

Editorial



Ageing — Sunset Sign ?

The world's population is rapidly ageing with a projection of proportion of aged people above 60 years doubling from 11% to 22% during the duration of 2000 to 2050. India is also in the phase of a demographic transition with the gradual increase in the elderly population from 20 million in 1951 to a staggering 57 million in 1991. It has been projected that by the year 2050, the number of elderly people will rise to about 324 million. India can thus be called "an ageing nation" with more than 7.7 percentage of its population being constituted by people more than 60 years of age.

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Decrease in mortality rates more than the fertility rates due to availability of better healthcare has been attributed for this demographic transition.

Over the past few decades, India's health program and policies have focused more on issues like maternal and child health, disease control and population stabilisation without much emphasis on the elderly population. But, with the current trend of rising elderly population initiatives for the neglected population involving their social, medical and economic problems is in dire need.

Social and demographic profile of the elderly :

In India, most of the Elderly population is illiterate and dependent on physical labour- consisting mostly of men indicating increased mortality in females. The elderly female are mostly widowed and completely dependent on their families for their day to day needs.

Medical and social economic problems faced by the Elderly :

The elderly people in India suffer from both communicable as well as noncommunicable diseases, which is further complicated by the presence of impairment of special sensory functions like vision and hearing. They are also highly prone to mental disorders like dementia, due to ageing of the brain, problems due to ailing physical health, cerebral pathology, socio-economic factors such as breakdown of family support systems, and decrease in economic independence.

In the recent years, rapid evolution and societal modernisation has led to a further increase in the breakdown of family values and framework of family support, economic insecurity, social isolation and elderly abuse. Unavailability of social security and inadequate facilities of healthcare, rehabilitation and recreations for the elderly population further aggravates the socio-economic problems.

Although the Centre and the State governments have formulated multiple policies to curb the problems of economic insecurity in the Elderly, the benefits of such policies have been questionable.

Ageing in Medieval Europe :

Throughout most of the middle ages, ageing and old age were conceptualised as a natural part of life, with distinct rules of how every individual were to cope with their problems. There was no collective provision for the aged as they were not considered as a distinct class or stratum but remained as a matter of personal concern.

The transformation of old age was gradually considered as a social phenomenon rather than an individual

event during the transition from the Medieval to modern times. This change arose as the transformation of the cultural, economic and social aspects in the European society occurred.

As the European society started being governed by the secular authority of the state instead of the agriculture based economy which was mainly governed by the local law- there was a shift away from the church to a much more democratic form of government. This change gave way to more critical appraisal of social relationships.

According to the Greek and Roman beliefs, the various divisions of life were not linked to specific ages. Thus, old age was not distinguished based on a specific age. The lifespan was traditionally divided into *Infans, puer, adolescens, iuvenis, senex*- with very less emphasis on the chronology.

Michael Gooch commented on this Medieval Christian Terminology as :

“Infans might refer to a newborn child, a neophyte Christian, an oblate or anyone still under the legal care of parents . . . at whatever age. A puer may be a servant, young soldier, oblate, student or someone of a lower ecclesiastical rank . . . while a senior may be simply a married man, an abbot or lord.

Isidore of Seville rather linked the six ages of the world to six distinct moral qualities (*Infans- speechlessness/innocence, puer-pureness, adolescens- licentiousness, iuvenis- helpfulness, gravitas-seriousness, senex- wisdom*)

As commented by Rosenthal, on the position of the elderly in the Medieval Period-

“It is hard to think of the elderly is coming anywhere near a special position in regards to treatment, privilege or public concern”

In the Mediaeval period, the church was supposed to protect the *‘miserabiles personae’* (unfortunate people) which included the widows and orphans but did not include the old people- which may be due to the equal representation of the elderly among both the rich and poor community, where the elderly from the richer part of the society did not face the same social

issues like those from a relatively poorer section.

Ageing in India :

The Indian tradition is well known for the close-knit family relationship which includes respecting the elders and the aged. One can find concrete references with special considerations to Geriatric Care in the ancient Indian Scriptures like Vedas and Dharmashastras.

मातृदेवो भव। पतिदेवो भव।

(Be one to whom a mother is as god, be one to whom a father is as god..)

— Taittiriya Upanishad, I.11.2[41][42]

Concept of ageing :

According to the Hindu Scriptures there are four *Ashramas* or stages of individual life- *Brahmacharya*- student life for 25 years, *Grihasta*- household life after marriage for another 25 years, *Vanaprastha*- age of retirement for another 25 years and finally *Sannyasa*- permanent seclusion from all human activities for the rest of the life.

The *Manu Smriti* is the oldest of the nineteen *Dharmashastra*, which contains the words of Sage *Manu* as told to the *Rishis* while enlightening them regarding the laws of society towards the elderly. He pays his respects to the elderly for their profound knowledge and advises the rest of the population to never insult or debate with them under any circumstances. They are to be worshipped like the Gods themselves.

Ayurveda, which literally means the “Science of life” also gives top priority to geriatrics. It is a branch of medicine concerned with the care, treatment and rehabilitation of the diseases associated with the elderly population.

Ageing in modern times :

As an unprecedented rapid increase in the ageing population has been noted all over the world, concerns regarding the well being of this population has also

increased. The elderly population in the less developed countries are facing much more difficulties than their counterparts from the more developed countries due to the prevalence of poverty, poor hygiene and inadequate health care services in these developing countries.

Due to physical and mental ailments, the elderly are unable to participate in the labor force as the younger population - leading to negative impact on the country's economy. It has also been noted that in developing countries, poverty and ill health is closely associated. The elderly, who are more prone to illness, have greater healthcare needs and are more likely to succumb under poorer hygienic conditions due to spread of communicable diseases.

Strategies to improve the quality of life of the elderly: the Role of Healthcare System:

At present most of the geriatric out patient departments (OPDs), day care centres, old age residential homes, counselling or recreational facilities are situated in the cities - catering to the needs of the urban elderly population only.

As majority of the elderly population resides in the rural areas, geriatric health care should be made a part of the primary health care services also. The community health volunteers should be trained to identify the specific problems of the elderly patients and help them to be transferred to their nearest Geriatric Care Centre hassle free.

The optimal utilisation of available geriatric health care is also required, which requires a comprehensive survey. Until now, only the Secondary Prevention of diseases were taken care of in the tertiary care centres. Gradually, with inclusion of the primary healthcare centres, focus can be shifted to primary prevention of diseases in elderly. "Comprehensive care" should be aimed in this population which should expand from psychological to all physical health treatment, targeting from preventive care to rehabilitation. Only and only then, can the upliftment of the current socio-economic condition of a developing nation like ours be ensured.

In 73rd World Health assembly on 3rd August, 2020 WHO declared 2020-2030 as 'Decade of Healthy Ageing'.

Decade of Healthy ageing is an opportunity to bring together Governments, Civil Society, International Agencies, Professionals, Media for ten years of Concerted, Catalytic, Collaborative action to improve the lives of older people, their families and communities in which they live.

So clouds on setting sun never obstruct, rather give new colour & dimension. We can not roll back Chronological ageing, but can retard biological ageing. That should be our slogan in "**Decade of Healthy Ageing**".

"We don't stop playing because we grow old. We grow old because we stop playing".

— *George Bernard Shaw*