



AGEING STATUS AND HEATH SUGGESTIONS TO OLDAGE POPULATION IN INDIA

Dr. D. M. Javalkar

Govt. First Grade College, Nesargi, Belgaum

Email: aishdj1666@gmail.com

INTRODUCTION:

Old age is a universal phenomenon. It is generally as the process of growing old and is an intricate part of life cycle. The number of persons above the age of 60 years is fast growing, especially in India. India is the second most populous country in the world has 75.6 million people at over the age of 60, constituting above 7.7 % of total population. By 2025 the geriatric population is expected to be 840 million. It is projected that the ageing population of India the age of 60 will rise from 7.7 % in 2010 to 11.10 % in 2025. Today India is home to one out of every ten senior citizens of the world.

Health is the most precious possessions of mankind. It is an important component of social wellbeing. Without which there can be no solid foundation for human happiness. Therefore it is rightly said that; health is wealth. According to World Health Organization (WHO) Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.

Health influences all the activities and shapes the destiny of human beings. Without good health there can be no solid foundation for human happiness. Therefore, health is considered as a fundamental human right and worldwide Social goal. Health is the major wealth of a person for better achievement in his/ her life. It is an essential input for the development of human resources and the quality of life.

According to Vedas -I would love to live for hundred years and I would love to see one hundred autumns; Thus, our Vedas have emphasized for a long life. Health and health services are an integral part of general socio-economic development and was made a part of it. It is regarded as the index of Social development. Charaka renowned Ayurvedic physician who lived about 2500 years ago had said `` Dharamarathikama, Mokshamarogyam” Moolamuntramam i.e. Health is a Pre-requisite condition for the realization of the fourfold aims, viz. Ethical, Artistic, Materialistic and Spiritual. Therefore, nothing could be of greater significance than the health of the people. People with sound health can accelerate the pace of economic and social development.

METHODOLOGY:

Methodology is a kernel of any socio-economic investigation. The reliability of results depends upon methodology. Secondary data was used for study and collection of data is made from different surveys done by researchers, health care websites, journals, books, newspapers, magazines, personal observations and other sources.

OBJECTIVES OF THE RESEARCH PAPER:

- 1) To assess the perceptions of the family towards ageing population
- 2) To know the problems of old age people in India
- 3) Positive health suggestions for old age people
- 4) Role of NGO's and Government in regard with old ageing population

UNDERSTANDING AGEING POPULATION:

Old age can be understood from different viewpoints and perspectives. The three common ways of understanding old age are-psychological, physiological and socio-cultural. Physiologically a person is old; sign body appears like wrinkling of skin, graying of hairs, reduced eyesight, some times less hearing etc., Psychological it is understood the various mental abilities such as loss of memory, changing in emotional reactions, reduce in intelligence, change in attitudes are taken as base for demarcating old age. According to socio-cultural view point, a person is called aged when he distances himself from these roles and statuses which he was performing as an adult.

STATUS OF OLD AGE PEOPLE IN INDIA:

Once the aged people were commanded a great respect due to the traditional norms and values of Indian society. In Manu Smruti it is rightly said that; Elderly are the doors of past and Windows of the Future. The Hindu joint family system provided social security to them and took proper care. In the household they were the patriarch's executive head of the household and controlled all activities of the household and are considered as light-house of knowledge, wisdom, sagacity and experience.

But now the situation has undergone a drastic change due to changes in social values, social structure and economic system, the family members are unable to discharge their duties to the aged. The generation gap is widening, change in attitudes of youngsters is now becoming more individualistic and unquestioned with regard to authority and respect towards elders.

AGE GROUP AND AGEING POPULATION, MALE- FEMALE COMPOSITION OF OLD AGE POPULATION, RURAL-URBAN AGEING POPULATION, OLD AGE POPULATION IN DIFFERENT STATES AND TOTAL AGEING POPULATION IN INDIA:

TABLE: 1 Distribution of population by age groups in India since 1951-2011**TABLE-1**

YEARS	AGE GROUPS			
	0-14	15-59	60+	TOTAL
1951	38.4	56.1	5.5	100.0
1961	41.1	53.3	5.6	100.0
1971	42.0	52.0	6.0	100.0
1981	39.7	53.9	6.4	100.0
1991	37.6	55.7	6.7	100.0
2001	35.3	56.9	7.5	100.0
2011	29.5	62.5	8.0	100.0

Source: Census of India for 1951 to 2011 SRS (Sample Registration System)
Statistical Report -2011

TABLE: 2 Percentage of share of elderly population in to total population by sex
Composition and rural urban composition in India**TABLE-2**

YEARS	MALE	EMALE	TOTAL	RURAL	URBAN
1961	5.5	5.8	5.6	5.8	4.7
1971	5.9	6.0	6.0	6.2	5.0
1981	6.4	6.6	6.5	6.8	5.4
1991	6.7	6.8	6.8	7.1	5.7
2001	7.1	7.8	7.5	7.7	6.7
2011	7.7	8.4	8.0	8.1	7.9
2004-05	6.9	7.5	7.2	7.3	7.0
2007-08	7.3	7.7	7.5	7.6	7.2

(Source: Census of India for 1961 -2001 NSS Survey 2004-05 and 2007-08 SRS
(Sample Registration System) Statistical Report 2011)

TABLE: 3 Number of proportion of elderly in the Indian population**TABLE-3**

Age Group	NUMBER IN MILLION					PERCENTAGE				
	1961	1971	1981	1991	2001	1961	1971	1981	1991	2001
60+	25	33	43	57	77	5.6	06	6.49	6.76	7.5
70+	09	11	15	21	29	02	2.1	2.33	2.51	2.9
80+	02	03	04	06	08	0.6	0.6	0.62	0.76	0.8
90+	0.5	0.7	0.7	01	NA	0.1	0.1	0.1	0.2	NA
100+	0.01	0.01	0.01	0.01	NA	0.02	0.02	0.02	0.02	NA

Source: Census of India for the period 1691-2001

TABLE: 4 Size of Elderly population (aged +) and their share in total population in major states of India in 2011

TABLE-4

ALL INDIA LEVEL SELECTED MAJOR STATES	PROPORTION OF ELDERLY IN TOTAL POPULATION OF STATE		
	MALE	FEMALE	TOTAL
Andrapradesh	8.3	9.4	8.8
Bihar	7.2	6.7	7.0
Gujarat	7.6	9.0	8.3
Haryana	6.6	7.6	7.1
Himachal Pradesh	10.4	10.3	10.4
Karnataka	7.9	8.0	8.4
Kerala	11.8	13.3	12.6
Madyapradesh	6.8	7.4	7.1
Maharastra	8.8	9.7	9.3
Orissa	9.1	9.5	9.3
Punjab	9.1	10.0	9.5
Rajastan	6.6	7.9	7.2
Tamil Nadu	10.2	10.9	10.5
Uttar Pradesh	6.6	7.1	6.8
West Bengal	8.2	8.2	8.2
All India Level	7.7	8.4	8.0

Source: SRS Bulletin (Sample Registration System) Oct.2012 Registrar General of India, New Delhi

PROBLEMS OF AGEING:

The health of the aged in India is one of the most neglected aspects of their problems. Generally the old people suffer from various diseases: such as blood pressure, heart disease, cancer, paralysis, arthritis, diabetes, bronchitis, diseases related to uterus, bone disorder, digestive tract problems, urination problems reduced eyesight, night blindness, hearing, change in voice, decline in immunity, asthma, disease of skin and joints, nerves disorder, sleeplessness, loss of memory power, hypertension, mentally depression etc. Social problems such as social isolation and isolation from family and friends, isolation from regular activities, powerlessness, loss of respect in the family and society, lack of support and care of elderly, elderly abuse, widows are prone to face social stigma, widower is helpless by loss of companion, lack of social security etc., Prevents many of the aged from attending the normal work and even affects the movements within as well as outside the house.

It is unfortunate that whenever we think of old age, what automatically comes to mind is vision of loneliness & neglect. And if we add to these, failing health and illness the picture becomes filled with a sense of helpless despair. Although it is true that at no stage of life is ever smooth sailing and every stage has its own attendant problems. Anthony Powell was not very far the mark, when he wrote "Growing old is like being increasingly penalized for a crime, you have not committed".

There are more problems linked with old age than earlier life. Painless heart attacks are more ordinary in the older people, especially among the diabetics. Environmental influences, such as sudden changes in temperature, severe cold or heat have a strong deadly affect on the cardio vascular function in the older people. Diseases disability or death of close friend or spouse habitually results in serious disturbances and imbalance in the psychological behavior of the elderly and this intern worsens or initiates serious cardio malfunction in the elderly people and also of loose physical strength, mental stability etc.

POSITIVE HEALTH SUGGESTIONS:

Human Culture and nature has produced old age & now it is essential that we need to create a new culture to support it. There is nothing we can do to prevent the aging process. Mental peace in the old age is possible provided there is a physical health. Physical & Mental health is co-related and interdependent. To achieve this, regularity and disciplined life are very essential. Hereditary traits and influences of environment are also very essential factors.

living an active life with regular exercise, eat healthy and well balanced food, eat fiber, low fat and low cholesterol, think young, minimize and manage life stress, create positive emotions, keeping-learning and growing, fun and laugh often, stay busy and active, cultivate and communicate relation with family and friends, maintain brain to be active and not to get disappointment, get enough sleep, change in life style, make community connections, quit smoking, maintain body weight, regular medical checkups, physical activity.

As man grows older should avoid items containing more sweet, oillish, fat contain, Chilly and spicy substances & can also avoid some items should eating for some particular diseases. Any organ of the body begins to diminish if it is not utilized. Therefore, to avoid this physical exercise is a must for the old ones. Respiratory organs will also be strong. Yoga & Pranayama also help a lot. These keep B.P anxiety and intestinal problems under control. For the old age health problems, one should have thorough medical checkup at least twice a year.

Making the people involved in some creative and meaningful activities utilizing their services, showing sort of reverence for their services is one of the best things to keep old age people happy and contented. Attitudinal factor is the most important factor required in treating the aged. Caring for elderly can be viewed from two perspectives; the daily care and the nursing and care during

illness. Besides, the need of the care during illness, the elderly may also seek help in managing their daily activities.

- ❖ **LEAD AN ACTIVE LIFE:** To stay active, do something. Regular exercise is one of the greatest key for physical and mental wellbeing. Regular exercise may prevent many common chronic conditions such as heart problems, sugar, mental stress and depression, arthritis etc.
- ❖ **MAINTAIN AND CULTIVATE RELATIONSHIPS:** Majority of older people live alone is the strongest risk factor for feeling of loneliness. The common life challenges like retirement from work, health issues or the loss of spouse may lead to socially isolation. Hence, maintain contact and keep relation with family members and friends.
- ❖ **REDUCE STRESS:** We cannot totally avoid stressful situations but we can learn better techniques to cope up with stress. Long term stress can damage brain cells and cause for depression. It can also lead to loss of memory, fatigue and decreases the ability to tackle the infections which is caused by stress. In this situation talk to loved one or counselor regarding the stress and to get relaxation with the help of yoga and meditation.
- ❖ **EAT HEALTHY AND FIBER CONTAINED FOOD:** A balanced and fiber contained food is essential for good health. Eating nutrient dense food like – fruits, vegetables, grains, avoiding sweet and spicy item and salty and highly processed foods. Take suggestions and treatment from family doctors.
- ❖ **GET SUFFICIENT AND ENOUGH SLEEP:** Sleep is essential to good health. Sleep deprivation can lead to obesity, diabetes, cardiovascular diseases. Therefore, develop regular schedule with a bed time routine. Older people need as much sleep as younger adults. Lack of sleep can cause depression, irritability and memory problems. Keep bed room noise free and avoid watching television etc.
- ❖ **BE TOUCH WITH COMMUNITY:** Old age people should always make community connections. Should engage in community activities such as go to trip with friends, play games (cross word puzzle, word gamed, enjoying with chidrens etc) with at local seniors /clubs and older should remember that participating in activities should be fun and not with stress.
- ❖ **PRACTICE PREVENTIVE MEASURES:** Many diseases are preventable. To prevent illness take yearly some important vaccines which are essential to take. Washing hands with soap after using the toilet and restroom. Wear appropriate cloths, get health checkups, take calcium contain medicine and vitamin D tablets and practice light exercise and regular yoga.
- ❖ **DEVELOP OPTIMISTIC OUT LOOK:** A positive attitude has a positive effect on health and enhances the longevity. According to research study, optimistic outlook early in life can be a predictor of better health and lower risk of mortality. Hence, there should be feeling like “Grow Bold and Not Old”

ROLE OF GOVERNMENT AND NGO'S .IN REGARD WITH OLD AGE PEOPLE:

The problems of the aged can be mitigated if not eliminated by providing necessary welfare facilities to the ageing population. Policies and programmes for the aged are also most essential. Now a day the problems of aged are causing greater concern for two main reasons- The percentage of the aged is rising and ability of the family to support & taking care is diminishing. Therefore, Policies & programs of the society such as Govt. & voluntary organizations are necessary for alleviating their problems. In the developed countries, when the problems of the aged have become even more acute their well-developed support system for the aged devised by the public institutions. There are institutional arrangements to look after the financial, residential & health care needs of the aged which greatly supplement and even replace the support of the family.

In the Indian Society, there is recognition of the responsibility of the larger society to look after the aged. Article 41 of the Indian constitution enjoins the state to make effective, provision of the disadvantaged and weaker sections, including the aged. Govt. has taken to assume partial responsibility for supporting the destitute aged who does not have earning children & children with sufficient income to support them; government provides old age pensions to the destitute which consists of meager amount barely adequate for subsistence. Govt. has taken in respect of the aged is to pass legislation to ensure retirement benefits, such as gratuity, pension & provident fund to be paid by the employers to the aged who are compulsorily retired. Governments are also provided traveling pass at concession rate, the central government has announced social security program called 'Annapurna Program for the elderly destitute. Under this program eligible older persons are given 10 kg. Rice/wheat monthly. The another national project titled OASIS (Old Age Social and Income Security)

Some efforts were made to achieve the welfare of the old age persons in pre-independence India. The "Friend in need Society" established in 1840 in Bangalore, in Poona city an "old age home" for the aged and physically handicapped was set up in 1865, In Kolkata "Little sisters of the poor" organization was setup in 1882, In 1912 "Ashakta Ashrama" was started in Surat. "Seva Sadan" was setup in Lucknow in 1940. Thus after independence a large number of such organizations have come up in India.

OTHER SUGGESTIONS AND MEASURES:

Apart from this assistance yet our old age people need other helps as other civilized nations of the world. For instance in Australian societies "Day care centers" are formed. The old couple will have a home with two bedrooms facilitated with a common kitchen & Medical facilities. "Home makers" Programme is another popular Programme, under this Programme interested Couple will visit the old age homes and treat the couple with all sorts of joys and

fun as their own kin's. There is another Programme entitled "Meals on Wheels", where young people prepare food and eat with them by serving food to the old couple.

In some countries the aged are shown due respect and courtesy and properly taken care of. For instance Japan observes 15 September as "Grand Parents Day", here grandchildren wish their elders with flowers, in China it is the tradition to respect the elders, Taiwan has declared the ninth day of ninth lunar month of the year to show the respect of elderly, in United States of America, the month of May is officially proclaimed Older Americans Month, In Canada Senior Citizens celebrate Senior Citizens Month called Jubilagerian,

In Hong-Kong facilities such as provision of money, clothing Medical facilities, job facilities, concession in transport, recreation at leisure hours, homes for residence and all sorts of community services flow from private individuals to the old age people. In Thailand also facilitates such as provision of old age homes, there is an association of senior citizens which supports very old ones. In Indonesia, Korea, Nepal also there are various kinds of Programmes for old age people. Such more and more voluntary organizational Programmes and Govt. efforts are also needed in Indian contest.

CONCERNS OF THE INTERNATIONAL COMMUNITY FOR OLD AGE PEOPLE:

Concerns of the International Community for old age people in 1982 world Assembly on aging were held in Vienna. It was decided for formulate Programmes for the aged. The first review about the Programme was held in 1985. Owing to great concern shown by the International community- "International Federation on Aging" came in to force, it is through this federation the organizations working all over the world in this field have been able to come in close contact. This federation has succeeded in discussing the issues related to the old age people in the branches of UNO such as WHO, UNESCO & ILO. These have made efforts not only to solve the problems of the aged but have shown interest in providing social Security for the aged. World Bank has also shown great concern about this.

CONCLUSION:

Lastly, the old age people under the helpless conditions need to be treated as tender babies. There is a need for this kind of attitudinal change in the minds of the youth and other members of the society and Government. The need to establish separate wards in the hospitals with trained medical staff. It is also necessary to start mobile care centers. Voluntary organizations should also be encouraged to play main role in this regard, people counselor should follow an integrated counseling & model based and social support of spouse, children, friends, health care professionals, planners etc., Social support is an important factor that serves as Moderator and mediator of physical, Social and Mental

Dr. D. M. Javalkar

well-being. A support network accelerates individuals coping ability or willingness to overcome challenges of life. The significant others i.e. Spouse, family members, friends constitute the social support network and can play instrumental role for the maintenance of physical, social & psychological health of the elder persons. Keeping this in mind it is time now to think seriously about the health problems of aged and as above said suitable steps have to be taken to improve the quality of life of elderly today and tomorrow and there should also be feeling among old age people like “Grow Bold and Not Old”.

REFERENCES:

1. Dr. Srinivasan S. (2002) “Primary Health Care Services in Rural India” Current Status & future Challenges. Kurukshetra Vol. 50 No.12.
2. N.C.H (2002) “National Health Survey in India ” International Institute of Population sciences Mumbai.
3. Sujatha V (2002) “Health by the People’ Sociology of Medicare. Rawat publications Jaipur.
4. Dr. Venkatarama Gupta etal. (2003) “Drugless Healthy Life Style Management ”. Erantees Publications Bangalore.
5. Dr. Venkatarama Gupta (1999) “Health in Old Age ” Erantees publications Bangalore.
6. Asiya Nasreen (2003) “Elderly and their Counseling Needs”. Social Welfare Vol. 50 No.7.
7. Prema Ramachandran (2003) “Health Care During the Tenth Plan”. Yojana Republic day special issue.
8. Sushma Chandra (2002) “New Health Policy Focuses on Primary Sector” Yojana Vol. 46.
9. Padmaja K (2002) “User Fees For Public Health Care Institutions”. Yojana Vol. 46.
10. Tripathi rajmani (2002) “Health Problems and Health Care of Rural Elderly” Yojana
11. “Personality problems in the old age” [http/ www after 50 health. com](http://www.after50health.com).
12. “The Sixty Year Old Personality ” [http: || www. Squidoo. com old age problems](http://www.Squidoo.com/oldageproblems).
13. “Old Age Health Problems and Solutions.” [http: || ezinearticles. com / ?](http://ezinearticles.com/?)
14. Dr. Keshavmurthi (2010) “ Though Indispensible, But How to Welcome Oldage ? (Kannada version) Vijaya Karnataka Daily News paper 20th February.
15. Vijaykumar S. (1995) “ Challenges Before the Elderly: An Indian Scenario M.D. Publications Pvt Ltd., New Delhi.
16. Swaminathan D.(1996) Intigration of the Aged in the Development Process of India, Helpage India Resaerch and development Journal.

17. Abhay B. Mane (2016) Journal of Gerontology and Geriatric Research, Dept of community medicine, Pune, feb.
18. Government of India 1999 National Policy on Older Persons. Ministry of Social Justice and empowerment, New Delhi.
19. Irudaya Rajan, S. (2001, February 24) : Social Assistance for Poor elderly: How effective? Economic and Political Weekly, 613-617.
20. National Sample Survey Organisation 1998 Morbidity and Treatment of Ailments July, 1995- June 1996 (NSS 52nd Round) report No. 441, New Delhi, Government of India.
21. Siva Raju, S 2000: "Ageing in India: An Overview", in 'Gerontological Social Work in India', Murli desai and Shivraju (Eds.), Delhi, B.R. Publishing Co.
22. B.N. Shivalingappa and Sowmyshree K.L. (2011) The pattern of distribution of Aged Population in Rural Karnataka : A Spartial Analysis , Journal of Rural Development Vol. 30, No.4 Oct, 2011
23. GOI (2011) Situation Analysis of the Elderly in India, Central Statistics Office of Ministry of Statistics and Programme Implementation Govt. of India.
24. Hiremath S,S.(2012) The Health Status of Elderly women in India : A case Study , International Journal of Criminology and Sociological Theory.
25. Shenoy A.S.(2014) social Protection and Social Welfare of Elders. South Asia Regional Co-operation Newsletter.
26. Syam Prasad (2013) Deprivation and vulnerability among elderly in India. Indira Gandhi Institute of Development Research, Mumbai July.