardwaj, and Sarla (2016) study was carried out in one of the village of Lalitpur district in Uttar Pradesh to find out the health needs of the elderly and their satisfaction with existing services. A sample of 80 elderly was selected conveniently with 70 per cent retention rate and interviewed using pre-tested interview schedule giving more space for elderly to speak about their health related issues and existing services. The findings revealed that the Joints pain/arthritis was most common health problems giving elderly movement difficulties. Other issues reported were loss of hearing, vision, forgetfulness, stress, memory loss, blood pressure and breathing difficulty. A very small proportion of elderly in their early 60s did not experience any health problems suggesting increasing health issues with age. Government hospital was the main source of health services and a very big majority reported dissatisfaction owing to long distance, travelling difficulties, and lengthy waiting hours. Absence of recreational centre, nutritional awareness, pension scheme, and health insurance were reported. It may be concluded that in light of unavailability of quality health services and dissatisfaction from existing, this study recommended establishing centres of assisted living and healthy aging offering fitness, nutritional, recreational and spiritual programmes emphasizing gender and age-sensitive care. Government must initiate new plans of investment and health insurance for elderly population in rural areas giving them more power and economic independence.

Conclusion

From the studies above, it is concluded that the health problems of the aged persons vary not only based on their economic conditions but also due to their different lifestyles, such as food habits, chewing tobacco, petals, smoking, etc. Government must initiate new plans of investment and health insurance for elderly population in rural areas giving them more power and economic independence.

Physical exercise, social interaction and better family care for the ailments, prevention from falling can promote better health during old age. However, it is important that elderly people are not taken as a burden on society, but rather as an asset. For this, an inter-generation approach should be pursued with increased role for the mass media, education and religious organizations. At the same time, activities of self-help and social involvement will have to be widely publicized and promoted. Appropriate mechanisms are needed for engaging senior citizens in social activities which require strong support from both governmental and non-governmental organizations. Thus the reviews has analysed the men and women differ in many health problems in terms of the level of suffering due to diseases and the subsequent morbidity by their family background for their betterment of aged person's health status.

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