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An assessment of health status of elderly people-A systematic review

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Abstract

Elderly people are a precious asset for any country, as they share their intellectual experience and wisdom, for the progress of the nation. Elderly people can be studied scientifically and the field in which scientific study of old age people is done is known as gerontology. This recently emerged field has gained the attention of researchers at worldwide level. In consonance to same, the researcher carried an assessment of health status of elderly people. The study was carried on the based on secondary data. The results of the study reveal that elderly people are facing the physical, psychological and social complexities. In consonance to same, the study recommended efforts should be made to address their problems.

Keywords: health status, elderly people

Introduction

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. 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. India, the world's second most populous country, has experienced a lingering demographic transition in the past 50 years, entailing almost a tripling of the population over the age of 60 years (i.e., the elderly). According to United Nations Department of Economic and Social Affairs (UNDESA) (2008), it is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025 according to United Nations Department of Economic and Social Affairs (2008). This is a small percentage point increase, but a remarkable alarm in absolute terms. According to UNDESA data on projected age structure of the population (2008), India had more than 91.6 million elderly in 2010 with an annual addition of 2.5 million elderly between 2005 and 2010. The number of elderly in India is projected to reach 158.7 million in 2025. United Nations Department of Economic and Social Affairs (2008), and is expected, by 2050, to surpass the population of children below 14 years. The dependence of aging, as well as the health and social status the elderly commonly face (such as dementia, depression, incontinence, or widowhood), is another social barrier to access of health, manifest in the Indian case in unique ways World Health Organization (2002). The dependence of old aged people is being treated in different stigmas in different societies of the world. However, the impact of materialistic attitude is visible on the socio-economic status of the old aged people in word. The respected that elderly used to receive in the classical society has been degraded to maximum extent. The busy and fast schedule of life has changed the life style and behavioural pattern of younger generation of the society people. However, the government and non-government organization are continuously making efforts to reinsert the status and health care of elderly people in the society. Subsequently gerontological houses are being established by these government and non-government organization. It is imperative to mention that due to variation in the geographical topography, the health problems of elderly people vary from one geographical area to another geography area.

Location of research gap: From the above surveyed literature, the researcher found that number of the research studies has been conducted in the domain of health problems of aged

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people. The notable research studies has been conducted by; Sinha (2013) ^[23], Purohit and Sharma (2014) ^[19], Borkan and Norris (2012) ^[4], Prashant Kokiwar (2018) ^[18], Desai and Naik (2015) ^[11], Sima *et al.* (2018) ^[22], Dawood (2019) ^[10] and Nahid, S. (2019) ^[15] However, it was found that majority of the studies has been conducted at international level. So, researcher considers it imperative to explore the below mentioned research problem:

Statement of the research problem: The statement of the researcher problem is reported as under:

“An assessment of health status of elderly people-A systematic review”

Rationale of the study: 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. The United Nations World Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations which gives high priority to research related to developmental and humanitarian aspects of ageing (United Nations, 1987). The plan of action specifically recommended that “International exchange and research cooperation as well as data collection should be promoted in all the fields having a bearing on ageing, in order to provide a rational basis for future social policies and action. Special emphasis should be placed on comparative and cross-cultural studies in ageing”. 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. General, health is considered to be strongly associated with the socioeconomic condition of the population. A detailed study on the Indian health system conducted by Mahal *et al.* (2002) ^[14] indicates that the poor have less access to health facilities in general, and public health facilities in particular, leading to their poor health conditions on the one hand and very high financial burden of health care utilisation on the other. Similarly, a World Bank study indicated that incidence of disability is significantly higher among the elderly people in lower income social groups. This section therefore discusses some socio-economic correlates of the self-perceived health among the elderly population and disability. For socioeconomic correlates an array of socio-economic variables related to poverty, social groups, education, place of residence, etc. have been used. Most of these variables are widely used in the literature on health and morbidity. However, we begin with a few summary statistics of self-rated health across social groups and consumption expenditure quintiles of population. Davey *et al.*, (2005) ^[9] argued that a recent study by the American Association for Retired Persons found that almost one-third of the 865 older adults surveyed reported having unmet needs for personal assistance. Davey (2009) ^[8] found that of those Americans in the highest risk group for nursing home placement, a high

proportion (one in ten) were without any support whatsoever Jha *et al.*, (2006), multiple chronic diseases afflict aged people: chronic bronchitis, anaemia, high blood pressure, chest pain, kidney problems, digestive disorders, vision problems, diabetes, rheumatism, and depression. Concurrently, the prevalence of morbidity among the elderly due to re-emerging infectious diseases is quite high, with considerable variations across genders, areas of residence, and socioeconomic status. Das & Urvi, (2006) ^[7] carried a study of old age homes in the care of the elderly in Gujarat”. The study reveals that both physical and socio-emotional problems are associated with institutional living. Noelkar and Harel (2008) ^[16] tried to find out the predictors of well-being and survival of the aged. The subjects of their study were 124 aged residents in long term care. The investigators found that the residents’ well-being could be assessed from whether they were satisfied or not with living arrangements. Brimmer (2009) ^[5] studied the adjustment of the aged in two social settings. The subjects were 42 elderly in nursing homes and 42 elderly in a home care set up. He examined whether the social settings and functional ability of the subjects were inter-connected. He found that elderly individuals with high functional ability had greater adjustment with home-care. Alam and Karan, (2010) ^[1] carried large-scale studies of the health behaviours of this growing elderly Indian population are scarce. However, information gathered from numerous surveys and regional and local studies point to the high prevalence of several risky behaviours, such as tobacco and alcohol use. Chatfield (2010) ^[6] examined the relative importance of income, health and similar sociological factors like worker roles and family setting. In this research study, the researcher found that physical and sociological factors hamper the smooth functioning of aged people. Guttman (2011) ^[12] examined the impact of psycho-social variables on the decision making of the aged. The sample studied was 447 people aged 60 or more. Health, capabilities, life satisfaction, living arrangements, income, sex, education, family relations, intellectual capabilities and perceived capacities were investigated. Borkan and Norris (2012) ^[4] carried out a profile of 24 age-related physical parameters to assess biological age and found an association between physical activity and ageing. They concluded the physically active men were biologically more youthful than inactive men. Although those indicate an association between physical activity and ageing, cause and effect cannot be concluded from this cross sectional analysis. Radha (2012) ^[20] in an article made a detail discussion on activity participation of elderly. The total number of economically active elderly persons had increased consistently from 10.1 million in 1950 to 26.4 million in 2000. Elderly persons engaged in agriculture increased from 11 million in 1971 to 16 million in 1991 where as in no agriculture sector the increase has been from 2.8 million in 1971 to 4.4 million in 1991. The author commented that as long as poverty was not eradicated from the face of India, even the elderly have to make their contribution to the family income, however meagre it may be. Sinha (2013) ^[23] studied the loneliness in the old man, and has emphasized the fear of death due to psychological deterioration. The psychological implications have been discussed due to changes in social status associated with old age, compulsory retirement, loss of status, occupation, income socio-economic, and family status consequent to the weakening of joint family ties.

Purohit and Sharma (2014) ^[19] made a study of old persons in a group of villages in Rajasthan and found that 66% of the aged were dependents and the incidence of dependency living higher in the higher age group. The main cause of dependency was sense helplessness. The proportion of unhappy elderly was found to be higher among the females & the unhappiness increased with increase in age. Desai and Naik (2015) ^[11] made a study of the problems of the retired people in greater Bombay and ranked financial problems as their number one problem followed by health, social and family problems. Sharma (2018) ^[21] marked gender wise differentials in health status of the elderly were documented. Chronic morbidity due to poor vision, cataract, blood pressure, and back pain/slipped disc was significantly higher amongst women as compared to elderly men. Women also had poor perception regarding economic and social security as compared to men. Prashant Kokiwar (2018) ^[18] Overall almost all diseases were more common in rural elders compared to the urban elders except gynaecological diseases. Among these hypertension, ear diseases, skin diseases, musculoskeletal disorders, psychological disorders, cancer and neurological diseases were significantly more common in rural elders than urban elders. Sima *et al.* (2018) ^[22] carried a critical review of studies on health needs assessment of elderly. Most of the conducted studies had mainly focused on the elderly physical health needs and had neglected to take in to account other needs such as social and health care needs. In order to comprehensively recognize the health needs of the elderly, identifying their health care and care services is also important. Dawood (2019) ^[10] found 21.66% (F=91) respondents were observed with free from any symptoms of ill health. However, among non-tribal elderly aged people only 11.19% (F=47) were observed with free from any symptoms of ill health. Thus, study indicates that better health status was observed among non-tribal elderly people as compared to their counterparts (tribal people). Nahid, S. (2019) ^[15] found unfavourable and negative attitudes towards these changes create not only a hurdle in better adjustment during old age but also bring psychological ageing more rapidly. Many psychological problems have been encountered in the aged like loss of memory, lack of confidence in one's own ability and adjustment, feeling of being redundant, unwanted and useless, neglected and humiliated, isolated and lonely, reduced interest, insecurity about life, constant feeling of tension, worry and anxiety.

Conclusion

The results of the study reveal that elderly people are facing the physical, psychological and social complexities. In consonance to same efforts should be made to address their problems. Most of the conducted studies had mainly focused on the elderly physical health needs and had neglected to take in to account other needs such as social and health care needs. Apart from this, it was found that the researcher found that physical and sociological factors hamper the smooth functioning of aged people.

Conflict of interest: The researcher declares that is no any conflict of interest.

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