



## ***VIEW POINT***

### ***Active ageing***

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#### **Introduction:**

Worldwide, due to the rise in life expectancy, eighty per cent of the older people will be living in low and middle-income countries by 2020.<sup>1</sup> For the first time in history, the number of people aged 60 years and above, will outnumber children younger than 5 years.<sup>2</sup> By 2050, the world's population aged 60 years and above, is expected to be 2 billion, up from 841million.<sup>3</sup> The increase in longevity, especially in high-income countries (HICs), has been largely due to the decline in deaths from cardiovascular disease (stroke and ischaemic heart disease), mainly because of simple, cost-effective strategies for reducing tobacco use, controlling high blood pressure, cancer care and effectiveness of health interventions.

#### **Challenge of ageing healthily**

However, although people are living longer, they are not necessarily healthier than before – nearly a quarter (23%) of the overall global burden of death and illness is in people aged over 60, and much of this burden is attributable to long-term illness caused by diseases such as cancer, chronic respiratory diseases, heart disease, musculoskeletal diseases (such as arthritis and osteoporosis), and mental and neurological disorders<sup>3</sup>

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This long-term burden of illness and diminished wellbeing, affects patients, their families, health systems, and economies, and is forecast to accelerate. For example, latest estimates indicate that the number of people with dementia is expected to rise from 44 million at present, to 135 million by 2050<sup>3</sup>

## **Elderly Abuse**

For every reported incident of elder abuse, 5 others go unreported. Kasem Cares, an International Organization, in a Conference on Aging in April 21-23, 2016, reported that by 2030, one out of every five people in the U.S. will be 65-plus.<sup>4</sup>

It is estimated that more than 1 in 10 elderly experience some form of abuse.

Seniors who have been abused have a higher risk of death in the next 3 years compared to those who weren't.<sup>4</sup>

In almost 90% of elder abuse and neglect incidents, the perpetrator is a family member. 2/3 of perpetrators are adult children or spouses.<sup>4</sup>

“While some interventions will be universally applicable, it will be important that countries monitor the health and functioning of their ageing populations to understand health trends and design programmes that meet the specific needs identified”, says Dr Ties Boerma, Director of the Department of Health Statistics and Informatics at WHO. **“Ageing well” must be a global priority.**<sup>2</sup>

## **What is "active ageing"?**

In 2002, the World Health Organization (WHO) released Active ageing: a policy framework.<sup>3</sup> This framework defined active ageing as ***“the process of optimizing opportunities for health, participation and security to enhance quality of life as people age”***. It emphasizes the need for action across multiple sectors and has the goal of ensuring that ***“older persons remain a resource to their families, communities and economies”***.<sup>3</sup>

Active ageing allows people to realize their potential for physical, social, and mental well-being throughout life, and to participate in society, while providing them with adequate protection, security and care when they need.

The word “*active*” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force.<sup>2</sup> Older people who retire from work, ill or live with disabilities can remain active contributors to their families, peers, communities and nation. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age.<sup>2</sup>

The WHO policy framework identifies six key determinants of active ageing: economic, behavioural, personal, social, health and the physical environment. It recommends four components necessary for a health policy response.<sup>2</sup>

- Prevent and reduce the burden of excess disabilities, chronic disease and premature mortality.
- Reduce risk factors associated with major diseases and increase factors that protect health throughout the life.
- Develop a continuum of affordable, accessible, high-quality and age-friendly health and social services that address the needs and rights of people as they age.
- Provide training and education to caregivers.

### **Age friendly environment**

Ageing takes place within the context of friends, work associates, neighbours and family members. This is why interdependence as well as intergenerational solidarity are important tenets of active ageing.

Health and well-being are determined not only by our genes and personal characteristics but also by the physical and social environments in which we live. Key environments include home, social relationships, neighbourhoods and communities.

Environments play an important role in determining our physical and mental capacity across a person's life and also how well we adjust to loss of function and other forms of adversity that we may experience at different stages of life, and especially in old age.<sup>5</sup>

### **Health systems aligned to older population:**

As people age, their health needs tend to become more complex with a general trend towards declining capacity and the increased likelihood of having one or more chronic diseases. Health services are often designed to cure acute conditions or symptoms and tend to manage health issues in disconnected and fragmented ways. An elderly who is discharged from hospital after ailment like coronary heart disease or cancer needs long term care at home. The support system provided by relatives and friends is not always present. Facilities for " Long term care" of the elderly does not exist in many parts of the world. The policy makers should focus on this issue to make life of these people fruitful and peaceful.

Health systems need to be transformed to ensure affordable access to interventions that respond to the needs of older people.<sup>3</sup>

### **WHO's approaches 1**

WHO has identified three approaches that will be crucial which are:

- Establishing the foundations necessary for a system of long-term care
- Building and maintaining a sustainable and appropriately trained workforce;
- Ensuring the quality of long-term care.

WHO supports these approaches by:

- Developing guidelines - to provide evidence-based guidance on how to develop, expand and improve the quality of long-term care services-

The Guidelines will cover issues such as malnutrition, mobility loss, urinary incontinence, falls, hearing and visual impairments, depression, and cognitive, behavioural and psychological problems. Most of the recommended interventions have an effect on more than one ‘problem’ at the same time. Guidance will be given on how to ensure an integrated approach focusing on ‘problems’ that matter most for older people, rather than on specific conditions (e.g. diabetes, dementia, heart disease etc). Recommendations on carrying out a comprehensive Healthy Ageing assessment and developing a care plan will also be provided.<sup>5</sup>

- Providing technical assistance and support to countries that are introducing and expanding long-term care services.
- Developing tools and training packages to strengthen formal and informal caregivers

### **Strategies must go beyond health sector<sup>3</sup>**

However, the responsibility for improving quality of life for the world’s older people goes far beyond the health sector. Strategies are needed that better prevent and manage chronic conditions by extending affordable health care to all older adults and take into consideration the physical and social environment. Examples include changing policies to encourage older adults to remain part of the workforce for longer, emphasising low-cost disease prevention and early detection and making better use of technology (mobile clinics for rural populations), and training health-care staff in the management of multiple chronic conditions.

## **Towards an Age-friendly World**

A key strategy to facilitate the inclusion of older persons is to make our world more age-friendly. An age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people who are important to them. Many cities and communities are already trying to become more age friendly<sup>5</sup>.

In our ageing world, older people are increasingly playing a crucial role – through voluntary work, transmitting experience and knowledge, helping their families in caring responsibilities or in paid work.

## **Ageing in India**

Projection studies indicate that the number of 60+ in India will increase to 198 million in 2030.<sup>6</sup> The special features of the elderly population in India are :- (a) majority (80%) of them are in the rural area (b) 51% of the elderly population would be women by the year 2016 (c) increase in the number of the older-old (above 80 years) and (d) a large percentage (30%) of the elderly are below poverty line.<sup>6</sup> Most elders find themselves at a loss after an active work life, with no place to go, no colleagues and often no support group. Studies indicate that in most cases this leads to a feeling of complete isolation, neglect and loss of confidence and self-worth, leading to depression and health problems. This is a serious situation calling for urgent, remedial action. The situation is alarming considering that India's elderly population has gone up from 6% in 1991 to 8% in 2011 and is projected to reach almost 200 million by 2030.<sup>7</sup>

India has low per capita income,(more than one-fourth of population under poverty line), low standard of living, low literacy rates, poor status of women ,high birth rate and infant mortality rates and inadequate standards of health and hygiene compared to many countries. The silver lining to all these is the rich cultural heritage that

respect age and deems elders as an obligation on part of adulthood---an observation that has been released recently in National Policy for elderly in India.<sup>8</sup> But in the last few years, it has been observed that, due to urbanization, globalization and breaking of the concept of joint family system, the children leave their parents, the elderly are left alone and suffer from physical and mental disability.<sup>9</sup> The NSS in their survey from January to June 2004, found that 58% of the elderly lived with their spouse,33% with their children, about 5% lived alone,4% with others both in rural and urban areas.<sup>6</sup>

Ailments among persons aged 60 years and above in rural and urban areas were as high as 28% and 37% respectively. Elderly depending on others for their day to day activities were 67% in rural and 64% in urban areas. Number of aged persons confined to bed was 77 in rural and 84 in urban areas per 1000 elderly.<sup>6</sup>

The concept of Old Age Homes are not uncommon in our country and various NGOs are also working for the elderly.<sup>10</sup> They provide basic facilities like food, accommodation, clothes, safe drinking water and medical care. They also take care of their mental health by keeping them happy in recreational activities.<sup>10</sup>

The concept of care in a study of the Ageing population in India reflects that the models of care and well-being to be offered depends on various criteria like rural, urban, socio-economic conditions, sex, marital status and others.<sup>8</sup>

There are NGOs working for elderly and maintaining autonomy and independence for older people is a key goal in the policy framework for active ageing.<sup>11</sup>

The National Programme for Health Care for the Elderly (NPHCE) during 11<sup>th</sup> Plan Period is a modest attempt by the Ministry of Health and Family Welfare to address this issue by way of introducing a comprehensive health care set up completely dedicated and tuned to the needs of the elderly.<sup>12</sup> The programme will be implemented in 21 States/ UTs at all levels of Indian Public health care set up viz. tertiary level (through 8 identified Regional Medical Institutions),Secondary level

(through 80 identified District hospitals, 800 CHCs / Sub-divisional hospitals) and also at the Primary level (through community outreach activities, 20,000 Sub Centres and all PHCs).<sup>12</sup>

### **Conclusion:**

As people age, their health needs tend to become more complex with a general trend towards declining capacity and the increased likelihood of having one or more chronic diseases. Health services are often designed to cure acute conditions and tend to manage health issues in disconnected and fragmented ways without much support to the elderly.

Health systems need to be transformed so that they can ensure affordable access to evidence based medical interventions that respond to the needs of older people and can help prevent care dependency later in life.

Older people are a wonderful resource for their families, communities and to the nation. If we can ensure older people live a life healthier as well as longer, these extra years can be as productive as any other. Societies that adapt to this changing demography and invest in Healthy Ageing can build a stronger Nation.

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