



Original Research Article

Old Age: Perceived and Voiced Needs

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ABSTRACT

Background: Elderly population is steadily increasing in India. Though policies and programs are implemented, the needs, expectations, apprehensions of the elderly population should be analysed so as to comprehensively improve their quality of life.

Objectives: This study is designed to assess the awareness of the elderly regarding their rights, their view about their needs in their old age and their expectations for better life. **Materials and Methods:** Cross sectional study was conducted in accordance with the theme of International older person's day for year 2013. Elderly patients attending the Geriatric OPD of a tertiary care hospital were interviewed by the pre-designed and pre-tested questionnaire

Results: 71.5% were in the age group of 60-70 yrs, 65.7% perceived that old age starts between 50-60 yrs., disease pattern showed dominance of Non Communicable Diseases, 95.81% participants were unaware of health insurance scheme, but need for senior citizen friendly health insurance scheme was felt by 82.94% , 40% said that they were aware of the senior citizen rights , (28.6%) of the participants felt that the senior citizens were neglected, 28.6% felt that they are a useful resource but had no idea about their utilisation. 7.15% have experienced abuse but only 21.45% were aware about the action to be taken in case of abuse, government should start a pension scheme for senior citizens was felt by 65.78% , 70% were insecure about their future .

Conclusion: Though the right to lead a healthy and respectable life is felt by the elderly, they have no idea of the means by which they can achieve it. The focus should be on increasing the awareness about the needs and rights of the elderly people and generate the demand for better services so as to provide better quality of life.

Key Words: Elderly, Needs, Rights.

INTRODUCTION

Population ageing, is a worldwide phenomenon. The demographic composition lead, the developed countries to acknowledge the presence of elderly population, whereas developing countries are still trying to come to terms with the

changing age pyramid. The developed countries, recognising the elderly population and their needs, decades ago, started focusing on old age specific policies and services. But in a developing country like India, looking at the demographic profile the focus, has been meeting the demands of the

younger generation and the reproductive age group.

With the current projections of elderly population expected to increase to 10% by 2021 and the sheer magnitude of the figure, the visionaries are recognizing the presence of the elderly. ^(1,2)

The elderly population being a vulnerable group in every respect, there is an urgent need to look at the elderly not only from the aspect of physical health but also consider various facets like social standing ,negligence , abuse, loneliness , vulnerability due to age, economic dependency , and many other factors which influence their quality of life. ⁽³⁾

India being a diverse country with distinguishing characteristics, the rules applicable to the developed countries will not be applicable to our country. Our aim should be to provide quality life to the elderly throughout their old age.

With an objective of providing quality care to the elderly population, there is a need to know how they look at life after 60 yrs of age, what are their expectations from family, society, government and their awareness about their rights.

The Government of India recently has tried to focus on the elderly population, by formulating national policy on older persons, which encompasses all the aspects of elderly life. Whereas to focus specifically on the health needs of this group, the government is implementing National Program for Health Care for Elderly, providing specialised care at all levels of health care system. In addition to this various beneficiary schemes are launched for the elderly people. ⁽⁴⁾

There is limited research on the elderly population in India, and all the policies and program are based on that limited research. India's diversity many a times makes us proud but when programs are to be implemented we face many

challenges, as the perceptions, needs, demands change from region to region, from urban to rural, across economic and educational backgrounds.

On the occasion of International day for older persons 2013, the current study was planned to address the above issues in a comprehensive manner. The aim was to assess the awareness of the elderly regarding their rights, their view about their needs in their old age and their expectations about future life.

MATERIALS AND METHODS

International day for older persons is celebrated on 1st October every year. The study was planned, complying with the theme for year 2013 "The Future we want – What older persons are saying".

The objective of the study was not only to acquire information from the participants but also by probing them, make them realise their own needs and give them the freedom to voice it.

A Geriatric health Camp was organised and all the geriatric people attending and registered at the camp and those willing to participate were included in the study. The information was collected by personal interviews with the help of a predesigned and pretested questionnaire.

The questionnaire was designed to investigate the following domains: the socio-demographic profile of the participants, disease pattern and the health seeking behaviour with emphasis on health insurance, economic dependency and their perceptions of financial security, perceived rights of an elderly, awareness of the existing government schemes for elderly, social factors like attitude of the society towards the elderly, elderly abuse and apprehensions about their future life.

OBSERVATIONS

Table 1: Socio-demographic Profile of the study population.

		Number	Percentage
Gender (n=70)			
1	Male	38	54.3%
2	Female	32	45.7
Age (n=70)			
1	60-70	50	71.5
2	71-80	17	24.3
3	>80	3	4.2
Education (n=70)			
1	Illiterate	7	10
2	Primary	28	40
3	Secondary	32	45.7
4	Higher Secondary	2	2.9
5	Graduate	1	1.4
Income (n=70)			
1	Present	37	52.9
2	Absent	33	47.1
Source of income (n=37)			
1	Pension	7	18.9
2	savings/investments	3	8.1
3	Business	5	13.5
4	post retirement employment	7	18.9
5	Other	15	40.5

Disease pattern and health seeking behaviour with emphasis on health insurance:

According to the participants 65.7% perceived that old age starts between 50-60yrs, 25% thought it to be between 40- 50 yrs, 7.1% thought it starts at 65 yrs and 1.4% said it starts at 75 yrs.

Morning walk was among the preferred activity to maintain health by 48.62% of the participants, whereas yoga and some physical exercise was preferred by the rest.

The disease pattern in the participants showed dominance of Non Communicable Diseases as 28.5% had diabetes , 25.7% suffered from hypertension, whereas 35.75% suffered from both diabetes and hypertension and 4.9% from osteoarthritis.

All the participants were receiving treatment from the government tertiary care hospital, but 5.72% also availed private treatment facilities if needed.

The medical expenses and the expenses on transport were funded by their

son in 47.19%, whereas in case of 35.75%, they themselves funded the expenses and 7.15% and 4.29 % the expenses were funded by the daughter and relative respectively.

All the participants were satisfied with the healthcare facilities provided by the dedicated OPD for the Geriatric care of the government tertiary hospital. 42.9 % said that medicines should be given regularly and free of charge or if out of stock then monetary aid should be provided to purchase the medicines for chronic diseases like diabetes and hypertension Almost all (95.81%) participants were not aware of any health insurance scheme, but need for senior citizen friendly health insurance scheme was felt by 82.94% .The general awareness about government schemes was 50%.

Economic dependency and their perceptions of financial security:

Nearly 75.79% felt that they were economically dependent, with 62.26% dependent on their son, 7.54% on their daughter and 7.54% on their relative.

All of them unanimously felt that savings and investments were necessary for a secured future. Among them 44.33% felt that everyone should start saving for the old age from 25 yrs of age , 24.3% felt saving should start from 30 yrs of age and 11.44% from 40 yrs of age.

The official age of retirement should be increased was felt by 48.62%, whereas 81.51% said that a senior citizen pension scheme should be started. Only 31.46% were aware of saving schemes especially for senior citizens

Perceived rights of an elderly:

All the participants felt that they had an equal right to lead a quality life. But only 40% said that they were aware of the senior citizen rights. On enquiring about the various rights, 70% did not respond when asked about their rights, 15.73% felt that concession in bus fare and railway fare is the only right whereas 12.87% felt that only

food and shelter was their right. 1(1.43%) participant felt that the son should look after his parents should be recognised as a right.

Social factors affecting quality of life:

The society's attitude towards senior citizen is good was felt by 68.6%, but 28.6% of the participants felt that the senior citizens were neglected. The need to educate younger generation towards senior citizens was felt by 94.38% so as to improve their attitude towards the geriatric population.

On enquiring about their usefulness as a resource for the development of the society, 28.6% felt that they are definitely a useful resource but they have no idea in which way they are useful. 25.74% felt that they are a useful resource in sharing their vast experience and guiding the younger generation. 24.31% felt that they can be helpful to others, whereas 11.44% said that they can be used as a guiding force for children. 2.86% felt at this age they cannot contribute for the development of the society.

When asked to opine on elderly abuse, 51.48% did not respond, whereas 48.62% said that it was a very bad thing to happen to anyone. Of the total participants 7.15% have experienced abuse, of which verbal abuse was more common than physical abuse.

Only 21.45% were aware about what they should do if they experience any form of abuse, and 10% were aware of the senior citizen helpline number. About the steps that the government should take to protect senior citizens from abuse 51.48% did not respond 42.9% felt there should be strict laws to protect the senior citizens, 4.29% felt that the people should be educated. Awareness of senior citizen specific laws /act was seen in 12.87% whereas 87.23% were not aware of any senior citizen laws /acts.

Expectation from government and future apprehensions:

To provide better quality of life to the elderly, government should start a pension scheme for senior citizens for their financial security was felt by 65.78%, whereas 7.15% want that senior citizens should be given post retirement employment.

Of the total participants, 49(70%) were worried about their future whereas 25.74% were not worried about their future at all. With regards to the issues that they are concerned about their future 51.48% feel that money and health is an issue, 21.45% feel that money is an issue whereas 5.72% health, family disputes each is an issue, whereas 10% all the above issues are worrisome.

46 (65.78%) felt the need for recreational activity whereas 24 (34.32%) did not feel any need for recreational activity.

DISCUSSION

The above study is conducted specifically in a tertiary care hospital and the participants are predominantly residing in urban areas. Though the number of study participants is not very large and the findings cannot be completely generalised, this study can be a very preliminary effort to understand the perceived needs of the group of people, whom we plan to serve and provide the best of services.

The socio-demographic profile according to a few in-depth studies ^(2,3) shows that, the sex ratio among elderly people was as high as 1028 in 1951 but subsequently dropped to about 938 in 1971, but has finally increased again to about 972 in 2001. Another feature is a relatively higher ratio of females to males in the elderly population than in the general population for all the years since independence. ⁽²⁾

It also shows similar findings in the present study wherein, almost half of the

elderly people interviewed were economically independent by getting financial benefit in the form of pension, post retirement investments or being a part of family business. Though they had some source of income, it was found that, the income was not enough to meet their basic needs of food, shelter and medical aid.

Although, majority of them owned their house, most of them were living with their son and his family. A small proportion of the elderly were living with their daughter which might indicate, towards a social change. A Country wide Study by S Indrayu states that due to immense urbanisation and social changes like, changing family composition and structure there is a need for suitable policy to provide social security to the vulnerable poor elderly before things take a different direction. ⁽⁵⁾

One fourth of the participants perceived that the old age starts earlier than the age marked by the society. And many of them perceived the need to plan for their old age from a very young age of 25-30yrs. This indicates the level of insecurity in the elderly. It also points towards their understanding of the fact that if one has to live the old age with dignity and comfort, one should plan the financial and other goals at a very young age. With lack of social security measures in our country specifically for the elderly, the feeling that we have to fend for ourselves is deep rooted and shows the inability of the government to generate confidence in this vulnerable group about their secure future. ⁽¹⁾

The way out for the economic dependency as felt by the elderly group was that the retirement age should increase and also that the government should have a definite pension scheme in place based on the current inflation and growth and it should be periodically revised.

The morbidity pattern of the study participants is similar to other studies

showing dominance of non-communicable diseases.

The medical expenses incurred by the elderly were either funded by their son or by themselves. Though the doctor consultations and medicines were available free of cost at the government hospital, the cost of transportation and money needed to buy medicines not available at the government health facility was a major concern.

There is no comprehensive data available which gives an insight about the awareness of health insurance among elderly as well as the number of elderly people in the country having some or the other form of health insurance. In this study it was seen that the need for health insurance was definitely felt by the entire group of participants, but they were not aware of the health insurance schemes and their benefits. Also awareness about other welfare schemes, saving schemes and protection acts, was found to be inadequate in the study population.

In terms of rights of elderly, all the participants unanimously felt that they had an equal right to lead a quality life but were largely unaware of the nature of the rights. Concession in transport, income tax and a few more were the only perceived rights.

A need for recreational activities, social standing in the community, usefulness, a feeling of being wanted was felt by everyone. A study in Australia, shows the importance of the above mentioned attributes affecting the health of the elderly. ⁽⁴⁾

Many of them felt though the attitude of the society towards elderly is good, it has certainly changed over a period of time. The need to inculcate the value of elderly in the younger generation was felt by almost all the participants. This gives us a view of the socio- cultural changes in the society and

alerts us towards taking preventive measures so as to avert the undesirable.

The elderly people being a treasure of vast knowledge and experience lose their feeling of usefulness as they grow old and remain idle for a long time. The need for being wanted is felt by every human being and is a driving force to lead life. The findings of the study show the need to inculcate the feeling of usefulness in the elderly population by counselling them about their self-worth and the ways and means by which they can as an individual contribute to the betterment of their family, community and the society as a whole. This aspect of the need should be specifically focused on and the policies and program should include it to enhance the quality of life of the elderly. ⁽¹⁾

Abuse being a shameful act, when enquired the participants did not respond, of the few who responded had experienced verbal abuse at the hands of their son and close relatives. The low response rate may be due to the fact that, abuse due to the feeling of helplessness and shame attached to it, is still an underreported crime everywhere. ⁽⁶⁾

Yet not many were aware that the government has specially started a helpline for the elderly and women and children where they can report if abused, and wherein immediate interference is assured by the police.

At present, though the government is providing specialised geriatric services through Geriatric OPD at tertiary care hospitals and day care centres, old age homes a, counselling and recreational facilities, all these services are mostly urban based. ⁽⁷⁾ A study conducted to assess the unmet needs of the geriatric population in rural Meerut observed that as many as 46.3% of the study participants were unaware of the availability of any geriatric services near their residence and 96% had

never used any geriatric welfare service. About 59% of them stated that the nearest government facility was 3 kilometers from their homes. ⁽⁸⁾

The above finding indicates that though the government has initiated the elderly related programs, there should be focus on issues like equitable distribution of the services, investment and rigorous measures to publicise the programs and policies, so that utilisation of the services increases and the outcome is achieved.

Finally when asked about their apprehensions about future, the predominant areas were health and finances which will help them lead a respectable life.

The key challenges for promotion of quality of life of elderly population are social and physical barriers like gender, religion, economic dependency, unemployment, age related morbid conditions etc. ⁽⁹⁾ Addressing the above issues will lead to comprehensive and complete enhancement in the quality of life of the elderly.

CONCLUSION

Our elderly population being from a developing country is not able to think beyond their basic needs of food, shelter and medical aid. Though the right to lead a healthy and respectable life is felt, they have no idea of the means by which they can achieve this. The culture and values imbibed in the minds from ages hinder from looking beyond the existing.

The way out for the elderly sense of dependency (physical, emotional, financial, cultural) is not seen in the near future.

Though the Government is taking steps to face the challenges of the growing elderly population, the felt needs of the people should be considered.

Only provision of services is not important, utilisation of the services brings change in the indicators. The government

should increase the awareness about the needs and rights of the elderly people and generate the demand for better services.

Further research on the above aspects of geriatric life is essential to improve the quality of life of our senior citizens and in turn pave a path for our better future. Identifying the attributes of life will help us formulate a country specific index and evaluate the quality of life of the senior citizens of our country.

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