Issues of Heath in Ageing Population in India

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Abstract

The paper outlines the status of research on ageing in India and provides a situational analysis of elderly in terms of health aspects. The paper draws the attention from several published and unpublished articles, papers and project reports. The review shows that not all aspects of ageing have been uniformly researched and many of them are micro-level localized studies based on small samples. This study was under taken to understand the health status of elderly people and to gather some information about their perceived health needs using the information collected by different studies. The present study is descriptive in nature. Herein, an attempt to made to describe the situation and major health problems faced by the elderly people. Finding reveals that majority of the elderly, both male and female are unhealthy. The most common health problems age people face include, eye sight, asthma, tuberculosis, heart complaints. Urinary problems and diabetes.

KEY WORDS: Elderly People, chronic diseases, Health Status.

Introduction

The Elderly People in India

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Also old people have limited regenerative abilities and 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 afflict the elderly is geriatrics.
Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above.

The phenomenon of population ageing is becoming a major concern for all over the world, for both developed and developing countries, during last two decades. But the problems arising out of it will have varied implications for underdeveloped, developing and developed countries. The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during last two decades. But the problems arising out of it will have varied implications for underdeveloped, developing and developed countries.

To reap the advantage of demographic dividend, the focus is mainly on the children and the youth and fulfillment of their basic needs for proper development. Also the traditional Indian society and the age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people in the country. However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come. This has drawn the attention of the

policy makers and administrators at central and state governments, voluntary organizations and civil society.

National Policy on Older Persons

In view of the increasing need for intervention in 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. The policy defines 'senior citizen' as a person who is 60 years old or above. 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 cope with problems associated with old age. It also proposes affirmative action on the part of Government Departments for ensuring that the existing public services for senior citizens are user friendly and sensitive to their needs. It provides a comprehensive picture of various facilities and covers many areas like financial security, health care, shelter education, welfare, protection of life and property etc.

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. For the developing countries like India, the ageing population may pose mounting pressures on various socio economic fronts including pension outlays, health care expenditures, fiscal discipline, savings levels etc.

Thus in India, though percentage wise graying is not very rapid, but due to its mammoth size planning for the elderly is a huge challenge for the policy makers. The problems faced by the females are more critical compared to that of men due to low literacy rate, customary ownership of property by men and majority of women being not in labour force during their prime age with only very few in the organized sector. Therefore, the policy for elderly may also keep a realistic achievable gender component.

Health Status of the Elderly

Health problems are supposed to be the major concern of a society as older people are more prone to suffer from ill health than younger age groups. It is often claimed that ageing 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 extent of life satisfaction. Thus, the health status of the aged should occupy a central place in any study of the elderly population. In most of the primary surveys, the Indian elderly in general and the rural aged in particular are assumed to have some health problems. The Nandal, Khatri and Kadian (1987) study found a majority of the elderly suffering from diseases like cough (cough includes tuberculosis of lungs, bronchitis, asthma, and whooping cough as per the International Classification of diseases),poor eyesight, anaemia and dental problems. The proportion of the sick and the bedridden among the elderly is found to be increasing with advancing age; the major physical disabilities being blindness and deafness (Darshan, Sharma and Singh, 1987). Shah (1993) in his study of urban elderly in Gujarat found deteriorating physical conditions among two-thirds of the elderly, consisting of poor vision, hearing impairment, arthritis and loss of memory. An interesting observation made in this study relates to the

sick elderly's preference for treatment by private doctors. Besides physical ailments, psychiatric morbidity is also prevalent among a large proportion of elderly. An enquiry in this direction by Gupta and Vohra (1987) provides evidence of psychiatric morbidity among the elderly. This study also draws a distinction between functional and organic disorders in old age. It is found that functional disorders precede organic disorders, which become frequent beyond seventy. The First National Sample Survey (NSS) conducted during the second half of 1980s, focussed on the elderly and indicated that 45 per cent of the elderly suffered from some chronic illness like pain in the joints and cough. Other diseases noted in the NSS survey included blood pressure, heart disease, urinary problems and diabetes. The major killers among the elderly consisted of respiratory disorders in rural areas and circulatory disorders in urban areas. Another rural survey reported that around 5 percent of the elderly were bedridden and another 18.5 per cent had only limited mobility. Given the prevalence of ill health and disability among the elderly, it was found that dissatisfaction existed among the elderly with regard to the provision of medical aid. The author also referred to the fact that the sick elderly lacked proper familial care while public health services were insufficient to meet the health needs of the elderly.

The National Sample Survey in its 52nd round (July 1995-June 1996) focused on issues such as economic independence, chronic ailments, retirement and withdrawal from economic activity and familial integration among the elderly. This formed a large-scale sample survey conducted throughout the country. The sample consisted of 17,171 male and 16,811 female elderly persons. Among them, 20,950 lived in rural areas and 13,032 in urban areas. The following section analyses the raw data of this NSS round to assess the disease and disability profile and the patterns on health utilisation among the elderly across social groups (SC/ST). The following issues are analysed further: (a) Self reported health (b) Disability profile (c) Disease profile All the elderly were asked to state their perception of their health as 'good' or 'bad'. About 70 percent of the elderly males and females reported that their health status was 'good'. The difference between males and females and places of residence (rural or urban) is not significant. However, the proportion of females reporting good health was slightly higher than that of males in urban areas whereas the trend was the reverse in rural areas.

Among the eight chronic diseases canvassed in the National Sample Survey, close to one-third of the elderly reported suffering from pain in joints, followed by cough (about 20 percent) and blood pressure (about 10 percent). Less than five percent of the elderly reported as suffering from piles, heart diseases, urinary problems, diabetics and cancer (Table 16). Differences were observed among sex, place of residence and socially vulnerable groups such as SCs and STs. In the case of joint pains, a common chronic disease among the Indian elderly, women reported a higher proportion compared to men, rural areas reported more compared to urban areas and among Scheduled Tribes, followed by Scheduled Castes. On the other hand, the incidence of cough was higher among males than among females. People most affected by cough consisted of Scheduled Tribes, followed by Scheduled Castes and general elderly as the lowest. With ailments such as piles, heart diseases, urinary problems and diabetics, the incidence was higher among males compared to females whereas in the case of cancer, the reverse trend was noticed. In general, except in the case of joint pain, cough and piles, the incidence of all other diseases was higher among scheduled castes compared to those among scheduled tribes.

As disease patterns have serious implications for health care expenditure, the elderly are classified into four different groups by sex, place of residence and region. The four groups consist of the following: (a) Elderly with no disease (b) Elderly with one disease (c) Elderly with two diseases (d) Elderly with three diseases One-fourth of the elderly in India reported

that they were not suffering from any chronic disease. The proportion was about 20 percent in rural areas and 30 percent in urban areas . Not much difference was observed between the sexes. However, among the regions, the northwest reported the highest proportion of elderly with no disease, followed by west and south. The lowest proportion was reported by states in the east region. Similar patterns were observed among the elderly above 70 and also above 80. One out of two elderly in India suffers from at least one chronic disease which requires life-long medication. The proportion is slightly higher in urban areas compared to rural areas. The Eastern region led all the other regions in India with a higher percentage of elderly (two out of three) suffering from at least one chronic disease, followed by the south; the lowest was in north and north-west India. Similarly, one out of five elderly reported suffering from two chronic diseases canvassed in the NSS; close to three percent suffers from three chronic diseases.

The NSS probed into five types of disabilities of the elderly. These were visual impairment, hearing problem, difficulty in walking (locomotor problem), problems in speech and senility (Table 18). Twenty-five percent of the elderly in India suffered from visual impairment, followedby hearing difficulties (14 percent) and locomotor disability and senility (each 11 percent). The prevalence rates of all the five disabilities were higher in rural than in urban areas. Except for visual impairment, women were ahead in all the disabilities compared to males.

Between SCs and STs, disabilities among scheduled tribes were high compared to that among scheduled castes. Compared to the general population and scheduled caste, the scheduled tribes reported the highest incidence of disabilities. About 60 percent of the elderly in India live disability-free lives in old age. The highest proportion of no disability was reported in South India and the lowest in East India . It was slightly higher among rural areas compared to that in urban areas. Among the five disabilities under investigation in the NSS survey, 40 percent of the elderly reported suffering from at least one disability and this was slightly higher among females compared to males. Sex differentials were reported for the prevalence of two and three disabilities; 15 percent suffered from at least two disabilities and another 6 percent suffered from three disabilities.

CONCLUSIONS

From the above study it was concluded that, majority of elderly suffering from diseases like cough, tuberculosis of lungs, bronchitis, asthma, poor eye sight, anemia and dental problems. The sick and bedridden among the elderly is found to be increasing. Other dieses noted by researchers included blood pressure, heart disease, urinary problem and diabetes. The difference between male and females and places of residence (rural and Urban)is not significant. However the proportion of females reporting good health was slightly higher than that of males in urban areas. Whereas the trend was reverse in rural areas. One fourth of elderly in India reported that they were not suffering from any chronic disease.

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