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Geriatric in India and Their Right to Health

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ABSTRACT

This paper intends to analyze the health challenges faced by the geriatric population in India when the 'World Health Day' 2012 is globally campaigning to focus on "Ageing and Health". This study focuses on Geriatric's Right to Health and analyzes the data from Neo-Liberalism perspective. The data used for the analysis is from the secondary sources mainly referring various research articles, books, documents and reports etc.

21st century is experiencing an extraordinary revolution in longevity marked by globalization, economic development, and technological excellence. This has proved to be a challenge to all developing nations including India.

Being a country whose public health expenditure is around 1.45 % of the GDP, is it able to cope with the growing health demands of the ageing population?

Keywords : Geriatric Health, Old Age Homes, National Policies

Introduction

21st century is marked by globalization, economic development and technological excellence. These in turn have brought about tremendous demographic transformation, one of them being population ageing. In India like in other countries the population is continuing to age steadily. According to World health Organization it is estimated that it will grow from 77 million in 2001 up to 300 million by 2050 (WHO, 2012). The public health expenditure in India is around 1.45% of the GDP which is very less compared to other developing countries like Cuba and Namibia, which is around 5.5% of the GDP. (ibid). Over the past decades, India's health programmes and policies concentrated on issues like population control, IMR, MMR, disease control etc, however the current scenario and statistics is seeking attention to elderly and issues relating to them.

The right to health is widely recognized and legally accepted at international, national, and regional levels (Helpage India, 2012). States have committed to ensuring that health facilities, goods and services are available, accessible, affordable, and acceptable and of good quality for everyone at every stage of their life. Right to the highest attainable standard is encapsulated in Article 12 of the international covenant on economic, social and cultural rights (Rajan, 2006).

Ageing population is an increased burden on the social, economic and health care demands of all developing countries when they are still trying to control the infectious diseases and cope with the malnutrition and poverty along with the increasing cases of non-communicable diseases such as diabetes, hypertension and cardiovascular diseases. Indian census for disability which was first carried out in 1872, then again in 2001 report that 75% of the elderly population in India suffer from disabilities like vision problem, hearing, locomotors speech and mental health (John, 2008). According to the 2001 census there are gender differentials in certain disabilities with females showing a higher percentage in hearing and vision disabilities and men reported of movement and mental disabilities. 75% of the elderly with disability live in rural areas while only 25% live in urban areas.

Review of literature

Many eminent scholars like Kevin White (1991), H. E. Freeman (1972), J. R. Folta (1979), T. M. Dak (1991), A.S. Kohli

(1996), K. L. Sharma (2007, 2009), Irudaya Rajan (2010) etc. have contributed to the understanding of sociology of health. Not much work has been done to analyze and contribute to the knowledge of the health issues of the geriatric and their right to health.

Objectives of the study

To understand the impact of globalization, economic development and technological advancement on the health of elderly; to examine the various health issues faced by the geriatric; to analyze the impact of socio-cultural changes on the well being of the elderly; to understand the need of the various institutions for the elderly; to evaluate the national policies and the state's role in combating the problems of the elderly with reference to the geriatric's right to health.

Analysis and findings

Ageing generally brings with it low self esteem, financial misery, insecurity, isolation etc. Due to rapid modernization and globalization there has been various structural changes as well, one of them being the nuclear family system. This has left the elderly population isolated and unwanted, in addition to it acute and chronic medical illnesses lead to further anxiety and insecurity among them.

Several studies have demonstrated that elderly persons has the highest rate of cataract glaucoma, diabetic retinopathy etc. According to studies approximately one person in three has some form of vision reducing disease by the age of 65years (Borker, 2010). India has an acute shortage of ophthalmologist and optometrist which is one of the reasons for the increase in the number of blind persons; in 2000 it was estimated to be 18.7 million and if there is no change in the current situation it can increase to 31.6 million by 2020 (ibid).

It is a misconception that depression is a part of ageing process. Though the ageing brain is more vulnerable to it, it is not an inevitable part of ageing (Gupta, 2010). Untreated depression will lead to poor quality of life and social and physical dysfunctioning. Depression among elderly is an under diagnosed and undertreated entity throughout the world (ibid). The growing number of depressive elderly in India is a health as well as a social concern. Several studies show that depression is ten times more common in medically ill geriatric patients than in a healthy elderly.

Under-nutrition is very common among elderly and most of the time it goes unrecognized or untreated. With the increase in age, there happens some physiological changes; 'the Anorexia of ageing', thus resulting in health vulnerability. Elderly population suffers not only from degenerative diseases but also from various communicable diseases as they are highly susceptible to infections due to decline in immune functions. Among infectious diseases, pneumonia is 50 times more common among the elderly than in adolescents and accounts for half the deaths caused due to respiratory diseases. It is found in a study conducted in Himachal Pradesh that T. B is more prevalent among the elderly than in younger individuals (Arora & Bedi, 1989). Poverty, undernourishment and absence of effective health care system are the major factors leading to this situation.

The study conducted by Gupta, et al (2010) found that prevalence of depression was less among those who were financially independent and who had a living spouse. The study also found that depression was more prevalent among elderly living with their children which shows weak inter-generational ties. And above all these India has only 4000 qualified psychiatrist to serve five crore mentally ill population. And these health professionals are mostly based in urban areas. Though mental health care is provided by primary care physicians many of them are not prepared to deal with geriatric mental disorders (HelpAge India, 2010).

With life expectancy having increased from 40 years in 1951 to 65 years today, a person lives 25 years more than 60 years back; this present scenario has brought about several pressures like health and housing of this group of population. Till recently 'elder abuse' has been perceived as non-existent in Indian families as our societies are value based and our culture has always supported the elders. A study conducted by WHO (2002) found that the cultural setting being the main reason for older adults to even discuss the topic of abuse, and they were found to be in discomfort and denial of the problem. According to the report people were reluctant to admit that any kind of abuse happened in their homes but at the same time they talked about emotional problems, lack of emotional support, neglect by the family members, feeling of insecurity, loss of dignity, maltreatment, disrespect by the family etc.

One of the biggest challenges that we confront today is providing adequate care for the aged in our country. The by-products of modernization and individualism are breaking up

of joint family system and migration. According to Help Age India 2007 there are 76 million senior citizens in India out of which 51 million live below poverty line. In India the first Old Age Home was established in Bangalore in 1983 by the Bangalore Friends- In Need Society and was called the 'Cobb Home'. Old age home is a safe haven to people who has nowhere to go and no one to support them, but do these institutions provide the needed satisfaction in life and maintain the required quality?

By 2051, every fifth Indian will belong to the category of the aged (Nayar, 2009). It is high time that we find ways to tackle this issue. In India majority of the population work in unorganized sectors which gives no economic security in old age. Downsizing the role of government, rampant corruption and ineffective implementation of government policies are hallmarks of most of the developing countries including India, so it becomes the responsibility of aged themselves, the family, civil society and the corporate world to deal with the rising issues related to ageing. The National Policy for Older Persons (NPOP) was formulated by the government in 1999 with seven objectives - Encourage families to care for elders; support NGO's to supplement family care for elders; provide care and protection to vulnerable elderly; provide health care facilities; promote research and training facilities to care-givers; encourage people to make provision for self and spouse in old age; create awareness regarding elderly persons to enable them to become independent citizens (ibid).

A critical examination reveals that while some steps have been taken in this regard, a good deal still remains to be done. The maintenance and welfare of senior citizens Act passed in 2007 make it legally obligatory for the family members to look after their elderly. As far as their health is concerned the health care policies should take into consideration the change in population structure and the health care requirements.

CONCLUSIONS

The challenge for India is to not only add years to life but life to years by constructing and maintaining an environment that will enable the elderly to live full, enriching and productive lives. Kofi Annan has very rightly said that "Trees grow stronger over the year river wider, and like with age human beings gain immeasurable depth and breadth of experience and wisdom. That is why older persons should not only be respected and revered but they should be utilized as the rich resource to society that they are".

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