



Healthy Aging, Health Awareness and Elderly Care in India

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ABSTRACT

Introduction: Population ageing is one of the most widely debated worldwide issues of the 21st. Countries with big populations, such as India, have a significant population of persons aged 60 and over. In India, the population over the age of 60 has quadrupled in the previous 50 years and will continue to rise in the near future. The population group is plagued by physical and psychological issues. Healthy Aging seeks to improve health care and quality of life for the nation's elderly (above 60+) population. The nation will be built by encouraging, educating, and empowering the current and future generations.

Aim: In order to provide long-term, comprehensive programmes and committed care to an ageing population, this study investigates the demographic profile of older people in India. This study aims to preserve and increase functional ability, maintain or improve self-care, and stimulate one's social network.

Conclusion: The study's findings supported socioeconomic and demographic variations as causes of inequity in older Indian persons' ability to mature in a healthy way. It is discovered that in order to attain good ageing for everyone, social capital, low frailty, better health behaviours, and food security are essential.

KEYWORDS: Aging, Population, Health, Elderly, Education, etc

INTRODUCTION

The geriatric process is believed to be the outcome of a demographic transition or accomplishment, which includes a decline in both the birth and death rates as well as an increase in both birth and later life expectancy. Male and female birth expectancies in India were 65.65 and 67.22 years, respectively, between 2006 and 2011, and are projected to be 67.04 and 68.8 years, respectively, between 2011 and 2016. No matter one's socioeconomic status, non-communicable diseases (NCDs) that require a lot of medical and social care are incredibly common in old age. These NCDs frequently result in disabilities, which have an effect on daily activities. Additionally the cost of treating many long-term illnesses is prohibitive, especially for cancer, diabetes and other chronic illness in elderly.

ELDERLY IN INDIA

Ageing populations were once believed to be a phenomenon unique to developed nations in Europe and North America. While elder populations are growing in both wealthy and developing countries, it is now generally accepted that poorer countries are ageing more quickly than developed nations. In India, there were 7% (88 million) of the population who were 60 years or older in 2009, and by 2050,

that number is expected to increase to 20% (315 million). The population of Indians aged 60 and over is predicted to increase to 100 million in 2013 and 198 million in 2030. The National Programme for Health Care for the Elderly (NPHCE), developed by the Ministry of Health and Family Welfare, is a modest effort to address this issue by creating a comprehensive programme. In the discipline of geriatrics, treatments are intended to address the preventative, curative, and rehabilitative aspects. A cutting-edge approach to managing an ageing population is the NPHCE. To ensure that the programme is more than simply a piece of paper like many other government programmes, it will need more care in terms of implementation and coordination.

GERIATRIC HEALTH CARE IN INDIA

By 2025, India's senior population is projected to increase to 12% of the total population as a result of the nation's changing demographics. The steadily increasing senior population places a heavy burden on the healthcare system due to the significant tendency toward chronic non-communicable diseases. These difficulties also have a negative impact on social and financial conditions. Due to characteristics like gender, geography, socioeconomic class, a wide variety of cultures, and religion, older people in



India are a heterogeneous community with varying levels of morbidity. At least 65% of India's elderly are uneducated, live in rural areas, and are dependent on government support. In addition to promoting healthy ageing, it is important to address the medical and economical challenges that this vulnerable demographic encounters. In a similar way, nurses and other paramedical staff members lack formal training in how to care for elderly patients. A low-profile specialty, geriatrics has limited academic clout and little appeal to medical students. The National Program for the Health Care of the Elderly was launched by the Indian government in 2011 with the intention of giving the elderly easy access to preventive, promotive, curative, and rehabilitative services at all levels of the health-care delivery system, as well as specialised long- and short-term professional training to meet their expanding medical needs. These include etiopathological causes of ageing, socioeconomic factors supporting ageing, mechanisms to encourage healthy and active ageing, effective geriatric healthcare delivery models, alternative medicine research, and the study of age-related diseases.

CONCEPT OF GERIATRICS

Geriatrics, also referred to as geriatric medicine, is a branch of medicine that focuses on enhancing the health of the elderly. By preventing and treating illnesses and disabilities that are frequent as people age, it supports healthy ageing in seniors. Geriatric nursing involves helping older patients in their homes, hospitals, or other settings like nursing homes, mental health centres, and so on. Providing geriatric care has the following objectives such as retention of normal function, Early detection of serious disease, reduction of the severity of an existing health issue. On overcoming emotional obstacles and talking with their loved ones, Enhance their mental acuity, sensory input, and physical activity to increase their happiness, self-esteem, and confidence. The elderly who have slight physical challenges or mild cognitive impairment need support for their way of living. People who are elderly and have severe functional or cognitive impairments should receive hospice or geriatric care at home. Family members should receive caregiving training, and elderly nursing facility care specialists should be hired almost entirely. For these elderly persons, there is a demand for home health care programmes that comprise physicians, geriatric medicine specialists, nurses, physiotherapists, laboratory services, and pharmacy services. Elder Care offers complete medical care to senior citizens in their homes. Seniors with significant functional or cognitive limitations should get hospice or geriatric care at home. Professionals who care for elderly patients in nursing homes should be hired nearly entirely, and family members should receive caregiver training. For these elderly persons, there is a need for home health care programmes that include physicians, geriatric medicine specialists, nurses, physiotherapists, laboratory services, and pharmacy services. Elder Treatment allows seniors to obtain complete medical care at home.

The prevention of undesirable dependencies from developing, whether in later life for people or later in communities, depends on policy interventions that combine social, human, and economic investments. According to experts, if smart investments are made now, ageing might instead become a source of personal, social, economic, and environmental wealth rather than a resource drain. This would need making investments in different lifestages, developing supportive communities, and encouraging adaptable but dynamic collaborations in the process, enabling the current development of a society for people of all ages. Laws and norms cannot instil family values or respect for authority figures. The government should put its efforts into creating community-based socioeconomic support systems for the elderly as well as enhancing the skills of healthcare professionals in geriatric care through specialised training and education. In our country, there are many different requirements for geriatric medical care. There is potential for education of this group to support the programme because in India, families continue to provide the majority of care for the elderly. There is currently no corresponding model for caring for the elderly in India or the majority of other cultures with comparable socioeconomic conditions. This presents an opportunity for health system innovation but it would be a difficult effort. It is important to emphasise that managing health difficulties requires assistance and that age-related illness and impairment are not a given. It is important to spread among the elderly the idea of active and healthy ageing, which includes preventative, promotive, curative, and rehabilitative aspects of health.

HEALTH AWARENESS FOR THE ELDERLY

All healthcare professionals, especially those who deal with the elderly have a crucial duty to promote health and wellness. Some medical professionals contend that older people will not profit from practises like preventative measures, health and wellness maintenance due of their late age. From the old to the young, everyone can benefit from the wellness concept (Reicherter & Greene, 2005; Tabloski, 2010). Studies on health and disease prevention have shown to be beneficial, especially when it comes to encouraging long-term behavioural change. Due to the significant danger of major illnesses and deformities in the senior population, members of health care units should carefully control their education. Many older adults advantage from this form of training in terms of protection and wellbeing development (Reicherter & Greene, 2005; Tabloski, 2010). (Reicherter & Greene, 2005; Tabloski, 2010). Health education helps people learn more about their options for medical care and enhances their general awareness of health and medical issues. Exercise and a healthy diet are two preventive health practises that keep older people's lives active, keep them out of nursing homes, and increase their overall satisfaction. The number one reason why elderly folks need help the most is a lack of knowledge (Leung et al., 2006). The World Health Organization (WHO) has emphasised the importance of health educa-

tion in promoting and supporting the health needs of elderly people (Rana et al., 2010). Health education must carefully consider knowledge, attitude, objective, perception, social position, power structure, cultural practises, and other social views. Health education can have a significant impact on people's social position, even when it has little to do with people or their families (Glanz et al., 2008).

Objectives of NPHCE India (National Program for the Health-Care For The Elderly)

- Recognize senior patients' health issues and provide appropriate care with strong community referral back-up.
- Provide straightforward access to community-based primary health care (PHC) services for promotion, prevention, treatment, and rehabilitation.
- To improve the capabilities of medical and paramedical staff, as well as family caregivers, to provide health care to senior people.
- To offer referral services for older patients through district hospitals and regional medical centres.
- Cooperation with line organisations like the Ministry of Social Justice and Empowerment, AYUSH and the National Rural Health Mission (NRHM).

CONCLUSION

The notion of active and healthy ageing, which covers preventative, promotive, curative, and rehabilitative elements of health, needs to be promoted among the aged and must be accessible and of high quality to grasp the implications of changing population age structure. We need to support and protect our physically and economically vulnerable population like elderly people, taking advantage of preventative services, managing health issues, and understanding all of your prescriptions may all help you live a more productive and meaningful life. There is a definite need to emphasize the fact that disease and disability are not part of old age and help must be sought to address the health problems.. There is a growing need to pay more attention to age-related concerns and to support comprehensive policies and programmes to address the ageing society.

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