



PROBLEMS FACED BY GERIATRIC PEOPLE

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ABSTRACT

The geriatric population has increased dramatically during the past 100 years. If the current trend continues, the number of persons aged 65 or older will more than double during the next 30 years. As a result, we need to understand the needs and requirements, problems faced by these people, resources available and shortcomings. The geriatric people under go more strain both physically and psychologically. So the government and NGO has to play a vital role, since they were the key people providing the needs and requirements of the elderly. An attempt is made in this paper to understand the psycho social problems faced by the elderly.

KEYWORDS : Geriatric, Psychological, Social, Depression**Introduction:**

The old age is an integral part of human life. It is the evening of life. It is unavoidable undesirable, unwelcome and problem ridden phase of life. But it is really interesting to note that that everybody wants to live a long however undesirable the old age, it is band to come in life. A man is compelled to go through the pains and measures of this age like the other of life before making an exit from this mortal world.

Life was simpler and nerves contend for more, those who reacted a ripe old age held an enviable place in society where they could really relax and enjoy their twilight years, secure in the knowledge that they still commanded attention, respect and affection, and though they were well past their prime, all that they had given their best for was still important and so were they.

There is no doubt a sadness mixed with regret in handing over the baton, the keys, the chair, whatever, to that next in line, in watching a worthy successor take over knowing that the show will go on. It is not this that hurts but the fact that from now on the world views one in the same way as it does an ageing horse put out to graze.

Every phase of life has its own problems while require prudence, wisdom, courage and strength to attend too. In childhood and youth one has parents and other close elderly kith and kin to help, co operate and guide besides, one himself is full of energy, strength, stamina and courage. But the situation takes a reverse turn in the old age. For his every were he needs someone to help. He becomes dependent to others largely due his physical infirmity. In fact he is filled with feeling of emotional insecurity. He wants someone to take care of his needs and share his feelings. But in this materialist society, everybody is short of time. Nobody has enough time for him to share him feelings and emotions. So this paper attempts to study the problems of geriatric people.

GERIATRIC CARE DEFINITION

Definitions of old age are not consistent from the standpoints of biology, demography (conditions of mortality and morbidity), employment and retirement, and sociology. For statistical and public administrative purposes, however, old age is frequently defined as 60 or 65 years of age or older.

At what age old age begins cannot be universally defined because it differs according to the context. Most developed-world countries have accepted the chronological age of 50 years as a Most developed world countries have accepted the chronological age of 65 years as definition of 'elderly' or older person.

Technically speaking, geriatric care definition is the medical care of older or elderly people. The scope of the care has changed to include not just the medical needs, but also the psychological and social needs of seniors. More than ever before, geriatric care encompasses a holistic approach to coping with aging and its effects.

Dictionaries define 'geriatric' as 'pertaining to old people' and the

World Health Organization (1963) has defined 'middle-age' as being 45-59 years, 'elderly' as being 60-74 years and the 'aged' as over 75 years of age. In human terms the elderly should be regarded by society as a useful resource because of their knowledge, skills and experience but the aged most often need assistance. Unfortunately there is no similar classification for our domesticated species and there is no specific definition of a geriatric animal, though we all recognise external signs of increasing age such as greying of the muzzle, stiffness in movement, changes in posture, reduced responsiveness to outside stimuli, and so on.

There are many problems about defining life-stages based on chronological age in cats and dogs because breeds have differing rates of ageing, lead different life-styles and have different life expectancies. I would therefore like to propose a simplified classification scheme based upon functionality rather than chronological age which can be applied at any time to any individual. Geriatric is the normal, semi-official term used in Britain and the US when referring to the health care of old people (a geriatric ward; geriatric patients). When used outside such contexts, it typically carries overtones of being worn out and decrepit and can therefore be offensive if used with reference to people.

PSYCHO SOCIAL CONCERN

Ageing has been studied from various perspective such as the biological, psychological, and sociological. Biological perspective regards ageing as a progressive loss of functional capacity of person who has reached certain level of maturity. They affected physical as well as mental structures and functioning. psychological ageing returns to personality changes taking places as a result of biological ageing. Psychological decline may be due to in favourable attitudes towards oneself, other people, work and life in general, may lead to senility, mentally less acute.

a)Adjustment Problems:-

Old age is confronted with various kinds of adjustments problems due to the physical, psychological and social changes. During this stage, a good number of persons retire from their jobs held for years. Retirement from service not only dislocates them but also usually results in loss of good income with the reduced income they are reversed from the state of chief bread winner to a mere dependent, though they have spend their earnings on education of children, their marriage, acquiring new property, and family maintenance. In addition to the financial constraints they also discover that their duties as parents is coming to a close. children have completed their education and are employed mostly in places far away from the hometown. As a result of these changes, their input is no longer requested for required. All these isolated them from their family member, families friends and co-workers, negatively impacting their sense of identity and worth.

b)Physical well being

Physical well being has significant influence on one's attitude, identity, and relationships. Most of this population have difficulty to accept the reality of ageing process once they begin to notice signs of old age like

grey hair, wrinkles, blood pressure variations, declining eye sight, hearing ability and decreasing several desire etc. There is a progressive determination of health, constant health problems like diabetics, arthritics, hypertension, breast cancer, kidney failure, heart attack and repeated hospitalisation proveance a sense of despair and hopelessness among this population. Failing health may lead to decreased mobility and increasing dependency. Deterioration of health in this population produces anxiety and fear. The physical changes can influence a person's self esteem and sense of security with no adequate support and care, old age person may experience emotional breakdown.

c)Declining mental Ability

Ageing may result in reduced mental and cognitive ability. There could be decline in mental ability, such as decreased speed in information, processing, and slowing down of learning new things. It is well known that older persons take longer to respond, think more slowly, are less able to understand new ideas or develop new skills. Memory loss is common in old age. Dementia, the loss of memory and other intellectual abilities, seriously interfere with daily life

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e)Death anxieties

For many death, the terminus of life becomes a topic of worry. As people grow older, they usually become less interested in life after death but rather more concerned about death itself. This is a especially true of elderly people whose physical or mental condition has begun to deteriorate. Almost all elderly ask at least five questions to themselves or others: "when will I die? What is likely to cause my death? What can I do to die? Am I justified in taking my life becomes unbearable "How can I have a good death" The fact is that everyone wants to preserve dignity in death and have a sense of control even when the inevitable invades life. Loss of spouse during old age is another hazard. Death of a spouse creates a feeling of loneliness and isolation. Witnessing the death of close friends and relative sometimes send waves of shock in the elderly, silently reminding one's own vulnerability. A person may become anxious about one's own death and the life of spouse and children who were dependent on them.

Social adjustments

Older people also suffer social losses greatly with age. Retirement isolates them from the occupational world. Due to loss of most of the social roles they once performed, they are likely to be lonely and isolated. Their life is narrowed down by loss of work associates, death of relatives, friends and spouse. Weak health may restrict their participation in social activities. Decline health also limits one's mobility the becomes the centre of their social life which gets confined to the interpersonal relationship with the family members. The negligent and indifferent attitude of the family members towards the older people further creates more emotional problems. Children may abuse them physically or emotionally, or abandon them though they are too weak to defend, all these may contribute to the older persons withdrawal from contacts. He may feel that he is no longer useful or needed. It is noteworthy that studies have shown that older people who have one or more close friends, or intimate relationships seems to be happier, better adjustment and in better health than those without such confidants. In fact, older people who withdraw from others may end up with premature death.

Coping with old age

Everyone in this stage of life to come to terms with their life and there by coming to terms with the end of life. Erik Erikson who advocated eight stages of life points out that old age is a period of during which a person focuses on reflecting back on his life. Those who feel proud of their accomplishments will feel a sense of integrity. Completing this phase for them means looking back with few regrets and a general feelings of satisfaction. If someone is able to look back and accept the

course of events, the choice made, the life as lived it, as being necessary, then that individual need not fear death. These individuals will attain wisdom, even when confronting death. Those who are unsuccessful during this phase will feel that their life has been wasted and will experience many regrets. The individual will be left with feelings of bitterness and despair, some become preoccupied with their failures, the bad decisions they made, and regret that they really don't have the time or energy to reverse them.

Conclusion

The ageing population is both a sociological and medical problem that can easily be neglected in relation to other current and more pressing problems within the country. The needs of the elderly need to be addressed and planned for especially as a long term measure within the context of the countries available resources. At the national level, society is often faced with decisions on what resources it is willing to commit to reduce disability in old age and improve and maintain the quality of life of the elderly. The elderly can become a strong political pressure group that can influence legislative action. This will become more apparent with the increase in wealth that follows industrialisation of a country. To ensure equal access to resources for all, there needs to be improved co-ordination and communication at all levels (administration) in developing policies; implementation of programmes, with voluntary and the private sector as partners, and a multidisciplinary approach, with involvement of professional organisations and individual professionals.

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