CHAPTER I

INTRODUCTION

The increase in the percentage of older people in the population has been accepted as a demographic reality in India. In the last two decades, the proportion of those aged sixty plus in the general population has been steadily increased from 6.4 percent in 1991, to 7.7 percent in 2001, and is expected to go up to 12.3 percent by 2025. The curve of life expectancy of older people in India has also started looking more similar to that of Western countries.

In 2001, life expectancy at birth for an Indian was reported to be 63.5 years. Life expectancy at the sixth decade of life and after has also increased by 13-14 years. Though most states of India still have a sex ratio in favor of men, women gain in later years and as a result women are expected to outlive men. India has entered the third stage of demographic transition in the 1970s with a declining birth rate. Thus, with the increasing number of the aged, it is a matter of serious concern to know about the different geriatric diseases and problems of the older persons in this changing scenario.

Ageing is a process of gradual and spontaneous change resulting in maturation through childhood, puberty, and young adulthood and then decline through middle and late ages. The regeneration capacity of cell and other processes due to growth and maturation is lost over time, ultimately leading to an incompatibility with life.

India is going through a revolution in its demographic economic, socio-cultural and psychological status. The population aged 60+ is increasing rapidly in the country. According to estimates by United
Nations, the projected population of India will be 1,445.6 million in 2025. This will be about 17.1 percent of the total world population at that time (Sidhu and Bargoti, 2003). The population of elderly in India in the year 2021 will be 137 million (United Nations 2003).

India with its horary philosophical, traditional and cultural practices of respect for old age may reveal a totally different set of constituents that contribute to a happy aging. Happy aging is characterized by satisfaction with ones present life and psychological state of happiness and content with existing condition (Ramamurti and Jamuna, 1993). Life satisfaction among the aged is an important concept as it has for reaching implications and it can give us over all view as to how much different an individual is, or how the person is aging successfully (Chandha, et.al., 1992).

India is the second largest population of elderly (60+) in the world [Govt. of India, 2008]. As per the 2001 census, the number of older persons was 70.6 million (6.91%) and was projected to grow to 94.8 million (8.3%) in 2011, 118 million (9.3%) in 2016 and in 2026 it is expected to touch 173 (12.4%) million [Registrar General, 2001].

Ageing is a natural phenomenon that makes people move from independent adulthood to a stage of dependency. The increase of demographic ageing process in our country has a series of socioeconomic problems as well as health problems. Health status is an important factor that decides the quality of life of an individual.

Problems of ageing are mostly due to psychosocial environment, diminishing supports or changes in life situations. Elderly people are more prone to diseases due to lowered food intake, physical activity, and resistance to infection. The ageing process is biological reality which has its own dynamics largely beyond human control. However, it is also subject to the constructions by which each society makes
sense of old age. In the developed world, chronological time plays a paramount rate. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age, other socially constructed meanings of age are more significant such as the roles assigned to older people, in some cases, it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible (Gorman, 2000).

Ageing is a normal inevitable and universal phenomenon; literally, it refers to the effects of age, commonly speaking, it means the various effects or manifestation of old age. In this sense, it refers to various deterioration in the organism. While they have been usually perceived as biological, the deterioration in mental capabilities and social adaptability is no less important. Ageing has thus three aspects biological, psychological and social. The elderly person represents a store house of knowledge and experience and reservoir of wisdom but is a highly vulnerable group in society. Their vulnerability increases with age. The vulnerability lies mainly in lack of employment, financial insecurity, ill health and neglect by society. Any system of social security of the elderly should address all these vulnerabilities. It has to be therefore, a multi dimensional program providing income security, health security and emotional support. While the family can provide the basic security, the major responsibility for providing social security to the elderly lies on the community and the state in the age of industrialization (Subrahmanyam, 2005).
Since time immemorial, the aged have been accorded a place of honor and importance in the family and community. Ancient literature is replete with relevant reference to the aged. Long life was cherished, old age was viewed with a difference and the aged had a substantial role to perform in the society. In the joint family settings, the opinion of the elderly in the religious, economic and social matters was valued; and in the community their counsel carried weight. In the process of socialization of the younger generation they have their specific role. They showered affection and enforced social norms and woes. On the other hand, family and community looked after them irrespective of their productive capacity (Gurumurthy, 1998). In the modern times, the social situation however, has undergone a perceptible change. Forces of the industrialization, commercialization and modernization have influenced and altered many social values and institutions. There has some substantial dilution of traditional economic and social values.

**What is geriatrics?**

Geriatrics is a branch of medicine concerned with the diagnosis, treatment and prevention of diseases in the elderly and the problems specific to aging. The main problems in aged are incontinence, immobility, intellectual impairment and instabilities. Most of the disabilities of these persons are caused by weakening of the circulatory system. Geriatrics attach prime importance to the mental deterioration among the old, this medical discipline studies in detail the disturbances of motor and sensory function in old people caused by inefficient blood supply. Other problems that geriatric take into consideration are gastrointestinal disturbances, osteoporosis, lung problems and obesity. Geriatric studies have shown that old age problems may also be due to alteration in the functioning of the thyroid gland. Other causes may be sleep disorders, depression, infections and metabolic diseases. Progressive diseases like heart
diseases and cataracts tend to become more severe in old age, influenza infection and exposure to cold also make the aged sick. The weakening of the immune system may lead to an increased incidence of cancer in older persons. It also deals with the psychological, economical and social dimensions of old age. Geriatrics includes managing multiple disease systems and developing care plans for the special health care of older people.

With aging the incidence of lifestyle diseases increase. This is not a sudden onset phenomenon but an accumulation of changes in the expression of genes in response to nutrition and environment from the time of conception. Ethnic and therefore genetic differences confound the relationships between phenotype and genotype. For the same body size Indian people have more fat and less muscle than other ethnic groups. People of Indian origin worldwide are at increased risk of cardiovascular disease and Type 2 diabetes mellitus as they age. Accumulation of central body fat is one risk factor.

Older people often suffer from more than one disease, and disability, usually defined as the inability to carry out the usual tasks of daily life. This is established as a powerful measure of health status in old age (Guralnik et. al., 1996). Physical disability is linked to acute illness, chronic disease, and injury. Single diseases making important contributions to disability include cardiovascular disease, diabetes, arthritis, and stork, but co-morbidity is also an important risk for disability. Underlying behavioral risk for disabilities include low levels of physical activities, few social contacts, and smoking (Stuck, et al., 1999). The risk of having diseases such as diabetes mellitus, coronary heart disease, cerebral vascular diseases and osteoporosis increases as age advances.

Chronic disease causes medical, social and psychological problems that limit the activities of elderly people in the community
and decreases their quality of life. Quality of life in later years may be diminished if illness, chronic conditions or injuries limit the ability to care of oneself without assistance. Elderly people maintain their independence and eliminate costly care giving services by, among other things, shopping on their own, cooking their own meals, bathing and dressing themselves, and walking and climbing stairs without assistance.

India is known for its tradition and close family ties where the elder people are given higher position in family and they are the decision makers, with more experience and wisdom the elders used to run the families. Both culture and status of the family was maintained. Due to urbanization, migration and inflation, more and more nuclear families are existing. Now old people are considered as weak and burdensome. Their position in family is also altered.

The ageing of the population along with changes in the family structure and shifts in intergenerational relations has brought into focus issues pertaining to the elderly in India. The growing visibility of old age homes in India points to the needs of elderly, which were not recognized earlier. The old age homes have sprung up to cater to the needs of the elderly from different socio-economic backgrounds. The interests of the elderly to spend their old age in sacred places, the migration of children in search of employment opportunities, their maladjustment in family and poverty of the elderly are the major reasons for the Indian elderly to shift to old age homes. But since the idea of living in old age homes is relatively new in India, the adjustment process of the old age home residents, their feelings of satisfaction and dissatisfaction and expectations from family members provide an interesting field of inquiry.

Old age is usually a period of declining physical health, the physical parameters at this sensitive stage of life are outcome of many
variables such as hereditary factors, personal temperament, child births in females, the manner of living, educational background, health awareness, metabolic characteristics, environmental factors, vicissitude of living, nutrition level, infectious intoxication, occupational influences, family composition, balance between work and rest, emotional stress, internal responsibilities, endocrine disorders, environmental conditions etc. Usually getting older is inferred as losing beauty, strength and vigor. Physical changes although occur throughout adulthood, they have inconsequential effect on a person’s everyday life in the early and middle adult years. It is only in later life that the cumulative effects of such changes tend to catch up with the individual and begin to interfere with daily life patterns and habits.

The continued growth of elderly population both in absolute terms and in relation to other segments of the society is the most significant demographic trend of the twenty first century. The rapid increase in the elderly population, the changes in the family system, the lifestyle of the younger generation have led to changes in the living arrangements of elderly both in developed countries and developing ones. Viewed from whatever angle, old age is characterized by diminished physical and psychological activity, altered status and role and a plethora of problems. This has serious implications for society.

Several endogenous and exogenous factors give rise to variety of problems among the elderly. The processes of industrialization, commercialization, urbanization and modernization have a negative influence on the elderly. The joint family is giving way to nuclear family. All this has seriously affected the situation of senior citizens in society. Neither they have the earlier position of importance in the family and community, nor are they looked after the way it was done earlier. The social changes continue at a brisk pace –affecting the aged in the ways more than one.
Often experiencing generation-gap, the elderly find themselves strangers in the very own household they had built. The rapid increase in the elderly population and the changes in the family system and lifestyles of younger generation have led to changes in the living arrangements of elderly both in developed and developing countries. Due to decreased fertility and increase in longevity, aged population has increased considerably; urbanization and modernization have paved the way for many elderly being left alone by their families. As a result, a large number of old age homes have started to come up like mushrooms all over the country.

Today, the old age homes are indispensable as they are needed to take care of the lonely and forsaken elderly in the evening of their lives. Whenever the family does not provide full protection and security to the aged, the society has to share the burden of looking after them. Nowadays, old age homes are established to take care of old age. This idea of “institutionalization” of the aged has largely been borrowed from the western countries. In the context of the dynamic changes taking place in Indian society, the problem of the aged has assumed importance. There is a gap between the needs of old people and the availability of health and social service in these institutions. There is much research on the problem of the institutionalized old people abroad but in India, very little organized information is available about the problem of the aged living in the families and in old age homes.

Of the several consequences of such trends, one that causes serious concern is that of providing care to a large number of older persons to have better quality of life. This has different dimensions and connotations. When it comes to older people, care which implies providing physical, social, economical and emotional implies instrumental support on a continuous and long term basis. This is because of the increasing dependency of the older people.
What is quality of life?

The World Health Organization (WHO) defines the quality of Life as “an individual’s perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns. It is a broad-ranging concept, incorporating in a comparing way the person’s physical health, psychological state, level of independence, social relationships, and their relationship to salient features of their environment”.

Elderliness is a qualitatively different experience for each subject. It is preponderantly good for some with, ‘an autumn with deep but bright tonalities’ and a bad experience for others. Between these two extremes of good and bad quality, there is probably a continuum. Erikson has referred to the two extreme poles, satisfaction and dissatisfaction, as respectively the pole of ‘integration’ and of ‘despair’. Explaining these Erikson’s (1968) concept, Kimmell et al. (1974), summed up in the following way these two possibilities of emotional positioning of the elder facing the old age: ‘if the elderly subject manages to build a secure sense of the ego and a perception of his/her legacy, be it through the children or work, he/she maintain an ego integrity, whereas the incapability to provide for a solution for this conflict results simultaneously in disappointment with his/her own self (with subject proper) and, therefore ‘despair’.

In fact, it seems empirically probable that the experience of being aged be emotionally varied between different subjects, being agreeable for some of them and bad for others. Whether elderliness will be an enjoyable stage of the vital cycle will depend on objective factors of this subject’s life and on the subjective interpretation of this reality by the elderly persons. It will depend partially on the subjective interpretation of the elderly and in part on the objective contingencies of their histories. Therefore, the positive quality of life – as well as
negative – of elderly people depends on the subject's internal variables (his/her emotional attitude facing the fact of life) and on external variables (contingencies, environmental resources).

The quality of life depends on the emotional interpretation the subject gives to the facts and events. The quality of life is increasingly acknowledged as an assessment strongly dependent on the person’s subjective perception. In the specific filed of physical health, for example, there is a great variability between people regarding their capacity of facing up to physical limitations and diseases and their expectation concerning their health. The individual concepts can have an influence on the perceptions and valuation people have about their health condition. Thus, two persons with the same functional states or the same ‘objective’ health condition (for example, degree of rheumatic arthritis), can have very different qualities of life due to these subjective aspects.

The Same contingency or loss—such as blindness, for example—will not be the same for two different persons, as a lost function could have different emotional importance for each of them. As reminded by Sadavoy (1995) the magnitude of the reaction of the elderly person to the loss depends at a certain degree on the amount of pride and emotional investment that this person had in the lost function.

Several internal emotional/physical characteristics influence the possibility of having a pleasant elderliness. Characteristics such as the interpretation of losses, the previous personality and even the beliefs and positions, facing aspects like death and separation can help in keeping, developing or losing the well-being in elderly line. An internal characteristic highlighted by Rowe and Khan (1997) as the most important one is the ‘resilience’, the emotional capability of recovering from stressing factors. According to Sadavoy (1995), the greatest developmental task of elderliness is to find ‘restitution’ for
inevitable bio psychosocial losses associated to this stage of the life cycle. In Goethe's (1983) words, there is no art in getting old but it is an art to endure elderliness’. For many elderly people, the task of recovering from stressing factors is hampered due to the cumulative effect of losses close in time, when a new loss occurs before enough time had already passed in order to allow the resolution of grief.

Besides these internal aspects, the external contingencies vary enormously from person to person. The loss of independence does not happen to everybody and when it occurs follows different paces. The loss of financial resources is common, although its degree be variable. Many elderly people -in our society, frequently more females than males, will have to face up to widowhood. Different ‘organic scenarios’ are possible: the number, quality and the intensity of their health limits vary for each elderly person, from subjects whose health is kept in the standards of young adults (well-succeeded elderliness) up those without any social life. Even the age is variable among elderly people, sometimes ranging more than 30 years.

Therefore, elderliness having a preponderantly positive quality for elderly people depends on the internal emotional coordinates and on the contingencies. Whether elderliness will be an enjoyable stage in the life of elderly depends on the subject’s emotional resources as well as on the intensity of stressing factors and recourses offered by the environment to the persons (buffers). As these internal and external coordinates may range from very favorable to intensely unfavorable, we can understand how the interesting or resulting point of these two axis vary from subject to subject. This intersecting point between the external reality and the point of feeling about this reality can be called the subject’s ‘quality of life’.

The United Nations declared the year 1999 as the International year of the aged with the theme “Towards a society for all ages” and 1st
October as the “World Elders Day”. This focus could be attributed to the burning problems of the aged.

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“Old is Gold” is a popular proverb but not so in old age. It is a very crucial period of life in the current social system. The modern socio-economic system makes old age a serious social problem with the new values in new setting. The elderly must be given education in democratic way of living, planned and purposeful activities which will constructively engage older persons according to their capacities.

The perceptions of old age, its sociology, the empty nest syndrome, ageing and health, couples ageing together, ageing alone (without spouse), shows how old age homes are places of exile to some and a welcome option to others and addresses questions such as whether the quality of life has improved for older people and whether creativity declines with age. If we are to celebrate longevity it must be
accompanied by improvements in the quality of life and the development of efficient and imaginatively-designed support systems that turn the past retirement years into a period of rest, comparative security and contentment.

In the light of the above discussion the present research work was undertaken to study the prevalence of geriatric diseases, health aspects and quality of life of old age people living in the Institutional and non institutional settings.