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Health Problems of Elderly Scheduled Tribes

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Abstract:

The most significant findings that emerged in developing this review were the incompleteness of data on the burdens of access and affordability among elderly populations in India. A major reason for this is that routine health data collection in India is not designed to reflect or characterize pathological progression: a process wherein, by virtue of being alive longer than others, the elderly are more likely to experience pathology, leading to impairment, functional limitations, and ultimately disability. Many routine data collection procedures (National Sample Surveys, Census data, or death certificates) in India do not capture pathological progression nor do they disaggregate morbidity and disability outcomes among the elderly. Recommendations under the UHC framework have prioritized primary and secondary prevention and health promotion, with the goal of creating enabling environments for healthy lifestyles, early detection, and routine screening among the aged and avoiding institutionalization. In order to ensure these needs are met, a concomitant program of dedicated research is required on how various UHC elements affect and may cater more appropriately to the growing demographic of Indian elderly.

Key words:-Pathology, Lifestyle, Impairment, Disability, Demographic.

Meaning of tribe:

Tribe' means a unique culture; language, common name and common ancestor etc, and they are known as **Adivasis, Girijan, Hill tribes, Vanavasis**. A social division of people especially a preliterate people defined in terms of common descent, territory, culture, including some defined by unilateral descent, some defined by ethnic origin. Cultural anthropologist now usually apply the term to a unit of social organization i.e., culturally homogeneous and consist of multiple kinship group such as family lineage or clan that prohibited marriage with themselves but endorse or require marriage with person of the other kinship group.

Meaning of Ageing:

Ageing is a biological process of human beings after more than 60+ years (senior citizen) the human cell dies and biologically the capacity of system will reduce. In most erotological literally people above 60 years of age are considered as old as constitutionally they are called elderly people of population.

WHO: Health is a state not static, but bionomic.

Definition of tribe:

- **R. C. Verma:** Tribe is generally means an ethnic group, geographically isolated or semi-isolated identified with one particular territory and having distinct social, economica and cultural traditions and practices”.

- **Imperial Gazetteer** : “A tribe is a collection of families bearing a common name, speaking a common dialect, occupation or profession, common territory and is not usually endogamous, though originally it might have been so.”

What is scheduled tribe?

The term “**Scheduled tribe**” is a politico-legal term. It was introduced by the British for their administrative convenience. It was first coined by the “**Simon Commission**” (1928) and was used by the then “**Government of India Act 1935**”. When India became independent this term was adopted by the constitution for the purpose of giving special facilities and the constitutional guarantees for the tribes. The **Constitution** has ‘**listed**’ or ‘**scheduled**’ a few of the tribal communities and these listed tribes are referred to as scheduled tribes.

Methodology:

The study is based on secondary source. This paper is the initial part of my Ph.D thesis entitled “**Health Status of Elderly Scheduled Tribes: A Sociological Study**”

Health Problems of Elderly:

Failing Health:

It has been said that “we start dying the day we are born”. The aging process is synonymous with failing health. While death in young people in countries such as India is mainly due to infectious diseases, older people are mostly vulnerable to non-communicable diseases. Failing health due to advancing age is complicated by non-availability of good quality, age-sensitive, health care for a large proportion of older persons in the country. In addition, poor accessibility and reach, lack of information and knowledge and/or high costs of disease management make reasonable elder care beyond the reach of older persons, especially those who are poor and disadvantaged.

To address the issue of failing health, it is of prime importance that good quality health care be made available and accessible to the elderly in an age-sensitive manner. Health services should address preventive measures keeping in mind the diseases that affect – or are likely to affect – the communities in a particular geographical region. In addition, effective care and support is required for those elderly suffering from various diseases through primary, secondary and tertiary health care systems. The cost (to the affected elderly individual or family) of health has to be addressed so that no person is denied necessary health care for financial reasons. Rehabilitation, community or home based disability support and end-of-life care should also be provided where needed, in a holistic manner, to effectively address the issue of failing health among the elderly.

Economic Insecurity:

The problem of economic insecurity is faced by the elderly when they are unable to sustain themselves financially. Many older persons either lack the opportunity and/or the capacity to be as productive as they were. Increasing competition from younger people, individual, family and societal mind sets, chronic malnutrition and slowing physical and mental faculties, limited access to resources and lack of awareness of their rights and entitlements play significant roles in reducing the ability of the elderly to remain financially productive, and thereby, independent. Economic security is as relevant for the elderly as it is for those of any other age group. Those who are unable to generate an adequate income should be facilitated to do so. As far as possible, elderly who are capable, should be encouraged, and if necessary, supported to be engaged in some economically productive manner. Others who are incapable of supporting themselves should be provided with partial or full social welfare grants that at least provide for their basic needs. Families and

communities may be encouraged to support the elderly living with them through counseling and local self-governance.

Isolation: Isolation, or a deep sense of loneliness, is a common complaint of many elderly is the feeling of being isolated. While there are a few who impose it on themselves, isolation is most often imposed purposefully or inadvertently by the families and/or communities where the elderly live. Isolation is a terrible feeling that, if not addressed, leads to tragic deterioration of the quality of life. It is important that the elderly feel included in the goings-on around them, both in the family as well as in society. Those involved in elder care, especially NGOs in the field, can play a significant role in facilitating this through counseling of the individual, of families, sensitization of community leaders and group awareness or group counseling sessions. Activities centered on older persons that involve their time and skills help to inculcate a feeling of inclusion. Some of these could also be directly useful for the families and the communities.

Neglected: The elderly, especially those who are weak and/or dependent, require physical, mental and emotional care and support. When this is not provided, they suffer from neglect, a problem that occurs when a person is left uncared for and that is often linked with isolation. Changing lifestyles and values, demanding jobs, distractions such as television, a shift to nuclear family structures and redefined priorities have led to increased neglect of the elderly by families and communities. This is worsened as the elderly are less likely to demand attention than those of other age groups. The best way to address neglect of the elderly is to counsel families, sensitise community leaders and address the issue at all levels in different forums, including the print and audio-visual media. Schools and work places offer opportunities where younger generations can be addressed in groups. Government and non-government agencies need to take this issue up seriously at all these levels. In extreme situations, legal action and rehabilitation may be required to reduce or prevent the serious consequences of the problem.

Abuse: The elderly are highly vulnerable to abuse, where a person is willfully or inadvertently harmed, usually by someone who is part of the family or otherwise close to the victim. It is very important that steps be taken, whenever and wherever possible, to protect people from abuse. Being relatively weak, elderly are vulnerable to physical abuse. Their resources, including finances ones are also often misused. In addition, the elderly may suffer from emotional and mental abuse for various reasons and in different ways.

The best form of protection from abuse is to prevent it. This should be carried out through awareness generation in families and in the communities. In most cases, abuse is carried out as a result of some frustration and the felt need to inflict pain and misery on others. It is also done to emphasize authority. Information and education of groups of people from younger generations is necessary to help prevent abuse. The elderly should also be made aware of their rights in this regard. Where necessary, legal action needs be taken against those who willfully abuse elders, combined with counseling of such persons so as to rehabilitate them. Elderly who are abused also require to be counseled, and if necessary rehabilitated to ensure that they are able to recover with minimum negative impact.

Fear: Many older persons live in fear. Whether rational or irrational, this is a relevant problem face by the elderly that needs to be carefully and effectively addressed. Elderly who suffer from fear need to be reassured. Those for whom the fear is considered to be irrational need to be counseled and, if necessary, may be treated as per their needs. In the case of those with real or rational fear, the cause and its preventive measures need to be identified.

Bore dome Idleness: Boredom is a result of being poorly motivated to be useful or productive and occurs when a person is unwilling or unable to do something meaningful with his/her time. The problem occurs due to forced inactivity, withdrawal from responsibilities and lack of personal goals. A person who is not usefully occupied tends to physically and mentally decline and this in turn has a negative emotional impact. Most people who have reached the age of 60 years or more have previously led productive lives and would have gained several skills during their life-time. Identifying these skills would be a relatively easy task. Motivating them and enabling them to use these skills is a far more challenging process that requires determination and consistent effort by dedicated people working in the same environment as the affected elders.

Many elderly can be trained to carry out productive activities that would be useful to them or benefit their families, communities or environment; activities that others would often be unable or unwilling to do. Being meaningfully occupied, many of the elderly can be taught to keep boredom away. For others, recreational activities can be devised and encouraged at little or no additional cost.

Lowered self esteem: Lowered self-esteem among older persons has a complex etiology that includes isolation, neglect, reduced responsibilities and decrease in value or worth by one-self, family and/or the society. To restore self-confidence, one needs to identify and address the cause and remove it. While isolation and neglect have been discussed above, self-worth and value can be improved by encouraging the elderly to take part in family and community activities, learning to use their skills, developing new ones or otherwise keeping themselves productively occupied. In serious situations, individuals – and their families – may require counseling and/or treatment.

Loss of Control: This problem of older persons has many facets. While self-realization and the reality of the situation is acceptable to some, there are others for whom life becomes insecure when they begin to lose control of their resources – physical strength, body systems, finances (income), social or designated status and decision making powers.

Early intervention, through education and awareness generation, is needed to prevent a negative feeling to inevitable loss of control. It is also important for society – and individuals – to learn to respect people for what they are instead of who they are and how much they are worth. When the feeling is severe, individuals and their families may be counseled to deal with this. Improving the health of the elderly through various levels of health care can also help to improve control. Finally, motivating the elderly to use their skills and training them to be productive will help gain respect and appreciation.

Lack of Preparedness for Old Age:

A large number of people enter 'old age' with little, or no, awareness of what this entails. While demographically, we acknowledge that a person is considered to be old when person attains the age of 60 years, there is no such clear indicator available to the individual. For each person, there is a turning point after which person feels physiologically or functionally 'old'. This event could take place at any age before or after the age of 60. Unfortunately, in India, there is almost no formal awareness program – even at higher level institutions or organizations – for people to prepare for old age. For the vast majority of people, old age sets in quietly, but suddenly, and few are prepared to deal with its issues. Most people living busy lives during the young and middle age periods may prefer to turn away from, and not consider, the possible realities of their own impending old age.

The majority of Indians are unaware of the rights and entitlements of older persons.

The problem of not being prepared for old age can only be prevented. Awareness through the work place is a good beginning with HR departments taking an active role in preparing employees to face retirement and facing old age issues. For the majority who have unregulated occupations and for

those who are self-employed, including farmers, awareness can be generated through the media and also through government offices and by NGOs in the field. Older people who have faced and addressed these issues can be 'recruited' to address groups at various forums to help people prepare for, or cope with, old age.

1. Chronic health conditions:

According to the National Council on Aging, about 92 percent of seniors have at least one chronic disease and 77 percent have at least two. Heart disease, stroke, cancer, and diabetes are among the most common and costly chronic health conditions causing two-thirds of deaths each year. The National Center for Chronic Disease Prevention and Health Promotion recommends meeting with a physician for an annual checkup, maintaining a healthy diet and keeping an exercise routine to help manage or prevent chronic diseases. Obesity is a growing problem among older adults and engaging in these lifestyle behaviors can help reduce obesity and associated chronic conditions.

2. Cognitive health:

Cognitive health is focused on a person's ability to think, learn and remember. The most common cognitive health issue facing the elderly is dementia, the loss of those cognitive functions. Approximately 47.5 million people worldwide have dementia—a number that is predicted to nearly triple in size by 2050. The most common form of dementia is Alzheimer's disease with as many as five million people over the age of 65 suffering from the disease in the United States. According to the National Institute on Aging, other chronic health conditions and diseases increase the risk of developing dementia, such as substance abuse, diabetes, hypertension, depression, HIV and smoking. While there are no cures for dementia, physicians can prescribe a treatment plan and medications to manage the disease?

3. Mental health:

According to the World Health Organization, over 15 percent of adults over the age of 60 suffer from a mental disorder. A common mental disorder among seniors is depression, occurring in seven percent of the elderly population. Unfortunately, this mental disorder is often under diagnosed and undertreated. Older adults account for over 18 percent of suicides deaths in the United States. Because depression can be a side effect of chronic health conditions, managing those conditions help. Additionally, promoting a lifestyle of healthy living such as betterment of living conditions and social support from family, friends or support groups can help treat depression.

4. Physical injury:

Every 15 seconds, an older adult is admitted to the emergency room for a fall. A senior dies from falling every 29 minutes, making it the leading cause of injury among the elderly. Because aging causes bones to shrink and muscle to lose strength and flexibility, seniors are more susceptible to losing their balance, bruising and fracturing a bone. Two diseases that contribute to frailty are osteoporosis and osteoarthritis. However, falls are not inevitable. In many cases, they can be prevented through education, increased physical activity and practical modifications within the home.

5. HIV/AIDS and other sexually transmitted diseases:

In 2013, the Centers for Disease Control and Prevention (CDC) found that 21 percent of AIDS cases occurred in seniors over the age of 50 in the United States, and 37 percent of deaths that same year were people over the age of 55. While sexual needs and ability may change as people age, sexual desire doesn't disappear completely. Seniors are unlikely to use condoms, which, when combined with a weakened immune system, makes the elderly more susceptible to contracting HIV. Late diagnosis of HIV is common among older adults because symptoms of HIV are very similar to those of normal aging, making it more difficult to treat and prevent damage to the immune system.

6. Malnutrition:

Malnutrition in older adults over the age of 65 is often underdiagnosed and can lead to other elderly health issues, such as a weakened immune system and muscle weakness. The causes of malnutrition can stem from other health problems (seniors suffering from dementia may forget to eat), depression, alcoholism, dietary restrictions, reduced social contact and limited income. Committing to small changes in diet, such as increasing consumption of fruits and vegetables and decreasing consumption of saturated fat and salt, can help nutrition issues in the elderly. There are food services available to older adults who cannot afford food or have difficulty preparing meals.

7. Sensory impairments:

Sensory impairments, such as vision and hearing, are extremely common for older Indian's over the age of 70. According to the CDC, one out of six older adults has a visual impairment and one out of four has a hearing impairment. Luckily, both of these issues are easily treatable by aids such as glasses or hearing aids. New technologies are enhancing assessment of hearing loss and wear ability of hearing aids.

8. Oral health:

Often overlooked, oral health is one of the most important issues for the elderly. The CDC's Division of Oral Health found that about 25 percent of adults over the age of 65 no longer have their natural teeth. Problems such as cavities and tooth decay can lead to difficulty maintaining a healthy diet, low self-esteem, and other health conditions. Oral health issues associated with older adults are dry mouth, gum disease and mouth cancer. These conditions could be managed or prevented by making regular dental check-ups. Dental care, however, can be difficult for seniors to access due to loss of dental insurance after retirement or economical disadvantages.

9. Substance abuse:

Substance abuse, typically alcohol or drug-related, is more prevalent among seniors than realized. According to the National Council on Aging, the number of older adults with substance abuse problems is expected to double to five million by 2020. Because many don't associate substance abuse with the elderly, it's often overlooked and missed in medical check-ups. Additionally, older adults are often prescribed multiple prescriptions to be used long-term. The National Institute on Drugs finds that substance abuse typically results from someone suffering mental deficits or taking another patient's medication due to their inability to pay for their own.

10. Bladder control and constipation:

Incontinence and constipation are both common with aging, and can impact older adults quality of life. In addition to age-related changes, these may be a side effect of previous issues mentioned above, such as not eating a well-balanced diet and suffering from chronic health conditions. The Clinic suggests maintaining a healthy weight, eating a healthy diet and exercising regularly to avoid these elderly health issues. There are often effective medical treatments, and older adults should not be embarrassed to discuss with their physicians.

S. No.	Problem	Need
1	Failing Health	Health
2	Economic insecurity	Economic security
3	Isolation	Inclusion
4	Neglect	Care
5	Abuse	Protection
6	Fear	Reassurance
7	Boredom (idleness)	Be usefully occupied

8	Lowered self-esteem	Self Confidence
9	Loss of control	Respect
10	Lack of Preparedness for old age	Preparedness for old age
Equity Issues are relevant to all the above		

Some Other Problems Of Aged Are

- Respiratory.
- Tuberculosis.
- Malaria (Rainy season).
- Diarrhea.
- Paralysis or Parasaill's.
- Cough and Cold.
- Cajunchieris and Joint.
- Yaws.
- Blood Pressure.
- Jaundice.
- Viral and fungal Infection.
- Leprosy.
- Cancer.

Conclusion:

The growth of the elderly population in the coming decades will bring with it unprecedented burdens of morbidity and mortality across the country. As we have outlined, key challenges to access to health for the Indian elderly include social barriers shaped by gender and other axes of social inequality (religion, caste, socio-economic status, and stigma). Physical barriers include reduced mobility, declining social engagement, and the limited reach of the health system. Health affordability constraints include limitations in income, employment, and assets, as well as the limitations of financial protection offered for health expenditures in the Indian health system.

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